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How to Apply the Safe Community Approach in the Newly Independent States – Georgia

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Abstract

Introduction: As one of the former Soviet Union Republics, Georgia is undergoing major changes in its political and economic system. This transition has also led to a restructure of its health system, run by the Ministry of Health, Labor and Social Welfare. The prevention of injuries has become one of the priorities of this Ministry. However, lack of reliable data still limits the design and implementation of projects aimed to Safe Community.

Purpose of the study is to study the safe community model within the countries in transition and assess the possibility the applicability of Safe Community model through assess the frequency and causes of injuries in Georgia. **Materials and Methods:** In this study I got and evaluated the all-possible data and other information concerning Georgia. Literature review conducted through many databases for searching for available literature and data from Scientific Journals and reports. The Georgian official websites were reviewed for official statistics from Ministries, Departments etc. And the main sources of this study were the data from WHO/European Health for All databases and Designated Safe Communities Application's for joining the WHO network.

Results: For organization of Safe Community the local Municipal Council in Georgia has to begin structuring and organizing different societies for choosing strategies for introducing the Safe Community model. Ministry of Labor, Health and Social Affairs of Georgia will develop links with legitimating influences such as credible persons organizations or programs; a great deal of effort have to be spent in identifying and informing key people in community. The Safe Community project will require approval and commitment from all individual, regional or national levels. Collaboration will involve as many as possible, sectors: Ministry of Transportation of Georgia and police authorities, school and kindergartens, health sector, Ministry of Education, Fire departments, road authorities, social and welfare, insurance companies, rescue services. Traditionally there was good collaboration and partnership between these sectors in Georgia and still nowadays they have some projects together. To feed all relevant sectors with information before they are asked to commit resources to the project an the information have to fed in many levels; to provide information separately to local, regional and national levels in order to overcome difficulties in communication within sectors.

Conclusions: The community action for Safety Promotion has never been a priority area in Georgia, neither systematically registration of injuries, use of data for injury prevention initiatives follow up and evaluation. Safe Community, as it is widely known from many countries experience, is doing spectacular work for injury reduction, will contribute to decrease number of accidents and injuries in Georgia.

1 Background

1.1 The Georgian Context

Georgia is an independent country situated in the southern Caucasus, bounded by Armenia, Azerbaijan, the Black Sea, Russia and Turkey. It covers an area of 69 700 km². Mountains and rivers dominate the Georgian landscape. The climate varies from humid and subtropical conditions in the Kolkhida Lowland to drier conditions in the eastern uplands. The official population estimate is 5.4 million (24), but other estimates vary considerably (28), and there has been extensive migration in recent years. On account of its position at a crossroad between Europe and Asia, Georgia has a long history of trade, and its climate provides a fertile agricultural base. Although it was absorbed into the Russian Empire in the early nineteenth century and was one of the republics of the USSR, it has cultural links

Figure 1. Map of Georgia¹



Table 1. Basic data on Georgia and the WHO European Region

	Georgia 1999	European Region 1998
Population (millions)	5.1	–
Population aged		
0–14 years, %	20.0	20.1
15–64 years, %	66.7	66.3
65 years and over, %	13.3	13.6
Area km ²	69 700	–
Population density per km ²	73.2	31
Urban population, %	57.7	72.7
Births per 1000 population	11.5	11.1
Deaths per 1000 population	9.9	10.9
Natural growth rate per 1000 population	1.6	0.2
Gros domestic product (GDP) per person in US\$ PPP ^a	3 353 ^b	12 500

^a PPP = purchasing power parity; ^b 1998

with the Mediterranean and the Middle East. Ionian Greeks colonized this area in the sixth century BC. At this time the western region of what is now Georgia was known as Kolkhida and the eastern region as Iberia. In the fourth century BC Georgia was united into a single kingdom, with Mtskheta as its capital. Christianity was introduced in the fourth century AD. In 1801, with the abdication of the last Georgian king, Georgia was incorporated into the Russian Empire. After the Russian Revolution, in 1917, Georgia briefly became an independent republic. This independence was short-lived, lasting only until 1921, when it was occupied by Soviet Red Army and incorporated into the Union of Soviet Socialist Republics (USSR), where it remained for the following 70 years.

Georgia has a long well documented medical tradition, with artifacts bearing the international symbol of medicine (a snake twined around a staff) dating from the fourth century – and the word *Medicine* comes from name of Kolkhetian Queen *Medea* (legend about the Golden Fleece).

From 1921 to 1991, the Georgian health system was part of the Soviet system. The "Basic Law on Health in the USSR and Soviet Republics", enacted in 1964, provided the framework for each republic. The system, known as the Semashko model, was centrally run. It was characterized by almost complete public ownership, with financing from general government revenues. Health care was meant to be free at the point of delivery, and health professionals received a salary. Although some private practice was allowed, illegal out-of-pocket payments to health professionals were also common (12, 14). The system was curative in orientation, reliant on inpatient care and, to a lesser extent, on outpatient care delivered by specialists in polyclinics or dispensaries (21). Hospitals dominated the delivery system. Parallel systems existed beside the Ministry of Health facilities, in particular those for the Ministry of Defense, the Ministry of Internal Affairs and the Department of Railways. There was also a special system for high-ranking officials, dignitaries and others that provided high quality health care and was not accessible by the general population. The centralized Soviet health system was very resource intensive, based upon high bed numbers and very large numbers of medical personnel. The health-care budget was generally allocated on what was left after other higher priority sectors (such as defense) had been funded. Already meager resources started to decrease after about 1980, reflecting the growing financial plight affecting the Soviet Union (13).

1.2 Reason for this Topic

Mortality rates in Georgia from accidents, injuries and poisonings are lower than the average for the European Region (Tab. 2.) (29).

The only data from the Department of Statistics (23). Which was available is number of patients 29'332 and bed-days cause by injury and poisoning 102'860, which is the 5,3% of total number of bed-days (1'930'562), number of new cases, injury and poisoning, registered in out-patient is 23'709.

Table 2.

Structure of mortality (in %) by main cause of death and age group in Georgia (1999) compared with the average for the European Region (1998)				
Cause of death	0-64 years		65 years and above	
	Georgia	Europe	Georgia	Europe
Cardiovascular diseases	46.9	30.8	80.2	60.0
Malignant neoplasms	16.3	23.0	8.2	16.6
Accidents, injury and poisoning	9.5	19.7	1.2	2.6
Diseases of the respiratory system	4.2	5.4	1.5	6.9

On 2002 Department of Public Health has done little research in 32 different profile organizations on 8 regions and cities in Georgia connected to different type of traumas. During 10 months in stationeries, governmental organizations and police traffic offices 10761 traumas have been found out (8).. Another data setting (Mortality based indicator) was available from WHO/Europe's Health for All databases (30).

SDR, external cause injury and poison, all ages per 100000 - Both Sexes

1988	1989	1990	1991	1992	1994	1995	1996	1997	1998	1999	2000	2001
56.71	61.15	58.29	56.68	66.95	64.25	63.22	45.93	39.25	36.46	37.69	27.22	27.30

It is obvious from data's above that injuries are very important issue in Georgia and the concept of planning and implementing for new strategies how to reduce and control injuries in local community level became the idea for this topic. It is vital to begin safety promotion which will lead to safe Community in Georgia based on collaboration between different sectors to start a systematic action from injury registration to setting up priorities and take a preventive action in order to create Safe Community.

1.3 How Important is this Issue for Georgia

Injury prevention and safety promotion actions demand co-ordinate efforts on all societal levels (international, national, regional, local and in the primary groups of the neighborhood), and within all social structures, environments and the living habits of the populations (e.g. tobacco, alcohol habits). Focus of information will differ depending on the determinants of accident and the knowledge about the effects and effectiveness of preventive measures and their costs. Well set coordination of different social levels, including governmental structures, NGOs, police, hospitals, insurance companies and other bodies gives possibility for stable background for safety programs. This is very important for Georgia.

1.4 Health and Safety in Georgia

Prior to independence, during the Soviet era, Georgia was a prosperous republic-enjoyed one of the highest living standards in the Soviet Union, although this reflected a low cost of living as official per person income was lower than in many other Soviet republics (11). Decoupling from the Soviet economic system, combined with a rapid transition to a market economy and civil war, left Georgia in a state of economic collapse, with reduced resources for the health sector. Official estimates indicate a fall in gross domestic product by 1994 to about 30% of the 1990 level. In 1993, inflation was over 1200% (31). After 1994, however, the economy improved rapidly and in the years from 1995 to 1999 it has been growing at an average rate of 8% per annum (32).

The health care system was also severely damaged as a result of the war and the economic collapse. Many refugees were housed in hospital facilities, occupying between 80% and 90% of the existing hospital capacity at the height of the civil war, even though fuel shortages meant that hospitals were without electricity for the winters of 1994 to 1996. Collectively, these disruptions led to a breakdown in the health system. Post independence, another major factor in the decline of health services was the drastic reduction in public monies to fund a system that was largely dependent on public resources. For example, between 1990–1994, real per capita public expenditures on health declined from about US \$13.00 to less than a dollar in 1994. People had to pay out-of pocket for the majority of health services, which affected demand. The physical condition of facilities severely deteriorated, as did medical technology and equipment.

In 1993 there were plans to begin to reform the health care sector. The first changes took place in 1995, with assistance from the World Bank, UNICEF, WHO and American International Health Alliance (AIHA). During the period 1995-2003 the economy was improving and week but still some governmental structures have been reformed. In November 2003 "The Roses Revolution" took place and in January 2004 people elected new president, new parliament was elected in 28 March 2004.

Nowadays The Ministry of Labor, Health and Social Affairs (MoLHSA) is the lead agency for the health care system. Its main responsibility is implementation of government policy on health care and coordinating all activities.

In order to implement the strategic health plan and manage and coordinate the national health system the State Commission for Regulating Social Policy, was established under

the President and is granted with superior power. In the implementation process of the strategic health plan the Commission is intended to identify the roles of the different sectors that influence health and to monitor how they carry out their responsibilities. However, it is not yet fully functional in this role, and the MoLHSA remains the key strategic health decision maker.

At the national level are Republican hospitals, research centers and medical schools. Much decision-making power and responsibility for funding at the local level have been handed to twelve new Regional Health Departments (RHDs). Each region is also meant to have an intersectoral "Regional Committee" that communicates with both the Regional Health Departments and the State Committee; in practice, however, these are not yet fully functional. Reporting, in turn, to the RHDs are the municipal health authorities, which have responsibility for the hospitals, polyclinics and primary health care (PHC) services in the local area. The State Medical Insurance Company (SMIC) and the Ministry of Finance are the key financial players in the health care system. (9).

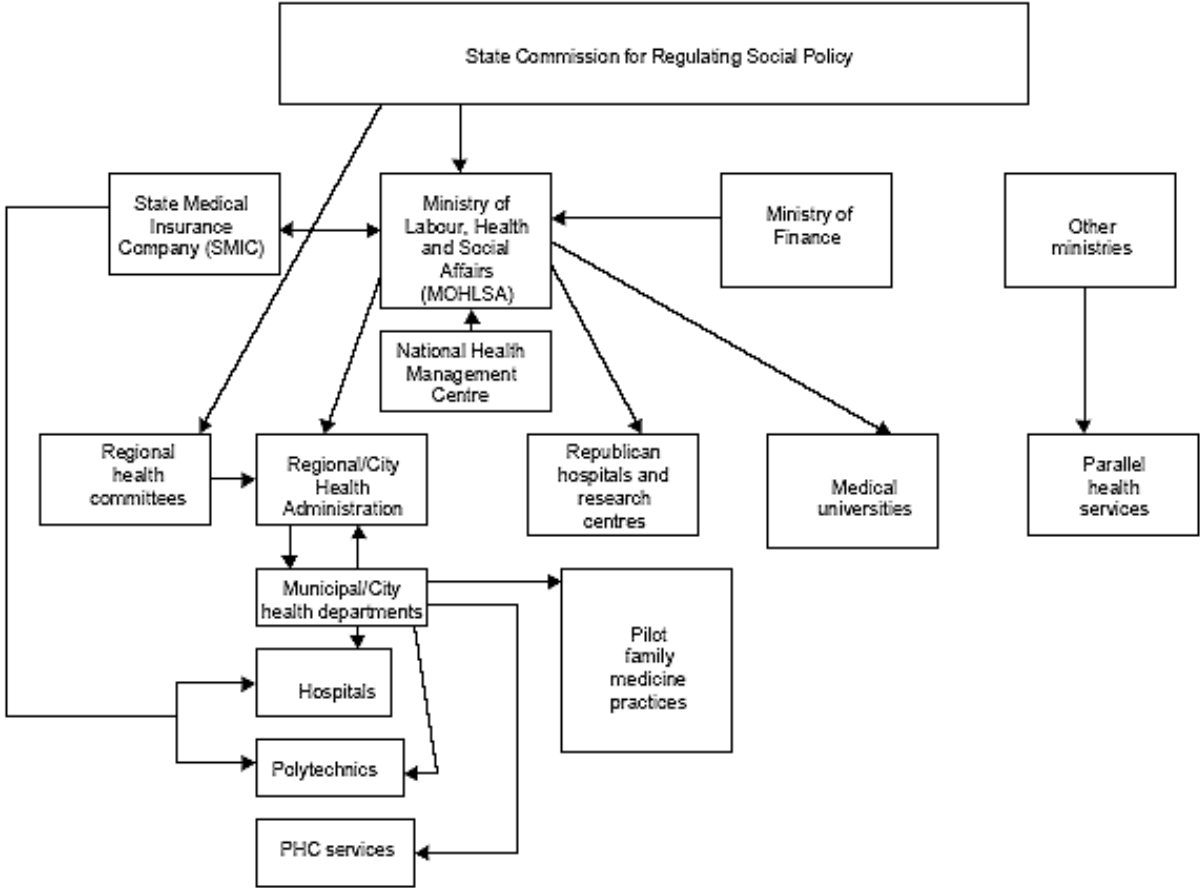


Figure 2. Organization of the health care system

National Health Management Centre (NHMC): The NHMC was established in 1994. It reports to the MoLHSA, and its role is to provide scientific and technical input into the process of health sector reform. Although subordinate to the MoLHSA, it functions as an independent body and it works directly with international and local nongovernmental organizations (NGOs) (19). The NHMC has contributed to drafting the new Georgian health legislation and to preparing health reform plans.

Since independence, Georgia has looked to new models for the health sector. The MoLHSA has been active in developing new long-term plans for reform, drawing on international advice. A 10-year strategic health plan, developed by the MoLHSA, began in 2000 (13). One of the Public Health Programs is Prevention of Traumatism. The program aims at the development and implementation of preventive measures against traumatism and establishment of its epid-surveillance on a methodological level. But for today there is no injury surveillance system and registration in Georgia.



1.5 Safe Community

All human beings have an equal right to health and safety. This principle of social policy is the fundamental premise of the World Health Organization's Health for All Strategy and for the WHO Global Program on Accident Prevention and Injury Control (15). Safety is also a prerequisite to the maintenance and improvement of the health and welfare of a population. It is a fundamental human right (25). Safety can be defined as a state or situation in which hazards and conditions leading to physical, psychological or material harm are controlled in order to preserve the health and well being of individuals and the community (16). It is an essential resource for everyday life that an individual and a community need in order to realize their aspirations. Safety is considered as a state resulting from a dynamic equilibrium that is established between the different components of a given setting. It is the result of a complex process where humans interact with their environment. By environment, we mean not only the physical but also the social, cultural, technological, political, economical and organizational environments. Safety is not merely the absence of injuries or threats. Safety should not be narrowed down to injury prevention.

Much confusion exists concerning the concept of safety. Concept refers not only to the prevention of crime and violence, but also to a feeling of being out of danger than to an objective state as well to the satisfaction of basic needs (food, shelter, clothing, etc.). These interpretations do not always include injury prevention. In fact, the concept of "safety" is quite difficult to understand in all its dimensions (physical, social, psychological, etc.), and therefore difficult to promote (20).

Safety promotion can be defined as a process that aims to provide populations the means to ensure the presence and maintain the conditions that are necessary to reach and sustain an optimal level of safety. Safety promotion is all organized efforts by individuals, organizations and communities to achieve that ultimate goal (20).

Safety promotion can be carried out at many levels – national, regional, local, organizational or individual. Safety promotion at the local level, at the community level, has in practice been called Safe Communities. There are many attempts in the world to bring safety promotion and injury prevention together, sometimes injury prevention is

included in the concept of safety promotion. The idea of an evidence-based safety promotion is based on the closeness between the concepts of injury prevention and safety promotion. Evidence-based safety promotion the way it has been documented so far is always related to a defined outcome.

A Safe Community is a community where people can live, work and play safely and healthily. This can be achieved when private and public sectors work in partnership to improve the safety and health of the workers and people in the community. Not only the corporation would benefit in improved productivity and profit, the entire community would gain with a less costly health care system and reduced social cost. The basic idea of Safe Community is to build on the existing structures and organizations with any local district.

The safety promotion approach can be applied in settings of different sizes such as a street, a park, a school, a neighborhood, a city and a nation. The "Safe Communities" movement provides an illustration of a safety promotion approach applied to a local community level. The "Safe Communities" movement has been developed by the WHO Collaborating Centre on community Safety Promotion at the Karolinska Institutet of Sweden under the auspices of WHO. As far as we know The Falköping Accident Prevention Program (FAPP) is the first evaluated comprehensive program aiming at promoting safety and preventing injuries at the local community level. The idea behind is to address all kinds of safety and prevent injuries in all areas, addressing all ages, environments and situation and involving non-governmental as well as governmental community sectors. FAPP is based in Skaraborg County, Sweden. An injury register was started in 1978 and intervention began in 1979. The "Safe Communities" movement aims at supporting communities in their safety enhancement activities. It was firstly involved in safety promotion through unintentional injury prevention activities and is now developing many projects with a special focus on violence or suicide. To be part of the movement a community must put forward a program fulfilling different explicit principles and criteria. These are based on the theoretical and practical knowledge concerning safety promotion and community mobilization. The effectiveness of such programs has been demonstrated on several occasions (20)

During a conference in Leuven, Belgium (1986) the local community approach was presented for the first time. This was based on the experiences originally from Falköping Municipality (since 1974) and Skaraborg County in Sweden. That concept was further developed in collaboration with the Karolinska Institutet, Department of Social Medicine in Stockholm, Sweden (<http://www.ki.se/phs/safecom/index.htm>).

In Stockholm, Sweden, at the First World Conference on Accident and Injury Prevention, 500 delegates from 50 countries met 1989 to discuss the immense injury and accident problem and the need for action. The so-called Manifesto for Safe Communities was the report from the conference (15). WHO Collaborating Centre on Community Safety Promotion at Karolinska Institutet has designated a set for safe communities – 12 criteria's.

After many years experience on the meeting in Alaska 2001 (10th International Safe Community Conference), March 24 and Fort Frances 2002 (11th International Safe Community Conference) (22), May 9 new set – with 6 indicators was introduced:

1. An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community;
2. Long-term, sustainable programs covering both genders and all ages, environments, and situations;
3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
4. Programs that document the frequency and causes of injuries;
5. Evaluation measures to assess their programs, processes and the effects of change;
6. Ongoing participation in national and international Safe Communities networks.

Nowadays there are 80 Formally Designated Safe Communities on the world (26).

And again according to definition: A Community is a group of people with common interest, either through geographic location or a common purpose. So it is evident how great importance Safety Promotion has for a community; reduction of injury, better health status leads to less disability and better quality of life. Have good partnership and collaboration, behave and think more safety must be considered as a main priority.

2 Objectives

- The general purpose of the study is to understand and assess if the Safe Community model is applicable for Georgia.

Specific objectives:

- Describe the Safe Community model
- To assess the possibilities for safety promotion
- To assess the possibilities for Safe Community model as good model for Georgia

3 Materials and Methods

The method of the study was based on the Safe Community model, as it have been adapted by 80 communities internationally, and based on the six indicators for becoming a Safe Community.

In this paper, these indicators have been analyzed and the implementation of the model in Georgian context is assessed and the future applicability of the model is highlighted.

The study was based originally on the available data information from different sources:

For conducting the literature review, many databases were searched for available data on Georgia, and safety promotion in different phases of Georgian health organizational structure. These databases included Medline, Health InterNetwork, and Health Evidence Network.

These databases were searched for the keywords: *Georgia, safety, safety promotion, injury prevention and safe Community*.

The Official websites from Georgian Ministries and relevant departments were other sources of information, the key people in Health ministry contacted through the email and telephone conversation.

The only two sources for health data on Georgia were the Department of Statistics in Georgia and the WHO/European Health for All database, both statistics and updates were reviewed for more accurate view of the safety situation in the country.

For better understanding of the safe community as a model and applications in different communities, the designated safe communities' applications for joining the WHO Safe Community network were reviewed and analyzed in the relation to the Safe Community concept and its applicability to a state like Georgia.

4 Results

After looking through available materials on Safe Communities we concentrated on a new set of criteria as main requirement to be designated as a Safe Community and to take part in the safe community network you have to fulfill these 6 indicators.

Any community in order to be designated as a Safe Community and to take a part in the International safe community network have to fulfill the set of criteria, and these criteria have been used as a tool for evaluation of safe Community programs.

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

The indicator is about the process to establish a cross-sectional group with responsibility for the injury prevention and safety promotion campaign where all the sectors in the municipal are included, obtaining a commitment to injury control at a national or at least a regional level.

Partnership

Partnership means that many parts of community are included in the work and they have sense of ownership and responsibility about the project.

In established Safe Communities project is initiated by the city self-government and is linked on the organizational structure and other institutions and organization working for promoting safety. In the Safe Community work involves people from health sector, police, fire department, road authorities, rescue services, voluntary organizations and many others. It has a politician as a leader of the project, the project co-coordinator, and committee which is appointed by the City Council. Very important is also to establish a steering committee with responsibility for the injury prevention work where all the sectors in the municipal were represented (2,4,5,6).

It is important to involve the population in a small community. The working groups in Safe Community consist mainly of inhabitants from different local networks. A lot of the members represent organizations that initially were ruled by internal regulations and laws. Through their participation in the Safe Community concept they become especially focused on accidents and injuries and because of that there is an increasing consciousness about prevention. The chances that this will be communicated into their own context are very good. In a small society with a short range and a proximity to a lot of arenas, it is easier to reach far. People has feeling of ownership and understanding that it is their community and problems related to it had to be solved by themselves.

Collaboration

Collaboration is one of the most important for the Safe Community Project. The idea of collaboration is that many partners have been acquired under same aim: to make community safer and reduce number of injuries. All parties included in the project form so called "Big Team of SC" divided into working groups according to spheres. A structure of the big team is variable, but each group has its own contact members in spheres of Data-Information- this is task of Coordinator, Children, Seniors, Sport, Work, Traffic and Violence.

Among the long-time partners are: local Red Cross, local University, The Secondary Medical School, The Hospital, District Authority, Pedagogical-Psychological Advice Bureau, Civil Association Spectrum, Civil Association Children' Playground (3).

Cross-Sectional Group

Cross-sectional group consist of community physician, representants form section of health support, local Authority, the Charity organization, district Authority, Pedagogical-Psychological Advice Bureau, Primary School and Secondary Medical School.

Also Safe Communities have to introduce at some meetings and seminars in the municipal where politicians, administration staff, the steering committee and other officials taking an interest in prevention participated. Consequently the preconditions of the work towards a Safe community will anchor.

The Safe Community steering committee has to decide to establish working groups representing the local problem areas. As the rule selected problem areas are: Traffic accidents, agricultural and employment related accidents, leisure accidents, accidents at home and accidents among children and youth, falls, accidents with high risk group. The members of the committee are responsible for one group each.

In one newly established Safe Communities work for becoming a Safe Community was organized this way. As we see form the diagram Municipal Council, Executive Committee and Head of Administration are on the main position and they lead steering committee and also municipal organizations.

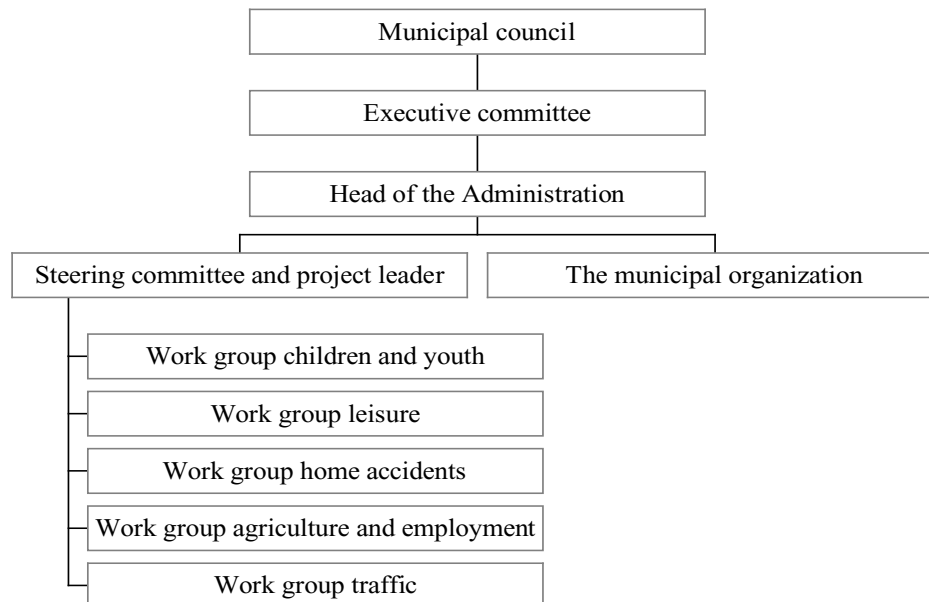


Figure 3. Organization of the Safe Communities

Different players assembled the working groups. The prevention work was based on the principles of the municipals Health Information Committee. This committee with members from different levels in the health sector became the working group for home accidents. The traffic group consists of persons from local house owner associations representing the different residential areas in the community. The working group for leisure is composed of commercial representatives and people from different organizations with relation to sport and out door life. The group for children and youth has parents and professionals from kindergartens and schools as members. Finally the group for employment related accidents is a forum for the Company Health Service, the Labor Inspection and agricultural organizations (6).

Most of the Safe Community programs are organized and structured similar to the following model (2): 1) steering committee, which includes: Mayor, hospital, University

college, police, local university, city manager, road administration, head of "Health and environment"; 2) Head of Administration; 3) Chief physician; 4) Coordinator; 5) project teams working on problems of children, elderly, traffic, violence, leisure; 6) Communities Ministry of Social and Health. Advisory Board includes local college, local hospital, police, Institute of Public Health, Regional University, traffic station, fire and rescue office, conflict advisory, technical department, research foundation, injury prevention forum and voluntaries center. Project has special group on injury prevention (6).

Indicator #2: Long-term, sustainable programs covering both genders and all ages, environments, and situations

This indicator is about continuing project, which covers the whole population and is responsible for many different places of injury occurrence and circumstances.

Continuity and Sustainability

To make up long-term program on the Safe Community, which is continuing process and last for many years.

For this type of program in some municipalities the methodology of Safe Communities from WHO and the one of National network of Healthy Cities are used. The plan was arising on a set of the team meetings several times in year. The Safe Community team draws up the list of what is necessary to do to reduce injury occurrence. The plan is focused on men and women of all age categories, urban environment and hazardous situations. The plan is divided into following spheres: Data – Information – Publicity; Children and Youth; Seniors; Work; Traffic; Sport. Each of the spheres has its own set of priorities. The steps to realize each priority are also proposed. Steps – activities planned for certain period form the Action Plan. For example: constantly improve system of care for children's playgrounds; inform parents about risks of injuries in small children at home (distribution of printed leaflets through their praxes). Involve local Red Cross to make a program for parents „Safety of home”.

In addition to the abovementioned problem areas other fields are valuable to consider in relation as long-term for a Safe Community. Suicide, drugs and violence are all important. Fortunately these issues are not a big problem in the local areas and because of that some steering committees decided not to establish independent working groups.

However concerning drug and violence problems there are taken specific long-term actions in relation to youth in the municipality. Concerning suicide there are a programmes at the polyclinic for psychiatry, which makes sure that there are follow-up routines for suicidal persons as well as their relatives. On the municipal level this involves the local health centre where the personnel will be informed in case of a suicide or suicide attempt and are responsible for taking further actions.

The issues are on the municipals agenda and are taken care of by professional teams. At the same time the steering committee is aware of the problem with drug, violence and suicide and it is frequently reconsidered if it is necessary to establish separate working groups for this issues.

Other Safe Community long-term traffic safety plan designed for the whole community, and it will be revised in the upcoming years. The plan includes all desired projects within 3 levels, immediate need, medium term, and long term: safety in kindergartens and schools; traffic safety promotion in schools and kindergartens; safe school roads; bicycle helmet action.

Both Genders and All Ages

Issues that consider everybody in the society are for example the prevention of traffic accidents, accidents at home and accidents in the out doors and sports life. The working groups are covering these areas.

The program targets are mostly focused on the injury hazards and preventive methods that were taken by different parties mainly the health centers. As a rule local hospital is actively engaged in selecting target groups and interventions, because of the severity and impact on the treatment capacity posed by these particular injuries (traffic, burns and fractures in the elderly). Likewise the violence prevention program was launched by the local police as a result of an analysis of the situation of violence.

Environments, and Situations

This issues also covers traffic accidents, elderly group.

To release traffic accidents municipality has to be authorized to make changes on main roads. Municipalities are a consequence dependent on the cooperation with state authorities.

The Safe Communities future work with traffic safety follows this plan: In cooperation with the state improvement of traffic areas in the centre, considering both traffic safety and a general facelift. The project is substantial and includes new street lamps, new junctions, new pavements and so on; As an implication of the inhabitants response to the project "Health for the elderly" now only half the pavement is gritted in wintertime so that it is possible to use chair sledges; A road that is used a lot by the pupils at the municipals biggest school and by residents at institutions is now getting new street lamps.

Outdoor life and Sport is the essential part of many citizens life. In some communities there are a lot of possibilities to practice an exiting and varied outdoor life. According to the local accident registration a lot of injuries are happening in the out doors.

Care is taken on activities such: Hunting and fishing, skiing and walking in the mountains, rafting, canoeing, kayaking, river surfing, or rafting, mountain biking, glacier crossing, climbing. Prevention of drowning accidents is carried out through the use of and information about lifebelts and installation of lifelines on certain wharfs. Injuries in sports are mainly prevented by the correct use of equipment and by focusing on proper training, including warming up. In all sport clubs in the area there is a natural focus on this matter, which has been reinforced by the employment of a sports consultant.

Home accidents are the most common setting for accidents. These kinds of accidents are mostly prevented through education with the health centre playing an important role. Also there are home visits to small children and elderly who are in high-risk groups.

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

The idea of this indicator is that the program has to be constructed on egalitarian principle: the injury program has to cover all ages, environments, and situations in which the whole community's network is involved in planning and implementing the injury preventive efforts.

High-Risk Group

Because of high exposure to injuries and accidents in most of Safe Communities identify Children and elderly as a high-risk group. The project for children makes an effort to inform parents about risks of injuries in small children at home. As a rule, for this purpose the network of pediatricians' praxes is used for distribution of printed leaflets from expert

partners as State Medical Institution, Medical Faculties etc. In some cases it makes its own materials. The Safe Communities published a leaflet highlighting the most frequent causes of injuries in small children at home with instructions for their prevention. It is distributed through pediatrician's praxes together with giving qualified instructions by the pediatrician to the parents.

The project for children is in contact with specialists who are able to inform the parents on meetings at nursery schools, but this is not fully used. A set of articles, casuistic from the local hospital concerning children's accidents in monthly published and distributed into every household. In some communities Mother Centers has been opened as another partner for the project dealing with children's injuries at home.

Another and mostly focused on high-risk group is elderly. In projects like "Health for the Elderly" initiatives were taken to several injuries preventive action, which now are integrated in the daily work in the municipality. The aim of the project was to prevent injuries at home among the elderly.

The aim of the project is home visits to all 75 year olds who do not already receive aid from the authorities, as nurses are presumed to give information about injury prevention to the families that already receive aid. By meeting the elderly in their homes, it's possible to go through the details in the home that are important from an injury prevention aspect. A checklist is being used, including safety precaution subjects related to for instance fire, stairs, carpets and availability. The checklist has some items that will be controlled, and if some conditions are unsatisfactory, it will be followed up.

During the visit, information about the different services the municipality can offer is given, and help will be offered if it is needed. Part of their services includes home visits and risk assessments by public health nurses.

Indicator #4: Programs that document the frequency and causes of injuries

Accident and injury registration is an important indicator to show how and how often the injuries are occurring.

In some communities data an injury secretary has monitored collection, salary was provided by the National institute of Public Health. All injuries treated outpatient and inpatient are recorded. Also injuries are recorded at the primary health care emergency room at the hospital. As the part of partnership, data's has been sent to National institute of Public Health to be included in data bank. The role of injury secretary is to: instruct emergency personal to got information about injury from patients or accompanying persons; collect forms from emergency department and compare patient lists with the number of collected forms in order to pick up patients on which information is absent or incomplete; fill in the missing forms with information from the electronic medical records and if necessary call the patients for getting missing information; coding information on the form and recording the data in the database; by using software "Epi-info" present basic data to partners.

The Safe Communities future work with programs document the frequency and causes of injuries takes care of collection and assessment of all sources of data. The program uses the selected data from statistics of the National Statistic Institute, The Institute for Medical Information and Statistics and Traffic Inspection of the Police. As these data cannot give all the necessary information to the Safe Community Project, there was a research of injury occurrence. One-page questionnaire – injury record – was set up. Its content is a compromise of time limit needed for fulfilling the questionnaire and needs of the project to analyze the circumstances of the injury. The Hygienic Service and local physicians participated on compiling of the questionnaire. If the injured patient looks for a medical treatment, the first visited medical working place fills in the injury record. The Hygienic Service collects and evaluates the records. It also bears the financial costs. Municipality pays certain amount for the work with the questionnaires.

The collection of the injury records is running continually. Questionnaires are collected annually. The data are compared with evidence of community inhabitants. Once a year a presentation of results is held for co-workers of medical working places. Primary data and evaluation are given to Centre for Epidemiology and Injury Prevention, expert partner. The evaluation of effectiveness of the Safe Community Project is the main purpose.

Indicator #5: Evaluation measures to assess their programs, processes and the effects of change

Evaluation

Some Safety promotion program has been evaluated in two levels. Internally through annual reporting and internal quality control system. Externally the program has been evaluated by researchers (18,33,34) and postgraduate students. They have published several articles in scientific journals on evaluation of different injury prevention interventions in community. Also several pamphlets have been produced on injury prevention.

Accident Registration

Registration is important both to document the reasons for the injuries and to evaluate the effects of the injury prevention actions. Though there are still some precautions to be aware of that have an impact on the importance of the registration: in municipality with a low population and a small statistical foundation effect is that a few incidental occurrences can make significant fluctuations in the statistics. There always are some difficulties when a new rules coming to be implemented. It is also important that all the doctors understand the importance of registration (6).

Further Evaluation Actions

It is a subject of course to service hazardous matters when they are found. The internal control system makes sure that vulnerable spots are identified in the institutions. Enquiries from the citizens are important indicators on problem areas as well. And close calls are used as an instrument for the steering committee in line with the injury registration. An example is the quarterly inspection of playgrounds in kindergartens, which is used to prioritize which equipment may need to be improved.

Indicator #6: Ongoing participation in national and international Safe Communities networks

Different conferences and seminars are held each year in All levels, national, regional and international. These conferences as a meeting place for people working in the field of community safety promotion and the others interested to show their own experiences. The conferences are opened to all interested people. Invitation cards are distributed also through information system.

Different Safe Communities have been represented the arrangements with direct relation to the Safe Community network: participation in the appointments of other municipalities as members of the Safe Community network, study visits, participation in the Safe Community Conference.

The municipalities' regards membership of the Safe Community network as a privilege and will make a great effort in the contribution to the network, as well as in other arenas.

The municipality is sharing their experiences with other communities, nationally and internationally.

5 Discussion

After looking through the indicators from perspectives of Safe Communities in Georgia we decided to build up discussion on the more important highlights.

Organization

For organization of Safe Community the local Municipal Council in Georgia has to begin structuring and organizing different societies for choosing strategies for introducing the Safe Community model. Ministry of Labor, Health and Social Affairs of Georgia will develop links with legitimating influences such as credible persons organizations or programs; a great deal of effort have to be spent in identifying and informing key people in community. The Safe Community project will require approval and commitment from all individual, regional or national levels.

Collaboration

Collaboration will involve as many as possible, sectors: Ministry of Transportation of Georgia and police authorities, school and kindergartens, health sector, Ministry of Education, Fire departments, road authorities, social and welfare, insurance companies, rescue services. Traditionally there was good collaboration and partnership between these sectors in Georgia and still nowadays they have some projects together. To feed all relevant sectors with information before they are asked to commit resources to the project an the information have to fed in many levels; to provide information separately to local, regional and national levels in order to overcome difficulties in communication within sectors.

Culture

Strategies for developing Safe Communities must include ways of influencing a wide enough range of persons to be able to maintain continuity of development. In Georgia, culturally there are very good collaboration especially between health sector and police, fire department, road authorities and rescue services. A major factor influencing support has to be competition between sectors.

Cross-Sectional Group

Cross-sectoral group will consist of the most active institutions, establishments and unions in municipality: public health nurse, teacher, surgeon, community physician, voluntary organization member and businessman; the board is leaded politically by chairmen of municipality. Cross-sectoral group is responsible on assessment of what information is available on the nature of the injury problem and how that information is used in that society, If the epidemiological data is available, the focus should not be on mortality alone; simple information about cost of injuries and the cost saving possibilities of injury control; press cuttings about accidents and injuries is also very important.

Cross-sectoral group will be responsible for visits to hospitals and physicians and map and register injury. The item classified include: 1) Reasons for contacts and 2) Place of occurrence, 3) Age groups, 4) Gender, 5) Social groups, 6) Ethnicity and 7) Products, Economics, Models etc. The following level can be used: Individuals/group, organization and community. Also the interventions can be mono-factorial or multi-factorial concerning the components of the intervention at each level.

The Long Term Perspective

While discussing about indicator 2 and its accessibility in Georgia some project will be prioritized and considered as long-term. First of all the projects like: "Health for the elderly" which is continuing and will be an integrated part of the home nursery's work. That implies a home visit to all 75 year old inhabitants and intensive work for improve quality of care in elderly homes, periodical medical checking, providing with necessary medicaments and also medical equipment; employment of a doctor where ten percent of work hours are reserved for this particular work; employment of a consultant where fifty percent of work hours are dedicated to creating a healthy environment for elderly; employment of a sports consultant, who are to spend fifty percent of work hours promoting health and preventing injuries through information as well as doing special trainings.

It is vitally important to begin long-term project for traffic safety in Georgia. This can be achieved via Ministry of Transportation and police authorities, school and kindergartens, which traditionally has very good experience of collaboration. This project includes implementation of seat-belts using and baby-chairs in cars as well limitation of speed in certain places, checking of drivers on alcohol and many other aspects. In the very beginning it can begin with: safety in kindergartens and schools; traffic safety promotion in schools and kindergartens; safe school road.

Other fields also are valuable to consider in relation as long-term for a Safe Community in Georgia. Drug and violence problems have to be taken in specific long-term actions in relation to youth in the municipalities of Georgia. Especially drugs are very important. Steering committees have to establish independent working group, which will, consists by community physician, public health nurse, local Authority, School and police. Georgia has experience about this issue from USSR and that experience has to be re-implemented.

Both Genders and All Ages

In Georgia, culturally and traditionally, new projects and ideas, such as safety and safety projects, consider everybody in the society and there is no discrimination by gender or age. But still Georgians have very big respect to women and elderly and on the beginning stages, because of lack of resources and demand for help; some programs might cover only this group of people, but with long-term perspective programs will, by no means, consider both gender and ages.

Very important is to involve actively non-governmental and voluntary organizations on these kind projects. Some organizations already are doing this kind of work, for example Curatio Medical Group (17), Charity House "Catharsis" (7), association "Genesis" (27), "Lazarus"(10), "Satnoeba" (1) and others, but this work is not coordinated and administrated by one administration. Also there are short-term state programs for only some part of population. Steering committees have to recognize what influences the acceptance of the program within the society, to understand how local projects can be developed and legitimated in society and organize meeting of all interesting institutes and also representants from Ministry of Health and create working group founded on good will and partnership, from community level governor of the municipality or local politician have to presented,

working group will develop a legitimate local program and is responsible to have proper information about demographic characteristics of the population including age, sex, family structure, education level, occupation, religion and special cultural characteristics, which may influence how changes may be made effectively

Environments, and Situations

Outdoor life and Sport is the everyday part of many Georgians. In some places there are a lot of possibilities for skiing, walking in the mountains and climbing. For prevention of accidents members of the local clubs, local rescue teams and Georgian Red Cross have to meet and set the working plan, which will be accepted by local municipality. Working plan includes different kinds of courses to prepare individuals to practice the sport in a safe way. Georgian Red Cross practice internal training of their own crew and they offer a general stand-by for search and rescue operations all through the year. They can give good lectures how to prevent outdoor injuries by the correct use of equipment and by focusing on proper training, including warming up.

High-Risk Groups

During the Soviet era so called "High-risk group" citizens have been under control and care of soviet government. Nowadays because of lack of resources responsible of care are on family members or relatives' shoulders. To develop organized injury prevention program free will of some organizations and main persons are necessary at least in the early stages. But still this movement needs managerial stuff and coordination. This can be fulfilling by municipal administration and help of charity organizations. Mentioned authorities have to establish health stations for elderly where this group can receive necessary information how to avoid injuries and live safe life. In this activity public health nurse (if there is that kind) have to be included.

The day, when then meeting takes place, information about different kinds of safety precautions in winter, can be given by the Head of elderly centre.

In cooperation with voluntarily clubs and organizations, an annual Elderly Week can be held in the autumn. At several places in the municipality different activities with focus on preventive actions will be arranged. In high mountain parts of Georgia wintertime especially hard, elderly health station or elderly houses can distribute special winter shoes and some equipment to make old peoples life safer. Project must aim at inventing new technologies, which offer cheap automatic protection, protection of electrical circuits by instantaneous breakers and addition of guards to cover moving parts of machines. This kind of activities have been done in Georgia but it was associated with political events and had not an continuous character and was not leaded by municipality but by some political parties, and this experience can be gained and regained in everyday life. This will not be easy but at least it will give elderly safer live and good advertisement for politicians.

Programs that Document the Frequency and Causes of Injuries

In Background we represent a data setting from WHO/Europe's health for all databases overview on Mortality indicator by external cause injury and poison. The reduction of mortalities can be explained only by missing the information. Nowadays there is neither injury surveillance system in Georgia not organization who will find out and collect information about injury and because of that real picture of this matter is unknown.

For this work Ministry of Labor, Health and Social Affairs have to organize meeting and invite persons from National Centre for Disease Control, National Information

Learning Centre, Departments of statistics, and Centre for emergency and catastrophic medicine, Public Health Department, National Health Management Centre, Traffic Inspection of the Police. On meeting have to established special "injury group" which will be responsible to get right information about injury and make special database and report to population and Minister. Source of information must be health centers, medical offices, hospitals, mortality data, local statistical offices, local police offices, road and traffic ministry and its branches, schools and kindergartens, dental care services, sport centers, work inspection authorities.

As it is known by evidence of community inhabitants number of injuries is pretty high in Georgia, especially on roads. Because of injury real picture all abovementioned institutions will have great interest to begin this work.

It is necessary to describe of the nature of accidents and injuries in all communities and know when, where and how accidents and injuries occur, including free-text. Understand of the factors, which modify the pre-event, event and post-event phases of the injury. Understand of possible solutions available. Description of the resources (human, materials, and monetary) available and those required for this project.

For this project experience from other safe community registration systems, which is integrated in the computer based "WINMED-program" the health centre could be used. Consequently the doctors will have an automatic questionnaire at specific diagnosis, as to whether it should be registered as an accident.

Data will be analyzed by the injury epidemiology expertise disseminated in many different forms, through publications in national and international journals, media, Internet and public meetings.

Evaluation Measures to Assess Their Programs, Processes and the Effects of Change

For assess the program local Municipal Council and chairmen of municipality – "Gamgebeli" in Georgian, with supports from local politicians and hospital have to meet persons from National Centre for Disease Control, National Information Learning Centre, Departments of statistics, Centre for emergency and catastrophic medicine, Public Health Department. Meeting has to set up "team of evaluators" from specialist who has knowledge in program evaluation and that is independent of the organizations involved in Safe Community project. "Team of evaluators" has to have easy access to any kind of information about ongoing projects and data's. "Team of evaluators" is responsible for monitoring follow up and evaluation; establish evaluation methods, program communication strategies, and management skills at the local level. Evaluation has to: be according to the injury data and resources used, consider socioeconomic structure of the community and cost benefit of programs, set targets and baseline measures and data collection appropriate to the process and outcome of the intervention, should start at the beginning of the program, should aim for early measurable success to act a stimulus for the community to take further action.

The "Gamgebeli" have to consider the Safe Community evaluation as on ongoing process where the preventative work has to be developed and revised frequently. This is secured by the continuation of the cross sectional steering committee, and "injury group" which has the responsibility of taking the necessary action related to the annual accident registration, and other types of response on the local problem areas.

Ongoing Participation in National and International Safe Communities Networks

For ongoing participation and for including it's own contribution on Safe communities network the local Municipal Council in Georgia with supports from Ministry of Labor, Health and Social Affairs of Georgia, National Information Learning Centre, Departments of statistics, Public Health Department have to organize meetings and arrange national and international conferences for dissemination their experiences both at national and international levels. This will expand the community's model for to other communities and regions.

As there are no Safe Communities in Caucasian region Georgia will be the first who will organize Caucasian Safe Community Conferences, on which participants not only from Caucasian countries but also from knowledgeable safe communities will present their knowledge and share experience to there colleagues.

Other activities include: participation in Designations of Safe Communities, participation in Courses and Conferences, participation in seminars, site visits, send the reports on their safe community activities and research efforts in national and international media, create and disseminate websites, actively send new information to Safe Community Weekly News, which is edited and distributed from Harstad and is translated in many languages; English, Portuguese, Chinese, and Spanish and effectively serves as a medium of communication for Safe Community Network members, and those whom are interested in injury prevention and Community safety promotion.

6 Conclusions

Safety work is a continuous process where the attitude towards prevention plays an important role. Information and guidelines are essential in avoiding accidents. Co-operation and coordination of preventative action are important elements in the future. As an implication of the Safe Community implementation, this is now on the agenda and will be further developed.

The Safe Community concept is an interesting and for many countries successful strategy to promote safety and prevent injuries. A number of community studies have been evaluated in the Nordic countries and some Anglo-Saxon countries as well. The concept has never been introduced in the Newly Independent States, like Georgia.

With the experiences from already designated Safe Communities there are reasons to believe that the approach can be used in Georgia.

The concept should however not be introduced without evaluation efforts!

Working in the hospital – especially in surgical department, made clear for me how many citizens suffer physical and mental pain because of unexpected external injuries, which can be easily preventable by safety programs and especially by establishment of Safe Community. The community action for Safety Promotion has never been a priority area in Georgia, neither systematically registration of injuries, use of data for injury prevention initiatives follow up and evaluation. Safe Community, as it is widely known from many countries experience, is doing spectacular work for injury reduction, will contribute to decrease number of accidents and injuries in Georgia.

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