



KAROLINSKA INSTITUTET
Department of Public Health Sciences
Division of Social Medicine



WHO COLLABORATING
CENTRE
ON
COMMUNITY SAFETY PROMOTION

SAFE COMMUNITY WEEKLY NEWS

NO. 26
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***** LETTER FROM THE EDITOR*****

Welcome to the twenty-sixth issue of Safe Community Weekly News, the electronic Safe Community Weekly News will be send from Harstad - Norway on behalf of Safe Communities Network.

WHAT IS NEW AT SAFE COMMUNITIES?

In this issue:

- SEMINAR: **Quality of Life, Health and Accidents, Brasil**
- DATA COLLECTION: **IP Medic, Vietnam**
- WELKNOWN PROFILES: **Ananyr Porto Fajardo, Brasil**
- COMMUNITY SAFETY MONTH: **Victoria, Australia**
- EVALUATION: **Latrobe Safe Communities, Australia**

Seminar on Quality of Life and Health Accidents with Children and Adolescents 13th and 14th September 2002 Porto Alegre - Brasil

Porto Alegre, Brasil, is preparing the Seminar on Quality of Life and Health - Accidents with Children and Adolescents "TO LIVE IS COOL, TO PROTECT IS POSSIBLE", which will happen on September 13th and 14th, 2002.

The Seminar will gather health professionals, community and their children to discuss the prevention and control of burns and scaldings, motor vehicle accidents, falls, exogenous poisonings, gastric content aspiration and drownings.

There will be lectures by expertises about the conceptual approach, incidence and technological protector measures for the prevalent groups of accidents for this populational group.

Workshops will be offered to both children and adults by means of puppets, theater plays by health professionals, graffitti artists and capoeira (an African-Brazilian dance and fight) players. At the end of the event, there will be an Ecumenic Blessing.

For more information contact:

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Introducing IP Medic, Vietnam

Why did the IPSC programme need a new questionnaire to collect data?

The original questionnaire to collect data about injuries in the pilot communities needed to be updated, as well as the software program to analyse the data. Both the questionnaire and the software were out of date and a more appropriate data collection system needed to be developed. Many health and community workers find it difficult to collect information in the old questionnaire and to fill them in.

What are you looking for when collecting the data?

The intention is to get “the broad picture” in order to use the results to plan preventive interventions at the community level. It can be discussed how precise and detailed the information could be, but the main change from old to new questionnaire was to make it easier to collector to fill in the questionnaire and spend more time on IEC activities (information, education and communication) in first place. We want first the “broad picture” to use the results from the data collected to analyse the injury patterns in our localities in order to build intervention plans.

Has the new questionnaire any link to established injury surveillance from around the world?

We have good studies on injuries, however the quality of future studies has to be improved. First we took previous consultancy reports about our “poor” surveillance system into considerations when designing IP Medic. We also looked a lot into the “Injury Surveillance Guidelines” from CDC (Centre for Communicable Diseases) and WHO 2001. They recommend a minimum of 8 variables and an appropriate of 10 variables. We choose to have 11 maximum variables. We also looked at the design of nearly 20 questionnaires from around the world and how to build them.

What make the software so special?

When developing the software we had mainly Medic developed by the Support of Disadvantages area under the Vietnam Swedish Health cooperation as a model - prototype. We also looked at several software includes Epi Info and VMIS, developed by the Hanoi School of Public Health. VMIS is the software used by us in the past. The software is unfortunately out of date. To illustrate this is like driving a new Mercedes Benz with an old engine from a Lada inside. The programme was DOS based and only some people in Vietnam could use this software.

What are the difference between the old and the new surveillance tools?

The first big change in the new questionnaire is that the collector of the information only has to tick - mark- the data in to the questionnaire. The commune and district health stations collect monthly data on injuries, which are being entered in their computers. Secondly the software IP Medic will be established as a tool for the different localities for self-monitoring. The software IP Medic has incorporated tools for report. In other words, the commune workers can immediately get report of the injury situation in their localities once entered the data. Two workshops were conducted to collect an early response from community worker of the new questionnaire and software. The positive response was immediately. Furthermore the new questionnaire together with the software provides the community workers with a tool that is far more efficient than previous data collection system. It gives them a report of the state of injuries in their localities and provides them with more time and resources to be spend on informing the inhabitant in there workplace, schools and at home on the importance of preventing injuries. In a first stage, some districts are being selected to apply the software while other district will continuing in the short time to only collect data with the new questionnaire.

In this process we considerate the collection, processing, interpreting, reporting, self-monitoring, evaluation, updating the system – sustainability- and using the results to plan interventions.

It is worth to mention that the development and set-up of the new questionnaire including software come to a price of 3600 US\$. This sum represents 1% of the budget of the IPSC programme for the last 3 years.

If you are interested in a presentation of IP Medic, please contact the IPSC programme office at: ipsc@hn.vnn.vn

WELKNOWN PROFILES IN THE SAFE COMMUNITY MOVEMENT



ANANYR PORTO FAJARDO

Born and raised in Porto Alegre, the capital of Rio Grande do Sul, the Southern state of Brazil which is the frontier of the country with Argentina and Uruguay. Graduated in Dentistry in 1983, has been working exclusively on Public Health since 10 years ago.

Being highly interested in health promotion and education, completed her MSc on Collective Oral Health on 2001 with a dissertation about the knowledge and practice of Community Health Agents on oral health. After that, started to work at the City Health Department, where got in touch with the Safe Communities Project.

Presently, works as the Executive Secretary for Porto Alegre Safe City Committee and as a clinical dentist at a shanty town, which pictures, taken by Professor Leif Svanström during his visit to Porto Alegre last December, were shown on SCWN no. 2, January 2002.

Some of the tasks developed for the Porto Alegre Safe City Committee are the translation of the Safe Communities Weekly News to Portuguese, the edition of local news for it, promotion of links among all the subcommittees and communication with WHO Safe Communities international workgroups, like the Safe School Workgroup.

As a future step for the SC project, intends to make the Portuguese edition of the SCWN available to other Portuguese-speaking countries, so that a sharing of ideas, suggestions, problems, solutions and activities will be possible among them. Besides this, wants to promote an interdisciplinary approach towards risks to people's health and well being, gathering different professional categories to the discussion and proposition of protective measures for life in leisure, work, school and traffic among all these environments.

A dream is to make people co-responsible for their own and their peers security, while at the same time a partnership between public and private sector with the population would be widened, aiming to promote education and prevention for the maintenance of a good quality of life for all.

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Community Safety Month Update
October 2002
Think Safe, Act Safe, Feel Safe, Be Safe

Community Safety Month is an essential component of community safety promotion in Victoria. From its conception in 1996 through to 2001, it was known as Community Safety Week. The success of the Week in raising awareness about community safety issues, building community safety partnerships and achieving exceptionally high participation levels right across Victoria has led to its expansion in 2002 to Community Safety Month.

Register your event at www.communitysafetymonth.com

Crime Prevention week	1 – 7 October 2002
Coordinator Kate Wilkinson	(03) 9651 0377
Emergency Service Week	8 – 14 October 2002
Coordinator Louisa Graham	(03) 9651 0931
Injury Prevention Week	15 - 21 October 2002
Coordinator Nicola Rabol	(03) 9637 4251
Business & Community Safety Week	22 – 28 October 2002
Coordinator Jo Lamb	(03) 9651 6216

For further information contact:
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Latrobe Safe Communities:

Evaluation of a Local Level Injury Prevention Program - 1996-2000

Monash University Accident Research Centre – Report #190

The Abstract is available online at: <http://www.general.monash.edu.au/muarc/rptsum/es190.htm>

Please send your activities, programs and reports via post/ e-mail to the editor: Yousif Rahim yousif.rahim@harstad.kommune.no,

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