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### **Tracing the utility of injury surveillance data in Pretoria (South Africa) and Borås (Sweden)**

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# The study that would not die



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# Not the traditional study



Not This



This

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# Our study objectives

Examine the content, contextual, social actors and process factors that influenced the uptake of injury data in Pretoria, South Africa and Borås, Sweden.

How did injury data get used? We will focus on content and context here.

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# Why study THAT?



Nobody had looked at this issue in a systematic way

Lots of theories about if you count it, they will use it, but not much evidence on how and where injury data is used



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If we don't know how our work is used



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# Study sponsored by multiple parties

SIDA

University of South Africa

Karolinska Institutet

Employers of researchers

Employers of people we interviewed

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# Methods

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# Study population Borås



Borås population of  
99,325,

The average annual  
income for  
individuals (20–64  
years) is about 30  
000 USD

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# Study Population Pretoria



Pretoria is part of the  
Municipality of Tshwane

The population figures  
for the year 2005  
were 1,986,019

The unemployment  
rate for persons in  
the 16–65 years age  
group is 31.5%

About 60% of the  
population has no  
formal income

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# Injury Profiles

## Borås

In 2005, falls and traffic-related incidents were leading causes of injury death. Females and those in the 65 plus age category were most at risk for fall-related deaths. Road traffic injury deaths were concentrated among both males and females in the 20–64 age group. Intentional injuries- self-directed violence and other directed violence- accounted for a small proportion of injury.



## Pretoria

Transport and violence including suicide were the leading causes of injury deaths for both males and females. The deaths were concentrated in the 25–34 years age group and males were disproportionately represented as victims of homicide. Fire-arms were the leading external cause of violent death for the 15–54 age groups. While fire-arm-related homicides were declining, transport fatalities remained fairly constant.



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# Written material

Borås:Child Injury Atlas (birth to 20), the Elderly Injury Atlas (65þ) and the Adult Injury Atlas (20–65). Injury data were derived from three registers: the hospital patient registry, the National Patient Register and the National Causes of Death Register.

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# Written material

The 'Tshwane Non-Natural Mortality Report 2004' detailed the non-natural deaths for a four-year period (2000–2004) and described the geographical, demographic and temporal characteristics of injuries in the city. The 'Current Prevention Initiatives, Responses and Services; Non-Natural Mortality Tshwane Metro 2004' reviewed the city's homicide and traffic prevention strategy and initiatives, identified gaps in its prevention responses and provided recommendations to strengthen the city's injury prevention initiatives.

The Pretoria injury data were obtained from the National Injury Mortality Surveillance System (NIMSS).

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# Interviews with key informants

Borås

Strategy Development,

By-

Law Policing, Road

Policing, Crime

Prevention, Social

Crime Prevention,

Reactive and Proactive

Policing and

Special Operations.

Pretoria

chief policy developer

for the municipality,

fire rescue services

representatives, the

deputy police chief, the

director of a woman's

shelter and the chief

administrator of a drug

treatment and

rehabilitation clinic.

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24 Interviews, lasting at least one hour  
each



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# Interjection- consider the historical circumstances

Borås- part of a functioning democracy, one of world's highest economies, social insurance coverage

Pretoria- apartheid, police as enforcers of state policies, white privilege, total lack of trust

'Reminds me of the bad old days'



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# Data analysis

What do you do with 24 hours of taped interviews, 3000 pages of text?

Interviews transcribed, content analysis-  
themes and key words

Networks mapped out, injury data used  
catalogued

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# Findings

In Sweden, injury data was used to adopt public health-oriented conceptions of injury prevention, define reduction targets and mobilise public support for helmet campaigns. Respondents also suggested that the city employed the reports instrumentally, namely to prioritise the safety of the elderly and young children and identify sports-related injuries as an emerging priority.



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# Findings

In Pretoria, data was not used to best advantage, due to

1. Organisational transformation,
  2. fiscal constraints,
  3. the definition and location of injury prevention and
  4. Ambivalence towards science.
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## One of the conclusions

”Empirically produced reports are rendered facilitative when they are packaged in accessible, meaningful and action-oriented forms, consider the endusers’ needs, provide evidence-based criteria for policy or programme implementation, and take cognisance of users’ capacities to read technical presentations.”

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## Which means....

Policy makers need clear information, and need clearly stated suggestions on how to address injury problems, and prevention.

IP researchers who can clearly state what needs to be done will help save lives.

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## The other lesson from this study

Perseverance (uthållighet) is a great element of success. If you knock long enough and loud enough at the gate, you are sure to wake up somebody.

Henry Wadsworth Longfellow

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