

APPLICATION TO BECOME A

'SAFE COMMUNITY'

**IN THE WORLD HEALTH ORGANIZATION (WHO)
NETWORK OF 'SAFE COMMUNITIES'**

**Raanana Municipality, ISRAEL
2003**



**Safe Community Project
Raanana Municipality**



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Emergency Medicine Research,
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**Raanana Municipality applies to become a 'Safe
Community' in the World Health Organization
(WHO) network of 'Safe Communities'.**

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1. BACKGROUND

1.1 History

For several years the community of Raanana has actively worked for the prevention of accidents. In 1998 the health council began its work with a cross sectional team engaged at identifying the high risk groups for injury and developing programs to reduce accidents and injuries among the residents of Raanana.

In 2000, the first stage regarding data of injured persons among Raanana residents was presented. This stage was based on a survey of injured persons who were admitted to the emergency room of the regional hospital, which is where at least 90-95% of residents turn to hospital medical treatment. The data acquired from the survey enabled us to: define high risk groups for injury, define and the types of injuries encountered by each age group. It indicated that children and elderly were at high risk for falls, while young adults were at high risks for motor vehicle accidents. Specific programs were recommended and developed to prevent injury and to improve the accident statistics in the community.

Since 1998, when the municipal council accepted the Safe Community Model, the focus is to introduce injury prevention thinking among all municipal departments and to raise the awareness among all Raanana residents.

With its work on injury prevention, the target of the community is to be appointed a WHO Safe Community.

1.2 The Community of Raanana

Raanana has approximately 73,000 residents. The population distribution is as follows:

Age group composition, January 1, 1999

Age in years	Percent	There is an almost identical number of men and women in each age group, except among the elderly, 65+, where women make up 59% of the persons 65+.
0-14	24	
15-24	18	
25-64	49	
65+	9	

Table 1 shows the distribution of population over age.

About Raanana

The community of Raanana is situated in the Sharon Region of central Israel. The first pioneers, new immigrants from the United States, settled in Raanana in 1922. By 1948 there were 3000 residents and today this thriving city, which extends over 14,928 dunam, is comprised of 73,000 residents. Its population is mostly young and highly educated, composed of Israeli born residents living alongside immigrants from all over the world.

The community continues to absorb new immigrants and to build ties with cities overseas. Raanana is twinned with cities in Germany (Bramsche), Holland (Opsterland), France (Boulogne-Billancourt), Italy (Verona) and the USA (Atlanta). The city is also supportive of organizations such as the Peres Peace Center promoting cooperation, peace and good neighborly relations with the Palestinian Authority.

Close to 100 public parks, playgrounds and gardens stretching over hundreds of dunams, adorn the city of Raanana. These include small, neighborhood parks with tranquil areas and playgrounds for local children as well as big central parks which attract large numbers of visitors. Sports facilities are located throughout Raanana. In addition, community sports teams are an integral part of the community.

Health awareness and education for all age groups are also a priority of the municipality. The municipality plans and implements programs from kindergarten age to the elderly in different areas of health education, and health and safety awareness and injury prevention.

Industry and employment

Since 1996 several high tech and technology companies have relocated to Raanana, transforming Raanana into a regional center for the high-tech industry.

Education

Raanana's educational system is comprised of 16,000 students, learning in 26 different educational programs. The system provides an answer for each student, depending on his or her individual needs, according to the system's belief that each child has an equal right to fulfill his or her potential according to his or her individual talents.

The city's schools are equipped with the finest computer and multimedia laboratories, as well as state of the art technological teaching aids. Raanana is a pioneer in the area of "educational communication" which enables the student to learn at home, using his personal computer. The city's schools are connected to the Internet, which exposes students to a wide variety of information resources available in Israel and around the world.

Youth

The Municipality of Raanana strives to increase the involvement of young people in community life, by offering a variety of frameworks and activities, some at school, such as participation in the Student Council, and others after hours, in programs which are outside of the educational system, such as the Municipal Youth Council, youth centers and youth movements.

Municipal workers go to great lengths to ensure the welfare of the city's young people, to promote their interests and to train our youth to become the leaders of tomorrow, by teaching values of responsibility and community involvement.

The Youth Advancement Division is involved in locating young people who have dropped out of the educational system, and it tries to include them in social activities and introduce them to alternative educational frameworks.

1.3 Local Targets

In 2000, the community of Raanana together with the Israeli Center for Trauma & Emergency Medicine Research and the regional medical center, Meir Hospital, performed a survey to acquire data on injured persons, being admitted to the emergency room. The results from this survey provided a wealth of information about injuries among Raanana residents, including; types of injuries, places of injury and high-risk populations. The data acquired provided the basis for identifying high risk groups, distributing the allotted resources, and planning and implementing injury prevention projects. (See appendix for data from Hospital Survey I)

In the summer of 2002, a second survey was implemented with the goal of receiving information on traffic accidents occurring in the community. All injured persons who were admitted to the emergency of the regional hospital due to a traffic crash were interviewed. The data acquired was compared with police data on local traffic accidents as well as with data from the previous survey. The planning, implementation and analysis of the survey was carried out by a working group which included the Israeli Center for Trauma & Emergency Medicine Research together with the Raanana safe community coordinator and staff from the regional hospital. (See appendix for data from Hospital Survey II)

In addition to the survey the community implements various projects which are carried out by cross sectional working groups who work together to achieve the common goals of reducing injuries among the local residents.

1.4 Funding

The Safe Community Project is financed from special funds, allotted specifically for the purpose of injury prevention and promoting the Safe Community Projects. In 2002-03, the Safe Community Fund spent approximately \$55,000. The funding is used to:

1. Invest in necessary equipment for specific projects.
2. Hire professional services.
3. Implement injury prevention projects at no costs for the local residents.
4. Develop and implement awareness and advertisement campaigns.
5. Accompany evaluation and quality control for each project.

The funding does not include salaries of persons working for the Municipality and does not include communal expenses together with other municipal departments.

2. Criteria of the Safe Community Concept: Raanana Municipality's efforts in relation to the criteria for the participation in the 'Safe Community' project in the WHO network.

The Safe Community concept is a model for preventing injury in the local community. This structure is originating in and developing from ordinary activities. In order to be appointed a 'Safe Community' the community has to meet certain established, internationally valid criteria regarding organization, programs and manner of work as well as documentation and evaluation of its work to prevent injury.

The following criteria are to be met:

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

This application is written in such a manner as to give an account of the work of injury prevention in the community of **Raanana** based on each of the six criteria.

2. Raanana municipality's projects and efforts to adhere to the criteria set out by the WHO, for Raanana to be recognized as a 'Safe Community' in the WHO network of 'Safe Communities'

2.1 An infrastructure based on partnership and collaborations, governed by a community

Organization:

2.1.a. The management team:

The management team for injury prevention topics is built of community officials, including the mayor, medical care professionals, public health professionals and administrators. The chairperson of the project and of the team was appointed by the municipal executive board and is a physician as well as a member of the local council. The project coordinator from the municipality ensures that all programs are successfully implemented. The Center for Trauma and Emergency Medicine Research helps in planning, developing and implementing the injury prevention programs. This team is the basis for the Safe Community Model and implementation in Raanana.

The tasks of the management team include:

- ◆ To plan, develop and implement the injury prevention projects in Raanana, as well as to evaluate the data and to develop a system of injury surveillance.
- ◆ To create and implement injury prevention projects.
- ◆ Taking responsibility for follow up, reporting, documentation and evaluation of all projects.
- ◆ Being well informed of the development of national and international injury prevention programs.
- ◆ Setting community priorities for interventions.
- ◆ Making policy for distribution of the available resources.
- ◆ Developing coalitions to promote, develop and implement the safe community model.
- ◆ The management team meets regularly.

2.1.b. Cross sectoral cooperation

The board and the working groups consist of representatives from all sectors of the community. The cross sectoral board was developed on the onset of the project which includes: Project head (a member of the town council), representatives from the police, volunteer groups for the elderly, medical staff from the local hospital, and municipality representatives from the welfare, safety and security, education, engineering, traffic and administration departments and public relations. In addition, other sectors and groups are involved in specific projects through various working groups.

In order to effectively inform the board members of all the injury prevention projects being implemented in the community a colorful, well-written report was sent to all board members.

The tasks of the cross sectional board include:

- ◆ To exchange information between and among board members
- ◆ To have participation and commitment of all those involved
- ◆ To have informal communication between the project leader and the different sectors of the municipality
- ◆ To increase awareness on injury prevention
- ◆ To increase awareness on risky behaviors of the population
- ◆ To create a safe physical environment, with the involvement of all groups
- ◆ To develop a plan of action and to decide on allocation of resources
- ◆ To disseminate the information on injury prevention to the community at large
- ◆ To encourage safety and injury prevention as a way of thinking.

2.1.c. Planning

The injury prevention model is being integrated into the different sectors long term plans of action. The continual increase in awareness of the project as a whole and of its specific interventions, ensures that the main goals of prevention and safety are being integrated into the aims and responsibilities of each sector. Thus, reinforcing that injury prevention will be part of the long term agenda for each sector.

2.1.d. Partnerships and collaboration

In order to achieve the central aims of the injury prevention project, it is essential to achieve the cooperation and involvement of local organizations and networks. In order to develop a "Safe Community" it is important to have a local network which includes different departments of the municipality and local clubs and associations. As the program develops and an increasing number of intervention programs are being implemented, the number of local groups being involved continues to increase.

Within the Municipality, administration services, on various levels are directly and indirectly involved in the Safe Community program. The different sectors of the municipality are represented in the cross sectional working groups and there is informal communication between the departments as well as formal meetings and documentation in relation to the 'Safe Community'. The community has a health committee, where Dr. Zipi Dolfin is a member as well as the head of the Safe Communities project in Raanana.

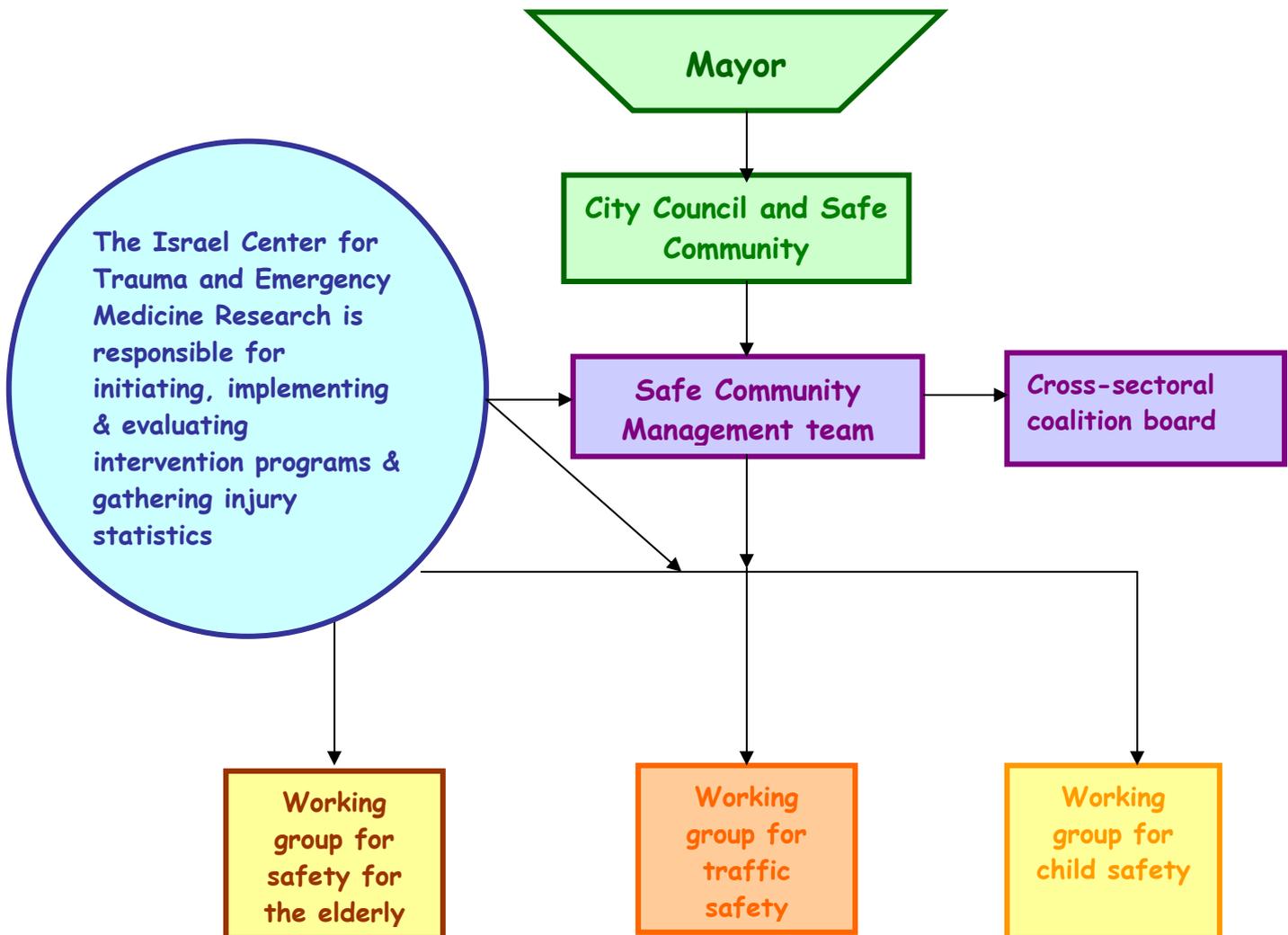
Several organizations are involved in the different injury prevention programs. Meetings are planned when needed to update the participants

and to develop new ideas. The project board informs and updates the municipal council.

The organizations and institutions who participate in the *Safe Community* Project include:

- **The Gertner Institute** For Epidemiology and Health Policy Research (Center for Injury and Emergency Medicine Research)
- **Sapir Medical Center**, Kfar Saba
- **Chail** - The Association for the Elderly
- **The National Traffic Safety Association**, Ministry of Transportation
- **Eshel** -The association for planning and developing for the elderly in Israel
- **'Green light'** and **'People in Red'** (Associations for prevention of motor vehicle crashes)
- **'Beterem'** - The Center for Child Health and Safety, as well as the cooperation of stores who promote the sales of injury prevention products.

Organization of the project



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

The programs apply to all residents of the community of Raanana.

The Safe Communities Project in Raanana has developed and implemented programs that target genders, age groups and different environments. The injury prevention programs include:

Children

The intervention programs aimed at preventing injuries among children are applied in different environments. The different environments include:

Kindergartens:

To make kindergartens a hazard free environment.

1. Hazards in the nursery schools and kindergartens have been eliminated and replaced with safe substitutes. In addition, the playgrounds have been covered to prevent hazards due to sun exposure.
2. All instructors and workers in the kindergartens participate in an injury prevention course.

Traffic safety:

To reduce pedestrian injuries and to increase child awareness of road hazards

1. School children participate in national and local traffic safety programs.
2. Older children and seniors are appointed to help school children cross the street at crossings near the school, before and after school hours.
3. "Safe Route": Each 3rd grade pupil receives at the beginning of the school year a local road map which is marked with the safest route to school (appendix II).
4. Pedestrian safety classes are given to all school children.
5. "Move in a Moving World": A simulation game for kindergarten children to learn how to safely cross a street.
6. Bus behavior: Pupils in 1st -5th grades are taught proper bus behavior; including, where to wait for the bus and dangers of bus-stops.

Bike Safety:

To increase bicycle helmet use and to improve children's traffic awareness:

1. School children participate every year in a bicycle helmet promotion where helmets are sold at discounted costs.
2. 4th grade pupils participate in a bike safety class, where safety skills are practiced.

Buckle-Up:

An information center for properly installing child car safety seats and safety belts – the first of its kind in Israel (see appendix II).

1. The program instructs and advises the public on proper installation of child car safety seats and boosters. The program, which is located in Raanana, is available to all citizens in Israel free of charge.
2. A simulator using a live-size doll to show the effect of traffic accidents with and without using a safety belt is being implemented in all public schools for pupils in first – fourth grades.

Playground Safety:

To reduce injuries in public and nursery school playgrounds (see appendix II).

1. All old public playground equipment has been replaced with new equipment that has the standards association stamp of approval.
2. Playground equipment is regularly checked and if necessary repaired or changed.
3. Playground surfaces are to be replaced with soft surfaces.
4. Playgrounds are being covered to prevent hazards due to sun exposure (Israel is a very hot climate with sunny skies most of the year).

School Safety:

1. Environmental safety where all sanitation is removed from the school premises.
2. Hazards are identified and replaced with safer substitutes.

Youth

Traffic Safety:

To reduce traffic related injuries among youth.

1. Traffic safety is taught in the schools. Youth visit a rehabilitation hospital where many of the patients are undergoing rehabilitation after being involved in a traffic crash.
2. Special classes are provided for teens studying for their driver's license.
3. Parent escort of young drivers: A unique project which trains parents to be escorts of young drivers. Parents and students in 11th grade receive instructions on the different aspects of driving and the risks and mistakes that characterize young drivers and which deserve special attention. The new project relies on the involvement of the parents in their children's driving with the objective that this will lead to a significant change in the driving habits of young people and in a reduction in the number of fatalities and injuries on the road.

Hot Line:

A telephone hot line which is run by youth (peers) and supervised by professionals is available for youth in distress. The peers identify youth at risk and provide information about professional advice.

Adults

Safety Promotion:

1. Involvement of parents in injury prevention activities of their children.
2. Involvement of adults in the injury prevention activities of their elderly parents.
3. A booklet providing suggestions regarding injury prevention strategies for parents of young children, is in the planning and will be sent to all households with children.

Elderly

Fall prevention Program:

To implementing a multi-component intervention program aimed at preventing falls among the elderly. The elderly participate in several interventions simultaneously. The program includes:

1. **Lectures** to senior groups to increase awareness and improve skills for reducing the risk of falls and to improve fall-prevention behaviors.
2. **Balance Assessment** – A balance assessment is performed by a physical therapist who then recommends participation in exercise classes.
3. **Exercise classes** – Exercise classes to strengthen bone density and to improve balance, as an intervention to reduce falls, are provided for older people in community centers.
4. **Home Safety** – Specially trained volunteers fill a home assessment check list, identifying home hazards and repair them.
5. **Home Safety Kit** – A safety kit, which includes grab bars for bathrooms and showers, a night light, a flashlight, a non-slip bath mat and other safety devices are provided to the participants of the fall prevention program.
6. **Vision and hearing screening tests** – Specially trained volunteers perform vision and hearing tests to all elderly, and when needed refer to specialists. Follow up checks to see if the recommendations for further tests or treatment are carried out.

These screening tests are provided to all elderly in the community.

Personal Alarm Systems:

The promotion of discounted personal alarm systems for frail and infirm elderly living alone

Traffic Safety:

Special training for elderly citizens, provides traffic skills and awareness for senior pedestrians. This program takes place in the senior clubs, using visual aides and brochures.

Home Safety

1. Home visits to identify and repair home hazards among the elderly as part of the Fall Prevention Program.
2. A brochure which provides injury prevention methods for the home accidents and information on primary medical care for minor injuries is being sent to each Raanana household.

Road Safety

Many road safety programs have been developed and implemented for all age groups. The programs are run with the cooperation of different municipal departments, government traffic safety offices and outside organizations (Police, "Green light", "People in Red"). In addition, the programs not only increase awareness, but also make necessary infrastructure changes. In addition, in order to increase road safety, the place and cause traffic accidents are identified through different information systems (including the Police, regional hospital and local security dept).

Strategy

The injury prevention work of the community is to include representatives from different disciplines as well as to involve the local community members. The strategy consists of:

- ◆ Information
- ◆ Planning
- ◆ Training
- ◆ Implementing concrete measures
- ◆ Follow-up
- ◆ Lessons learned and appropriated changes taken

Plans of Action

Example 1:

Survey of injured persons admitted to the local emergency department after a traffic crash

Goal: To reduce traffic crashes in the community by identifying the location and the cause of the crash.

Data collection: Collection of data on motor vehicle crashes occurring in the community (from the department of traffic safety in the municipality and from police data) compared with data from the emergency room of the local hospital
Action:

1. After every accident occurring within the city limits, an in-depth survey is completed to determine the cause of the crash and the best method for preventing any further accidents at the same site. (This survey is implemented by the traffic safety department of the municipality).
2. In depth interviews took place at the local hospital with persons admitted to the emergency department after being involved in a motor vehicle accident (MVA). The questionnaire provided information regarding the place, time and cause of the accident, demographic parameters and other useful information.

Responsible parties:

1. Traffic safety and security departments in the municipality and the police department
2. Staff from the emergency department
3. Safe Community coordinator
4. Israel Center for Trauma and Emergency Medicine Research

When: Planning, from Nov. 2001

Funding: The *Safe Community* fund, Raanana Municipality.

Example 2:

Reducing fall injuries among the elderly

Goal: To reduce falls and almost falls among the elderly living in the community

Data: Collection of hospital data on injury-related accidents which defined the elderly at very high risk for falls

Action: All elderly living in the community will participate in a multi-component fall prevention program.

Responsible parties: Social services department of the municipality (specifically the elderly unit), non-profit organizations for the elderly, public health and injury prevention consultants, the local hospital, physical therapists and sports instructors.

When: Beginning Nov. 2000

Funding: The *Safe Community* fund, Raanana Municipality

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

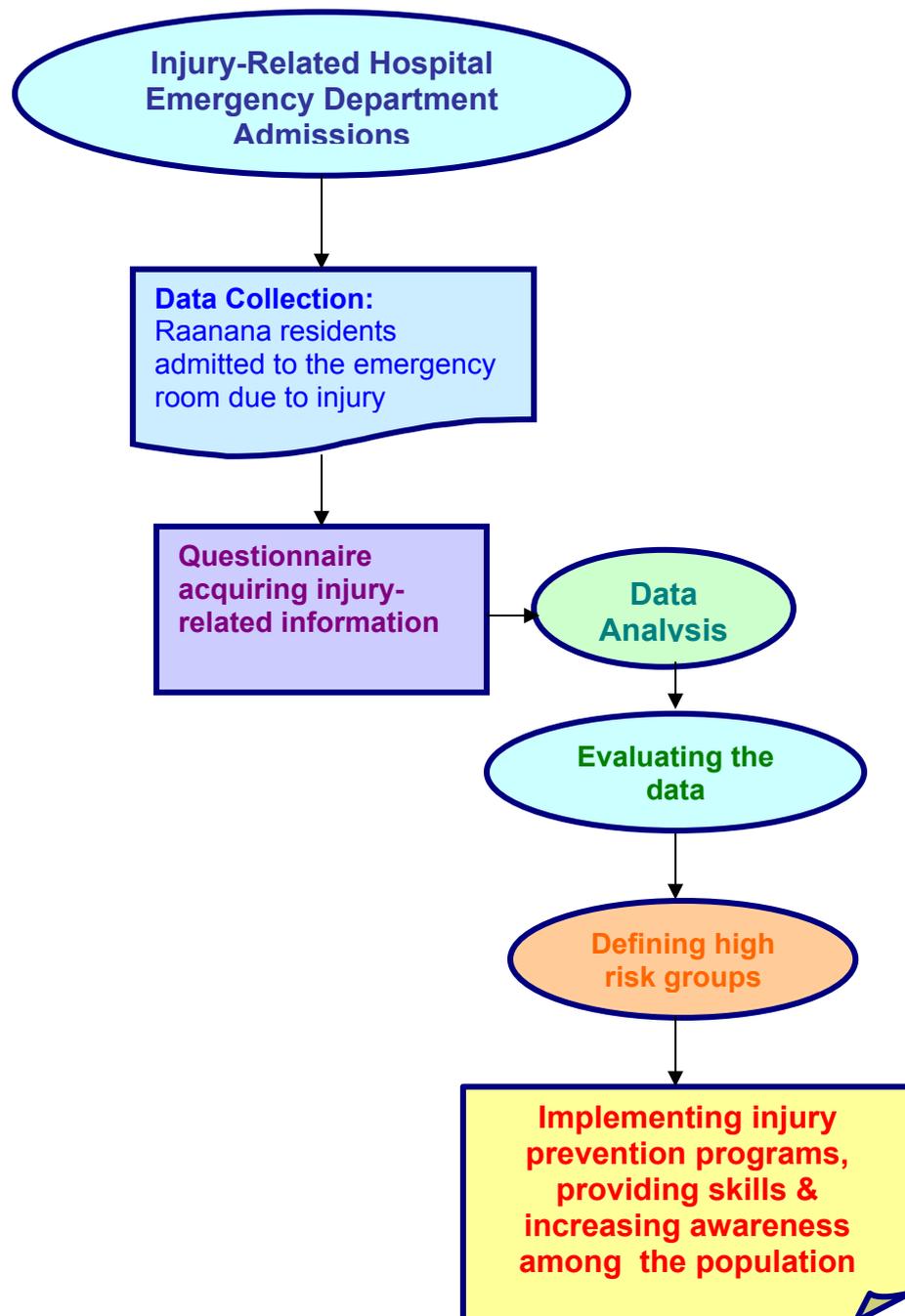
The plans of action for high risk groups are based on injury data from the emergency room at the local hospital and from a survey to injured persons who were admitted to the emergency room. This data has enabled the management team to determine the places for action and the target populations for intervention projects.

Different working groups establish different accident prevention plans so that each sector in the community is covered by the project. The working groups consist of members from the public through voluntary organizations and representatives from the municipality. The aims of the working groups are to achieve concise and concrete plans within the project framework, as well as to develop programs based on injury-related accident data. The registration of accidents should be directly related to the actions taken.

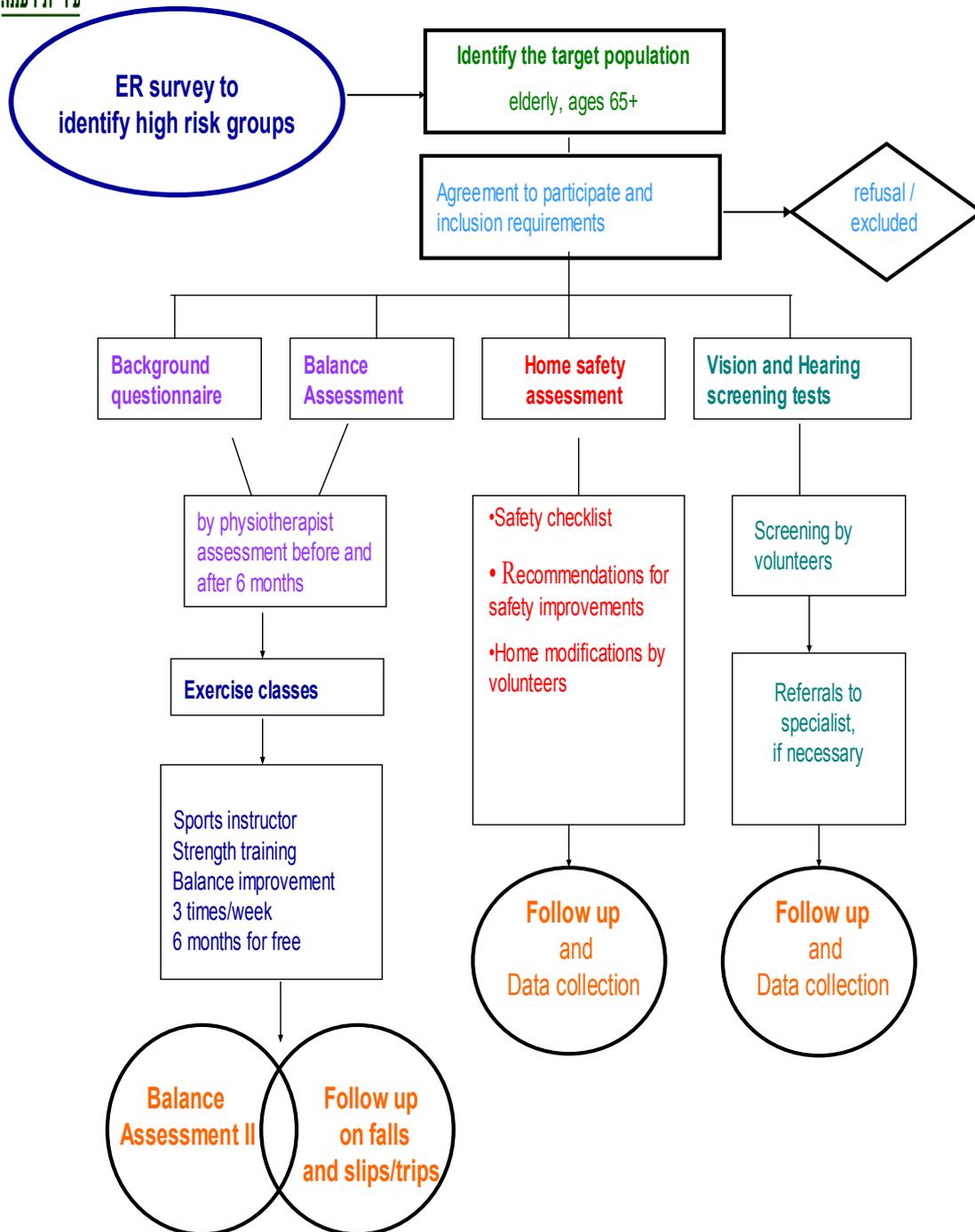
Diagrams demonstrating the recording of accidents and illustrate how the results lead to plans of action.

The following diagram shows how the registration of data on injuries is the basis for building a plan of action.

1. Injury Related Hospital Admissions to the Local Emergency Room



2. Fall Prevention Program



2.4 Programs that document the frequency and causes of injuries

Surveillance of injuries:

The regional hospital registry for emergency room visits and for hospitalizations due to injury is being reviewed annually.

Data from the local hospital, Sapir Medical Center

1. **2000:** A telephone survey for receiving information on injured persons was developed and implemented with the cooperation of the emergency department of the local hospital. The data collected provided a profile of the cause, the exact location and specific characteristics of the accidents and injuries occurring to Raanana residents. High risk groups for injury were identified. (*See appendix I, Hospital Survey I*)

The survey was implemented to receive data on injury related hospital admissions of Raanana residents to the regional hospital. A questionnaire was developed and a telephone survey took place between June-Sept. 2000. The data acquired enabled the working groups to define high risk groups for injury. The high risk groups defined from the data included elderly, especially women ages 75+, who were admitted to the emergency room at a rate of 110 per 1,000 Raanana elderly residents. Young adult males, ages 29-34, were also shown to have a high rate of emergency room admissions (80 admissions per 1,000 residents). The trauma related injuries were distributed among falls, motor vehicle crashes, sports, occupational injuries and assault. Falls were the major reason for hospital admissions among the young and the elderly, while youth and adults were admitted for traffic crashes. (*See appendix I*)

2. **2002:** A telephone survey for receiving information on from motor vehicle related injuries was developed and implemented with the cooperation of the emergency department of the local hospital. The data collected provided a profile of the motor vehicle accidents occurring in Raanana. The survey acquired specific information on the cause, the location and specific characteristics of the accident. In addition, it provided a comparison to the data acquired from the previous survey as well as a basis for comparing data with the data reported by the police and the local security department. The outcome of the survey will provide a basis for identifying high risk areas and populations for traffic accidents. (*See appendix I, Hospital Survey II*)

**Injured persons admitted to the emergency department of Meir Hospital
June-September, 2002 (rates per 1,000 residents/year)**

Age	Rate per 1000 residents	Males (absolute numbers)	Females (absolute numbers)	Male/female ratio	Total
0-4	38	28	17	1.6	45 (5.6%)
5-9	44	33	21	1.6	54 (6.8%)
10-14	47	39	28	1.4	67 (8.4%)
15-19	61	58	36	1.5	94 (11.8%)
20-24	59	53	31	1.7	84 (10.5%)
25-29	65	41	27	1.5	68 (8.5%)
30-34	46	30	11	2.7	41 (5.1%)
35-39	46	28	16	1.8	44 (5.5%)
40-44	38	25	17	1.5	42 (5.3%)
45-49	33	28	18	1.6	46 (5.8%)
50-54	39	29	22	1.3	51 (6.4%)
55-59	60	19	20	0.95	39 (4.8%)
60-64	44	8	13	0.6	21 (2.6%)
65-69	43	4	11	0.4	15 (1.8%)
70-74	49	3	13	0.2	16 (2%)
+75	90	18	52	0.3	70 (8.8%)
Unknown		3			3
Total	50	447	353	1.3	800 (100%)

Injury data, surveillance and recording of traffic accidents are as follows:

Police Dept: The police department provides monthly reports on traffic accidents occurring in the community. The data includes: place of the accident, time and date, severity of the accident, types of vehicles involved in the crash, and if there were injured persons.

Municipal Center and Municipal Traffic Department

Data on traffic accidents is received monthly from the police department and from the local traffic and security center. A report of traffic crashes occurring in Raanana is published monthly. The monthly reports include the place of the accidents, the number of injured persons and comparisons to previous years.

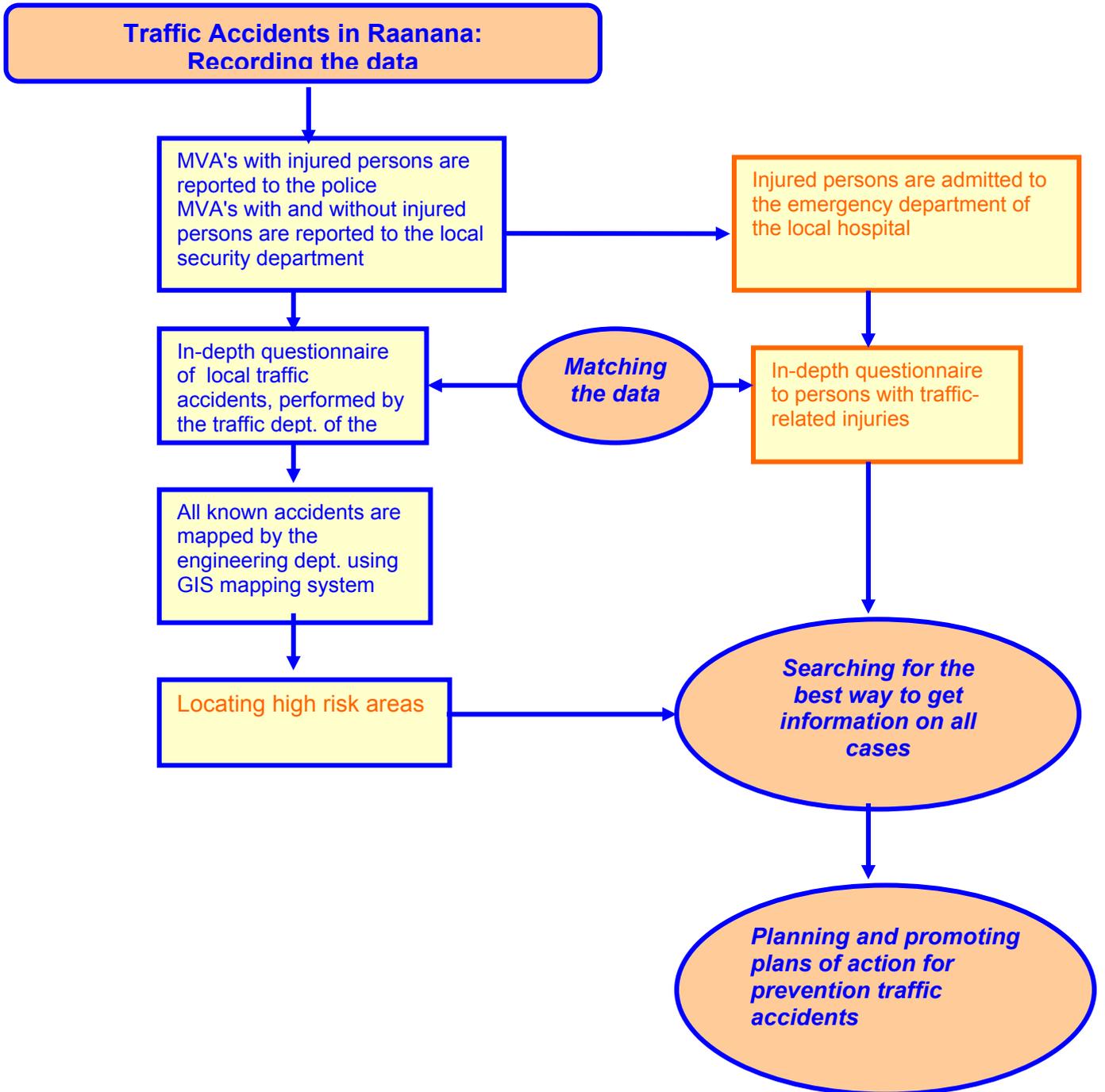
Numbers per year:

Raanana residents who are injured and need medical treatment are usually admitted to the emergency room of the local hospital.

Injury related hospital admissions, 1998-1999:

	1998	Rate/1000 residents	1999	Rate/1000 residents
Emergency room admissions	3883	60	4205	65
Hospitalizations	275	4.3	285	5.2

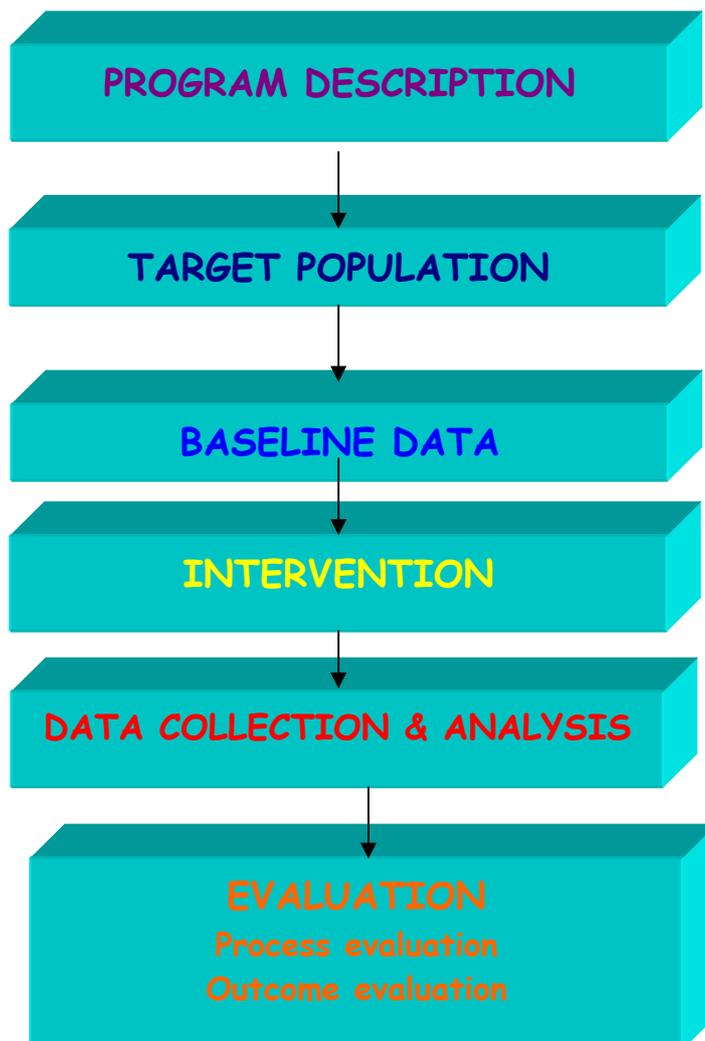
Recording of All Traffic Accidents in the Community



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

Evaluation is included in all programs developed and implemented as part of the Safe Community Model for reducing and preventing injury on the local level.

All Safe Community intervention projects are based on the following concept:



2.6 Ongoing participation in national and international Safe Communities networks

International commitments:

1. Participation in the International Injury Prevention Conference which was held in India, 2000. A poster exhibit was displayed at the conference.
2. Participation in the 11th International Conference on Safe Communities held in May 2002, in Fort Frances Canada.
3. Participation in the 6th World conference on Injury Prevention and Control held in May 2002, in Montreal Canada.
4. Expected participation in the 13th Conference on Safe Communities to be held in Prague, June 2-4, 2004
5. Expected participation in the 7th World Conference on Injury Prevention and Control, Vienna, June 6-9, 2004.

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Appendices