

EuroSafe *Alert*

European Association for
Injury Prevention and Safety Promotion



This is a quarterly publication published by EuroSafe and supported by the European Commission

u EuroSafe news

**“Working together
to make Europe
a safer Place”**

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Conclusions of the Second European Conference on Injury Prevention and Safety Promotion, 9-10 October, 2008, Paris

Organised under the auspices of the French Presidency of the Council, the Second European Conference on Injury Prevention and Safety Promotion held on 9-10 October, 2008, in Paris, was a huge success.

The conference was attended by over three hundred delegates representing ministries of health, other relevant government departments and agencies, health professionals, injury prevention and safety promotion practitioners, academics as well as the private sector. The main aims of the conference were to:

- assist member states' governments and other stakeholders in identifying priorities for actions in countries.
- facilitate the development of national plans, infrastructures and capacities for safety promotion at the national, county and local levels.

During the conference, participants exchanged the results of research and intervention practices with regard to major priority areas, such as consumer safety,

safety of children and adolescents, safety for older persons, vulnerable road users, sport injuries, work safety, suicide prevention and interpersonal violence.

Injury: a preventable health and consumer protection issue

The Conference participants acknowledged the fact that accidents and injuries impose a considerably burden on society. Accidents and injuries are the fourth leading cause of death among the European population, killing 250,000 EU citizens each year. The risk of death and severe injury is particularly high in settings as home and leisure, road traffic, workplaces and in local communities.

The Conference participants acknowledged that a number of initiatives have been taken in the past to reduce the frequency of injuries due to accidents and violence. However, it was also concluded that accidents and injuries are still to a large extent preventable and that there is plenty of scope for actions to reduce the huge social toll and accompanying burden.



Wim Rogmans, General Secretary EuroSafe, Meglena Kuneva, Commissioner Consumer Protection, Luc Chatel, Minister of State for Industry and Consumer Affairs and Luc Machard, President Commission de la Sécurité des Consommateurs at the Press conference

Coordinated European actions needed

The Conference participants welcomed the increasing European recognition of injuries as an important health and consumer protection issue, such as the Council Recommendation on the prevention of injuries and the promotion of safety (EC, 2007) and the WHO Regional Committee Resolution (WHO, 2005).

The Conference participants concluded that in order to be able to apply the solutions that work, relevant stakeholders need to pull their forces together to champion the cause of safety promotion and injury prevention and create sustainable collaborations among the various European safety sectors and stakeholders. The challenge for the European region lies now in actioning these policy statements by building on existing infrastructures and resources at than national and European levels.

Strategies with great potential are widely available

Participants concluded that there is great potential in addressing injury prevention issues in their own countries. It was concluded that there is great merit in European wide exchange and collaboration on injury prevention and research. Europe-wide best practices should be developed and disseminated with a view of being adapted as much as possible to national and local circumstances, needs and capabilities.

It was recognised that evidence on 'what works and what doesn't' is complex and that one strategy/intervention does not provide all the solutions. Further, It is not always clear how to use the strategies presented in another environment. Little information is available on the "art" of implementing, while information on lessons learned in implementation are vital to transfer. Therefore, opportunities for sharing at the local, national and international levels are needed.

Communicating safety messages effectively is an art in itself. Most target groups (e.g. youth and elderly) need specific approaches and tailor made messages. A participative approach, i.e. working with target groups, is essential in achieving results in awareness raising. There are also possibilities for integrating safety messages in on-going communication activities on other issues and topics of public interest.

Recommendations as to the role of the European Commission

The European Commission is advised to take a stronger lead in the implementation of the Council Recommendation dated May, 31, 2007.

Future policy initiatives of the EU, i.e. in follow up of the 2007-Recommendation, should provide the Commission with more specific policy targets to reach and more directive powers to lead the process. This should also provide an opportunity to develop



"EuroSafe's vision is working together to make Europe a safer place."



Opening plenary session

a mandatory requirement to member states in view of having them providing each year to the Commission comprehensive injury data, at a predefined minimum level of specificity (IDB minimum Data Set). Member States should be obliged to provide government endorsed action plans for injury prevention within a reasonable time span, preferably at intervals of four years.

The EC should continue to support work being done on exchanging good practices (for example the Effective Measures in Injury Prevention database, EMIP, 2008), promoting exchange of experiences and on training good practice competencies into relevant professions. The EC should facilitate funding for injury prevention research and provide funds for interventions and network building.

Expectations in respect of EuroSafe

Conference participants see EuroSafe playing an important role in re-gearing fragmented and single sector initiatives by giving a lead to a more integrated and multi-sectoral approach, and by strategic partnership development and effective communications. The provision of comprehensive injury data at EU level as well as the dissemination of good practices are the two vital components of the much needed evidence base for actions in Europe.

The Conference participants called upon EuroSafe to provide practical support for the implementation of research evidence into practice and policy by providing state of the art information and by campaigning at the multi-national level.

Final conclusion

The conference participants concluded that currently there is a substantial knowledge base in injury prevention, excellent intervention tools and some capacity available. The field has generated momentum that must now be harnessed and directed at creating greater visibility of this important health and societal issue at the national and EU levels. To help achieve more visibility, effective communications and marketing are required. Further, the Ministries of Health should provide leadership to strategic cooperation among multiple stakeholders by providing a strong evidence base for interventions and by sustained political commitment and financing.

Source and more information:

<http://www.eurosafe.eu.com>

Commissioner Kuneva at EuroSafe conference: safety requires above all a pro-active frame of mind

In her opening speech at the 2nd European Conference on Injury Prevention and safety Promotion, Meglena Kuneva, European Commissioner for Consumer Protection, called for working undauntedly for a safer Europe for consumers.

Notwithstanding the significant progress made by consumer product safety in Europe, "there are still unsafe products that slip through our safety net". This issue is certainly not limited to counterfeited goods – "which are a real menace for product safety and for the economy in general" – but also extends to legitimate products, global manufacturers, and regular supply chains.

Mrs Kuneva informed the conference participants about a wide-ranging stocktaking exercise she initiated with the support of her fellow Commissioners. The case of the toy recalls has been used as a key product category to review the strengths and weaknesses of the consumer product safety mechanisms in place in Europe. This



Commissioner Kuneva speaking at the conference

exercise concluded that the overall framework for ensuring product safety is sound but that implementation has to be improved and that a number of specific issues and emerging risks should be addressed with targeted measures.

One of them is the need to introduce safety into the entire product development process and value chain: if something goes wrong at

the production point, it is often not addressed immediately and effectively throughout the supply chain, then consumer safety is at risk.

Another important challenge is improving safety in the service sector, such as in the tourism industry. Our society and economy in the 21st century is marked by the rise of the services sector: 70% of employment in Europe is in the service sector.

It is true that EU wide data and statistics on safety of services remains far from perfect. But that will not prevent the Commission from pursuing new initiatives in the area of services. In this respect Mrs Kuneva explicitly mentioned the Water Safety Guidelines for Service Providers released in July earlier this year. These Guidelines have been developed by the European Child safety Alliance, EuroSafe, in order to assist those working in the recreation industry to fulfill their responsibilities in safety promotion and to implement good safety practices that help to save children's lives.

In conclusion, Commissioner Kuneva told the meeting that "the main lesson learnt over the past years is that safety requires above all a pro-active frame of mind. We need to assess risks, anticipate dangerous behaviours, monitor compliance by economic operators and enforcement capacities by public authorities. And last but not least, raise consumers' awareness".

Source and more information: The speech which Commissioner Kuneva gave at the Second European Conference on Injury Prevention and Safety Promotion is available on her new website: http://ec.europa.eu/commission_barroso/kuneva/speeches_en.htm

In addition Commissioner Kuneva has recently launches her new website and blog

On the website, you can also find the latest consumer policy news at http://ec.europa.eu/commission_barroso/kuneva/index_en.htm.

European NGO's are making a united front in promoting health and safety in Europe

In the field of prevention policies and actions a major difference can be made by joining forces among stakeholders and creating synergy. This is in particular the case for policies and activities aimed at promoting health and safety and preventing injuries in Europe.

The EU-Council Recommendation on the prevention of injury and the promotion of safety, adopted in May 2007, invites Member States and other stakeholders such as non-governmental organisations to promote proper mechanisms for injury surveillance and prevention. It also encourages the introduction of injury prevention and safety promotion in schools and in the training of health professionals.

Declaration signed by 14 Euro-NGO's

Within the framework of the EC co-funded project APOLLO, 'Strategies and best practices for the reduction of injuries' led by the University of Athens, EuroSafe has explored opportunities for coalition building among European umbrella organisations, i.e. NGO's, that have a keen interest in improving the health and safety of European citizens.

This resulted in the declaration that was issued at the 2nd European Conference in Paris, October 2008, which has now been signed by fourteen European NGO's.

NGOs which have already signed

- European Transport Safety Council (ETSC)
- European Public Health Alliance (EPHA)
- European Alcohol Policy Alliance (EUROCARE)
- Women Against Violence Europe (WAVE)
- La Prévention Routière Internationale (PRI)
- European Federation of Road Traffic Victims (FEVR)
- European Public Health Association (EUPHA)
- European Society for Emergency Medicine (EuSEM)
- European Network of Safety and Health Professional Organisations (ENSHPO)
- Network for International Collaboration on Evidence in Suicide Prevention (NICE-SP)
- Federation of the EU Fire Officer Association (FEU)
- AGE – the European Older People's Platform
- European Menopause and Andropause Society (EMAS)
- European Arm of the Society for the Study of the Aging Male (ESSAM)

Each NGO represents a wide network of national member organisations in EU-Member States and works in a wide range of fields of interest such as transport safety, work safety, public health, suicide prevention and alcohol policies.

Through this declaration the Network of European NGO's strongly endorses the EU-Recommendation and confirms its commitment to align their actions in promoting health and safety in Member States and at the European level. The Network wants to create a united front in promoting health and safety in Europe by interconnecting the currently rather separate policy domains relevant to safety promotion. The ultimate objective is to make Europe a safer place to live, by ensuring a high level of protection for European citizens against injuries and ill health due to accidents, exposure to harm and the threat of violence.

Action priorities and 2009 work plan

Major gains in policy effectiveness and outcome can be achieved by addressing, in particular, cross-cutting issues that are relevant in all domains of safety policies, such as in the areas of :

- Enhanced comprehensive injury information: EU-wide reporting on injuries, in particular, severe injuries that require medical treatment and on disabilities due to injuries should be improved significantly.
- Integrating safety in the design of products or environments: prevention strategies that decrease injury risk through environmental or product design are among the most successful ones.

- Safety supportive social environments: social environments have a powerful influence on the attitudes and behaviours of individuals and groups, and therefore on the risk of being injured.
- Addressing common risk factors: a number of common risk factors have been identified that increase the risk of an accidental injury or of being involved in an act of violence. Alcohol and drug use are two of the common risk factors to injury.
- Evaluating effectiveness of interventions: many valuable lessons have been learned from injury prevention programmes that have been implemented in diverse settings and contexts.

The members of the Network agreed to provide detailed information on the commitment they make towards the action priorities. For next year the plan is to develop a joint policy statement on the role of alcohol in injury causation and to explore opportunities for integrated safety training programmes in primary and secondary schools.

Specific action plans will indicate measurable objectives, the owners of the commitments, and how the activities will contribute to the priority action it relates to. Members will actively contribute to the dissemination of tools intended for health and safety promotion

All members will report annually on the input, output and outcomes of their supporting activities, which will be made publicly available.

Source and more info:

secretariat@eurosafe.eu.com
<http://www.eurosafe.eu.com>

EuroSafe – Netherlands partnership for building European knowledge networks

Wim Rogmans, long-standing Director of the Dutch Consumer Safety Institute (CSI) has been seconded to the full-time post of general secretary of Eurosafe for a period of four years, as from September 1 2008.

This move is a reflection of the endorsement by the Dutch government of the EU-council Recommendation on prevention of injury and safety promotion and, in particular, of activities that enhance European exchange of expertise in good practices in injury prevention.

Building on the success of the European Child Safety Alliance, which CSI hosts and supports within the EuroSafe framework, the Dutch Ministry of Health has invited CSI to take similar initiatives in other priority areas as mentioned in the EU Council Recommendation. As a result of this, the Ministry of Health has awarded four years of funding for a partnership-project that will be carried out by CSI through the organisational framework of EuroSafe.

The objectives of the project are to develop European knowledge networks related to the seven priority areas of the EU Council Recommendation and to utilize these networks for enhancing the knowledge base for injury prevention practice.

Through the project, existing networks for injury surveillance and good practices will be better linked with the broader framework of injury prevention policies. This should also lead to a better structured disclosure and dissemination of information through the EuroSafe organisation and affiliated organisations.

From September 1, 2008, Mr. Rob Bijlmer took over as Director of the Consumer Safety Institute.

Source and more information: Wim Rogmans (w.rogmans@eurosafe.eu.com)

u EU news

Report on the meeting of the Working Group on Injury Prevention and Safety Promotion, Luxembourg 18 and 19 November 2008

The objective of the meeting was to share progress of work in implementing the Council Recommendation. Nine Member States were represented by the official designated member and two additional Member States had temporarily delegated their representation to national experts attending the meeting. To increase future attendance, it was suggested to look into opportunities to attune the meetings with those of the National Focal Persons of WHO-Europe, or even to try to combine both meetings as there is significant overlap in issues discussed and representation from EU Member States.

The participants were informed about the latest developments concerning the implementation of the new Health Strategy. In the framework of the new Health Strategy and Programme the Commission is trying to streamline its communication and consultative structure with the Ministries of Health (MoH) in the Member States as well as with expert groups. This may lead to a reduction

of the number of groups and task forces that have been created in the past, by focusing on more overarching issues and combining specific topics under a broader umbrella. This may be also the case for the Working Group on Injury Prevention and Safety Promotion that has relevance for both health information and life style policies. Proposals for streamlining will be discussed early next year with the members of the High Level Group on Health Policies, i.e. the Directorate Generals for Health in the Member States.

The Commission is also reassessing its objectives and organisation for work by the Commission and its partners on European health information. It is suggested to focus on the largest parts of the burden of ill-health such as cardio-vascular disease, cancer, accidents and injuries, and mental health and prioritize work related to analyse, disseminating and applying health information at the European level. This reorientation will also require a streamlining of existing structures into a single health information

committee, supported by technical groups with specific mandates of limited duration. Discussion and consultation on the new approach will take place during 2009 and should help to develop an overall European health information strategy, which could be set out more formally in 2010 and provide a long-term framework for work in the coming decades.

Reporting progress

While the Council Recommendation only recommends that Member States report back to the Commission in 2012, the voluntary use of a template for annual updates was discussed as a 'tool' to help facilitate exchange of information between the Commission and the Member States. As to the formal reporting duty of the Commission in year 2012, the Commission will develop in due course proposals that will be presented to the High Level Committee for Health Strategy for discussion and approval.

Following this discussion the Member State representatives presented an update on national developments in the following four areas: Injury surveillance, infrastructure and capacity building, EU exchange and collaboration, short-term policy objectives. These updates are available at: <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/www/VwContent/I3meetings.htm>.

Summing up, the exchange on policies and actions during the meeting was both valuable and inspiring. The Member State representatives confirmed that while the Council Recommendation has not created a 'revolution' in health policies, it has certainly helped to raise awareness and to push the injury issue higher on the policy agenda. This has also led to new policy initiatives in countries such as the Ministry of Health convening a stakeholders meeting with other departments and other agencies in order to explore further collaboration on the injury issue. Also specific actions are being reported as being initiated in response to the Recommendation, such as enhanced activities in the field of injury data collection, child safety promotion, road safety measures and safety for older people. The Commission will continue to assist in the policy implementation process at the national level and reminds Member States to use the Implementation Guide that was recently produced in consultation with the Working Group. The Guide is available at: <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/www/VwContent/I2europeancommission.htm>

Further, the exchange during the meeting confirmed that the EC should also continue to provide support to develop actions related to specific injury topics as mentioned in the Council Recommendation, such as child safety, vulnerable road users and older persons, and on crosscutting issues such as injury data exchange and exchange of good practices.

Infrastructure and capacity building

Two presentations were made on infrastructure and capacity building: one by the WHO Regional office for Europe on its strategy vision on capacity building and the role of the Teach VIP programme, and one by EuroSafe on its view on infrastructure building and the role Ministries of Health can play.

The question was raised in the discussion which followed as to what extent WHO and the EC should steer Member States in their response to the Council Recommendation. The participants were reminded that the Member States are only 'invited' to consider the injury issue as a potential field of action and it is up to the individual Member States to respond to the Recommendation or not. However, the Council Recommendation has been initiated by the Member states themselves who agreed to profile the injury issue as a major public health issue and expressed a political commitment to give it special attention within EU Health policy.

The participants recognised the importance of capacity and infrastructure building in their territories. Network and partnership building is of particular importance both intersectorally and also within the Ministry of Health. It was concluded that an exchange on this theme should be continued during forthcoming meetings of the Working Group and WHO-NFP meetings.

Injury surveillance and reporting

The IDB project leaders informed the meeting about recent developments in EU level injury data exchange:

The recent Council Recommendation on the prevention of injury and the promotion of safety urges Member States to make better use of existing injury data and develop national injury surveillance and reporting systems. A specific role for the Commission is foreseen in gathering, processing and reporting Community-wide injury information based on national injury surveillance systems.

However, if the Council Recommendation is to succeed it requires a "new approach" to both injury data collection and injury reporting. First of all, 'integrated data collection' at the hospital level is only feasible if organised in a (cost) efficient manner, as resources are declining. Secondly, more comprehensive injury reporting is needed in order to provide the right indicators for all sectors of injury prevention. Both concerns are being addressed by two recent EC funded projects: INTEGRIS within the Seventh Framework of DG Research and PHASE (EU Injury Data Clearinghouse) within the Public Health Programme of DG Sanco.

Based on international experience, the European Injury Data Base (IDB) is considered the most appropriate data system for this purpose and is already in place in thirteen Member States. The IDB is a hospital based data collection of external cause information for all sectors of injury prevention and the data is available via an internet database hosted by DG Sanco at <https://webgate.ec.europa.eu/idb/>.

The IDB is listed as an element of the EU Health Information and Knowledge System but should be further developed in order to meet the statistical quality criteria of Eurostat for inclusion in the official Community health statistics by 2013. Before that can take place, however, major methodological and technical improvements have to take place in the IDB data collection, such as a better controlled representativeness of results at the regional and national level. Further developmental work should also take place in order to reduce the burden of data collection for the hospital staff.

The feasibility of these improvements in IDB data collection is currently being explored through the new FP7 project INTEGRIS (Improved Methodology for data collection on accidents and disabilities – Integration of European Injury Statistics). The ambitious objectives of INTEGRIS (<http://www.fp7integris.eu>) are:

- data model for the integration of official Hospital Discharge Registers (HDR) within the IDB
- indicators for disabilities from injuries based on the HDR medical information
- advanced data capture application for the pilot hospitals and sample database for the INTEGRIS dataset
- pilot the INTEGRIS data collection and evaluation based on the quality criteria of the European Statistical System (Eurostat)
- EU-level INTEGRIS implementation plan

The Council Recommendation also invites the Commission to work towards comprehensive analysis and reporting of existing injury data at EU level. Currently, within a PHP funded pilot the feasibility of establishing a one-stop information centre for IDB and other EU-level injury data is being studied. The goal of this pilot is provide stakeholders at the EU and national levels with relevant information, including external circumstances and causes of injuries, for prevention in sectors such as traffic, work place, home and leisure, violence etc. The Injury Database (IDB) will serve as the main source for indicators on injury morbidity. The EU Injury Data Clearinghouse pilot is expected to pave the way for a sustainable and comprehensive EU injury information center, providing information based on the integration of all relevant available data sources at the EU and national levels.

Communications and information exchange

EuroSafe presented its position and work in the area of communications and information exchange. Firstly, EuroSafe provides communications and support activities for EU policies on injury prevention and is responsible for the communication and dissemination activities of nearly all injury prevention projects co-financed by the European Commission. Secondly, EuroSafe is in official relations with WHO and is working together with other organisations such as UNICEF.

In the area of communications and information exchange there are four pillars supporting EuroSafe's central aim to work together with its partners and undertake a communications strategy to reduce injuries and enhance safety promotion in Europe. The four pillars are:

- creating a clear communications base
- building awareness of the injury issue through the IDB, HDD + other data sources
- using evidence-based good practice
- advocating for increased political support and to influence public health policies

During the presentation the current status of the pillars and the proposed actions for 2008 onwards were discussed. Following this, the Member State representatives were reminded of all the product and report launches to date and their attention was drawn to the forthcoming launches at the end of the year.

Meeting conclusion

At the close of the meeting it was concluded that there had been a valuable exchange of information with important discussions with regards sharing progress on work in the Member States to help implement the Council Recommendation. Between now and 2012 further efforts will be made to nurture injury prevention and safety promotion activities at both the national and EU levels. Sharing information and learning from one another therefore remains a priority of the Working Group.

This meeting of the Working Group on Injury Prevention and Safety Promotion marked the end of an era for Horst Kloppenburg who retired from his position as Administrator of injury prevention activities at DG Sanco at

the end of November. Michael Huebel, head of unit C4 at DG Sanco, thanked Horst for his great leadership to the development of European collaborative actions on injuries and to the Working Group in particular.



Horst Kloppenburg speaking at the Paris conference

Source and more information: All the presentations and country updates are available at: <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I3meetings.htm>. The complete minutes of the meeting will be available in due course

New directions for European health information presented by the Commission

In the meeting of national competent authorities (NCA) in the field of health information on 9-10 June 2008, the Commission presented ideas for the future objectives and organisation for work by the Commission and its partners in the countries on European health information. The overall aim of European health information is 'to provide information for evidence based development, implementation and evaluation of action on health in the EU, at both the Community level and in Member States'. Community actions will complement national policies, but the Commission is in the unique position to assemble comparable data from member states and regions by, for instance, a system of indicators covering all major health problems and health determinants.

In its presentation the Commission acknowledged the vast scope of potential health information. Given the limited resources it wants to focus work on:

- reporting and disseminating information based on what has been achieved over past years, in particular in establishing jointly agreed health indicators (the

European Community Health Indicators), as opposed to generating new information;

- exchanging information tailored to the different needs for health information among the various stakeholders, for example, through customized web based tools acting as a clearing house for specific health topics;
- ensuring that information is used effectively which requires a feedback mechanism to see whether and how information is being used in order to be able to fine-tune the work on generating and disseminating health information.

At the meeting it was stressed that health information should support the EU Health strategy that contains three specific objectives:

- fostering good health in an aging Europe
- protecting citizens from health threats
- supporting dynamic health systems and new technologies.

In addition to a sustainable and comprehensive health monitoring process, the Commission also proposes to focus health information analysis and reporting on more specific disease related themes (avoidable mortality and morbidity), as well as horizontal themes such as ageing, inequalities, young people and health, and health as a key component of wellbeing of European citizens.

The members of the NCA group, statistical officers in Ministries of Health or affiliated agencies such as Institutes of Public Health, strongly welcomed the initiative of the Commission to develop a more focused perspective and the directions presented. The Commission will develop this further and continue to work with the national experts. A health information committee will probably be set up for this purpose which would support the overall implementation mechanisms for health strategy with regard to health

information. The committee might create sub-groups or technical groups to move work forward in specific areas.

The Commission will definitively involve wider health information users and partners such as the European Center for Disease Control, EuroStat, members of European institutions, stakeholders in member states and expert organisations such as universities and health institutes. It is foreshadowed that the work on the long term framework for health information might result in a Commission communication by 2010. However it is expected that from the end of 2008, decisions as regards to the work programme and organisation of European health information will be directed by the vision as presented.

Source and more information:

http://ec.europa.eu/health/index_en.htm

Future challenges for EU health, consumer and food policies

On 29-30 October 2008, DG SANCO organised one of its biggest high-level conferences entitled: 'Delivering for Tomorrow's European Consumers'. This conference served as a concluding event of a 2-year reflection on Future Challenges, which looked at the tasks and opportunities that lie ahead for the next Commission (2009-2014) in terms of consumer, health and food safety policy.

The purpose of this conference was to review the main drivers of change and trends and to contribute to the Commission's vision in the next 10 years. The main four drivers identified are: globalisation, governance, changing society and confidence. The following key concluding points came out of the discussions:

- There is a need to examine more closely and include social and health inequalities in our policy delivery.
- Sustainability is a real challenge not only for the future, but to be acted upon today.

- The Commission faces the challenge of obtaining public acceptance if it is to become more entrepreneurial as well as Member State acceptance if it is to implement a process whereby delivery is more closely monitored to achieve quality.
- Consumers are increasingly in control of their communications agenda: in reality they behave more like cats than dogs!* Indeed, they are more independent and prefer a more invitational style of communication.
- Implementing a common culture of working together whereby cooperation and tolerance are ensured is a challenge but need to be further developed.

Source and more information:

http://ec.europa.eu/dgs/health_consumer/dyna/consumervoice/create_cv.cfm?cv_id=475

u FOCUS on New approach to EU injury surveillance – integrated data collection and comprehensive reporting



Comparative analysis of injury data in Europe is mostly limited to mortality data. Fortunately, these data indicates a decline of injury fatalities in almost all EU countries. This positive trend however has a downside as it distracts attention from the huge scale of injury morbidity. In addition to the 250,000 EU citizens who die as a result of an accident or violence, 60 million people in the EU seek medical treatment for an injury and 7 million of these are admitted to a hospital - representing 10% of all admissions to hospitals in the Member States¹. Further, worrying trends in injury morbidity such as increasing numbers of disabilities from traffic accidents, and home injuries among older people, cannot be detected in most member states. So monitoring the full magnitude of the injury issue in Europe is difficult.

For this reason, the recent Council Recommendation on the prevention of injury and the promotion of safety urges Member States to make better use of existing injury data and develop national injury surveillance and reporting systems. A specific role for the Commission is foreseen in gathering, processing and reporting Community-wide injury information based on national injury surveillance systems. However, if the Council Recommendation is to succeed it requires a "new approach" to both injury data collection and injury reporting. First of all, more comprehensive injury reporting is needed in order to provide the right indicators for all sectors of injury prevention. Secondly, 'integrated data collection' at the hospital level is only feasible if organised in a (cost) efficient manner, as resources are declining. Both concerns are being addressed by two recent EC funded projects: INTEGRIS within the Seventh Framework of DG Research and PHASE (EU Injury Data Clearinghouse) within the Public Health Programme of DG Sanco. The projects will be discussed later in this article.

Shortcomings of the current EU injury surveillance

Although there are several general (across all diseases) and special purpose (injuries only) data collection systems available which provide information about injury mortality and morbidity at the national and EU level, there are still significant shortcomings. Injury surveillance in the EU can be characterised as operating on an incomplete puzzle of data

sources that only provides a notion of the complete picture but lacks important details. Further, in contrast to many other industrialised regions like the USA, Canada or Australia no regular data collection is in place that would provide valid indicators for external causes of injury morbidity (such as simple but relevant information about activities and place of occurrence related to the injury) for the entire European region and without exception for each of the Member States.

For the purpose of injury prevention general health data, like the Hospital Discharge Registers, usually lack the required detail on the external causes of injuries. And most of the special purpose data systems cover only a certain sector of injuries. Examples for the latter are the Community Database on Accidents on the Roads in Europe (CARE), the European Statistics on Accidents at Work database (ESAW), and the home and leisure accidents database (EHLASS). These databases are difficult to compare and a comprehensive view of injuries hard to obtain. As a consequence, even with a number of relevant data sources available, simple questions about injuries in the EU cannot readily be answered, or at least not with sufficient validity. For example:

- How many victims of traffic accidents in the EU suffer from disabilities? Is their number increasing?
- How many bicycle accidents are there in the EU Member States today? How many are traffic related? How many are sports and leisure related?
- How many elderly people in the EU suffer from falls in their homes? What are the main causes? How many of them need care afterwards due to long term impairments?

How can EU injury surveillance be improved?

The principal answer to the question of what really needs to be done to improve EU injury surveillance is already provided by the Council Recommendation. In order to reliably identify priorities and monitor prevention measures the Recommendation states the necessity to, first, "make better use of existing data" and, second, "develop, where

appropriate, an injury surveillance and reporting mechanism, which could ensure a coordinated approach across Member States to develop and establish national policies on the prevention of injuries [...].”

Make better use of existing data!

The first point, making better use of existing data, amounts to the establishment of an Injury Data Clearinghouse at the EU level for comprehensive data analysis and reporting of existing data. A pilot of such a one-stop information centre for IDB and other EU-level injury data at the EU level is already scheduled within the PHASE project (EU Injury Data Clearinghouse) of the Public Health Programme 2006. The goal of this pilot is provide stakeholders at the EU and national levels with relevant information for all major injury sectors, outcomes, and external circumstances through comparable and policy relevant indicators – based on harmonised injury mortality and morbidity data for prevention in sectors such as traffic, work place, home and leisure, violence etc. The selection of data sources to be considered is guided by the health indicators for “injuries and accidents” of the European Community Health Indicators (ECHI) short list (see Figure 1), and the following “principles” of reporting:

1. The Cause of Death data shall serve as the main source for indicators on injury mortality
2. The Injury Database (IDB) shall serve as the main source for indicators on injury morbidity
3. Both sources need to be complemented by other data sources according to a data model
4. All indicators have to provide incidence rates at least at Member State level by age and sex, and most relevant external causes

Fig. 1: ECHI Injury Indicators by preferred data sources – a data model

[1] Incidence rates by age and sex, and main external causes. [2] A. most specific source, B. and C. accessory sources.

Abbreviations: CARE: Community Road Accident Database. COD: Cause of Death Data (WHO-ICD). EHIS: European Health Interview Survey. ESAW: European Statistics on Accidents at Work. IDB: Injury Database on Home, and Leisure Accidents and All Injuries. HDR: Hospital Discharge Register - ESTAT / APOLLO Internet Query Database

ECHI Indicator [1]	Mortality - Preferred Data Source [2]	Morbidity - Preferred Data Source [2]
All Injuries (all causes, selected external causes)	A. COD	A. IDB B. HDR ext. causes
Road Traffic	A. CARE B. COD	A. CARE B. HDR ext. causes C. EHIS
Work Place injuries	A. ESAW B. COD	A. ESAW B. EHIS
Home and Leisure Accidents	A. COD	A. IDB B. EHIS
Violence	A. COD	A. IDB B. HDR ext. causes
Suicide attempt	A. COD	A. IDB B. HDR ext. causes

The pilot EU Injury Data Clearinghouse is expected to pave the way for a sustainable and comprehensive EU injury information center, providing information based on the integration of all relevant available data sources at EU and national level.

Develop new injury surveillance mechanisms, where appropriate!

This second point, as outlined in the Council Recommendation, amounts to the implementation of a prevention-oriented injury surveillance system in each EU country that can provide information about external causes of injuries. Based on international experience the European Injury Data Base (IDB) is considered the most appropriate data system for this purpose and is already in place in 13 Member States. The IDB is a hospital based data collection of external cause information for all sectors of injury prevention and the data is available via an internet database hosted by DG Sanco at <https://webgate.ec.europa.eu/idb/>. The IDB is listed as an element of the EU Health Information and Knowledge System and should be developed to meet the statistical quality criteria of Eurostat for inclusion in the official Community health statistics by 2013. Before that can take place, however, major methodological and technical improvements have to take place in the IDB data collection, such as a better controlled representativeness of results at the regional and national level. Further developmental work should also take place in order to reduce the burden of data collection for the hospital staff and The feasibility of these improvements in IDB data collection is currently being explored through the new FP7 project INTEGRIS (Improved Methodology for data collection on accidents and disabilities – Integration of European Injury Statistics). The ambitious objectives of INTEGRIS are:

- data model for the integration of official Hospital Discharge Registers (HDR) with the IDB
- indicators for disabilities from injuries based on the HDR medical information
- advanced data capture application for the pilot hospitals and sample database for the INTEGRIS dataset
- pilot the INTEGRIS data collection and evaluation based on the quality criteria of the European Statistical System (Eurostat)
- EU-level INTEGRIS implementation plan

The INTEGRIS pilot shall prove that the IDB can cost-efficiently continue to provide validated and population based indicators for the incidence of various external causes of injury morbidity and for the incidence of long term and chronic disabilities from accidents in particular (figure 2). These key figures that are based on various data sources and laborious analysis shall in future be available online for each Member State and with incidence rates by age and sex, and main external causes such as activity, place of occurrence or products related to the injury.

The underlying integrated IDB-HDR data model and INTEGRIS prototype shall meet the quality criteria of the European Statistical System (Eurostat) and the public health requirements of the EU Health Indicators (ECHI). For more information about INTEGRIS please visit <http://www.fp7integraris.eu>

Figure 2: Vision for a Comprehensive View of Injuries

Injury counts and outcomes	Transport	Workplace	Home, Leisure, Sports, School	Total of unintentional injuries	Homicide, assault, other violence	Suicide (attempt)	Total of intentional injuries	Total of all injuries
Fatal Injuries	56 412	6 216	109 512	172 140	6 146	61 368	67 514	252 494
	23%	2%	43%	68%	2%	24%	27%	100%
Hospital Admissions	860 000	310 000	5 200 000	6 370 000	590 000	100 000	690 000	7 000 000
Hospital Outpatients	1 800 000	3 000 000	27 000 000	31 800 000	2 200 000	200 000	2 400 000	34 200 000
Other medical treatment	1 200 000	1 500 000	14 300 000	17 000 000	1 200 000	100 000	1 300 000	18 300 000
All medically treated cases	3 860 000	4 810 000	46 500 000	55 170 000	3 990 000	400 000	4 390 000	59 560 000
	6.5%	8.1%	78.1%	92.6%	6.7%	0.7%	7.4%	100%
Disabled (prevalence 16-64)	750 000	1 300 000	900 000	2 950 000	–	–	–	> 3 000 000
Hospital bed days	7 200 000	2 400 000	39 000 000	48 600 000	3 000 000	600 000	3 600 000	52 200 000

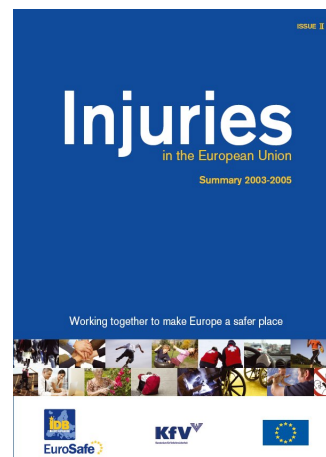
Source: *Injuries in the EU, Kuratorium für Verkehrssicherheit (KfV), 2007*

A comprehensive injury information system for the EU

With some tailwind from the Council Recommendation the first steps towards a comprehensive injury information system for the EU have been taken. Thirteen Member States have implemented a prevention-oriented injury surveillance compatible to the EU IDB, and regular EU level injury reporting has been started with key figures about injuries in the EU based on the IDB and other relevant data sources. These are important but need to be extended, refined and improved. One way of improving the current situation of injury surveillance in the EU is the "new approach" as described above: implementing "integrated IDB and HDR data collection" and providing "comprehensive injury information" through a one stop information center or clearinghouse. The goal is to provide up-to-date and relevant statistical information for injury prevention stakeholders.

References

1. Injuries in the EU, KfV 2007 (report)



Source and more information: Robert Bauer, Austrian Road Safety Board (KfV) - Robert.Bauer@kfV.at

u Burden of injuries

Using hospital discharge data to monitor injuries

Hospital discharge data (HDD) have been recorded in all European countries for several years now. Yet it has been scarcely used to measure and characterize the burden of injuries attended in hospitals in European countries. The development of such a system was one of the key deliverables of Work Package 2 of the APOLLO project, 'Strategies and best practices for the reduction of injuries', which started in December 2005 and has been co-funded by the European Commission.

The HDD project, led by the University of Navarra, aimed to empower researchers in each individual country to compile and analyze hospital discharge data from their country using a standardized protocol and specifically created software algorithms to produce counts and rates that could be uploaded into a common user-friendly web query system. The findings reported in this web query system allow easy access to information on injuries in several European countries on injury frequency, injury mechanism, injury severity and other hospital discharge information.

Material and Methods

Each participating country had to obtain, from the national file of hospital discharge data for 2004 or the nearest available year, a

subset of cases meeting all inclusion/exclusion criteria which had been developed in consultation with them to ensure a minimum common data set. A list with the 13 required variables per each discharge was defined specifying format to ensure the smooth running of the augmentation and analysis files.

A working website was created together with several PowerPoint presentations (including a narrated one) to explain the protocol. An upload/download web-based platform was created to enable participants to get information on the protocol, as well as to upload their finished results. An electronic Bulletin Board was developed to allow communication among researchers and an email address was created to ease communications in the most economical manner.

Thirty computerized algorithms were developed at the University of Navarra to accommodate for the fact that some countries provide ICD-9-CM codes whereas others use ICD-10. In addition, some researchers use the SPSS programme whereas others use STATA. The algorithms aided in performing a number of tasks: evaluating the quality of the data, creating additional variables to record, for example, the Barel matrix column and row of any



specific injury, its severity based on AIS1998, the severity of the whole subject as defined by ISS, and the predicted functional limitations as defined by FCI. The last algorithm in the process was to compute the 500+ indicators selected after a literature review on injury-related indicator recommendations. These algorithms are freely downloadable at http://www.unav.es/ecip/english/pagina_7.html

During the study period there were two in-person meetings with participants, the first one at the beginning and the second meeting was held one year into the project, always in coordination with other meetings to minimize time and travel expenses. The project was mostly run through distance communication.

Results

Although 20 countries had initially expressed interest in participating, 18 had completed all tasks by November 2008; Austria, Bulgaria, Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hungary, Italy, Latvia, Malta, Netherlands, Norway, Portugal, Slovenia, Spain and Sweden.

The web query system can be accessed through www.unav.es/apollo/asistente using the word "public" as both username and password. The interface allows interested parties to select countries, years of data, indicators (either as absolute numbers, proportions or rates - calculated with population census information), whether they want the information for male, female or both, and the age of the subjects (down to the possibility of choosing 1-year ranges). The findings can be exported into an Excel Spreadsheet. The system provides aggregated data (albeit fractioned in many different ways) to ensure confidentiality of the data. The system was developed using computer language that makes it compatible with other data platforms such as Eurostats or WHO, opening the possibility of linking it to these other portals.

On average, processing the original hospital discharge data for one year per country via the required algorithms takes about two full days of work. The whole project, including modest economic incentives to participating researchers and the development of the web query system, the web working platform and all the programming and coordination was budgeted at less than €279,000, 60% of which was provided by the DG SANCO contract.

Atlas (report)

A one-off report, 'Injury-related hospitalizations in Europe: 2004', has also been produced. The report focuses on ten selected indicators from the web query system and presents this information in a very clear and user-friendly way. The report will be available very shortly at: <http://www.unav.es/ecip>



Conclusions

Any information system is a live system that evolves and can improve over time. With the effort to date we have proved the feasibility of the project and its economic value since the programs can now be reused to add more countries and more years of data to the system. We have learned which countries were not coding mechanism of injury codes on all injuries, and fortunately many of them are working to improve the system. We have also identified commonly used codes that are too generic, which is valuable information for the ongoing improvement of the system.

During the past 3 years, we have presented almost a dozen posters and oral communications in international meetings using data from this system. We are currently working on several manuscripts focusing on different aspects of the system or the data itself, including the actual burden of hospitalized injuries in Europe. The web query system developed is a publicly available tool for all experts interested in gaining further knowledge on the burden of injuries requiring hospitalization in Europe.

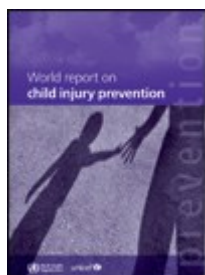
Source and more information: María Seguí-Gómez, University of Navarra, European Centre for Injury Prevention, msegui@unav.es / <http://www.unav.es/ecip>

u Child safety

Update from the European Child Safety Alliance

WHO and UNICEF to launch Child Injury Reports

A great deal of researching and writing has been taking place over the past year to prepare the texts for a number of landmark child injury prevention and safety promotion documents. A global report addressing child injury lead as well as a European Report will be launched on 10 December 2008 to bring political attention to the critical issue of child injury. In addition to these technical reports UNICEF will also launch a child friendly version of the World Report on Child Injury and prevention at the same time. This has been prepared for children aged 6 to 10 years to directly communicate issues they need to be aware of and actions they can take to keep themselves and others safe. The Alliance has taken an active role in the preparation of all these reports.



Have Fun, Be Safe

In addition to the full and summary versions of the World report on child injury prevention, UNICEF and WHO have produced a child-friendly version which aims to inform children, aged 7 - 11 years, about various types of injuries and how these may be prevented. Using a mixture of facts, puzzles, games and other visual material, this document is freely downloadable. The Child Safety Alliance was pleased to be part of the development team for this new and creative resource.



CSAP update

The Child Safety Action Plan (CSAP) project, led by the European Child Safety Alliance, continues to roll along. Although the Secretariat is still working to finalise partners in a few countries, confirmed country partners have been busy working on engaging government and national partners and collecting data for the two assessments that make up part of their situational analysis as part of national plan development. Over the summer and into the fall CSAP Country Coordinators have been completing revised versions of the Leadership, Infrastructure and Capacity Assessment and the National Policy Assessment. The assessments require that country partners contact government and non-government organisations to obtain accurate information on current investment and policy in the area of child safety. For the new CSAP countries the information gathered will assist in identifying gaps in current policy and possible areas for plan focus. For the continuing countries the data collection will allow an early look at progress since phase I of the initiative. The information from the assessments from all countries will be used in national Child Safety Report Cards and Profiles and a European Report Card which will be released some time in the first half of 2009.

In addition to the assessments country partners have also continued to work to increase awareness of the injury issue and the Child Safety Action Plan initiative in their respective countries. Prior to the September WHO Regional Committee meeting in Georgia many were contacting government representatives to ensure that CSAP was included in the report back on the WHO resolution on Injury Prevention. The next steps for country partners will be outlined at a two day capacity building workshop to be held in Malta in December. The CSAP Country Coordinators and the CSAP Expert Group will meet there with the CSAP Secretariat to learn about the strategic and action planning stages of plan development, update on progress and exchange and discuss challenges and solutions.

Finally, a revised brochure for the initiative is now available at

<http://www.childsafetyeurope.org> The brochure provides information on the background, purpose, project partners and deliverables. In addition to the English



version several countries are working on translating the brochure to make it more useful in their national activities. Once completed the translated versions will also be included on the Alliance website.

Toy Safety

The European Child Safety Alliance continues with its home safety campaign this fall with support for ANEC and BEUC's call for enhanced safety measures for children's toys.

On June 20, 2008, the European Child Safety Alliance sent a letter to the Members of the Internal Market Committee of the European Parliament requesting support for amendments to the Toy Safety Directive. The letter of the European Child Safety Alliance focused on the need for the following actions to be included into the revision of the directive:

- Introduction of the precautionary principle
- Introduction of a comitology procedure
- More stringent and clear requirements on chemical properties
- An obligatory EC type examination for certain types of toys

- Specific requirements for warnings
- Requirements for toys in food

The letter was supported by 14 Member States and over the summer countries approached relative MEPs to put amendments in favour of child safety forward by the deadline of September 9, 2008. The Alliance also participated in an independent study on third-party testing of toys for the European Parliament in mid-August. Results of the amendments to the toy directive will be available later this fall.

Tap water scalds

Continued home safety efforts are underway for the Alliance to have a position statement agreed upon to lower hot water temperatures to reduce children's scalds. A common position was reached at the June European Child Safety Alliance meeting. Final editing of the statement is underway and will be published in October on the Alliance website. Member States will use this position statement to support their efforts to reduce tap water temperatures in their countries when the opportunity to raise the issue is available.

Source and more information:
<http://www.childsafetyeurope.org>

Big fall in child injuries following new car seat laws

The number of children under 12 injured in car accidents in Great Britain fell by more than 1,000 in the first full year since the introduction of the new car seat law, according to figures recently released.

The Royal Society for the Prevention of Accidents (RoSPA) in the UK welcomed the news as proof that the legislation was working and helping to reduce pain and suffering for children and their families.

New legislation was introduced in September 2006 making it compulsory for children under 12 and below 4ft 5in (1.35m) tall to use child car seats or booster seats.

In 2005, the last year before the law came in 7,033, children under 12 were injured as passengers in cars, and 326 of them were killed or seriously injured. Last year the number hurt had fallen to 5,927, with 271 killed or seriously injured.

Kevin Clinton, RoSPA Head of Road Safety, said: "This is more good news following the announcement in the summer that road

deaths in Britain were down to 2,946 – the first time they have fallen below 3,000 since records began 80 years ago. It shows that child car seats work and when children are using the correct restraint for their size they have a better chance of surviving an accident. The latest report from the Department for Transport also shows that the provisional figure for drink-drive deaths is down from 560 in 2006 to 460 last year. But we would see even more improvement if the drink-drive limit was reduced."

"We must not be complacent. The report underlines that driver error is still the major problem where road accidents are concerned. Four of the five most frequently reported contributory factors involved driver error or reaction, with failing to look properly, the most frequently reported contributory factor, being recorded in 35% of accidents. Loss of control was involved in a third of fatal accidents."

Source and more information:
<http://www.rospace.com>

City for children European award

If your city is running an exemplary child and youth-friendly project, then participate in the European Award of Excellence "City for Children", granted for the first year ever by the European "Cities for Children" network.

All European cities with more than 100,000 inhabitants are invited to join and to send their applications by 15 December 2008.

The awards will be presented to successful applicants at a festive evening event at-

tended by personalities from politics, industry and society on 29 June 2009 in Stuttgart (Germany). The prize-winning cities will be invited to deliver a presentation of their successful projects as part of the 3rd Annual Conference of the Network Cities for Children from 29 to 30 June 2009.

Source and more information:

<http://www.citiesforchildren.eu>.

u Consumer safety

Trilateral product safety summit: European Union, USA and China



Following the successful "Joint U.S.-EU-China Initiative on Consumer Product Safety Compliance" held in China in September 2008, the product safety authorities of the European Union (European Commission, EC), the U.S. (Consumer Product Safety Commission, CPSC) and China (General Administration of Quality Supervision, Inspection and Quarantine, AQSIQ) took, in a joint meeting in Brussels on the 17 November, an important further step in strengthening their trilateral cooperation in this area.

Mrs. Kuneva, the European Commissioner responsible for Consumer Affairs, welcomed to Brussels U.S. CPSC Chairman Nord and AQSIQ Vice Minister Wei to discuss at the highest level key developments and further joint activities that could be undertaken to improve cooperation and the exchange of information relating to consumer product safety.

In a joint press statement the three authorities declared strongly that ensuring a high level of product safety is a matter of shared concern. Combined efforts and intensified cooperation are in the mutual interest of our citizens and economies.

The Tripartite participants agreed on a couple of specific actions that have priority within the overall cooperation framework, amongst which to:

- Explore possibilities to develop harmonized approaches, where possible, for product traceability systems.
- Support efforts to compare the existing toy safety standards in the participants' respective jurisdictions with a view to identifying areas for further convergence while recognising that the differentiated needs of the participants' own consumers may necessitate unique requirements.
- Collaborate more closely in the area of children's products safety by sharing information about regulatory and standardisation developments with each other as early as possible with a view to facilitating compatibility and where possible, alignment of the relevant requirements. As a first step, no later than January 1, 2009, participants will share with each other anticipated regulatory developments for the period 2009-2010.

The Tripartite participants agreed to hold the next "High-Level Consumer Product Safety Trilateral Summit" in 2009 at a date and place to be determined, to take stock of progress made and discuss further cooperative efforts.

Source and more information:

http://ec.europa.eu/consumers/safety/int_coop/trilateral_en.htm



Can the home be completely safe?

The Royal Society for the Prevention of Accidents (RoSPA) held a National Home Safety Congress in Blackpool on 11-12 November. The congress focused on whether our homes can – or should – be made as safe as possible.

In the UK more people die and are injured in accidents in the home than in any other setting, with more than 4,000 people losing their lives in this way in 2006. Falls, poisoning and the effects of fire and smoke were the largest causes of death.

The safety charity's conference at the Hilton Blackpool considered the extent to which regulation is appropriate for tackling home accidents. Delegates also explored how a balance can be achieved between complacency and paranoia about hazards in the home, and whether the home environment should be "as safe as necessary" or "as safe as possible".

In his keynote address, Lord Jordan of Bournville, RoSPA Vice-President, outlined regulatory successes in home safety, such as product safety developments and the installation of devices to prevent bath water scalds in new properties in Scotland.

How to reduce deaths and injuries from house fires, including the role of smoke alarms and domestic sprinklers, also featured on the conference programme. Further, there was also a progress report on an investigation into whether national injury figures should be collected.

Inventor Chris Haines introduced delegates to his award-winning Safe-T-Light emergency

lighting, which was featured on the BBC's Dragons' Den programme.

Other speakers included: Jo Hawley, from the Child Safety Unit at the Department for Children, Schools and Families; Mike Kelly, Director for the Centre of Public Health Excellence at the National Institute for Health and Clinical Excellence; and Ken Dunn, Consultant Surgeon at Manchester Burns and Plastic Surgery Service.

Sheila Merrill, RoSPA Home Safety Manager for England, said: "More people are killed and injured in accidents in their homes than anywhere else. But, even though these cases can have life-changing consequences, they often go unreported publicly because they happen behind closed doors. Raising awareness of the accidents that can happen in our homes and the solutions that are available to avoid them is crucial in terms of prevention. But it is important that we strike a balance between complacency and paranoia and, as this conference will do, consider when regulation is appropriate and when it is a step too far."

Delegates at the conference, which was sponsored by Safe-T-Light, included representatives of the health and emergency services, housing associations and safety product manufacturers.

Source and more information:
<http://www.rospace.com/home/>

u Adolescents & risk taking

The European AdRisk project launches innovative approaches for injury prevention

Every half an hour a young person dies of a fatal injury in Europe. This adds up to 20,000 young people losing their lives each year. Twice as many young people die of fatal injuries than all other causes of death combined such as cancer and diseases of the circulatory, respiratory and nervous systems.¹ Yet according to the European AdRisk project, much can be done to prevent injuries among 15-24 year olds by understanding and addressing their risk-taking behaviour.

The EC financed AdRisk project, 'Community Action on Adolescents and Risk-Taking', recently launched a package of materials and information targeted at policymakers, stakeholders and professionals at both the European and national levels to help save the lives of Europe's young people. The package includes a European Situation Analysis, a Strategy and Framework for Action, a Good Practices Guide, a Guide for initiating national action, and an online toolbox.



Important causes for the high injury rate among adolescents are their risk-taking behaviour and their lifestyle. Risk taking behaviour may include experimentation with and consumption of alcohol and drugs, dangerous driving and leisure activities and their vulnerability to emotional crises. Adolescents seem to have an increased need for stimuli that testing boundaries and risk-taking behaviour creates. While this may be necessary for the development of an adult personality it can also lead to serious injuries.

EU Health Commissioner, Androula Vassilou said: "Injuries are the number one killer of young people, claiming the lives of 20,000 young people aged 15-24 each year in the EU27. Europe cannot afford to carry the burden of losing so many precious young lives.



The future of each Member State and of Europe as a whole rests in the hands of the younger generation. Addressing the injury issue among young people and, in particular, the aspect of risk-taking behaviour is therefore essential, for both the health of the 63 million adolescents living in Europe, as for the development of each Member State."

Transport accidents are with more than 50% the leading causes of youth injury deaths; sports and leisure time injuries are the major causes of hospitalisation among young people and contribute significantly to life long disability, for example sports accidents of 15 to 19 year olds account for 41% of all injuries treated in hospitals.

The figures are alarming but the good news is that prevention works to reduce these alarming figures.

What can be done?

Besides injury prevention that makes strong use of standards, regulations, codes of conduct, like "do's", and "don'ts", the analysis of causes and prevention strategies has identified new opportunities for improving the situation. Three approaches are recommended by AdRisk:

Development of risk competence

Adolescents should be trained efficiently in assessing risks and in making appropriate decisions. Dealing with risks must systematically shift from do's and don'ts to an approach that makes young people aware and competent. Efficient risk competence training established in school education, in vocational trainings, in driver education, in sports training and extra-curricular youth work can make a huge difference. Good practices from different countries are available.

Adolescents are partners

Adolescents should be seen as partners, as a resource in developing efficient interventions for injury prevention and health promotion. This is of double value as youth are experts in youth-related issues and activities and, secondly, youth are in the best position to address their peers.

General attitude towards adolescents getting positive. Young people often encounter disrespect and are left alone with their problems.

The view of youth is often a negative one. Nevertheless, youth are the people of tomorrow; they are society's resource and deserve support and appreciation.

These new approaches need political backing. The Council Recommendation on Injury Prevention and Safety Promotion (May 31, 2007) recommends interdepartmental national programmes with clear health goals. "Within such programmes adolescents and young adults should be addressed in particular as one of the most vulnerable groups. The findings of the AdRisk project open the door towards a new understanding," says Rupert Kisser, chairman of Eurosafe.

Risk taking behaviour of young people as an important factor should be handled properly. The AdRisk project has explored innovative approaches in working with youth. Workshop discussions on risk perception with young

people in schools in the Netherlands and in Hungary made use of selected videos (e.g. downloaded from <http://www.youtube.com>). An external facilitator assisted this process. All materials are available in the online AdRisk toolbox at <http://www.adrisk.eu.com>

"Encouraging the creation of learning opportunities where young people can fully explore and develop their physical, psychological and social skills and competencies, without undue injury risks is a key issue for a holistic approach in injury prevention for young people", closes Ursula Löwe project leader of the AdRisk project.

Source and more information:
<http://www.adrisk.eu.com>

u Safety for seniors

Preventing falls among older people

Preventing falls among older people is a necessity as every 6 hours an EU citizen aged 65 years or older dies of a fall-related injury. This adds up to approximately 40,000 people aged 65 years or older dying of an accidental fall in the EU-27 each year. Yet this is just the tip of the iceberg. Falls are the number one cause of non-fatal injuries for this age group and can have a devastating effect, often leading to fractures, disability, loss of independence, psychological distress and high health and social care costs.

Work Package 4 of the project, 'Strategies and best practices for the reduction of injuries' (APOLLO), has been working on three reports aimed at increasing awareness on fall-related injuries among older people and effective practices for their prevention. Led by the Istituto di Ricerche Farmacologiche "Mario Negri", one report has been released and the other two are in the process of being finalised.

The three reports, the first of which has already been released, are:

1. 'A guide for implementers of interventions to prevent falls in community-dwelling older people';
2. 'A fact sheet aiming to communicate the key messages from WP4 to policy makers and all parties involved in initiating and developing action plans, in order to help

them making well-informed decisions about the prevention of falls in older people'.

3. 'A technical report providing detailed information on the methods and results of the studies conducted,.

This new research shows that:

- Appropriate management and control of key factors can considerably decrease the probability of falling: Factors, such as disability and functional impairment, impaired gait and mobility, visual and hearing impairment, muscle weakness, use of antiepileptics, sedatives or multiple medications, and environmental hazards, increase the risk for a fall-related injury.
- There is an urgent need to initiate concrete actions to reduce the heavy burden caused by falls in Europe by investing in prevention activities on a large scale: In most recent years new evidence has accumulated showing that some interventions, such as exercise programs to improve balance and muscle strength, home hazard assessment and modification and revision of medication use, can prevent falls and provide measurable improvements in the health and quality of life of senior people.



- Senior European citizens are not all the same, they have different needs and attitudes: These differences must be taken into account in the design and implementation of fall prevention, in order to optimize the balance between costs and benefits of the implemented actions. Process and outcome monitoring are essential to identify possibilities of improving the efficiency of the intervention.

As the number of older people in the EU population is estimated to double between 2005 and 2050, a significant increase in fatal and non-fatal traumatic injuries can be expected if no substantial prevention actions are taken. This is the reason why the safety of older citizens is a priority issue for the European Commission as outlined in the Council Recommendation on the prevention of injury and the promotion of safety adopted in May 2007.

Source: Dr. Eva Negri -
evanegri@marionegri.it

More information: The first report, 'A guide for implementers of interventions to prevent falls in community-dwelling older people', is already available at: <http://intranet/csi/eurosafe2006.nsf/wwwVwContent/>



[/3wp4fall-](#)

samongelderly.htm

European Silver Paper on the future of geriatric medicine

Speakers from several European countries and organisations were invited to Wroclaw, Poland, on 11 - 13 September, 2008 to participate in a European summit on The Future of Health Promotion and Preventive Actions, Basic Research, and Clinical Aspects of Age-Related Disease. The meeting was an official European Summit under the French EU Presidency.

The summit had 3 parallel sessions covering Biology of Ageing, Health Promotion and Preventive Actions, and Clinical Care, where speakers presented current knowledge on various topics. After round table discussions followed by a final discussion in plenum, the EUGMS had the leading role of drafting and finalising a Silver Paper describing the current European situation in basic biological ageing research, and in health promotion, preventive actions, and clinical care for older people, as well as describing the recommendations for future actions.

It includes recommendations on most (if not all) the main activities, including promotion of

geriatric medicine, creating geriatric medicine departments in universities, an EMEA Geriatric Medicine Committee, and a European Institute on Ageing.

The Silver Paper has been endorsed by the following 5 organisations:

- The European Union Geriatric Medicine Society
- The International Association of Geriatrics and Gerontology – European Region
- The European Association of Geriatric Psychiatry
- The International Society for Gerontechnology
- The International Society for the Study of the Aging Male

Source and more information including the Silver Paper: <http://www.eugms.org/index.php?pid=195>

Call for better protection of older people from climate change impact

The first ever national report to consider the effects of climate change on an ageing population has recently been published by the Stockholm Environment Institute, in collaboration with Help the Aged. The report, 'Growing Old in a Changing Climate' calls on Government and public authorities to take action to better protect older people from the future effects of climate change and is the first national report to examine the impact of climate change on an ageing population. It aims to stimulate wider debate on the issue, and appropriate policy responses from institutions, politicians and older people.

Lead author Dr Gary Haq, said: "Older people are among the prime contributors to climate change, but also potentially some of the first casualties. There is an urgent need to exploit synergies between climate change policies and policies aimed at older people, and to avoid duplication and contradiction. Older people must be part of the solution: we need to make it easier for them to conserve energy, use public transport and maintain crucial social networks that will help them better cope with the effects of a changing climate."

Mervyn Kolher, Special Advisor, Help the Aged and co-author, commented: "Two enormous - but utterly predictable - waves will be rolling across the global landscape in the coming decades: the ageing of our populations and the effects of climate change. Whatever other political and social policy changes will command our attention; these two challenges will be constant and unrelenting. Older people are likely to be physically, financially and emotionally less resilient to climate change and Government strategies will need to address this."

The report outlines five recommendations and calls on government agencies and older people's organisations to make a concerted effort to reduce the vulnerability of older people by improving their ability to cope with future effects of climate change. It calls on government to:

- Risk assess all future policies so they do not undermine government targets to reduce UK greenhouse gas emissions and put older people at risk
- Climate change proof the homes of older people – both new and existing - to increase energy efficiency and tackle fuel poverty
- Enrich local accessibility to deliver safer, stronger and healthier communities for older people
- Better transport for older people to ensure they can maintain independence and connect to friends, family and wider community.
- Leadership on older people and climate change and the setting up of an older people and climate change group to outline a national policy framework to focus and co-ordinate action.

Source: Health & Environment Alliance:
<http://www.env-health.org>

More information: http://www.sei.se/pubs/climate_change_growing_old.pdf

u Sport safety

Kick off meeting for Safety in Sports project

A successful kick-off meeting was held on 13-14 November 2008 in Vienna for the Safety in Sports project, 'Safety Management for High Risk Sports in Collaboration with European Sports Federations'. The project, co-funded by the European Commission, is being led by the Austrian Road Safety Board (KfV) in collaboration with the Department of Sports Medicine and Sports Nutrition of the Ruhr-University Bochum, the Dutch Consumer Safety Institute and EuroSafe. ARAG insurance company is also supporting and contributing to the project.

Sport is an important cultural element and one of the most widespread activities in the population. In this context, there is a global consensus that health protection and health promotion are important potentials of sport. But it has to be taken into account that about 20% of all injuries due to accidents result from these sporting activities. Particularly with regard to popular sports, the benefit for health could be increased by reducing the frequency of sports injuries.

The general aim of the project is to contribute to the reduction of sports injuries by developing, testing and implementing safety management schemes for sports which have a high injury rate. The project will focus on handball and basketball which are two team sports practised all over Europe by a significant number of sportsmen and women, both of which have a high injury rate.

The methodology of the project derives from the fact that effective and sound sports injury prevention has to be sport-specific, cross-national and accepted to be implemented in sports and thus, to reduce sports injuries and increase the benefit sport may have for health. First of all, an up-to-date inventory report on the burden of sports injuries will highlight the necessity to support the project on the part of stakeholders. Furthermore, analyses of existing (effective and practical)

injury prevention measures in high risk sports, especially in handball and basketball, as well as safety promotion strategies in the EU will make up the inventory. On the basis of the inventory and with the help of experts, best injury prevention measures and implementation strategies for handball and basketball will be identified and compiled in a curriculum. Toolkits will be elaborated consisting of media, such as presentation and leaflets, to convey the contents to stakeholders and target groups in handball and basketball.

These toolkits will be tested in collaboration with EHF (European Handball Federation) and FIBA Europe (Fédération Internationale de Basketball) for handball and basketball as pilots in two national associations, respectively. In the light of the results from these pilots, general guidelines will be elaborated on how to develop, implement and sustain safety management schemes in basketball and handball as well as in other high risk sports. These concepts should be disseminated in collaboration with the European sports federations and national sports associations.

In this manner different expertise in the field of safety promotion and sports injury prevention can complement one another. The consortium will consider ways in which healthy participation in sport and recreation might be promoted in a coordinated European programme. A European added value is seen in establishing a European network for sports injury prevention to enable sustainable promotion of measures and strategies for Safety in Sports.

Source and more information: Rupert Kisser (KfV), Rupert Kisser - Rupert.Kisser@kfV.at



Report on the 2nd World Congress on Sports Injury Prevention

The 2nd World Congress on Sports Injury Prevention took place on June 26-28 in the beautiful city of Tromsø. Hosted by the Oslo Sports Trauma Research Center over 700 delegates from various countries all over the world participated in a wide range of sessions providing a multidisciplinary perspective on sports injury prevention. Topics included injury epidemiology, risk factors, injury mechanisms, effective interventions, a methodological debate on the hierarchy of evidence in sports injury prevention and a debate on how to influence government policy development for sports injury prevention. During the conference two clear messages prevailed:

Shift from acute to 'overuse' injuries?

In the past years a lot of information has been gathered and models have been developed for sports injury prevention. The most commonly used models are those from van Mechelen (1992) and Meeuwisse (1994, 2007). With the help of these models it is possible to start preventing sports injuries in just a few steps. However, Roald Bahr, Professor of sports medicine and chair of the Oslo Sports Trauma Research Center and Karim Khan, Associate Professor at the University of British Columbia, pointed out that while these models can be applied successfully to acute injuries like the ACL (Anterior Cruciate Ligament) they are not always suitable for overuse injuries.

For example, in step one of the above mentioned models the time-loss definition is widely applied to define the magnitude of the problem. However, a lot of overuse injuries are not measured with the time-loss definition as there is often no need to stop training completely when the injury is present.

Further, step two 'defining causes, mechanisms or risk factors for injuries concerns both intrinsic and extrinsic risk factors followed by an inciting event, such as a playing situation or player opponent behaviour etc. In overuse injuries, there is often no inciting event. It is often a combination of the volume of the training and the training load.

Building on these insights Bahr and Khan encouraged the conference participants to:

- Develop a new model (or revise the used models) that supports studies for overuse injuries and their prevention.
- Improve the methods to measure the training 'load' within these models.
- Devote more research into unravelling the mechanics of overuse injuries.

Implementing interventions

Almost all studies on the effects on interventions that were presented at the conference concluded "the better the compliance is, the better the results are". The question is: How can you improve the compliance? Concerning implementing training programmes there are a few tips to obtain high compliance. These are:

- Involve coaches and sports participants in the development of the intervention (pre-test, post test evaluations).
- Tailor the programme to the needs of the specific sport.
- Keep motivation high by periodically giving impulses to the programme and/or by giving incentives.
- Reduce perceived barriers to use the programme by adding variation and progression into the programme (which makes it challenging).
- Make the information material attractive and easy to use.
- Make the programme easy to implement by integrating it into existing parts of the training. This also increases time efficiency.

These tips all seemed to work well for the interventions that were presented during the conference, however, in the majority of cases, they were applied to organised team sports. A lot of research still needs to be done in the area of compliance with individual sports-persons such as joggers and cyclists who participate in unorganised sports etc.

In another session the role of behaviour and the respective determinants of the individual sports participant were discussed which might prove to be the key component in obtaining individual compliance. Few interventions focus on the individual sports participant by providing tailor made advice. Two websites which do are: <http://www.activesmart.co.nz> and <http://www.voorkomblessures.nl>

However, more research on the effects of these interventions still needs to be carried out. Hopefully, the results of such research may be presented at the next world congress on sports injury prevention in 2011 in Monaco.

Source: Saskia Kloet, Sports Coordinator/ Researcher, Dutch Consumer Safety Institute

More information: All the abstracts of the congress can be found in the British Journal of Sports Medicine, Volume 42, No 6.

u Suicide & self harm

Launch of the European Pact for Mental Health and Well-being



The "European Pact for Mental Health and Well-being" was established at an EU High-Level Conference "Together for Mental Health and Well-being", which took place on 13 June 2008 in Brussels.

The conference was hosted by European Commissioner for Health, Ms Androulla Vassiliou, in cooperation with her colleague Commissioner for Employment, Social Affairs and Equal Opportunities, Mr Vladimír Špidla. It gathered high-level representatives from the European Parliament, the Council Presidency and Member State Governments. Organisations and leaders from relevant sectors such as health, education, employment, social affairs as well as from civil society were also participating.

The Pact is a symbol of the determination of conference participants to exchange and work together on mental health opportunities and challenges. The implementation of the Pact focuses on five priority themes:

- Prevention of Suicide and Depression
- Mental Health in Youth and Education
- Mental Health in Workplace Settings
- Mental Health in Older People
- Combating Stigma and Social Exclusion

The Pact will be implemented through a series of thematic conferences on each of the priorities during 2009-2010.

Source and more information:

http://ec.europa.eu/health/ph_determinants/life_style/mental/mental_health_en.htm

u Violence prevention

New web site highlights what works to prevent violence



WHO and Liverpool John Moores University's Centre for Public Health have recently launched an important new web site highlighting what works to prevent violence. Geared towards policy-makers and violence prevention researchers, practitioners and advocates, the web site marks the first time that information on effective violence prevention programmes is available in a searchable web-based data base.

Violence is responsible for 1.6 million deaths every year of which half are suicides, a third homicides, and a tenth due to war and other forms of collective violence. Millions more people are injured and psychologically scarred by violence each year, often with life-long consequences. Violence costs economies billions of dollars annually in direct health, legal, and welfare costs and indirect costs due to lost productivity. This seriously impedes the development of low-income and middle-income countries.

Violence can be prevented and its impact reduced by adopting an evidence-based public health approach. Such an approach seeks to prevent violence before it occurs, by reducing the factors that place people at risk and reinforcing those which protect them.

The new website includes:

- A searchable data base of abstracts from published studies that measure the effectiveness of interventions to prevent violence. The abstracts can be searched by violence type (child abuse, elder abuse, intimate partner violence, youth violence, sexual violence), keywords, and geographical area of implementation.
- Resources including key publications on violence and its prevention;
- Information and links to relevant organisations, including the Violence Prevention Alliance (VPA), a WHO-led network of agencies dedicated to preventing violence using the public health approach;
- News including updates on new violence prevention events and publications;
- An opportunity for organisations to contribute to the web site by submitting resources.

Source and more information: <http://www.nwph.net/preventviolence/default.aspx> or contact Dr Christopher Mikton at miktonc@who.int

u Vulnerable road users

World day of remembrance

The World Day of Remembrance was held on 16 November 2008 to remember all those killed and injured in road crashes, together with their families, the emergency services and all others affected or involved in the aftermath. Events and activities took place all around the world.

Road deaths and injuries are sudden, violent, traumatic events, and their impact is long-lasting, often permanent. Each year, millions of newly bereaved and injured people from every corner of the world are added to the many millions already suffering as the result of a road crash.

The sense of grief and distress of this huge group of people is all the greater because many of the victims are young, because many of the crashes could and should have been prevented and because the response to road death and injury and to road crash victims is often experienced as inadequate, cruelly unsympathetic, and inappropriate to a loss of life or quality of life.

This special Remembrance Day therefore responds to the great need of road crash

victims for public recognition of their loss and pain.

Observed for ten years from 1993 by victim organisations under the umbrella of the European Federation of Road Traffic Victims, FEVR, this Remembrance Day has become a very important day for bereaved and injured victims and all those supporting them. Gradually it has also come to be seen by many others as an important day on which to highlight the huge scale of road death and injury, its impact and cost, and as an opportunity for taking action.

Dr. Etienne Krug from the World Health Organization said: "All societies and all of us as individuals need to do more to recognize the impact of road traffic crashes and better support those who are affected. We also need to do more to prevent these tragedies."

Source and more information:

<http://www.worlddayofremembrance.org/>



Every 17 seconds a pedestrian, cyclist or rider of a motorised two wheeler is injured on Europe's roads

In conjunction with the European Road Safety Day held in Paris on October 13, the European APOLLO-project, 'Strategies and best practices for the reduction of injuries', launched three products focusing on injuries among vulnerable road users (VRU). First, a data report 'Injuries to vulnerable road users (VRU) including falls in pedestrians in the EU'; second, an Evaluation report of an intervention on the prevention of child pedestrian injuries in Austria; and third a Policy briefing on VRU.

For the first time traffic and hospital data have been combined at the European level. The results show an estimated 17,800 vulnerable road users die on public roads in the EU27 each year, and about 1.75 million pedestrians, cyclists or riders of motorised two-wheelers are injured. Each year an estimated 1.6 million pedestrians incur non-fatal injuries due to a fall in public transport areas. Older people and

children are especially affected by pedestrian and cyclist injuries, whereas young adults

suffer more injuries due to accidents while riding a motorised two-wheeler. These figures are provided by the Data Report 'Injuries to vulnerable road users including falls in pedestrians in the EU'.

The second report 'Safe school ways by implementing school travel plans in primary schools in Vienna' is an evaluation of an intervention on the prevention of child pedestrian injuries in Austria. The report shows the effect of the school travel plans' initiative in primary schools in Vienna.

Both reports have been produced by the Austrian Road Safety Board (KfV). The Policy briefing on Vulnerable Road Users, produced by EuroSafe in collaboration with WHO, highlights the burden of road traffic injuries in vulnerable road users and makes policy proposals.

Project leader, Dr. Rupert Kisser, Austrian Road Safety Board (KfV) said: "Mainly pedestrians are affected by fatal road traffic injuries. At least 8,000 pedestrians are killed

due to collisions with a motorised vehicle each year. That is someone dying each hour of every day. In 2003 the European Commission, DG Transport, launched an action programme with the target of halving the number of road accident victims in the European Union by 2010 with special emphasis on the safety of vulnerable road user. To support the ambitious goal of DG Transport in road safety DG SANCO highlighted that road traffic injuries are a major public health issue as well, and adopted the Communication from the

Commission to the European Parliament and the Council on Actions for a safer Europe which defines the safety of vulnerable road users as one of the priority areas requiring action."

Source: <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I3wp5vulnerableroadusers.htm> and <http://www.euroipn.org/apollo/WP5.htm>

More information: Rupert.kisser@kfV.at, Austrian Road Safety Board (KfV)

u Work safety

Conference to launch the Green Paper on the EU Workforce for Health "Promoting a Sustainable Workforce for Health in Europe"



DG Health and Consumers organised a conference on 10 December in Brussels in order to formally launch the publication of the Green Paper on the EU Workforce for Health and to promote the consultation exercise. This is an initiative of the Europe for Patients campaign. This campaign, launched on 30 September 2008, draws together a series of Commission health initiatives which share a common goal - to improve health care for all in Europe.

There are a number of challenges facing health systems in Europe. People are living longer, new technology is increasing the range and quality of often expensive treatments. There are new and re-emerging threats to health for example from communicable diseases and citizens have ever-rising expectations about having access to the best possible healthcare.

Developing effective and efficient health systems able to respond to the challenges they face depends to a considerable extent on having a high-quality health workforce of sufficient capacity and with the right skills, and for the European Union that means throughout the Member States.

The aim of the Green Paper is to increase the political visibility of these issues and to engage stakeholders in the debate so as to stimulate coordinated approaches. In light of the fact that Member States are facing a number of common problems with their health workforces, there is much to be gained

by promoting cooperation and common approaches between the Member States. The European Community can add value by supporting this.

Community action is intended to complement national policies. The principal responsibility for organising and delivering services lies with the Member States, but the EU has an important role in helping to support Member States and adding value by bringing together partnerships between stakeholders and offering support in networking and the sharing of good practice.

The publication of the Green Paper will launch a public consultation process to obtain everyone's views on a wide range of issues connected with the healthcare workforce and preparing for the care of an ageing population. The results of the consultation will feed in to consideration of what the EU can do to support Member States in tackling these challenges.

The conference aimed to contribute to the consultation process by bringing together a number of eminent specialists in the field of human resources for health and stakeholders and practitioners from Member States to discuss strategies and share experience.

Source and more information: http://ec.europa.eu/health/ph_overview/workforce/index_en.htm

u Cross-cutting issues

European Code Against Injuries (ECAI)

The European Code Against Injuries (ECAI) is an awareness raising tool for injury prevention and safety promotion in the European Union. It consists of simple, appealing and straight-forward messages that, if adopted, could save thousands of lives.

Injuries are not due to chance, they are mostly foreseeable and easily preventable. It has been estimated that approximately 74,000 lives out of the total “accidental” injury deaths occurring in the EU each year, could have been saved, if all Member States adopted policies and practices implemented in the EU countries which enjoy the best injury prevention records. Thus, nearly half of the total unintentional injury-related deaths each year could be prevented.

A considerable variation in injury mortality rates is observed among EU Member States. Some of the new Member States such as Latvia, Estonia, Lithuania and Hungary have the highest injury mortality rates, whereas others such as UK, the Netherlands, Germany and Sweden seem to be safer places to live.

Simple, effective practices could save as many as 2,000 lives among children, 42,000 among adults and 30,000 among older EU citizens. The European Code Against Injuries, launched at the 2nd European Conference on Injury Prevention and Safety Promotion in Paris, offers EU citizens simple and comprehensive recommendations on how to avoid injury risks and promote safety.

The messages in the Code cover a wide range of areas of daily life, in which injuries can occur, and urges individuals to adopt safer behaviours. For the preparation of ECAI messages, the most up-to-date, valid and efficient knowledge and prevention strategies have been used. It is hoped that ECAI will provide a valuable tool in raising people's awareness on injury prevention and decreasing the burden of unintentional injuries across Europe.

ECAI has already been welcomed by the EU public health policy makers. It is important to tackle the great toll that injury takes on the lives of European citizens by raising awareness of what can be done to prevent injuries on a day to day level. Simple steps to

prevent injuries can make a huge difference at both the EU and national levels.



ECAI was developed by the Centre for Research and Prevention of Injuries (CE.RE.PR.I), Athens University Medical School in collaboration with renowned injury prevention experts from all over the EU, within the framework of the EC co-financed APOLLO project ('Strategies and Best Practices for the Reduction of Injuries').

The key message of the Code is: Accidental injury is a major risk to your health and well-being in everyday life, regardless of your age, whether working, travelling, going out or being at home. Most injuries are preventable; they are not caused by bad luck or chance events that are outside of your control. There is a lot you can do to make your life safer. You can promote safety for yourself and those you care for by knowing more about how injuries happen, learning how to manage risks, and adopting safe behaviour in everyday life.

ECAI has already been translated in to thirteen European languages and is available online at the websites below:

Source and more information:
<http://www.euroipn.org/apollo/WP4.htm> and
<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I2apollo.htm>

Effective Measures in Injury Prevention (EMIP)

Launched at the 2nd European Conference on Injury Prevention and Safety Promotion, the Effective Measures in Injury Prevention database (EMIP) is an attempt to make it easier for policy-makers and health professionals to assess the level of evidence available for a particular measure or strategy.

The idea for EMIP originated from the work of injury practitioners and experts in the field. They identified the need to build capacity among those working in injury prevention by providing relevant and accessible information on current knowledge about the effectiveness of preventive measures to enhance decision making in injury prevention.

How does it work?

By browsing the database, users have access to statements that provide evidence on prevention measures in injury prevention (e.g. legislation, education), background documents upon which these evidence statements are based and an indication on whether experts have judged the measure or strategy to have adequate evidence to be recommended as a good practice.

Scope

The scope of EMIP is all injuries (intentional and unintentional) and all ages. The topics currently include child safety, sport safety, vulnerable road users, and safety for seniors.

Review process

Information in the database is primarily based on existing reviews with a focus on systematic reviews. If high quality reviews are not available, other literature including original articles have been reviewed. Evidence statements are developed and reviewed by experts prior to being added to the database.

Definition of good practice

In the context of EMIP a good practice is defined as a measure or strategy that has been evaluated by experts as part of the EMIP assessment process and found to meet the following criteria:

- A preventive measure/intervention strategy that has been evaluated and found to be effective in reducing injuries (either through a systematic review or at least one rigorous evaluation) OR
- A preventive measure/intervention strategy where rigorous evaluation is difficult but expert opinion supports the

practice and data suggest it is an effective strategy (e.g., use of personal floatation devices to prevent drowning) OR

- A preventive measure/intervention strategy where rigorous evaluation is difficult but expert opinion supports the practice and there is a clear link between the measure/strategy and reduced risk but a less clear link between the measure/strategy and reduced injuries (e.g., secure storage of poisonings) AND
- The preventive measure/intervention strategy in question has been implemented in a real world setting so that the practicality of the intervention has also been examined.

Post-SafeStrat

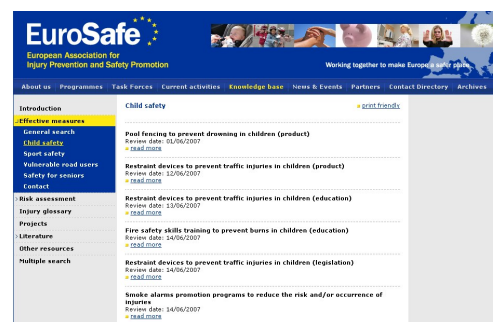
The EMIP database has been developed by EuroSafe in partnership with the Dutch Consumer Safety Institute as part of the EC co-funded project, SafeStrat, which was finalised earlier this year. EMIP is a sustainable resource and will be updated continually as new topics and new research becomes available.

Contact/Feedback

The EMIP team is very keen to receive your feedback so if you have any questions or suggestions for existing or new effective measures please contact them at

Source: *Hidde Toet, Dutch Consumer Safety Institute*: emip@eurosafe.eu.com

More information: EMIP is available at: <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/www/VwContent/2effectivemeasures.htm>



Public Health: What Next for Europe?

On 27 November a conference titled 'Public Health: What next for Europe?' was held in Brussels by the European Public Health Alliance (EPHA). With the changes to the EU administration over the next twelve months in mind, the conference Public Health: what next for Europe? aimed to look at the main challenges facing the public health community and hoped to identify concrete avenues for cooperation and leadership in order to navigate the political climate.

Good public health policy making calls for long-term and often visionary thinking. It calls for projections on the needs and challenges facing populations not just in the 'here and now' but also in 5, 10 or 20 years time: investing now for the future. Good public health policy does not allow for short term solutions in order to win votes and gain

popularity. However public health policy is often subject to political whim and shifting policy priorities.

After a welcome and introduction by the WHO and the European Commission, keynote speakers outlined the following topics which were further discussed in break-out sessions:

- Leadership in public health
- Effective and empowered civil society in health
- EU competence in public health
- Upcoming challenges to health

Source and more information:

<http://www.epha.org/a/3147>

Safety 2010 to be held in London

Safety 2010, the 10th World Conference on Injury Prevention and Safety Promotion, will be held on 21st to 24th September, 2010, at the Queen Elizabeth II Conference Centre in London, UK.

Safety 2010 will be a major international conference bringing together stakeholders in the prevention of unintentional injuries and violence from around the world to exchange information and experiences. The conference is co-sponsored by the World Health Organization and hosted by the WHO

Collaborating Centre at Liverpool John Moores University, the Department of Health and the Health Protection Agency.

Further information on the event will be available shortly on the conference website: <http://www.safety2010.org.uk> and the first formal announcement will be made in January 2009. If you would like to receive email updates on the conference and notification of registration and abstract submission dates, please visit the site and register your email address.

u AGENDA

2009

26 and 27 January 2009, Brussels, Belgium
CAST Final Conference: Final results presentation

Website: <http://www.cast-eu.org/pages/final%20conference.html>

10 - 12 February 2009 in Cairo, Egypt
1st Eastern Mediterranean Regional Conference Injury Prevention and Safety Promotion Development and Safety – Together

Website: <http://www.emro.who.int/vip/ipsp/index.htm>

11-13 February 2009, Lausanne, Switzerland
"Understanding violence" Recent advances in biology, sociology and modeling

Website: <http://latsis2009.epfl.ch/index.php>

16 - 18 February 2009 in Washington, DC, USA

International Conference on Road Safety at Work

Website: <http://www.cdc.gov/niosh/programs/twu/global/>

23 - 25 February 2009 in Blackpool, England
Road lessons of the past can save lives in the future

Website: <http://www.rosipa.com/road/>

Email: events@rosipa.com

22-27 March 2009 in Cape Town, S. Africa
29th International Congress on Occupational Health

Website: <http://www.icoh2009.co.za>

26-29 April 2009, The Hague, Netherlands
Safe mobility for Young and Old

Website: <http://www.trafficmedicine.org>

Email: itma2009@trafficmedicine.org

27 - 28 April 2009 in Perugia, Italy
6th European Conference on Promoting Workplace Health

Email: enwhp@unipg.it

2-5 June 2009 in Lisbon, Portugal
Better roads, better world

Website: <http://www.irf2009.com/irf2009/>

SIGN UP FOR WHO IS WHO

The Who is Who expert directory is a networking tool for all involved in injury prevention and safety promotion. It is also an important tool for EuroSafe to be able to identify and invite experts in specific areas to participate in expert consultations around various EuroSafe activities and products.



You can sign up for the Who is Who directory by filling in the form at:

<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/12whoiswhoexpertdirectory-.htm>

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