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EuroSafe Alert

European Association for Injury Prevention and Safety Promotion

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"Working together to make Europe a safer Place"

Contents

EuroSafe news

EuroSafe responds to EC consultation on health inequalities: Current economic challenges tend to widen the social divide in injury risk and access to prevention

A consultation has been launched by the Commission to collect views on how the European Union can contribute to reducing health inequalities both within and between Member States.

Input to the consultation process will be used in the development of a Commission Communication aiming to support the reduction of health inequalities in the EU. The invitation has been sent to key stakeholders involved in European work with the European Commission in the areas of public health, social policy and employment policy.

In a commentary to the Commission's consultation document on EU action to reduce health inequality, EuroSafe highlights the fact that most of the differences in life expectancy are primarily driven by premature mortality from non-communicable disease *and injuries*. Much of the premature mortality is due to injury. As injuries are preventable, it is paramount to reduce the burden from injuries by implementing preventive programmes. The WHO regional office estimates that, if all countries in the Region had the same levels of mortality as the country with the lowest mortality, about 500,000 lives could be saved

Studies show that for most injury causes, including drowning, falls, poisoning, road traffic, fires and homicide, there is an increased mortality risk among those who are more deprived. Results from the United Kingdom show that the increased risk varies by type of injury; the risks for children from the lowest socioeconomic class have 5 times the risks of children from the highest class as pedestrians, 16 times for fires, 7 times for falls and 6 times for homicide.

Recent studies show a widening gap in the United Kingdom, children in families with no employed parent have 28 times the risk of injury death from cycling and 38 times the risk of death in fires than those in the highest social class. Data from Sweden and the Netherlands show similar patterns.

The social gradient in injuries reflects material, social and cultural disadvantage. Disadvantage may take different forms: few family assets, poorer education, insecure employment, exposure to risks at work, poor housing and unsafe living environments, difficult circumstances for bringing up children, fewer social resources, inability to pay for safety equipment, limited access to information and services, lack of knowledge and risk-taking behaviours. Once injured, poorer people may have less access to high-quality emergency medical and rehabilitative services, and the costs of health care and lost earning capacity have a severe negative impact on their financial situation.

Current political and societal uncertainty will only increase socioeconomic stress. Unemployment, social disintegration, the concentration of wealth in fewer hands and increasing poverty have led to not only changes in exposure to risk but also a weakening of the safety and support networks that mitigate the effects of injuries.

Public Health

Solidarity, equity and participation are core values for actioning violence and injury prevention. Social and economic policies affect families' susceptibility to injury by influencing social and physical environments. Health systems have a key role to play by promoting equity in all health policies and highlighting injuries as a consequence of social policy. Policies that seek to protect disadvantaged people, need to be promoted, such as early child development and education, healthy work places, fair employment and social protection. The health sector also needs to ensure that injury and violence prevention are incorporated in the provision of universal primary care.

More info: http://ec.europa.eu/health/ph_determinants/socio_economics/cons_inequalities_en.html

Individuals and organisations wishing to respond should do so by 1 April 2009

▶ EU news

Work Plan for 2009 and call for project proposals published and Information Day on 18 March 2008

The European Commission has published the Work Plan for 2009 for the implementation of the second programme of Community action in the field of health. The second Health Programme (2008-2013) is intended to complement, support and add value to the policies of the Member States and contribute to increased solidarity and prosperity in the European Union. The Programme's objectives are to improve citizens' health security; to promote health, including the reduction of health inequalities and to generate and disseminate health information and knowledge.

Project proposals

Proposals should concentrate on aspects of public health that cannot be achieved at the national level. They should ensure a significant impact across the EU. Given the motivational nature of Community grants, at least 40 % of the project costs must be funded from other sources. Consequently, normal financial contribution can be up to 60 % per project of the eligible costs for the projects considered.

All projects should provide high European added value, be innovative in nature and the duration should not normally exceed three years. The expected impact of the project should be measured by appropriate indicators, preferably the healthy life years indicator. Where relevant, information should be included on how a gender perspective and health inequalities will be taken into account.

In line with the commitment in the EU health strategy to work across sectors for improving health, high preference will be given to actions that have significant European added value in the following areas:

- improving the health of European citizens;
- reducing health inequalities in and between EU Member States and regions;
- building capacity for development and implementation of effective public health policies; and
- Involvement of new (non-traditional) actors for health in sustained, cooperative and ethically sound actions.

Proposals should also demonstrate the evidence base and ability to provide measurable results where possible.

The Work Plan for 2009 includes a couple of issues that directly relate to injury prevention and safety promotion, such as a call for a project proposal in view of:

- the promotion of the uptake of injury prevention in vocational training in public health: development of modular curricula for application in the health sector;
- the promotion of health and prevention of injuries and illness in young people at work; and
- the strengthening of networking of good practices in the seven priority areas highlighted in the Council Recommendation of 31 May 2007 on the prevention of injury and the promotion of safety with a view to encouraging focused actions in all Member States.

The deadline for submission of proposals is 20 May 2009.

Information Day on the 2009 Calls for proposals in the Heath Sector: 18 March 2009

On 18th March, the Executive Agency for Health and Consumers (EAHC) will organise Information Day on the 2009 Calls for proposals. This will be an opportunity to learn about the Health Work Plan for 2009, to take part in small-size workshops aimed at sharing experience and knowledge and to know how to fill in the application forms including technical, financial and IT-related information. Participants will also have the possibility to discuss with their national focal points, European Commission officials and EAHC staff and receive guidance on project writing and management.

Source and more information: *http://ec.europa.eu/eahc/* *and* *http://ec.europa.eu/health/ph_programme/howtoapply/infoday_2009/info_day_en.htm*

Statistics on public health and health and safety at work - new EC Regulation

On 16 December 2008 the Commission published a REGULATION on Community statistics on public health and health and safety at work (EC) No 1338/2008. This Regulation establishes a common framework for the systematic production of Community statistics on public health and health and safety at work. It also covers harmonized data exchange on accidents and injuries, including those related to consumer safety, and, whenever possible, alcohol- and drug related harm.

The Commission (Eurostat) already collects on a regular basis statistical data on public health and health and safety at work from the Member States, which provide such data on a voluntary basis. It also collects data on those areas through other sources. Those activities are developed in close collaboration with Member States. In the area of public health statistics in particular, development and implementation are steered and organised according to a partnership structure between the Commission (Eurostat) and Member States.

However, as is stated in the regulation, “greater accuracy and reliability, coherence and comparability, coverage, timeliness and punctuality of the existing statistical data collections are still needed and it is also necessary to ensure that further collections agreed and developed with the Member States are implemented in order to achieve the minimum statistical data set necessary at Community level in the areas of public health and health and safety at work”.

The Regulation now prescribes that the statistics shall be produced in compliance with standards on impartiality, reliability, objectivity, cost-effectiveness and statistical confidentiality. The statistics shall include, in the form of a harmonised and common data set, information required for Community action in the field of public health, for supporting national strategies for the development of high-quality, universally accessible and sustainable health care as well as for Community action in the field of health and safety at work. The statistics shall also provide data for structural indicators, sustainable development indicators and European Community Health Indicators (ECHI), as well as for the other sets of indicators which it is necessary to develop for the purpose of monitoring Community actions in the fields of public health and health and safety at work.

The Regulation requires Member States to supply to the Commission (Eurostat) statistics on the following domains:

- health status and health determinants,
- health care,
- causes of death,
- accidents at work, and
- occupational diseases and other work-related health problems and illnesses.

Within the domain “Health status and health determinants”, accidents and injuries including those related to consumer safety are explicitly mentioned as mandatory data set.

Member States are expected to compile data concerning public health and health and safety at work from sources which must, depending on the domains and subjects and

on the characteristics of the national systems, consist of either household or similar surveys or survey modules, or national administrative or reporting sources. The methods used for the implementation of the data collections must take into consideration national experience, expertise and specificities, capacities and existing data collections, in the framework of the collaborative networks and other European Statistical System (ESS) structures with Member States set up by the Commission (Eurostat).

Finally the Regulation states that complementary financing for the collection of data in the fields of public health and health and safety at work are to be provided respectively within the frameworks of the second programme of Community action in the field of health (2008-13) and of the Community Programme for Employment and Social Solidarity — Progress. Within those frameworks, financial resources should be used to help Member States in further building up national capacities to implement improvements and new tools for statistical data collection in the fields of public health and health and safety at work.

Source and more information:
http://www.europarl.europa.eu/oeil/FindByProcnum.do?lang=2&procnum=COD/2007/0020

Commission evaluation report on the implementation of GPSD

On 14 January 2009 the Commission published a report to the European parliament and the Council on the implementation of Directive on General Product Safety (GPSD), 2001/95/EC.

The General Product Safety Directive was adopted on 3 December 2001 and entered into force on 15 January 2002. It replaced an earlier General Product Safety Directive dating from 1992.

The purpose of the Directive is to ensure that only safe consumer products are placed on the Community market. The Directive applies to non-food consumer products.

Safety of services falls outside the scope of the Directive, but in order to secure a high level of consumer protection, its provisions also apply to products that are supplied or made available to consumers in the context of a service for use by them.

The Directive establishes a general obligation on economic operators to place only safe products on the market, and to provide information to consumers and the Member States' authorities. This information shall refer to products' traceability, and the application of measures, such as product withdrawal or recall.

Member States' authorities must ensure that products placed on the market are safe and they must fulfil this obligation by monitoring compliance by producers and distributors with the obligations that the Directive places upon them.

The Directive provides for the Rapid Alert System for non-food Consumer Products ("RAPEX"). This system establishes the circulation of information among the Commission and Member States' authorities of information on measures taken by Member States' authorities and economic operators in relation to products posing a serious risk to the health and safety of consumers.

The Commission concludes in its report to the EP and Council that the Directive has proven to be a powerful tool for ensuring a high level of consumer protection. It has helped to track down and eliminate a vast number of unsafe products from the European market. The RAPEX system, set up by the Directive, has complemented the existing regulatory framework applying to some key consumers' products –such as toys, cosmetics, electrical appliances and luminaries, personal protective equipments, vehicles with a dedicated rapid exchange and alert system.

The major increase in RAPEX notifications over the last four years is a clear indication that market surveillance under the Directive has been successful. Nevertheless, in an increasingly global market with more and more products coming to the EU from third countries, there is a need for further coordination of market surveillance activities between the Member States, including cooperation with customs authorities.

Many countries regard the Directive, and the RAPEX system in particular, as a benchmark, and several national, regional and international organisations have expressed an interest in participating in the system or in receiving assistance to set up similar systems.

The identification of the producer on the product or its packaging is an important

element for ensuring traceability. However, this requirement is not mandatory in all Member States' legislations and this leads to unsatisfactory results. If the market surveillance authority cannot trace the manufacturer or importer of a product that is found to be dangerous, it is not in a position to take fully effective measures. According to the Commission, further improvements could be achieved if the mandatory nature of this identification requirement were clarified and if all products carried this information about the economic operator responsible for the product's safety.

The Commission also recommends to simplify the standardisation provisions to allow greater flexibility. It should be possible to lay down safety requirements for a specific category of products (e.g. childcare articles, furniture, clothing) and, on the basis of those, issue "framework" or "standing" mandates to the European Standardisation Organisations. This would streamline the lengthy procedure for issuing the safety requirements for each individual product. Moreover, technological improvements and new risks could then be addressed swiftly.

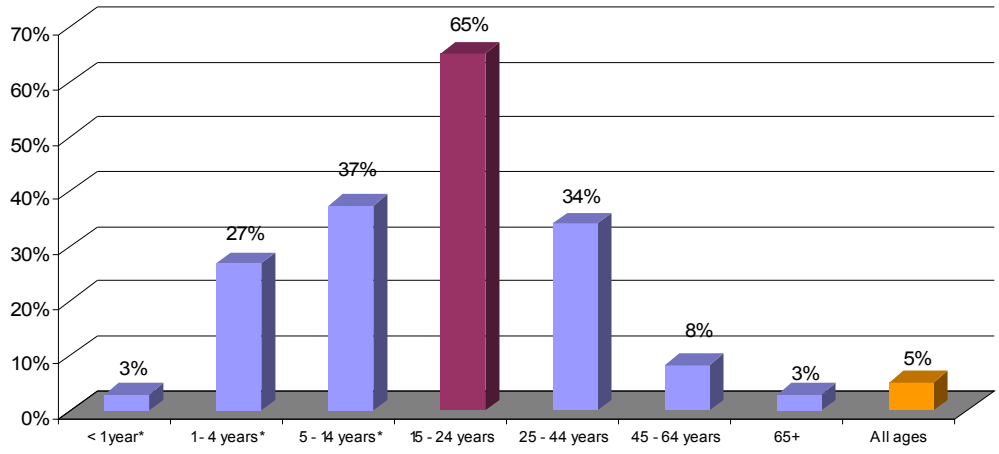
Source and more information:
http://ec.europa.eu/consumers/safety/prod_legis/index_en.htm

▶ FOCUS on Injuries and risk taking among young people

In the EU27 there are over 62 million young people aged 15-24, representing 15 % of the total population. Every half an hour a young person aged 15-24 dies of a fatal injury in the EU27. This adds up to a total number of 20,000 young people losing their lives each year which accounts for 65% of all deaths in this age group. This means that almost twice as many young people in the EU27 die of fatal injuries than all other causes of death combined such as cancer and diseases of the circulatory, respiratory and nervous systems.

Two-thirds of fatal injuries in young people in the EU27 (approximately 13,500 each year) are due to accidents in traffic, at the workplace, poisonings, drowning and falls.

Figure: Injury deaths in % of all fatalities by age group in the EU27



*) MT and LU is excluded as the data is only available for the age groups of 0-14 years

Source: Kuratorium für Verkehrssicherheit (KfV), 2007

The remaining one-third is a result of intentional injuries due to violence and suicide and self-harm. (See AdRisk *European Situation Analysis*, 2008).

In the EU27 there is a significant inequality in the rate of injury related deaths for young people between low, middle and high-income countries. In general, Eastern European countries have the highest injury rates for these youth.

Males in the EU27 are involved in 75% of all fatal injuries in 15-24 year olds. Injuries among males in this age group also accounts for 77% of years of lost life due to premature death and disability (DALYs).

Alcohol use is a significant risk factor for both unintentional and intentional injuries in young people. It is estimated that 40–60% of all injuries are attributed to alcohol consumption.

Injuries are also an important cause of morbidity in young people with falls being the number one cause of morbidity and disability. The most common non-fatal injuries are sports injuries. The data clearly shows that young males are more at risk than females (according to the hospitalisation rates and deaths).

Risk-taking

Risk taking is one important cause for injuries in young people. Risk-taking of young people is a phenomenon in all domains of life (traffic, sports, workplace, social behaviour, alcohol and drug consumption etc.). But risk-taking behaviour has different aspects – on the one hand, it is typical for the age group and a challenge for the development of an adult personality, but on the other, it may also lead to serious harm and even death.

Existing policies and measures

Political responsibility for the implementation of effective measures crosses administrative and political boundaries, for example policies related to education, health, workplace health, road traffic safety, sport safety, consumer protection, youth welfare and critical justice. In addition, business, civil society, families and individuals also carry responsibility.

General directions for injury prevention have been given by the Council Recommendation on the prevention of injury and promotion of safety (Commission of the European Communities, 2007). The World Health Organisation (WHO, 2006) and the European Commission (EC communication, 2006) have specified how to intervene effectively in specific areas, including young people, in order to reduce both intentional and unintentional injuries.

Effective actions for young people can be found in the areas of road transport, school, work, sport, violence prevention and extracurricular youth work. Within the AdRisk Project a Good Practices Guide on the prevention of injuries is available for further reference (AdRisk *Good Practices Guide, 2008).*

Lessons learnt

Existing injury control policies and programmes do not sufficiently address the risk-taking of young people. For example, injury prevention especially for youth receives limited consideration within public health policies and is rarely included in health promotion programmes or youth policies.

Approaches focusing on engineering, enforcement, legislation and education schemes have proven to be effective but they are apparently not sufficient in addressing the high burden of injuries in young people.

Current interventions tend to treat youth as the objects of interventions rather than the stakeholders. Often programmes, rules and services are created for rather than with youth. Viewing youth as a resource and as collaborators in the process of programme development and social policy construction can help avoid piecemeal solutions to problems and help programmes realise their potential.

New approach: Risk competence development

It is time for a more innovative approach. Risk competence development provides such a perspective. Risk competence measures focus on developing emotional, social and cognitive skills that build resilience. These measures intend to improve the perception and assessment of risks in order to increase the capacity of young people to handle and cope with hazardous situations. They are linked to the creation of learning opportunities and stimulating environments where young people can fully explore and develop their physical, psychological and social skills without undue injury risk. The concept refers to empowerment approaches in health promotion strategies, as well as to successful

programmes on harm minimisation in drug and alcohol abuse and for violence prevention. Training in risk competence and life skills for young people is recommended in addition to existing measures.

For developing risk competence, two aspects are crucial:

Risk competence development itself: trainings for youth in order to develop their risk competence (e.g. at school, in sports training sessions, at project days or weeks, in out door pedagogic seminars, ..)

Establishing structures that allow these programmes or courses being carried out (which means e.g. developing and establishing a curriculum or trainings module together with youth; education and training of mediators; providing facilities and materials).

The major aim of developing risk competence is not minimizing the risk behaviour but reducing harm; enabling young people to perceive risks, assess them and take appropriate action.

AdRisk project: initiating national action

Safety for children and adolescents is one of the priority issues outlined in the 2007 EU Council Recommendation on the prevention of injuries and safety promotion. The current situation in Europe is that injury prevention policy is typically divided over different Ministries such as Health, Transport and Justice.

The AdRisk project, 'Community Action on Adolescents and Injury Risk', aims to initiate activities at the national level in order to prioritise youth injuries as a health problem. Further, the project will use existing safety measures to stimulate the development of risk competence in young people.

First, Member States should ensure, that safety, as well as the healthy development of young people are a priority within all relevant policies and programmes on injury prevention – this includes interdepartmental plans as well as plans specific to certain sectors like road transport, workplace, or school. Specific health goals and interventions to prevent injuries in young people should also be defined.

Second, relevant stakeholders at the national level should be identified and opportunities to systematically develop risk competence in young people in the country should be explored..

Risk competence can be developed in different settings, these are e.g. sports, school, extracurricular education of youth, workplace and traffic. The AdRisk *Strategy and Framework for action* (2008) provides a sample of ideas on how to start activities at the national level.

European collaboration

Within the AdRisk project, national partnerships started in 2008 in order to initiate action on youth, risk taking and injury prevention at the country level. National Partners from the Netherlands, Austria, Finland, Hungary and the United Kingdom have analysed their national situations, identified relevant stakeholders and started pilot activities and projects either in establishing training programmes or in developing supporting structures and networks.

In Austria, national recommendations have been elaborated with practitioners in the field, policy makers and stakeholders. In a next step, a national conference on youth and risk, organised by the Austrian Road Safety Board, will take place in autumn 2009. In collaboration with the Ministry for Education, a training for teachers on risk competence is being prepared and, furthermore, pilot actions and training in risk awareness as well as adapting materials from the AdRisk *Toolbox* are planned.

In Hungary and Finland the development of an Action Plan for children and young people is under preparation. Finally, RoSPA, the Royal Society for the Prevention of Accidents in the UK, an AdRisk partner, has been working on establishing risk and safety education in the school curriculum.

Studies and Information available

The AdRisk project http://www.adrisk.eu.com provides key information on:

- Numbers of injuries of young people, situation analysis for Europe: AdRisk European Situation Analysis, 2008
- Good Practices, but also on innovative measures: AdRisk Good Practices Guide. 2008
- Analysing the present situation in a country: AdRisk Guide for initiating national action on adolescents and injury prevention in Europe, 2007

More than 35 tools to enable professionals to get ideas on how to develop campaigns or carry out projects aimed at preventing injuries in adolescents: AdRisk Web Toolbox, 2008

Initiating political action: AdRisk Strategy and Framework for action, 2008. This document, as well as a data summary report can be ordered as hard copy (please contact adrisk@kfv.at.

What needs to be done in 2009?

Subject to the final confirmation of DG Sanco, the AdRisk-Project will continue its activities until February 2010.

In 2009, AdRisk will work on the consolidation of the success of the project, disseminate the results to a broader audience for achieving stronger impact by further national implementations, and disseminate the "toolbox".

Major activities in 2009 will be:

- Intensifying the dissemination of project results. AdRisk aims to participate at international conferences to present AdRisk documents and results.
- Enhancing the support for national model actions, including transfer of know how, coaching, on-site-workshops, and seed money.
- Implementing national actions in the Member States of all the project partners as well as initiating new pilot activities in other EU Member States.
- Consolidating the European network for injury prevention among adolescents which consists of the leading national organisations in the field.
- Further elaboration of the comprehensive "AdRisk Toolbox", initiating coaching of mediators for using the different tools;
- Further development of the framework for action on risk competence towards designing of modules for specific settings (e.g. health, school education, driver education, workplace, extra-curricular youth work/ sports).

At present, the AdRisk project is looking for national partners who are interested in developing national programmes for action on injury prevention among young people. For more information on participating in the national partnership programme, please contact the project coordinator. *Ursula.Loewe@kfv.at*

▶ INTERVIEW with Jenny McWhirter, RoSPA

Jenny McWhirter has worked for RoSPA in the UK for 3 years as risk education adviser, which was a new post. Before that she was a member of the RoSPA National Safety Education which advises RoSPA on safety education priorities and provides an opportunity for networking among safety education professionals. For most of her career she has been an academic including around 20 years researching children and young people's understanding of health concepts, evaluating health and safety education in schools, developing teaching materials and teaching. In the last three years at RoSPA she has enjoyed working directly with practitioners and with children and young people to put all her theoretical and research knowledge into practice.

What is the major challenge we are facing with respect to young people's risk-taking behaviour?

Bringing together the professionals' knowledge and understanding with the understanding and perspective of children and young people. Children and young people can think about risk from a very different perspective to adults. One of the problems uncovered by my research is that young people do not see adults as people who are able to help them, but as people who are likely to punish or disapprove of them. So when young people face a previously unknown hazard, in a risky situation, they do not think of asking adults for help or advice.

Another challenge is the language of risk. In English, the word risk consists of two elements – outcome and probability. The outcomes of risk taking can be positive and negative, but adults – and especially health and safety professionals - focus on the negative aspects – about what can cause harm and to whom. We also use the word danger and risk interchangeably, even through danger is just one end of a long continuum of risk. This means that we can seem to exaggerate the risk of harm and offer no solution to the problem except to say 'Don't do that.'

The correct language of risk could unify all the different topics we think children and young people should learn about to be safe – roads, water, home, workplace – in every

case we should be encouraging children and young people to ask the following questions: 'What are the hazards here?', 'What might happen?', 'How likely is it that someone could be hurt?', 'What are the benefits?', 'How do I feel about these risks and benefits?', 'What can I do to keep myself and others safe?', and 'Who can I ask for help and advice if I am not sure what to do next?'. As they mature and meet a new and unfamiliar hazard in a different setting or with a new group of people they will have a way to think about their situation and respond.

You have been active in this area for quite a while, what makes you so passionate about this particular issue and what are the major successes which have been achieved?

What makes me passionate is a belief that young people are part of the solution not just part of the problem If we ask young people for their insights and views and genuinely respect and learn from what they have to tell us we would approach education about safety and risk from a completely different and more positive perspective. This so called client centred approach is central to health promotion. The government in the UK now puts children and young people's opinions and views at the centre of policy and decision making for children and young people. Children have a right to be involved in decisions which affect their lives and the services which are aimed at them. This way of thinking can empower young people to make a difference to their lives in a multitude of ways. I see this as a major success for policy overall, but I'd like to see young people more involved in developing approaches to saving lives and reducing injury, which is RoSPA's mission.

Which three things are needed in order to reduce the injury risk for young people in countries like the UK?

- More awareness of the extent of unintentional injury in relation to other forms of injury such as domestic violence, child abduction and abuse, drug misuse by young people. Drug and sex education get far more attention in our schools and in our newspapers than unintentional injury. I used to work for a major UK drug charity as their education adviser, so I know how easy it is for people to think drug misuse by teenagers is the biggest threat to their lives.
- More understanding by adults of how teenagers think and feel about themselves and more support and respect for our children and adolescents.
- More good news stories about young people in our national press so that young people are seen as valued citizens, not bad, or mad or sad people who have nothing to contribute to society.

What lessons can be drawn from the European exchange and collaboration in the AdRisk project?

A better understanding of the causes of injury for young people aged 15-24 years in different parts of Europe. A genuine exchange of understanding among professionals about what has worked / changed in their country to help young people to be safer, while enjoying the benefits of positive risk taking.

When the AdRisk project is finished, what needs to be done to consolidate the project's results?

We need a shared action plan to implement the good practice in adolescent injury prevention, backed by governments of our member states. In particular unintentional injury prevention has too low a profile when compared with those under 15.

Do you have a couple of tips on how to effectively communicate with adolescents for practitioners and professionals working in this injury area?

Start where the young person is. By this I mean ask them open ended questions which inform you about their perspective- and then use what you have found to adapt/change what you do to help to keep them safe. Encourage young people to be involved in the design and development of measures intended to keep them safe. They will be effective safety champions, if we respect what they tell us and support them so that they can also understand our perspective. Focus on young people as part of the solution not as part of the problem! Adopt a 2 ears one mouth policy with all children and young people i.e. listen twice as much as you talk!

Source and more info: Jenny McWhirter, jmcwhirter@rospa.com

▶ Child safety

Child Safety Update: 2009 Child Safety Report Cards to be launched

On May 6, 2009 the European Child Safety Alliance of EuroSafe will launch Child Safety Report Cards for more than 20 European countries at the European Parliament in Strasbourg with the support of the European Commission, MEP Arlene McCarthy Chair of the Internal Market and Consumer Protection Committee, and European Commissioner for Consumers Meglena Kuneva.

Simultaneous launches are being prepared in participating countries. National Child Safety Report Cards and Country Profiles will be available for Austria, Belgium, Cyprus, Czech Republic, England, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, the Netherlands, Portugal, Scotland, Slovenia, Spain, Sweden and Wales.

The 2009 Report Cards and Profiles describe: 1) how well a country is doing to make it safe for children, 2) what priority issues need to be addressed, and 3) which good practices should be adopted to prevent accidental injuries and to save more children's lives.

The Report Cards assess the extent of safety measures provided to children and adolescents by examining and grading the adoption, implementation and enforcement of national level evidence-based policies. The 24-country summary report card provides a multi-country overview to facilitate European-level planning to support national level efforts.

The 12 policy topics comprise:

Nine areas of safety relevant to children and adolescents

- Passenger safety;
- Motor scooter and moped safety;
- Pedestrian safety;
- Cycling safety;
- Water safety/drowning prevention;
- Fall prevention;
- Burn prevention;
- Poisoning prevention; and
- Choking/strangulation prevention.

Plus three areas of strategy to support child safety efforts

- Leadership;
- Infrastructure and
- Capacity.

The Report Cards are designed to provide not only a baseline against which to assess progress but also a tool for identifying current policy gaps and suggesting priorities for action. For 14 of the 24 countries the 2009 report cards represent a check for progress against the original report cards released in 2007.

The aim of the launch is to communicate the country report card findings to influential policy makers and stakeholders at both the EU and national levels so that they can galvanise action. All participating countries are in the process of developing and/or implementing child safety action plans as part of the Child Safety Action Plan (CSAP) initiative of the European Child Safety Alliance.

CSAP is being conducted through funding and partnership with the European Commission, Health & Environment Alliance (HEAL), UNICEF, World Health Organization (WHO) and the national partner organisations.

For more information:
www.childsafetyeurope.org

▶ Consumer safety

UK: Feasibility of establishing a UK-wide injury database: report & next steps

The results of a year-long study, commissioned jointly by the Royal Society for the Prevention of Accidents (RoSPA), the Electrical Safety Council (ESC) and Intertek RAM have been published in a report, co-authored by Heather Ward and Geraldine Healey.

This report was presented to Alan Johnson, Secretary of State for Health in England, and based on the findings of the research, the Department of Health has agreed to fund a pilot study to explore how information on people attending Accident and Emergency (A&E) departments can be improved. This pilot, to be led by the South West Public health Observatory, will involve testing methods of data collection on both accidental and intentional injuries in England and will draw on and complement current pilots in Wales, Scotland and violence-related pilot data collections in England. The Injury Observatory for Britain and Ireland (IOBI) members will also advise on how A&E data could be combined in a UK-wide approach to contribute to the European Injury Database.

Following the report's recommendations, the commissioning partners are also looking at establishing a UK Injury Taskforce to steer multi-agency work to improve data collection in all settings and advise on systems for combining and disseminating information. The IOBI members will contribute to this work.

Report background

The objective of the report study was to explore options for developing a UK-wide injury surveillance system which could facilitate the prevention of injury (both accidental and intentional) by providing data for research, policy development, the development and evaluation of injury prevention programmes, risk assessment and product development. The so-called RoSPA approach[1], as presented in the diagram, clearly illustrates the essential importance of injury data as starting point of actions within the circle of actions in view of preventing injuries and promoting safety.

Diagram: RoSPA approach in injury prevention

The report:

- calls for improved data from government departments and agencies;
- summarises the findings from interviews and questionnaires;
- outlines the essential features of surveillance systems based on international examples; and
- proposes options for data collection, analysis and dissemination in the four home counties in the UK.

The report's analysis of gaps in UK injury data collection shows that there is no one database that can currently provide data at national, regional and local levels and fulfil all requirements. It recommends instead that a data management centre needs to be established to co-ordinate UK data collation, management, analysis and dissemination.

The report also particularly focuses on the need for improved accident and emergency data collection following the cessation of the Home Accident Surveillance System (HASS) and Leisure Accident Surveillance system (LASS) data collections in 2002. An archive of the data is available through RoSPA's website and is used by 70,000 visitors per year. Unfortunately this national level view is now out of date and can no longer be used to identify emerging trends.

The report is available at:
http://www.rospa.com/hassandlass/feasibility/

[1] The start of RoSPA approach is to take stock of the situation and look at accident/injury *data* in the context of the organisation's goals. Some coaching may be required to help senior managers set the *culture* of the organisation and reinforce a positive attitude towards health & safety. The *specific risks* faced by the organisation need to be ranked in order of priority. Once compared with the organisation's wider goals, resources can be allocated to manage the higher priority risks. *Implementation* is the most resource-intensive stage where, a combination of coaching, policy and procedure development, psychometric testing, training, hazard awareness, new processes and equipment may be required. A *review* is essential to measure the effectiveness of the implementation. RoSPA will be looking for evidence of improving trends on leading and lagging indicators such as near misses and reportable accidents respectively. In the area of health & safety, it is essential to *celebrate* success to maintain high levels of motivation.

Safety of lighters – continued effort is needed to ensure dangerous lighters are taken off the market

Children's play with dangerous lighters is known to have caused house fires and inflicted terrible injuries on consumers for many years. In fact, it is estimated that 35-40 children die each year in Europe as a result of lighter-related accidents. This is why the European Commission decided to impose a sales ban for non-child-resistant lighters and novelty lighters which has been in place now for one year. Market surveillance authorities in the European Member States have been actively enforcing that ban and checking lighters. The European Commission has supported these activities through a joint market surveillance action in which thirteen Member States are participating. The results of these activities show that during the first year of the ban more than 600 lighter models have been removed from the European market. While these results are encouraging it is clear that significantly more effort will be needed to ensure that unsafe lighters do not find their way into the homes of European consumers.

According to the EU General Product Safety Directive any product that is placed on the European market must be safe. This is an obligation for producers, importers and distributors. Moreover, Member States are obliged to undertake market surveillance to ensure economic operators comply with this requirement. The European Commission decision banning non-child-resistant lighters and novelty lighters means that from 11 March 2008 onwards it has been illegal to offer such lighters to consumers. Lighters are presumed to be safe if they are constructed and produced in a way that they meet the requirements of two standards governing properties such as flame height, extinction time and child-resistance. Furthermore, lighters can not be appealing to children meaning that they can not resemble objects such as toys, mobile phones, cartoon characters, etc.

Source and more information:
http://www.emars.eu/Market_Surveillance_of_Ciga.html.

The 600 lighters that present the most serious risk to the consumer can be found at: http://ec.europa.eu/consumers/dyna/rapex/rapex_archives_en.cfm)

▶ Injury Data

EU Injury Data and Reporting Services Comprehensive information made available!

A new service to provide comprehensive injury data is now being offered by EuroSafe and the IDB Network, with the support of the Directorate General for Health and Consumers. This new service is part of the PHASE (Public Health Actions for a Safer Europe) project, led by EuroSafe, and aims to provide relevant, comprehensive and up-to-date injury information in the following areas of injury prevention and safety promotion: home and leisure accidents, product related injuries, sports injuries, traffic accidents, work place accidents and violence related injuries.

Why the need for comprehensive information?

Various information systems have been created in past years in order to provide easy access to the huge amount of data that is being routinely collected by health and safety administrations. However, data is not information and in the highly fragmented area of injury prevention the need for 'data clearing' – turning data into reliable information - has become more and more evident.

Comprehensive data sources

EU Injury Data services uses a wide spectrum of data sources at both the international and national levels:

- 'All Injury' data and home and leisure accident data from the EU Injury Database (IDB) and the national IDB partners – the core of the data services;
- General injury mortality and morbidity from ESTAT, WHO and other international data providers;
- Specific injury data for workplace and road traffic accidents from data sources like ESAW, CARE or IRTAD; and
- Special topic data (burn centres, poison information centres).

Reporting services

Ad hoc requests for specific injury statistics can be submitted. Depending on the volume of the request and the intended use a fee

may be charged. Further, there are a number of free reporting services to which you can subscribe:

- Annual report 'Injuries in the EU'
- Fact sheets about current injury topics
- Updates and news from the main EU data systems
- EU wide national injury report reviews

For which purpose can the information be used?

- accident pattern analysis and priority setting
- evidence checks and product safety risk assessment
- prevention campaigns and injury patterns
- injury severity analysis
- identification of settings and circumstances
- cross sector analysis
- injury costing

Who can benefit from the EU Injury Data services?

The EU Injury Data services is a valuable resource for all those working in the area of injury prevention and safety promotion and would like to use injury data and figures to underpin arguments and proposals but have difficulty accessing appropriate data or interpreting the data provided.

In particular, the EU Injury Data services is for:

- public health, health and safety administrations at the national and EU levels
- research institutions, international and national NGOs in the field
- consumer organisations and standardisation bodies, trade and industry
- the media, general and special interest

Therefore, if you are in need of injury information please submit your query by filling in the form at:

http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3injurydataservices.htm and send this to injurydata@kfv.at

Questionnaire to collect data for exposure indicators: Indicators and Recommendations for Prevention and Control

Road traffic injuries (RTIs) have the highest frequency among all types of fatal injuries and one of the highest fatality rates worldwide. Given the significant societal and economic burden of RTIs, the development of a systematic way for studying and monitoring relevant indicators and suggesting policy strategy for road injury prevention is indispensable.

A report based on a questionnaire to collect data for exposure indicators has recently been published in the framework of the APOLLO project ("The burden of injuries in EU: Indicators and Recommendations for Prevention and Control") under the supervision of DG-SANCO.

This report aims to provide EU countries with an opportunity to make the best use of existing mortality and morbidity data to produce indicators. More specifically, the main objectives of the survey were to:

1. gather information via a systematic literature review for exposure factors of RTIs;
2. map the availability and reliability of existing data collections systems and measurement approaches for RTIs across Europe;
3. develop a theoretical framework on the best strategies to measure the impact of exposure factors at the occurrence of RTIs; and
4. recommend appropriate future data collection efforts suitable to capture information on a composite indicator for RTIs.

The most serious existing exposure factors in relation to RTI causation were identified via a systematic literature review. Two methodologies were explored with the aim of revealing further appropriate indicators: (a) a theoretical statistical framework along with a series of road traffic databases that were identified in order to analyse respective data, (b) a self-reporting electronic tool assessing the impact of risk-taking behaviour in RTI involvement.

The most common exposure indicators identified in the literature review for RTIs

were: alcohol intake, seat belt use, helmet use, speeding, and mobile phone use. An investigation of existing data sources regarding exposure indicators for RTIs revealed that EU countries lack relevant accurate and detailed coding systems. A self-reporting electronic tool was introduced as a response to this data gap across EU countries which led to the development of a composite indicator adequate for monitoring exposure to RTIs.

Further the report aims to communicate information to all parties concerned interested in exposure indicators on RTIs. These formulated recommendations are important components in decision-making. The need to continue and develop prevention policies is necessary, as most of the RTIs could have been avoided if respective prevention policies had been developed. In the absence of adequate EU data, the effective prevention of RTIs is likely to remain elusive for the foreseeable future. To this end, we recommend a composite indicator that should be taken into consideration of researchers when recording RTIs data.

Source and more information: All three documents are available at: http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I3results.htm?OpenDocument

For more information please contact CE.RE.PRI, University of Athens: Apollo@med.uoa.gr

▶ Adolescents & risk taking

New report: How to overcome barriers to implement recommendations for youth injury prevention: The Case of Road Traffic Injuries

This report aims to serve as a useful guide for policy makers, injury prevention researchers and safety practitioners wishing to effectively design and implement road traffic safety interventions targeting adolescents and young adults. The first part of the report aims to assess the impact of risk-taking behaviour on road crash involvement among University students. The second part of the report applies qualitative methodology to explore youth's perceived barriers to the adoption of safety measures.

Each year, road traffic injuries claim the lives of more than 50,000 European Union citizens, approximately 11,000 of whom are youngsters aged from 15 to 24 years. Adolescents and young adults constitute a vulnerable group of road users as their developmental stage does not allow them to fully comprehend or demonstrate the needed proficiency in identifying, appreciating and avoiding the hazards of the road environment.

This report, 'How to overcome barriers to implement recommendations for youth injury prevention: The Case of Road Traffic Injuries' aims to serve as a useful guide for policy makers, injury prevention researchers and safety practitioners wishing to effectively design and implement road traffic safety interventions targeting adolescents and young adults.

The report is divided into parts, the first of which aims to assess the impact of risk-taking behaviour on road crash involvement among university students and presents findings from a survey utilizing an internet based, health assessment tool titled "Student's Health Card". The second part of the report applies qualitative methodology to explore youth's perceived barriers to the adoption of safety measures, while providing a conceptual framework for guiding large-scale educational campaigns.

The provision of an estimation tool for the assessment of risky behaviours resulting to road crash involvement seems to enable collection of reliable data and generation of appropriate educational feedback to adolescents and young adults. Furthermore, results stemming from qualitative research offer a deeper understanding on the attitudes of youth regarding road traffic injury prevention.

The report concludes that focus group encounters can play an important role in the planning and implementation of public health programs. The experience gained through both qualitative and quantitative work could contribute to the development of tailored health education messages or targeted educational initiatives aiming to reduce risky driving behaviours of this age group and promote road safety.

Source and more info: This report has been produced within the framework of the APOLLO project, 'Strategies and best practices for the reduction of injuries', led by

the University of Athens. The report is available at: *http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4wp3results.htm* *and* *http://www.euroipn.org/apollo/WP3.htm*

3 NEW WEB TOOLS TO CALCULATE THE DIRECT MEDICAL COSTS OF INJURY

The web tools are SPSS scripts/syntaxes and have been developed to analyse, harmonize, aggregate and merge hospital-based data for the calculation of direct medical costs. A manual with guidelines is available which explains the methods for data analysis of hospital-based surveillance data and gives a description of the collection, harmonisation and analysis of data on injury incidence and related healthcare consumption and costs.

Available at: http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4wp2results.htm

▶ Safety for seniors

Development and assessment of strategic materials for implementation of recommendations for preventing falls among elderly people in the EU (APOLLO Work Package 4)

All documents produced by APOLLO Work Package 4, 'Development and assessment of strategic materials for implementation of recommendations for preventing falls among elderly people in the EU', are now available. The main aim of this project was to fill gaps in knowledge on specific aspects that hinder the implementation of large scale interventions for the prevention of falls in older people.

The first document, '**Feasibility of large scale interventions for preventing falls among older people in the European Union',** is a technical report providing key information on the methods and results of the four studies conducted during the project. In addition this report also includes a case study of two implementations of the same intervention in two EU countries. The second document, published in November 2008, presents the results of the four studies in the form of a **'A guide for implementers of interventions to prevent falls in community dwelling older people**'.

The four studies are:

1. A comprehensive evidence-based assessment of risk factors for falls in community-dwelling older people was carried out and quantitative summary estimates of the association of 38 factors with the risk of falling were provided. The review showed that several factors can affect the risk of falls, although for most of them the association was weak or moderate. It also showed the need for improved quality in the reporting of studies, for further research on potentially important neglected factors, and for improvements in comparability of risk factor measurement.

2. A collection and evaluation of studies provided information about what works in the prevention of falls. A literature search identified 32 studies investigating the efficacy of exercise programs, home hazard assessment and modification, visual correction or multifactorial interventions. These studies differ greatly in the design and nature of interventions and therefore cannot be generalised. The results are rather encouraging as regards to compliance, certainly if compared with studies related to changing lifestyles in nutrition and smoking habits.

3. For identifying barriers and facilitators in the prevention of falls in older people a questionnaire study was carried out among investigators who had already implemented an intervention. Several success factors and barriers were reported, but were of a quite heterogeneous nature. The availability of a favourable political climate and of adequate economic resources was considered by most respondents as being an important factor. The attitude of medical and paramedical staff was also considered an important factor in the success of the intervention. Lack of willingness among senior citizens to participate in interventions to prevent falls was identified as a major barrier to their success and led to the realisation of the fourth study.

4. The attitude of senior citizens towards two evidence-based measures to prevent falls in 5 EU Member States was investigated and assessed during the project. The marked differences between countries indicate the need for local information before deciding to implement an intervention. Those who have

implemented an intervention for the prevention of falls are a precious and unique source of information and their experience may help others in designing and conducting new interventions.

Finally, a third document, **'Prevention of falls in older people: Time to act'**, provides recommendations for promoting the prevention of falls in community-dwelling older people. It covers areas such as what works in preventing falls, facilitating and monitoring the success of the proposed intervention fall prevention and the promotion of health and mental well-being in older people. The specific recommendations are:

- Consider the use of falls when planning interventions aimed at improving the health of older people.
- Promote physical activity interventions that include exercises to improve muscle strength and balance.
- Promote large scale randomized controlled trials on multi-modal physical exercise interventions evaluating simultaneously the effects on falls and injuries, cardiovascular disease and risk factors, physical functioning, mental well-being and quality of life.
- Take into account the needs and attitudes of the target population and of other stakeholders when planning an intervention, and consider communication and motivation of participants as an integral component of the intervention.
- Promote additional/alternative fall prevention strategies for frail high-risk older people, like home hazard assessment and modification.
- Promote research on neglected potentially relevant factors like malnutrition and anemia, and harmonization of outcome measures throughout the EU.

In conclusion, these documents provide information which can be used by public health researches, implementers of interventions for the prevention of falls and parties involved in the design of national or local action plans in the EU in the evaluation of the feasibility of large scale interventions in the EU.

Source and more information: All three documents are available at:
http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3results.htm?OpenDocument

For more information please contact Dr. Eva Negri, Istituto di Ricerche Farmacologiche "Mario Negri", Milan, Italy:
evanegri@marionegri.it

▶ Sport safety

Safety organisations call for helmet wearing in snow sports

As a result of a tragic accident involving a high-profile politician at the turn of the year the following issue is currently being discussed in Alpine countries: to what extent would wearing a ski helmet and a helmet law decrease the risk for head injuries? Currently, only Italy has a law that requires helmets for children under the age of 15 with a fine of up to €150 for violations. In response to the tragic accident this Christmas season, the Conference of Austrian Province Governors on January 22, 2009 decided to introduce a helmet law for children up to 14 years of age on the ski slopes. ASiS, Bfu, KfV und EuroSafe unanimously recommend wearing ski helmets that fulfill the norm, EN 1077, and call for harmonised rules for helmet wearing on Alpine slopes.

Helmet effectiveness

As in every other sport injuries can also happen while skiing or snowboarding. The risk of being injured while skiing or snowboarding is in total comparable to that of many other sports. While the top four sports - soccer, hand ball, basket ball and volley ball record four to six times more injuries than alpine ski sports, winter sports injuries are often more severe. This can be explained by the high speed and the resulting high impact force in the event of a fall or collision.

Head injuries account for 10 to 15% of all winter sports injuries. Ski helmets help to reduce the number and the severity of head injuries. Scientific studies conclude that between 22% and 60% of the head injuries can be avoided by wearing a ski helmet.

Current surveys from Austria show that the number of traumatic brain injuries among persons performing winter sports were twice as high among those who were not wearing a helmet (5.5%) than those who were wearing a helmet (2.8%).

Increasing helmet wearing rates

Fortunately, in Germany, Austria, Switzerland and France helmet wearing rates have continuously risen in recent years. In Switzerland for example in 2002/03 only approximately 16% of skiers and snowboarders wore helmets and in 2007/08 this had already risen to about 60%.

Ski helmet wearing rate for winter sports in the Alpine countries 2007/08

It is in particular owing to dedicated information campaigns that helmet wearing rates in these countries are increasing so rapidly. More formal rules will certainly help to further increase helmet wearing. It is recommended to have the same rules being applied on all slopes in the Alpine region.

Country	Adults (starting 15 years)	Children (up to 14 years)
Germany	40%	80-90%
Austria	60%	80%
Switzerland	60%	90%
Italy	n.a.	n.a.
France	37%	70-85%

Ski helmet wearing rate for winter sports in the Alpine countries 2007/08

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German Consortium for Safety in Sport (ASiS)

The German Consortium for Safety in Sport (ASiS), the Swiss Council for Injury Prevention (bfu) and the Austrian Road Safety Board (KfV) are active campaigners for safety in snow sports for many years now. Together with partners such as the International Association for Safety in Skiing (ISSS), sports associations, and social insurance companies, the KfV, bfu and ASiS are conducting studies and prevention campaigns for safety on the slopes. They are also members of the EuroSafe Task Force on Sports Safety and have been actively involved in the development of the Turin Charter on safety in skiing. This Charter, adopted at the Winter Olympic in 2006, calls for enhanced collaboration among all stakeholders involved (associations, industry, institutions and service providers) in view of promoting safety in winter sports.

Source and more information:
schulz@sicherheitimsport.de

▶ Suicide & self harm

Parents' views on the mental health of their child

Improving the mental health and well-being of children and young people is a key objective of Member States and EU- policies and one of the five priorities set out in the European Pact for Mental Health and Well-being which was launched in June 2008. Building on this, a new Flash Eurobarometer (No 246) recently published measures parents' views on the health-related quality of life and general health condition of their child, 6 to 17 years-of-age. Although parents are regularly asked to assess their child's quality of life, the parent and child have different perspectives. As a consequence, parent proxy-reports of the quality of life and children's own reports are not necessarily the same. However, both reports are valid, and constitute important information concerning a child's well-being.

The fieldwork was carried out between 22 and 30 September 2008. Approximately 12,750 randomly selected parents (including

step-parents/guardians) of a 6-17 year-old child were interviewed in the 27 EU Member States. If there was more than one 6-17 year-old in the household, the parents were asked to answer the questions thinking about the child whose birthday was closest to the date of the interview.

Interviews were predominantly carried out via fixed telephone, with WebCATI (web-based computer assisted telephone interviewing), approximately 500 in each country – except in Cyprus, Luxembourg and Malta where approximately 250 interviews were conducted. More details on survey methodology are included in the Annex of the report. This Eurobarometer was conducted by the Gallup Organization, Hungary, upon the request of Directorate General Health and Consumers.

Source and more information:
http://ec.europa.eu/health/ph_publication/

▶ Violence prevention

Interpersonal Violence: Second Project Technical Meeting

The PHASE (Public Health Actions for a Safer Europe) WP6 second technical meeting was organised on 26 - 27 February in Verona (Italy) by the Regione Veneto's local public health authority Ulss20 Verona in collaboration with EuroSafe, CNR Padova and the European Regional office of WHO. The meeting brought together a number of European professionals working in the field of interpersonal violence as well the WHO Europe Focal Persons for violence prevention from 14 EU Member States.

Plenary session: from left to right:
Ruth Davis (Ulss20)
Nadia Minicuci (CNR Padova)
Dinesh Sethi (WHO Eur. Reg. office)

The DG Sanco co-financed Phase project is led by EuroSafe and its general objectives are to enhance injury data exchange in the MS's and to reinforce current health-sector related networks. The PHASE project addresses the theme of Interpersonal Violence in a dedicated Work Package namely WP6 – Public Health impact of interpersonal violence: a mapping exercise.

This second technical meeting constitutes a milestone in the project lifetime. Experts who have been working together for over a year on collecting information in four areas of

Interpersonal Violence (Child, Youth, Intimate Partner and Elderly) had an opportunity, through a series of specific working groups, to share the results of the data gathering exercise for those 14 EU countries which were represented by their WHO National Focal Persons in the meeting.

Discussions focused on the persisting gaps in information in this area, the challenges in accessing the information and difficulties in comparing the identified information in order to come up with a European picture on the magnitude of the problem of interpersonal violence.

One of the Workshop Groups

The group also discussed the methodology for identifying effective Public Health initiated violence prevention programmes in Europe and the development of a European network on Violence Prevention.

The meeting closed with an agreement to host the final project conference in April 2010 where the project results will be officially presented.

For more information please contact:
Ruth Davis, Ulss20—Verona
rdavis@ulss20.verona.it

EPAC VAW launches website – new tool for activists, policymakers, experts

To mark International Women's Day on March 8, 2009, the European Policy Action Centre on Violence against Women (EPAC VAW), launched a new website. EPAC VAW is an NGO working to achieve equality between women and men through the elimination of all forms of male violence against women. The Centre was set up as a branch of the European Women's Lobby (EWL) in 2007.

The new website will present the European observatory of experts on violence against women, data and reports on thirty EU and neighbouring countries, current news and sources for information on different forms of violence against women.

In 2008, EPAC VAW was supported by the European Commission's Daphne III Programme.

Source and more information:
http://epacvaw.org/spip.php?rubrique3

▶ Vulnerable road users

Development, implementation and evaluation of a school based helmet promotion program

Injury prevention has seen over the years prominent examples of effective strategies, stemming mainly from the field of road traffic safety. Although the theoretical effectiveness of these measures is now established, their adoption and systematic use has not yet been fully realised. For example, while helmet use is the single most effective measure available against head and brain injuries for users of motorized two wheelers, helmet wearing rates in many countries of the European Union Region still remain rather low. This realisation necessitates the development and implementation of well-articulated, theory-based educational programs, aiming not only to raise individuals awareness on the efficacy of such measures, but also to reduce injury risk behaviours, particularly among the so called "hard-core" population groups, such as adolescents.

The report, 'Development, implementation and evaluation of a school based helmet promotion program', aims to present the multifaceted process of educational program planning in a distinct and comprehensive way. Specifically, guided by results derived from qualitative research with young users of motorized two wheelers in Greece, the key concepts of the Health Belief Model have been applied in the development and implementation of a school-based helmet promotion program targeting eligible adolescent drivers.

The "Stick it well on your head!" program was developed in the context of the European Commission co-funded project APOLLO ("Strategies and Best Practices for the Reduction of Injuries") and had an estimated duration of one month. A specially trained member of the Center for Research and Prevention of Injuries (CE.RE.PR.I.), Athens University Medical School, in collaboration with the school teachers, delivered the program to a total of 100 high-school students attending the second grade of two randomly selected public secondary schools in middle-income areas of Athens, Greece.

The program evaluation, which was included as an integral component of the program planning, made it possible to conceptualize in a concrete and tangible manner the degree of the program's impact. Hence, by measuring students self-reported knowledge, attitudes and behaviour regarding helmet use in two different instances, namely prior and after the intervention, noticeable and statistical significant positive changes were observed in all measured categories, enabling us to conclude that the program was effective in reaching the objectives for which it was established. In particular, among students attending the first school, mean values of knowledge, attitudes and behaviour scores increased after the intervention by 30.8%, 7.2% and 13.5%, respectively, whereas, among students attending the second school, the same mean values increased by 20%, 2.7% and 8.6%, respectively.

Experience gained through the development, implementation and evaluation of a theory-based educational program could serve as a useful guide for injury prevention researchers wishing to promote the adoption of safe be-

haviours among high-risk population groups. The methodology followed in the context of this study could be easily replicated in various settings, whereas the material produced could prove a valuable toolkit for practitioners.

Source and more info: Evi Germeni, CE.RE.PRI, Uinversity of Athens:

E-mail: egermeni@med.uoa.gr.

The report is available at: http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l3results.htm and http://www.euroipn.org/apollo

▶ Work safety

EU risk assessment campaign: 30 European organisations and companies take action

13 European organisations and companies have joined the Healthy Workplaces campaign following the first campaign year, bringing the total number to thirty. The campaign, organised by the European Agency for Safety and Health at Work (EU-OSHA), aims to reduce work-related accidents and illnesses by promoting risk assessment as the first step to a sustainable prevention culture. Improvements in this area are urgently needed as it is estimated that every year in the EU 167.000 people die from work-related causes*.

"All of these workers' and employers' federations, NGOs and enterprises from different industry sectors are renowned organisations and they invest a lot of time and money", said Jukka Takala, Director of EU-OSHA. "We are very proud that they help us to reach the workplaces and get our main messages across: First, risk assessment is the key to preventing accidents and ill health at work – for any type of organisation, whether large or small. And secondly: Risk assessment is not necessarily complicated or bureaucratic. Even micro-firms and SMEs are able to carry out their own risk assessment. To help them, we are promoting a simple five-step approach."

Takala also highlighted that improvements must be achieved. "Although risk assessment is a legal obligation throughout Europe, there are still companies that do not assess their risks regularly, especially in SMEs, and we would like to see this change."

By signing up as official partners, the 30 organisations commit themselves to organise seminars, workshops and press conferences on risk assessment and to disseminate the campaign messages and material. Other activities include the production of workplace safety and health videos, photo competitions or training sessions with clients, partners and contractors.

In return for their substantial involvement in the campaign, every official campaign partner receives a Partner Certificate and EU-OSHA rewards them with extensive promotion via its website and newsletter to more than 40,000 subscribers and to the media.

Source and more information: http://osha.europa.eu/en

▶ Cross-cutting issues

Implementation of effective injury prevention policies and strategies: A feasibility and customization study – A report based on experts' opinions

The goal of this report is to provide meaningful messages regarding ways to improve implementability of effective policies and to customize successful practices in injury prevention to various EU settings. Countries with relatively small population, together with new and non-EU Member States received high total feasibility even though in practice they may face more difficulties in implementing effective policies.

Source and more info: This report has been produced within the framework of the APOLLO project, 'Strategies and best practices for the reduction of injuries', led by the University of Athens. http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4wp3results.htm

and http://www.euroipn.org/apollo/WP3.htm

New web tools to calculate the direct medical costs of injury

The injury field is very dynamic and heterogeneous. Therefore, priority setting is extremely important for policy makers within this area to efficiently reduce the national burden of injuries. Priority setting is preferably based on a set of reliable indicators of population health, including information on the medical costs of injury. Information about costs is an important supplement to epidemiological data, such as the incidence and mortality rates. Between 2001-2004 a uniform method to calculate direct medical costs of injury was developed within the framework of the EUROCOST project. This method allowed calculation of medical costs of injury by sex, age, external cause and type of injury at the national level. Within the Burden of Injuries Work Package of the APOLLO project, 'Strategies and best practices for the reduction of injuries', this methodology has been used to support EU countries in calculating the direct medical costs of injury by developing a manual, guidelines and web tools.

The instrument to calculate direct medical costs of injury can be implemented with the most common standardized hospital-based data sets in the EU, the ICD based hospital discharge data (for all injuries) and the ICE-CI based IDB data (Emergency Department data for home and leisure injuries). The web tools are SPSS scripts/syntaxes and have been developed to analyse, harmonize, aggregate and merge hospital-based data for the calculation of direct medical costs. A manual with guidelines is available which explains the methods for data analysis of hospital-based surveillance data and gives a description of the collection, harmonisation and analysis of data on injury incidence and related healthcare consumption and costs. The necessary steps to calculate the direct medical costs of injury for a specific country/ region are described step by step. Users of these tools are encouraged to follow these steps carefully. Further, it is likely that each user may need to make adjustments to the tools because of country/region specific circumstances.

Source and more information: The manual and web tools are available at:

http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4module2economicconsequencesofinjury.htm. Questions on the manual and web tools can be addressed to Suzanne Polinder, Erasmus Medical Center at: s.polinder@erasmusmc.nl, or to Hidde Toet, Consumer Safety Institute at h.toet@veiligheid.nl

Janice Cave MBE - RoSPA director awarded MBE

Janice Cave, Director of Public Affairs at the Royal Society for the Prevention of Accidents in the UK, has been awarded the MBE. Janice, who has worked for RoSPA for 32 years, was featured in the New Year Honours List for services to health and safety.

She says of the honour: "I am delighted that work I enjoy so much should be worthy of an honour. It is wonderful that RoSPA's vital work in accident prevention is being recognised. I never expected to spend my life in safety campaigning, nor to get an honour for it. I have loved every minute of it, and it is very rewarding to feel you are helping to save people from death and injury."

Tom Mullarkey, RoSPA Chief Executive, said: "This is fantastic news for Janice and for RoSPA. Everyone who knows Janice will be so pleased and proud of her achievement and delighted to see this reward for 32 years of outstanding service to the cause of saving lives and reducing injuries."

The MBE is a second honour for Janice in the last few years. Two years ago, she was made an Honorary Member of the European Public Health Alliance (EPHA) after serving as the organisation's president for three years.

Source and more information: http://www.rospa.com

AGENDA

2009

22 - 27 March, Cape Town, South Africa
29th International Congress on Occupational Health
Website: www.icoh2009.co.za

26 - 29 April 2009, The Hague, Netherlands
Safe mobility for Young and Old
Email: walter.vermeer@cbr.nl

27 - 28 April, Perugia, Italy
6th European Conference on Promoting Workplace Health
Email: enwhp@unipg.it

2 - 5 June, Lisbon, Portugal
Better roads, better world
Website: www.irf2009.com

2 - 3 June, Coimbra, Portugal
Lessons learned from accident investigations
Website: www.esreda.org

4 - 5 June, Tallinn, Estonia
4th International Fit to Drive Congress
Website: www.fit-to-drive.com

26 - 28 July, Melbourne, Australia
9th National Conference on Injury Prevention and Safety Promotion
Website: www.injuryprevention2009.com

3 - 5 September, Maggligen, Switzerland
Sport Safety Conference
Website: www.kfv.at

5 - 7 October, Noordwijkerhout, Netherlands
The European Transport Conference – at the heart of transport in Europe
Website: www.aetransport.org

27 - 31 October, Montevideo, Uruguay
XXV IASP World Congress on Suicide Prevention of the International Association for Suicide Prevention
Website: www.iasp2009.org

9 - 11 November 2009 in Toronto, Canada
WorkCongress9
Website: www.workcongress2009.com

2010

1 - 4 September, Rome, Italy
Integrating knowledge for an interdisciplinary approach to suicidology and suicide prevention
Website: www.esssb13.org

21 - 24 September 2010, London, England
Safety 2010, the 10th World Conference on Injury Prevention and Safety Promotion
Website: www.safety2010.org.uk

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