




Paris 2008 Special Issue Conference Conclusions

Contents

Introduction	1
Injury prevention & risk-taking among adolescents	3
Prevention of suicide and deliberate self-harm	3
Sport safety	4
Measuring success in child safety	5
Prevention of youth violence	5
Safety of consumer products and services	6
Vulnerable road users	7
How to start building national injury surveillance	7
Transfer of evidence-based practices	8
How to communicate safety messages effectively	9
Child safety good practice and adoption	9
Safety for older people	10
Fall prevention of senior citizens	10
Family violence	11
Conference conclusions	12

Introduction

This issue of the Alert gives an impression of the main topic of discussion at the second European Conference on Injury Prevention and Safety Promotion held on 9-10 October 2008 in Paris. It presents summaries of discussions held in a number of break out sessions and a summary of conclusions drawn at the Conference.

The Second European Conference was organised by EuroSafe and the French Consumer Safety Commission under the auspices of the French Presidency of the Council. 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 aim of the conference was to assist Member States' governments and other stakeholders in identifying priorities for actions in countries and to facilitate the development of national plans, infrastructures and capacities for safety promotion at national, county and local levels.

**2nd European Conference on
Injury Prevention and Safety Promotion
held on October 9th and 10th 2008, Paris**

In recent years injuries have gained increasing recognition as important health and consumer protection issues. Gains in political commitment are evidenced by the adoption of important policy documents such as the Recommendation on the Prevention of Injuries and the Promotion of Safety adopted by the Council of the European Union on 31 May 2007 (OJ, 2007) and the WHO-Euro Regional Committee Resolution on the Prevention of Injuries in the WHO European region (WHO 2005).

Fortunately, more countries than ever are working to improve their surveillance systems, to prevent injuries, and to exchange experiences and evidence based practices. These achievements are the fruits of a maturing injury prevention field. Despite these promising gains, we can do more because proven effectiveness in prevention measures are still not yet widely applied throughout the European region, even in countries with a good track record with respect to safety. Ample opportunities remain for further improvements and health gains to

be achieved, as too often injury risks are unevenly distributed and affect, in particular, poorer communities.

The session summaries provide a snapshot of the continuous struggle to work within limited resources and in a field of fragmented interests. It highlights the importance of international, in this case European, exchange in order to make the best use of scarce resources and to ensure consistency in policies and prevention effectiveness. If we want to be successful, we need to pull our forces together to champion the cause of safety promotion and injury prevention and create sustainable international collaborations among the various safety sectors and stakeholders. This is essential because nowadays decisions on safety policies and safety measures are being taken more and more within an international context. For European countries it is, in particular, the European Union context that provides new challenges and opportunities for making a safer Europe.

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



Open plenary session

► Session conclusions

Injury prevention & risk-taking among adolescents

Participants showed strong interest in the presented strategies and could see the value of addressing adolescents and injury risk and implementing the following strategies in their own countries. For example, promoting risk competence was seen as an inspiring approach for injury prevention and there was a lot of interest to transfer this approach to other countries. Strategies to communicate safety messages effectively to increase risk awareness were also received very positively.

Barriers and solutions

The participants could see possibilities to integrate these new strategies in their own countries/regions by working towards interdisciplinary cooperation including health promotion, mental health and education. A

complementary approach is required to raise risk awareness among youth.

Role of EuroSafe

The most important role for EuroSafe is to promote the exchange of information and facilitate networking opportunities.

Role of European Commission

The European Commission is encouraged to support further projects on youth and risk behaviour and further work in the field of good practices. In addition, the Commission also has a role to play in strengthening collaboration and the exchange of information at the European level.

More information: Ursula Löwe at ursula.loewe@kfv.at

Prevention of suicide and deliberate self-harm

The participants of the break out session on Suicide Prevention and DHS could see, to a large extent, potential in the following strategies and approaches in their own countries and environments:

- standardized assessment of deliberate self harm patients.
- multi-disciplinary treatment/prevention programmes, taking into account co-morbidity and heterogeneity of DHS patients.

Barriers and solutions

One of the main barriers is that mental health care services in most countries have not yet adopted a multidisciplinary treatment approach. A solution to this problem is to review and adjust mental health services in their treatment policy for DSH patients. The feasibility and effectiveness of this was shown in the Norwegian example presented during the session.

Role of EuroSafe

A broader perspective is required for suicide prevention which can be partly achieved by linking in with the EuroSafe task force which

could contribute to the sharing of good practices and advocacy work. For example, restricting access to means such as co-proxamol, paracetamol has already been adopted by the Swedish national suicide prevention programme. EuroSafe could play a role in helping to implement this strategy in other European countries.

Role of European Commission

- Broaden perspective of injuries, including suicide and deliberate self-harm.
- Ring-fenced funding for evidence based interventions and prevention programmes.

Specific examples are:

- Standardised assessment of DHS patients.
- Multidisciplinary treatment approaches addressing co-morbidity.
- Multilevel prevention programmes targeting both suicide and DSH

More information: Ella Arensman at ella.nsr@iol.ie

Sport safety

The term sport covers a multitude of activities and measures on accident prevention therefore need to be very different according to each type of sport. Because of its high merit in maintaining and improving health many countries promote physical activity, particularly in the form of sport and this will lead to an increase in sporting accidents. Effective strategies are required to ensure that the positive effects of sport are not reduced by negative consequences.

Accidents in sport must be collated and analysed per individual country in order to recognize key aspects for prevention. Sports such as football, handball and basketball are played in most countries by large numbers of people and are thus among the front runners in all statistics on accidents in sport.

In many countries there is a need for increased prevention in mainstream sports and much can be learned from the Dutch project, *Web-based tailored injury prevention*. In practice, this type of online tool can also serve other target groups as a model for the transfer of scientific evidence. Reference was also made to the Finnish project *Sports and Exercise Safety in Finland (SESF)* in which the injury risk in sport should be reduced through a national programme. The focus is then placed on the contents of prevention being communicated via trainers and sport instructors.

Barriers and solutions

It was established that although it is vital that a strong national institution should promote and coordinate prevention of accidents in sport, successful implementation is only feasible with the cooperation of all stake-

holders, who must be involved already during the process of developing required measures. A useful example of how this can be realized is documented in the latest EC project *Safety in Sports*. As sport is played to the same rules virtually everywhere and the risk of injury remains similar, selected effective measures should apply to most countries. However, it is necessary to clarify whether the chosen measures are suitable to the profile of the athletes in the respective country. The language diversity in Europe always requires enormous additional effort and expenditure so as to pass on to other countries such good examples as those from the Netherlands and Finland. Above all else however, many countries lack an appropriate national institution to further the implementation of accident prevention in sport.

Role of EuroSafe

The Task Force on Sport Safety can serve as an information platform to gather knowledge on effective prevention work, develop it specific to each target-group and disseminate it. Furthermore, this network can initiate new projects in order to realize prevention measures with European sports associations.

Role of European Commission

The EC already plays an important role in the prevention of sports accidents in that it supports injury prevention in snow sports, handball and basketball. However, it is also expected that aspects of accident prevention for projects on health promotion through exercise will be consistently taken into account at EU level.

More information: Othmar Brügger at o.bruegger@bfu.ch

Measuring success in child safety

The participants could see potential in the presented strategies or approaches. It is important to measure and evaluate strategies and approaches in child injury prevention and ensure use of evaluation results for impact statements to key stakeholders including politicians and related partners in the field, media, parents and consumers.

Barriers and solutions

It is important to make use of various existing means to collect evaluation measures. This should include the traditional sources of mortality and morbidity data, but not be limited to these data only and can also make use of other non traditional sources such as media clippings and survey results (ie.HSBC). This information should also be investigated at the regional and local level in addition to the National level.

Role of EuroSafe

The European Child Safety Alliance, EuroSafe, can play an important role in calling for and sharing simple collection tools

that can show results of child injury good practice strategies and plans. Further, success stories from countries using evaluation impact statements to change policy should be shared.

Role of European Commission

The European Commission can play an important role by:

- Increasing demand and communication for timely reporting of country injury data.
- Providing support of resources to share collection tools and resources to conduct intervention evaluations to measure impact.
- Monitoring policies, which means measuring adoption and implementation of good practice and their impact on rates of injury relating to the policy.

More information: Joanne Vincenten at j.vincenten@childsafetyeurope.org

Prevention of youth violence

Discussions after the presentations suggested that participants were very keen on addressing the issue of youth violence in their own countries and particularly in developing measures to intervene early with children/parents to prevent the risk factors for youth violence developing.

Barriers and solutions

Some examples were provided by participants of how these strategies are being developed in their own countries – issues raised included: the need for policy makers to recognise the violence prevention effects of early interventions; the need for partnership working, including with criminal justice agencies who often control violence prevention funds, to ensure broad strategies addressing a variety of preventive interventions are addressed in a combined way; and the need for better exchange of intelligence on evidence of what works in Europe to inform European policy.

Role of EuroSafe

EuroSafe can play a key role in facilitating the sharing of information and particularly making

evidence of what works to prevent youth violence available and understandable to policymakers and practitioners. In particular, much evidence currently available on youth violence prevention measures is US based and there is a critical need for us to understand how this works in different European settings, and what interventions are most appropriate for use in different environments. Eurosafe can help in raising awareness of, and providing access to, European-based evidence (i.e. multi-language), and facilitating research networks to develop our understanding of what works in Europe.

Role of European Commission

In addition to existing programmes, the EC could support this task force by raising the profile of youth violence prevention at policy level across Europe, and providing support for European professionals to share information and develop the European evidence base to allow effective practice to be recognised and disseminated.

More information: Marc Bellis at m.a.bellis@jimu.ac.uk

Safety of consumer products and services

The horizontal challenges of consistent risk assessment and market surveillance were clearly seen as essential and relevant to all participants from Europe and indeed more globally. The Eurosafe, DG Sanco, IRAG and Prosafe EMARS risk models enjoyed considerable synergy. The wider EMARS project underpinned business and consumer confidence in a safer Europe.

The three vertical issues of beach safety, safety in shops and safety of minibikes demonstrated the value of innovation in tackling specific safety concerns. These can all be potentially transferred to other countries.

Barriers and solutions

The risk assessment /management of market surveillance papers illustrate the merit of Europe wide adaptable solutions of best practices, each capable of being adapted to national and local circumstances, needs and capabilities. There was however a clear acknowledgment of subsidiarity at the variation in starting points, existing practices, political will, market demands, capacity and competencies. Training was lacking and yet essential.

Each of the three vertical initiatives provokes discussion in their current and potential application to other countries. There was wide acceptance and application of the need for safer beaches and consistent signage and standards. The two French initiatives on shops and minibikes suggested a methodology of approval but national practices and priorities elsewhere would impact on their adaptability.

Role of EuroSafe

There was a wide acceptance by participants that EuroSafe had an important role to play in

re-gearing the three vertical initiatives particularly to expose, improve, promote and communicate their potential to the rest of Europe. The Commission seemed keen to see EuroSafe do this and to help DG Sanco progress its ambitions for improving the safety of services. Relevance to Council Recommendations priority areas 'Products and services' was obvious. EuroSafe's Consumer Safety Programme should embrace this initiatives. Similarly EuroSafe had demonstrated it's added value in the wider development of risk modeling. Associating it's work, role and purpose with the work of Prosafe and EMARS was essential to collective added value and impact.

Role of European Commission

There was a clear fit of each presentation and initiative with current Commission programmes. Decisions, recommendations, directives and regulation. EMARS is sponsored by DG Sanco and will help to deliver fairer, safer markets. It will also support the DG Enterprise Market Surveillance Regulation. Training good practice competencies into inspectorates will be delivered. The link between risk modelling, RaPEX, IDB and ICSMS were clear. The beach safety, shops safety and minibikes safety initiatives were relevant to the Council Recommendation, the Safety of Services Directive and the GPSD. EuroSafe will help to support the Commission ambitions in these regards by operating as the Europe-wide coordinating and collaborating body.

More information: Ron Gainsford at rong@tsi.org.uk

Vulnerable road users

The following strategies and approaches presented during the session were considered promising:

- Address pedestrians and two-wheelers specifically in transport safety plans.
- Foster alternative forms of transport options (public transport).
- Improve the safety of infrastructure for pedestrians and two-wheelers.
- Improve infrastructure for frail persons and persons with disabilities.
- Develop safer vehicle design
- Intensify campaigns on helmet wearing and traffic behaviour of pedestrians and two-wheelers.
- Involve the health sector in injury information and safety promotion.

Barriers and solutions

Most of these strategies fit quite well into ongoing or planned programmes on road safety, mainly led by transport departments. Although there is a lot of potential for health departments to get involved and contribute to these programmes (in areas such as surveillance, provision of health indicators, inclusion of safety in health promotion programmes,

advocacy by health professionals, safety promotion by health facilities etc.) there is, in practice, little inter-departmental cooperation. Injury prevention still has a low profile within health policy. One obvious problem is the great diversity of the problem and the fragmentation of the legal responsibilities.

Role of EuroSafe

The task force on vulnerable road users should develop a clear profile and should concentrate on actions which are complementary to actions taken by the transport sector: actions with a specific proximity to the health sector, e.g. advocacy by health professionals, safety advice by health facilities, inclusion of safety in health promotion programmes, safety of persons with disabilities and liaison with respective interest groups.

Role of European Commission

- Establish collaboration between DG Sanco and DG Tren on the above issues.
- Support a project on the dissemination of good practices involving the health sector (health programme).

More information: Rupert Kisser at rupert.kisser@kfv.at

How to start building national injury surveillance

The following strategies and approaches were considered promising:

- Make use of all existing data (information sources) such as on deaths and hospital discharges.
- Complementary surveillance of external causes is needed for targeted prevention.
- Better use of information contained in all available data requires national "data clearinghouses".
- Meaningful health indicators on injuries (e.g. costs, disability rates, DALYs) would strongly support safety programmes and action plans.

Barriers and solutions

The request for a stronger involvement of the health department in this respect is well understood, but the capacities for dealing with this request are limited. Injury has a low

profile within health administrations as injury prevention is not seen as a genuine health problem. Data on mortality, traffic accidents, workplace accidents and hospital discharge statistics are considered as sufficient in many Member States. The readiness to implement complementary surveys on external causes is limited. For example, hospital staff are reluctant to collect additional data such as data on external causes of injuries. This is widely seen as an administrative burden preventing health professionals from fulfilling their duties. Therefore such systems must be financed separately in most Member States.

Role of EuroSafe

The network of IDB Data Administrators, the core IDB group, should be expanded to a broader group of professionals dealing with all significant data (traffic accidents, workplace accidents, deaths, hospital discharges). Priorities should be given to:

- Formulation of the new “comprehensive view” strategy adopted by the network.
- Further extension of the core IDB data collection on external causes in more countries.
- Recruitment of Network members (National Data Administrators) from almost all 27 countries.
- Needs assessment of Network members and accordingly adjusted work plan.
- Convincing proposal for a follow-up project on injury data for the 2009 Health Programme.
- Inclusion of injury Data in the Commission programme for EU public health statistics.

Role of European Commission

- Acceptance of a new proposal to harmonize injury information in the EU for funding in the 2009 Health Programme.
- Tender by EuroStat on how to regulate injury data collection within the framework of the upcoming Council Regulation on health statistics (health determinants).
- Inclusion of the core IDB in the upcoming EU health status statistics - the proposed Council Regulation.
- In line with the implementation of the Council Recommendation injury should be kept on the agenda of the Health Programme from 2010 onwards.

More information: Rupert Kisser at rupert.kisser@kfv.at

Transfer of evidence based practices

Participants found the examples presented useful in illustrating the challenges in effectively transferring evidence-based practices from one setting to another. Several strategies to ensuring effective transfer were discussed including: ensuring a clear understanding of the issue in their setting prior to selecting and transferring strategies, ensuring the right partners are involved, ensuring that those delivering programmes receive adequate training and have infrastructure and capacity to do the job, enlist champions, build on previous experiences (this requires sharing of experience as well and one possible way of effectively sharing experience is writing up case studies of both successful and unsuccessful attempts to transfer strategies from one setting to another to share lessons learned.

Barriers and solutions

The barriers identified were that there is little information available on the “art” or science of implementation and this was an area that required more attention in the field. It was also noted that there is a lack of information on programmes that didn’t work, which means learning cannot occur from these examples and also that mistakes that led to lack of success in one setting may be repeated in another. It was agreed that information on lessons learned in implementation are vital to transferring evidence-based strategies from one setting to another so opportunities for sharing at local, national and international levels are needed.

Role of EuroSafe

Following discussions on the issues and possible solutions, the potential role of EuroSafe was discussed and it was suggested that EuroSafe could include case studies with focus on implementation issues and lessons learned in transferring evidence-based good practices at future conferences (focus on key factors in process that led to success or not). EuroSafe could also explore mechanisms for highlighting implementation issues, including articles in the Journal of Injury Control and Safety Promotion that highlight such issues as they relate to both successful and unsuccessful attempts to transfer evidence-based strategies in the European setting, including case studies of attempts to transfer evidence-based practice in the European setting in EMIP, and exploring the idea of a quarterly on-line journal to highlighting implementation issues (both successful and unsuccessful transfer).

Role of European Commission

It was agreed that the European Commission can support and/or collaborate with EuroSafe on the issues listed above, continue to encourage countries to implement evidence-based practices.

More information: Morag Mackay at m.mackay@childsafetyeurope.org

How to communicate safety messages effectively?

This workshop explored alternative communication approaches and channels to communicate risk and safety messages to children and young people. The participants responded very positively to the following strategies and approaches and could see the value of implementing them in their own countries:

- Develop specific measures for the target group in question.
- Work with the target group via a participative approach to achieve results and to raise awareness.

Barriers and solutions

The participants could see possibilities to integrate these new strategies into existing and ongoing activities such as communications' projects and curriculum development. Due to the innovative nature of the new approaches, this will require adapting and changing traditional ways of communicating safety messages.

Role of EuroSafe

The relevant EuroSafe task force could play an important role in the exchange of information and, in particular, sharing of experiences and good practices. Facilitating discussions on issues of transferability such as identifying key success factors would be very useful.

Role of European Commission

The European Commission can play an important role by increasing its support and political commitment to injury prevention activities as well as for networking and learning opportunities at the European level. Further, increased funding opportunities would create more opportunities to prevent injuries.

More information: Ursula Löwe at ursula.loewe@kfv.at

Child safety good practice and adoption

The participants of this breakout session were in agreement that we need to advocate good practice into policy measures and to policy stakeholders.

Barriers and solutions

It is important to maximize opportunities to promote and disseminate good practices and to advocate for their adoption. For example, the recent launch of the WHO/UNICEF reports on child injury prevention provided an opportunity to position well the good news and bad news of the adoption, implementation and enforcement of good practice in Europe and Member States. The current environment will need to change in regards to institutional, personal and economical factors in order to create the positive messages needed to support good practice. It would also be useful to share stories from families and victims to bring critical issues forward by using victim groups to support key messages and actions in good practice.

Role of EuroSafe

The European Child Safety Alliance, EuroSafe and other key stakeholders can help in a number of ways. There is a need to have implementation of good practice included to journals and have a broad

publication to various audiences involved. The injury field needs to use evidence, energy, good stories and social capital well, along with clear messages to move the use of good practice forward.

Injury prevention advocates also needs to make use of our stories – child injury prevention has good news to communicate and that needs to be emphasized. It should also be noted that child injury prevention needs to make use of various political levels and coordinate the issues amongst these various levels with consistent key political messages. Finally there is also a need to coordinate some capacity with injury practitioners and researchers for more skills and knowledge on advocacy.

Role of European Commission

The European Commission plays a critical role in the advancement of good practice for child injury prevention. This can be done by ensuring the use of good practice in the development of policies at the European level, encourage and monitor that good practices are translated into Member State legislation, as well as calls for proposals and tenders are based on evidenced measures.

More information: Joanne Vincenten at j.vincenten@childsafetyeurope.org

Safety for older people

It is important to recognise that one strategy/ intervention does not fit all and that the evidence in this field can be complex. The participants did see potential in the presented strategies and approaches. There is clearly room for more research and the need to develop and evaluate public health interventions to reduce falls.

Barriers and solutions

One of the barriers is the risk of stigmatization of older people. Falls prevention should be part of more generic health and wellbeing promotion strategy. Activity promotion is good for preventing falls and also cardio vascular diseases. Further, differences between countries, cultures, structures and resources are important and strategies need to be adopted to fit

Role of EuroSafe

The relevant EuroSafe task force could provide the following:

- Practical support for implementation of research findings.
- More evidence to practice and policy by providing information postal and campaigning at the multinational level.
- Facilitate and promote multisectoral working so people do not work in silos, providing contact between practitioners.

Role of European Commission

Promote awareness of older people's safety and falls prevention among policy makers, health professionals and people (voters) e.g. Fall Awareness Day 2009. Provide funds for interventions, network and research. Promote sustainability and innovation by strategic planning and support.

More information: Chris Todd at chris.todd@manchester.ac.uk

Fall prevention of senior citizens

Yes there is potential to apply the majority of the different initiatives presented during this workshop in other countries. Most participants found the examples interesting because fall prevention of senior citizens is a European wide issue with demographic trends quite similar in all Member States.

Barriers and solutions

The approaches developed during this break out session can fit into existing resources. For instance, the development of multifactorial standardized geriatric evaluation could be introduced into the existing procedures. The European web site <http://www.protect-chute.com> could be mentioned for instance in various national websites dedicated to fall prevention. Further, the introduction in France of the Canadian "Stand up programme" can fit into existing prevention programmes in other member states.

The key of the success in France is linked to the existence of a network of housing professionals. The challenge is to timely adapt homes to the changing needs of occupants, including older people.

If such expertise and home adaptation capacity in the field of housing do not exist in

other Member States this is a real barrier to the development of such initiatives.

Role of EuroSafe

EuroSafe can assist in promoting the exchange of information between experts working in the following areas.

- Developing geriatric evaluation based on a multifactorial assessment
- Developing physical activities to improve senior citizens balance
- Improving communications, thanks to the Internet
- Adapting housing conditions.

Role of European Commission

The best action the European Commission could promote would be to make the Council Recommendation dated May, 31, 2007, more compulsory for Member States, so Member States are obliged to have national prevention plans.

More information: Florence Weil at florence.weill@csc.finances.gouv.fr

Family Violence

The participants responded positively to the strategies and approaches presented in the session which covered the following two topics. The first dealt with a European Commission co-financed project on the mapping of interpersonal violence in Europe. The presentation focused on the review of the existing literature on violence against children, youth intimate partner and older adults, presenting markers of violence and possible actions to be taken. The second topic concerned French action on conjugal violence against women. Participants also contributed to the session, in particular with examples of prevention programmes. For example, in Finland, there is a focus on violence prevention among teenagers following a spree of shootings in schools.

Barriers and solutions

A number of participants pointed to the problems related to the reliability of data given the subject matter. For example, in the case of elderly abuse, in many cases the victims are not in a position to report the cause or nature of the injury due to pathologies like Alzheimer, dementia etc. Furthermore, it was noted that many people may be reluctant to report Interpersonal Violence due to stigma, shame or fear. This can be related to cultural factors, the degree of which varies from country to country.

It was stated therefore that activities related to awareness raising are key to addressing issues such as underreporting and hence difficulties in collecting reliable data.

Role of EuroSafe

The EuroSafe Task Force is a useful platform to allow European experts to exchange information on challenges in their countries with regard to establishing the dimension of the problem of interpersonal violence as well as the formulation of appropriate prevention strategies.

Role of European Commission

The European Commission can provide much needed financial support to help consolidate a European platform of experts dealing with interpersonal violence. In terms of policy, a European surveillance system or observatory on interpersonal violence would be an important step in establishing a united European response to the problem.

More information: Nadia Minicucci at nadia.minicucci@unipd.it

► Summary of conference conclusions

The considerable burden on society due to accidents and injuries was echoed throughout the conference in all presentations and discussions. Accidents and injuries are the fourth leading cause of death among the European population, killing 250,000 EU citizens each year. While previous initiatives to reduce the frequency of injuries due to accidents and violence were acknowledged during the conference, the participants were unanimous in concluding that accidents and injuries are still to a large extent preventable and that there is plenty of scope for actions to reduce the burden on society.

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 Conference concluded that the challenge for the European region lies now in developing and implementing these policies by building on existing leadership, infrastructure and capacities at the national and European levels. *Despite promising gains in political commitment, the urgency and magnitude of the problem has not yet been met with the depth and breadth of response that it requires and deserves to date. The human, institutional and financial capacity for the work required needs significant enhancement.*

Injury prevention warrants greater visibility in the broader European and national public health agendas and health promotion and consumer policy development plans. *Government departments should take the lead in forging cross departmental collaboration and a coherent national policy on injury prevention.* This may be initiated by the ministry of health but the impetus for a cross departmental steering may well come from other sources such as the ministry of family affairs or the ministry for consumer policy.

Injury prevention and safety promotion should also be further integrated in even broader policy agendas, such as 'human rights', 'social exclusion', 'environment and health', 'aging society', and 'promoting physically active lifestyles'.

Strategies with great potential are widely available

Participants concluded that there is great potential in addressing injury prevention issues in their own countries. The importance of proper injury data collection and prevention programming need to be clearly communicated and advocated to policy makers as there is great potential in the strategies or approaches such as:

- standardised injury data collection in a comprehensive manner by including all relevant data sources;
- shared tools for assessing high risk groups such as families in deprived environments, people suffering depression, older people;
- shared tools for identifying risk factors at an early stage, e.g. in the development of children or in the process of ageing in an early stage of development.
- multi-disciplinary treatment/prevention programmes, taking into account comorbidity and shared risk factors; and
- harmonised methodologies for risk assessment and market surveillance.

It was concluded that there is great merit in European wide exchange and collaboration on injury prevention and research. Europe wide adaptable solutions of best practices should be developed and disseminated, each capable of being adapted to national and local circumstances, needs and capabilities.

It was recognized that the evidence on 'what works and what doesn't is complex and that one strategy/intervention does not fit all. It is not always clear how to use the strategies presented in another environment. Little information is available on the "art" of implementing. But information on lessons learned in implementation are vital to transfer, therefore opportunities for sharing at 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 binding powers to lead the implementation process in Member States*. This should also provide an opportunity to develop a mandatory requirement to Member States in view of having them provide comprehensive injury data each year to the Commission, at a predefined minimum level of specificity (IDB minimum Data Set). Member States should be obliged to initiate comprehensive 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, promoting exchange of experiences and on training good practice competencies into relevant professions. *The EC should provide support to multidisciplinary Task Forces, i.e. European wide networks of expertise each dedicated to one of the seven priority issues identified in the EC-Communication and the Council Recommendation*. These Task Forces should be responsible for profiling the respective priority issues at the policy level across Europe. The EC should facilitate funding for injury prevention research and provide funds for interventions and network building.

Expectations in respect of EuroSafe

Conference participants attribute an important role to EuroSafe in re-gearing fragmented and single sector initiatives by giving a lead to a more integrated and multisectoral approach, and by strategic

partnership development and effective communications. By providing timely and comprehensive injury data at the EU level and by a wider dissemination of good practices (e.g. through its Effective Measures in Injury Prevention portal), EuroSafe contributes to the much needed evidence base for policy advocacy and prevention initiatives in Europe.

The Conference called upon EuroSafe to continue to provide practical support for the implementation of research evidence into practice and policy by providing state of art information and by campaigning at the multinational level. EuroSafe was encouraged to continue to promote multidisciplinary and multi-sectoral collaboration and linkages between the various injury sectors to ensure people do not work in isolation.

Final conclusions

The conference 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 leveraged to create greater visibility of this important societal issue. It should be mainstreamed in health and other relevant policies in countries and at EU level, by effective communications and marketing. *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*.

The adoption and implementation of evidence based good practice measures in countries needs to be prioritised in Europe. This will require the European Commission to be given a stronger mandate by Member States to coordinate action at the EU level, such as in injury data collection exchange, and to adopt, implement and enforce policies and actions that have proven to work.

The EC is advised to create a high level inter-service Steering Committee on injury prevention and safety promotion with a view to facilitate coherent priorities and policy targets, comprehensive monitoring of the issue and coordinated initiatives at EU level.

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 electronically at:

<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I2whoiswhoexpertdirectory-.htm>

Editor & Design: Justin Cooper
(j.cooper@eurosafe.eu.com)

Newsletter Editorial Board

- Ron Gainsford, Trading Standards Institute, UK
- Joanne Vincenten, European Child Safety Alliance, The Netherlands
- Rupert Kissler, Austrian Road Safety Board, Austria,
- Anna Lounamaa, National Public Health Institute, Finland
- Claudio Detogni, ULSS20 Verona, Italy
- Chris Todd, University of Manchester, School of Nursing, Midwifery and Social Work, England
- Othmar Brügger, Swiss Council for Accident Prevention, Switzerland
- Ella Arensman, National Suicide Research Foundation, Ireland
- Claudia Körmer, Austrian Road Safety Board, Austria
- Ruth Davis, ULSS20 Verona, Italy

EuroSafe Secretariat

EuroSafe, PO Box 75169, 1070 AD, Amsterdam, The Netherlands

Tel.: +31 20 5114513/ Fax: +31 20 5114510

E-mail: secretariat@eurosafe.eu.com



Supported by the
European Commission

