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Medical School



Center for Research and
Prevention of Injuries

Second Interim Technical Implementation Report 01/07/05 - 01/07/06

European Network for Safety among Elderly

(EUNESE)



Prepared for the EC
by CE.RE.PR.I, Athens University, Greece

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European Network for Safety among Elderly (EUNESE)

Grant Agreement Number: 2003316

**Second Interim Technical Implementation Report
August, 2006**

Prepared by the **Main Beneficiary team** on the basis of reports by:
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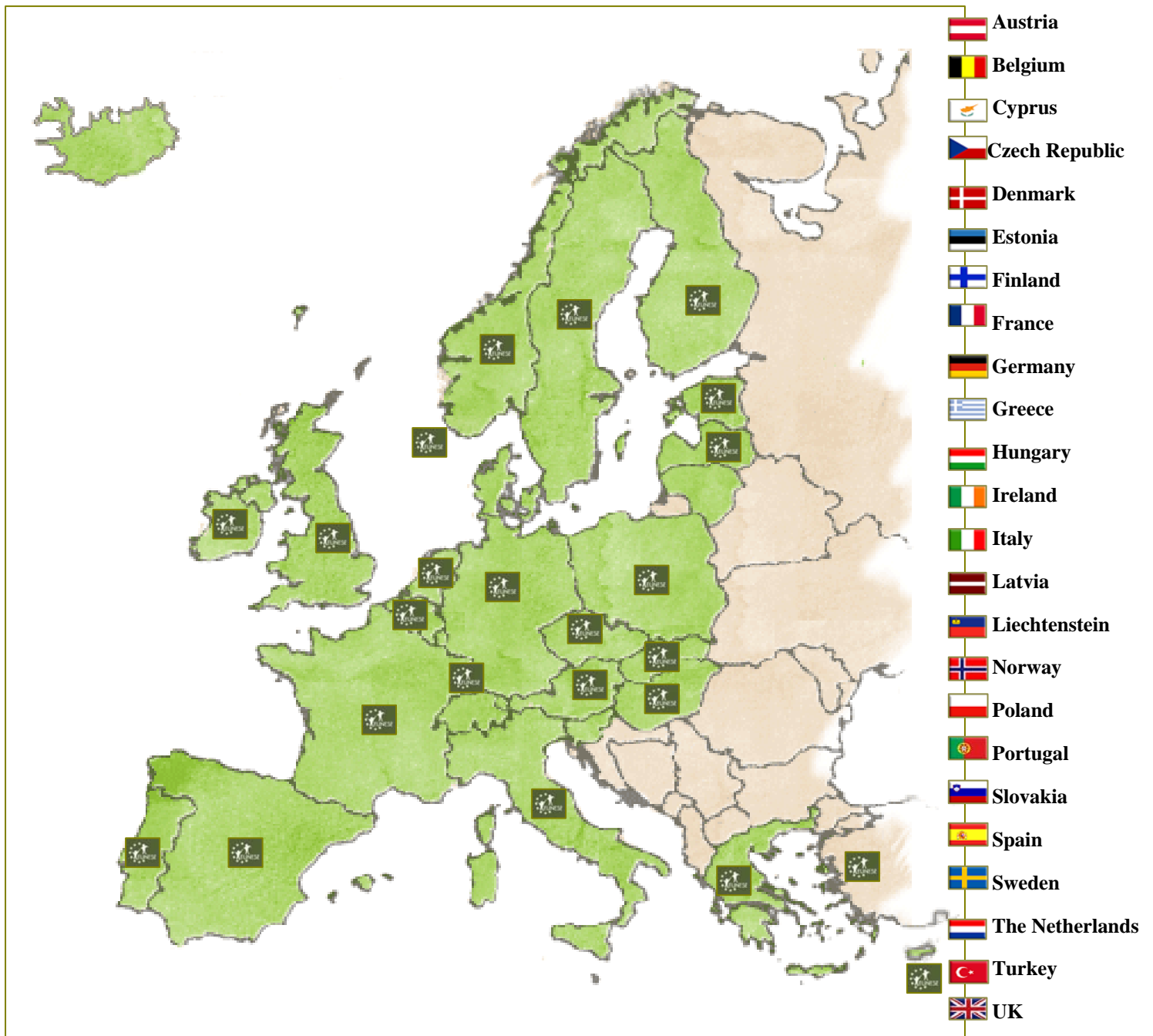
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EUNESE in EUROPE



EUNESE Partner Organizations

Austria		Austrian Board for Safety & Prevention Kuratotium für Schutz und Sicherheit Institut "Sicher Leben"
Belgium		CRIOC-OIVO
Cyprus		Medical and Public Health Services
Czech Republic		Center for Childhood Injury Epidemiology and Prevention, 2nd Medical Faculty Charles University
Denmark		Republic National Institute of Public Health
Estonia		National Institute for Health Development
Finland		Provincial State Office of Southern Finland
France	 	SC PSYTEL GERAHM
Germany	  	Federal Institute for Occupational Safety and Health Ruhr-Universität Bochum, Lehrstuhl für Sportmedizin LOEGD, Institute of Public Health North Rhine, Westphalia
Greece		Center for Research and Prevention of Injuries-CEREPRI, Department of Hygiene and Epidemiology, Medical School, University of Athens
Hungary		Fodor Jozsef National Center for Public Health
Ireland		University College of Dublin
Italy	   	WHO Regional Office for Europe - European Centre for Environment and Health Azienda ULSS 20 Verona Azienda ULSS 18 Rovigo University of Udine, Medical School
Latvia		Health Promotion Center
Liechtenstein		Institute for Community and Regional Development
Norway		Norwegian Safety Forum
Poland	 	Warsaw University, Medical School established Jagiellonian University Medical College
Slovak Republic	 	University of Trnava, Faculty of Health Care and Social Work, Department of Hygiene and Epidemiology Department of Psychiatry in University Hospital Ruzinov
Spain		Dept. of Public Health and Epidemiology, School of Medicine, University of Navarra
Sweden		Karolinska Institute, Department of Public Health Science
Netherlands		EuroSafe (European Association for Injury Prevention and Safety Promotion)
Turkey		Akdeniz University
UK	  	ProFaNE - Prevention of Falls Network Europe, School of Nursing, Midwifery and Social Work, University of Manchester ROSPA Consumer Safety Unit –Dept. Trade and Industry

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1.0 Executive Summary

The project ‘European Network for Safety among Elderly –EUNESE’ (Grant Agreement No. 2003316) within the framework of the European Commission (EC) Public Health Programme (2003-2008), with a main aim to harmonise core activities pertaining to injury control and safety promotion among elderly in the European Union (EU) through the creation of a EU network in collaboration with 31 partners and WHO-Euro coordinated by CE.RE.PR.I. (Center for Research and Prevention of Injuries), University of Athens, Greece. Main objectives of the entire project include the development of a good practice policy manual with a five year strategic plan, implementation of 4 small scale pilot projects in various settings to test the applicability of selected injury prevention measures and the promotion of elderly safety via a conference, developed website and information materials.

This second interim technical implementation report presents in detail the actions carried out between the timeframe of July 1, 2005 to July 1, 2006. EUNESE is a three year project, which started on July 1, 2004. The first interim technical implementation report covering the period from July 1, 2004 to July 1, 2005 has already been submitted and approved by the EC, whereas the final report, covering the entire project, will be submitted to the EC by October 2007.

A strong interest has been displayed among professionals in injury prevention: over 120 have been registered in the EUNESE network to date, among which visible pre-existing EU networks, including ProFANE (comprising over 1000 members), the SAFE COMMUNITIES network has joined as an associated institution. A ‘who-is-who’ list has been posted on the EUNESE project information website (www.eunese.org).

Beyond any contractual obligation it was deemed necessary to initiate an effort for the creation of the national Networks and the main beneficiary volunteered to undertake such an initiative with specific actions for need assessment in Greece.

Significant tasks that have been carried out during the second term are as follows:

- a. Development of a **policy manual** that presents the vision, objectives and cross cutting policy priorities for sustainable injury prevention in an aging society
- b. **Five-year strategic plan** (2007-2012) aimed to uniformly guide injury prevention efforts in the EU.
- c. **Systematic review** of evidence based effective interventions for injury prevention among elderly
- d. Comprehensive comparative **analysis of mortality data** on falls, traffic and burn injuries, namely the 3 leading causes responsible for the highest burden of mortality from unintentional injuries among the elderly, which is being complemented with estimation of **proportional indicators** based on information made available from **Outpatient Morbidity Databases** from member states and further compared with those derived from **IDB** (Injury Database), wherever appropriate.
- e. Advancement and expansion of the majority of **pilot projects** designed to assess ways of **implementation of known preventive practices** and focusing on falls prevention and development of safer living environment for **institutionalized and independently living elderly**.
- f. Creation and promotion of meaningful messages via leaflets, presentations and informative materials (eg. **newsletter, website**) based on the growing evidence of effectiveness and cost-effectiveness of interventions and strategies to reduce the risk and the consequences of injury among the elderly. Lastly, preparatory activities for the **Conference of the prevention of injuries among the elderly** during spring 2007 have been initiated and ways for development of synergies are sought.

Activities during the final term involve the organisation of a conference aimed at strengthening the Network and providing a forum for discussion and exchange of information amongst the EUNESE network members, completion of pilot projects, design and execution of a feasibility study to detail results achieved in the context of this effort, and the promotion of results.

Summarising, tasks have been successfully completed during the second term as provisioned within the approved timeframe and budget.

2.0 Brief Introduction

About EUNESE

EUNESE is a project aiming to address injury prevention and safety promotion among senior citizens through the development of an EU Network, co-financed by DG SANCO (Directorate C-Public Health and Risk Assessment, Health & Consumer Safety).

EUNESE began on 1 July 2004 and has 36 months duration. It is one of the largest scale DG SANCO projects, as it involves over 30 partners (Associated Beneficiaries) from 23 European countries, including the World Health Organization-EURO. The project is coordinated by the Center for Research and Prevention of Injuries (CE.RE.PR.I), of the Athens University Medical School (Main Beneficiary). Its activities have been thematically divided into 5 Working Groups, each one led by a coordinating Institute and actively supported by a 4-member Steering Committee and the Main Beneficiary team.

In particular, EUNESE is a project aiming at building a European network that will ensure the harmonisation of core activities pertaining to injury control and safety promotion among elderly.

Project's Structure

Project Leader: CEREPRI

Five Working Groups, (consisting of one WG Coordinator and members). Even though these 5 Working Groups emerged due to the thematic division of the project's activities, each one is closely interlinked with the others, as well as with the Project Leader.

A 4-member Steering Committee, aiming to support both the WGs and the Project Coordinator. Steering Committee members include:

- Maria Segui-Gomez – Dept. of Public Health and Epidemiology, School of Medicine, University of Navarra - SPAIN
- Antero Heloma – Provincial State Office of Southern Finland - FINLAND
- Dinesh Sethi - WHO Regional Office for Europe - European Centre for Environment and Health – ITALY
- Dawn Skelton - ProFaNE - Prevention of Falls Network Europe - UK

First Interim Report

The First Interim Technical Implementation Report for the EUropean NETwork for Safety among Elderly (EUNESE) project (Grant Agreement Number: 2003316), was submitted to the “Directorate C - Public Health and Risk Assessment”, “Health & Consumer Protection” Directorate General (DG SANCO) on 1 September 2005. It contained detailed descriptions of the project’s aims, objectives, deliverables and timetables, as well as the work progress for the period covering 1 July 2004 through 30 June 2005 and future tasks for the following two years. The report can be accessed at DG SANCO’s website: http://ec.europa.eu/health/ph_projects/2003/action3/action3_2003_13_en.ht

Second Interim Report

The present document, the Second Interim Technical Implementation Report, details the work progress for the period covering 1 July 2005 through 30 June 2006, as well as timetables, future tasks and lessons learned. In particular the activities by Working Group are presented following by description of the meetings, evaluation process and the dissemination activities, whereas samples of main Appendices are presented in a separate volume.

3.0 Activities

3.1 Working Group 1: Development of the Network and Project Website

Working Group Structure

Coordinator:

Hannelore Schouten (partially replaced by Trea Zenenhuisen)-EuroSafe (European Association for Injury Prevention and Safety Promotion)- The Netherlands

Members:

- Taie Kaasik, National Institute for Health Development – Estonia
- Veronika Benesova, Center for Childhood Injury Epidemiology and Prevention, 2nd Medical Faculty Charles University – Czech Republic
- Marc Nectoux, SC PSYTEL – France
- Janice Cave, ROSPA – United Kingdom
- Maria Kunderova-Dubovská, University of Trnava, Faculty of Health Care and Social Work, Department of Hygiene and Epidemiology - Slovak Republic

Brief aim

The Working Group coordinator has signed a mutual agreement with CEREPRI aiming to assist the project with the design and the building of a sustainable European network focusing on safety for the elderly. The objective is to recruit and actively involve through various initiatives members from 32 European countries (25 EU countries, 3 EFTA countries, and 4 nominated countries), by maximizing the number of organizations and experts involved in injury control and safety promotion among the elderly in the EU.

Deliverables

- **D1:** Membership criteria & application procedure of the EUNESE network
- **D2:** Assistance in structuring and organizing the EUNESE network
- **D3:** Initial and updated inventory list of participants in the EUNESE network and their contribution to the programme

- **D4:** EUNESE Network web site
- **D5:** Conference

Work Progress

In order for the Network to be built, WG1 undertook the following tasks:

Deliverable 1: Membership criteria & application procedure of the EUNESE network

In cooperation with CEREPRI, the Application Form (APPENDIX 1.1.) was developed and uploaded on the website and based on the original criteria as decided in November 2004 was revised during the Project meeting held in Athens on the 13th of February 2006 by the Steering Committee members, WG coordinators, Internal Evaluator and the Project Management team.

Deliverable 2: Assistance in structuring and organizing the EUNESE network

-
- A summary discussion document [APPENDIX 1.2.] was created concerning the further development of the structure and functioning of the network.
 - Actions taken to promote EUNESE and recruit new members include:
 - A proposal for efficient recruitment, in response to the Steering Committee (November 2005).
 - An article in the Alert Newsletter [APPENDIX 1.3.] was published on networking as a solution to increase the impact of projects on elderly safety.

Deliverable 3: Updated inventory list of participants in the EUNESE network and their contribution to the programme

By the end of the second year of the EUNESE project, over 120 members have been registered, from 26 European countries and 2 non-European countries (USA and Russia). The number of members is depicted in Table 1 by country and type of organization. Among the members are professionals representing other networks like ProFaNE with an over 1000 membership as well as the SAFE COMMUNITIES network has joined as an associated institution. The membership list is available on the EUNESE website and on the web-board.

Table 1. Number of EUNESE members by country and type of organization

Country	Type of Organisation		
	Research	Prevention/Practice	Policy Making
Austria	1	3	3
Belgium	4	3	2
Cyprus	-	2	1
Czech Republic	-	1	-
Denmark	1	2	1
Estonia	3	1	2
Finland	-	-	-
France	1	3	-
Germany	4	1	2
Greece	1	2	-
Hungary	1	1	2
Ireland	1	1	1
Italy	7	8	1
Latvia	-	-	-
Liechtenstein	-	-	-
Lithuania	1	1	1
Netherlands	3	6	1
Norway	-	1	1
Poland	4	2	-
Portugal	-	-	-
Slovakia	2	1	-
Spain	-	-	-
Sweden	-	-	-
Switzerland	1	1	1
Turkey	1	-	-
UK	10	14	5

Explanation to Table 1. Not all members filled in the type of organization and some members filled in more than one category. These numbers can't be summed.

EUNESE also included six peripheral members (2 from Europe, 2 from the USA, one from Russia and the WHO representation).

In order to recruit new members the following actions were taken:

- A motivated e-mail [APPENDIX 1.4] was sent out to WHO focal point contacts to activate them to become a member of EUNESE
- In February 2006 an up to date list of members categorized by country and category (research, practice, policy developing) and expertise, as well as activities was sent to CEREPRI and to ProFaNE to check for missing experts on our membership list. These missing contacts were approached by email with membership information.

Deliverable 4: EUNESE Network web site

- A demonstration website was built (set up was defined during the first year of the project's life) including the main structure during a meeting in Amsterdam, with the Working Group Coordinators, working group 1 members, and a representative of CEREPRI. (September 2005)
- The deliverables to be disseminated through the website were collected from the other Working Groups and uploaded on the website. (September – November 2005)
- An 'under construction' version of the website (www.eunese.org) was built based on the input gathered with the above actions.
- An email was sent out to all partners to announce the uploading of the 'under construction' website and request for input.
- For the website a format for projects and a contact directory was created.
- In co-operation with CRIOC (WG2 Coordinator), a revised Project Intervention Form [APPENDIX 1.5.] was created to be placed on the website and to be used for further obtaining new projects.
- In consultation with WG2 Coordinator (CRIOC) two standard forms were created to process the future delivery of literature. The to-be-recorded information were the following:

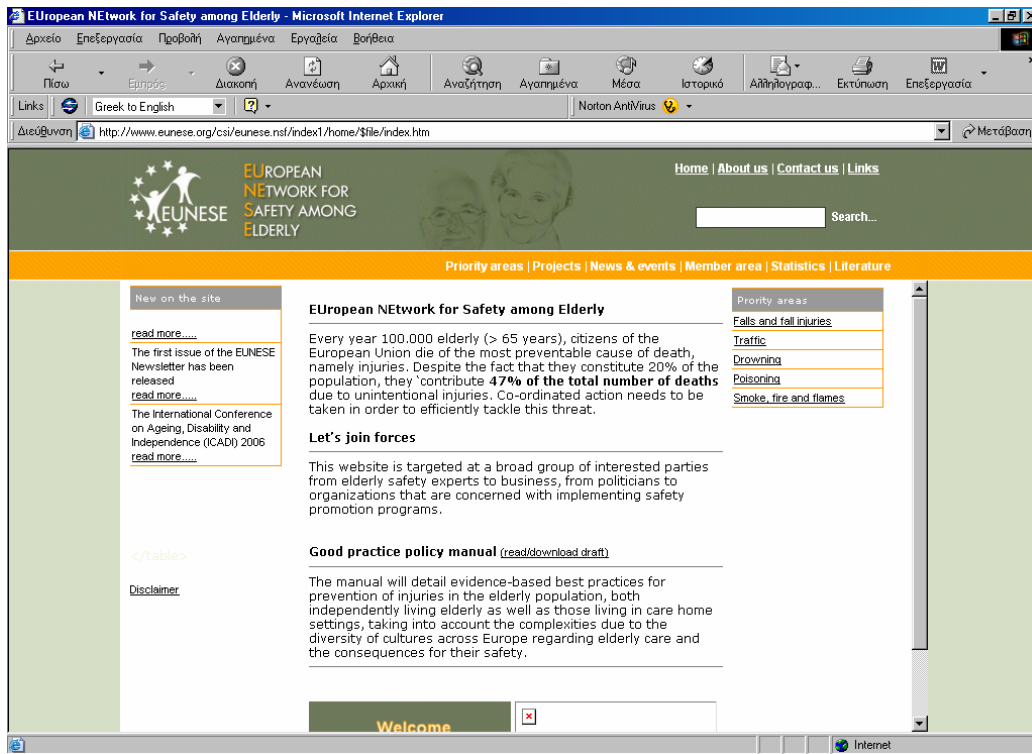
Books, reports, leaflets, etc.

- Title
- Author(s)
- Country, city of edition
- Editor
- Year of edition
- Number of pages
- ISBN
- Priority area

Articles

- Title
- Author(s)
- Journal's name
- No of Volume
- Year
- No of Issue
- Foliation
- Priority area

- From September 2005 till June 2006 new information was uploaded on the website. This information was asked for and recruited by WG1. Deliverables of the WG2 currently coordinated to WG1 by CE.RE.PR.I. and forwarded during this period are pending for upload.



The EUNESE website contains the following information:

- Information about the project; mission statement, goals, objectives etc.
- Projects on elderly safety in Europe (output of WG 2), including a project form to register new projects.
- Literature on elderly safety (output of WG2, currently by CE.RE.PR.I.)
- Good practice manual (output of WG 4 in collaboration with CE.RE.PR.I.)
- EUNESE Newsletter (output of CE.RE.PR.I.)
- Information about membership and Application Form.
- Information about the EUNESE members
- Information about the EUNESE conference pending upload.

Deliverable 5: Conference

A draft plan for organizing and promoting the EUNESE conference, which is provisioned to take place during the 3rd year of the project, was created along with a preliminary program [APPENDIX 1.6].

Future Tasks

During the first two years of the project, 49% of the working budget was used. For the remaining 51% of the budget that has to be spread out over the last year of the project, the WG1 Coordinator proposes the following tasks for the good progress of the project:

Deliverable 2: Assist with structuring and organizing the EUNESE network

- A plan will be discussed during the next EUNESE 3rd Managerial regarding initiatives that should be undertaken by WG1 in order to increase the members' interactive participation as well as the recruitment of new members. A draft plan has been asked by CE.RE.PR.I. to be sent to the WG1 members before the meeting, with the aim to finalize it by the end of August (still pending).
- Specific actions and initiatives to be carried out by WG1 will be discussed in collaboration with the leading organization and the EUNESE members.

Deliverable 3: Updated inventory list of participants in the EUNESE network and their contribution to the programme

Updated member list will always be available on the website. Once a month, the WG1 coordinator will deliver a list with the new members to the project Coordinator.

Deliverable 4: EUNESE Network web site

A first update of the website is planned for the end of 2006. This update will contain the following modifications:

- Mortality and morbidity data will be uploaded (WG2 output prepared by CE.RE.PR.I.).
- A literature review will be uploaded. (WG2 output prepared by University of Glasgow and the University of Athens)
- The function 'membership by country' will be updated.
- Information about the conference shall be uploaded.
- Information about the pilot projects (WG3) will be integrated in the website.

As CEREPRI has notified the WG1 coordinator about a long standing inactivity in certain parts of the website, an email will also be sent to all partners to notify about bugs and the problem will be repaired.

Deliverable 5: Conference

A conference will be organized to share the results of the EUNESE project with all the members. This conference has two objectives. First, it obtains to get the members know each other and give them the opportunity to share their experiences in the promotion of elderly safety. The program will focus on how to organize networking with professionals on a local, national and international level. Second objective of the conference is to provide members with the opportunity to disseminate their projects and their results as well as the lessons learned through their implementation. This was also one of the needs expressed in the questionnaire (send in 2004 to the potential members).

It is proposed by the WG1 Coordinator the Conference to be held on May 2007 in Brussels. Members will be invited to send an abstract for the presentation of their results. The plan for organizing and promoting the EUNESE conference will be approved during the annual project meeting on Crete and will be carried out in close collaboration with the main beneficiary.

- An announcement of the conference will be sent to all potential members in October 2006 with dates, place and a call for presentations.
- The conference will be also promoted through the project's website.
- The program will be finished in December 2006 in the WG1 meeting that will be organized on December.
- All members will be invited by email (January 2007), with a conference leaflet with conference information and the program.
- The organization of the conference: registration of participants, contact with conference venue, creating a conference abstract paper etc., will be carried out.
- A plan of disseminating the Conference results and Minutes will be provided during the third year.

3.1.1 National Networks: The Experience of Greece

Along with the development of the European Network, CEREPRI considered it essential to create the Hellenic Network for Safety among Elderly during the first year of the EUNESE project's life. The National Network aims to encourage collaboration of grass root workers, scientists, policy makers and government officials involved in prevention of elderly injury in Greece in order to increase synergies. Following the actions detailed in the 1st Interim Report, the activities described below were undertaken by the Network.

Annual Network Meeting

The Managerial Network meeting was held on 11 November 2005 aiming to exchange information regarding activities and projects undertaken by each member-Organization in order to identify synergies and plan common actions.

For example, the EUNESE WG3 Pilot Project 4 "Safe Home" materials were presented and members were invited to actively participate in the process of implementation, evaluation and dissemination of the "Safe Home" intervention material in the capital of Greece, Athens, and three other selected sites.

Needs assessment for the prevention of injuries among elderly in Greek Municipalities

In an effort to design and implement appropriate preventive activities or interventions targeting different regions of Greece, CEREPRI developed a tool-kit in order to be used by the Network members to record the specific needs and characteristics regarding injuries among elderly (type of injuries, conditions under which the injury took place, demographic information, history of injuries, etc.).

The tool-kit (APPENDIX 1.7. in Greek language) was comprised of:

- An informational cover letter that the network member can distribute to related organizations in his/her region (e.g. municipalities' home visiting programs, Open Care Centers for Elderly, Nursing Homes, etc.) in order to explain the aim of the data collection and to motivate them to participate in both the data collection phase as well as in the intervention that is going to be implemented based on the identified needs of their region/institution.

- Instructions for the Interviewers (nurses, social workers, health visitors, etc.) that will collect the data. The usefulness of the need assessment survey as well as the structure of the protocol were explained in this document and specific instructions were provided to the data collectors in regards to how and when they should use the protocol.
- The “Protocol for Recording Injuries among Elderly” was developed based on the review of similar tools and includes 29 questions that cover the following five sections:
 1. **General information** (demographical data, living conditions, habits, health condition)
 2. **Conditions under which the injury took place** (time, place, activity, state of consciousness of the person at the time the accident happened)
 3. **Injury description** (type of injury, part of the body that was injured, cause of injury, object engagement, level of preventability of the accident)
 4. **Diagnosis and treatment** (diagnosis, type of provided care, type of treatment)
 5. **History of injuries** (type of injuries during the previous year, frequency, impact)

For all of the items pre-coded, close-ended choices are provided. Appropriate filters are also included for skipping items that are not applicable. Completion of the Protocol is performed through structured interviews. The mean duration for the completion is estimated to be approximately 15 minutes.

The protocol has been in use since November 2005 in related Organizations on the island of Corfu as well as in the 1st Open Care Center for Elderly, Chaidari Municipality. Data coding and analysis will be undertaken by CEREPRI that will also coordinate and supervise the implementation and evaluation of the intervention/s that are going to be developed based on the results of this analysis.

Participation in Scientific Events

- Pre-Event of the 1st European Conference on Injury Prevention and Safety Promotion: “Towards a Safer Europe: Time for Action” (Eretria, Greece, 29 Sep– 1 Oct 2005). Three of the members of the Network and the EUNESE Project

Coordinator participated in the “Prevention of fractures among elderly people in EU” workshop (http://www.euroipn.org/cerepri/pre_event/).

- 1st meeting of the Hellenic Network for the Prevention of Accidents and Violence (Athens, Greece, 9 Dec 2005). Current activities of the Hellenic Network for Safety among Elderly were presented



- 9th Pan-Hellenic Conference of Gerontology-Geriatrics (Athens, Greece, 26-28 Jan 2006). The Network took the initiative to organize and coordinate a symposium entitled: “Injury Prevention in Third Age-EUNESE”. Five announcements were included in this symposium that were undertaken by the EUNESE Project Coordinator and four of the members of the Network.

Future Tasks

- Continue the collection of injury data in selected settings of Greek Municipalities
- Design, implement and evaluate interventions based on the results of the data analysis
- Disseminate effective interventions and policies to both the members of the network as well as to the general public
- Organise meetings
- Take appropriate actions in order to enhance the sustainability of the Network

3.2 Working Group 2: Information Gathering

Working Group Structure

Coordinator:

Ariane Van Cutsem, *CRIOC-OIVO – Belgium* [Working Group Coordination closed on 06 February 2006]

The tasks are currently executed by the Main Beneficiary.

Members:

- Lucie Laflamme, *Karolinska Institute, Department of Public Health Science – Sweden*
- Jerzy Karski, *Medical University of Warsaw, Faculty of Health Sciences, Department of Public Health*
- Patricia Fitzpatrick, Anthony Staines, *University College of Dublin – Ireland*
- Karl Kuhn, *Federal Institute for Occupational Safety and Health – Germany*
- Hakan Yaman, *Akdeniz University – Turkey*

Brief aim

The main aim is to develop a structured knowledge base for the project comprising of the following deliverables:

Deliverables

- **D1:** List of information sources
- **D2:** Pertinent injury and/or mortality data
- **D3:** Articles, publications and research papers
- **D4:** Information regarding application and effectiveness of elderly injury prevention policies, practices and activities
- Ongoing support to the other Work Groups for the retrieval of information

Work Progress

Deliverable 1: List of information sources

In addition to the sites identified by CEREPRI, EUNESE partners have also been asked to provide related links from organizations in their country.

A “Who is Who Elderly Related Organisations” database (APPENDIX 2.1) has been developed by CEREPRI containing 184 links to related organizations and websites, which was sent to the WG1 coordinator in order to be uploaded on the website.

Deliverable 2: Pertinent injury and/or mortality data

Mortality data

During the 1st phase of the project, CEREPRI acquired WHO’s mortality data, on both intentional and unintentional causes of death due to injuries, and filtered the data relative to the project’s scope and target population (ages 65+ years). In combination with WHO’s population data, CEREPRI calculated age adjusted mortality rates for both intentional and unintentional injuries.

Based on the analysis of the data, a draft paper entitled “Patterns and suggested explanations for the differential injury mortality among the elderly in the EU-25”, was prepared and is currently being finalized in collaboration with EUNESE partners.

During the 2nd year of the project, a second paper was also drafted, entitled, “The Evolution of Injury Mortality among Elderly in Europe”.

Morbidity data

Hospital outpatients morbidity data for Austria, Denmark, France, Greece, Sweden, and the Netherlands with respect to the five main causes of injuries, namely:

- fall injuries
- road traffic injuries
- burn injuries due to fire, flames and contact with hot objects
- accidental poisonings
- accidental drowning and near-drowning injuries

among elderly, were analysed by the Main Beneficiary team during the 2nd year.

Furthermore, and beyond any contractual obligations, an attempt was made to comparatively analyze data from six countries with reasonably good quality IDB data, as follows (Table 3).

Table 3. Availability of data by country and mechanism of injury as well as status of respective model tables and reports for proportional indicators

Country	Mechanisms of injury with provided data	Model Tables	Model Report
Greece	Falls, burns, poisonings, drowning, traffic	Ok	Ok
Denmark	Falls, burns, poisonings, drowning, traffic ³	Ok ¹	Ok ¹
France	Falls, burns, poisonings, drowning	Ok ¹	-
The Netherlands	Falls, burns, poisonings	Pending ^{2,4}	-
Austria	Falls	Ok ^{1,4}	-
Sweden	Falls, traffic ³	Ok ^{1,4}	-

¹ Approval by the NDA is still pending

² Mostly extrapolated data provided: may not allow for development of all model tables

³ Limited data

⁴ Some tables are missing because appropriate data have not been provided

Greece: The full report for Greece can be accessed through CEREPRI's Injury Statistics Stats Portal at: http://www.euroipn.org/stats_portal/downloadFiles/CEREPRI_PropInd.pdf. (a sample of the report is presented in APPENDIX 2.2)

Denmark: The full report for Denmark (a sample of the report is presented in APPENDIX 2.3) has already been sent to the respective NDA for review and comments and currently can be accessed only through the Web-board.

France: Model tables have been prepared and sent to the respective NDA for review.

Austria and Sweden: Model tables have been prepared and sent to the respective NDA's for their comments. However, because the data from these two countries were incomplete, supplementary data have also been requested from the NDAs in order to assist comparability with other countries.

All reports are uploaded on the Web-Board pending approval from some NDAs while after approval they will be uploaded on both the Injury Stats Portal and the EUNESE website.

Deliverable 3: Articles, publications and research papers

Picture 1. EUNESE Literature Database

The screenshot shows a Microsoft Access database window titled "Microsoft Access - [WG2 LitReview EUNESE : Form]". The main window displays the "Extraction Form for EUNESE WG2 Literature Review". The form has a menu bar with "Instructions", "Peer-Reviewed Articles", "Books", "Grey Literature", and "Related Organizations". The "Instructions" tab is selected, showing text about indexing information for injury-prevention among elderly documents. Below the instructions are navigation buttons: "Add Record", "Save Record", and "Exit". At the bottom, there is a status bar showing "Record: 1 of 914" and "Form View".

Database Description of literature relevant to the EUNESE project

Two of the main tasks of WG2 are:

- to gather related literature in order to be uploaded on the website.
- to conduct a Systematic Literature review of interventions designed to prevent injuries in the elderly population

in five priority areas.

Based on the Literature Review Protocol prepared by CEREPRI (APPENDIX 2.4) an Access database describing each of the entries was developed with the potential to be linked with the central website. The database includes four different forms for peer-reviewed articles, books, grey literature and relevant organizations, respectively (see Picture 1).

The section describing interventions that was embedded into the peer-reviewed articles form (see Picture 2) was developed according to the revised form of the Project Intervention Form that was created by WG2 and WG1 Coordinators. This form was also used for the extraction of information used in the Systematic Literature Review.

Picture 2. EUNESE Literature Database: Peer-reviewed articles and interventions

Picture 3. EUNESE Literature Database: Extracted excel file with information to be fed into the EUNESE website

1	Title	Author(s)	Journal	Volume no	Year	Number of pages	Key words	Abstract	Priority	Full Text	Link (abstract and full text)	Organization	Review
2	Benzodiazepine sedatives and the	G. S. Sorock and E	Arch Intern Med.	148(11)	1988	2441-2444.		A prospective study of risk factors	Falls	NO	http://www.ncbi.nlm.nih.gov/entrez/...	Division of Epid	NO
3	Gender and the negotiation between	Khiri Horton and Sa	Ageing & Society	24(1)	2004	75-94	falls, older	ABSTRACT	falls	YES	http://journals.cambridge.org/...	European Instit	NO
4	Hip Protectors - A Breakthrough in	Rubenstein, LZ	The New England J	343(21)	2000	1562-1563		Hip fractures are one of the most d	Falls	NO	http://content.nejm.org/...	Greater Los An	NO
5	The effect of education and safety de	Falks ME, Penger	J Trauma	34(4)	1993	560-564		prospective study was designed to	Burns/Fri	NO	http://www.ncbi.nlm.nih.gov/entrez/...	Trauma Service	NO
6	Elderly drowning rates on the rise.	Millunzi, Margi	Aquatics Internatio	Feb issue	2004			When four elderly residents of Scot	Drowning	YES	http://www.AllBusiness.co.uk/...	AllBusiness.co	NO
7	Analysis, management, and	Klein, R. L., Crow,	Conference	8(4)	2000			[Abstracts presented at the 28th	Burns/Fri	NO	http://www.pulsus.com/...	Clifford R	NO
8	Targets for prevention of burn	A Cooke, M	Conference	8(4)	2000			[Abstracts presented at the 28th	Burns/Fri	NO	http://www.pulsus.com/...		NO
9	Effects of hormone replacement ther	Armstrong, A. L., O	Clin Sci (Lond.)	91(6)	1996	685-690		1. A randomized controlled trial of th	Falls	NO	http://www.ncbi.nlm.nih.gov/entrez/...	Department of	NO
10	Geriatric falls: prevention strategies	Brady R, Chester F	J Gerontol Nurs.	19(9)	1993	26-32		1. Multiple falls and injuries are mor	Falls, pre	NO	http://www.ncbi.nlm.nih.gov/entrez/...		NO
11	Implementing strategies to decreas	Ryan, J. W., & Spe	Journal of Gerontol	22(12)	1996	25-31		1. Seventy-three percent of older w	Falls	NO	http://www.ncbi.nlm.nih.gov/entrez/...	EverCare, Bal	NO
12	Reducing falls in a rehabilitation set	Rogers S.	Rehabil Nurs.	19(5)	1994	274-276		A 2-year falls prevention project has	Falls	NO	http://www.ncbi.nlm.nih.gov/entrez/...		NO
13	Preventing falls in elderly persons	Tinetti ME.	The New England J	340(1)	2003	42-49		A case vignette highlighting a patie	Falls	NO	http://www.ncbi.nlm.nih.gov/entrez/...	Department of	NO
14	Risk Factors Associated with Falls	Ann H. Myers, Sus	American Journal o	133(11)	1991	1179-1190	accidental	A case-control study among 184 me	Falls	NO	http://aje.oxfordjournals.org/...	Department of	NO
15	Fear of falling and postural	Maki BE, Holliday	J Gerontol Med	46(4)	1991	M123-131	fear of	A cross-sectional study was	falls	NO	http://www.ncbi.nlm.nih.gov/entrez/...	Centre for an	NO
16	Quality improvement in action: a fall	Barker SM, O'Brien	Mt Sinai J Med.	60(5)	1993	387-390		A departmental program for falls pre	Falls	NO	http://www.ncbi.nlm.nih.gov/entrez/...	Department of	NO
17	Effect of aggressive surgical treatm	Slater A.L., Slater	J. Burn Care Reha	10(6)	1989	527-530		A group of 103 patients with burns,	Burns/Fri	NO	http://www.ncbi.nlm.nih.gov/entrez/...	Western Penns	NO
18	Hip Fracture Prevention Trial Using	A. Harada, M. Mizu	Osteoporosis Intern	12(3)	2001	215 - 221	Elderly pe	A method to protect the hips during	Falls	NO	http://www.springerlink.com/...	Department of	NO
19	Reducing falls and fall related	Mills PD, Waldron	Journal of	1	2003	25-33		A multi-facility quality improvement	Falls	NO			NO
20	Fear of falling and activity restrictio	Lachman ME, How	J Gerontol B Psych	53(1)	1998	43-50		A new instrument was developed to	Falls	NO	http://intl.psychsoc.org/...	Department of	NO
21	Femoral neck fractures: Admission	Lord S, Sinnett P	Med J Aust.	145(10)	1986	493-496		A number of epidemiological studies	Combinat	NO	http://www.ncbi.nlm.nih.gov/entrez/...	Institute for Res	NO
22	Incidence and documentation of pat	Sutton J, Standan P	Nurs Times.	90(33)	1994	29-35		A one-year in-depth, prospective st	Combinat	NO			NO
23	Exercise and balance in aged wom	Lichtenstalt MJ, Sh	Arch Phys Rehabil	70(2)	1989	138-143		A pilot controlled trial was conducte	Combinat	NO	http://www.ncbi.nlm.nih.gov/entrez/...	Department of	NO
24	Cost-effectiveness of hip protectors	van Schoor NM, de	Osteoporosis Intern	15(12)	2004	964-969	Cost analys	A randomized controlled trial was p	Falls	NO	http://www.springerlink.com/...	Institute for Res	NO
25	Preventing falls among communit	Hombrook M, et al.	Gerontologist	34(1)	1994	16-23		A randomized trial of falls preventio	Falls	NO	http://intl.gerontologist.gerontologyjourna...		NO
26	A randomized, controlled trial of a	Tenstaedt S, Howla	J Gerontol B Psych	53(6)	1998	P384-P392		A randomized, single-blind controlle	Falls	NO	http://psychsoc.gerontol.org/...	New England	NO
27	The elderly patient with burns. Con	Housinger T., Saff	Am. J. Surg.	140(6)	1984	817-820		A retrospective analysis of 55 elder	Burns/Fri	NO	http://www.ncbi.nlm.nih.gov/entrez/...		NO
28	Circumstances and consequences	Campbell AJ, Bonie	Age Ageing	19(2)	1990	136-141		A sample of 761 subjects 70 years	Falls	NO	http://ageing.oxfordjournals.org/...	University of O	NO

Since March 2006, after CEREPRI undertook the coordination of the WG2, the systematic search was conducted in order for peer-reviewed articles, books and relevant organizations and websites to be identified. The content of the database was extracted into three separate Excel files (see Picture 3) for peer-reviewed articles, books and related organizations, and was sent to the WG1 Coordinator in order to be uploaded.

Description of the Information included in the Database

The database contained 809 entries, distributed as follows:

Total Records: 809¹

Breakdown of the records

Articles: 522

Books: 102

Related organizations: 185

A detailed description is provided in the sections that follow for each type of information included in the database.

¹ **Note 1:** During the search, fact sheets, reports, leaflets, etc. were also located and will be included in the next review report along with additional peer review articles and books.

Note 2: Interventions will also be included in the next literature review report (including the interventions provided to CEREPRI by all of the EUNESE partners as well as the interventions included in the Systematic Literature Review).

Peer Reviewed Articles

In regards to the peer review articles, information provided to WG1 for each article include:

- Title
- Author(s)
- Journal where the article was published
- Volume number
- Year of publishing
- Page numbers
- Abstracts
- Priority area
- If full text accessibility (online) is available
- Links (abstract and full text, if available)
- Organization's name

Keywords (if available) as well as type of the articles (research paper, review, policy document, etc.) are provided.

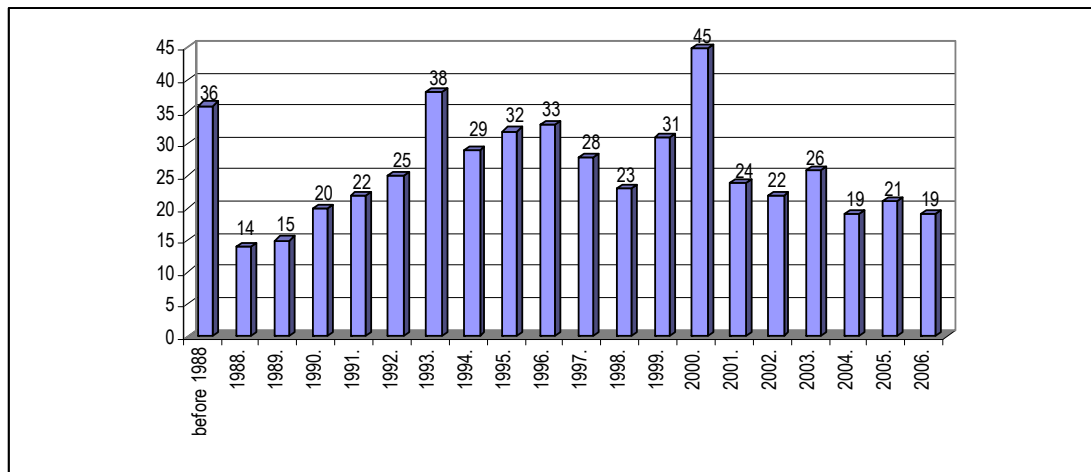


Figure 1. **Peer-reviewed articles by publication year.**

- Of the 522 articles recorded, 33.7% (176) were published during the period 2000-2006, 53.8% (281) during 1990-1999 and 12.6% (65) before 1990. In Figure 1 the distribution by “publication year” is illustrated.
- Articles titles, authors and journals are provided for all of the records. Page numbers are not provided for 17 out of 522 articles.

- Of the 522 articles, abstracts are provided for 473 and were not available or not found for the remaining 49 articles (see Figure 2).

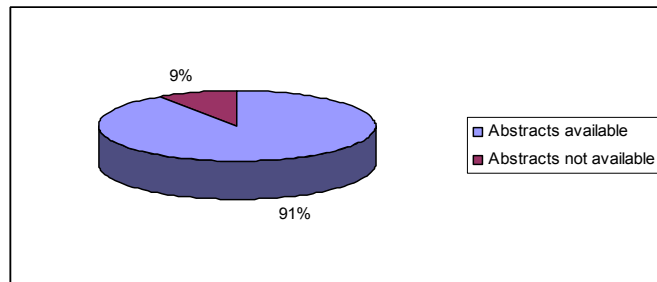


Figure 2. Availability of abstracts in peer-reviewed articles

- From the total amount of articles found, web links are available for 485 and unavailable for 38 (see Figure 3).

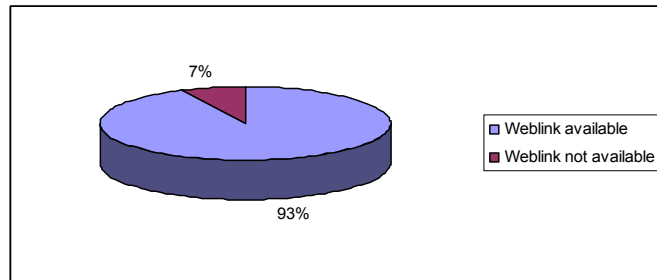


Figure 3. Web link availability in peer-reviewed articles

- Free full text accessibility (online): Only 19% (100 articles) were accessible full text for free while more than 80% (422) were not accessible (see Figure 4)

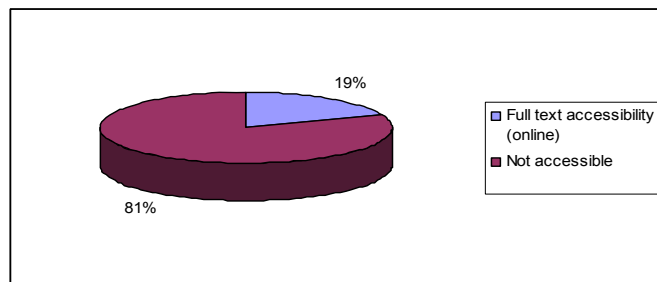


Figure 4. Free full text accessibility in peer-reviewed articles.

- Regarding the type of the articles, in the vast majority these are research papers (363) and reviews (72). Research papers are mainly RCTs (Randomized Control Trials) [almost one third], cohort studies, prospective studies, cross-sectional studies, case-control studies and case studies, cooperative studies, descriptive (observational) studies, retrospective studies, quasi-experimental design studies, etc. Reviews include systematic reviews, Cochrane reviews, meta-analyses, retrospective studies, etc. There are also 21 articles referring to interventions' evaluations and/or descriptions, 4 referring to guidelines and 16 in the category "other", which includes reports, newsletters, fact sheets, editorial notes, symposium abstracts, etc.
- Regarding priority areas, the majority of the articles (318 articles, consisting of 61%) refers to falls and fall related injuries, prevention, interventions, etc. Almost

1/5 (102 articles) includes a combination of elderly-related injuries. Fifty-three refer to burns, fire and flames; 20 to road traffic injuries; and 13 to geriatric trauma in general. For drowning and poisoning only 3 and 4 articles respectively, were found. It is obvious that the vast majority of literature and research work regarding injuries among elderly people are directed mainly to falls.

- Located articles were published in 155 different journals. The “Journal of the American Geriatric Society”, “Age and Ageing” and “British Medical Journal” were the most frequent with 69, 46 and 18 records respectively. Of the fifty-four Journals in the list, from 2 to 16 articles were located, while the remaining 98 articles were located in 98 different Journals. The full list of Journals as well as the number of articles recorded from each of them are included in APPENDIX 2.5.

Books

A total of 102 elderly-related books have been recorded in the database. Most of these books do not refer exclusively to elderly-related injuries, but all of them include information regarding this age group. In Figure 6 the type of injury the books addressed is illustrated

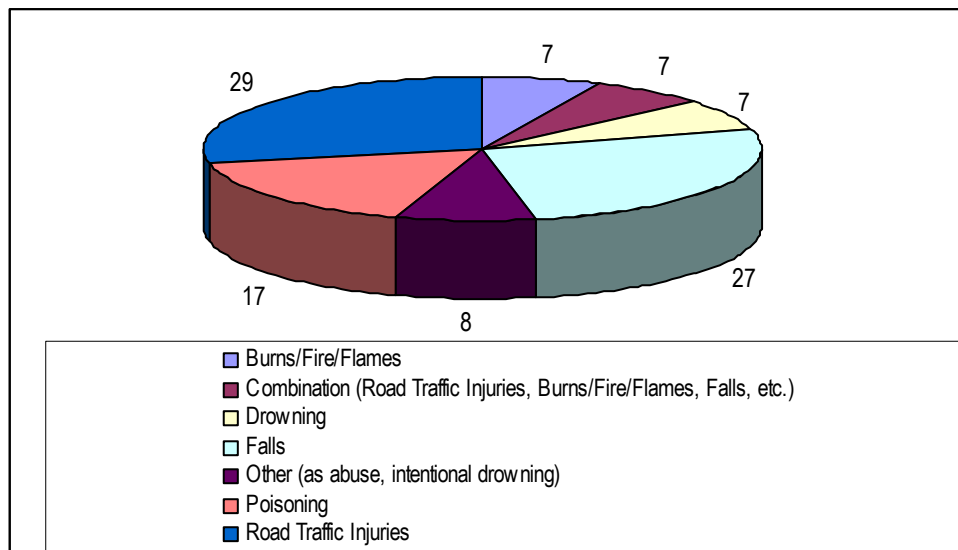


Figure 6. Books by type of injury addressed.

For all of the books the following information is provided:

- Title
- Author(s)
- Year
- Editions
- ISBN (or OCLG respectively)
- Priority area
- Comments (if available)

Deliverable 4: Information regarding application and effectiveness of elderly injury prevention policies, practices and activities

Systematic Literature Review

The first draft of a Systematic Literature Review aiming to identify interventions designed to prevent injuries in the elderly for the 5 lead causes of death among the elderly in EU-25 has been prepared and sent to the Steering Committee members for their review (a sample can be found in APPENDIX 2.6 while the full report is available on the Web-board).

The same database (see APPENDIX 2.5) that has been used to describe gathered documents was also used in order for the identified interventions to be described.

Future Tasks

During the first year of the project, 57% of the working budget was used. The remaining 43% of the budget was not used by the current coordinator of WG2 for the continuation of the activities. Pending discussion during the next annual meeting of the project. All of the tasks performed by CEREPRI were covered by its own budget. For the good progress of the project the following tasks are to be performed during the last year of the project:

Deliverable 1: List of information sources

The “Who is Who Elderly Related Organisations” database will be updated throughout the entire duration of the project and the updates will be forwarded to WG1 Coordinator in order to be uploaded in the website.

Deliverable 2: Pertinent injury and/or mortality data

Mortality data

A report entitled “Patterns and evolution of unintentional injury mortality among elderly Europe” will be prepared and summary figures will be made available for the dissemination purposes of the project.

Morbidity data

A report entitled “Proportional indicators morbidity due to injuries among the elderly in the EU-25” will be compiled and summary figures will be made available for the dissemination purposes of the project.

The data provided by the NDA’s and the corresponding model tables will be cross-checked for validity and possible discrepancies with the respective data from the IDB webgate.

Deliverable 3: Articles, publications and research papers relevant to the project

The database with related published and grey literature will be updated throughout the entire duration of the project and will be forwarded to the WG1 Coordinator in order to be uploaded on the website.

Deliverable 4: Information regarding application and effectiveness of elderly injury prevention policies, practices and activities

The Systematic Literature Review will be updated and finalized during the last year of the project. Extracted information will be provided to the WG1 coordinator in order to be disseminated through the website, as well as a short description of the literature review.

Interventions published in several EU languages

The updated list will be available to the WG1 coordination in order to be disseminated through the website preferentially in native EU-languages, if so provided and this information will be forwarded to the WG1 coordinator in order to be disseminated through the website.

3.3 Working Group 3: Pilot Projects

Working Group Structure

Coordinators:

- Agis Terzidis, CEREPRI, *University of Athens, Greece* in collaboration with
- Constantin Scarvelis in consultancy role

Members:

- Maria Benyi, *Fodor Jozsef National Center for Public Health, Hungary*
- Claudio Detogni, *Azienda ULSS 20 Verona, Italy*
- Szczerbińska Katarzyna, *Jagiellonian University Medical College, Poland*

Brief aim

The Working Group “Pilot Projects” has the responsibility to formulate, plan and implement specific operational pilot projects that would create measurable injury prevention efforts targeting the two main sub-segments of the elderly population (those self supported and those living in supportive communities).

Therefore, the main objective of the pilot projects is to test the applicability and enforceability of specific injury prevention measures. The pilot projects are being implemented in 4 countries, including 2 new member states.

Deliverables

- **D1:** Definition of the methodology of the pilot projects (Completed, Year 1)
- **D2:** Detailed description of each pilot project, including methodology
- **D3:** Implementation of the pilot projects
- **D4:** Report detailing the methodology, implementation process and results of the Pilot Projects
- **D5:** Dissemination of the projects’ results and experience

Work Progress

Deliverable 2: Detailed description of each pilot project, including methodology

-
- The detailed description for the interventions that are going to be implemented has been finalized for all but Pilot Project 2.

- The methodology that is going to be followed in order for the effectiveness of the implemented interventions to be evaluated, has been either drafted or finalized for all but Pilot Project 2.

Deliverable 3: Implementation of the pilot projects

The preparation of materials and implementation are the main tasks to be fulfilled by the pilot projects by December 2006. Following respective request by the Pilot Projects leaders from the new Member States, the main beneficiary accepted requests for further expansion and the WG32 Coordinator has communicated and assisted them in order to resolve any problems and to better oversee implementation and evaluation of the projects. Moreover, assistance on the organisation of the dissemination was provided whenever appropriate. Despite the fact that the pilot projects are in different stages of development, the majority seem to be progressing according to the schedule. Pilot Project 2, which seems to have rather insurmountable methodological flaws; special efforts has been dedicated to assist the partner but the compliance of the respective organisation seems to somewhat deviate from the expected one. On the other hand, the other two projects undertaken in the two new member states, namely Hungary and Poland seem to process successfully and it was judged appropriate to increase their budgets on the expenses of WG3 Coordinator as follows:

Pilot Project 1. The pilot project will be subsidized in kind and the participant will be offered audiovisual materials with the respective cost covered from the WG3 Coordinator's budget.

Pilot Project 3. The budget of this pilot project increased in order to implement the intervention in more sites.

Future Tasks

During the first two years of the project, 30% of the working budget for the coordinating work was been used. For the remaining 70% of the budget that has to be spread out over the last year of the project, the WG3 Coordinator proposes the following tasks for the good progress of the project:

Deliverable 3: Implementation of the pilot projects

By the end of 2006, implementation of all of the pilot projects will be completed and it is expected that by October 2006, dissemination of all of the pilot projects' materials will begin.

Deliverable 4: Report detailing the methodology, implementation process and results of the Pilot Projects

Reports on Model methodologies to design, develop, implement, and evaluate pilot projects for injury prevention among the elderly will be assembled by the WG3 Coordinator. Emphasis will be given on facilitating factors and ways to overcome adversities.

The outline of this report will be presented by the WG3 Coordinator during the 3rd Managerial Meeting of EUNESE in order to be discussed and consensually agreed upon by the EUNESE partners.

Deliverable 5: Dissemination of the projects' results and experience

Given that the pilot projects are in different stages of development, dissemination work has been already initiated by the Hungarian and the Greek projects. The full range of materials to be disseminated will be available by October 2006 and the materials will be distributed both on National and EU levels, as appropriate.

Results from individually evaluated pilot projects will be disseminated through various channels. A first draft for the dissemination strategy that is going to be used will be developed by the WG3 Coordinator and by each of the Pilot Project Coordinators for their country and will be discussed and finalized during the WG3 meeting and the 3rd EUNESE Managerial Meeting that will be held in September on Crete.

3.3.1 Hungary: Prevention of injuries among elderly in two counties

(Report prepared by the Pilot Project Coordinator)

Pilot Project Structure

Coordinator:

Mária Bényi, *Fodor József National Centre for Public Health, Hungary*

Partners:

- University of Pécs, Faculty of Health Sciences, Department of Public Health, Hungary
- University of Pécs, Illyés Gyula College Faculty, Department of Welfare, Hungary

Aims

The aims of this pilot project were to collect basic epidemiological data in two counties of Hungary regarding injuries among elderly people, to assess the risk factors of falls among independently living and elderly living in residential care settings, to disseminate information to care givers and elderly citizens concerning injury prevention techniques and, finally, to improve the teaching material for students, who will eventually be involved in the caring of elderly people. The project was expanded as it was finally implemented in 6 counties of Hungary instead of two.

Products

- Questionnaires concerning injuries among independently living elderly as well as those staying at nursing homes (environmental and medical risk factors, type of the institution, type of injury etc.)
- Epidemiological database on falls and consequences of falls among elderly, 65 years old and older. Internal and external risk factors of falls and other injuries will be obtained among elderly above 65, living alone and in institutions.
- Leaflet on injury prevention for elderly
- Campaign intending to provide information and sensitization for injury prevention among elderly
- Educational program intending to improve knowledge of the students studying health and social sciences regarding injury prevention among elderly

Work Progress

Implementation

a) Institutionalized elderly citizens:

During the second year, the following activities were performed:

- The program with elderly living in Nursing Homes continued and was expanded in 6 additional counties in Hungary – instead of 2, as it was initially planned. The extension of the survey that was initially implemented in the Baranya County had as a result that the Pilot Project Coordinator has available information for more than 100 Nursing Homes in Hungary. The response rate of the directors of Nursing Homes was quite good, as almost 70% answered the questionnaire.
According to the results of the expanded survey that was conducted during the first 3 months of 2006, in which epidemiological data for falls in Nursing Homes were collected for more than 8000 elderly (this number represents almost 1/5 of all Hungarian elderly people living in Nursing Homes.) The results were very similar with those obtained from the survey conducted only in the Nursing Homes of Baranya County, indicating that about 20% of the elderly living in Nursing Homes suffer at least one injury per year due to an accident– basically falls – occurring in the Nursing Home. A description of the survey conducted as well as its results have been summarized and presented on the PH Center's website at the following address: <http://www.balesetmegeloz.atw.hu/>. These results were also sent to the chief medical officers at county level and they were asked to make these nursing homes more safe, during their regular activity.
- A tai chi DVD (30 minutes duration) has been created [APPENDIX 3.1]. It consists of a general overview of the tai chi program including the philosophy and some small exercises for all ages
- The tai chi DVD presented at the conference that was organized by the Ministry of Health and held in October 2005. The participants in this Conference were public health and health promotion professionals as well as chief district nurse visitors.
- After this conference the DVD was sent to all Nursing Homes that expressed an interest. More than 40 copies were sent throughout Hungary.
- The tai chi program was implemented and expanded for 7 Nursing Homes.
- Upon request of nursing homes, workshops for public health professionals at county level were performed. Three workshops have been already performed. The

material used in the workshops was the DVD of tai chi and the leaflet as well as a presentation that can also be accessed (in Hungarian in both written and oral form) through the PH Center website at www.modszertan2001.hu.

The workshop duration was 2-3 hours and it consisted of:

- lecture on the problem of injuries
- lecture on the prevention of falls and other home injuries
- presentation on the National Public Health program, the illnesses of elderly in connection to falls, the third was basically mental health – and the physical and mental effect of tai chi
- the tai chi was demonstrated in practice, with the active participation of the audience

b) Independently living elderly:

- The survey on independently living elderly was done during 2005. The information we collected was useful. During the second year, more effort was placed on disseminating the knowledge we had so far regarding risk and burden of injuries.
- A leaflet [APPENDIX 3.2] was developed targeting independently living elderly and 5000 copies were produced. A total of 4500 leaflets was disseminated as follows:
 - Distributed during special lectures on risk and prevention of falls that were offered to general public. In order to make these lectures more attractive, tai chi was also presented by tai chi trainers.
 - Sent to National Public Health Institutes at county level, and were used by health promotion professional at their meetings (The process of fall prevention could be widespread with the help of this professionals. They belong to National Public health services we are working in the same network)

Evaluation

a) Institutionalized elderly citizens

The intervention consisted of the tai chi program and the lectures on the burden of injuries that was organized and implemented with nursing home keepers, social workers and nurses working in Nursing Homes. The acceptance of the lectures from

the participants was very good and they reported that the information provided was new for them. They also expressed their interest to use the tai chi program. In addition to that, we have already received feedback that some of them use this method successfully.

b) Independently living elderly

Elderly people seemed to be very willing to participate in lectures on risk factors of falls and to be informed about the possible ways to reduce injuries at home. More interesting was the fact that they also loved the tai chi presentation and were happy to participate in some of the exercises.

Dissemination

a) Institutionalized elderly citizens

- The PH Center website (www.balesetmegeloz.atw.hu) greatly contributed to the dissemination of information.
 - Information on injury prevention in the elderly population was uploaded on the website of the Centre for Public Health. Some Nursing Home keepers found information there, and requested the organization of a workshop in order to train their employees.
 - The leaflet was also uploaded on the website, at the address www.balesetmegeloz.atw.hu, in order to provide the opportunity to any interested party to reproduce it.
- A good collaboration was established with the Methodological Nursing Home of Budapest. In this context, information regarding the EUNESE project has been uploaded on their website, providing easy access to this information to all Nursing Homes in Hungary.
- The Tai chi DVD was reproduced in the PH Center, so it was easy to send it to anyone who was interested, free of charge. More than 40 DVDs were distributed to Nursing Homes.

b) Independently living elderly:

Dissemination of the information on injury prevention through National Public Health Institutes seemed to be very successful. As all of these institutes have health

promotion departments, they can professionally implement the intervention at county or local level, throughout Hungary.

Future Tasks

During the first two years of the project, 50% of the expanded budget was used. For the remaining 50% of the working budget that has to be spread out over the last year of the project, the PP1 Coordinator proposes the following tasks for the good progress of the project:

Implementation

a) Institutionalized elderly citizens:

- In order for the intervention to be implemented as broadly as possible, efforts are planned to be made in order for the network to be built not only via Internet but also through personal communication with the professionals dealing with elderly people (geriatrics, nurses, social workers).
- A broader network will also strengthen future educational programs (on the reason for falls, methods of prevention).
- An educational program about tai chi is also planned to be performed to health care providers.

One facilitating factor could be that a permanent group of professionals, dealing with elderly people (physicians, geriatrists, nurses) is going to be established at county level. For Baranya County, the place of this working group will be at the University of Pécs, Faculty of Health Sciences, Department of Public Health. On the contrary, some difficulties may be caused by the fact that the social service sector has moved to a new location and a way for reaching nursing homes in this new structure should be established.

b) Independently living elderly:

- The organization and implementation of a campaign for the entire country is envisioned. Part of this work will be based on the creation of a poster with a large number of copies being produced, as well as through media a campaign.

- An effort to involve social nurse visitors in the program in Baranya and Tolna counties will be made and, if successful, the independently living elderly will be reached in their homes in order to provide them with individualized advice. (It depends very much on capability of the social service sector.)
- A conference on elderly will be held in autumn 2006. In this context a workshop will be organized for those people from National Public Health Institutes, who are eager to run a program in their county for elderly people.

Evaluation

- Process evaluation is designed to be applied to the interventions targeting both independently living elderly and elderly living in Nursing Homes. More specifically, the evaluation is going to be made via indicators like the number of lectures held, the number of health care providers participated in the trainings, the number of leaflet and poster recipients, etc.
- The Nursing Homes that asked and received the tai chi DVD will also be conducted in order for its applicability to be evaluated.
- A second survey in Nursing Homes of Baranya County is also scheduled in order to evaluate if any changes have been made in the infrastructures of the buildings.

Dissemination

A plan for the dissemination of both the results and the products developed in this project at National level will be presented by the Pilot Project coordinator during the 3rd EUNESE Managerial Meeting where it will be finalized.

The plan for the dissemination at EU level will also be presented by the WG3 Coordinator in order to be discussed and agreed upon during this meeting.

3.3.2 Prevention of falls and fractures among elderly women in Veneto, Italy

The 2nd Interim Report provided by the Coordinator of this Pilot Project is included unedited by the Project Leader in APPENDIX 3.8.

Pilot Project Structure

Coordinators:

Claudio Detogni, *Azienda, ULSS 20 Verona, Italy*

Maidar Ensunza Arrien, *Azienda ULSS 20 Verona, Italy*

Partners:

University of Verona, (*Faculty of Medicine and Surgery*), *Italy*

Azienda Ospedaliera di Verona, *Italy*

Aims

The main objectives of this pilot project are to prevent falls and fractures among the elderly people (over 65), especially among women, to improve the knowledge elderly people have about risk factors of injuries, and to raise awareness and sensibility among the population as well as among doctors.

Products

- Questionnaires intending to measure environmental risk factors, home injuries, nutrition and use of medication
- Information- “awareness raising” campaign
 - Development of a leaflet on injury prevention for elderly
 - Organization of two small scale educational activities (workshops).

Work Progress: (Comments by the Main Beneficiary)

Continued efforts have been made to assist the partner in completing the following assigned tasks: to deliver the detailed protocol as was the case with the three other project coordinators for approval by the Steering Committee; to comply with a methodologically sound protocol; to adhere to the stated goals and objectives for the collection of data; and to describe a sound though short, intervention as well as the respective evaluation and dissemination components of the project. Unfortunately

these efforts have not yielded so far the expected results. The 2nd Interim report submitted by the Pilot Project coordinator includes arbitrary changes in the anticipated activities without the consent of either the Steering Committee or the Project leadership. Moreover, the future tasks mentioned seem to be inconsistent with both the original work plan and the products submitted in the beginning of the project. Despite the consistent efforts on the part of the Steering Committee and the Main Beneficiary considerable delays have been noted as well as a seemingly unwillingness to carry out the remaining tasks, it was deemed mandatory by the Steering Committee to send the formal letter informing the EC and requesting a site visit.

3.3.3 Injury prevention among elderly living in Nursing Homes in the frame of the EUNESE project

(Report prepared by the Pilot Project Coordinator)

Pilot Project Structure

Coordinator:

*Katarzyna Szczerbińska, Jagiellonian University Medical College
Institute of Public Health, Health Promotion Unit, Poland*

Partner:

Municipal Welfare Authority responsible for quality of care in Nursing Homes-Poland

Aims

The main aim of this pilot project is to reduce the number of injuries in Nursing Homes. Specific objectives are to enhance knowledge among the personnel regarding falls prevention, to elaborate and implement a monitoring system for falls in the Nursing Homes institution, to implement a control trial educational intervention with follow up, to ameliorate the implementation of preventive procedures, and to monitor changes in the number of falls and other indicators observed in order to measure the change.

Products

- An injury monitoring chart
- Educational package
- Training plan
- Final report

Work Progress

Implementation

During the second year of the project, the following tasks were undertaken and finished:

1. Based on material prepared during the 1st year of the project a training on “Falls prevention in the Nursing Homes” was performed according to the training plan in four times to different groups of professionals (nurses, personal aids,

physiotherapists, occupational therapists), in the nursing homes. This training (educational intervention) concerned risk of falls' assessment, rehabilitation, psychological, and other aspects. It included the practice guidelines of falls prevention among the elderly (Oct-Dec.2005).

2. The educational package for professionals in Nursing Homes was developed and spread among the nurses, personal aids,, physiotherapists, occupational therapists and other medical workers (Oct-Dec.2005).
3. During the entire time since training, the Nursing Home staff has been guided and supervised on implementing the risk of falls assessment and performing the practice guidelines (Implementation of falls' prevention program). It is ongoing now and planned to be extended for the next months until October 2006.
4. The revision of medication has been started and is ongoing now.
5. The monitoring of falls incidence has been started from the beginning of the intervention project (August 2005) and is ongoing now and planned to be performed until December 2006).

Evaluation

The first evaluation of the results from falls registration charts showing the incidence, causes and characteristic features of falls among the elderly, was presented during the EUNESE Managerial Meeting in Eretria in October 2005. The first results concerned the incidence of falls in 3 Nursing Homes in Poland (on the base of 30 cases during 3 months observation) and its characteristics:

- what injury happened (mostly falls without serious injury)
- where it happened (mostly in the room nearby bed)
- at what time (mostly in the evening)
- what risk factors were responsible for the fall (gait and balance problems).

Lessons learned

In the following paragraphs the difficulties encountered during the implementation of the intervention program in the Nursing Homes are described, along with the solutions found in order to overcome them:

- revision of medicines has been done but it was proved that there was no possibility for changing them due to a legal obligation that medication can be

ordered only by family doctors and the pilot project coordinator has no influence on their decisions; A proposal will be included in the final report for dissemination of recommendations for family doctors to pay more attention on detecting fall episodes and revise medication in case of it.

- in order to manage to attract the attention of professionals to falls prevention, the practical training took much more time and needed more supervision than was initially anticipated. Based on that, one could conclude that special efforts should be addressed in order to achieve some changes related to the culture of both the health care professionals and the general population. In the final report it will be recommended that some legal changes concerning the obligation of reaching quality standard of care in NH homes should be implemented.
- the number of residents included into the intervention project was lower than we expected due to the high number of the bedridden and very frail persons that could not be taken for risk of falls assessment, because they do not stand at all. In order for this problem to be solved, the project and its budget were extended to include 8 Nursing Homes (5 control and 3 intervention Nursing Homes) instead of the 3 that were originally anticipated. This decision was consensually taken by all the members of the Steering Committee, the WG3 Coordinator and the Project Leader.

Future Tasks

In order to expand the pilot project in more settings, the budget that was originally allocated was increased by 51,7%. During the first two years of the project, 30,2% of the expanded budget was used. For the remaining 69,8% of the working budget that has to be spread out over the last year of the project, the PP3 Coordinator proposes the following tasks for the good progress of the project:

Implementation

1. The monitoring of falls incidence till the end of December 2006
2. The monitoring of other indicators for measuring the intervention effects till the end of December 2006
3. Supervision of intervention till October 2006 (with revision of medicines)
4. Elaboration of a coding mask for data coding – on July 2006
5. Coding of the data – July-Dec. 2006

6. Statistical analysis of results – Dec. 2006 – Jan.2007.

Evaluation

1. Evaluation of whole PP in Poland and report (finished on March 2007)
2. Final report (finished on May 2007)

Dissemination

A plan for the dissemination of both the results and the products developed in this project at National level will be presented by the Pilot Project coordinator during the 3rd EUNESE Managerial Meeting where it will be finalized.

The plan for the dissemination at EU level will also be presented by the WG3 Coordinator in order to be discussed and agreed upon during this meeting.

3.3.4 Virtual modelling of a safe household environment for elderly citizens

(Report prepared by the Pilot Project Coordinator)

Pilot Project Structure

Coordinators:

- Agis Terzidis, *CEREPRI, University of Athens, Greece* in collaboration with
- Constantin Scarvelis in a consultancy role

Partners:

- Efstratia Toumpi, Architect, Greece
- Athanasios Dinapogias, Psychologist, Greece

Aims

The main aim of this pilot project is to provide the elderly with simple design solutions and guidelines to make their home safe. It also provides architects and civil engineers with the essentials they need to jump-start the design of a safe environment for the elderly. Finally it will be a resource for students and teachers of gerontology.

Products

- An academic report with background information of a safe home containing pictures and diagrams
- A glossary, containing an A to Z home-safety information for the use of elderly, accompanied by easy to follow sketches (completed)
- A technical report for designers, civil engineers and architects with all of the details to jump-start a design of a safe home
- A compact disc containing the 3d visual plot by using a walk-through exploration of the exterior and interior of the house. The walk-through will be accompanied by a verbal explanation focusing on the most important aspects of the design. (completed)

Work progress

Implementation

- The first draft of the academic report containing information on the “safe home” has been developed and is going to be updated in the 3rd year.

- The development of the 3d visual plot of the prototype house (all rooms) (APPENDIX 3.6) has been completed and by the end of August it will be translated into Greek. The PP4 Coordinator has also established collaboration with the University of Crete (Technological Department of the University) and has included the pilot project in the project SMART HOME. Stakeholders in the field (architects, engineers) were asked to perform a preliminary evaluation of the material and by the end of August their answers will be analyzed, in order to proceed to production of the necessary material (floor plan-APPENDIX 3.5).
- The glossary with home-safety information (APPENDIX 3.4) has been finalized and their non-technical parts that considered to be useful to the general population, has been translated into Greek in order to distribute it among the elderly. The material will be available by 15 September in order to begin implementation of the intervention and dissemination by the end of that month.

Evaluation

A detailed design for the pilot project's evaluation [APPENDIX 3.7] has been created and approved by the Steering Committee. It was also presented during the Project meeting held in Athens on 13 February 2006 in the presence of the Internal Evaluator and the WG coordinators.

Dissemination

The "Safe Home" leaflet (APPENDIX 3.3) has been disseminated in the following National and International Conferences:

- Pre-event to the first European Conference on Injury. Prevention and Safety Promotion Towards a Safer Europe: Time for action (29 September-1 October 2005, Eretria, Greece)
- 9th Panhellenic Conference on Gerontology-Geriatrics (26-28 January 2006, Athens, Greece)
- "KLIINIK 2006" (30 January – 02 February 2006, Tartu, Estonia)
- 8th World Conference on Injury Prevention and Safety Promotion (2-5 April 2006, Durban, South Africa)
- 15th International Safe Community Conference (9-11 April 2006, Cape Town, South Africa)

- 2nd International Symposium on Social and Applied Gerontology (26-28 April 2006, Antalya, Turkey)

The leaflet is also disseminated by the PP1 Coordinator through the Fodor Jozsef National Centre for Public Health in Hungary at the following address:

<http://www.balesetmegeloz.atw.hu/>

Future tasks

During the first two years of the project, 45% of the expanded budget was used. For the remaining 55% of the working budget that has to be spread out over the last year of the project, the PP4 Coordinator proposes the following tasks for the good progress of the project:

Implementation and Evaluation

After the pre-questionnaire measure, staff members of the OCCE will be informed (via a short lecture or presentation) of the objectives of the Safe Home intervention and its material. Demonstration of the material listed below will be the next step in the implementation:

- Informational Leaflet
- 3D visual plot of the prototype house (navigation by collaborator)

After the material is presented, there will be a discussion with the participants on elderly safety-related issues, mainly regarding the objectives as well as the properties of the material.

A Post-questionnaire will be completed at the end of this process. The Post-questionnaire (that is also currently under development) will include questions about knowledge and attitudes (in order to be compared with the respective measures of the pre-questionnaire measure) as well as issues regarding the degree of satisfaction concerning the quality of the material, if participants seem to be persuaded and to what extent, as well as for the process of the implementation.

The comparison between pre- and post- measures will be undertaken after the completion of the implementation in at least four OCCE (Corfu, Heraklion, Athens and Volos) in order to evaluate the effectiveness of the Safe Home interventions in this target group.

The implementation and the evaluation process for the second target group, namely the elderly, will be similar. Some differences include the usage of different evaluation tools (structured interviews instead of questionnaires, as it anticipated that would be difficult for the elderly to complete questionnaires for many reasons), while the introductory information will be given as a short lecture. An effort will be made to also assess the sensitization of the local community to the problem.

Dissemination

A plan for the dissemination of both the results and the products developed in this project at National level will be presented by the Pilot Project coordinator during the 3rd EUNESE Managerial Meeting where it will be finalized.

The plan for the dissemination at EU level will also be presented by the WG3 Coordinator in order to be discussed and agreed upon during this meeting.

3.4 Working Group 4: Best Practices Manual and Information Leaflets

Working Group Structure

Coordinator:

- Johan Lund – Norwegian Safety Forum - Norway

Members:

- Lorenza Gallo, Azienda ULSS 18 Rovigo – Italy
- Androula Agrotou, Christodoulos Kaisis, Medical and Public Health Services – Cyprus
- Rene Meier, Institute for Community and Regional Development – Liechtenstein
- Izabela Mateffy, Department of Psychiatry in University Hospital Ruzinov, Bratislava – Slovak
- Birthe Frimodt-Moller, Søren Kølster - National Institute of Public Health, Viborg County - Denmark

Brief aim

The main aim of this Work Group is to develop and promote a best practice policy manual with the definitions and the cross cutting policy priorities for sustainable injury control and safety promotion in an aging EU society, both for independently living and elderly living in Nursing Homes. The manual details cost-effectiveness and evidence-based best practices for prevention of injuries in the elderly.

Deliverables

- **D1:** To evaluate and synthesize the best practice information gathered by WG2, taking into account the spectrum of the EU injury risk profiles and types of injuries encountered by senior citizens
- **D2:** To create a best practices policy manual for sustainable injury control and safety promotion in an aging EU society, both for independently living and nursing home elderly.
- **D3:** To develop information materials/leaflets (master copy) addressed to independently living elderly, professional care givers for elderly, and non-professional care givers for elderly (e.g. family members)

- **D4:** To develop presentations, website content and all other material required for disseminating the contents of the policy manual

Work Progress

During the second year of the project's life the tasks and administrative functions undertaken by Working Group (WG4) are:

Deliverable 1: To evaluate and synthesize the best practice information gathered by WG2, taking into account the spectrum of the EU injury risk profiles and types of injuries encountered by senior citizens.

The material gathered by WG2 was evaluated and synthesized during the beginning of the 2nd year as a basis for the policy manual.

Deliverable 2: To create a best practices policy manual for sustainable injury control and safety promotion in an aging EU society, both for independently living and nursing home elderly.

The policy manual was completed during the 2nd year after discussion of four drafts in the working group, and after it was also reviewed by 4 external evaluators. A draft was also sent to the rest of the members and WG coordinators for review before the meeting in Eretria in September 2005.

One of these revisions was based on the review performed by the WG members and the Project Coordinator during the WG4 meeting held in Eretria on the 28th and 29th of September 2005 .

The final review of the Policy Manual was made during the Project meeting held in Athens on the 13th of February 2006 by the Steering Committee members, WG coordinators, Internal Evaluator and the Project Management team. In APPENDIX 4.1 a sample of the Policy Manual is illustrated while the full document can be accessed either through the EUNESE website or the Web-board.

Deliverable 3: To develop information materials/leaflets (master copy) addressed to independently living elderly, professional care givers for elderly, and non-professional care givers for elderly (e.g. family members)

This work started during the 2nd year by collecting samples from various countries. Information provided by Dr. Dawn Skelton, the Scientific Coordinator of the Prevention of Falls Network Europe (ProFaNE), who has made a survey on how the elderly people in various countries understand preventive messages, was also collected. This is an important input in deciding on the content of the leaflets, and also how the leaflets should be designed.

Deliverable 4: To develop presentations, website content and all other material required for disseminating the contents of the policy manual

The policy manual (on CD) was distributed during the first European Conference on Injury Prevention and Safety Promotion in Vienna in June 2006. It will also be uploaded on the EUNESE website.

Future Tasks

During the first two years of the project, 50% of the working budget was used. For the remaining 50% of the budget that has to be spread out over the last year of the project, the WG4 Coordinator proposes the following tasks for the good progress of the project:

Deliverable 2: To create a best practices policy manual for sustainable injury control and safety promotion in an aging EU society, both for independently living and nursing home elderly.

The first version has been completed. However, some additional proposals for the content have been received.

Before printing the Policy Manual, a final revision is going to be made in order for some additional comments to be included. During the 3rd EUNESE Managerial Meeting in September 2006, a decision will be taken regarding inclusion of the

proposed comments in a final version that will be printed just after the September meeting. In case of important developments in related areas, an update is anticipated to be undertaken, but only in the electronic format. This task will be undertaken by CEREPRI.

Deliverable 3: To develop information materials/leaflets (master copy) addressed to independently living elderly, professional care givers for elderly, and non-professional care givers for elderly (e.g. family members)

This will be developed during August 2006 and will be discussed during the EUNESE Managerial and WG4 meetings in September 2006, to be finalized during the spring of 2007.

Deliverable 4: To develop presentations, website content and material required for disseminating the contents of the policy manual

This will be developed during August 2006 and will be discussed during the EUNESE Managerial and WG4 meetings in September 2006, for finalization before the beginning of 2007.

3.5 Working Group 5: Feasibility Study

Working Group Structure

Coordinator:

Francesca Valent – University of Udine, Medical School – Italy

Members:

- Thomas Henke, Ruhr-Universität Bochum, Lehrstuhl für Sportmedizin – Germany
- Gerhard Murza, LOEGD, Institute of Public Health North Rhine, Westphalia - Germany
- Iveta Bluka, Health Promotion Center – Latvia

Brief aim

The main aim of Working Group 5 is to design and conduct the feasibility study to test the sustainability of the network. In order for this aim to be achieved, a survey will be designed and conducted aiming to test the quality of the produced material, the achievement of the goals set by EUNESE, the effectiveness in establishing the network as well as to identify obstacles faced and ways to overcome them, and to anticipate costs as well as identify possible funding sources.

Deliverables

- **D1:** Design and conduct a feasibility study to test the sustainability of the EUNESE network
- **D2:** Final Report of the deliverables of the EUNESE programme and evaluation of their quality
- **D3:** Final report of the expected future benefits and the sustainability of the EUNESE network

Work Progress

Deliverable 1: Design and conduct a feasibility study to test the sustainability of the EUNESE network

Working Group 5 has been assigned the task of conducting a “feasibility study”. In more concrete terms, the feasibility study is designed to assess the results of EUNESE and determine if its objectives have been achieved. To this end, the study will focus on evaluating the EUNESE network and the main deliverables of the overall project. This information will subsequently contribute to an overall assessment of the added value of EUNESE in terms of injury prevention and the potential sustainability of the network for enlargement and future activities.

Due to the nature of WG 5’s tasks in assessing the results of EUNESE and achievement of its objectives, the primary activities of the working group started in January 2006. Initial activities have included the design and finalization of the detailed methodology for evaluation of EUNESE network and deliverables (APPENDIX 5.1). This was achieved with input from WG members and project leadership.

As outlined in the methodology, one of the primary sources of information for assessing the network is the WG coordinator survey and so the first 6 months of activities have been dedicated to the design and dissemination of WG coordinator surveys (disseminated by email on 11/05/2006 with follow-up on 05/06/2006-see APPENDIX 5.2). The purpose of this survey is to collect information on:

- a. initial objectives and expectations of each WG
- b. barriers to completing deliverables (communication problems, budget problems, etc.). Delays or reduced quality of the deliverables will be assessed as a result of obstacles encountered.
- c. outcomes/deliverables produced
- d. costs incurred (for the preparation of each deliverable and for its update/maintenance).

As of the date of this 2nd interim report, responses are still pending from some WG coordinators. The change in WG2 management may have a significant impact on the evaluation of their contribution to establishment of the EUNESE network. A complete evaluation of important deliverables from WG 2 may be hampered by the discontinuity in the persons producing them. WG5 is seeking input from the previous WG coordinator in order to overcome some of these obstacles but it is not yet clear at this point if they will respond to the request.

The other source of information in assessment of the EUNESE network and its sustainability will come from the network member survey. Consequently, in the first 6 months of activity we have designed the network member survey and are now in the process of finalizing it with the input from WG members and the project leadership. For the network member survey, all members as of the date of distribution will be surveyed (list provided by WG1). Contacts for potential funding sources will be solicited in the network member survey and a questionnaire will be distributed to these contacts as per the survey timeline. In the case that the network members do not respond with potential funding sources, we will survey them again at the Network conference. The purpose of this survey will be to collect information on the perceived benefits (for members themselves and for the prevention of injuries among the elderly) of the Network, and on the relevance and usefulness of the knowledge being produced. An important concern is the response rate from the network member survey. All reasonable efforts will be made to improve the response rate with telephone follow up of non responders.

Future Tasks

Even though the WG5 coordinator participated to most of the meetings and was regularly informed about the process of the project, due to the nature of WG5's tasks its activities started in January 2006.

Up to the end of the second year of the project's life, 50% of the working budget was used. For the remaining 50% of the budget that has to be spread out over the last year of the project, the WG5 Coordinator proposes the following tasks for the good progress of the project:

Deliverable 1: Design and conduct a feasibility study to test the sustainability of the EUNESE network

1. Finalisation and dissemination of network member survey and analysis—Jan 2007
2. Design, dissemination and analysis of potential funding sources—Feb 2007
3. Design, dissemination and analysis of 2nd WG coordinator survey—Feb 2007
4. Evaluation of EUNESE deliverables— by April 2007

The details of WG5 future activities including criteria for evaluation of EUNESE deliverables are contained in the methodology report. However to summarise, the major tasks that will be carried out include continuing collection of survey information and evaluation of results and EUNESE deliverables, assessment of the potential sustainability, and drafting and finalization of the report. Working group members have agreed to review and comment upon survey design and results. The final product of the working group will be a report outlining the feasibility and potential financial sustainability of EUNESE as a coordinated network for injury prevention in the European elderly population.

In the immediate future, the network survey should be finalised and disseminated by the end of July 2006 and results will be evaluated.

Deliverable 2: Final Report of the deliverables of the EUNESE programme and evaluation of their quality.

EUNESE deliverables will be evaluated as they are completed using the criteria outlined in the methodology report. Evaluation of the policy manual is underway. To be completed in May 2007

Deliverable 3: Final report of the expected future benefits and the sustainability of the EUNESE network

This deliverable will also be completed in May 2007.

Dissemination Plan. An initial dissemination plan was developed by the Project Management team and presented during the project meeting in Athens (February 13, 2006). Based on that, the detailed plan will be drafted in order to be discussed and consensually agreed upon by all of the partners, WG Coordinators and Steering Committee during the EUNESE 3rd Managerial Meeting in Crete in September 2007]

B. Participation in the Development of the Working Groups' Deliverables

EUNESE Network Building (WG1)

The Main Beneficiary team contributed to the efforts to expand the Network by disseminating the EUNESE promotional materials along with the Application Form in the following scientific events:

- Pre-event to the first European Conference on Injury. Prevention and Safety Promotion Towards a Safer Europe: Time for action (29 September-1 October 2005, Eretria, Greece)
- 9th Panhellenic Conference on Gerontology-Geriatrics (26-28 January 2006, Athens, Greece)
- "KLIINIK 2006" (30 January – 02 February 2006, Tartu, Estonia)
- 8th World Conference on Injury Prevention and Safety Promotion (2-5 April 2006, Durban, South Africa)
- 15th International Safe Community Conference (9-11 April 2006, Cape Town, South Africa)
- 2nd International Symposium on Social and Applied Gerontology (26-28 April 2006, Antalya, Turkey)

Additionally, the Project Coordinator contributed by providing comments and suggestions for all of the documents developed by the WG1 Coordinator.

EUNESE Website Content (WG1 & 2)

Information Gathering (WG2)

The task included gathering related publications, identifying organisations and seeking website links. All information was inserted and described in detail in Access

databases and also extracted into Excel files and sent to the WG1 coordinator to be uploaded on the project website. The information was also sent to all EUNESE partners in order to be enriched with national-wide information. The aim is to update these documents by the end of the project.

Mortality and morbidity statistics (WG2)

Model tables were produced by the Main Beneficiary team and are already available in the Injury Statistics Portal. Specific links with the project website are due. Detailed descriptions of these tasks can be found in Chapter 3.2 as regards morbidity data and in the First Interim Report as regards mortality data.

“Who is Who Elderly Related Organisations” Database (WG2)

The initial list of related organisations that is described in detail in Chapter 3.2, has been sent to all EUNESE partners in order to add organisations from their countries, and to the WG1 Coordinator in order to be uploaded on the website.

“Safe Home” Series of Materials (WG3)

The Main Beneficiary team advised the WG3 coordinator on the development and dissemination activities of the materials produced in the context of Pilot Project 4, as described in detail in chapter 3.3.4

Policy Manual (WG4):

“Priorities for safety among the Elderly in Europe: Agenda for action”

CEREPRI prepared further analysis of relevant data and handed the outcome to the WG4 coordinator and participated with fruitful comments in the course of the three reviews of the Policy Manual. Once the Policy Manual was finalized by WG4, the Main Beneficiary undertook the task for the formatting of the manual and the preparation for the printing along with 5-year strategic plan. Currently, the policy manual is available in CD format and 200 copies were disseminated in June 2006 during the 1st European Conference on Injury Prevention and Safety Promotion, held in Vienna.

The policy manual has also been sent to WG1 in order to upload it on the project's website, whereas it has been already uploaded in the Web-Board.

The electronic version of the policy manual will be updated by the end of the project.

Sustainability study and evaluation (WG5)

The Project Management team reviewed the documents developed by WG5 Coordinator during the process of developing and finalizing the methodology for testing the sustainability of the EUNESE Network and evaluating the project's deliverables and will make every effort that the replies to be received provide useful appraisal of the lessons learned during the execution of this multi-country project.

C. Evaluation

The main aim of the main Beneficiary was to coordinate efforts among the different tiers of evaluation, namely to ensure that the tasks of the Internal Evaluator did not coincide with those planned by the WG5 Coordinator and to keep the Steering Committee members and Internal Evaluator updated on the progress of the project.

PHP Survey

In May 2006, at the request of DG SANCO, Directorate Public Health and Risk Assessment, we completed online a survey (<http://www.phpsurvey.org>) for the Public Health Programme 2003-2008 (PHP) regarding the evaluation of DG SANCO's Public Health Programme in relation to the EUNESE project.

D. Dissemination

EUNESE: 1st Newsletter

The electronic format, of the 1st EUNESE Newsletter [APPENDIX 6.2] was prepared by the main Beneficiary in February 2006. The newsletter includes a description of the EUNESE project, its activities and achievements during its first year and a half, upcoming events, and related articles and information concerning injury prevention and safety promotion among elderly people, contributed by EUNESE partners. EUNESE members have been asked for contributions for the 2nd Newsletter.

Promotional Material Development

Promotional materials were created in order for either recruiting new members to the network, or requesting the contribution of experts or other related organizations.

All of the materials developed and the purpose for their development are described in detail in Chapter 6, “Dissemination Activities”. The promotional materials are also presented in respective APPENDICES.

Web-board

The Main Beneficiary team updates the information on the web-board on a regular basis in order to provide EUNESE members with the opportunity to have access to internal documents and information that has not yet released to the public.

E. Structural Work – Sustainability

Coordination of the Hellenic Network for Safety among Elderly

A detailed description of the activities of the Network and its deliverables is provided in Chapter 3.1.1 and in APPENDIX 1.8

Efforts to enhance the sustainability of the Network

The Project Management team, in order to enhance the sustainability of the Network once the project finishes, has also sought other potential funding sources, namely by contributing to proposals from other DGs.

F. Management

Work Plan and Management Plan for the 2nd- 3rd Phase (July 2005 - July 2007)

In order that engaged parties to have the opportunity to consensually decide upon all of the future activities as well as upon the character of the network under development, CEREPRI undertook the initiative to create a detailed work plan and management plan for the 2nd and 3rd year of the project’s life and distributed it to the partners for their review and comments. This document was developed by taking into account:

- The Grant Agreement of the project
- All of the opinions expressed during the 2nd Managerial Meeting (October 1-2, 2005) by all of the EUNESE partners, the WG Coordinators, the Internal Evaluator and the Steering Committee members
- Lessons learned during the 1st year of the project’s life

One review was undertaken by all of the EUNESE partners, SC members and Internal Evaluator via e-mail. After the endorsement of the comments offered, the modified document was reviewed in details and finalized during the EUNESE Project Meeting (February 13, 2006). The Final version has been adopted by all of the WG coordinators, Steering Committee members and Internal Evaluator and is accessible through the Web-board.

4.0 Meetings

4.1 Project Meetings

2nd Managerial Meeting (Eretria, Greece, 1-2 October 2005)

The 2nd EUNESE Managerial Meeting was held on the 1st and 2nd of October, 2005 in Eretria, Greece and was attended by 34 participants. The aim of this meeting was for all Working Groups to have the opportunity to present their work progress so far as well as to design in detail the work plan for the next two years of the project's life.

More specifically, during the 2nd EUNESE Meeting, the structure of the project's website was demonstrated in order to be commented on by the partners. The first draft of the "Best Practices Policy Manual" as well as the progress made in the Pilot Projects was also presented.

Future action plans were discussed in detail and agreed upon, in order to ensure integration and consistency of progress. In this context, any existing or anticipated barriers were addressed and the most effective ways to overcome them were identified.

Individual Working Group sessions were also conducted in order for WG members to discuss progress up to present and to design future activities. Members of the Steering Committee and Project Management team also participated in these meetings.

Steering Committee Meetings (Eretria, Greece, 1 & 2 October 2005)

Two Steering Committee Meetings were held, at the beginning and at the end of the two-day Managerial Meeting

[The agenda, minutes and presentations of the meetings are available on the Web-board]

Steering Committee Meeting and Teleconference with WG Coordinators (Luxemburg, 7 December 2005)

This meeting was not foreseen at the beginning of the project but it was considered to be essential as its main aim was to find possible ways to overcome identified barriers as well as to evaluate deliverables and processes.

This meeting was scheduled to be a Steering Committee and WG Coordinator Meeting but, as it was not possible for most of the WG Coordinators to attend it, it was transformed into a Steering Committee Meeting with an embedded teleconference with the WG Coordinators.

All of the WG Coordinators participated, except for WG2 (CRIOC). They updated the Steering Committee members and the Project Management team on the Working Groups' progress, as well as barriers encountered since the last Managerial Meeting and proposed solutions.

A letter was also drafted and addressed to the DG SANCO expressing the view of the EUNESE Steering Committee in regards to the review of progress in the implementation of EUNESE, recommendations to the Project Leader and WG leaders, and the role of the Steering Committee.

The barriers and proposed solutions were also discussed with the DG SANCO's Technical Administrator, Horst Kloppenburg, who attended the last part of this meeting.

[The agenda, minutes and presentations of both the Steering Committee meeting, as well as the teleconference with WG Coordinators, are available on the Web-board]

EUNESE Project Meeting (Athens, Greece, 13 February 2006)

This meeting was also not foreseen at the beginning of the project but as it wasn't possible for most of the WG Coordinators to participate in the meeting held in Luxembourg, the Project Management team decided to conduct an additional Project Meeting in Athens, Greece, for the Steering Committee members, WG Coordinators, and Internal Evaluator, as a way of ensuring that all participants would have the opportunity to share their ideas and proposals regarding the project's progress, barriers, possible solutions for overcoming the barriers, and future activities.

The project's Work Plan and timetables were discussed in detail, modified accordingly, and consensually adopted by all of the participants.

During this meeting, the final review of the Policy Manual was also performed. The structure of the Five-year strategic plan, as well as a preliminary plan for the dissemination of the strategic plan and policy manual were also presented.

[The agenda, minutes and presentations of the meeting are available on the Web-board]

4.2 Working Groups' Meetings

WG1 Meeting (Amsterdam, Netherlands, September 5, 2005)

A working group coordinators meeting was organized on September 5th in order to brainstorm on the navigational structure of the website and the integration of deliverables on the site. In this meeting the structure of the website was defined. The outcomes were reported in minutes and distributed to participants.

WG2 Meeting (Brussels, Belgium, July 7 2005)

Together with the WG1 Coordinator, the content of the website was discussed, an inventory of the results from WG2 was made and a check was performed in order to verify that the information provided was sufficient to be uploaded on the website. The Internal Evaluator was also present during this meeting. A second visit was undertaken on October by the WG1 coordinator in order for the WG2 deliverables to be transformed to the appropriate for the website format.

WG4 Meeting in (Eretria, Greece, 28-29 September 2005)

The main aim of this meeting was to discuss the first draft of the policy manual that was previously sent to the members of WG4 and Project Management team, for review and comments. The structure and content of the policy manual were discussed in detail. Proposed targets, modifications and recommendations were agreed upon in order to include in the final version.

4.3 Teleconferences

WG Coordinators Teleconferences

During the EUNESE Managerial Meeting held in Eretria, it was decided to conduct monthly teleconferences, when feasible, between the Project Coordinator and WG Coordinators in order to update each other on the progress regarding their activities, to provide support and to consensually decide on procedures for completing deliverables.

Since then, there have been five WG Coordinators' Teleconferences:

- 07 December 2005
- 09 January 2006
- 29 March 2006
- 05 May 2006
- 14 June 2006

Minutes are drafted and distributed to all of the WG Coordinators for their review and comments after each teleconference.

Steering Committee Teleconferences

In addition to the WG Coordinators' Teleconferences, periodic teleconferences with the Steering Committee members were conducted during the 2nd year, in order to update them on the project's progress as well as to discuss any emerging issues.

There have been five Steering Committee Teleconferences during the 2nd phase of the project:

- 23-24 August 2005
- 11 November 2005
- 22 November 2005
- 10 May 2006
- 16 June 2006

Minutes are drafted and distributed to all of the Steering Committee members for their review and comments after each teleconference.

4.3 Planned Meetings

EUNESE 3rd Managerial Meeting in Crete, Greece, September 2006

This meeting will be held in Crete, Greece and will consist of one full day of meetings and one half-day. The purpose of the meeting will be to summarize and evaluate the activities undertaken during the second year of the project, as well as any barriers, possible solutions to overcome them, and to discuss timetables, budgets, and future activities for the 3rd year.

EUNESE WG Meetings in Crete, Greece, September 2006

Individual WG meetings are currently planned to be conducted either beforehand or after the Managerial Meeting for WG1, WG2, WG3 and WG4. Steering Committee members are willing to attend the WG sessions in order to provide assistance and guidance if requested.

WG5 Meeting

The WG5 Coordinator has proposed to conduct a meeting in late April 2007 a meeting with WG members in Italy once all surveys have been completed to discuss the results and plan for final report.

WG Coordinators Teleconferences

WG Coordinators Teleconferences will continue on a monthly basis. The first teleconference to be held during the 3rd phase of the project's life is scheduled for 5 July 2006 in order to discuss any pending issues regarding the submission of the 2nd Interim Report.

Steering Committee Teleconferences

Steering Committee Teleconferences will continue on a regular basis.

5.0 Internal Evaluation Process

While it was not originally provisioned for in the EUNESE contract, the Main Beneficiary felt that it was essential to include an Internal Evaluator in the evaluation process of the project in order to ensure that EUNESE is a value driven project.

For this reason, the role of Internal Evaluator was established and assigned to Mr. Malcolm Barrow, an innovative career business analyst with middle and senior management experience who has a Master's degree in Operational Research and Management Studies from the Imperial College Management School.

The Internal Evaluator's main function is to support the Project Management team, Steering Committee and the Work Group Coordinators in achieving consistency and integration of the five Work Packages. More specifically, the Internal evaluation is part of the wider process to ensure that all EUNESE work processes are such as to contribute towards the achievement of the project's objectives, singly and in combination with one another.

As well as consulting, the Internal Evaluator's work has also involved seeking and obtaining information from the following sources:

1. Reports posted by Work Groups on the Web Page
2. Progress Reports by Work Groups
3. Progress Reports and related documents produced by CEREPRI
4. Attendance by Internal Evaluator at selected project meetings
5. Convening meetings to address & attempt to resolve specific evaluation issues, particularly with WG2
6. Other contacts between the Internal Evaluator and Work Groups using telephone and (primarily) e-mail
7. Telephone conferences with Work Groups and CEREPRI
8. Questionnaire sent by the Internal Evaluator to all Work Groups in July 2005

The Internal Evaluator used the responses to the questionnaire sent to Work Groups in July 2005, to identify key issues and then further used them throughout 2005-06 as a template for further less formal Internal Evaluation consultations with key personnel as necessary.

Through the internal evaluation process the following specific issues have been identified and addressed:

1. **Resource Allocation.** As not all of the institutions were of the same standard, some of them found it difficult to complete their tasks with the resources available. The Internal Evaluator discussed the corrective actions needed with Work Group Coordinators who made appropriate adjustments in order to better meet project requirements. It was agreed that Work Groups generally had the resources needed for the work to be completed. This issue still needs monitoring and is getting the Internal Evaluator's continuing attention.
2. **Timetable.** Some WG Coordinators had a problem adhering to their timetable. Most Work Groups thought the timetable was satisfactory, but in one case it turned out to be too tight.

The Internal Evaluator liaised with Work Group Coordinators as they deployed resources to meet the dynamics of the changing situation, and focused support on the need to address frequent situations where one Work Group's (WG2) difficulty in meeting deadlines prohibited other Work Groups from meeting theirs and thus impinged on the overall picture.

3. **New Opportunities being identified.** In some areas, Work Groups have identified new opportunities they would like to take up, going beyond their original tasks, but have lacked resources to look at these opportunities. Whenever possible, these needs were met as for example in the cases of increasing the budgets of two pilot projects. In general, the Internal Evaluator believes that Work Groups have struck a good balance between (1) implementing the original plans and (2) refining and improving basic objectives to improve outputs without deviation from aims.
4. **Contact between Work Groups.** In order to respond to the need for more feedback from other Work Groups that was expressed by WG Coordinators, the Main Beneficiary undertook conducting monthly teleconferences with the WG Coordinators in order to maintain regular contact, as well as to update each other on progress and to discuss any difficulties that arise.
5. **Support from CEREPRI.** Work Groups have at times felt they would appreciate more support from CEREPRI. This was identified and the Main Beneficiary has worked hard throughout the 2nd phase of the project to have more contact with the

WG Coordinators, as well as with the WG members. The Internal Evaluator is not currently getting any complaints from Work Groups on this problem.

6. **Support from the Internal Evaluator.** Work Group Coordinators have said they want more support from the Internal Evaluator. The Internal Evaluator has taken this very seriously and has discussed Work Group Coordinators needs. The Internal Evaluator has tried to respond positively and to provide the consultation and feedback that Work Groups require.
7. **Web-Board.** Construction of a web-board was not a contractual obligation of CEREPRI. The Main Beneficiary team developed and further improved the user-friendliness of the web-board, in order to facilitate communication among the members. There is still a need for all parties to make better use of this facility, particularly by identifying and filtering the most important and useful information before posting it on the web-board.
8. **Budgets.** The budgets were considered to have been too tight by few of the partner organizations, specifically in the case of the WG2 Coordinator and the Pilot Project 2 Coordinator; the budgets used during the 1st year were exceeded before the work had been completed and there were concerns that effort had been deployed ineffectively with inadequate selection and discrimination with low quality data or insufficient evidence of progress during the 2nd year.

In most cases, Work Group Coordinators took action at a sufficiently early stage to control budgets. In the case of WG2, CEREPRI took action to restore the project aims. However, the budgeting problems right across EUNESE were seen by the Internal Evaluator as within the normal range of difficulties encountered by all similar projects of this size and complexity, and project management action by both Work Group Coordinators and CEREPRI was measured, appropriate and adequate.
9. **Quality Assurance.** There were initial concerns that financial pressures would unduly impact on quality. Some Work Group Coordinators represent organizations, which already operate stringent project quality controls and have discharged their EUNESE responsibilities within this framework, whilst other Work Group Coordinators come from areas where there is a lesser culture of rigorous quality control. The Internal Evaluator has been generally satisfied with the level of quality control across the project, although accepts that in some areas it has been higher than in others. There appears to have been no significant

shortcomings in quality control (outside WG2) and quality control failure impacting on budgets does not appear to have happened anywhere.

10. **Vision for EUNESE's future.** There have been concerns, particularly in the early months of the EUNESE project, as to how to take EUNESE into new areas following its completion - the emphasis has at times seemed more on getting the system up and running rather than looking towards new potential.

The Internal Evaluator believes that across the whole of the last year the balance has been about right. Initially, it was appropriate for Work Groups to concentrate on the core project aims and objectives – getting the job done, the essential EUNESE network up and running. All parties are now finding it easier to stand back and take a visionary strategic view of what EUNESE can achieve and where it can go.

11. **Worries about changing goals whilst the project is under way.** In the initial stages of EUNESE development, several WG Coordinators were worried that CEREPRI was looking so much to the long term potential of EUNESE when the system eventually went live that this could lead to changing goals whilst the project was still in mid-stream.

Once this issue was identified, action was taken both by the Main Beneficiary and the Internal Evaluator to ensure this did not happen. The action taken effectively addressed the issue, which is not now a problem.

Lessons Learned

The devolved project management structure that was adopted from the Project Coordinator caused problems in only one area, Work Group 2, and in this case the Internal Evaluator and the Project Coordinator took a number of actions including visiting the Work Group Coordinator in Brussels with other senior members of her team to attempt to find a solution to the difficulties. Whilst Work Group 2 produced some good work the Internal Evaluator shared CEREPRI 's concerns regarding the quality of WG2's search procedures, the high level of effort deployed relative to the scale of the results achieved, the small number of records entered in the database, the belief that the effort invested in its work was minimal; and the view that both the literature review and the recording of the entries was not always conducted in a systematic manner. Moreover, no synthetic presentation of what was produced was

attained. However, the Internal Evaluator regrets that he was unable to achieve a solution to these issues through the consulting approach.

Future Tasks

Internal Evaluation is a continuing process, for 2006-07 the Internal Evaluator's aim is to continue with the same approach developed and applied during 2004-06, i.e applying the Exchange Theory based Internal Evaluation Consulting Model. This involves the tasks of Consultation with Work Group Coordinators, use of structured questionnaires, examining records, monitoring work in progress, examining outputs, measuring progress, carrying out impact assessment, more limited resource usage monitoring, comparison & comparison analysis, and fine-tuning evaluation covering modifications to programmes as necessary, taking care to ensure appropriate exchange of all relevant information.

The main changes of emphasis for the future of Internal Evaluation for the 3rd year of the project over the remainder of the EUNESE project will be:

1. Emphasis of Internal Evaluation now shifts from process evaluation to output evaluation – although process is not neglected
2. Evaluation will be more closely co-ordinated with the feasibility study based evaluation of Work Group 5, effort will be expended to avoid duplication and achieve synergy between WG5 and Internal Evaluation
3. Goal Attainment Scaling will still be used but now geared more to completion of goals rather than progress to goals
4. Questionnaires will be combined with those used by Work Group 5 and the responses to Work Group 5's own questionnaires will be used wherever possible to reduce the burden on Work Group Coordinators
5. With the shift of emphasis from process to outputs, the emphasis also shifts from Quality Control to Quality Assurance – “are we delivering what is required?” rather than “is the process what is required?”
6. The Internal Evaluation will need to look more at costs more than hitherto, it will look at cost-benefits in general terms but will not carry out a detailed cost-benefit analysis

Key Priority Tasks

The key priority tasks suggested by the Internal Evaluator for the final year will be:

1. Continuing consultation with Work Group Coordinators
2. 2nd formal Internal Evaluation
3. Formal overview and scrutiny of all completed work and evaluation
4. Attend only essential meetings: use telephone & e-mail wherever possible
5. Liaison with WG5
6. Final Report on the 3 year Internal Evaluation process and review of the Final Report of the project

6.0 Dissemination Activities

During the second year of the project's life, dissemination was achieved initially through CEREPRI's website (www.cc.uoa.gr/socmed/hygien/eunese/) and the Web-Board of the WP-AI and, since December 2005, through the EUNESE website (www.eunese.org/). Dissemination was also performed through the EUNESE network and the Hellenic Network for Safety among Elderly. Additional actions undertaken during this period include the following:

6.1 Web board of the Working Party on Accidents and Injuries (WP-AI)

The EUNESE Forum, created by CEREPRI, on the web-board of the Working Party on Accidents and Injuries, is continually updated with key documents that are made available to Project partners and network members in order to provide the opportunity to exchange information and comments.

The EUNESE forum is sub-divided into six thematic groups:

- General Announcements
- WG1: Network
- WG2: Information gathering
- WG3: Pilot projects
- WG4: Best practices manual and information leaflets
- WG5: Feasibility study

All of the network members are invited to visit the Web board regularly in order to

- Keep informed about the project developments
- Communicate with other members/ project management by posting their message to the web board

6.2 Presentations

Members of the Project Management team participated in numerous conferences during the 2nd phase of the project's life and made presentations promoting EUNESE at the following scientific events:

- ProFaNE combined work package meeting (22-24 September 2005, Crete, Greece)
- Pre-event to the first European Conference on Injury. Prevention and Safety Promotion Towards a Safer Europe: Time for action (29 September-1 October 2005, Eretria, Greece)
- Hellenic Network for Safety among Elderly Meeting (11 November 2005, Athens, Greece)
- First meeting of the ‘Violence and Injury Prevention focal points’ [Poster Presented by Dimitrios Eythimiadis, the Focal Point of Greece] (17-18 November 2005, Noorderwijkhout, Netherlands)
- 5th Working Party Meeting on Accidents and Injuries (8 December 2006, Luxembourg)
- 9th Panhellenic Conference on Gerontology-Geriatrics (26-28 January 2006, Athens, Greece), apart from the presentation a symposium was organized by CEREPRI
- 2nd International Symposium on Social and Applied Gerontology (26-28 April 2006, Antalya, Turkey)
- 8th World Conference on Injury Prevention and Safety Promotion (2-5 April 2006, Durban, South Africa)

6.3 Workshops

During the Pre-event of the First European Conference on Injury Prevention and Safety Promotion entitled, “Towards a Safer Europe: time for action”, that was held in Eretria, Greece from September 29 to October 1, 2005, a workshop was organized under the title **“Prevention of fractures among elderly people in the EU”** by Dr. Jari Parkkari of the UKK Institute from Tampere, Finland and Dr. Meropi Violaki, Honourary Director General for Health, Ministry of Health and Welfare, Greece and the EUNESE project team. (All presentations are available on the WP-AI web-board)

6.4 EUNESE Brochure

During the first year of the project’s life, CEREPRI developed a brochure providing a brief overview of the project’s aims and objectives along with contact details for all interested parties (also available in electronic format on the EUNESE forum of the

web board of the WP-AI and by the PP1 Coordinator through the Fodor Jozsef National Centre for Public Health in Hungary at the following address: <http://www.balesetmegeloz.atw.hu/>).

During the 2nd Managerial Meeting, brochures were distributed to all of the EUNESE partners that expressed interest in order to disseminate it in their country. The Project Management team continues to disseminate the printed version widely and has disseminated the brochure at the following Conferences:

- Pre-event to the first European Conference on Injury. Prevention and Safety Promotion Towards a Safer Europe: Time for action (29 September-1 October 2005, Eretria, Greece)
- 9th Panhellenic Conference on Gerontology-Geriatrics (26-28 January 2006, Athens, Greece)
- "KLIINIK 2006" (30 January – 02 February 2006, Tartu, Estonia)
- 8th World Conference on Injury Prevention and Safety Promotion (2-5 April 2006, Durban, South Africa)
- 15th International Safe Community Conference (9-11 April 2006, Cape Town, South Africa)
- 2nd International Symposium on Social and Applied Gerontology (26-28 April 2006, Antalya, Turkey)

6.5 Policy Manual

The “Priorities for elderly safety in Europe: Agenda for action” Policy Manual was disseminated, in CD format, at the 1st European Conference on Injury Prevention and Safety Promotion: Challenges for a Safer Europe (Vienna, Austria. 25-27th June 2006). The Policy Manual is also being disseminated through EUNESE’s website and will be disseminated to all members of ProFaNE through its website and web-board.

6.6 Newsletters

6.5.1 EUNESE Newsletter

The 1st EUNESE Newsletter (APPENDIX 6.2) has been disseminated to all EUNESE partners, as well as to new members who have registered since the Newsletter’s publication. The Newsletter has also been disseminated during all

conferences attended by the Project Management team since February, as well as through the EUNESE website.

6.5.2 Articles in the WP-AI Newsletter

At the request of the Editor, an article detailing the work progress of EUNESE was submitted by CEREPRI and included in both the September 2005 issue (Vol. 1, issue 3), [APPENDIX 6.3] as well as the March 2006 issue (Vol. 2, issue 1) [APPENDIX 6.4] of the WP-AI Newsletter, Action on Accidents and Injuries, edited under the Greek Secretariat. In the March 2006 issue, in addition to the progress update, the EUNESE website (www.eunese.org/) and the Main Beneficiary's project email address (eunese@med.uoa.gr) were provided, inviting interested parties to contact these addresses if interested in becoming a member or in receiving the EUNESE Newsletter. The articles are available at the WP-AI address: www.actioninjuries.org/

6.5.3 “Safe Community Weekly News” Newsletter

A short article on the EUNESE project, soliciting new members as well as related information, literature, and data was published in the Safe Communities Weekly News (SCWN), (APPENDIX 6.5) which is available in nearly 20 languages, in June 2006 ("Safe Community Weekly News" No. 15, 15/6/2006).

6.7 Progress Report for the Secretariat WP-AI

As requested by the Secretariat in preparation for the 5th Working Party Meeting on Accidents and Injuries (8 December 2006, Luxembourg), a report (APPENDIX 6.6) highlighting the advancements of the project for the time period January 2005 through December 2005, was submitted in November 2005. The report is available on the WP-AI web-board at the address: http://www.euroipn.org/web_board/viewtopic.php?t=147.

6.8 Interconnection with other related projects

Prevention of Falls Network Europe (ProFaNE)

Dr. Dawn Skelton, the Scientific Coordinator of the Prevention of Falls Network Europe (ProFaNE), an EU funded thematic network of experts ranging from basic

scientists to clinical service providers in the field of falls prevention, has worked closely this year with the EUNESE Project team as a member of the Steering Committee. CEREPRI was also invited and presented the EUNESE network in ProFaNE's meeting entitled, "ProFaNE combined work package meeting" held in Crete on 22-24 September 2005. The meeting's main aim was for the membership to discuss cultural issues around falls prevention and to disseminate their work. Dr. Skelton also presented the ProFaNE network during the EUNESE 2nd Managerial Meeting held in Eretria.

Strategies and Best Practices for the Reduction of Injuries (APOLLO)

CEREPRI is participating as a partner in Work Package 4 of the APOLLO project, entitled "Development and assessment of strategic materials for implementation of recommendations for preventing falls among elderly people in the EU" that is dedicated solely to prevention of falls among elderly in the EU.

Future Presentations

Workshop in EUPHA conference, Montreux 16-18 November 2006

A workshop is being organized by Johan Lund (the WG4 Coordinator) entitled:

Elderly safety in Europe – an issue for public health policy

The WG4 coordinator will have a presentation entitled "European policy manual on elderly safety" while the Project Coordinating team will have a presentation with the title "European strategic plan for safety among elderly"

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