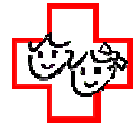




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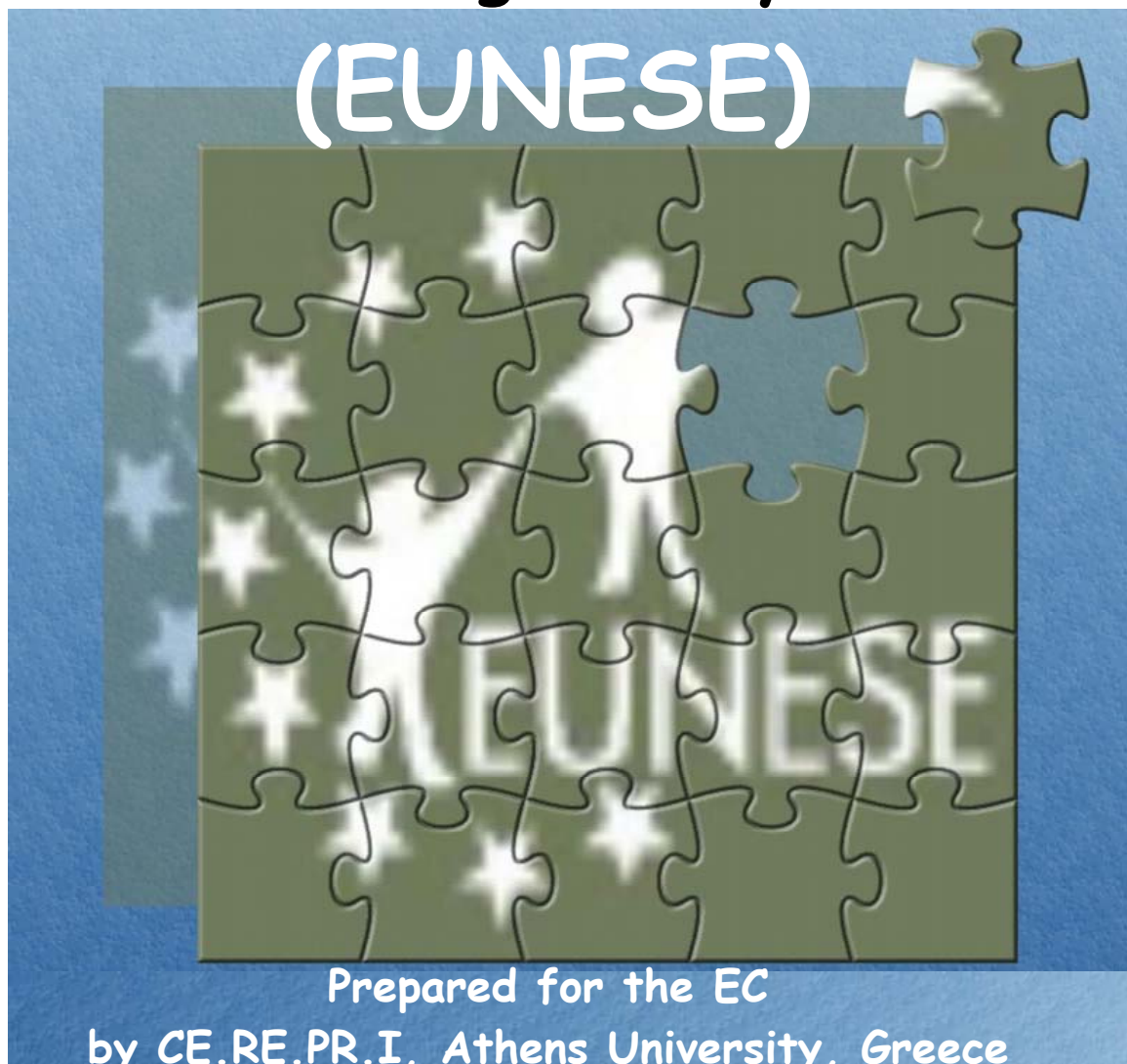


Center for Research and
Prevention of Injuries

**First Interim Technical Implementation Report
01/07/04 - 01/07/05**

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)

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Executive Summary

Life expectancy is increasing in the European Region and so does the proportion of elderly (65+ years) population, which is nowadays growing faster than any other age group. On the basis of 2002 WHO projections, a 223% increase between years 1970 and 2025 has been estimated. The subsequent increase on the health care burden makes it imperative to develop, evaluate and implement preventive measures aiming to ensure an improved quality of life for this population group and to reduce the unacceptable fraction of the mortality, namely that due to injuries. Indeed, ~100,000 elderly in the EU-25 lose their lives every year due to intentional and unintentional injuries.

In response to this health and quality of life threat DG SANCO (Directorate C-Public Health and Risk Assessment, Health & Consumer Safety) has co-financed (60%=525 772 Euros) the “European Network for Safety among Elderly – EUNESE” project (Agreement Number – 2003316) aiming to address injury prevention and safety promotion among senior citizens through the development of an EU Network.

EUNESE has 36 months duration and it is one of the largest scale DG SANCO projects, as it involves 31 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. To this end, the project partners have undertaken specific objectives aiming to:

- Establish a EU-wide network of experts to ensure creating synergies and momentum for injury control and safety promotion activities among elderly

- Systematize existing information taking into account respective good practices and the cultural diversity of the EU
- Define EU priorities for unintentional injury prevention and safety promotion among the elderly and develop a policy manual including the definition of best practices for both independently living and institutionalized European citizens.
- Develop a 5-year strategic plan for unintentional injury prevention and safety promotion among the elderly
- Design and implement operational pilot projects and attempt to evaluate their impact.
- Explore the sustainability of the Network
- Disseminate information and good practices through the EUNESE web-site, the policy manual and leaflets and through the European and national or local networks

During the period July 2004 to June 2005 EUNESE has proceeded according to the work plan and successfully implemented the provisioned actions as follows:

- **EU Network Building**

Criteria for membership and expected benefits for the participants have been developed via the project's web-board that will be updated through the lifespan of the project. The core EUNESE Network has already been synthesized, currently consisting of 76 members from 24 European countries, that is expected to act as a catalyst for further recruitment of members, expansion and strengthening of the network.

Activities for the development of the EUNESE website have been initiated and are provisioned to be pilot-tested before they are presented during the 2nd EUNESE meeting in October 2005.

- **Information Gathering**

A structured list of related sources has been initiated, comprising:

- Functioning websites and active organizations

- Articles, publications, research papers pertaining to injury prevention and safety promotion among seniors
- Information regarding implementation and effectiveness of injury prevention policies, practices and activities
- Recently available demographic data in the European Union
- Epidemiological data on injury mortality and morbidity among seniors

This information pool is provisioned to be systematically updated throughout the project.

- **Pilot Projects**

Four small-scale operational pilot projects have been designed and are currently implemented, aiming:

- to test the applicability of specific injury prevention measures in sub-segments of the elderly population, namely those self supported and those living in supportive communities
- to improve knowledge and raise awareness among both the elderly and the health care providers about injury prevention and risk factors of injuries

The pilot projects are currently pilot tested in localities of the EU, including two (2) new member states, as follows:

- Prevention of injuries among elderly in two counties of Hungary
- Prevention of falls and fractures among hospitalized elderly women in the Veneto Region (Italy)
- Injury prevention among elderly living in Nursing Homes (Poland)
- Virtual modelling of a safe household environment for elderly citizens (Southern France – Greece)

- **Best Practices Policy Manual and development of a 5-year strategic plan**

The drafting of a best practices policy manual for those types that comprise the major bulk of injuries among the aging European Union society (falls, road traffic, burns, drowning) has been initiated and the first draft is going to be presented during the 2nd meeting of the project in October 2005. The manual will detail evidence-based best practices for prevention of injuries in the elderly population taking into account the

complexities due to the diversity of cultures across Europe regarding elderly care and the consequences for their safety. Thus, it may turn out that what consists a best practice in one member state may not be as applicable in another. All this experience will be used for the development of a five-year strategic plan for prevention of injuries among the elderly in the EU.

▪ **Sustainability of the Network**

The sustainability of the Network is going to be tested from January 2006 onwards. As this is a main concern of the partners, however, an entire Working Package has been devoted to this task, which is considered of vital importance for the applicability and successful dissemination of the EUNESE deliverables.

Evaluation: in order to attain the objectives of this complex and multi-partner project a three-level concurrent evaluation has been provisioned. Thus, the work progress in terms of compliance with the objectives and the timetable as well as scientific quality of the deliverables of the project have been closely monitored by the:

- Steering Committee
- Working Group 5
- Internal Evaluator (over and beyond contractual obligations)

At the end of the first year, the report of the internal evaluator concludes that: «the EUNESE project is meeting its core values, the work in progress is satisfactorily directed to the achievement of the project aims and objectives and that Work Groups are meeting consistent quality standards, commensurate with what is needed to achieve the agreed outcomes».

On going work is regularly posted in the web-board of the project till its finalization and submission for publication in peer-reviewed journals. Alternative dissemination channels have also been used (e.g. pre- Christmas 2004 Press Conference hosted by the EC Representation in Greece, presentation in the Pre-event to the 1st EU Conference on Injury Prevention and Safety Promotion). Some highlights derived from the analysis of mortality data conducted by CEREPRI and commented on by the EUNESE partners, show the magnitude of the problem and the urgent need to further enhance injury prevention activities. Thus:

- Elderly citizens constitute 20% of the total population of the European Union but “contribute” 47% of the total number of deaths due to unintentional injuries
- Every year almost 100,000 elderly (65+) die from injuries in EU-25 out of which 76% are due to unintentional injuries
- One out of two deaths of elderly (65+ years) caused by an unintentional injury in the EU-25 is due to falls
- If all EU countries matched the achievements of Spain, the country with the lowest unintentional injury mortality rate for elderly, two fifths (39%) of unintentional injury fatalities in this age group would have been avoided

1.0 Introduction

For the first time in the recorded history of medicine, mortality among the elderly is declining as fast as mortality among the younger ages and life expectancy for those who have reached the age of 65 is increasing sharply. Indeed, on the sixty-fifth birthday in the EU-25 a woman can expect to live another 20 years and a man slightly less.

The problem now is how to improve the quality of life of the elderly and reduce the most unacceptable fraction of the mortality, namely that due to injuries. Indeed, **every year almost 100 000 elderly in the EU-25, that is more than 250 people every day, die from injuries.** Injuries are a preventable cause of death. The associated financial cost has not been adequately assessed but it is expected to be enormous given that more than one third of the health care expenditure is spent during the last year of life.

About EUNESE

Initiated by CEREPRI and run under the auspices of DG SANCO within the framework of the Public Health Program of the European Union, EUNESE started on July 1, 2004 and will run for 36 months. The project involves 31 partners representing 23 different EU countries and aims to reduce injuries among senior citizens. Specifically, acquired knowledge and policy prevention strategies are expected to be built upon in order to establish a EU-wide network of safety promotion among for both those who live independently as well as nursing home/institutionalized residents. This expertise is to be epitomized in a best practices policy manual, whereas commonly accepted information materials will be developed and distributed via different channels of the network to ensure the maximization of the dissemination of existing information in the community. Specific actions that have also been provisioned are the development of four pilot projects aimed to enhance safety, reduce injuries and promote health among senior citizens in the EU.

EUNESE is considered to be a project of great potential, which is hoped to provide the framework of scientifically sound, harmonized policies and develop a concise strategy on injury prevention among the elderly, taking into account the cultural diversity of the EU. To this end, a feasibility study on the viability of the network after its termination has been planned. Given the foreseen complexities due to the large

number of participating EU member states an intense internal evaluation has also been provisioned to monitor its progress.

EUNESE objectives

The aims of EUNESE go beyond being a platform for the exchange of information and expertise between EU health practitioners. The project mainly aims to take a proactive approach in order to reach both the public and policymakers and ensure that the safety of the elderly citizens is put at the centre of Europe's political agenda on safety promotion and injury prevention.

Specifically, EUNESE aims to:

- Establish a EU-wide network of experts to ensure creating synergies and momentum for injury control and safety promotion activities among elderly
- Systematize existing information taking into account the cultural diversity of the EU
- Define EU priorities in injury prevention and develop a policy manual including the definition of best practices for both independently living and institutionalized elderly
- Develop a 5-year strategic plan for injury prevention among the elderly
- Design and implement specific operational pilot projects that would create measurable injury prevention efforts
- Explore via a feasibility study the sustainability of the Network
- Disseminate information and best practices, as well as the policy manual and leaflets, through the EUNESE web-site, as well as through the European, national and local networks

Deliverables

- The creation and operation of a EU network
- The policy manual that will include the identification of best practices for injury prevention among dependently living and institutionalized elderly
- The 5-year strategic plan for elderly safety in the EU
- The results products and tools of the pilot projects implemented to reduce injuries among independently living elderly and those living in nursing homes.
- The dissemination of mechanisms for collecting and disseminating data and information, printed and web-based educational and promotional materials and tools, and any other material, tool or result developed during the project

- The feasibility study

EU added-value

EUNESE has a multi-sectorial and multi-disciplinary approach and the EU added-value consists of creating synergies, harmonising practices after taking into account the EU cultural diversity, and evaluating the sustainability of a concerted effort for the prevention of injuries among elderly.

The project will complement the current initiatives for data collection with experts opinions and an attempt will be made to acquire access and exploit data sources that have been supported to a great extent by the European Commission (Injury Database, Eurobarometer) in order to assess the risk profile of injuries and risk factors for injuries among elderly, as well as any available information provided by EPIC.

Even though integration of strategies is paramount in public health, there is currently no other initiative to coordinate and integrate the projects and link them in order to develop priorities for injury prevention among elderly at the policy level.

In addition, the effort to bring together experts from both the fields of injury prevention and ageing will enhance the capacity building and leverage potential synergies by providing customised information materials, and locating places frequented by the elderly.

The project starts as an initiative from the injury prevention field, but it is expected to extensively utilise capacities in other fields (*e.g.*, geriatric health aspects for the case of preventing osteoporosis and hence prevention of fall injuries) and integrate them within the network.

2.0 Management Strategic Plan

2.1 The Project Leader's Role

The Project Leader is supported by a team that is composed of a Management Coordinator and a Scientific Coordinator, as well as statisticians and experts and those providing the secretarial and financial support needed for the coordination of the collaborating team. The Project Leader has the overall responsibility of the project for reaching its aims in a timely manner. This role includes:

Administrative management:

- Planning project /guiding project
- Updating implementation plan
- Writing, checking agreements with partners
- Signing official project documents
- Organizing and coordinating meetings
- Coordination and dissemination of information to partners, especially through the Web board of the WP-AI in order to keep all partners informed and to keep regular contact with them
- Identifying and reporting potential problems arising in the project and reporting the scientific problems to the Steering Committee.
- Ensuring that work packages are carried out according to the timetable
- Supervising production of reports drawn up by working groups
- Contacting and corresponding with the EC

Financial management:

- Allocating project funds and monitoring/reporting project finances to the EC
- Checking partner financial statements
- Coordinating financial audits of the partners

Scientific management in close collaboration with the Steering Committee

- Providing comments, guidance, expertise and support to the partners
- Ensuring ultimate quality of the deliverables
- Preparing the 5 years action plan
- Preparing the interim and final reports

2.2 Working Groups

In order to develop a clear structure and an effective management strategy to achieve stated goals and objectives within this large EU participation project, a **Steering Committee** has been provisioned and the work has been divided into **5 Thematic Working Groups** (WG), including a Coordinator with allocated specific tasks and the members. The Working Group Coordinator is ultimately responsible for the production of the deliverables of his/her Working Group. To accomplish this, the coordinator creates the action plan of the workgroup, monitors the progress of the team members and ensures the production of the deliverables.

Key responsibilities of the WG Coordinator include:

- Creating a detailed action plan for the working group, defining individual tasks and how to work with other team members
- Coordinating and monitoring the team and the team's work
- Reporting the working group progress to the Project Leader
- Liaising with the Steering Committee whenever needed for the scientific monitoring of the working group
- Ensuring the production of all working group deliverables and reports (interim and final)
- Participating in Working Group meetings and overall Project meetings

The role of the Working Group members is to collaborate regarding the production of the deliverables of their Working Group under the coordination of their Coordinator, depending on the level of funding allocated by the Coordinator (either providing comments or by actively participating), and to share information with other Working Groups if and when necessary.

2.3 Steering Committee

The Steering Committee is in charge of the scientific part of the project, ensuring the final quality and scientific value of the deliverables and supporting the individual working groups as and when needed. Moreover, the Steering Committee provides guidance and experience to assist the Project Leader and the project partners.

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
- Rupert Kisser- Austrian Board for Safety & Prevention Kuratorium für Schutz und Sicherheit Institut "Sicher Leben"- AUSTRIA

The key responsibilities of the Steering Committee are to:

- Provide guidance to the Project Leader and working groups Coordinators
- Share experiences from similar projects and relevant knowledge
- Support the Project Leader in allocating the tasks, monitoring the work progress and coordinating the production of the final reports
- Participate in Steering Committee meetings and overall Project meetings
- Provide input for the design and production of the deliverables
- Review the interim and final deliverables / reports
- Work closely with specific working groups if needed in order to meet the project deadlines

2.4 Updated Timetable (31.08.2005)

Year	Month												
	July	August	September	October	November	December	January	February	March	April	May	June	
					1 st Meeting		List of Core Network members						1 st Coordinators Meeting
	Criteria for member selection-questionnaire development												
	Identification of eligible members & recruitment												
2004-2005													
	Website building Defining Policy Priorities and target groups Undertaking Pilot Projects and developing information materials												
			1 st Interim Report	2 nd Meeting Policy Manual									
	Website building												
2005-2006													
	Identification of eligible members & recruitment – Update website Defining Policy Priorities and target groups Undertaking Pilot Projects and developing information materials												
	Feasibility Study for the sustainability of the Network												
			2 nd Interim				Package						Final Report
	Identification of eligible members & recruitment – Update website projects & leaflets)												
	Defining Policy Priorities and target groups												
2006-2007													
	Undertaking Pilot Projects and developing information materials												
	Feasibility Study for the sustainability of the Network												

3.0 Activities

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

Working Group Structure

Coordinator:

Hannelore Schouten – ECOSA (European Consumer Safety Association-
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, University of Trnava, Faculty of Health Care and Social Work, Department of Hygiene and Epidemiology - Slovak Republic

Brief aim and deliverables allocated to Working Group 1

The main aim of Working Group 1 is to design and build a sustainable European network focusing on safety for the elderly. The objective is to recruit active members from 32 European countries (25 EU countries, 3 EFTA countries, and 4 nominated countries), by involving as many organizations and experts related to injury control and safety promotion among the elderly as possible.

Deliverables include:

- **D1:** Membership criteria & application procedure of the EUNESE network
- **D2:** Assists with 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

Action Plan

- Create initial and updated inventory list of EUNESE network possible participants
- Set membership and application procedure criteria
- Develop questionnaire to assess members' needs and possible contribution
- Develop a website based on the results of the questionnaire regarding the needs of possible network members
- Organize and hold a conference for the network members and future members
- Disseminate the products of the project through the website and the conference
- Edit interim and final reports

Timetable

Year	Month											
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
2004-2005					Consensus for	Quest. sent to potential members						
	Building Website			Data Collection								
2005-2006	1 st Interim Report		WG 1 Meeting	Web site goes on line					2 nd Interim Report			
	Member Recruiting - Keeping information website up-to-date			Building Website								
2006-2007		WG 1 Meeting							Final Report			
	Member Recruiting - Keeping information website up-to-date											

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

- **Criteria for membership** were produced and detailed [Appendix 1.1]
Criteria were commented on and approved by WG1 members, the Steering Committee and CEREPRI (during the November 2004 meeting held in Athens).
The network will consist of (representatives of) member organisations that meet the following criteria:

- The network members are likely to be from organisations that are concerned with either implementing safety promotion programs among the elderly on a large scale, or research studies concerning safety of the elderly (features, causes of accidents, risk factors, promotion strategies etc.).
- The network members must reside in a European country. By “European” the following countries are meant: 25 EU countries, 3 EFTA countries and 4 nominated countries. In addition to the European members of the network, the network will work together with the WHO, EU and ECOSA on this project.

Deliverable 2: Assist with structuring and organizing the EUNESE network

- A preliminary **list with potential members** was created in order to recruit the first active members of the Network that, in turn, would act as a catalyst to invite newcomers from their countries. The sources for obtaining the members for this list were National Governments, ECOSA, the Internet, EUNESE Steering Committee and partners.
- Regarding this list, the initial goal was to include more than one related organization from each of the 32 European countries. The fulfilment of this goal was considered to be important, as the needs and the expectations of possible network members would be concluded through the answers that would be collected via the questionnaire filled in by these possible members and would be fed into the web site. At this point, a large part of the initial goal has been achieved and the rest is going to be pursued during the following years. At the end of the first year EUNESE has 76 members (actual and future) from 24 European countries.
- **A questionnaire** [APPENDIX 1.2] was developed, intending to identify the needs and expectations of EUNESE network members and possible members. The questionnaire included questions about the kind of information the potential network members would like to extract from the network, their possible contribution, list of interests for the website, information about their organisation, etc. The questionnaire was commented on and approved by WG1 members, the Steering Committee and CEREPRI.
- **A brochure of the EUNESE Project** was produced (in electronic and printed versions) in order to accompany the above-mentioned questionnaire. Both the

analysis of data included in the brochure as well as the design and the production of the brochure were undertaken by CEREPRI.

- The questionnaire along with the brochure, were sent out by the WG1 Coordinator (December 2004) to:
 - Representative of each of the organizations included in the preliminary list of potential members
 - ECOSA members, Euro Safe Communities and EUNESE Members, asking for further dissemination.
 - During January 2005, supplementary delivery was made by CEREPRI to extra networks: ProFaNE, Eurorisc, Eurolink Age, European Older People's Platform, FIAPA, and the Hellenic Association of Gerontology and Geriatrics.
- A reminder was sent to non-responders on January 31st 2005.
- An e-mail, along with a short version of the questionnaire were sent to all EUNESE partners who did not respond to the first questionnaire.
- An e-mail was sent to all future members of EUNESE with the latest developments and planned actions on June the 14th.

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

- Data collected up to the 25th of February 2005 were analysed and conclusions were drawn regarding potential members' expectations from the network and the web site as well as their possible contribution to the network.
- Two drafts and a final report containing the results concerning information about the countries-organisations that responded to the questionnaire, their involvement in safety promotion, the needs and expectations of information from the EUNESE network/ web site, potential members of EUNESE, potential contributions and the frequency of meetings have been provided by the Project Leader, the WG1 members and the Steering Committee. The entire report can be found in [APPENDIX 1.3] while the following paragraphs will summarize the basic information.

Summary of the report

By February 25, 2005, a response was received by 51 organisations (mostly universities and national health organizations) from 19 different European Countries, which resulted in a list of (potential) members from 16 European Countries. Member organisations are expected from three more countries: Belgium, Portugal and Germany.

From these respondents, 11 said they probably wanted to become a member in the future and two of them filled in the "Other" such as:

- Require more information to decide
- Depends on future of organisation

Based on the results of the questionnaire regarding the needs of possible members, EUNESE is expected to act as a platform for the exchange of information, research results and ideas. The main topics of the project's website should contain information about:

- good practices
- intervention projects
- research projects
- meetings and congresses

A second very important aspect is the organisation of annual meetings of the Network that should focus on the presentation of projects, research and the exchange of information.

Regarding the potential members of the EUNESE network, these should include:

- health care organisations
- universities
- safety organisations
- organisations concerning welfare for the elderly and
- organisations for the advocacy of the elderly

Regarding their possible contribution to the network, 59% of potential members are eager to make a financial contribution in exchange for membership, while 90% declare their eagerness to make another kind of contribution e.g. sharing results/ information.

The final report has taken into consideration the comments provided by WG1 members, the Steering committee and CEREPRI.

- A Membership database was developed in order to be used for archiving memberships

Construction of the Web site

It was deemed necessary, that the EUNESE website would be developed in parallel with the development of the network in order for potential members to have direct benefit and access to some preliminary information and an interactive way of communication. Moreover, in order to take into account the needs of the members themselves, specific questions were provisioned in the above-mentioned questionnaire, regarding topics that should be included in the web site.

- A **draft step-by-step plan** [APPENDIX 1.4] as well as the **sitemap of the EUNESE website**, APPENDIX 1.5] was created and provided to the members of WG1, Steering Committee and Project Management requesting their comments.
- According to this draft plan the **target audience** of the Web site should be:
 - Experts involved in research, health promotion and injury/fall prevention in universities
 - National health organizations
 - Research institutes
 - Geriatric health organisations, consumers' protection institutes
 - Advocates for senior citizens and social welfare of older people
 - Organizations that are concerned with implementing safety promotion programs and research studies concerning safety of the elderly
 - Key decision makers/ leaders at a national and European level
- As the construction of a functioning web site will need some time in order to be well designed and pilot-tested, CEREPRI has created a **EUNESE Forum on the web-board of the Working Party on Accidents and Injuries** where key documents are made available and where Project partners can exchange information and comments.
- An e-mail was sent to all future members of EUNESE informing them about the possibility to **register on the web-board**.
- A demonstration version of the website matching the list of demands of the potential network members is being built. The demonstration version will be shown during the EUNESE meeting in Greece (October 2005).

Dissemination of other EUNESE Deliverables through the network

Together with the Coordinators of WG2 and WG4 it was discussed how the deliverables of WG2 and WG4 could be integrated into the web site in such a manner that their dissemination would be as effective as possible.

Future Tasks

During the previous year, 21% of the working budget was used. For the remaining 79% of the working budget that has to be spread out over the next 2 years, the WG1 Co-ordinator proposes the following tasks for the good progress of the project:

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

- **Revision and finalization of the criteria for membership and the application procedure**
- **Finalization of the application form for membership for the EUNESE network.** An application form for members will be developed and uploaded on the website

Deliverable 2: Assist with structuring and organizing the EUNESE network

- Setting **criteria** for the number of organizations per country that are considered to be **adequate representation** (by e-mail, to be finalized during the meeting that will be held in Amsterdam in September 2005 and in Eretria in October 2005).
- Making a **plan regarding how to involve the European countries** that are not yet participating as well as **those that are currently underrepresented**. Both of the above-mentioned **plans will be discussed/commented on/improved by** the working group members by e-mail by the end of September. The plans could also be discussed with other WG members, Coordinators and the Steering Committee during the planned future meetings (in September 2005 in Amsterdam and October 2005 in Eretria).

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

- An **extended inventory list of potential participants** in the EUNESE network that should be recruited per country will be created. For each of the countries that are either not represented in the network or that are currently underrepresented, the inventory list will include all of the organizations that fulfill the developed Criteria for Membership.
- For the website all potential members will receive a form to fill in with data about their expertise, possible contributions to EUNESE and more detailed information

as to what they would like to gain from the network. This information is used for the membership content on the website. This form will be sent to all current members and in the future to new members.

- Recruitment of new members (until the criterion of adequate representation per country will be fulfilled) and assessment of their needs in order to feed those to the website.
- Data and drawn conclusions regarding members' needs and their possible contribution(s) will be fed to WG5 in order to be used in their study for the sustainability of the network.

Deliverable 4: EUNESE Network web site

- The demonstration version of the EUNESE **website will be pilot-tested** during the meeting organised by WG1 in Amsterdam, the Netherlands (5 September 2005).
- The improved (after pilot-test) demonstration version of the website will be presented during the meeting of EUNESE in Eretria, Greece (October 2005) and will go online after this meeting.
- Conclusions drawn regarding members' needs will be fed into the web site structure and content in order to guide its final modification and improvement.
- The **final evaluation** of the new improved version of the web site will take place **during the conference** by the network members and future members.
- The web site will be supported and updated until the end of the project

Deliverable 5: Conference

- **Organize a 2-day conference.** The conference is aiming to strengthen the network by recruiting additional members, stimulating the active contribution of its existing members, as well as broadly disseminating the products of the EUNESE project (Best Practices Policy Manual, web site, reports and products of the pilot projects)
- Develop a plan as to how the conference is going to be advertised in order to be as successful as possible.
- Develop the proposed **structure and content of the conference**. Members have already requested to have feedback on the results of the questionnaire and

information regarding EUNESE subprojects (data gathering, Good Practice Manual etc.)

- Set **criteria for participation in the conference** (both scientific and financial). All interested member organisations (those who have returned their application form) will be invited. It remains to be decided if non-members (potential members) will participate and on what terms.
- Develop a **plan for the dissemination** of the conference outcomes
- The **minutes of the conference** will be edited and disseminated through network members and the EUNESE web site.

Dissemination of other EUNESE Deliverables through the network

- The **deliverables of WG2** (Information gathering) and **WG4** (Best Practices Policy Manual) along with the outcomes of the conference will be added to the content of the web site in order to be disseminated.
- Any other products that will enable the dissemination of EUNESE results will be incorporated into the web site.

3.1.1 National Networks: The Experience of Greece

Following the kick off meeting and the interest that was generated on the part of national institutes and authorities, collaborators from CEREPRI considered it as beneficial for the project to use their experience in order to initiate a National Network for Safety among Elderly in Greece. While welcoming the contribution of other countries where the problem has already been identified, our experience could then be summarized and shared with other countries where no such networks are currently available and it would also strengthen the participation of member states in the EUNESE Network. The aim of this national network is to encourage the collaboration of all actors involved in prevention of elderly injury in Greece, and to increase synergies.

Objectives

- Development of a multi-sectoral and multi-disciplinary cooperation
- Creation of a platform for the exchange of information and experiences between network members as well as collaboration with European organisations working in the same field, and gathering of relevant information
- Advocacy and influence of policy-makers in order to strengthen the Public Health policy on issues relative to safety of elderly
- Support for the development and enforcement of appropriate legislation and guidelines, policy and programmes for the prevention of injuries among independently living and institutionalized elderly.

Work Progress

A list of organisations involved in the field was created, and a questionnaire was developed that included questions about the availability and possible contribution of potential members, description of their organisation, as well as contact details of other organisations with actions related to injury prevention among elderly.

Several organisations have demonstrated their interest in joining the network from several fields such as:

- University departments (Orthopaedics', Preventive and Social Medicine, Neurology, Panteion University)
- Technological Educational Institution of Athens
- Scientific associations (Hellenic Association of Gerontology and Geriatrics (HAGG), Hellenic Scientific Association of Physiotherapy, Hellenic

Association of Orthopaedic Surgery and Traumatology, Hellenic Foundation of Osteoporosis)

- Greek department of international organisations (social department of the Red Cross)
- Social welfare departments of local Municipalities (open care centres of the elderly)
- Greek representatives of other EU-funded projects (ProFaNE, e.t.c.)
- Non governmental organisations
- Health Care Practitioners

The initiatives of the network have been discussed thoroughly through personal contact of the team in CEREPRI with each interested member. A meeting was held on the 19th of July, 2005 in order to define and formulate the first common action for the prevention of injuries among elderly in the framework of the network, which will be the development of an educational package for the prevention of falls for independently living elderly. The educational package will include:

- A compact disc containing the 3d visual plot by using a walk-through presentation of the exterior and interior of a house accompanied by a verbal explanation focusing on the most important aspects of injury prevention guidelines of a safe household environment.(the one of the deliverables of the pilot project realised by the French and Greek teams)
- A video and/or leaflet presentation of a basic therapeutic exercise program focused on the strengthening of balance, posture and walking safely for active senior citizens. This will be accompanied by ergonomic modifications of the environment that will be targeted towards the prevention of falls among seniors.
- Information material concerning injury prevention among elderly.

This educational package is going to be disseminated to all interested parties, in particular to open care centres for the elderly, which are the public health areas mostly frequented by elderly.

Members of the Hellenic Network were invited to participate as speakers in the “Prevention of fractures among elderly people in the EU” workshop that is being organised during the Pre-event of the First European Conference on Injury Prevention and Safety Promotion entitled, “Towards a Safer Europe: time for action”, that will be held in Eretria, Greece from September 29 to October 1, 2005.

Future Tasks

The national network has decided upon the following future tasks:

- Recruitment of new members to the Network
- Active participation in scientific conferences on the issue of injury prevention among elderly
- Organisation of meetings
- Creation of educational material concerning injury prevention advice addressed to care givers
- Dissemination of the educational package for independently living elderly
- Take all appropriate acts in order to reassure the sustainability of the Network

3.2 Working Group 2: Information Gathering

Working Group Structure

Coordinator:

Ariane Van Cutsem, *CRIOC-OIVO – Belgium*

Members:

- Carine Renard, *Research and Information Centre of the Consumer Organisations - Belgium*
- Lucie Laflamme, *Karolinska Institute, Department of Public Health Science – Sweden*
- Jerzy Karski, *Warsaw University, Medical School established – Poland*
- Patricia Fitzpatrick, *University College of Dublin – Ireland*
- Karl Kuhn, *Federal Institute for Occupational Safety and Health – Germany*
- Hakan Yaman, *Akdeniz University – Turkey*
- Baltazar Nunes — *Ministerio da Saude, Instituto Nacional de Saude, Portugal*

Brief aims and deliverables allocated to Working Group 2

The main aim is to gather all information pertinent to the project and develop a structured knowledge base for the project, comprising:

Deliverables include:

- **D1:** List of all information sources relevant to the overall program
- **D2:** All pertinent injury and/or mortality data regarding the project
- **D3:** Articles, publications and research papers relevant to the project
- **D4:** Information regarding application and effectiveness of elderly injury prevention policies, practices and activities
- Ongoing support to all other Workgroups for the retrieval of information

Action Plan

The action plan of the WG2 includes:

- **Phase 1:** July 2004 – June 2004
 - starting of working group
 - methodology and the categorisation of the information to be gathered
 - gathering of the existing and new information
- **Phase 2:** July 2004 – June 2006
 - gathering of the existing and new information

- gathering information according to the demands of the other WG's needs
- **Phase 3: July 2006 – March 2007**
 - finalisation of the deliverables
 - final report
- **Other tasks:** progress reports, permanent contact with the steering committee pertaining to the needs of the scientific monitoring of the workgroup, participation in cross-workgroup meetings and in general Project meetings

Timetable

Year	Month											
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
2004-2005		Gathering - systematize information										
	Workpl	Gathering information according to WG's demand										
2005-2006	WG2 Meeting 1 st Interim Report	Gathering information according to WG's demand – Gathering & systematize additional information										2 nd Interim
2006-2007	Finalization of the deliverables										Final Report	

Work Progress

Deliverable 1: List of all information sources relevant to the overall program

The aim of this deliverable is to produce a comprehensive list of information sources which are relevant to the overall program and which will be used by members of all of the Working Groups in order to facilitate their tasks.

A Microsoft Excel File has been developed containing approximately one hundred sources-web links, grouped into 8 categories (Figure 2.1). The list of sources will be maintained and updated through the entire duration of the project and will be available through the EUNESE section of the WP-AI web-board, as well as from the project's web site as soon as it will be developed by WG1.

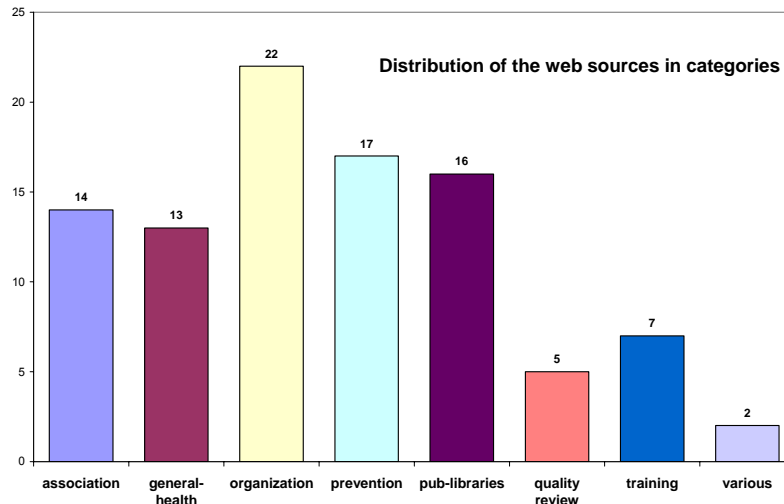


Figure 2.1: Sources per category

Deliverable 2: All pertinent injury and/or mortality data regarding the project

The aim of this deliverable is to produce a set of mortality and morbidity data focused on the project's target population. The data, when properly analysed can provide the base for evidence based, targeted interventions addressing the heart of the problem.

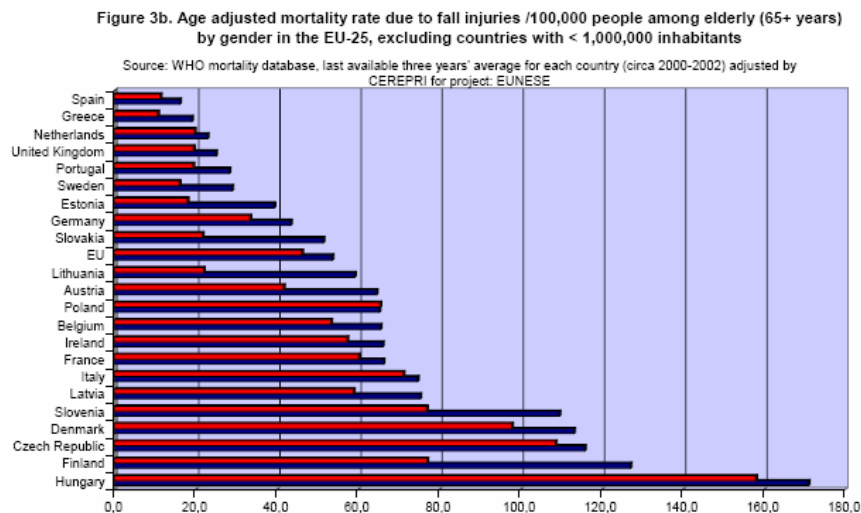
Mortality data

While there are many gaps in our knowledge we do in fact know a lot about injuries in Europe. There are many different systems for recording such information. Injuries as a cause of death and morbidity are registered by national statistical services and subsequently reported to WHO using the International Classification of Diseases (ICD-9 and ICD-10) and the International Classification of External Causes of Injuries. Registration of deaths from injury is satisfactory in most countries.

CEREPRi has 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 (65+). In combination with WHO's population data, CEREPRi has calculated age adjusted mortality rates for both intentional and unintentional injuries. Based on the analysis of the data, a document entitled "**Patterns and suggested explanations for the differential injury mortality among elderly in the EU-25**" was communicated to the EUNESE Partners for commenting [APPENDIX 2.1]. The document outlines in a comprehensive and descriptive way, using diagrams and data maps (Figure 2.2), the main findings on the WHO's mortality data analysis and provides valuable information by indicating the main causes of death among the

elderly due to injuries and comparing the corresponding mortality rates of the EU25 countries.

On the basis of these comparative mortality data developed by CEREPRI and circulated among the EUNESE partners, a series of comments were collected and further analyses have been initiated



Morbidity data

One of the principle problems faced is the lack of robust information on the causes and consequences of non-fatal injuries. While mortality data does include information on external cause, morbidity data lack such detailed information.

CEREPRI has processed injury morbidity data from the EDISS (Emergency Department Injury Surveillance System) database, maintained in Greece. The registered information includes the mechanism of accident, the place of occurrence, parts of body injured and objects causing the accident [APPENDIX 2.2]. Additionally CEREPRI has made an official request to the National Statistical Service of Greece in order to acquire data on non-fatal injuries (hospital discharge data). The data were statistically processed in order to produce hospitalisation rates for femoral fractures and further analysis for other types of injuries has been scheduled.

The methodology and the produced results of both of the above initiatives will be communicated to the partners of the EUNESE project in order to provide a basis and case studies for similar research on other EU countries.

Furthermore, as a first step for a more in-depth look into injury morbidity data, *CRIOC* has made an official request and acquired the following series of data from various countries. Additionally an overview of information about how representative the

communicated data are and about the methodology that was used for the collection of the data has been developed. [APPENDIX 2.4]

Collected and communicated morbidity data:

- the HLA (Home and Leisure Accident) data of Austria
- the HLA raw data of Denmark (2002-2004):
- the traffic accidents data of Denmark (2001-2003)
- the EHLASS raw data and HLA data of France (2001-2003)
- the falls-related injury and the road traffic accidents data of Greece (1996-2003)
- the fall-related injuries and the road traffic accidents of the Netherlands (2001-2003)
- the fall-related injuries of Sweden (2003)

The above available data, after the appropriate quality control procedures, can be statistically processed and can broaden our knowledge on the main causes of injuries affecting the elderly on a European level.

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

The literature related to the project's objectives, has been collected and distributed electronically in the form of a Microsoft Access Database. The methodology followed for the literature review and collection is described on the "First report on the deliverables - WG 2: Interventions and bibliographical survey" (APPENDIX 2.4)

The database contains 220 references of documents, categorized in 7 different document types (Figure 2.3) and characterized by a set of keywords. For each document the following information has been recorded:

- the bibliographical description of the document: the author(s), the title, the language,
- the type of document,
- the name of the journal, the volume-number and the pages (for journal publications)
- and/or the editor and edition place (if applicable),
- the link to the web source, the link to the document, an identification of whether it is freely downloadable from the Internet and the abstract in these cases.

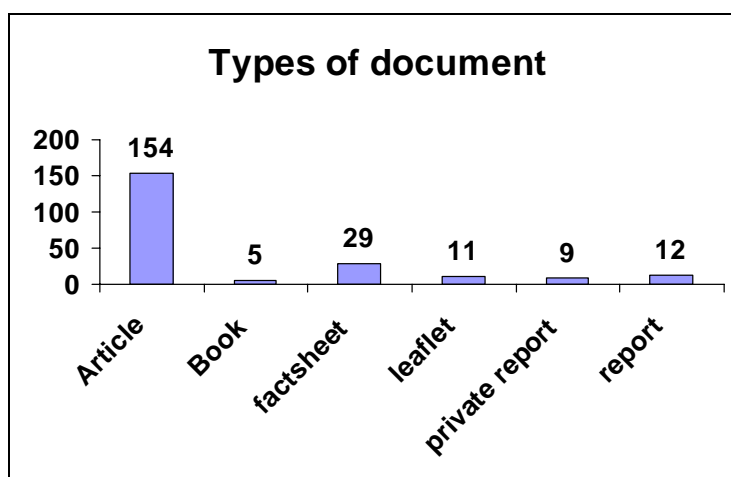


Figure 2.3: Documents per type

The literature database will be maintained and updated throughout the entire duration of the project and will be available electronically through the EUNESE section of the WP-AI web-board as well as from the project's web site as soon as it will be developed by WG1.

Demographic data

At the request of the WG4-coordinator, CRIOC collected a list of sources with demographic data. The results are included in the *First report on the deliverables - WG2: Interventions and bibliographical survey EUNESE*.

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

In order to develop a database of successful efficient and proven interventions, a corresponding form, which would facilitate the collection of information, was developed in collaboration with CEREPRI and was circulated among the WG2-partners and the internal evaluator of the project, for commenting and finalization.

Interventions were collected from 10 countries so far. Among them, 13 interventions reported in English were summarized by CRIOC in an Access Database

Interventions

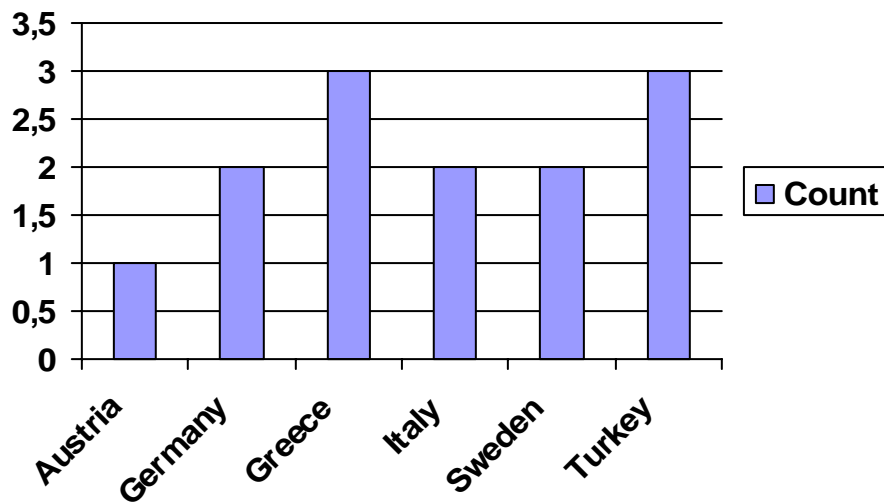
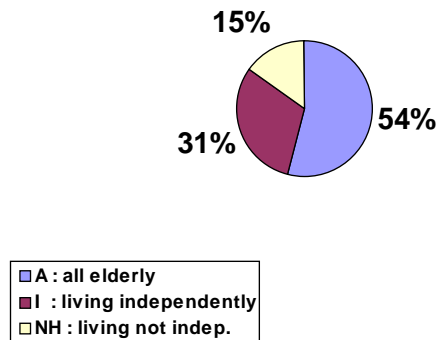


Figure 2.4: Registered Interventions per Country

The interventions can be distributed according to the population target as shown in Figure 2.5

Target population



Future Tasks

During the first year, 57% of the working budget has been used. For the remaining 43% of the working budget, that has to be spread over the 2 coming years, the WG2 Co-ordinator proposes the following tasks for the good progress of the project:

Deliverable 1: List of all information sources relevant to the overall program

- New categories can be allocated to the web sources. Any additional details about the web sources can also be mentioned, like the target country, the subjects, the existence of a list of links, the available languages, etc.
- The presentation can also be modified to suit other format requirements, which would be expected i.e. by the other Working Groups of the project.
- Coordination with WG1 for the effective integration of the collected sources to the web-site of the project.

Deliverable 2: All pertinent injury and/or mortality data regarding the project

Mortality data

- Motivate the EUNESE partners that have not yet commented on the comparative results of the mortality data to send their comments and interpretations.
- Maintain a close collaboration with Working Group 1 to ensure that all pertinent mortality data in combination with the comments and interpretations given by the experts of each country will be widely accessible through the project's web site.

Morbidity data

- Coordinate with Working Group 4 to provide additional injury-related information if required. For example, the raw HLA data of Denmark can be analysed if requested by WG4.
- Process the collected morbidity data and produce meaningful information that can drive the work of the other WGs.
- Investigate additional sources of morbidity data such as the Euro-barometer surveys and the EPIC database.
- Maintain a close collaboration with Working Group 1 to ensure that all pertinent injury data will be accessible through the web site.

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

Bibliographical survey

- New categories can be allocated to the information already recorded in the database. The documents can be classified according to other criteria after discussion with the Project Leader and the WG Coordinators.

- A thorough review of the collected literature can be conducted and the results can be added to the literature database.
- The presentation of the data can always be improved to make the information more user-friendly than it is. The format has to be agreed upon by the other Working Groups of the project in order to suit their requirements to achieve the objectives of the project.

Demographic data

- Update the list of information sources in accordance with the needs of the other Working Groups.

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

Collection of related interventions

- In August 2005, the interventions collected since the edition of this report will be included in the database and delivered to the WG4 for the preparation of the policy manual.
- During the meeting held in Brussels on July 7th 2005, it was agreed between WG1 and WG2 to propose the following action plan to collect more interventions:
 - to modify the collection-form taking into account the observations made by the CRIOC,
 - to post on the EUNESE website, as soon as possible, the new collection form together with the overview of the already collected interventions (numbered by country),
 - to send a request to the EUNESE-members, under the responsibility of the WG1-Coordinator, and to motivate them to deliver any relevant interventions.

3.3 Working Group 3: Pilot Projects

Working Group Structure

Coordinators:

- Constantin Scarvelis, *GERAHM, France*
- Agis Terzidis, *CEREPRI, University of Athens, Greece*

Members:

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

Brief aim and deliverables allocated to Working Group 3

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 will be implemented in 4 countries, including 2 new member states. The formulation and implementation will run from the 3rd to the 29th month of the project.

Deliverables include:

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

Action Plan

- Define the objectives of the pilot projects
- Set the selection criteria for deciding which projects will be implemented
- Development of the methodology for the definition, formulation, planning, implementation and assessment of the pilot projects.

- Development of four detailed pilot projects proposals that will be implemented (based on a template developed by the coordinator and CEREPRI).
- Implementation of the pilot projects
- Assessment of the pilot projects
- Dissemination of the results
- Final report

Timetable

Year	Month												
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
2004-2005	Work plan				Studying projects' proposal					Detailed descript. of pilot projects			
2005-2006	1 st Int. Report	Implementation of Pilot Project										2 nd Report	
2006-2007	Assessment of the projects	Implementation of Pilot Project					2 nd Meeting	Final Report					
	Dissemination of the pilot projects' products												

Work Progress

Deliverable 1: Definition of the methodology of the pilot projects

- The WG3 Coordinator developed the work plan, including the philosophy and proposed methodology for demonstration and implementation of small-scale pilot projects and distributed it to partners

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

- During the 1st Project meeting of EUNESE, the proposals of partners were discussed and detailed with the Steering Committee in order to ensure the quality and the feasibility of the proposed pilot projects.
- In order to ensure comparable descriptions, the WG Coordinator with the support of CEREPRI created a template for partners in order to provide a detailed description of the action plans and the methodology of the pilot projects.

- WG members drafted individual proposals for the implementation of a pilot project in their countries.

Deliverable 3: Implementation of the pilot projects

- Partners from five EU countries (HU, IT, PL, FR-GR) designed four different pilot projects aiming to implement preventive measures in elderly that focus on the safety of homes and Nursing Homes, as well as their evaluation. The implementation has already begun for all of the pilot projects. More specifically, the four pilot projects are:
 - Prevention of injuries among elderly in two counties in Hungary (Hungary)
 - Prevention of falls and fractures among elderly women in Veneto (Italy)
 - Injury prevention among elderly living in Nursing Homes in the frame of the EUNESE project (Poland)
 - Virtual modelling of a safe household environment for elderly citizens (France –Greece)

3.3.1 Hungary: Prevention of injuries among elderly in two counties

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 and products

This pilot project is designed to take place in two counties of Hungary, targeting both independently living as well as institutionalized elderly. The aims of this project are to focus on the collection of basic epidemiological data regarding injuries among elderly people, attainment of the risk factors of falls among independently living and institutionalized elderly, dissemination of information to care givers and elderly citizens concerning injury prevention techniques, and finally the improvement of

teaching material for students, who will eventually be involved in the caring of elderly people.

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

Action Plan

The area of action will be in two counties in Hungary, Tolna (independently living elderly) and Baranya (institutionalised elderly living in 40 different nursing homes), with a total population of 250.000 and 400.000 people, respectively.

- **Phase 1: January 2005- October 2005:**
 - Development and distribution of the questionnaires for independently living elderly and nursing homes in Baranya county
 - Analysis of the results of the questionnaires
- **Phase 2: November 2005- February 2006:**
 - Preparing informational leaflet on injury prevention for elderly
 - Lectures for elderly about risks and possibilities of prevention of injuries
 - Redistribution of the questionnaires in the nursing homes in Baranya county
 - Analysis of the results of the questionnaires, report change in attitudes towards injury prevention

- **Phase 2: March 2006- March 2007:**
 - Drawing up educational program for students of social and health sciences
 - Assessment of the results of the project
 - Final report

Work Progress

a) Institutionalized elderly citizens:

- A questionnaire has been developed concerning environmental and medical risk factors, type of the institution, and type of injury among elderly living in nursing homes [APPENDIX 3.1]
- A survey in nursing homes in Baranya County was conducted by regular mail. There were 40 nursing homes in Baranya County with 3500 residents in 2004. The questionnaire was sent to all of these nursing homes excluding 7 as they do not provide special care for elderly. The questionnaire was sent to directors of nursing homes by regular mail. Physicians working in the nursing homes answered the questions regarding the injuries and the directors answered other questions e.g. general information about the nursing homes, reconstruction details. Out of 33 nursing homes for elderly, 31 answered the questionnaire (answering rate: 94%).
- The data were collected and are currently being analysed
From the preliminary analysis of the data it is evident that, despite the reconstructions that have been performed lately to the nursing home facilities, still many things are lacking. The total amount of investments needed for safety was higher than the small communities could deal with. Therefore a letter has been addressed to the Ministry concerning this problem, suggesting to include this issue in the National development Plan for 2007-2013.

b) Independently living elderly:

- Two questionnaires have been developed concerning environmental-medical risk factors and type of injury among independently living elderly (APPENDIX 3.2) with the collaboration of the University of Pécs, College Faculty, Department of Welfare.
- Data were collected through structured interviews conducted by students of the Social Worker Faculty, who interviewed the elderly between April and May 2005. The sample consisted of 314 independently living elderly (this number

represents the 0,8% of the total population 65+ and the 2% of independently living elderly

- Collected data are currently being analysed

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

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

Aim and products:

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 rising” campaign
 - Development of a leaflet on injury prevention for elderly
 - Organisation of two small scale educational activities (workshops).

Action Plan

Phase 1: February 2005 – June 2005:

- Development of the questionnaires
- Administration of 100 first step questionnaires among women admitted to hospitals both in Verona and San Bonifacio

Phase 2: July 2005- January 2006

- Analysis of collected data
- Organization of the workshops

- Educational initiatives addressed to health care providers and the general population

Phase 3: February 2006- January 2007

- Administration of a follow up questionnaire
- Analysis of the follow-up questionnaires
- Final report

Work Progress

Three questionnaires (APPENDIX 3.3) regarding “OBJECTS THAT MAY HAVE CONTRIBUTED TO THE FALL’S OCCURANCE” (both at home and far from home, indoor and outdoor), “CIRCUMSTANCES OF THE INCIDENT” (place of the injury, if the surface was slippery or even wet, the activity of the injured person) and the “ENVIRONMENTAL CONDITIONS” were developed and administrated to elderly female divided into different age groups (65-74, 75-84, 85 and over). The pilot project is focusing on the entire group of female elderly admitted to hospital as a consequence of a fall, where a fracture has been diagnosed.

Up to date, 66 questionnaires have been collected. Data collection will be finished by September 2005. Of the people admitted to hospital, 90% agreed to answer to the questionnaires without any problem. In the 10% of the cases where there was a problem, it was due to the following: the severity of their clinical conditions so the patients weren’t able to answer to the questionnaire, the patient showed some reluctance to do it, or the patient simply did not feel like filling in the questionnaire.

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

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*

Aim and products

The main aim 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

Action Plan

The pilot project will be applied in three Nursing Homes in Krakow. Two will be used as controls and the third one will be the intervention setting. The target group will be residents of nursing homes for the frail and/or mobile elderly with similar organisational structure. Nursing homes for the mentally impaired elderly or for those who suffer from psychiatric disorders will not be included in the study population.

Phase 1: February 2005 – June 2005:

- Preparatory phase, elaboration of the pilot project, action plan and tools
- Sampling among Nursing Homes and assessment of the structure of the institutions that will be included in the study with a questionnaire.
- Creation of the Monitoring chart for falls registration in the Nursing Homes – training and implementation for a period of 12 months

Phase 2: July 2005 – September 2006:

- Educational package preparation and elaboration of training plan
- Implementation of educational intervention –training concerning risk of falls' assessment, rehabilitation, psychological and other aspects.
- Implementation of falls' prevention programs.
- Revision of medication
- Implementation of educational intervention/ training concerning the risk of malnutrition among the elderly
- Monitoring of implementation of preventive activities.

Phase 3: October 2006 – December 2006:

- Statistical analysis of results
- Final report

Work Progress

The following tasks have been completed throughout the first year of the duration of the pilot project:

- Assessed needs and possibilities to implement project in falls prevention (meetings with Director of Welfare Municipal, and Directors of Nursing Homes selected for the action)
- Tools development
 - falls monitoring chart with questions about falls concerning: age and gender of resident, time and place of event, description of the mechanism of injury and consequences, when and what kind of help was delivered. The monitoring chart will be rendered in both Nursing homes (control and intervention) for the entire time of the project. The monitoring of the registration process will be provided each month for the whole intervention and follow up phase (to provide evaluation indicators – number of falls and number of injuries)
 - questionnaire assessing the structure of the nursing home institutions
- Develop the content of educational material, which will be implemented only in the intervention nursing home. The training material will consist of:
 - description of risk of fall situations
 - risk for falls assessment and nutrition state assessment
 - falls prevention procedures
 - role of nutrition in falls prevention
 - psychological consequences of falls
 - patient education of moving safely (standing up from bed, etc.)
 - the role of safe environment for injury prevention
 - implementation and managing of program of falls prevention
 - evaluation of indicators
- Select among existing tools those considered to be appropriate for the project
- Elaboration of training schedule for Nursing Home staff
- Implementation of the falls monitoring system in 3 Nursing Homes (chosen for intervention and control).

The intervention is consisted of 4 components (a) implementation of educational intervention –training concerning risk of falls’ assessment, rehabilitation, psychological and other aspects, b) implementation of falls’ prevention programs, c) revision of medication and d) implementation of educational intervention/ training concerning the risk of malnutrition among the elderly). These four components will be implemented gradually and the results will be observed continuously. A pre-test and post-test will be used for measuring the education effects.

The effect of the implementation phase will be monthly evaluated via the monitoring chart.

The implementation phase will last for 9 months, during which consultation will be provided to the trainers. All indicators will be monitored in order to get follow up results. Follow up is planned to continue for 3 months after the termination of the intervention.

Conclusions drawn from the analysis will be fed into the training program and strategy of implementation in order to be revised and improved.

3.3.4 Virtual modelling of a safe household environment for elderly citizens

Pilot Project Structure

Coordinators:

Constantin Scarvelis, *GERAHM, France*

Agis Terzidis, *CEREPRi, University of Athens, Greece*

Partners:

- Efstratia Toumpi, Architect- Greece

Aim and products

The main aim of this pilot project is to provide the elderly with simple design solutions and guidelines to make their home safe. It will also provide 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
- 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.

Action Plan

An effort will be made to bring together and analyze a large amount of data concerning the present status of individual housing for elderly. The aim will be to understand the problems that the elderly face and provide simple and understandable ways to improve their living (APPENDIX 3.4).

- **Phase 1: October 2004- June 2005**
 - Development of the proposal that will be implemented.
 - Literature review and experts' consultation
 - Development of a draft of the Home-safety glossary
 - Development of the first draft floor plan of the prototype house
- **Phase 2: July 2005- January 2006**
 - Development of a 3d visual plot of the prototype house
 - Distribution of the draft floor plan of the prototype house and of the 3d visual plot for evaluation
 - Finalization of the Home-safety glossary
 - Final version of the floor plan of the prototype house.
 - Final version of the 3d visual pilot of the prototype house
 - Development of a technical report for the civil engineers.
- **Phase 3: February 2006- March 2007**
 - Dissemination of the developed materials
 - Final report

Work progress

- A bibliographical survey has been conducted in order to bring together and analyze a large amount of data concerning the present status of individual

housing for elderly. The aim was to understand the problems that the elderly face and provide simple and understandable ways to improve their living.

- Development of a draft glossary, containing an A to Z home-safety information for the use of elderly as well as information material concerning home-safety guidelines.
- Development of a first draft floor plan of the prototype house

Future tasks

- Development of an academic report with pictures and diagrams to be used for students, teachers of gerontology, doctors and anyone interested in learning background information of a safe home.
- Presentation of a technical report for designers, civil engineers and architects with all of the details to jump-start a design of a safe home.
- Provision of 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.
- Final Report

Future Tasks

During the first year, 30 % of the working budget has been used. For the remaining 70 % of the working budget, that has to be spread over the next 2 years, the WG3 Co-ordinator proposes the following tasks for the good progress of the project:

Deliverable 3: Implementation of the pilot projects

Future tasks for the implementation of each of the four pilot projects have been described in the preceding paragraphs.

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

- A detailed report will be delivered to the WG Coordinator every three months by each of the partners describing the process of the pilot project implementation
- A thorough description of the entire implementation, along with the results that will emerge from the measurements and the evaluation of each project, will be edited and delivered to the WG Coordinator

Deliverable 5: Dissemination of the projects' results and experience

- Develop a plan and design the strategy for the dissemination of the products that will be developed by each of the four pilot-projects:
 - at a national level
 - at a European level
- Disseminate the products

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, *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, *Republic National Institute of Public Health, Denmark*

Brief aim and deliverables allocated to Working Group 4

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 nursing home elderly. The manual will detail cost-effectiveness and evidence-based best practices for prevention of injuries in the elderly.

Deliverables include

- **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) towards self-supportive elderly, elderly in supportive communities and care-givers for elderly
- **D4:** To develop presentations, website content and all other material required for disseminating the contents of the policy manual

Action Plan

- **Phase 1: November 2004- September 2005:**
 - Develop action plan and develop the necessary materials/documents for the production of the policy manual.
 - Organize two Work Group meetings.
 - Promote policy manual at Pre-event of the European Conference on Injury Prevention in Greece.
- **Phase 2: October 2005 – February 2007:**
 - Gather materials for the promotional materials/leaflets. This material will contain specific prevention measures geared towards the elderly and their caregivers that could be used to prevent injury risks among senior citizens who live an active (independent) lifestyle (active mobile elderly), as well as among elderly residing in nursing homes.
 - The development of presentations, website content and all other material required for disseminating the contents of the policy manual

Timetable

Year	Month											
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
2004-2005										WG4 Meeting		
2005-2006	Development of Policy Manual											
	1 st Int. Rep.	Dvp. of Policy Manual		WG4	Draft of Policy Manual					2 nd Interim Report		
2006-2007	Development of leaflets and materials											
	Development of leaflets and materials									Delivery of material		
										Final Report		

Work Progress

The recent tasks and administrative functions undertaken by Working Group (WG4) are:

- An action plan has been developed for the working group
- Material for the best practices manual has been gathered and liaison with WG2 has been established in order to plan the time schedule for their deliverables to WG4.
- A list of content of the best practices policy manual has been made and agreed upon during a meeting of WG4 and discussion afterwards. The manual will be drafted during the summer months of 2005 based on material collected by WG2

and members of WG4. A final draft will be discussed in a WG4 meeting at the end of September 2005 in Greece in order to complete the final draft of the manual during the following days. The main structure of the policy manual will coincide with the following perspectives (APPENDIX 4.1):

1. Why action for elderly safety in the European countries?
 - Individual suffering, increased mortality, increased disability, economy
 - Prognosis for the increase of the elderly population in the European countries over the next 50 years – and for injuries
2. Some definitions
3. Visions and targets for elderly safety of the European Division of WHO, some national targets (e.g. the French target to reduce the prevalence of falls 65+ with 25% in five years). Three target groups: a) Elderly 65+ with good health, living at home b) Elderly 65+ living at home and need some sort of help, c) Elderly 65+ living in institutions
4. Elderly injuries – statistics
 - Mortality, morbidity
 - This manual will focus on unintentional injuries
5. Elderly population in European countries will increase
6. Various cultures across Europe regarding caring for the elderly and consequences for their safety
7. Elderly injuries can be prevented
 - Introduction to the three main accident groups in general, effective strategies for prevention.
 - How to reduce the aging process (50% of the injuries are related to internal reasons): nutrition, exercises, less medication, vision, balance, etc. This is relevant for all injury groups
8. Three main injury groups will be focused on, with 5-10 evidence-based best practices for each of them (with references) as examples of how they can be prevented – mainly focusing on external reasons – environmental and organisational factors:
 - a. Fall injuries
 - b. Road traffic injuries
 - c. The last group consists of some minor groups such as: a) Fire and flames, b) drownings, c) poisonings, d) others
9. How to create an infrastructure for injury prevention
 - a. Safe communities

- b. How to co-operate between central and local levels
 - c. How to design intervention project
10. The European network on elderly safety (EUNESE), important links

Future Tasks

Due to some unexpected bureaucratic difficulties, almost the entire working budget of WG4 has to be spread out over the following 2 years until the end of the project.

- ♦ A draft of the Best Practices Policy Manual will be presented during the 2nd Project Meeting in Eretria
- ♦ Supplement/Finalization of the best practices policy manual for sustainable injury control and safety promotion in an aging EU society, both for independently living and nursing home elderly.
- ♦ Development of information materials/leaflets (master copy) towards self-supportive elderly, elderly in supportive communities and care-givers for elderly
- ♦ Design the strategy for disseminating the produced material

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 and deliverables allocated to Working Group 5

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, to identify obstacles faced and ways to overcome them, and to anticipate costs as well as identify possible funding sources.

Deliverables include:

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

Action Plan

- Develop and distribute questionnaires for collecting information from 3 sources (EUNESE Working Groups, Network members, Potential funding sources)
- Analyse and evaluate the information collected
- Assess the added value of the project via evaluating its products
- Assess the sustainability of the network
- Report

Timetable

Year	Month											
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
2004-2005												
2005-2006		Survey of EUNESE WG										
	Design surveys		Methodology							Interim Report		
2006-2007		Survey of Potential sources of Funding										Final Report
		Survey of EUNESE Networks Members										
		Sustainability & added value evaluation										

Work Progress

Due to the nature of WG 5's tasks in assessing the results of EUNESE and achievement of its objectives, the primary activities will start in January 2006. In addition, in order for the WG5 Coordinator to be fully informed, she has been invited to participate in all phases of the project in order to be able to better accomplish the relative tasks.

The Co-ordinator of the WG5 participated in the meeting of WG Co-ordinators in Bergen (15 June 2005).

Design the feasibility study to test the sustainability of the EUNESE network

The WG5 Coordinator is now in the phase of developing a survey in collaboration with the Internal Evaluator to be administered to all WG leaders in January 2006.

This survey is designed to collect information on objectives achieved, problems encountered, outcomes, and costs incurred. It will be completed in late August/early September 2005 and initially administered to WG1.

Future Tasks

The entire working budget has to be spread out over the following 1.5 years until the end of the project.

Working Group 5 is designated to assess the results of EUNESE and determine if its objectives have been achieved. The study will focus on assessing the implementation and results of the pilot projects, effectiveness in establishing the

network, as well as barriers encountered during the project. This information will contribute to the assessment of the added value of EUNESE in terms of injury prevention and the potential sustainability of the project for enlargement and future activities.

The feasibility study should contain the following major concepts:

1. assessment of the usefulness and added value of the project for injury prevention for the elderly
2. assessment of the organizational and technical capacity of the project to achieve objectives, including obstacles to implementation
3. assessment of the costs to maintain the network and the potential to achieve financial independence through consistent funding

The major tasks that will be carried out are collection of survey information and evaluation of results, 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.

More specifically, the WG5 Co-ordinator proposes the following tasks:

- **Develop and distribute questionnaires for collecting information from 3 sources:**
 - EUNESE Working Groups
 - Network members
 - Potential funding sources
- **Assessment of added value** of the project and the potential for the network to achieve financial independence and eventually become self-sustainable
 - **Evaluation of project's results**
 - Setting criteria for the evaluation of the results achieved by the Project
 - Setting criteria for the assessment of the added value of the project's results
 - Information on objectives, problems encountered, outcomes, and costs incurred will be obtained through the survey of EUNESE Working Groups in Jan 2006.
 - Ongoing evaluation of the results of the project; if needed, improvements will be proposed

- Assessment of the added value in terms of injury prevention will be based upon the analysis of the collected data from a survey of network members starting in Jun 2006, after the creation of the network and the development of the Best Practices Manual and information leaflets.
- **Assessment of the potential sustainability:** Assessment of the potential for the network to achieve financial independence and eventually become self-sustainable by:
 - Setting criteria for what will be considered a sustainable network
 - Quantifying costs and anticipated costs (e.g. through survey of WG coordinators)
 - Identification of potential funding sources (e.g. through survey of network members)
- **Draft of Report**
 - Overall results of the feasibility study will be discussed among WG members considering the results of the surveys
 - The first draft of the final report will be distributed to all working groups with request for comments
- **Final Report**
 - Taking into consideration comments from all WGs, the draft will be revised and the Final Report written

3.6 Main Beneficiary Team's Activities

A number of the activities realized during the first year had been undertaken by the main beneficiary team in Athens (CEREPRi). These activities were aiming either to assure the smooth process of the project or to assist and support the work that had been assigned to some of the Working groups. The activities CEREPRi undertook were the following:

Communication of the project with emphasis on the development of the Network

- Establishment of a EUNESE Forum on the web-board of the Working Party on Accidents and Injuries, an electronic portal that facilitates communication between project partners and network members until the realization of the projects' website. [APPENDIX 5.1]
- Development of an electronic and a printed version of the brochure with detail information on the burden of injuries among seniors and a short introduction regarding the scopes of the project. [APPENDIX 5.2]

Information Gathering

- **Mortality Data**

CEREPRi has acquired WHO's mortality data, on both intentional and unintentional causes of death due to injuries among men and women older than 65 years of age. Age adjusted mortality rates by type of injury and by gender were calculated. Based on the analysis of these data, a document entitled "Patterns and suggested explanations for the differential injury mortality among elderly in the EU-25" was disseminated to the project partners for comments. The main findings of WHO's mortality data analysis were outlined with the use of diagrams and maps providing valuable information on the main causes of injury deaths. The evident diversity on injury mortality rates among different countries, illustrated in the data maps, reflects a challenge for injury prevention. More specifically, countries less advanced in preventing injuries among senior citizens can greatly reduce injury related deaths by simply following the example of countries with lower mortality rates. This document can be accessed via the web board of the WP-AI. [APPENDIX 2.1]

Map 3. EU-25 Mortality Rate due to Fall Injuries (circa 2001) among Elderly (65+ years)
 Source of data: WHO mortality database adjusted by CEREPRI for EUNESE

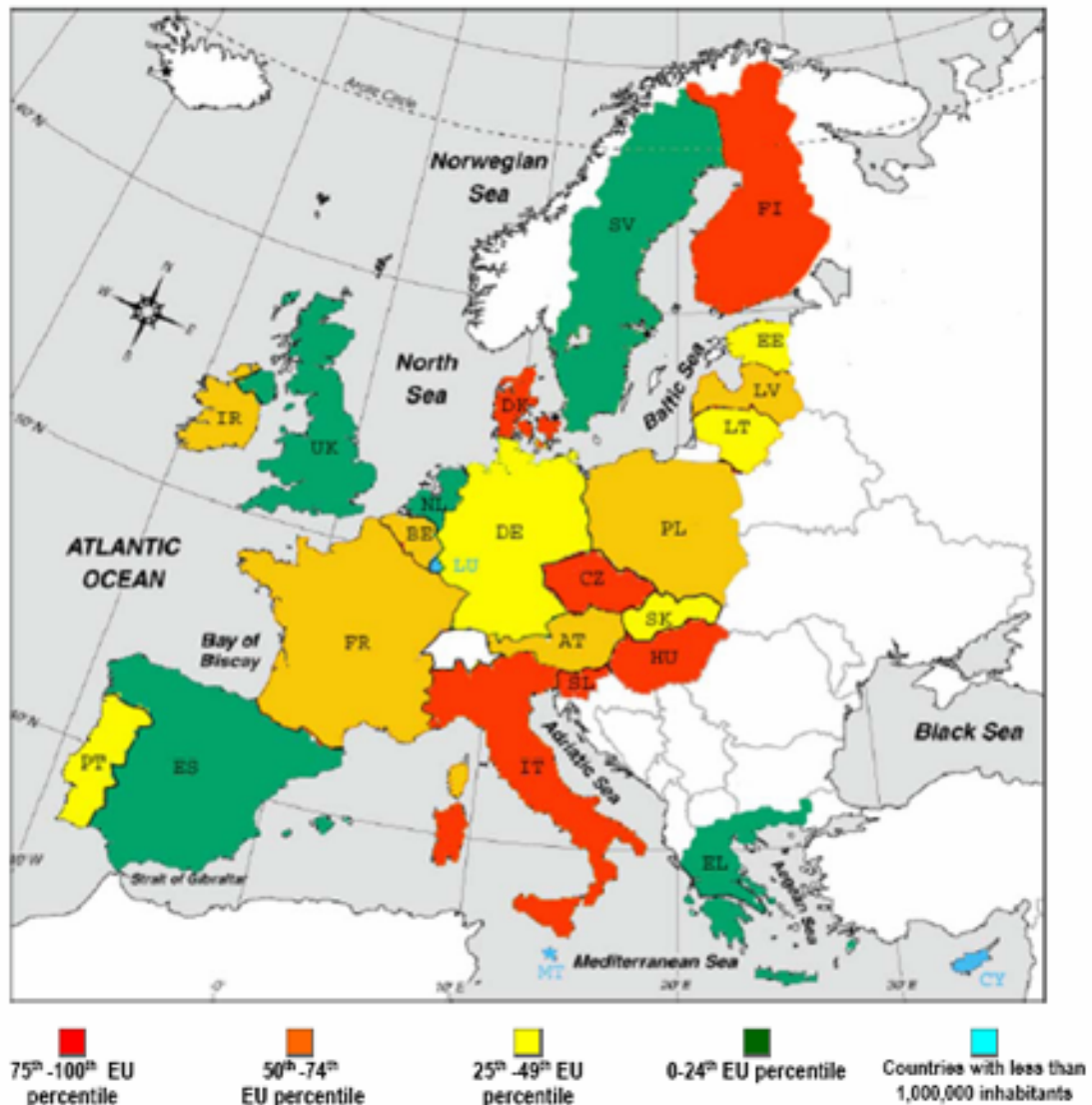


Figure 1: Sample from the data analysis of the WHO Mortality Data outlining the mortality rate due to Fall Injuries and comparing the magnitude of the problem in the EU-25 countries.

▪ **Morbidity Data**

Concerning morbidity, CEREPRI along with WG2 has made an official request to the national data administrators of six European countries to provide individual based (raw) data for all home and leisure (HLA) accidents as well as for road traffic and occupational accidents, violence, suicides, etc., recorded by the injury data collection system during the last 3 available years for ages 65+.

CEREPRI has processed the prototype analysis of falls and road traffic injuries among elderly 65+ from the EDISS (Emergency Department Injury Surveillance System) database, maintained in Greece. The registered information includes the

mechanism of the accident, the place of occurrence, parts of body injured, objects causing the accident, outcome, etc. Concerning road traffic accidents, it turns out that elderly are most frequently and severely injured as pedestrians, especially women, whereas men are more often injured as drivers. On the other hand, the majority of fall related injuries concerned females with no significant differences among age groups, while among all other types of injuries men outnumbered women, except for the ages 85+, where the pattern is reversed. A significant proportion of falls occurred at the same level most of the time due to stumbling or slipping. Finally, the place of the accident was usually the interior of the house, mainly the bedroom.

Additionally, CEREPRI has made an official request of the National Statistical Service of Greece to acquire data on non-fatal injuries (hospital discharge data). The data were statistically processed in order to produce hospitalisation rates for femoral fractures and further analysis for other types of injuries has been scheduled.

- **Questionnaire for the Gathering of Information**

In continuation to the activities of WG2 “Gathering of Information”, CEREPRI has developed a questionnaire that focuses on identification and homogeneous gathering of information from readily accessible and grey sources on elderly injury. The questionnaire includes questions about hospitalization data (by type of injury, age group and gender), national studies estimating the health and economic impact of injuries, and other information about injury prevention initiatives, and attitudes/behavior. It has been distributed for comments to the WG2 Coordinators and the Steering Committee and is going to be disseminated to the partners during the 2nd year of the project. [APPENDIX 5.3]

- **Evaluation questionnaire**

EUNESE is a fundamentally strong project, which aggregates many experts with a vast experience and expertise in the safety and injury prevention fields. The devolution of the project to five Work Groups is facilitating a spacious amount of inspiration but requires a close co-operation between Work Group Partners and ongoing evaluation to monitor progress towards the completion of deliverables. Concerning this effort, CEREPRI has developed an evaluation questionnaire to be distributed to the WG Coordinators over the coming year, detailing questions as to the overall progress of the project.

- **Questionnaire for independently living elderly**

CEREPRI undertook the task to develop a questionnaire on independently living elderly in order to facilitate the gathering of information concerning the circumstances of an injury, mainly falls. A wide variety of information is investigated, namely; personal details (present and past medical condition, mental status, medication, etc.), injury data (place, activity and mechanism of injuries, frequency of falls, treatment/hospitalization, and outcome), as well as presence of external risk factors that could aggravate an injury. This tool has been used as a model for the development of the questionnaires of the three pilot projects and is available on the web board. [APPENDIX 5.4]

4.0 Meetings

1st Project Meeting (Kick-off EUNESE Meeting - November 2004)

The 1st EUNESE Meeting was held on November 22-23, 2004 in Athens and was attended by 22 participants. The aim of this meeting was for all participants to acquaint themselves with one another as well as with the overall objectives, timetable, budget and deliverables of the project. Individual Working Group sessions were held to define and detail the specific tasks and work plan of the Working Groups as well as the involvement and participation of the partners that were reviewed and made more concrete with the assistance of the Steering Committee.

Specific outcomes were the adoption of the application procedure and criteria for the building of the Network, the categorization of the information to be gathered by Working Group 2, proposals for feasible designs for the pilot projects that would focus on multi-factorial interventions (e.g. raising awareness and environmental modifications) and the definition of the content of the policy manual (epidemiological profile of injuries both for institutionalized and independently living elderly and best practices).

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

WG4 Meeting in Paris April 14th-15th 2005

The reason for the meeting was for the members to become acquainted with each other and to start the process of discussing the content of the first deliverables of the group: The best practices policy manual on elderly safety in Europe. Ariane Van Cutsem was especially welcomed to the meeting as the work of WG4 is very much dependent on the information gathered by WG2.

Specific outcomes were the adoption of a draft content of the policy manual aiming to convince the policy-makers that it is necessary to establish injury prevention activities for the elderly throughout Europe. Through the presentation of evidence-based best practices, the manual should also demonstrate that it is possible to reduce elderly injuries. It was agreed that intentional injuries (suicides and violence) should be excluded from the manual. Best practices on three injury types are going to be presented, namely: a) falls, b) road traffic accidents, and c) the remaining injuries as one group: drowning, fire and flames, poisonings etc. Finally, the WG4 agreed on

the amount of information that should be provided by WG2 to be used for the synthesis of the best practices policy manual

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

WG Coordinators Meeting, June 15th 2005

A meeting of the Work Group Coordinators was held on June 15, 2005 in Bergen, Norway. The objective of this meeting was to discuss the progress, deliverables, barriers and future perspectives of the project. Additional points of discussion were the deployment of the most effective ways to enhance active interaction among EUNESE members (meetings, use of the WP-AI Web-board, comments on the project's deliverables) the linkage to other related injury prevention projects, the development of the EUNESE website (content-outline, user-friendly for elderly), as well as fund raising.

The need for better cohesion and communication among the project partners was stressed. The project outcomes so far were presented by each of the Coordinators and the obstacles that could cause any delay were sufficiently addressed.

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

Planned Meetings

The Meetings already scheduled are the following:

- **WG2 Meeting in Brussels, July 7th 2005**

The meeting will be held to provide support to Working Group 2, to identify and report progress of WG2 towards the required deliverables, to identify and remove any barriers, and to facilitate meeting the agreed timetable and programmes of work to ensure that all requirements are met.

- **WG1 Meeting in Amsterdam, September 5th 2005**

This meeting is scheduled in order to provide the WG1 Coordinators with the input of Working Group 1 members and of the Coordinators of the other work groups

concerning the structure and content of the website. During this meeting the website will be pilot tested.

- **2nd Project Meeting, October 1-2, 2005**

During the 2nd EUNESE Meeting, all Working Groups will have the opportunity to present their work progress so far. An almost final version of the project's website will be demonstrated and pilot tested in order to be launched after the meeting. The "Best Practices Policy Manual" will also be presented in order to be evaluated.

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

5.0 Evaluation Process

In order to monitor the progress of the project in a timely manner as well as to assist the Working Group Coordinators in their tasks and to maintain effective communication with the project partners, a continual internal evaluation component has been provided for.

The internal evaluation has been 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 evaluations will coincide with the two interim and final reports.

Objectives of the internal evaluation

The objectives of the internal evaluation are:

- To ensure that EUNESE is a values driven project
- To support partners in achieving consistency and integration of the different working groups
- To assure quality of processes and deliverables
- To act as an avenue for feedback, where all associated beneficiaries themselves would be given the opportunity to express their opinions for the overall progress of the project

Key activities

1. Examination of records / work in progress
2. Conduct observation
3. Consultation with Work Group Coordinators
4. Measurement of progress
5. Self reporting by Project Leader
6. Use of structured questionnaires
7. Resource usage monitoring
8. Goal attainment & progress thereto (Goal Attainment Scaling)
9. Comparison & comparison analysis

10. Fine-tuning evaluation – modifications to programmes
11. Monitoring
12. Impact assessment
13. Quality Control
14. Evaluate benefits and costs

Work Progress

A working paper was provided on the 8th of June 2005 that outlined issues identified by the Internal Evaluator covering the values/objectives, goals, progress, and barriers – and discussed at the Coordinators' meeting in Bergen, Norway. The highlights of this report are presented in a summary below:

- EUNESE is a fundamentally sound project, which is heading towards making an enormous impact with highly efficacious deliverables.
- It was always anticipated that cohesiveness, communications and co-ordination would be major difficulties and this has turned out to be the case. Great efforts have been made in this area and it is disappointing to all that problems still remain, but this is neither for lack of goodwill to find solutions nor for lack of effort.
- Project management and the Internal Evaluator have opted for a “light touch” approach in order to give Working Group members room to develop their own ideas as well as to be entrepreneurial and creative. This has had benefits and in order to continue to yield benefits, any difficulties that may arise, should be dealt with immediately and efficiently.
- EUNESE brings together many outstanding individuals with a wide variety of experience and expertise in the safety and injury prevention fields, already high-achievers in the field of improving safety across Europe. Synergy is having an impact but synergy itself has a spontaneous element that is resistant to planning. It is unthinkable that this talented group would not deliver further advances in the safety of elderly people given this remarkable opportunity that we all have.
- Good progress has been made in many areas; all problems are surmountable, and if we all think for a moment of the achievable outcomes, it would be clear that this project still has the potential to deliver a network that will effectively meet its goals of improving the safety and thus welfare of elderly people across Europe in an environment where best practices and knowledge are identified and shared, in order benefit this vulnerable age group.

On the 23rd of August the Internal evaluator provided a summary of progress on EUNESE in the course of the first year's action. The Internal Evaluator's assessment of progress was based on the following information sources:

1. Contacts between the Internal Evaluator and the following parties:
 - Work Group Leaders
 - CEREPRI
 - Partners
2. Reports posted by Work Groups on the Web-board
3. Progress Reports by Work Groups
4. Attendance by Internal Evaluator at selected project meetings
5. Other contacts between the Internal Evaluator and Work Groups via telephone and e-mail
6. Telephone conferences with Work Groups and CEREPRI
7. Questionnaire sent by the Internal Evaluator to all Work Groups in July 2005 which focussed on progress towards goals. [APPENDIX 6.1]

The Internal Evaluator concluded that at this stage, all participants are immersed in detailed work but they are also effectively getting to grips with the big issues and standing back to take an overview as needed. These are the values of good project management. Work Group Leaders are focussed clearly on the practical project management tasks of pursuing goals, allocating and managing resources, meeting timetables and actively meeting new challenges particularly where perspectives are changing through normal progress. It is slightly disappointing that there is not more vision as to how EUNESE will impact and be used; the Internal Evaluator's view is that participants are actually getting more ideas and vision than they are sharing at this stage because they wish to concentrate on getting the job done and do not wish to be seen to be diverging from the key issues to blue skies thinking. The Internal Evaluator believes that as the project draws to its conclusion there will be scope for revisiting this aspect and he confidently expects that there will be a more visionary approach from participants when they feel more relaxed about drawing breath and standing back. The Internal Evaluator recommends that as we see more contact between Work Groups over coming months, generally through the context of discussion, communication and joint meetings, time should be taken to think ahead to the outcomes of EUNESE and how the finished system will live, grow and be used – and be useful – in the world of safety for older people. It is essential that Work Group Leaders develop and share their visions for the sustainability of the finished project.

In conclusion, the Internal Evaluator's supposition is that by August 2005:

- EUNESE project is meeting its core values
- The work in progress is satisfactorily directed to the achievement of the project aims and objectives, and

Work Groups are meeting consistent quality standards, commensurate with what is needed to achieve the agreed outcomes

6.0 Dissemination Activities

The first phase of the project is mainly targeting to equip participants with documentation on the burden and components of the problem of injuries among the elderly. In addition, every possible way is being used in order to disseminate information regarding EUNESE to senior citizens, policy makers, health care practitioners and all those who can effectively deal with safety among elderly; the population group that contributes the vast majority of injury victims. Specifically during this first period, the following actions have been undertaken:

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

The internet is considered to be a major component for the establishment of interactive communication between partners and the exchange of information concerning project updates. As the construction of a functioning web site, undertaken by the WG1, needed some time in order to be well designed and pilot-tested, CEREPRI has created a EUNESE Forum on the web-board of the Working Party on Accidents and Injuries where key documents are made available and Project partners/ network members can exchange information and comments [APPENDIX 5.1].

The EUNESE forum is sub-divided into five 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 Brochure

CEREPRI has developed a brochure providing a brief overview of the project's aims and objectives along with contact details for all interested parties. The brochure has been disseminated to the WP-AI Members, EUNESE contacts, ECOSA Members, Euro Safe Communities, Greek organizations dealing with safety among elderly and the media during the Press Conference organised in Athens in December 2004.

This brochure is available in electronic form in the EUNESE forum of the web board of the WP-AI, whereas the printed version can be disseminated upon request to all the involved associates. The members of EUNESE are encouraged to contribute, ensuring the widest possible distribution [APPENDIX 5.2].

6.3 Press-Conference

In collaboration with the European Commission Representation in Greece, CEREPRI organised a press conference on the EUNESE Project on December, 22nd, 2004 attended by more than 25 Media representatives (TV, as well as National and European newspapers and radio). The Senior DG-SANCO Administrator was invited but could not attend due to personal reasons. The striking issue of injuries among the elderly and the initiative of EUNESE were presented by Prof. Dimitrios Trichopoulos (Head of the Dept. of Hygiene and Epidemiology – Medical School – University of Athens), Prof. Eleni Petridou, Director of CEREPRI and Dr. Yiouli Grigoriou, member of the EUNESE project team. It was stressed that elderly, although representing 16% of the EU-25 population, suffer about 40% of the injuries. Mediterranean countries have a rather favourable record regarding injuries among the elderly and the wide variation among the EU member states indicates that there is a high potential for prevention. Minerva Malliori, ex Member of the European Parliament and current vice-President of the European Center for Prevention and Control of Diseases emphasized this potential for prevention in the aging EU, especially with regards to intentional injuries, mental health and consumption of alcohol.

The collaborators of CEREPRI have compiled and analyzed the data in order to provide the content of the Press kit, that was distributed to participants, including a CD with the speeches, a press-release, the EUNESE Brochure, a summary of the EUNESE Project, some specific statistical data, a bibliography, and brief information on DG SANCO and WP-AI activities.

The press conference had wide distribution (newspaper clips are available) and the local EC offices considered it as one of the most successful press releases organized through their offices.

6.4 Article in the WP-AI Newsletter

At the request of the Editor, an article/ introduction of EUNESE has been included in the first edition of the WP-AI Newsletter edited under the Greek Secretariat. The EUNESE Greek project team has also presented an overview of fall injuries in the focus article in the second issue of the WP-AI Newsletter. The WHO statistical data were adjusted to a coloured map providing the geographic distribution of age adjusted mortality rates due to falls among elderly in the EU-25 and Norway. As it was clearly shown in the map, falls are a major element of injury mortality among senior citizens in several European countries and intensive efforts need to be taken in order to efficiently and effectively cope with this issue.

6.5 Progress report for the WP-AI Meeting

As requested by the Secretariat for the project management of the WP-AI, a short progress report highlighting the advancements of the project has been drafted and a presentation was prepared for the meeting of the WP in February 2005, which is accessible via the Internet.

6.6 Newsletter

Now that EUNESE has concluded the first year of activities, CEREPRI is organizing the publication of a newsletter in order to disseminate information concerning the ongoing activities and outputs of the project, as well as to inform on topics that the project applies. All members of EUNESE were requested to provide their input concerning:

- Progress of actions and activities of the project concerning each work group, and their results,
- Articles/ discussions on topics related to the prevention of injuries among elderly.

The first issue of the EUNESE newsletter is expected to be circulated in September.

6.7 Interconnection with other related projects

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 expressed its interest in the article about the EUNESE project in the WP-AI newsletter concerning the falls mortality map among seniors in the EU. In addition, ProFaNE has requested from EUNESE to include these data in the projects' web-based database incorporating information about European falls services and

resources. CEREPRI has agreed and requested that the two networks work more closely in the future. Furthermore, CEREPRI is invited to present a poster concerning the EUNESE network in the ProFaNE's meeting in Crete and Mrs. Dawn Skelton, the Scientific Coordinator of ProFaNE, has kindly accepted to make a short presentation of the Prevention of Falls Network at the EUNESE meeting in Eretria, Greece.

6.8 Workshop

During the Pre-event of the First European Conference on Injury Prevention and Safety Promotion entitled, "Towards a Safer Europe: time for action", that will be held in Eretria, Greece from September 29 to October 1, 2005, a workshop has been 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 the EUNESE project team.

The workshop will be composed of the subsequent five presentations, followed by 25 minutes of group work and 20 minutes of general discussion.

- "Fall prevention in elderly people"
Dr. Dawn Skelton, PhD, BSc
School of Nursing, Midwifery & Social Work, University of Manchester, UK
- "Injury site protection among elderly people"
Dr. Jari Parkkari, MD, PhD
The UKK Institute, Tampere, Finland
- "Primary prevention of injuries and promotion of health"
Dr. Panayota Soultzi Assistant Professor,
Faculty of Nursing,
University of Athens, Greece
- "Prevention of falls through therapeutic exercise"
Mrs Georgia Petta
of the Hellenical Scientific Association of Physiotherapy
- "Epidemiological trends of hip fractures in elderly osteoporotic patients in Greece"
Dr Ismene Dontas, DVM, PhD, Associate Professor
Laboratory of Experimental Surgery
School of Medicine, University of Athens, Greece

This workshop aims to raise awareness concerning the fundamental issue of fractures among elderly; to present the evidence of what works in the different

fracture prevention strategies among senior citizens; to consider the aspects of implementation of preventive interventions in different communities; and to identify the suitable preventive measures that should be recommended at an individual level. This workshop appeals to policy makers involved in choosing and implementing preventive interventions programmes and measures for fracture prevention among elderly people, as well as researchers and clinicians interested in the current evidence based knowledge concerning prevention of age-related fractures.

7.0 APPENDICES

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