PRESENTING: THE FIRST ISSUE OF THE IPP-NEWSLETTER

Dear Readers,

It is already more than one year ago that the Council and the European Parliament decided on the Programme for Community action on Injury Prevention; a decision published in the Official Journal on the 8th of February 1999. The objectives of the programme are:
- promoting epidemiological monitoring of injuries by means of a community system; and
- exchange of information on the use of these data for priority setting and prevention strategies.

The ultimate aim of the programme is to support public health activities that seek to reduce injuries in particular those due to home and leisure accidents.

This Newsletter will regularly report on the activities undertaken in the framework of this programme and the progress made with respect to the objectives of the IPP. In this first issue we will update you on the various components of the programme and the projects that started in the second half of 1999 and early 2000.

The main purpose of IPP is to help develop existing infrastructures in Member States with regard to injury monitoring and therefore relies strongly on the involvement of competent authorities such as the Ministries of Health, the national institutes of Public Health and relevant injury control agencies. An important objective is to have the current weaknesses of injury monitoring in the EU being significantly upgraded in coming years. One particular concern in that respect, is to improve the potential of current systems to produce population based injury epidemiology. Such systems should in coming years also be further integrated in the broader health information exchange networks within the EC, i.e. in EUPHIN-Hiems.

Since the Decision of 8th February 1999 a lot of activities have been put in place by the Commission. In order to facilitate the process of collaboration among the various partners, the Commission decided to create a Network, the so-called IPP-Network. Soon after the decision of 8th February, the Member States were invited to nominate experts from competent agencies to serve in that Network. The role of this Network is to serve as an advisory body towards the Commission in its tasks of implementing the programme and the projects subsidised in this framework by the Commission. The Network serves as a kind of working community of representatives from competent agencies that helps the Commission to build upon the best expertise in member states. It first met at an informal meeting organised by the Commission in 1999 and had its formal meeting under the first year Work programme on the 10th and 11th of February of this year.

Another task the Commission successfully completed in the course of 1999, was the review and selection of project proposals that have been submitted by interested parties in response to the call for proposals published in July 1999. This lead to eleven contracts being concluded between the Commission and Member States for the collection of data on home and leisure accidents. In addition, nine contracts have been concluded with research institutes. These contracts relate to specific areas of interest such as the development...
of tools for improving the quality and reliability of
data and for providing population based statistics.
Considering the difficulties we have seen in the
past decade in establishing a truly European
exchange of injury data that is valid, cost-efficient
and useful for policy making at EU-level, there are
at least four challenges:

1. finding the right balance between
methodological requirements for best
surveillance practice with financial and practical
restrictions;
2. providing convincing arguments for the added
value for a system at community level for
continuous injury data collection;
3. satisfying the divergent needs for information
from various stakeholders, such as product
safety and public health authorities, and third
parties;
4. and ensuring continuity in injury monitoring in an
enlarging European region and under new
directions for Community Public Health policies.

The IPP helps us to get studies and pilots
implemented that should provide the so much needed
evidence on the value, feasibility and importance of
injury monitoring at EU-level. Within four or five years
we expect to be able to provide the information that is
necessary for all stakeholders to make a final decision
on the future continuation of such an European
exchange in this particular field of public health and
consumer protection.

It is a special honour for the Consumer Safety
Institute in Amsterdam to serve as co-ordinating
secretariat for the first period of the programme
running until mid 2001. This programme is a learning
experience for all involved and will definitively
lead to an enhanced performance of injury control
activities in Europe. After all, there still is much to be
gained in saving lives and saving quality of live
through safety promotion and injury prevention.

Wim Rogmans
Director Consumer Safety Institute
Co-ordinating Secretariat of the
Injury Prevention Programme 2000-01

INTERVIEW WITH BERNARD LE GOFF
In this first issue of the IPP Newsletter we
interviewed mr. Bernard Le Goff, Administrator
with the Directorate General Health and Consumer
Protection, Unit F3, of the European Commission.

1 Could you tell something about the previous
history of the Injury Prevention Programme?
The Commission’s initial proposal was presented in
April 1997 was aimed at reducing the number of
injuries in key areas, with the emphasis on home
and leisure accidents involving children, young
adults and elderly people, and suicide. The
proposed activities were geared primarily to
more effective dissemination of information and
the application of prevention techniques whose
worth is widely accepted by experts.

Parliament endorsed the Commission’s proposal
in March 1998 and called for an increased budget
of 14 MUC for this field. Parliament also
proposed to extend the concept of injury and to
develop community systems of collect of
information on injury which modify substantially
the Commission’s initial proposal.

In adopting an amended proposal, the European
Commission was seeking to prevail upon the
governments of the European Union’s Member
States to do all they can to reduce the incidence
of avoidable injury, disability and death focusing
particularly on premature death. The action
programme was intended to cover a five-year period (1999-2000), addressing a number of key
areas such as intentional injuries which are the
consequences of violence to women, children
and in the sport context, unintentional injuries
like accidents to children, young adults and
elderly people, and suicide and self inflicted
injuries. These areas had been selected because
they constituted a major source of avoidable
injury and death, and are capable of delivering
Community added value by stimulating new
projects and innovative measures, bringing
together and complementing work done within
the Member States.

In adopting its common position with a wider-
range and more strategic text, which integrated
the epidemiology of injury in a broader sense into
a community monitoring system, which will
based on the former EHLASS system, Council
also decided to limit the number of specific
actions and the kinds of preventive interventions.
The data collection will not only be based on
emergency hospitals but on national plans of
data collection allowing for different health
systems. The limitation of the preventive
interventions was understandable because of the
parallel development of the new framework on
public health post 2000 and the evaluation of the
current running public health community action
programmes. It was, however, clear that the use
of data will contribute to the definitions priorities
and strategies for prevention of injury. This will
then lead to improve preventive interventions
and to propose policy initiatives.
The adoption of the Common Position by the Parliament in second reading without any amendments in the last quarter of 1998 proved the general consensus of the politics about clear objectives and actions in this field. This co-decision procedure for the injury prevention programme was the fastest procedure ever achieved for public activities legislation.

2 Mr. Le Goff, what are your expectations of IPP? Could you tell something about IPP as a “goal driven” programme instead of “proposal driven”?

The Community action on injury prevention will yield added value with significant results for the Community as a whole:

- by bringing together successful activities already undertaken at the national level and which have been positively evaluated at national level in order to facilitate their co-ordination.
- by providing support for acquiring better knowledge and understanding of, and wider dissemination of, information about injury prevention, ensuring improved comparability of information in this field and developing actions which are complementary to existing Community programmes and action, while avoiding unnecessary duplication.
- secure and high performance telematic tools for by implementing for the Member states, an online, sharing and transferring data with a high level of compatibility, comparability, representativity and quality.
- by creating a system able to monitor the safety of products and services at Community level including the wider implications of their effects.
- by improving national data collection.

By 2004 there should be a consensus among Member States and other participating countries on the minimum requirements on quality, representativity and compatibility of minimum data. Comparability between countries as well as over time should be ensured. By 2004, all Member States and other participating countries should meet the Community requirements for reporting of injuries within the framework of the EUPHIN telematic network. Moreover, a comprehensive overview of the burden of injuries in Europe (morbidity, mortality, disability, costs) should have been initiated. The implementation of the programme should take into account the needs of enlargement. As a first step, the candidate countries should be informed about ongoing and planned activities so that they can more easily decide about their participation.

With these main deliverables, this programme will aim at reducing injuries, in particular those from home and leisure accidents and, is consequently considered as a “goal driven” programme.

3 What’s your opinion on the relationship between IPP and EUPHIN-HIEMS?

There is a clear relationship between the two since EUPHIN-HIEMS is the application for the health indicators exchange monitoring system covering all types of health-related data and indicators at European level. Currently it contains in particular the aggregated data on home and leisure accidents (HLA) from the former EHLASS system from 1986 backwards. Within the IPP, the HLA individual coded case data database is currently being developed and will “feed” the EUPHIN-HIEMS system. Moreover the Community system for the collection of data and the exchange of information on injury mentioned in the Decision will be at short term a sub-system of EUPHIN-HIEMS in order to built up a better integrated EUPHIN telematic system for public health activities within the new and future framework programme on public health.

4 The European Commission emphasizes the importance of information networks. Within this scope, which role does the www-based environment “CIRCA” play?

Circa is a web-based information resource center for specific interest groups with public or private access. This is an important and powerful tool to provide for each group of interest a set of services to each member, enabling to perform activities of information collection and processing and dissemination of information. It provides library, a list of contacts, of members, the upcoming relevant meetings and events. It provides a forum for discussion among members of workgroups or projects and gives access to an email functionality. Almost all Directorates general of the European Commission use this instrument for their own groups of interest. It must also be seen as a complementary instrument to the EUPHIN telematic network.

5 Our last question, Mr. Le Goff, what do you think of the future of IPP within the scope of new EC initiatives on public health, such as the “Action Framework of Public Health”? The proposal is in the pipeline of the Commission decisional process and should come out before the end of May 2000. It is quite clear that, when being approved by EP and Council, the remaining
running programmes as for example the IPP one will cease; all their objectives and actions being taken over by the new one.

**SUMMARIES OF THE NINE IPP PROJECTS**

Below you can read about the progress of work in the nine IPP Projects. In summaries written by the project leaders you can find out more about purpose, methods, the working plan and the expected outcome of each project.

**1 Data Mining tools (IPP 1006)**

Association Biomédicale et Statistique – BIOSTA, France

**Goal**

The aim is to construct a number of specific data mining tools in order to analyse data and to help in the decision making process. It is noticed that the potential of information contained in the EHLASS databases is widely under exploited. At the moment, the statistical tools used are essentially simple countings and cross-tabulations among different variables. It is necessary that the national teams in charge of the new information system use more sophisticated tools which allow to better highlight information contained in their base.

BIOSTA suggests to build various data mining tools allowing to help in the elaboration of adapted and directly operational measures.

**Methods and working plan**

Step n°1 : Existing tools analysis
- Goal : At first proceed at the location of various specific analysis tools, except the classical statistical software (sortings, tests), which would have been able to be used by the teams within the former EHLASS system. Some teams (ex : Belgium, France, Portugal) use partially these kind of tools. The list of these procedures already existing will be established.
  - Method : Survey and direct contacts with the European teams and the Commission.
  - Duration : 2 month

Step n°2 : Wished data mining tools determination and analysis
- Goal : List the new wished data mining tools by the actors of the system. Four types of tools have been proposed already:
  - a Synthetic Score of Relative Danger level (SSRD process) for categorising the danger level of products involved in an accident from the data collection and to follow the geographic and chronological evolution of this score for every product or group of products;
  - an Automated Alert System (AAS process) to indicate abrupt evolutions in data by allowing the user to parameter in its suitability procedure;
  - Severity Note of the Accident (SNA process) relative to the accident itself to follow for example the evolution of the averages gravity of the HLA. The SNA could also serve as an indicator to estimate the efficiency of the prevention measures and to be used to fix quantified objectives to the HLA prevention policy.
  - the Method of scenario - (SCENAR process) to track down homogeneous groups of accidents (HGA), without mathematical transformation, to determine specific prevention policies.

None of these kind of tools exists or is operated in a systematic way at the moment. The utility of the other types tools will be able to appear during the study. After consultation of the European teams we will choose the most useful data mining tools to develop (3 at least).
  - Method : Survey and direct contacts with the European teams and the Commission
  - Duration : 3 months.

Step n°3 : Development of selected procedures
- Goal : Develop computerised and diffused procedures, corresponding to the conditions of contract.
  - Method : Software development.
  - Duration : 3 months.

Step n°4 : Validation with a group of users and dissemination
- Goal : Proceed to necessary modifications and disseminate these tools with all the actors, including from an Internet server.
  - Method : Validate developed procedures with a group of users.
  - Duration : 1 month

Step n°5 : Redaction of the final report
- Duration : 1 month

**Deliverables**

Deliverable n°1 : Questionnaire, synthesis of answers and synthesis of expert meeting.
Deliverable n°2 : Procedures programmed.
Deliverable n°3: Final report.
**Objective**
The objective is to develop an additional instrument for monitoring injuries in settings who have limited resources and/or who start recording injuries. These Minimum Data Sets (list of variables and categories) are based upon the International Classification of External Causes of Injuries (ICECI) and the classification of the European Home and Leisure Accident Surveillance System (EHLASS) which has been input for ICECI. The Minimum Data Sets should be uniformly applicable in different health settings (fatalities, Emergency Departments, General Practitioners, hospital admissions, surveys) at national and community level and easy to handle (i.e. not putting an extra burden on health professionals).

**Methods**
The current use and experience of Minimum Data Sets will be inventoried and demands concerning Minimum Data Sets in the injury field will be formulated. Based on these two activities, a team of European experts will develop several Minimum Data Sets for different settings and objectives. These Minimum Data Sets will be pilot tested. The final product is a number of tested and standard Minimum Data Sets that can be used to record injuries at different levels in different settings.

**Working plan**

**Phase 1 (March-July 2000): Developing Minimum Data Sets**

a. Inventory of experiences with MDS’s in the Member States and applicant countries.
Product: report with the results of the inventory.
b. Formulation of wishes and demands concerning MDS’s.
Product: report with conclusions and recommendations for the way ahead.
c. Developing MDS’s
Product: report with draft MDS’s including conversion tables.

**Phase 2 (August 2000 – February 2001): Testing the MDS’s**

a. Testing MDS’s
b. Implementation of MDS’s
Product: A report with description of MDS’s

**Expected results**
An instrument for monitoring injuries in settings who have limited resources (concerning money and/or information) and/or who start recording injuries. These Minimum Data Sets (list of variables and categories) are linked to the main standard classifications on injuries used in Europe, the International Classification of External Causes of Injuries (ICECI) and/or the classification of the European Home and Leisure Accident Surveillance System (EHLASS). The Minimum Data Sets are applicable in different health settings (fatalities, Emergency Departments, General Practitioners, hospital admissions, surveys).

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**2b Information Network (IPP1015)**
Consumer Safety Institute, The Netherlands

**Purpose**
In the IPP programme, regular exchange of high quality information is critical for success. The Infonet activities proposed by the Consumer Safety Institute will make sure that relevant information is disclosed and disseminated in relation to the IPP mission.

**Method**
We have looked at different possible channels for information exchange, including the Information Resource Center (CIRCA) set up by DG 5 of the European Commission, Interest Group EHLASS, [http://forum.europa.eu.int/Members/irc/dg5/ehlass/home](http://forum.europa.eu.int/Members/irc/dg5/ehlass/home). CIRCA seems very suitable for information with a somewhat confidential character (newsgroups, virtual meetings protected by passwords). An alternative, more open structure is provided by the EuroSafetyNet [http://www.ecosa.org](http://www.ecosa.org). The structure of the latter site is already set up to accommodate types of information such as Who is Who, research reports, good practice in injury prevention, etc. We therefore plan to use the EuroSafetyNet site as a ‘working platform’ from which more definitive products will be transferred to CIRCA. We will establish the most
suitable format for transferring information in consultation with the Commission. Links between the two sites should make sure that relevant information is available to all who need access.

**Work plan**
The steps we propose are as follows:

1. the EuroSafetyNet site will be opened up for contributions from the IPP programme. Every 3 months (or more often if they like), all project leaders can send in reports (summaries) to be published at the site;
2. examples of good practice in injury prevention, news, events and campaigns can also be submitted. For example, every MS that has a recent EHLASS report can make it available in PDF format;
3. in parallel, the Consumer Safety Institute will start building a 'Who is Who' directory (national injury prevention authorities) based on information we already have. The MS’s project leaders will be asked to verify the data for their own countries;
4. depending on a Danish initiative, a database on ongoing research work will be added.

Contributions within the scope of the IPP programme can be sent to a central mailbox which will be defined, IPP@consafe.nl. Different electronic formats will be allowed, including Word, Wordperfect, RTF and PDF. In principle, all documents published on the Internet will be made available in PDF-format (readable with Acrobat Reader). In all contributions, the source of information will be clearly indicated in order to facilitate a direct link with the author(s). We will make sure that information within the IPP programme can be easily browsed.

**Expected outcome**
Besides the information on the websites, a quarterly Newsletter will be produced summarising new information that is available about the IPP programme on the site. This Newsletter will be distributed to a large audience in order to disseminate the information coming out of the IPP program. Liaisons will be established with other networks, e.g. ANEC, the European Agency for Health and Safety at Work and INRETS. Newsletters will be exchanged with these organisations, and they will be encouraged to submit news items relevant to the IPP.

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**3 Preparation of the European Union candidate countries for contribution into the European database on home and leisure injuries, a feasibility study (IPP1019)**
Hellenic Society for Social Pediatrics and Health Promotion, Center for Research and Prevention of Injuries among the Young, Athens University Medical School, Greece.

Concerning the activities undertaken up to now, all information related to project’s scope, objectives, methods and expected results have been forwarded to organisations in the following EU candidate participating countries: Czech Republic, Hungary, Poland and Cyprus. At the same time, comments and relevant issues from their side have been requested.

In addition, a questionnaire with the type of information, collected in EU countries with regard to sports injuries, has been prepared to be sent to key organisations in those countries. The rationale is to identify and compare information collected in CEE and European countries.

It is expected that, based on the response of key individuals identified in those countries - directly to those mentioned in the project’s Annex or through them to other relevant key individuals – it will be possible to analyse validly and accurately the situation in those countries and set a realistic agenda for the next phase. The deadline for concluding the first phase was 15\textsuperscript{th} of April 2000.

A meeting with the above mentioned key individuals from CEE countries, as well as those from EU member states namely, The Netherlands and United Kingdom is planned to take place.

In the meantime, personal contacts have been made with key individuals in the participating CEE countries to accelerate the process of collecting this information.

**More information**
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4 The Eurosave project (IPP 1021)
University of Glasgow, United Kingdom

Statement of project aim and objectives

Stage 1 Suicide and Parasuicide
The project has the overall aim of strengthening and supporting the community epidemiological network for monitoring suicide and violence. Its initial focus will be on suicide and parasuicide.

The specific objectives of the EUROSAVE project are to:
1. Conduct a literature review to enhance current knowledge of suicide and parasuicide.
2. Identify and evaluate the quality of existing European data on intentional injuries.
3. Examine and describe current epidemiological trends and determinants of suicide and parasuicide in the EU, with special reference to geographical differences and time trends.
4. Seek to explain geographical and secular variation in terms of methodological, socio-economic, environmental and behavioural factors.
5. Attempt to improve the availability, quality and utility of existing information on suicide and parasuicide in the EU by a) developing a monitoring system for suicide and parasuicide and suicidal ideation in the population, and b) making recommendations for the improvement of statistical information on these injuries in the EU.
6. Promote information exchange on the nature, uses and limitations of European data on these injuries for setting priorities and designing prevention strategies.

Methods and Workplan
Well-established epidemiological approaches will be employed, specifically:
- systematic literature review on the epidemiology and prevention of suicide and parasuicide
- documentation and evaluation of relevant data sources on suicide and parasuicide in the EU
- epidemiological analysis (descriptive and analytical) of trends, patterns and high risk groups/exposures using ICD 9/ICD 10 codes relating to suicide and parasuicide.
- development or refinement of appropriate questionnaires or other data collection methods that may be used for EU wide monitoring of suicide and parasuicide frequency and patterns.

Expected Outcome
EUROSAVE will attempt to exploit the collective expertise in the EU in the field of suicide and parasuicide epidemiology and prevention. This project will seek to perform epidemiological analyses of data generated by the EC’s telematic network initiative (EUPHIN). The added value of the project arises from the potential to make geographical comparisons of suicide and parasuicide rates, to explain variations in suicide and parasuicide patterns across the EU and to inform and support aspects of the EU Injury Prevention Programme. Moreover, it will contribute to the process of securing an international consensus on standard injury definitions and classifications. Finally, it promotes the principal that those responsible for researching and preventing suicide and parasuicide in Europe should share information, insights and experience in order to optimise collective prospects for success.

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5 Co-ordination of information and data and improvement of the quality and representation of the data (IPP 1022)
National Institute of Public Health, Denmark

Objective
The project aims to finalise and update the EHLASS coding manual and develop a translation programme for old EHLASS data into the new format.

Further, the project aims at improving the quality and representation of the data by the development of European Injury Model. This task includes:
- Define less severe and severe injuries with a view to putting greater emphasis on quality data for severe injuries.
- Map and quantify representation problems.
- Setting up a model for calculation of incidence rates for injuries in the entire EU.
- Publish incidence rates for injuries in the entire EU and all Member States.

Finally, the project aims to collect information on completed and on-going research projects based on EHLASS data and include the information in a systematic manner in a research database with a view to co-ordinate research efforts in this field. The database will benefit all participants and others with a particular interest in injury prevention. The scope of the database will be extended to include other types of injury

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This task also includes establishment of a systematic listing of names of people and institutions with an interest in injury research in the European Union and a web page. The outcomes of the inventory of injury related research includes criteria for quality assurance.

**Methods**

Finalising the new coding manual by means of consultation and consensus with national representatives.

For the representative study: development of a European Injury Model based on a prototype incidence rates and comparisons (national deviations) with data on injuries from other countries in the EHLASS database.

For the research database: gather and define (coding and formatting) research information of all member states in a database.

**Expected results**

Coding manual
A new/updated coding manual
A translator programme from old to new versions
Tools for data entry:
  - Enhancing the quality of HLA data
  - Increasing the flexibility of the HLA system
Software for transmission to network

Representative study
A definition of less severe and severe injuries
A European Injury Model (prototype)
A European Injury Model covering all countries
A systematic and quantitative assessment of representation problems in all Member States.
Incidence rates for injuries in all EU countries
A report comprising all results including incidence rates for all MS and the entire EU.

Research database
A database, distributed to all network members.
An inventory of injury related research.
A web page and comprehensive lists of people and institutions involved in injury research.

**More information**

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**6 Data Collection in Burn Centres (IPP 1037)**
The European Burns Association, Bruxelles

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**7 Transformation of EHLASS Data for 1997 1999 and for latecomers for 1986 - 1996 (IPP 1040)**

**8 Home and Leisure Accidents – Micro and Macro Analysis of Data (HLA MiaMa) (IPP 1041)**

Institute of Public Health North Rhine-Westphalia (loegd), Germany

Two years ago, in spring 1998, loegd started to prepare the input for the EUPHIN HIEMS database.

One of the data sets was the EHLASS (European Home and Leisure Accident Surveillance System) including all Home and Leisure data collected within the Member States and in Norway starting with the year 1986. Other data were population data, mortality data and hospital data.

At the end of 1999 all data were stored in the EUPHIN HIEMS database by Cap Gemini. Two remote databases exist additionally in Denmark and in Germany.

The EHLASS Data were first stored in a comparable structure on the basis of code manuals from 1986 and 1996 after finalising some transformation processes agreed with the participating countries and institutions.

EHLASS data stored in the EUPHIN HIEMS database are aggregated data sets. Some participating countries could not deliver data in time and meanwhile data for 1999 has additionally been delivered.

So loegd will continue to collect and to analyse data within two IPP projects.

**Objectives**

The two projects will reach the objectives of completing the EHLASS database for latecomers so that we will finally have a database for EHLASS data from 1986 up to 1999 for all participating countries after upload into the EUPHIN HIEMS database. Another objective would be the data transformation of individual data for the Injury Prevention Programme (IPP).

For this, the transformation routines have to be modified and, after transformation, data will be uploaded into the IPP database. We will analyse
all EHLASS data for the period 1986 up to 1998 on the basis of aggregated data and on the basis of individual data for three countries: Sweden, Greece and France.

**Methods**
During the last two years transformation routines have been developed for all EHLASS data in agreement with the participating countries. On the basis of protocols deviations have been marked and can be registered in the Data Dictionary. Six test sheets have been developed and filled in for quality assurance of the EHLASS data. So the countries can use these test sheets for analysing their own data and comparing their data with the EHLASS data of other countries. Additionally we will analyse the aggregated data sets (Macroanalysis) of all participating countries. There we focus on persons hospitalised after being injured by home and leisure accidents because hospitalisations represent the most grave accidents and the highest costs. The results will help to identify preventive approaches for avoiding home and leisure accidents.

**Work plan**
Both projects are actually starting. (Work plans are being elaborated).
Together with the corresponding countries the missing EHLASS data up to the year 1998 will be collected, transformed and uploaded into the EUPHIN HIEMS database. Some translation work with regard to country specific codes will be necessary as we are only using up the English language for the Project management and for the Data Dictionary. The Data Dictionary contains a meta database describing the items and deviations from Code Manuals. One of the tasks will be to complete the Data Dictionary. The work plan will include cooperation with all participating countries. The Institute of Public Health North Rhine-Westphalia will closely cooperate with Psytel, Paris, concerning the analysis of Home and Leisure Accidents and with all other Member States, too.

**Deliverables/expected outcomes**
The added value of the HLA database consists in creating a European Database for HLA data analysis for all participating countries on a high data quality level. At the same time all prerequisites have been laid down for creating a new database for HLA data on a desegregated level.
Firstly, EHLASS data will be exploited in its European dimension. The construction of tables and indicators will help all participating countries to download quickly core indicators from the database.

A report about „HLA Micro- and Macroanalysis of Data, 1986-1998“ will be published for all participating countries.

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**9 Sports Injuries in the EU countries in view of 2004 Olympics: harvesting the information from existing databases (phase I) (IPP 1051)**
Center for Research and Prevention of Injuries among the Young (CE.RE.PR.I.), Athens University Medical School, Greece

The purpose of our project (sports injuries in the EU countries in view of 2004 Olympics), is to harvest the already existing information from various databases (phase I). Our main objectives are: to determine the ability of former EHLASS to register sports injuries and point out existing problems and possible solutions; to explore other approaches to registering and classifying sports injuries; to establish a common language discussing sports and injuries; to make further use of the information gathered.

Our work methods include statistical analysis of information deriving from former EHLASS and from other sources that supply information exclusively about sports injuries.

Our work plan includes review and collection of what has taken place in the field, evaluation of the present surveillance status of sports injuries and establishment of new networks for registration of credible and comparable data regarding sport injuries. In our plan is also to open the chapter of performance enhancing substances, given the difficulties that immerge.

The outcome of the project is expected to ascertain the burden of sports injuries in the EU and establish communication channels between member-countries for that matter.

Updated information can be provided before the final stage of the project, when existing data procession will have been completed. (May-June 2000)

**More information**
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AGENDA

May 5, 2000
Publication published of the call for proposals for projects for the year 2000 in the framework of the IPP (deadline for proposals expected by mid June)
Information: European Commission, IPP-DG SANCO/F/3
Jean Monnet Building, room EUFO 3/3187
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June 27-28, 2000
Meeting of IPP-projectleaders convened by the European Commission on administrative requirements for the EC-funded projects.
Information: Bernard.Le-Goff@cec.eu.int

June 14-16, 2000
8th International Conference on Health Promoting Hospitals
International Network initiated by WHO-EURO, local host: Institute of Social and Preventive Medicine, Athens, Greece.
Information: Erasmus Horizon, erasmhor@otenet.gr www.erasmus.gr

September 6, 2000
Meeting of the IPP-network convened by the IPP-Co-ordinating Secretariat on the progress of work of the IPP-1999 projects.
Information: w.rogmans@consafe.nl

September 7-8, 2000
Organisation: European Consumer Safety Association with the French “Commission de la Sécurité des Consommateurs”.
Information: ecosa@consafe.nl

March 2001
Third call proposals for IPP-projects expected

March 15-16, 2001
3rd European Convention on Injury Promotion and Safety Promotion, Vienna, Austria.
Organisation: European Consumer Safety Association, in collaboration with the Austrian Institute for Home and Leisure Time Safety “Sicher Leben”
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