

Report from European Commission

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On behalf of the European Commission, I would like to thank the Department of Health and Human Services for giving me the opportunity to present what will be one of the main challenges on injury at European Union level.

In the foreword of the survey 'How States are Collecting and Using cause of Injury Data' granted by the American Public Health Association and conducted by different partnerships, Mark Rosenberg, Edward Sondik and Mohammad Akhter wrote that major obstacles must be overcome for all States to have State wide hospital discharge and emergency department data systems that provide cause-specific non-fatal injury data.

They clearly emphasised 4 obstacles. The most crucial of all is:

1. Convincing the legislators of the need to make injury prevention a high priority.
 - At European level, the decision number 372/99/EC of the European Parliament and of the council adopting a programme of community action on injury prevention in the framework for action in the field of public health (1999-2003) has been adopted the 8 February 1999.

The aim of this programme is to contribute to public health activities which seek to reduce the incidence of injuries, particularly injuries caused by home and leisure accidents, by promoting FIRST, the epidemiological monitoring of injuries by means of a Community system for the collection of data and the exchange of information on injuries based on strengthening and improving on the achievements of the former EHLASS system; by promoting SECONDLY, information exchanges on the use of those data to contribute to the definition of priorities and better prevention strategies.

2. The second Obstacle was the cost of operation. The financial framework to implement this programme for the period 1999-2003 is set at 14 million Euro.
3. The third obstacle was developing a computer-based infrastructure.

Today, all Member States of the European Union have been connected together in a telematic virtual private network (EUPHIN network) using the most modern IP technology.

4. The fourth obstacle was to identify people with appropriate technical expertise.

In agreeing a work programme 1999 on injury, Member States of the European Union and European Commission decided to focus on a small number of priority areas within this broad field:

- **home and leisure accidents** which represent an important cause of possible injuries and deaths but which represent possibilities of rapid intervention and which are cost effective with a strengthening of the "acquis communautaire".
- **other injuries** which may have links to social and cultural change in our society and/or which constitute major problems of public health requiring an inventory and a prospective approach.

As regards the Home and Leisure Accidents (HLA) approach, an epidemiological network has been set up with experts nominated by the competent expert organisations of the Member States. This network will :

- co-ordinate the collection of information and data and aim at improving the quality and representativity of the data
- develop new approaches to and innovative methods of dealing with the current methodological problems
- facilitate the transmission of the data to the EUPHIN Network
- prepare the analysis and reports of those data and information

For the Other Injuries, a thorough analysis of other injuries, which are of public health importance should be carried out in a network project involving all Member States' relevant experts institutes. The key determinants of these injuries should be analysed including the environmental and behavioural factors. It should outline the opportunities for prevention, describe the availability of relevant data, and make reference to other Community programmes and work done in international organisations.

The European Union legislators decided deliberately to use the public health approach for the field of injury and in particular HLA instead of the consumer policy approach as it was in the past. The three main reasons were that first, strategies using the public health approach go beyond the injury mortality problem and effectively address the much larger problem of non-fatal injuries. Moreover, they also take into account the requirements of health protection in other community policies. Secondly, the legislator wished understanding in a much better way, the magnitude and distribution of the non-fatal injury problem at European Union level and finally, and not least, the large number of injuries caused each year in Europe has incalculable repercussions not only for the individuals concerned but also in social and economic terms.

As an example, home and leisure accidents are responsible for 83,000 fatalities each year, 2 million hospital admissions and an estimated cost of 23 billion U.S. dollars per year as total cost.

What did we achieve in the last six months since our legal basis of work is coming into force?

1. We built up a health monitoring surveillance system for sharing and transferring health data, in particular, injury data and using the telematic means as the principal means (EUPHIN Network).
2. We uploaded in a central oracle database, 12 years of data on HLA with a common agreed aggregated level and using the same data and data dictionary

structures. This data structure is based on the coding manual for HLA edited by the EC.

3. We already started the technical and functional design for an oracle database for individual coded-cases data with all related security policies and using a common agreed record structure on HLA.
4. The EU legislators consider that:
 1. Systematic injury data collection is a vital activity and therefore they committed themselves for a systematic data collection on injury at European Union level and emphasised the aspects of comparability and compatibility of data, the criteria of representativeness and the guarantee of quality of data.
 2. Data needs to be disseminated in a meaningful way and they consequently adopted the telematic means as the way to exchange and disseminate data.
 3. The usefulness of this data should be demonstrated to develop effective injury prevention programmes and policy initiatives. Therefore, they decided on the creation of the two epidemiological networks with their relevant experts.
 4. Finally, the strengthening of international co-operation and work is extremely important to achieve the goal of having cause-specific data on non-fatal injuries on an ongoing basis.

Consequently, you now understand my presence for the first time within this ICE meeting. You also understand that the European Union undertook a first official step to have a common approach on injury surveillance. Therefore, a strengthened co-operation with this ICE on injury is welcome.

At the end of the day, data collection, classifications etc. are important, but what is of more importance is the use of these data for understanding the injury problems for prevention strategies, for intervention and especially for policy initiatives at European level.