



<http://ec.europa.eu/health/heidi> 



<http://ec.europa.eu/health/heidi>



Tuuli-Maria Mattila
European Commission, DG Health and Consumers
Health Information Unit

What is Heidi?

- Health in Europe: Information and Data Interface: a **wikipedia** on health information
- Tool for pooling, presenting and updating good quality health information throughout Europe



Heidi's background

Euphix



Eugloreh



- Projects co-financed under the EU's Health programme
- Comprehensive information on health status, determinants, diseases, health systems, trends, policy aspects etc.
- A good basis to develop Heidi into a living report on health in EU – to become a sustainable information source

What is the aim?

- Create THE one-stop-shop for health information in the EU: to contain data, information, indicators, analysis, reports, links, references, bibliography....;
- **Involve** the wider **health community** throughout EU in providing and maintaining information:
a **two-way information tool**
- European added-value by providing a single central health reference for the EU



Who can use Heidi?

- Creation and editing of content: **health experts** in Europe: a quality assurance mechanism to ensure that information is reliable.
- **Anyone** can browse Heidi and make suggestions about the content.
- **Target audience:** those professionally involved in health – policy makers, health professionals, academics, NGOs, etc.
- “Layered” presentation for different audience groups.
- **Commission’s role** to monitor use of wiki in general, not validate content

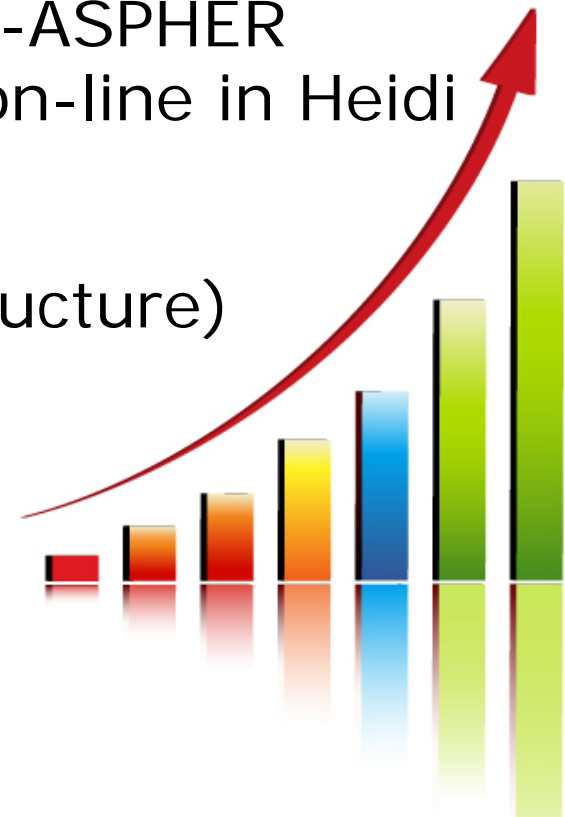


Critical points...

- Selecting the experts
- Validating data/information;
Dealing with controversial topics
→ Editorial Board?
- Ensuring consistency while avoiding duplication
- Incentives for experts to contribute

Where is Heidi now?

- Currently at test phase: Heidi is on-line, technical system ready
- Presented in Gastein and EUPHA-ASPHER conference: feedback available on-line in Heidi
- Next step: content revision to be more web-usable (style + structure)
- Full implementation 2011



Search

Navigation ▲

- [Home page](#)
- [How to start](#)
- [Recent changes](#)
- [List of editors](#)
- [Apply as an editor](#)
- [Help](#)
- [What's new ?](#)

Contents ▲

- [Heidi](#)
- [IDB](#)
- [Bibliography](#)
- [Glossary](#)
- [Reports](#)

Toolbox ▲

- [What links here](#)
- [Related changes](#)
- [Upload file](#)
- [Special pages](#)
- [Printable version](#)
- [Permanent link](#)

Home Page

Welcome

Welcome to Heidi wiki beta version.

Heidi - Health in Europe: Information and Data Interface - is a comprehensive search tool for European health information and data. It contains information about health status, determinants, diseases, health systems, trends, institutional and policy aspects - and much more. Heidi wiki can be browsed by everyone with internet access.

The European Commission, DG Health and Consumers, has set up and maintains Heidi, but the information is up-dated by European health experts.

Whether you want to know more about rare diseases or learn about the cancer burden in Europe, Heidi can help you!

Heidi is still work in progress - the technical system is ready but the content still needs to be refined and made more user-friendly. In this, you can contribute: during the test phase, we would like to hear your feedback and suggestions - let us know what you think of Heidi's navigation, usefulness or topics covered! [Contact us](#).



How to start ?

There are two ways to find information in Heidi: by searching or by browsing. You can

- Type a keyword of a subject you are looking for into the search box or click on the A-Z keywords list.
- Use the Contents pages if you prefer to have an overview of what Heidi offers.

Are you a health expert or otherwise linked - for example through your organisation - to a specific health field? You can become a Heidi editor and contribute to creation and dissemination of European health information! [Contact us](#)

Quick Links

[Public Health on the Commission's website](#)



ACCIDENTS AND INJURIES

Contents

- Acronyms
- + [Data analysis and presentation](#)
- + [Data discussion](#)
- + [Data sources](#)
- [Future perspectives](#)
- [Introduction](#)
- [Policy and Control Tools](#)
- [References](#)

Search

Navigation

- [Home page](#)
- [How to start](#)
- [Recent changes](#)
- [List of editors](#)
- [Apply as an editor](#)
- [Help](#)
- [What's new ?](#)

Contents

- [Heidi](#)
- [IDB](#)
- [Bibliography](#)
- [Glossary](#)
- [Reports](#)

Toolbox

- [What links here](#)
- [Related changes](#)
- [Upload file](#)
- [Special pages](#)
- [Printable version](#)
- [Permanent link](#)

[Keyboard list A-Z](#)



Search

Navigation

[Home page](#)
[How to start](#)
[Recent changes](#)
[List of editors](#)
[Apply as an editor](#)
[Help](#)
[What's new ?](#)

Contents

[Heidi](#)
[IDB](#)
[Bibliography](#)
[Glossary](#)
[Reports](#)

Toolbox

[What links here](#)
[Related changes](#)
[Upload file](#)
[Special pages](#)
[Printable version](#)
[Permanent link](#)
[Keyboard list A-Z](#)

Introduction

Injuries (unintentional due to "accidents" and intentional due to interpersonal violence and self-harm) are the most common cause of death in the EU Member States after cardiovascular diseases, cancer and respiratory diseases. About 60 million people, corresponding to about 12% of the entire European population, are medically treated for injuries each year and about 250,000 citizens of the European Union die as a result of an accident or violence. In children, adolescents and young adults accidents and injuries are the leading cause of death (KfV, 2007). There are large differences in the occurrence of injuries in different EU Member Countries, although over the last ten years a reduction of about 20% has been observed in standardized death rates for many causes except for home and leisure accidents.

Many organisations worldwide cooperate to address this huge health problem. The World Health Organization and the European Union have identified injuries as one area which should rank higher on the political agenda in order to make Europe a safer place to live in for its population. Both have taken recent initiatives to promote forceful public health actions to enhance injury surveillance, injury prevention and safety promotion:

In 2005 the WHO has passed a Regional Committee Resolution on Prevention of Injuries in the WHO European Region. In 2007, the European Council released its Recommendation on Injury Prevention and Safety Promotion based on the conclusions of a Communication from the Commission of 2006. In order to assist national administrations and other stakeholders with the practical implementation of these guidelines a handbook "How to make Europe a safer place - key areas for consideration in implementing the Council Recommendation" has been prepared (Working Group of Governmental Experts on Injury Prevention and Safety Promotion, 2008).

This chapter provides the most recent available information about the injury burden of health, underlining the arguments which already had underpinned the mentioned policy documents. Figures are coming from different data sources: HFA-DB (WHO), COD (EuroStat), CARE, IRTAD, ESAW, HDD (Apollo), IDB.

An injury is a bodily lesion resulting from acute exposure to energy (mechanical, thermal, electrical, chemical or radiant) or from an insufficiency of a vital element (drowning, strangulation or freezing). The time between exposure and the appearance of the injury is short. Injuries are often classified as unintentional (due to accidents) and intentional (due to self harm or interpersonal violence) (WHO, 2001).

In addition to intent and cause, injuries can be categorized by their settings such as the home, work place and road, and by activities, such as sports or other leisure activities (WHO, 2005a).

In contrast to many other causes of illness or premature death, injuries are widely preventable by addressing the external causes of injuries such as roads, work places, homes, sport facilities, products and services, as well as the rules of conduct.

Therefore, effective injury prevention also needs appropriate information on these external factors. Detailed injury data make it possible to develop targeted prevention measures, monitor injury trends, prioritise issues, guide policies and evaluate the success of interventions designed to reduce injuries. In order to be able to prevent injuries effectively it is important not only to know how many fractures or head injuries have occurred, but also where, when, how, to whom and also why.

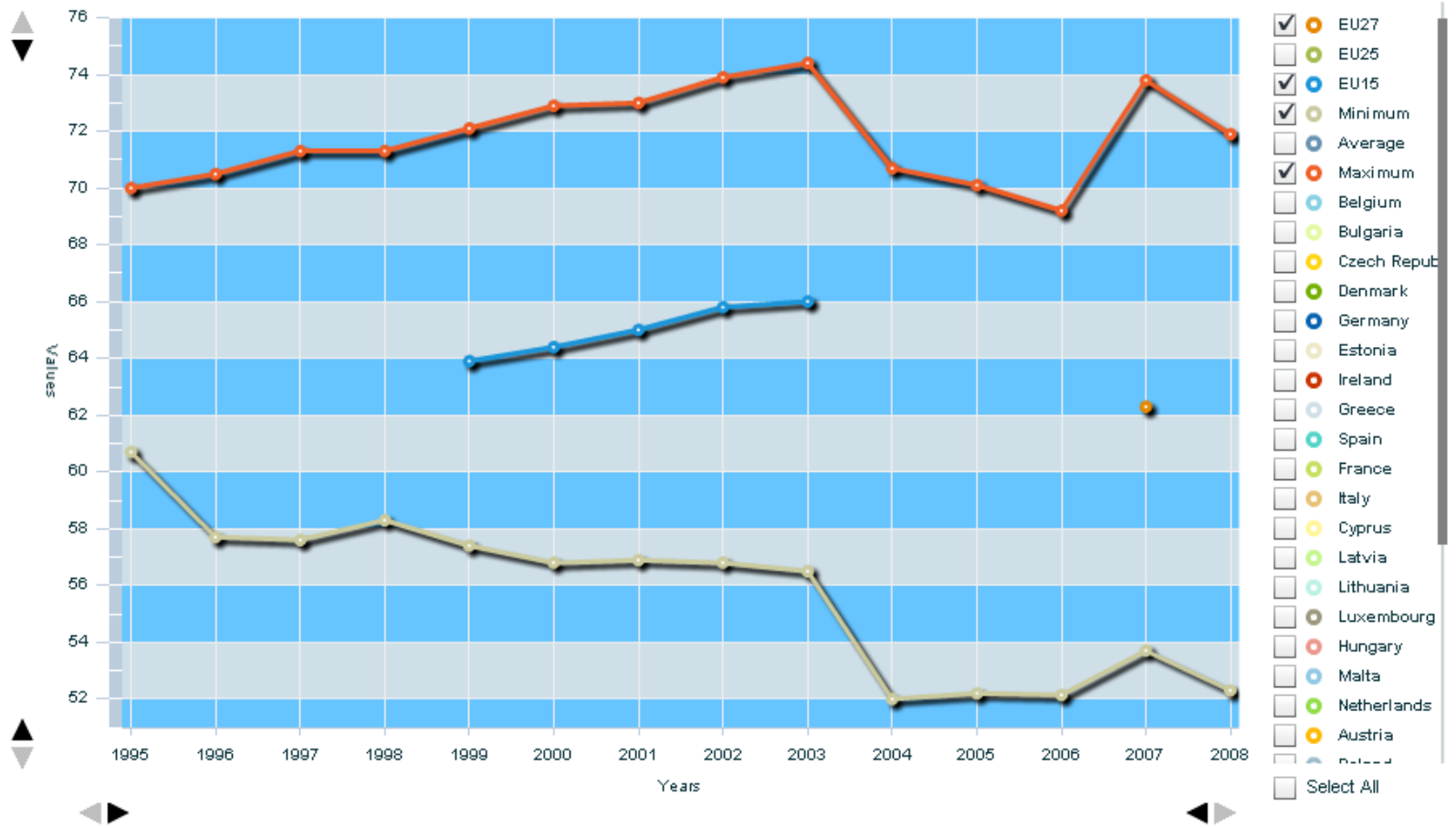
There are countless examples of how detailed injury data has guided the improvement of standards and regulations for products (e.g. toys, child care articles, sport equipment, electric home appliances, safety labels) and services (e.g. playgrounds, skiing slopes, nursing homes). Public information through media and targeted safety education is almost impossible without proper risk assessment based on data. However, in many Member States this kind of data is not yet available on a routine basis.

A number of initiatives have occurred in the past to reduce the frequency of injuries due to accidents and violence and have been particularly successful in reducing road fatalities, workplace accidents, chemical accidents and consumer product-related injuries. There is also ample evidence that improvements in trauma care have led to a significant reduction in mortality from trauma. Most of these measures have been proven to be cost-effective whereby the benefits of prevention for health systems often exceed the costs of intervention by a factor of several times.



Line chart Bar chart Map chart Table chart

Healthy Life Years at birth - Women , shown between 1995 and 2008 (13 years)



A question about health in Europe?
Heidi can help you!

An answer about health in Europe?
You can help Heidi!

Go to Heidi and send us your feedback:
<http://ec.europa.eu/health/heidi>

This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.