## Charge to Participants

Manning Feinleib, M.D., Dr.P.II.

I am glad Dr. Satchcr was able to be here to address us this morning. He spoke on many critical and important issues and 1 think he did a fine job outlining the importance of this symposium, this ICE effort, and the overall efforts of CDC. And Duane Alexander, 1 would like to thank you for your generous support for this conference, and, if we are halfway as successful as we have been with the ICE on infant and perinatal mortality, it will be a real accomplishment also. I would like to thank all of those who have been involved in the planning of this meeting, particularly, in addition to the NCHS st~fff, the staff of NCIPC, who had a major role in the development of the program and the selection of the topics. And welcome to all of you, especially our guests from abroad.

This international collaborative effort is made up of researchers from NCHS, other units in CDC, other public health services agencies, and researchers from selected foreign governments and research organizations. We all share a mutual concern for the quality of data. All of you have made, and continue to make, valuable contributions, providing data of high quality related to injury control.

This ICE on injury statistics has two main purposes. First, to learn more about ourselves through comparisons with others. And secondly, to improve international comparability and quality of injury data. During the three days of this meeting, we will begin to achieve an in-depth understanding of different national practices for defining and measunng injury, morbidity, and mortality. This understanding will provide a sound context for analyzing differences in injury rates, as a developing strategy to improve the quality, reliability, and comparability of international statistics on injuries. The ultimate goal is to provide the data needed to better understand the causes of injury and the most effective means of prevention.

The ICE program at NCIIS consists of multinational collaborative activities, usually of several years duration. Our meeting today is the beginning of an ongoing process that will continue through other meetings, consultations, furthcr research and analysis, and many collaborative projects. As you have heard, this ICE is the third in a series. And it will follow the patterns developed and successfully utiliz~ed through the earlier international collaborative efforts. The first ICE was on perinat~d and infant mortality; the second, on issues related to aging. The ICE on injury statistics is, in part, a natural extension of the previous efforts. The ICE on aging, for example, h~s a project on significant morbidity related to osteoporosis and hip fractures caused by falls. In the ICE on infant and perinatal mortality, injuries have been identified as an oftentimes overlooked source, of morudity and morbidity among inf~mts.

In selecting participants for the *ICE,* we are particularly interested in countries and programs that have successfully tackled some of the data issues that we are concerned about, and who are willing to explore the establishment of comparable methods and definitions so that international comparisons can be valid.

NCHS, as the principal health statistic agency in the federal government, plays an important role in the coordination of data activities. Like charity, coordination begins at home. As in many countries, NCHS obtains injury data from such diverse sources as health interviews, hospital records, emergency and outpatient department visits, physician office visits and death certificates. You will hear about the findings from these diverse activities later in this meeting. But let me give you just a few examples of the relevance of this information to some of our current and evolving priorities.

First, the year 2000 objeetives include reducing both unintentional injury and violence. Practically all of the data that are required ffl~rthe monitoring of these objectives come from NCIIS and CDC's data systems.

Another example, work is proceeding on a contract to evaluate the E-code systems for morbidity reports. Many of those involved in that contract are here with us at this symposium. A b~tsic challenge to implementation of these codes to ICD-10 is that it will require the recording and coding of information that is not universally collected at the present time.

A third example, as Dr. Satcher referred to earlier, are the new data collection instruments in the National Hospital Ambulatory Medical Care Survey and the National Health Interview Survey, which are collecting and coding cause-specific injury data for the first time.

We hope, through this ICE on injury statistics, to build on these data efforts and get a clear understanding of remaining issues facing us in this country, as well as those facing those of you from other countries. We hope to begin to identify topics of mutual concern for cross-national investigations, and to identify data bases that can serve as research tools for further collaborative research. Through collaboration with our colleagues in other countries; with federal, state and local agencies in this country; and with researchers in academia and the private sector, we expect that in the long run--and we hope it is not too long--the process of refining data will lead to greater public awareness and stronger public policy on the prevention of injuries. Therefore, I am very pleased to be a part of this effort, to welcome all of you, and to wish you all a very successful meeting.