



Project No. 018385  
INTARESE  
Integrated Assessment of Health Risks of Environmental Stressors in Europe

Integrated Project  
Thematic Priority

## D29 User Analysis

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|  |                     |
|--|---------------------|
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|---|---|---|
| Dissemination Level   |   |   |
| PU  | Public  | X |
| PP  | Restricted to other programme participants (including the Commission Services)        |   |
| RE  | Restricted to a group specified by the consortium (including the Commission Services) |   |
| CO  | Confidential, only for members of the consortium (including the Commission Services)  |   |

## I. INTRODUCTION

### *1. Integrated Assessment of Risks - INTARESE*

INTARESE is a large European research project, in which 33 institutes from many EU countries participate. It will run from 2005 to 2010.

It is designed to make a major and practical contribution to the implementation of the European Action Plan on Environment and Health adopted in 2004. The key aim of INTARESE is to develop and test methods for integrated assessment of risks to health from environmental stressors, in order to improve decision-making by governments, industry and individuals, and to interlink policies more effectively. It is clear that many of these issues are complex and inter-dependent: sometimes we might be able to take action to solve several problems at once; sometimes, in solving one problem we might make others worse. It is therefore crucial that we can evaluate the risks properly and prioritise our actions in a sensible way when faced with environmental complexity.

The project will address many stressors (air pollution, water pollution, climate change etc), settings (outdoor, domestic, occupational), and agents (chemicals, solid wastes, natural hazards, noise etc) and consider a wide range of different health outcomes. In the process, the project will develop both methods and indicators for integrated risk assessment, try to address existing gaps in data and monitoring, develop a toolbox for integrated risk assessment, and use the methods to assess risks in a series of key policy areas: transport, housing, agricultural land use, water, chemicals in household products, waste and climate.

### *2. Why a user consultation?*

If integrated assessment of health risks and this project are to be effective and useful, they must serve the potential users, based on an analysis of perceived needs. It is necessary to provide and receive feedback to give a wider, more complete and interlinked understanding of this multi-layer issue. Such perspectives could then provide a basis for appropriate evaluation and sensible prioritisation of actions within the European public health approaches.

To this end, a consultation process was established from the beginning of the project. A number of end users were selected with differing areas of specialism to provide the project with their feedback and advice throughout the development of INTARESE, helping to provide a consensus on and facilitating the acceptance of the final results.

### *3. INTARESE user needs report*

This report contains the results of the INTARESE consultation first phase: user needs undertaken by Work Package 6.1. The opinions of the different categories of users were evaluated using a consultation protocol designed to explore the major differing perspectives from the beginning of the project. This report contributes to INTARESE's first year report and the results will be translated into the practical development of the project.

Although this report is primarily aimed at the INTARESE working groups as a means to help them structure their work, the information is also of value for those individuals or organisations working in the field of environment and health. Whilst every effort has been made to cover all the issues raised by the respondents, this report may not have been able to capture all the details and specific

questions or concerns of the large range of potential users. It is intended to provide a representative view of the major common themes raised. The follow-up of this first phase should, however, allow for a refinement of this input.

## II. METHODS

### *1. Internal workshops / Face-to-face interviews / user consultation conference*

From the classical tools of “market research” and the different experiences with previous research projects, the work group chose a mix of consultation approaches in order to best capture the user needs

As a first step, two internal workshops were organised in Paris (France) and Bilthoven (The Netherlands) comprising INTARESE members, but also including representatives of the public authorities. These workshops achieved several purposes:

- a trial for the actual questionnaire and consultation framework established by the group
- a training for the INTARESE members working on specific work packages, providing them with the larger picture of where the project is going
- an understanding of the needs of the people working in the different areas of risk assessment and the handling of its output
- a face-to-face discussion between researchers and the public authorities using their work
- a preliminary understanding of issues facing INTARESE;

The face-to-face interviews with selected target end users, members of the Project Advisory Group, represented the core of the consultation.

The Project Advisory Group<sup>1</sup> comprises the following categories of users:

- policy makers (eg EU institutions),
- policy advisors (eg institutes, NGOs),
- likely practitioners of the INTARESE tools (eg industry, researchers, scientists).

The questionnaire based interviews allowed less formal and more in-depth discussions about INTARESE, risk assessment, and environment and health issues in general. They established a dialogue which can be developed as the project progresses and as the results become more tangible.

A user needs conference being organised in Paris in September 2006 represents a third consultation approach that allows for a more extended discussion about the development of integrated assessment of environment and health issues with a wider range of target users. The audience will comprise National and EU policy makers, industry representatives, researchers and practitioners in the areas of health risk assessment, environmental epidemiology, exposure assessment and environmental health policy.

### *2. Protocol / questionnaire*

The questionnaire used in this consultation consisted of twelve questions including two closed and six open-ended questions. Questions 1 and 2 were used to generate information about the stakeholder: which stakeholder group they belonged to and their role in the field of risk assessment or environment and health. Question 3 asked respondents express broad comments about priorities, needs and concerns related to environment and health. Questions 4 to 6 referred to the relevance of INTARESE to their work, the relevance and priority of the specific INTARESE deliverables, the ability of INTARESE outcome to solve any of the present “challenges”. Questions 7 to 9 focused on the general experience of carrying out risk assessments, on the main limitations and difficulties of

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<sup>1</sup> See list of the interviewees and interviewers in Annex II

the current methods and sources of information and also, more specifically on the needs of users in this area. Finally, questions 10 to 12 asked about availabilities for further consultation, about advice on a wider spectrum of interested and valuable target users to be consulted further on and left room for any other particular comments.

The questionnaire was the basis for discussion during the face-to-face interviews and provided flexibility in approaching the different points of interest of the interviewee.

The interviews were conducted during the months of July and August 2006 by members of the work package and are continuing in September. The questionnaire is enclosed in Annex I.

### III. RESULTS

This preliminary report presents the condensed results of the first phase of the user consultation process. The main messages that were extracted have been grouped as five general points outlined below, and will be transmitted to the coordinators of the other different work packages so they can consider them in the development of their specific deliverables.

We need to clarify that this first input was based on the initial presentation of the project objectives, scope and expectations, and before any actual deliverables or concrete steps forward on the INTARESE approach were available to be presented to the potential users. The objective was to identify the initial concerns, needs and expectations that could help build the basis of the whole project in order to identify the areas where INTARESE needed to:

- provide clarification,
- adapt,
- focus
- extend / restrain / liaise

A regular consultation of the identified target users will take place as the project progresses through their involvement in future workshops / meetings / interviews and evaluation of results or testing of new tools.

#### *1. Relevance of INTARESE scope and objectives*

The assessment of all target users (representing the whole range of backgrounds: research, science, policy advice, policy making) with regards the scope and objectives of INTARESE was that the project seems to be directly relevant to the issues high on the different agendas today:

- the project is designed to bring a major factual contribution to the implementation of the European Action Plan on Environment and Health by addressing the cross-cutting issues (i.e. cross-route exposure, multiple stressors, combined / multiple effects)
- public authorities need to deal with public concerns relating to the impact of environmental factors/stressors on their health
- academics need to have the appropriate tools to bring the issues of public health concern to the attention of the policy makers in ways that help them framing the issues appropriately
- More research is needed to understand the impacts of mixtures and cocktails of environmental stressors, as well as endocrine disruptors, emerging pollutants, uncertainty modelling and probability propagation, non invasive biomonitoring and biomarkers of exposure and effects, epigenetic mechanisms and emerging and re-emerging diseases related to climate change).
- the common understanding that we are faced with complex environments, and that addressing / effectively reducing the potential impacts on human health means having the ability to look at issues in an integrated way taking into account the wider benefits and costs of any management options.

Another element captured throughout the preliminary discussions was the need for clarification of the definitions and concepts used by INTARESE and presenting the scientific literature. This is particularly important when we speak about terms such as: “risk assessment”, “risk management”, “integrated risk assessment”, “integrated assessment”.

A clear difference of understanding emerged between different researchers / scientists: one third of them expressed the need of moving away from the classical definition of risk assessment (even if “integrated”) and advised a more appropriate description of what INTARESE seems to adopt as an approach: the “integrated assessment”. Others felt that assessments need to remain rooted in risk principles.

Terminology is therefore definitely something that the consortium needs to clarify so that no misunderstanding stays present.

The scope of the project, as envisaged was assessed by all consulted users as being highly ambitious and complex. The common denominator was however that this ambition should be retained as this approach to the environment and health would make a useful contribution in areas such as how integrated risk assessments could work, and if and how policy actions can tackle present and future concerns.

## *2. Issues of concern / present limitations with risk assessment as practiced today*

The present experience of the consulted users with risk assessment allowed the identification of areas where difficulties or limitations still lie. The perspectives of policy makers, policy advisors or a researcher / scientists differed.

A first difficulty with risk assessment today is the methodology in terms of:

- the poor harmonisation / standardisation of the multiple methods used by different institutes all over Europe
- the ability to validate models,
- the reflection of real life: environmental risk assessments today seem to be primitive, not reflecting the complex environments fully and targeting objectives that are meeting the requirements of current regulations and not shaping them and going beyond the basis of conservative thinking.

It has been also noted that risk assessment is most of the time done separately on environment and on health issues as there are:

- different kinds of data (poor or lack of data and knowledge, spatial and timing differences, poor data linkage and accessibility) for environment and for health,
- different kinds of uncertainties and,
- inevitably different requirements, perspectives and expectations of different ministries.

Problems seem to lie today with the interpretation of the results. The interviewees felt there is a serious lack of an evaluation concept for data and for the possible alternatives for dealing with issues of concern. This seems to be a two-layer problem as it consists of and, respectively, results in:

- difficulty with “dealing with uncertainty” problem (see next identified difficulty) and,
- an inconsistent use of the outcomes by policy-makers. Policy makers point out that there are other value judgements than pure scientific considerations needed for policy action design e.g. specific political priorities, public opinion.

This extends moreover to a major limitation highlighted by all consulted target users which is the communication of risk assessment results from scientists to policy makers and to the public:

- One aspect is dealing with uncertainty.

The scientists, on one hand, seem to find communicating uncertainty as an uncomfortable task as they see themselves sometimes caught into a “responsibility trap”: their need to be rigorous is conflicting with requirements to provide “yes or no” answers.

The policy makers, on the other hand, need “yes or no” answers in order to be able to pursue specific policy actions.

“Manufacturing uncertainty”, used sometimes as a way of contesting the validity of scientific evidence, needs to be considered and addressed when making public health policy.

- A second aspect is language.

Policy makers, as administrators or public interest representatives, are not always equipped with a scientific understanding of issues or with an infinite set of policy options to answer the different scales of scientific data.

The public is even less prepared to understand and analyse different pieces of scientific information.

Considerable care is therefore needed when communicating risk in order to ensure the appropriate and intended response.

- A third aspect is timing and dissemination of results.

Most research projects tend to ignore the political calendars and agendas for which their advice could be essential. It is this that leads many well intentioned projects to remain “on the shelf”, policy makers apparently ignoring their advice, and to the reinvention of the wheel as policy needs have apparently been unmet.

- A fourth aspect is the acceptance and use of the INTARESE new thinking (i.e. integrated approach) and of its methods.

It has become clear throughout the discussions that a consensus between scientists / researchers on the methods and approaches will be needed, that regular consultation and feedback with potential users is essential to retain their engagement and that the project delivers on its commitments.

### *3. Value of the project and of its deliverables*

In general terms, the obvious value of INTARESE would be that it fulfils its objective and brings new insights to integrated risk assessment:

- For scientists
  - the core is issue framing (policy makers having a tool that facilitates the formulation of appropriate questions and the acceptance of limitations in answers)
  - having all expertise in one place with a common language and common basis (the integrated approach, the relevant indicators, the agreed perspective on exposure assessment, the validated models)
- For policy makers
  - recommendations as to how to approach an issue and define appropriate political action, elaboration of scenarios for the different action options

For the expected project deliverables, users found them all useful.

However, differences in ranking their importance existed and were obviously linked to the background and perspectives of the users.

The conceptual framework was seen as the key deliverable:

- Either (according mostly to scientists and researchers) as the capital deliverable in itself that would allow the formulation of this new thinking about an integrated approach, that would

bring more rationality and structure to the present approaches, that becomes the standard guidelines for what it should be done on integrated risk assessment,

- Or (according mostly to policy makers or advisors) as only the obvious basis on which other useful and maybe more practical tools are developed in order to answer the different specific needs in everybody's daily work.

The recommended methods and techniques for integrated risk were also universally appreciated by potential users. Value was seen in INTARESE providing:

- Harmonised methods and models that could prevent reinventing the wheel and help standardise European thinking, action and implementation in the Member States and / or
- Recommendations about where to go for methodologies and appropriate information for them, what to ask for and what or how to choose when dealing with a specific issue.

Improve monitoring of environment and health was identified as an important issue due to:

- Current lack (or poor) spatially relevant environmental data,
- Current lack of comparable morbidity data across Europe
- Risk assessments, most of the time, still being done separately for environment and for health (i.e. different kinds and amounts of data, different kinds of uncertainties, different requirements from environment and health ministries),
- Missing pieces in the data collection that limit scope for early warnings, for a reliable assessment of the present situation (i.e. the environmental burden of disease) or for an estimation of the impact of interventions.
- The current difficulties to make comparisons between EU Member States or between different scientists' groups.

However, although highly important, it was recognised that the project will not actually produce new data or improve them, but will try to better structure the methods for future collection of data.

The computer and web-based system for integrated risk assessment (i.e. the toolbox) has made room for interesting and sometimes controversial discussions.

A realistic look at the complexity of the environment and health area would:

- On one hand, idealistically require a system capable of handling all the complexity and reducing it to simple and manageable solutions (i.e. "black box")
- On the other hand, enable both quick answers to pressing issues today whilst at the same time being applicable to longer term issue assessment and policy formulation.

The toolbox is also of great importance because it has a very operational value and must demonstrate INTARESE's ability to translate concept and knowledge into concrete and workable tools and procedures.

This difference between what it would be wonderful to have and what is reasonable and realistic led our users to agree on challenges that the toolbox would have to overcome:

- Set-up of the limits / frontiers to what the toolbox could deliver: assuming that it would do everything and be perfect would undermine the credibility of the project
- The toolbox should feel familiar and acceptable to a majority of users. Concern was expressed with regards to the possible misuses and accidental manipulations due to lack of expertise. Users need a basic understanding of how it works and behaves in order to make it usable and therefore updated with relevant data, maintained regularly as required of a living and successful tool.
- It needs to reflect real environments and real populations.

The worked examples and case studies were appreciated both by researchers and policy makers. They can help advance research and contribute directly within specific sectors through application of the integrated approach, provided they prove themselves practical enough to be taken as basis for action or examples of best practice.

#### *4. Expectations (a) and Challenges (b)*

The core themes that have emerged through the first phase of user consultation are as follows.

##### ISSUE FRAMING

All consulted users have agreed that INTARESE is exploring new territory (i.e. looking at environment and health from an integrated perspective) and there is definite need to understand what role every stressor plays on human health, identify major impacts and policy implications. Because of the different agendas and goals, issues are often seen and framed differently, questions are asked sometimes in a way that scientists cannot answer as they would like to.

*(a)* Considerable value is put in INTARESE's work on developing a framework which clearly shows the context within which the issues lie so that assessment can be done while looking at all aspects involved and decisions can also be made according to their multiple implications.

*(b)* The challenges for INTARESE, in this area, would be to identify what sort of issues need an integrated assessment, what can be dealt with using other (including traditional) methods and what criteria are most recommended.

There is also a need to deal with the problem of scale (administratively, geographically): what is relevant at the European level? What is relevant at the local level? Where can INTARESE be usefully applied and who should be involved?

Questions were raised about the possibility / preparedness of INTARESE to:

- detect and / or address cocktail effects and emerging issues
- advise or not on precautionary actions.

INTARESE should state explicitly what it does AND does not.

##### DEFINITIONS – CONCEPTS

The environment and health issues, studied separately until now, need to be addressed through a more rational, more structured approach. The users need to see and have in INTARESE a reference in the field.

*(a)* A list with the definitions and concepts used by INTARESE would be very much appreciated in order to facilitate the understanding and the integration of the project within the world of science.

*(b)* The challenge for the project is to define the scope of integrated assessment by providing answers to questions such as:

- What factors should be covered:

- the entire risk “governance” process
- the determination of hazard and impact
- the integration of social, behavioural and health care aspects
- the public concerns (based on perceptions, ethics and values which are not necessarily scientifically justified)

- the level of detail for it to be of use

- how to reach a balance between simplicity and complexity.

## METHODS – TOOLS

There was agreement that all the expected deliverables (e.g. the harmonised methods, the toolbox) would be very useful in the advancement of research and science.

**(a)** Value was seen in the harmonisation of the methods and tools used in different countries and in different areas today. This was identified as a pressing need of both scientists and policy makers.

**(b)** A number of questions emerged relating to the detailed application of the harmonised methods and tools:

- How can INTARESE help assessing which method / tool is best when competing tools may be used by the different institutes, agencies?
- How do we ensure a “new” tool (i.e. developed within a new way of thinking) is widely accepted and put in practice?
- How feasible is the creation of a common data set or a European data centre?
- How do we validate a toolbox? How do we ensure that there is sufficient understanding of the outputs of a toolbox and how they are derived to enable policy makers to be comfortable to move into action?

## PRIORITY SETTING

The scientists highlighted the importance of target-driven research, of defining objectives and having the ability to focus on the most important issues. Policy makers emphasised the importance of taking action, of doing something that maximises the reduction of environmental impacts on human health.

**(a)** Users are all looking at INTARESE to provide them with advice on the public health priorities on which they should focus in order to maximise benefits with limited budgets. Public perceptions of priorities can be influenced by the media, and recent events and therefore are a guide to be used with due caution. Prioritisation based on an understanding of the health benefits, health impacts and costs in the long run was seen as key to sound policy.

**(b)** The challenge is to define what a priority is, with an appropriate balance between scientific/rational thinking and that based on other values including public concerns. How can INTARESE achieve this within the timing of the policy agenda arising from the European Environment and Health Action Plan?

## DEALING WITH UNCERTAINTY

Science is always evolving; it can never be 100% precise; there will always be need for more research for an even more appropriate answer. However, inaction is also not the answer.

**(a)** Between scientists for whom there is always residual uncertainty and policy makers who rely on scientific justification, the hope is that INTARESE will provide powerful and useful methods to deal with uncertainties.

**(b)** The challenge lies in establishing and revealing the limits of knowledge and of science without undermining the credibility of the process or eliminating the possibility for relevant actions or the search for alternatives. This implies the developing of a framework for uncertainties and their

interpretation that is easy to use by policy makers and easy to understand for the public and other stakeholders. Transparency is key to decisions on the sufficiency of information to justify a move into relevant and proportionate action.

### COMMUNICATING

All those consulted agreed that we need to develop simple, clear and readily understandable language when addressing the complexity inherent in environmental and health to make it accessible to policy makers and non scientists<sup>2</sup>.

*(a)* In order to ensure awareness, acceptance and use of its tools and concepts, INTARESE needs to develop a strong communication strategy within the research community and with the external audiences (i.e. policy makers and public).

*(b)* The challenge for INTARESE is the development of a communication strategy that is as extensive and as “full-chain” oriented as the project itself. It needs to reach all audiences, starting with its own members, fellow research institutes, agencies with which strong ties are necessary, policy makers and the public itself.

Training sessions, common workshops with other relevant research projects, timely updates and honesty about feasibility of systems and approaches, reaching for a scientists’ consensus on issues and defending important priorities with non-expert public and media could be some of the tools and could be crucial for the project’s success. The challenges are to deal with the balance between the need for simple messages and the reality of complex facts in order to provide credible and relevant science support to decision making.

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<sup>2</sup> For example, how to better express disease burden? What severity? How to express comparable attributable fractions?

## ANNEX I

### TEMPLATE: QUESTIONS AND ANSWERS

#### Part I. Details of interviewee

| Question 1. <i>Name etc</i> |  |
|-----------------------------|--|
| Name                        |  |
| Affiliation                 |  |
| Address                     |  |
| Country                     |  |
| Telephone                   |  |
| Email                       |  |
| Function                    |  |

| Q2. What <i>type of user</i> are you (tick one or more) |             |
|---|-------------|
| <i>Type of use</i>                                      | <i>Tick</i> |
| Developing policy/legislation related to E&H            |             |
| Applying policy/legislation related to E&H              |             |
| Addressing stakeholder interests (Industry, NGO, ...)   |             |
| Providing public information on E&H                     |             |
| Medical practice  |             |
| Consulting  |             |
| Developing risk assessment / decision support           |             |
| Research  |             |
| Other (please specify):                                 |             |
| ...   |             |

#### Part II. General comments on Environment & Health

| Q3. <i>Broad comments</i> on priorities, needs and concerns related to E&H |
|--|
| ...  |

#### Part III. The potential utility and value of INTARESE

| Q4. <i>Relevance to your work</i> : Given the overall objective of INTARESE, do you consider the project relevant for your field of work, and if so in which respect? (Open question, to be answered optionally) |
|--|
| ...  |

**Q5. *Relevance of our results:*** INTARESE plans to provide the following results. Which ones are relevant to you or your organisation? Is there an order of priority? Tick, or rank in order of relevance (1, 2, ...)

| <b><i>Planned results and products from INTARESE</i></b>  | <b><i>Tick/rank</i></b> |
|---|-------------------------|
| 1. A conceptual framework for integrated risk assessment (outlining how to do integrated risk assessment in a systematic and transparent way) |                         |
| 2. A set of recommended methods and techniques for integrated risk assessment:  |                         |
| <i>a) linking source to exposure (and vice-versa)</i>   |                         |
| <i>b) linking exposure to health effect (and vice versa)</i>  |                         |
| <i>c) characterising and quantifying the health risks (in terms of health impact, monetary costs etc)</i>                                     |                         |
| 3. Methods and recommendations to improve monitoring of environment and health in the EU:   |                         |
| <i>a) environmental monitoring (from the ground, space etc)</i>   |                         |
| <i>b) biomonitoring (of exposures, health effect)</i>   |                         |
| <i>c) health surveillance</i>   |                         |
| <i>d) integrated environmental health monitoring (linking a-c in a more organised manner)</i>   |                         |
| 4. A computer and web-based system for integrated risk assessment (giving access to the data and methods/models needed for assessment)        |                         |
| 5. A set of worked examples and results from integrated risk assessment, relating to specific policy issues:                                  |                         |
| <i>a) transport (covering air pollution, noise, accidents)</i>  |                         |
| <i>b) housing (covering energy efficiency, indoor air quality, noise)</i>   |                         |
| <i>c) agricultural land use (pesticides, aerosols/allergens, endotoxins)</i>  |                         |
| <i>d) water (disinfection by-products, nitrates)</i>  |                         |
| <i>e) chemicals in household articles and products</i>  |                         |
| <i>f) wastes (landfill, incineration, recycling/reuse)</i>  |                         |
| <i>g) climate (heat, cold, UV radiation)</i>  |                         |

**Q6.** For items ticked/ranked under (5): what is the ***value to you*** if they are to be implemented? (E.g.: How will you benefit from it in your work? How will your organisation benefit from it? Does it solve “challenges”, add knowledge/value, or something else? Why would you welcome them?)

| <b><i>Item number of Question 5</i></b> | <b><i>Comments on value (including specific elements or features of importance, or aspects that need to be specifically improved)</i></b> |
|---|---|
|   | ...   |
|   | ...   |
|   |   |
|   |   |
| Add rows when needed                    |   |

## Part IV. Current experience of risk assessment

Q7. What is your general experience of trying to carry out, or use results from, risk assessment at present? (What methods/sources of information do you use? What sort of questions do you use them for? Under what circumstances do these work well, and where do they fail?)

...

Q8. What are the main limitations and problems of current methods or sources of information that you use (or would like to use)?

| <i>Problems</i>   | 1.1.1.1 Tick/rank |
|---|-------------------|
| Lack of suitable methods/models for risk assessment                                     |                   |
| Lack of relevant data/information   |                   |
| Difficulties in accessing the tools or data   |                   |
| Costs   |                   |
| Lack of in-house expertise or training  |                   |
| Operational constraints (e.g. does not fit within operating procedures of organisation) |                   |
| Other (Please specify)  |                   |
| ...   |                   |

Q9. For the specific items ticked/ranked under (5): can you give more detailed comments on your *needs and experiences*? (E.g.: Do you have good/bad experience with similar approaches? What is hindering the adoption of new practice? Is simple “black box” output useful or is full detail and complexity essential? What are key issues for acceptance of new approaches, e.g. validation?)

| <i>Item number of Question 8</i> | <i>Comments on needs</i> |
|----------------------------------|--------------------------|
|                                  | ...                      |
|                                  | ...                      |
|                                  |                          |
|                                  |                          |
|                                  |                          |
| Add rows when needed             |                          |

## Part V. Future development

Q10. Are you interested in *maintaining contact* with INTARESE?

| <i>Mode of contact</i>   | <i>Tick</i> |
|--|-------------|
| No further contact   |             |
| On INTARESE's User Emailing List   |             |
| Available for any next user consultation   |             |
| Invited to workshops and meetings  |             |
| Available for evaluation of results or testing of new tools                      |             |
| Contribute to INTARESE's work to be done. If yes, please specify any preference: |             |
| ...  |             |

Q11. Would you like to suggest *other colleagues or contacts* whom you think would be interested in being involved in INTARESE?

| <i>Name</i>          | <i>Organisation</i> | <i>Contact details</i> |
|----------------------|---------------------|------------------------|
|                      |                     |                        |
|                      |                     |                        |
|                      |                     |                        |
|                      |                     |                        |
|                      |                     |                        |
| Add rows when needed |                     |                        |

12. *Any other comments*

...

## ANNEX II

List of Project Advisory Group members (agreed primary target users) and interviewers:

| <b>Name</b>                | <b>Organisation</b>                | <b>Interviewers</b>        |
|----------------------------|------------------------------------|----------------------------|
| Andersson I.               | EEA                                | L. Ghinea                  |
| Azapaigic A.               | University of Manchester           | R. Rautiu / L. Ghinea      |
| Bauspiess C.               | Industry                           | L. Ghinea                  |
| Brockett S.                | EC (DG ENV)                        | D. Van Den Hout / L.Ghinea |
| Bunting C.                 | IRGC                               | By email                   |
| Dulio V.                   | INERIS                             | B. Vergriette              |
| Farrar-Hockley C.          | EPHA                               | B. Vergriette / L. Ghinea  |
| Gallo G.                   | EC (DG SANCO)                      | L. Ghinea                  |
| Holland M.                 | Econometrics Research & Consulting | D. Van Den Hout            |
| Kelly B.                   | GEO                                | D. Briggs                  |
| Pärt P.                    | EC (DG JRC)                        | L. Ghinea                  |
| Passchier W.               | University of Maastricht           | D. Briggs                  |
| Staines A. / O'Connelly E. | University College Dublin          | H. Jablonska / L. Ghinea   |
| Viel J-F.                  | Université de Franche-Comté        | B. Vergriette              |
| Wiszniewska B.             | REC                                | By email                   |