

package for ending violence against children, and the new Global Partnership to End Violence Against Children.

While welcome, these new violence prevention opportunities do not come without threats, in particular the danger that violence among and against men and boys may risk being marginalised unless better efforts are made to balance the current focus on women and girls with an equally strong focus on males of all ages.

STATE OF THE ART SESSIONS

State of the Art Sessions

Monday 19.9.2016 13:30–14:30

Violence Prevention

15 THE CASE FOR A CROSS-CUTTING APPROACH TO VIOLENCE PREVENTION

James A Mercy. *Director, Division of Violence Prevention, National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention*

10.1136/injuryprev-2016-042156.15

Violence prevention efforts have historically focused on specific forms of violence. Knowledge gained from several decades of research, prevention, and services, however, has revealed that different forms of violence – child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, and suicidal behaviour – are strongly connected to each other in many important ways. Previous research indicates, for example, that those who are victims of one form of violence are likely to experience other forms of violence and that those who have been violent in one context are likely to be violent in another context. Different forms of violence also share common consequences including physical injuries and deaths as well as a broad range of mental, emotional and physical health, and social problems that have effects across the lifespan. Moreover, the evidence clearly shows that the different forms of violence share common risk and protective factors. Given the urgency of addressing violence as well as the need to stretch limited resources, it seems wise to prioritise the implementation of policies and programs that impact multiple forms of violence simultaneously. A comprehensive and integrated approach to addressing violence will accelerate progress in making the world a better and safer place.

Preparedness and Disaster Management

16 THE OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE; STRENGTHENING PREPAREDNESS IN THE US HEALTH SYSTEM

Brendan Carr. *Head of the US Government's Emergency Care Coordination Centre*

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Session Description The Assistant Secretary of Preparedness and Response (ASPR) is the principal adviser to the US Secretary of the Department of Health and Human Services responsible for providing integrated policy coordination and strategic direction with respect to all matters related to public health, medical

preparedness, and deployment of the federal response for public health emergencies and incidents.

ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The office provides federal support, including medical professionals through ASPR's National Disaster Medical System, to augment state and local capabilities during an emergency or disaster.

The presenter is the Director of ASPR's Emergency Care Coordination Centre (ECCC), which is charged with leading federal efforts to create an emergency care system that is patient- and community-centred; integrated into the broader healthcare system; high quality; and prepared to respond in times of public health emergencies. A strong emergency care system serves as the foundation for a health system that is prepared and ready to respond.

The talk will provide a high level overview of ASPR's programs and emphasise the intersection of preparedness and response planning in the broader healthcare system.

Traffic Safety

17 EMERGING ISSUES IN ROAD SAFETY

Maria Seguí-Gomez. *DG Transport Spain*

10.1136/injuryprev-2016-042156.17

When the expression “emerging issues” is used in transport safety, most believe one is about to unveil a new risk or problem not yet included in the rooster of problems to tackle.

My goal during the talk is to present the audience with three alternative but complementary interpretations of this expression more fitting to a 2016 international conference. Firstly, emerging issues in road safety relate to the emergency needed to implement measures to reduce mortality rates as high as 25 per 100,000 population to, for example a 5 deaths per 100,000 target. How to promote this is mostly a matter of societal and political will. Secondly, it relates to the emergency required to demonstrate that bringing those even low 5 deaths per 100,000 to Zero is possible which would then bring us to aspects such as the ageing of the population with is associated comorbidities and therapeutic drug prescriptions, the high illegal drug consumption rates behind the wheel many countries are unveiling, or improvements in the assessment of psychophysical abilities to drive, at any particular time or in general. This mostly relates to the willingness to promote efficient collaboration between the health and mobility sectors in each country. Last, but not least, it relates to the emergency of introducing the new mobility patterns and mechanisms which include the possibility of reducing the need for physical mobility with the implementation of telecommunications, the replacement of the machines we use to move on fostering walking, cycling and less external energy demanding equipment, and the introduction of autonomous driving. Autonomous driving allows assisted mobility even to those whose psychophysical health may not be optimal. Autonomous vehicles are already around us and they allow us to completely redesign what we understand as active or passive safety. This last interpretation of the term “emergency” relates to the profound societal changes