State of the Art Sessions Wednesday 21.9.2016 10:30–12:00

Safety of Older Adults

24 ELDER ABUSE

Minna-Liisa Luoma. *National Institute for Health and Welfare (THL)*

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In many parts of the world elder abuse occurs with little recognition and is still considered mostly a private matter. Even today, elder abuse continues to be a taboo and mostly underestimated. This presentation will discuss the prevalence of abuse of older people as well as methods, instruments that are used in studies. Research about where, when and how often elder abuse occurs, is inadequate and inconsistent. Data in some cases are based on professionals' reports rather than on information from older people themselves. Some EU countries have a rich history of prevalence research, whereas other countries have just begun to tackle this aspect of research on of elder abuse. Surveying elders about such a sensitive topic, however, implies the need for an adequate research instrument (questionnaire) and research design, and an adapted data collection method. Substantial attention has to be paid to outlining possible guidelines for future research. Information on elder abuse helps health and social services to identify and deal with the problem. Without awareness raising and approaches to define, detect and address elder abuse this important wellbeing and health issue of elderly population will continue to be underestimated and overlooked.

Child and Adolescent Safety

25 DROWNING – A NEGLECTED BUT PREVENTABLE PUBLIC HEALTH ISSUE

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In 2012 WHO estimated that 372,000 people died from drowning, which has made it the world's third leading unintentional injury killer. Over half of all drowning deaths occur among those aged under 25 years. 91% of the drowning deaths of all ages occur in LMICs. The fatal drowning rate in LMICs is several times higher than the HICs. Although drowning occurs in all ages, studies suggest that children aged 1–4 years are at the highest risk of drowning globally. Children of the LMICs are the worst victim. In Bangladesh drowning is the leading cause of death among children 1–4 years (86.3 per 100,000 children-years) which is followed by pneumonia, malnutrition and diarrhoea.

In the HICs there is evidence of long term reduction of drowning. These reductions are due to piped water and reduced exposure to open water. The other factors include safety standards, policies and legislations. The interventions of HICs are not readily applicable in the resource constraint settings. However, some interventions in the LMICs which are developed considering the country context are appearing to be effective in child drowning prevention. A recent research showed that child drowning is also preventable in a low resource setting Bangladesh utilising locally available low-cost resources. Two interventions – *Anchal* (community crèche) and SwimSafe (survival swimming teaching to children) were identified effective and cost-effective in preventing childhood drowning. A typical *Anchal* is a spacious room located in the house of a care-giver. The care-giver provides supervision of about 25 children aged 1–5 year-old 6 days a week within the hours of 9:00 *a.m.* and 1:00 *p.m.*, the peak period when children are most at risk for drowning in rural Bangladesh. During this period, the care-giver addresses safety, development, hygiene, nutrition and other health issues of the children. The SwimSafe is a survival swimming teaching intervention for children 4 years and over. Trained community swimming instructors teach survival swimming to children in a local pond modified with submerged bamboo platform. In the similar settings these interventions could be applicable to prevent child drowning.

Data on drowning is essential for developing drowning prevention strategies, which is severely lacking especially in the LMICs. To improve the drowning situation in these countries a system of collecting data needs to be established. Moreover, all countries should implement proven drowning prevention measures considering their country context. All countries should have a national plan on drowning prevention. In order to achieve all these activities to prevent drowning a global partnership should be established.

26 YOUNG PEOPLE – ALCOHOL AND RISKS IN NIGHTLIFE ENVIRONMENTS

Karen Hughes. *Public Health Wales*

10.1136/injuryprev-2016-042156.26

Alcohol consumption is strongly related to both unintentional and intentional injury. The more people drink, the greater their risks of injury through violence, road traffic incidents and other causes. For young people, much alcohol consumption occurs in bars and nightclubs, where environmental factors such as crowding and poor lighting can contribute to injury risk. Thus nightlife environments are high risk settings for both drunkenness and injury. This presentation will discuss drinking behaviours and alcohol-related injuries in nightlife environments and strategies that can work to prevent them. Such strategies include those to reduce risky drinking behaviours, to modify nightlife environments to make them less conducive to alcohol-related injury, and to address the broader alcohol environment to reduce access to alcohol. The challenge for policy makers and local partners is to create nightlife environments that are both safe and fun.

27 INNOVATIVE APPROACHES TO CAPACITY DEVELOPMENT FOR INJURY PREVENTION IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS)

[1]Adnan A Hyder, [2]Olive Kobusingye, [3]Evelyn Murphy, [1]Abdulgafoor M Bachani. [1]*Johns Hopkins International Injury Research Unit, USA*; [2]*Makerere University School of Public Health, Uganda*; [3]*World Health Organisation, Switzerland*

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Background Despite the high burden of injuries, in many developing countries there is limited supply of trained human

resources for practice and research in injury prevention. The lack of training programs in the science of trauma and injury prevention, disability assessment, lifelong social and economic impact, and translating research into effective policies and programs is a serious impediment to analytical and operational work in this field.

Description This session will focus on innovative approaches for capacity development in the field of injury prevention in LMICs. Emphasis will be placed on efficient and sustainable approaches for capacity development.

Session chair: Adnan A. Hyder, Johns Hopkins International Injury Research Unit, USA

- **Talk 1: Developing formal degree programs –** Dr. Olive Kobusingye, Makerere University School of Public Health, Uganda
  - Abstract: Formal degree programs targeted at building capacity for injury prevention practice and research are lacking in LMICs. This talk will highlight and discuss lessons learned from the development of the first MPH track focused on trauma, injuries, and disability at the Makerere University School of Public Health.
- **Talk 2: Strengthening capacity for road safety policy –** Ms. Evelyn Murphy, World Health Organisation, Switzerland
  - Abstract: Improved legislation is key to sustaining gains in the road safety arena. This talk will discuss strategies and opportunities for building and strengthening capacity for effective road safety legislations in low-and-middle-income settings.
- **Talk 3: Harnessing the potential of mobile technologies –** Dr. Abdulgafoor M. Bachani, Johns Hopkins International Injury Research Unit, USA
  - Abstract: This talk will discuss the development and implementation of one of the first free online and on-demand certificate course for road traffic injury prevention and control in LMICs. The presentation will also highlight the powerful potential of mobile technologies for capacity development in an increasingly connected world.

Discussion and Q&A The session will end with a discussion on key lessons for developing sustainable capacity for injury prevention in low-and-middle-income settings.

28 DEVELOPING FORMAL DEGREE PROGRAMS TO ENHANCE CAPACITY FOR INJURY PREVENTION & CONTROL IN LOW- AND MIDDLE-INCOME COUNTRIES: A CASE STUDY FROM UGANDA

[1]Olive Kobusingye, [2]Abdulgafoor M Bachani, [2]Adnan A Hyder. [1]*Makerere University School of Public Health, Uganda*; [2]*Johns Hopkins International Injury Research Unit, Johns Hopkins Bloomberg School of Public Health, USA*

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Background Despite the high burden of injuries, in many developing countries there is limited supply of trained human resources for practice and research in injury prevention. Formal degree programs are one way of building capacity, but are lacking in LMICs. The dearth of training programs in the science of trauma and injury prevention, disability assessment, lifelong social and economic impact, and translating research into effective policies and programs is a serious impediment to analytical and operational work in this field.

Methods We established the Johns Hopkins University-Makerere University Chronic Consequences of Trauma, Injuries and Disability in Uganda (JHU-MU Chronic TRIAD) program, through which we developed and successfully implemented one of the first MPH track focused on trauma, injuries, and disability at the Makerere University School of Public Health (MakSPH) in Uganda.

Results A new MPH track at the MakSPH focusing on trauma, injuries and disability was launched in 2013. The MPH program entails two years of study, during which students are trained on core public health disciplines, and also required to take courses focused on trauma, injuries, and disability. A key feature of the program is a dissertation that students complete during their second year of the program. Three cohorts have been enrolled in the 2-year TRIAD fellowship and the program is recruiting its fourth cohort of fellows. Graduates of the program have secured positions within key organisations, such as the Ministry of Health, and academic institutions.

Conclusions Embedding formal training programs on the science of injury prevention and control into existing academic structures is key to ensuring sustainability of such programs. They are also a way of sparking interest in the field for students who may not have otherwise considered the field of injury prevention as a career pathway.

29 CAPACITY DEVELOPMENT TO LINK THE EVIDENCE BASE TO IMPROVING REGULATION IN ROAD TRAFFIC INJURY PREVENTION

Evelyn Murphy, Margie Peden, Melecki Khayesi. *World Health Organisation, Geneva*

10.1136/injuryprev-2016-042156.29

Background To support country work to improve national regulation on road traffic injury prevention, we developed various approaches and tools to enhance the capacity of staff in government and civil society organisations, mainly lawyers, to assess and develop evidence-based regulations. We use the term “regulation” in this presentation broadly to include laws that are enacted by national parliament and regulations issued by national or subnational ministerial or other executive branches of government.

Methods This presentation describes the approaches used to improve the skills, access to and use of evidence-based interventions to assess and improve regulations on road traffic injury prevention for lawyers and others involved in regulatory processes in public health or road traffic.

Results Since 2010, WHO has supported the improvement of road safely legislation in 12 countries with support from Bloomberg Philanthropies. In the early years of the capacity development programme (2012–2014), participants from 9 countries (Brazil, Cambodia, China, India, Kenya, Mexico, Turkey, Russian Federation, Viet Nam) were selected through a nomination process from WHO Regional and Country Offices. This phase focused primarily on providing face-to-face periodic training on skills and information on evidence-based road safety interventions. Starting in 2015 we launched a Legal Development Programme in 4 countries (China, Philippines, Thailand, United Republic of Tanzania) with the objectives of providing a range of learning opportunities for lawyers and other individuals involved in developing regulations and of improving their skills, access to and use of resources on evidence interventions to assess and develop evidence-based regulation. Participants were selected through a semi-competitive process taking into consideration their background, interest in the topic, the nature and extent of their involvement in public health or road safety regulation, and