barriers and facilitators to intervention uptake and long-term maintenance of required behaviour change.

12

### SOLUTIONS FOR AN AGEING POPULATION FROM EUROPEAN PERSPECTIVE: TECHNOLOGY ENABLED INTEGRATED CARE, IMPLEMENTATION AND UP-SCALING

Nick Guldemond. Associate Professor Integrated Care and Technology, Senior Policy Advisor, University Medical Centre Utrecht, Executive Board, Concern Staff

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Abstract This presentation provides a holistic perspective on technology enabled integrated care and practical recommendations for implementation and up-scaling: falls prevention and management will illustrate the challenges and opportunities to create a better and safer environment for seniors at risk. Through this example allow people from different backgrounds (from policymakers to work floor carers and patients) to understand the practical implications and benefit of technology enabled integrated care. An integrated fall prevention and management service requires comprehensive coordination of actions in the care and cure as well as the social domain. Historically, there has been little coordination across these sectors. Integrated care may be seen as a response to the fragmented delivery of health and social services. The paradigm shift in healthcare systems also applies to fall prevention and management and comprises a transition: 1) from mainly a monodisciplinary to a multi-disciplinary form of care provision, 2) from a curative approach to preventive medicine and public health, 3) from institutional care to community care, and 4) from professional care to informal care. In the search for effective strategies to prevent and manage fall prevention and management, different models and programs have been proposed. In spite of their differences, all these models or programs aimed at a less fragmented, more integrated provision of patientcentred care. The Integrated Care Model is currently central to European and United States' healthcare policy, and includes important elements of self-management, social support organisations, informal carers and the community. While technology is mentioned as an important facilitator of integrated care, further elaborations on the required functionalities remain absent, as well as the implications of future information and communication technology (ICT) developments. In this presentation, the role of ICT and future developments is discussed from the perspective of integrated falls prevention and management.

13

#### ROAD SAFETY: CHALLENGES TO HEALTH SECTOR

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The health of those living in densely populated areas in the world is of interest and concern for two reasons: (1) the large number of people involved, and (2) the fact that the population density of an urban area changes the potential action of Public Health interventions. This is an important issue to be consider on a Road Safety programs.

This paper discusses the need to incorporate the urban issue on its broadest sense related space but geographical size of a city that makes a difference on health terms. The size, density,

diversity and especially the complexity of cities impact on mobility and present challenges in public health. Mobility has focused only on ensuring adequate infrastructure and transport services to move passengers and cargo timely, reliable, efficient and sustainable way, as an element essential for economic development. On this regard, the increasing motorization and unsatisfactory modal distribution have created inequality, significant congestion with huge social and environmental costs including negative effects on population health beyond road traffic injuries.

Road safety needs now more than ever, to implement the inter-sectoral work, to assure the links between sectors traditionally separate in language and action. Urban governance might be the best approach to meet the Health sector with all its health challenges including injury prevention, with actors involved in Education, Transport and Development sectors, as well those that ensure the genuine participation of the population.

14

### **NEW HORIZONS FOR GLOBAL VIOLENCE PREVENTION**

Alexander Butchart. World Health Organisation, Geneva, Switzerland

10.1136/injuryprev-2016-042156.14

Developments in the global violence prevention field and the surrounding international policy context over the last four to five years have created new windows of opportunity to strengthen science-based approaches to understanding and preventing violence. With a focus on interpersonal violence (i.e. child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse), this presentation explores the new horizons for global violence prevention that these developments represent.

Within the global violence prevention field, there has been a substantial increase in the number and geographical distribution of nationally representative surveys that document the prevalence, risk factors, and consequences of interpersonal violence, and in particular violence against children and women. Research too has increased, both concerning how exposure to violence can lead to lifelong behavioural, physical and mental health consequences, and by way of outcome evaluation studies into the effectiveness of prevention programmes and victim services. Together, this has resulted in strong convergence between the violence prevention recommendations made by key international and national violence prevention players, and more powerful arguments for investment in evidence-based prevention and response.

Key developments in the international policy context include inclusion in the Sustainable Development Goals of several targets that directly aim at violence prevention, and others that address many of the major underlying causes of violence. Within the health sector, adoption by the May 2016 World Health Assembly of a resolution endorsing the first ever WHO Global plan of action to strengthen the role of the health system in addressing interpersonal violence provides a powerful new incentive for increased health sector involvement in preventing and responding to violence.

In combination, these developments suggest that the next big advances in global violence prevention will entail a stronger emphasis on implementing evidence-based prevention programming and policy at the national and local levels, coupled with a new drive to better measure the nature, reach and quality of evidence-based policies and programmes at national and local levels. Recent examples of initiatives to move global violence prevention efforts in this new direction include the development by WHO and other international agencies of the INSPIRE technical

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 C** 

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



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 pro1viding 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