ORAL SESSIONS

PLENARY SESSIONS

Plenary Session
Sunday 18.9.2016 17:00–18:30

From Research to Implementation – Building a Bridge between Science and Practice

1 TURNING EVIDENCE INTO PRACTICE AND POLICY: PRE-REQUISITES, PITFALLS AND PROSPECTS

Adnan A Hyder. *Professor and Director, Johns Hopkins International Injury Research Unit, USA*

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Injury Prevention and Safety Promotion have a rich history of evidence based practice and policy making especially in high income countries. However, as the burden of injuries has become recognised as a global public health priority, critical needs have appeared around: 1) generating evidence for implementation of interventions; 2) ensuring use of existing evidence for policy and practice; and 3) understanding pathways of evidence to policy especially in low and middle income countries. This presentation will explore these gaps by first acknowledging appropriate theories to help explore the evidence to policy nexus with global appeal; and then present frameworks that might assist with informing the research to policy process. The talk will present examples that illustrate how evidence have been translated into injury prevention policies and practice in global and national health and development sectors and reflect on the lessons learnt from such experiences. This analysis will end with suggested principles which might impact current and future attempts to turn evidence into injury prevention practice and policy with a special focus on low-and middle-income countries.

2 SUICIDE PREVENTION IN FINLAND

Timo Partonen. *National Institute for Health and Welfare (THL), Finland*

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The story begins in the 1970s, when there was a Parliamentary Committee which had a focus of national health policy discussion on suicide and produced a report. In the early 1980s, the decision of the Minister of Social Affairs and Health started the planning of a nationwide suicide prevention program. The program had the research phase (1986–1991) which was coordinated by National Public Health Institute (KTL) and based on the situation analysis, detailed information, and original data on suicides. To this end, all the 1397 deaths from suicide in Finland during a period of 12 months were assessed with the psychological autopsy method which collected and analysed all the information available for each case.

These data found that 93% suffered from a mental disorder and 88% had co-morbid conditions (more than one disorder at the same time), and that depressive disorders (59%), alcohol use disorders (43%) and personality disorders (31%) were the most prevalent mental disorders. The data-driven recommendations were thereafter locally applied for the implementation phase (1992–1996) which National Research and Development Centre for Welfare and Health (STAKES) coordinated. Professionals were mobilised across sectors and training was organised throughout the country. Work practices were developed and tailored to strengthen the implementation in some areas, guidebooks and good practices were produced, and the newsletter for feedback to the project was actively edited and circulated.

During these years the decreasing trend in suicide mortality started, and according the internal and external evaluation the program managed A) to change work practices of professionals, especially in the primary health care, B) to change the way suicides were reported in the media, and C) to reduce suicide mortality (–11% from 1986 to 1996, or –16% from 1992 to 1996). The current situation is that the suicide mortality has thus far decreased by 51% from 1990 to 2014 (from 30.0 to 14.6 per 100,000).

Today, the work continues and we need to intensify our measures for suicide prevention, and the current activities are, e.g., KiVa school which includes 90% of all the comprehensive schools and targets against bullying, Good Hunting Mate! which provides psychosocial support targeted at members of hunting clubs, and Time Out! which provides psychosocial support targeted at men exempted from military or civil service. Current Care Guidelines by the Finnish Medical Society DUODECIM which in 2013–2015 have been published for bipolar disorder, borderline personality disorder, depression, eating disorders, insomnia, posttraumatic stress disorder, and schizophrenia give support to these activities. Further support was also provided by EUGENAS which in 2012–2014 exchanged the best practices for suicide prevention and produced the general and school-based guidelines, and the toolkits for the workplace and for media professionals.

3 IMPLEMENTING RESEARCH INTO PRACTICE

Vicky Scott. *Clinical Associate Professor, University of British Columbia, Canada*

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Overview There is a growing body of evidence that shows that simply having strong evidence in support of a given intervention does not necessarily mean that that intervention will be successfully implemented.

Findings from the National Implementation Research Network reveal four main reasons why proven evidence-based interventions do not produce results as intended:

1. What is known is not what is adopted
2. What is adopted is not used with fidelity
3. What is adopted is not sustained for long enough
4. What is adopted is not used on a scale that would have a broad impact

To address this gap, the field of implementation science is now answering many of the questions about how to produce consistent, positive outcomes in real-world settings. This talk will address the successful drivers behind effective implementation and tools for assessing your organisation's readiness for implementation.

4 SNOW'D IN: TRANSLATING RESEARCH INTO PRACTICE

Dale Hanson. *James Cook University, Australia*

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John Snow's investigation of the 1854 cholera outbreak in London is portrayed as a classic example of epidemiology informing real world implementation.

The public discourse regarding cholera in Victorian London was more fraught than is generally appreciated today.

Snow suspected that cholera was transmitted by contaminated water. At a time when disease was believed to be spread by miasma (foul air), Snow's views were revolutionary.

Snow's story will be retold in the person of his friend and colleague Rev Henry Whitehead. 600 of Whitehead's parishioners died in the epidemic. Though initially sceptical of Snow's theories, he investigated the outbreak using his strong network of relationships with the people of Soho, identifying the sentinel case and source of contamination of the Broad Street Well.

Snow had died when cholera returned to London in 1865/66, leaving Whitehead the main authority on the Broad Street outbreak. Whitehead worked with the Government Statistician William Farr's staff to identify the source of the outbreak. This time Farr was convinced and took up the cause.

Arguably, the real driver for reform may have been political. It was not until the "big stink," when the heavily contaminated Thames became so disgusting that it threatened to close the newly opened House of Commons, that politicians found the motivation to pass legislation ensuring clean water.

The ferocious public discussion regarding cholera in Victorian England has many parallels with contemporary public health debates. While Snow's theories have subsequently been proven, he did not win the argument. Others who were more politically savvy and socially better connected did that.

"*Dr Snow's views on cholera,*" said a medical friend to me in 1855, "*are generally regarded in the profession as very unsound. If that be the case*," I replied, "*then heresy may be as good a thing in your profession as some of you are apt to suppose it is in mine.*" Reverend Henry Whitehead (1825–1896).

Plenary Session
Monday 19.9.2016 9:30–10:30
Safety in all Policies

5 USING "HEALTH IN ALL POLICIES" – FRAMEWORK TO INTEGRATE SAFETY

Francesca Racioppi. *World Health Organisation (WHO) Regional Office for Europe, Copenhagen, Denmark;*

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Background "Health in all policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies and avoids harmful health impacts, in order to improve population health and health equity" (Health in all policies – Seizing opportunities, implementing policies. Copenhagen: WHO Regional Office for Europe; 2013).
Description of the problem Drawing from the HiAP approach, a "safety in all policies" (SiAP) framework could help integrating safety into sectoral policies, such as those of transport, infrastructure, housing, leisure, entertainment, sport, justice, education, labour, social services and industry. This calls for "whole-of-government" and "whole-of-society" approaches, as well as for "system approaches". Through these, safety could become a key component of sectoral performance, and contribute to increasing efficiency, enhancing sectoral performance, reducing inequalities and preventable loss. SiAP entails ownership and accountability for safety by relevant sectors, and promotes a shift towards a proactive identification and management of risks. It could also promote new partnerships between the safety community and different sectors, benefiting from an evidence-based public health approach to safety.
Results With several of the Sustainable Development Goals (SDGs) including targets related to safety, SiAP may support the attainment of the SDGs. On the other side, the SDGs provide additional legitimacy and facilitate the implementation of SiAP by placing safety targets squarely within relevant policy domains.
Conclusions SiAP requires a cultural shift, and the development of a robust understanding and appreciation of the long-term health, developmental and economic benefits offered by integrating safety in sectoral policies. It may also require changes to institutional accountability frameworks and to how sectoral performance gets appraised.

6 CREATING MORE PEACEFUL SOCIETIES: GLOBAL STRATEGIES TO REDUCE INTERPERSONAL VIOLENCE

Manuel Eisner. *Professor of Developmental and Comparative Criminology, Violence Research Centre Institute of Criminology, University of Cambridge*

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The 2030 Sustainable Development Goals (SDGs) have put violence reduction at the heart of global efforts to create sustainable societies. Goal 16 is entirely devoted to the promotion of