

- The process of sensitization for Health Literacy in the Swiss Federal Office of Public Health (Y. Eckert, Swiss Federal Office of Public Health, Berne).

After the presentations we would like to engage public health professionals, who are active and interested in the area of health literacy, in a discussion on the strategic relevance of health literacy for the future of public health.

Concepts of theoretical work

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Different concepts and definitions of health literacy have emerged in recent years. One of the most influential ones is that of WHO: 'Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.' This definition has been modified by dividing it into three different levels (functional, interactive, and critical). Implications of these definitions are discussed in terms of theory and measurement in health literacy research and health promotion practice.

The development of a typology

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Specific elements for description, explanation, measurement, and improvement of health literacy are shown based on the results of a qualitative study in the field of nutrition and physical activity.

Analysis of the economic relevance

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Economically interesting aspects come up not only by developing health literacy but also in the outcome of this process. A lack of health literacy can bring up serious consequences in the health care system (additional costs), in the economy (more absences) as well as in society (less capacity for unpaid work).

The process of sensitization for health literacy in the Swiss Federal Office of Public Health

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Based on different theoretical concepts, research, and an economic working paper as well as on the outcome of the first workshop on health literacy with important stakeholders, the Swiss Federal Office of Public Health is developing a policy towards improving health literacy in Switzerland. An overview of the lessons learned within the strategic reflections will be given.

Commentators

Somains Bertino, Director, Health Promotion Switzerland, Bern, Switzerland

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Track C11: Workshop: The social patterning of injury and its challenges for injury control and prevention

Chairpersons: Lucie Laflamme (KI) and Johan Lund (Norwegian Safety Forum and Coordinator of the Proposed EUPHA section on Injury Prevention and Safety Promotion)

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Injury is a major threat to life and health in many parts of the world and the European countries are no exception. The burden of injury is unequally distributed between countries and, within countries, between areas and groups of people. For many causes of injuries, both intentional and unintentional ones, it can be expected that the lower the social position, the higher the risk to be injured. Even the benefits of prevention may be biased to better well off areas and groups.

The workshop will start with a state of knowledge about the social distribution of injuries of various types, with a special focus on European countries, and a discussion of the strategies for prevention commonly put forward in injury control and safety promotion contexts from an equity perspective. This will be followed by a review of the various mechanisms susceptible to explain the occurrence of social differences in injury risks, using traffic-related injuries as an example. Thereafter, data will be presented regarding the social distribution of childhood injury risks across European countries (using the WHO data basis). The workshop will end with an expose of WHO-Europe's major concerns and priority areas in order to combat and reduce injury risks for the benefit of all.

The workshop will offer a state of knowledge on social inequality and safety with a broad coverage of injury causes. It will provide good opportunities to discuss causal mechanisms,

preventive strategies, and the role of public health. Research and practice will meet.

Social inequality in injury risks: state of knowledge and challenges for prevention

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Injuries are not only a major cause of death and morbidity worldwide but they are also one of the causes of death with the steepest social gradient, in particular at young ages. The paper reviews the scientific literature concerning social differences in injuries of various kinds, highlights the current state of knowledge, and draws the main lines of a research and policy agenda.

A review of the literature of the past decades is conducted considering peer-reviewed articles dealing with socioeconomic differences in the risk of injuries of various kinds and for different age strata. Interventions aiming at injury control and safety promotion are considered when attention is paid to the social patterning of their impact. Focus is placed on studies conducted in the European countries.

Preliminary results indicate that, for most types of injuries, mortality and morbidity are often higher among people from lower social positions and in more deprived socioeconomic areas. The magnitude of differences varies from one cause of injury to another (e.g. self-inflicted, violence-related, traffic-related, burns, drowning) and from one country to another. Whether the greater occurrence of injuries in deprived groups

or areas is a phenomenon attributable to the people or areas themselves, or merely a reflection of a wider pattern of injuries affecting lower socioeconomic groups, is unclear. Few interventions have been evaluated considering their differential benefits over socioeconomic groups and few types of injuries have been covered thus far.

The mechanisms leading to social inequalities in injuries and their prevention deserve greater scrutiny in future research and in policy making. The unequal distribution of risks is an important challenge to conventional injury control and safety promotion strategies.

The mechanisms of social inequality in safety—examples from the traffic safety arena

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Apart from being the primary cause of death during childhood and adolescence, road traffic injuries make a major contribution to social inequalities in health during this period of life.

Four mechanisms are of key importance in generating inequality in health and safety—social stratification, differential exposure, differential susceptibility, and differential consequences. These are illustrated using traffic-related injuries as an example.

Regardless of which measure of socioeconomic position is adopted, in Sweden studies show that lower socioeconomic position is associated with a greater risk of traffic injuries among children and youth. Morbidity differences between groups are observed in all categories of road users but most prominently among drivers of motorized-vehicle. In contrast with countries like the UK, Canada, and Australia, where the steepest socioeconomic gradient is found for pedestrian injuries, Sweden shows only small socioeconomic differences for those of road users. Even the incidence of injuries is relatively low among children as pedestrian. One explanation for this may be that Sweden has a strong tradition of maintaining separation between children and motor vehicles—not only by changing the traffic environment but also by creating more attractive places for children to be in. That a large proportion of Swedish children now attend pre-school also means that they spend less time playing outdoors in the immediate vicinity of their homes. These lines of reasoning support the likelihood of differential exposures between social groups (as opposed to differential susceptibility).

How the traffic environment is planned and organized is of decisive importance for both injury incidence in itself and for how the difference in incidence between socioeconomic groups can be reduced.

Social inequality and childhood mortality by injury in the European countries

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Injuries are a major threat to the welfare of children and contribute substantially to the burden of morbidity, disability, and death among children and adolescents in the European region.

We reviewed and analysed inequalities in deaths from childhood injuries across the European countries with a focus

on the transition countries of central and Eastern Europe, using routinely collected data, by age, gender, and cause of death.

There is a significant variation in rates of child deaths from injuries across Europe. The variation across countries of Western Europe is up to 3-fold and the differences between countries of central and Eastern Europe are even greater. Mortality rates from injuries in children aged 1–14 years are particularly high in the countries of the former Soviet Union, reaching levels that are nine times higher than in western European countries such as Sweden or the UK.

While most countries of western Europe have enjoyed a steady decline in childhood mortality from injuries over the last three decades, recent trends in the transition countries appear much less favourable and to a high degree inconsistent. If mortality rates from injuries in the transition countries of central and eastern Europe were reduced to the average level of western Europe, the East–West gap in child health would decrease significantly, saving lives of tens of thousands of children every year.

Strong social inequalities in infant and child mortality by injury have recently been documented in the Czech Republic and Estonia, largely consistent with a pattern of inequalities in childhood injuries previously observed in countries such as the UK.

There is a need for more effective Europe-wide initiatives that facilitate learning from best practice and lead to implementation of effective prevention strategies.

Strengthening the policy response to the burden of injuries in the WHO European region

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To highlight the inequality in the burden of injuries in the European Region and present a policy framework for action.

Routine information sources from the Global Burden of Disease Study were used. The policy framework was developed after consulting the literature.

The leading causes of injury death are suicides, road traffic injuries (RTIs), and poisoning whereas the leading causes of burden are suicides, RTIs, and interpersonal violence. Reducing the burden of injuries requires (i) the (science based) public health approach (ii) multi-sectoral involvement, (iii) community participation, and (iv) societal commitment and political leadership. This, in turn, requires coordination and the following framework for action has been proposed: Develop national plans for unintentional injury and violence prevention; Form an intersectoral injury prevention committee to ensure that injury prevention is properly integrated across different departmental policies; Improve national surveillance to better understand the burden and risks; Strengthen national capacity for injury primary prevention and care; Promote evidence-based practice by facilitating its exchange across the Region; and Prioritize research and development in primary prevention and care to fill knowledge gaps.

Injury and violence prevention has been placed higher on the policy agenda in the Region. The above framework can be used to respond to the burden and to reduce inequalities. Safety is increasingly regarded as a human right. Saving lives and reducing suffering from injuries can address inequities and build commitment to social justice in Europe.