

6th WORLD CONFERENCE

Injury Prevention
and Control

6^e CONFÉRENCE MONDIALE

Prévention et contrôle
des traumatismes

ABSTRACTS • RÉSUMÉS

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ABSTRACTS • RÉSUMÉS

INJURIES, SUICIDE AND VIOLENCE:

Building Knowledge, Policies

and Practices to Promote a Safer World

TRAUMATISMES, SUICIDE ET VIOLENCE :

Construire un savoir, des politiques

et des pratiques pour promouvoir

un monde en sécurité

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OCCUPATIONAL INJURY PREVENTION RESEARCH: PROGRESS AND PRIORITIES

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Occupational injury prevention research has made major advances in recent decades, and at least in most developed countries, occupational injury rates have significantly decreased over this time period. Using the public health model as a framework for occupational injury prevention research, examples of important advancements in the US are described. The public health model, historically applied to infectious and chronic illness and more recently to injury prevention, consists of the following steps: a) Problem identification and quantification; b) Causal risk factor analyses; c) Prevention strategy development; d) Implementation and dissemination of control measures; and e) Evaluation. In the application of the public health model to occupational injuries, it has become clear that advances can be marked in injury surveillance, case investigation, analytic research, and protective technology. These improvements reflect our increased understanding of injuries and their causal factors, advances in epidemiology, and increased ability and willingness to take effective preventive action. At the same time, impediments to further progress remain. The National Occupational Research Agenda (NORA) in the US has facilitated multisectoral partnership in developing strategies, setting occupational safety and health priorities, leveraging and concentrating public and private funds toward national objectives, and tracking the results. The emergence of NORA and the use of the public health model contributed directly to a national strategy for occupational injury prevention research that concurrently identified research gaps, and barriers that impair prevention. Barriers include the dearth of findings on the effectiveness of known or proposed intervention strategies and programs, and the lack of widespread implementation of effective measures. Few well-designed, controlled intervention effectiveness studies have been undertaken because they typically take years, are costly, and are complex, particularly when the critical (if not essential) outcome measure of injury is used. Additionally, where there are known preventive effects of intervention strategies, these strategies have not always been widely transferred or implemented among the worker populations at risk. These continuing gaps—in prevention effectiveness research and prevention implementation—are discussed, along with some examples of recent efforts that have attempted to address these gaps. Additionally, suggestions are provided for stimulating national and international prevention effectiveness research and overcoming barriers that limit the implementation of proven occupational injury prevention measures.