

deaths were caused by collisions with mainly automobiles (82.1%) and heavy vehicles (12.7%). In case of collision the prevalent causes of death were head injuries (41.5%) and multi-trauma (31.8%). Similar patterns were observed for cyclists, while in motorcyclists 56.5% of deaths were due to loss of control or fixed object.

Conclusions:

VRU injuries remain a public health and social concern. Yet despite their extent, this problem is still not adequately considered in public health prevention programs. The

observed mechanisms of injury evidence the importance to enhance the protection of VRU in road traffic circulation.

Key messages:

- In Italy, vulnerable road users are becoming a major group among road traffic injury deaths, because they not follow the general trend of large decrease of RTA injuries.
- Largest VRU group are pedestrians such as cyclists they are hit by cars or heavy vehicles with major trauma, in the motorized two-wheels loss of control and collision with fixed object are important.

3.A. Round table: Re-thinking health inequalities

*Organised by: Erasmus MC, Rotterdam
Chair persons: Johannes Siegrist - Germany
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Health inequalities - systematically higher rates of morbidity and mortality among people with a lower socioeconomic position - have been on the public health agenda for decades now. However, despite massive research efforts (and somewhat less massive policy efforts) health inequalities have not narrowed - on the contrary, relative inequalities have widened considerably. It is therefore time for a re-think: after decades of research we need to step back and ask ourselves: what went wrong?

Johan Mackenbach argues, in a book published by Oxford University Press (2019), that the main problem is that public health researchers and policy-makers have misunderstood the nature of health inequalities. They have too often ignored insights from other disciplines, such as economics (which has a stricter attitude to issues of causality) and sociology (which has a subtler understanding of the nature of social inequality). They have also failed to integrate contradictory research findings into mainstream thinking.

This workshop will focus on three such contradictions, and will discuss whether it is possible to re-think health inequalities in a way that will allow more effective policy approaches. (1) It has been surprisingly difficult to find convincing scientific evidence for a causal effect of socioeconomic disadvantage on health. Should public health reconsider its idea that health inequalities are caused by social inequalities, and widen their scope to give more room to social selection, genetic factors and other non-causal pathways in their analysis?

(2) There is not a single country in Europe where over the past decades health inequalities, as measured on a relative scale, have narrowed. This is due to the fact that all groups have improved their health, but higher socioeconomic groups have improved more. This is even true in the only European country (i.e., England) in which the government has pursued a large-scale policy program to reduce health inequalities.

Should public health accept that reducing relative inequalities in health is impossible, and focus on reducing absolute health inequalities instead?

(3) The Nordic countries, which have been more successful than other European countries in reducing inequalities in material living conditions, do not have smaller health inequalities. It is as if inequalities in other factors, such as psychosocial and behavioural factors, in these countries have filled the gap left by reduced inequalities in material living conditions. Should public health reconsider its idea that material living conditions are the foundation for health, and re-focus on psychological, cultural and other less tangible factors instead?

In this round table Johan Mackenbach will present and illustrate these contradictions and propose his answers to these contentious issues. Then, the four panelists will present their view-points, followed by a general discussion between panelists and the audience.

Key messages:

- After four decades of research into health inequalities, it is necessary to step back and ask ourselves why it has so far been impossible to reduce health inequalities.
- More effective policies to tackle health inequalities will only be possible when public health has come to grips with contradictory research findings.

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3.B. Workshop: The Effects of Shared Accommodations on Refugee Health in Germany: An Interdisciplinary Approach

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The importance of the relationship between health and migration has been recognised for a long time with a more recent focus on refugee health. The experience of life threatening situations in countries of origin, the flight itself, but also the legal status of a refugee in the destination country brings about many health-related challenges. One area, in

which these challenges become particularly visible, is the housing situation of refugees. In contrast to many voluntary migrants, refugees are often required to live in shared accommodations. These can be flats but also buildings constructed for other purposes, such as old factories, gyms, or hotels, container buildings, or tents. Thus, the living conditions of refugees in destination countries are often below the average housing standard of the native population. This situation can on the one hand reinforce challenges to refugees'