Previous workshops

Workshop a: Kick-off workshop

Time and place: November 2002, Dresden, Germany

Aim: to clarify the questions to be taken into account in this project. To get our members interested and involved in the project and to identify key persons for the following workshops.

About 80 conference public health experts participated in this workshop.

Chair: Prof. Herman van Oyen, chairperson of the EUPHA future group.

Presentations:

- the history of public health: Prof. Gunnar Tellnes, Norway
- the problems on implementing public health: Dr Ineke Thien, Netherlands
- public health in the future: Jan-Maarten Boot, Netherlands
- discussion: identification of important future health problems, key persons on this subject, etc.

Workshop b: The future of public health: bridging the gap between research and policy & practice

Time and place: 10 May 2003, Utrecht, the Netherlands

Aim: to arrive at practical recommendations: for public health researchers on how to be more effective in communicating and implementing their results; for EUPHA on how to facilitate the dissemination and actual use of public health research. Ten experts participated in this workshop.

Chair: Prof. Niek Klazinga, member of the EUPHA Scientific Committee

Organisation: Dr Diana Delnoij, NIVEL, the Netherlands

Presentations:

- Evidence-based management in health care: what can public health learn from clinical practice?: Prof. Kieran Walshe, United Kingdom
- The research-policy interface: implications for public health research: Dr Loek Stokx, the Netherlands

Workshop c: The future of public health in Europe from the policymaker's point of view

Time and place: 15 June 2003, Bergen, Norway

Aim: to identify future health problems and directions in dealing with public health for policymakers. This workshop was organised as a satellite workshop to the international health conference organised in Bergen, Norway in June 2003. Around 100 experts participated in this workshop.

Chair: Dr Werner Christie, former minister of Health, Norway

Organisation: Prof. Gunnar Tellnes Norway

Presentations:

- Investment for Health: lessons, opportunities and challenges for public health: Dr. Erio Ziglio, WHO Europe
- How do we turn policy into practical public health work?: Dr. Bjorn-Inge Larsen, Norway
- Should Public Health efforts be integrated in other sectors and political areas, or should it be a separate part of society's tasks and policies?: Dr. Geir Sverre Braut, Norwegian Board of Health

Workshop 3: EUPHA section on food and nutrition: European experiences in prevention of obesity and in evaluation of preventive programmes

Does a National Epidemiological Network on Nutrition help to understand obesity?

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Issue/problem

Italy is experiencing substantial increases in overweight and obesity that cut across all ages and both genders. The effectiveness of the public health response to the problem requires strong leadership, regular monitoring and committed support of all organizations involved.

Description of the project

The Istituto Nazionale di Ricerca per gli Alimenti e la Nutrizione (INRAN) is promoting a Nutritional Epidemiology and Public Health Nutrition Italian Network with the main Italian Institutions (Health, Statistics, Academic, Economics). The network will review the existing Italian studies and will coordinate new research and intervention activities according to standardized protocols.

Lessons-learned

According to nationwide surveys carried out with self-reported measures of height and weight, about 9% of the Italian adult population is obese and 33% is overweight; 24% of children are overweight. During the period 1994–2000 the prevalence of obesity increased both in men (25%) and in women (40%). In the last 40 years the energy requirement of the individuals decreased from 10.7 to 9.6 MJ/day.

Results of a Medline bibliographic search performed to make a comparison among different countries shows that Italy produced a significant amount of scientific research on the epidemiology of obesity/overweight. These results seem to be in contrast with the general idea, shared by the majority of Italian researchers, that a real and homogeneous picture of the national situation of obesity/overweight is far to be obtained. Clearly, a coordinating effort is strongly needed and the constitution of a national network of nutritional epidemiology appears to be a priority.

Conclusions

The main objectives of the network should include monitoring of the prevalence of obesity/overweight at regular intervals with reliable techniques; updating current prevention guidelines; promoting public health interventions and evaluating the effectiveness of the proposed actions. A network of scientific leadership across the country needs to be established to ensure that actions will be employed in the appropriate settings nationwide.

Trends in overweight and obesity in eastern Europe with a special focus on Lithuania during the last two decades

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Aim

Obesity is a growing epidemic in both developed and developing countries. Diseases associated with obesity have the greatest impact on public health in Eastern Europe. During the last two decades the tremendous socio-economic changes have occurred in the countries that influenced health and health behaviour of populations.

The aim of the study was to overview the changes in prevalence of obesity in Eastern Europe with a special focus on Lithuania.

Methods

Data of cross-sectional surveys conducted within CINDI, MONICA and Finbalt Health Monitor programs were used for evaluation of the trends in prevalence of obesity in randomly selected samples of adult populations.

Results

According to the data of epidemiological studies carried out in the 1980s overweight and obesity was very prevalent in the countries of Eastern Europe. In Lithuania the highest prevalence of obesity was observed in 1987 (in urban population 24.1% among men and 44.6% among women and in rural population 24.5% and 48.1% respectively). In the beginning of the transition period (1990–1993) the proportion of obese persons decreased (in urban population to 19.7% among men and 33.1% among women and in rural population to 19.5% and 37.4% respectively). Since 1994 the prevalence of overweight and obesity increased in Lithuanian male population and it remained stable in female population. During the last twenty years the proportion of obese men and women increased in the most Eastern European populations. Obesity was associated with some social factors. Lower education was related to higher BMI in female populations, while in some male populations educational level had a positive association with BMI. There were no consistent associations between the prevalence of obesity and place of residence. Changes in prevalence of overweight and obesity in Lithuania was related to changes in health behaviors. Since 1994 the intake of animal fat decreased and the consumption of fresh vegetables increased. The proportion of men and women exercising on their leisure time was the highest in 2002.

Conclusion

Overweight and obesity are still widely prevalent in Eastern Europe and positive changes in nutrition and physical activity habits should

be strengthened by implementing national obesity prevention strategies.

An exploration of the tensions experienced in developing an obesity strategy and service within a UK Primary Care Trust

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The aim of this presentation is to provide the basis of an informed discussion of how to link public health approaches for the prevention and management of obesity to short term priorities for treatment and service development.

The process of developing a public health strategy for obesity and commissioning of services taken from a Primary Care Trust in the UK will be used as a case study.

Attention will focus on the magnitude of the problem, evolving tensions between evidence based national guidelines for commissioning of specialist procedures (including surgery and drug therapies) without ring fencing of resources, and competing professional and popular values.

The conclusions reached from the case study are that obesity is a public health priority and needs to be addressed within a coherent framework for action at a European level. The case study demonstrates that local action plans have limited potential for making sustainable changes to the levels of obesity within the population. Emphasis must be given to the need for interpretation of evidence of clinical effectiveness. The commissioning of services should be informed by a wider debate of public health issues.

Workshop 4: EUPHA section on health promotion: the role of health promotion in tackling inequalities

Reducing health inequalities through health promotion

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Issue/problem

Although social inequalities in health can to some extent be addressed through improved access to health care, reducing health inequalities also requires the use of health promotion strategies specifically targeted at the socio-economically disadvantaged. While it is recognised that traditional methods of health education to influence health-related cognitions or attitudes are ineffective with these groups, it is essential to develop more effective strategies which bring about structural or organisational changes to create a health-enhancing environment, and which enable disadvantaged groups to take control of their own health.

Description of project

A two-year research project was carried out in collaboration with the European Network of Health Promotion Agencies (ENHPA). The project involved the participation of 13 EU countries plus Norway. A combination of systematic literature survey and a key informant approach was used to identify existing health monitoring systems and indicators related to health inequalities, as well as examples of interventions and policies to reduce health inequalities.

Lessons learned

A descriptive inventory of good practices and policies was composed and subsequently submitted to a qualitative analysis, resulting in a series of recommendations for policy makers. These recommendations were discussed at an international expert seminar organised at the European Parliament, and reduced to a set of 8 consensus-based policy recommendations.

Conclusions

To reduce health inequalities through health promotion, policies should focus on policy development (identification of national health inequality targets, integrating health determinants in other policy areas, and supporting community development approaches), access to health care and preventive services, and building a strong evidence base (monitoring, health impact assessment, evaluation and dissemination).

Responding to inequality in the health of elderly people: a national collaborative programme of health promotion (UK)

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Manchester Metropolitan University

The paper describes, analyses and evaluates the content and methodology of national programme of health promotion planned and delivered by a three-way partnership of a large University, a national charity, a government-sponsored research team and a number of health care trusts. Through this delivery and partnership network, a long-term evidence base for defining effective strategies to maintain health, well-being and independence has been identified, and for preventing or delaying the onset of frailty and the need for long-term or acute care. The Manchester Metropolitan University as knowledge-transfer agency receives government funding to support a research team including a doctoral student. They establish base-line data and work with the national charity (Age Concern) and its linked health care providers to plan, implement and evaluate social, physical and psychological initiatives/activities among elderly people. This health promotion initiative has been identified as an example of excellence which subsequently will be disseminated nationally. The paper offers critical appraisal of the programme's aims, outcomes, organisation and processes, with particular emphasis on the health promotion strategy as viewed by the service users and service providers.

Health inequalities in Hungary – challenges in training health promoters

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Economic and social inequalities play an important part in the formation of health inequalities. A Hungarian national representative empirical study on social stratification (Kolosi, 1986) has phrased three categories that are in correlation with social inequalities: financial state, education, distribution according to regions and settlements. In those regions where the GDP is low the proportion of the lowly educated is high. The average life expectancy at birth is 66,32 years for men, and 75,13 years for women (Central Statistical Office, 1998). There are about 4 year differences between the life expectancy of people living in farms and small villages, and of those living in middle-sized or big cities. The number of deaths due to diseases of the circulatory system is high. The responsibilities of Health Promoters and their educators are enormous.

The target domain of the presented multidisciplinary and intersectoral project is higher education (postgraduate) and it has been working under continuous monitoring and on a high standard since 1992. The aim was to train educators and those in the helping profession to become multiplicators. The first stage of the project was a 30 hours sensitising training, leading to the need of developing a 2 years long postgraduate diploma course called "Health Promoter and Mental Health Promoter Master's Degree Course". Around 1600 professionals are trained already. The definite aim was to choose participants representing the above inequality factors, which aim could be partially fulfilled. The project has developed into a national network and into undergraduate and Master degree courses.

According to our international experiences, the project could be well adapted to all countries of Europe, with special regard to countries with similar indices (Eastern–Central Europe). As a conclusion we can state, that in Health Promotion the congruity between the micro- and macro society – law, education, health care – are important.

Promoting health in poor and noninformed social groups – adequate access to health services at practitioner level

Project proposal for encouraging healthy eating at different ages and different social status

Laurentia Mihaela Andronache

There is a clear link between poverty and illness. Practitioners need to clarify how poverty can influence people in adopting unhealthy behaviours. The study focuses on unhealthy eating. The assumptions are that:

- there is not a direct correlation between social status and healthy eating;