



## Annual Report 2012

# ANNUAL REPORT 2012

The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. EUPHA was founded in 1992. EUPHA is an international, multidisciplinary, scientific organisation, bringing together around 15'000 public health experts for professional exchange and collaboration throughout Europe. We encourage a multidisciplinary approach to public health. Our mission is to be the proactive platform for public health professionals in research and practice and be a bridge between these professionals and policymakers.

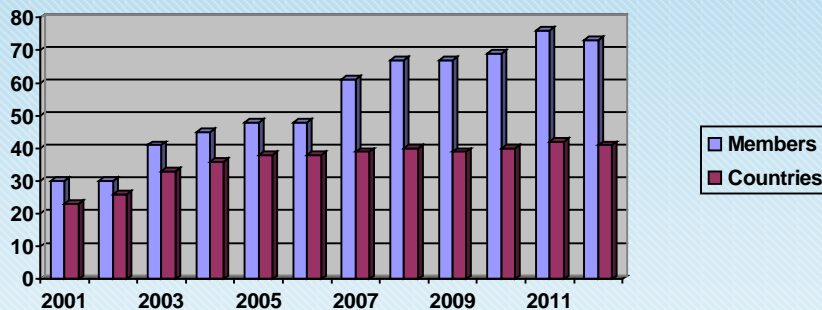
This document summarizes the activities of the European Public Health Association in 2012. We hope that this annual report provides you with more insight on our activities. Should you have any comments or questions, please do not hesitate to contact our EUPHA office.

Walter Ricciardi, EUPHA president

At the end of October 2012, we have **73 members from 41 countries**:

- 42 national associations of public health from 35 countries
- 4 individual members from 4 countries
- 19 institutional members from 14 countries
- 8 international members

### Growth in members 2001-2012



In our database, we have 15095 entries of which 5447 (36%, same as last year) are EUPHA members. We currently have 4649 (30.7% small increase from last year) full members.

The database system was updated so that any entry that had not accessed the database for over a year, would be asked to update their personal data. Also the database has been cleaned up at two occasions this year.

### Membership changes in 2012:

- We have 2 new members:
  - School of Public Health, University of Georgia, Tbilisi, Georgia as an institutional member; and
  - Direzione Generale dell'Italian Barometer Diabetes Observatory, Rome, Italy as an institutional member.
- We have one withdrawal from membership
  - The Icelandic Public Health Association has withdrawn due to the dissolution of the association.
- The German Association of Social Medicine and Prevention is currently renegotiating the terms of membership.
- The Public Health Association of Kazakhstan changed its name to Central Asian Public Health Association to also include regional topics;
- We decreased the number of individual members, as individual membership is limited to 3 years.

### EUPHA benefits:

- All EUPHA members can participate in all activities of EUPHA;
- All full members have direct access to the electronic version of the European Journal of Public Health;
- All full members are part of the EUPHA book club where you can buy books published by our partner – Oxford University Press – at 20% discount;
- All EUPHA members have the possibility to share their experiences by uploading these on EUPHApedia, our search engine with already 2756 contributions; and

- All EUPHA members can participate in our annual scientific European Public Health Conference with a membership reduction of €50. As of next year (Brussels 2013), the membership fee reduction will be increased to €75.

### **Country website and newsletter**

All our member associations are listed in the country specific webpages in our European map ([http://www.eupha.org/site/european\\_map.php](http://www.eupha.org/site/european_map.php)). All countries are also linked country-related articles in EUPHApedia.

We increased producing the country newsletter, which includes country-specific information on the database, conferences, EJPH, EUPHApedia and newsletter. We managed to produce this newsletter for 21 countries and are planning to cover the remainder in February 2013. We have included the example of the Italian country newsletter (annex 1).

### **Activities in 2012:**

The aim of EUPHA remains to:

#### **1. Assist and support our members in their activities;**

Every year, we aim to visit 2-3 annual conferences of our members to increase and further develop the collaboration. For instance, this year, we visited the annual conference of the German Association of Social Medicine and Prevention with presentations by Walter Ricciardi and Dineke Zeegers Paget (September 2012) and met the board of the Israel Association of Public Health Physicians (May 2012). We were happy to assist in some of the PHIRE-related national workshops on public health research. We also supported the Slovak Public Health Association with a letter of support needed to apply for a project; and the Maltese Association of Public Health Medicine in their application for WFPHA membership.

#### **2. Represent the public health community at European level; and**

This year, we have significantly increased our activities in this area. In the newly launched Health 2020 policy of WHO Regional office for Europe, EUPHA has provided input as a member of the external expert steering committee (Walter Ricciardi) and through the organised workshops in Europe (Dineke Zeegers Paget and section representatives).

We also increased our input in the area of European public health research, by giving a presentation at the High level conference on EU health projects: results and perspectives and leading the working group of the European Health Policy Forum to submit a statement on the need for public health research.

There were two areas of specific attention:

- Chronic diseases: where our sections provided input to a number of European reflection papers and our president represented EUPHA at a number of Brussels-based meetings.
- The economic crisis: where our section on public health economics produced a EUPHA snapshot, which was further distributed within the public health community by a well-known member of the European Parliament. Our president also joined the European Parliamentarians urgent plea from the health community to prevent crisis in Europe.

#### **3. Provide evidence-base information to European, national and international policymakers.**

With the production of two EUPHA snapshots and one EUPHAacts, first steps were set in providing evidence-base information in a format attractive to policymakers. First requests for translation and country-adaptation were received.

The PHIRE project provided an opportunity to our members to discuss how evidence-base (research) should and can be used in setting national public health policy.

### **And**

With the first results of the Think Tank, the basis is laid for increasing and fine-tuning our services to our members.

In 2012, EUPHA again significantly increased its networking at European and global level. A large number of invitations to attend meetings, participate in expert groups were followed up. The list below is not exhaustive, but highlights the most important:

### **European Commission**

- DG Sanco continues to publish in the European public health news of the EJPH.
- EUPHA is an active member of the European Health Policy Forum (EHPF), which meets twice a year in Brussels and is the forum where EU meets NGO. Our Research lead, Mark McCarthy, actively instigated a reaction from the EHPF on the need for public health research.
- A response on the EU reflection on chronic diseases was organised by our section on Public Health Monitoring and Reporting
- A reaction to the interim evaluation of science in society actions – survey of FP7 participants was organised by our senior project officer (Floris Barnhoorn).
- Our president attend a group hearing on the prevention of age-related diseases of women, organised by a party in the European Parliament.
- At the 2012 conference, the European Commission is organising one plenary and two workshops and will have a stand at the conference.

### **European Centre for Disease Prevention and Control - ECDC**

- Ruth Gelletlie, president of our section on infectious diseases control, remains our representative in the Advisory Forum to ECDC.
- ECDC will have a plenary, pre conference and a stand at the Malta 2012 conference and will participate in a number of planned workshops.
- The idea of joining forces between the ESCAIDE conference and the EPH Conference remains on the agenda.
- A meeting to further the collaboration between ECDC and EUPHA is planned during the Malta 2012 conference.

### **WHO – Regional office for Europe**

- The collaboration with WHO Europe has again intensified. EUPHA is proud to be both an active partner in the development of Health 2020 and the linked European Action Plan and an active supporter:
  - Our president, Walter Ricciardi, is one of 2 representatives from NGOs invited to be a member of the external steering committee Health 2020.
  - Our past president, Stan Tarkowski, issued an official statement of support at the WHO Regional Committee meeting in Malta (September 2012) where Health 2020 was unanimously adopted (EUPHA'S INTERVENTION TO THE 62<sup>ND</sup> SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPEAN HEALTH 2020 – POLICY FRAMEWORK AND STRATEGY, Doc. EUR/RC62/8).
  - The Malta 2012 conference will officially introduce Health 2020 and the European Action Plan to the public health community by organising both a plenary (Zsuzsanna Jakab) and a workshop.
- WHO's regional director continues to publish in the European public health news of the EJPH.
- WHO Europe will have a plenary, workshop and a stand at the Malta 2012 conference and will participate in a number of planned workshops.
- Our section on Chronic Diseases organised our response to the second discussion paper on noncommunicable diseases.

## EUPHA sections

Several of our sections are active in co-organising events, projects in Europe. This includes:

- The EUPHA section on public mental health was a patron of the Public mental health and family medicine conference, 8-12 February 2012 in Granada, Spain.
- The EUPHA section on migrant and ethnic minority health co-organised the successful 2012 Migrant health conference in Budapest, Hungary.
- The EUPHA section on urban health supported the final conference of the EURO-URHIS project in Amsterdam.
- The EUPHA section on public health genomics supported the final conference of the PH Gen project in Rome.
- The EUPHA section on migrant and ethnic minority represented EUPHA at the Fundamental Rights Agency meeting on inequalities and multiple discrimination in access to health care.
- The EUPHA section on public health ethics represents EUPHA in the Public Health Ethics International Collaboration Steering Group

## Collaboration with our partners

- EUPHA continues the discussions on collaboration with the World Federation of Public Health Associations (WFPHA). In particular, possible twinning with other – recently established – regional public health organisations is being considered. And EUPHA and WFPHA are actively looking into the possibility of joint membership for their members.
- Within the Agency of Public health accreditation in Europe (APHEA), the collaboration with ASPHER, EPHA, EHMA and Eurohealthnet, and the European Observatory is continued.
- For the Brussels 2013 conference, the collaboration with our partners has intensified.

## Other activities

- Our president attended the World Health Summit in Berlin
- The past president and president of EUPHA published an editorial in the EJPH (*Health impact assessment in Europe--current dilemmas and challenges*, Stanislaw Tarkowski; Walter Ricciardi, *Eur J Public Health* (2012) 22(5))
- The president and executive director of EUPHA will publish an editorial in EJPH 2012-6.
- The executive director published an interview in Research Media, September 2012.
- The president was an invited speaker at the 2012 Taiwan Health Forum; Public health perspectives in a changing world in July 2012.

### How do you see EUPHA developing over the next year?

This and next year are important years for European public health: we celebrate 20 years of the public health mandate in the European Union, and are planning the future of European public health (EU: Health for growth, WHO-Regional Office for Europe: Health 2020). EUPHA is dedicated to making these years count. For the 2013 European Public Health Conference, we have chosen a venue at the heart of Europe – Brussels. We are also collaborating with the largest number of partners ever. European institutions as well as European NGOs will join the Brussels 2013 event, which will reflect the past, the present and the future of European public health.

Dineke Zeegers Paget in Research Media, September 2012

At the end of 2012, we have 20 active sections. The EUPHA sections continue to grow in size and in activities. The average growth in members is 39%.

### Number of members/section (8 October 2012)

EUPHA section	Members (October 2011)	Members (8/10/12)
Child and adolescent public health	709	966
Chronic diseases	590	840
Environment related disease	399	533
Ethics in public health	528	709
Food and nutrition	494	677
Health Impact Assessment	76	310
Health promotion	1054	1433
Health services research	1003	1264
Infectious diseases control	421	598
Injury prevention and safety promotion	254	345
Migrant and ethnic minority health	444	610
Public health economics	508	709
Public health epidemiology	1089	1511
Public health genomics	142	222
Public Health Monitoring and Reporting	173	411
Public health practice and policy	1107	1380
Public mental health	492	685
Social security and health	421	577
Urban public health	472	618
Utilisation of medicines	180	280

### EUPHA sections in 2012

- The average number of mails sent to section members was 4.2. The highest number was 15 (Migrant and Ethnic Minority Health), the lowest was 0 (Public Health Genomics).
- The average page views of a section's website was 419 this year. The highest was Urban Public Health (713), the lowest our new section on Health Impact Assessment (247).
- We are slowly reorganising the websites of the sections. The websites of Social Security and Health and Public Health Monitoring and Reporting have already been updated.
- The Section Council organised a successful retreat in June. In the two-day meeting, topics included the collaboration between sections and the evaluation of sections.
- A large number of sections initiated, collaborated with, and finalised the EUPHActs and EUPHA factsheets produced this year.

## New initiatives in 2012

In 2012, we received three new proposals for sections:

- Perinatal health: it was decided at the June meeting that this initiative will be embedded in the EUPHA section on Child and Adolescent Public Health.
- Food packaging: it was decided in September that this initiative will be embedded in the EUPHA section on Food and Nutrition.
- Health technology assessment: this initiative will be discussed in the meetings of the executive council and section council in November in Malta.

## Furthermore

- The sections are represented in the EUPHA Executive Council by Kristina Alexanderson.
- The Sections are represented in the International Scientific Committee by Jutta Lindert
- The sections are represented in the EUPHA Think Tank by Els Maeckelberghe.
- Ruth Gelletlie, the president of the section on infectious diseases control remains a highly appreciated member of the ECDC Advisory Board.
- The president of the section ethics in public health, Els Maeckelberghe, is a member of the CDC's Public health ethics international collaboration steering group.
- The vice-president of the section on migrant and ethnic minority health, Charles Agyemang, represented EUPHA at a meeting of the Fundamental Human Rights Agency.
- The section on public mental health was a partner in the WPA Thematic Conference in collaboration with WONCA: Mental Health and Family Medicine Working Together, from 8-11 February 2012 in Granada, Spain.
- The section on migrant and ethnic minority health was co-organising the 4<sup>th</sup> Conference on Migrant and Ethnic Minority Health in Europe from 21-23 June 2012, Milan, Italy.
- The president of the section on utilisation of medicines stepped down.
- Several of the sections are involved in the EUPHA project PHIRE, financed by EU.

## EUPHA sections at Malta 2012

Presidents of all EUPHA sections are invited to score the abstracts for the upcoming conference. For 2012, 17 (last year: 11) actively participated in the scoring.

At the conference, the EUPHA sections are organising:

- 7 pre conferences (8 sections involved)
- 15 workshops from 9 sections
- 6 lunch meetings from 6 sections
- All sections organise their annual meeting during the conference.

## Top 25 of countries active in EUPHA sections

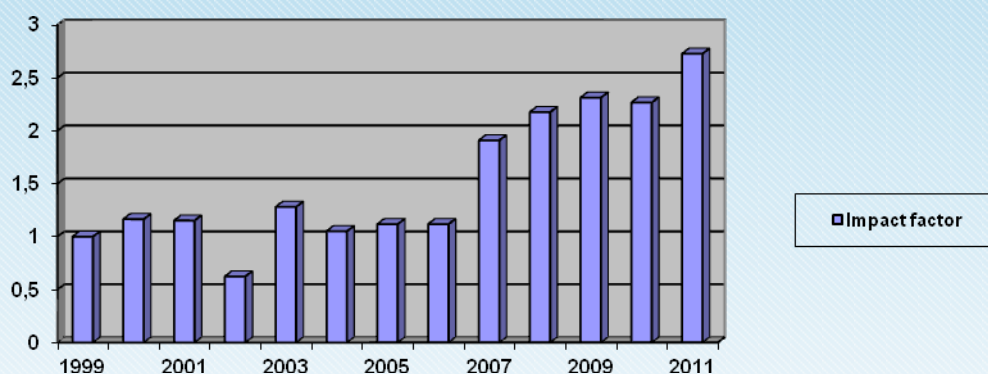
At the end of October 2012, we have just under 15'000 public health professionals from 114 countries involved in our sections' networks.

rank	Country (2011 rank)	%	rank	Country	%
1	United Kingdom (2)	10.2	14	Austria (13)	2.3
2	Netherlands (1)	10.0	15	Norway (15)	2.0
3	Denmark (3)	8.9	16	Poland (17)	1.4
4	Italy (4)	7.0	17	Lithuania (21)	1.4
5	Sweden (5)	4.8	18	Bulgaria (20)	1.3
6	Spain (8)	4.0	19	Turkey (16)	1.3
7	Germany (6)	3.8	20	Malta (new)	1.3
8	France (9)	3.7	21	United States (18)	1.2
9	Portugal (10)	3.7	22	Greece (25)	1.2
10	Belgium (7)	3.6	23	Canada (19)	1.1
11	Finland (12)	2.8	24	India (new)	0.9
12	Switzerland (14)	2.5	25	Israel (new)	0.8
13	Romania (11)	2.4			

The European Journal of Public Health (EJPH) is a multidisciplinary journal in the field of public health, publishing contributions from social medicine, epidemiology, health services research, management, ethics and law, health economics, social sciences and environmental health. The EJPH is published bimonthly. The EJPH is owned by EUPHA.



## Impact factor



## Original manuscripts submitted and published during 2004-2012:

Year	2005	2006	2007	2008	2009	2010	2011	2012 (30 Sep)
<i>Manuscripts received</i>	336	427	503	490	656	719	782	664
<i>% accepted</i>	24%	16%	19%	21%	29%	20%	21%	18%
<i>Manuscripts published</i>	105	97	92	84	104	89	125	123

## Brief statistics on manuscripts

During the past year, manuscripts have been submitted from 54 countries from all continents. The highest number of submissions was received from Spain (70), United Kingdom (58), The Netherlands (50), Italy (42), and from France (36) and Germany (36).

The highest number of accepted papers originated from The Netherlands (18), the United Kingdom (17), Sweden (11), Belgium (9), France (8), and Denmark (7).

In addition to original manuscripts, 13 editorials and 10 Viewpoint articles have been published from December 2011 – October 2012. Each of the six issues also had a section with European public health news from EUPHA and partner organizations.



## Reviewers

During the past years, 486 persons from 47 different countries have been helpful in reviewing manuscripts. Most reviewers originated from the Netherlands (65), followed by the United Kingdom (62), Sweden (42), Italy (29), the United States (28) and Spain (24).

## EUPHA markets the journal by

- allowing access for all our full members (4649) to the electronic version of the EJPH via the EUPHA database;
- Sending hard copies of the EJPH to 190 addresses throughout Europe, including our national and institutional members, European Parliament, European Commission, WHO/EURO and Council of Europe;
- Linking the EJPH to EUPHApedia (external search);
- Displaying the EJPH at conferences we organise, co-organise or attend.

## Partners

Our partners in the organisation of the EJPH are:

- Oxford University Press, the official publisher of the journal; and
- Karolinska Institute in Stockholm, where our editorial office is based.
- Swedish Research Council, offering a grant to host the editorial office in Sweden.

## The EJPH Editorial board

Peter Allebeck (editor-in-chief)	Colin Mathers
Diana Delnoij (editor)	Johan Mackenbach
Alastair Leyland (editor)	Mark McCarthy
Walter Ricciardi (editor)	Martin McKee
Sara Sjölund (managing editor)	Tony McMichael
Edison Manrique (managing editor)	Natasha Muscat
Syed Rahman (managing editor)	Tom Novotny
Tit Albreht	Fred Paccaud
Lisa Berkman	Mark Petticrew
Helmut Brand	Pekka Puska
Aileen Clarke	Sijmen Reijneveld
Eero Lahelma	Vasily Vlassov
Thierry Lang	Witold Zatonski
Reiner Leidl	Marina Pollán
James Chauvin	Ádány Róza



## 2011: Electronic newsletter

The EUPHA electronic newsletter was created in March 2006. The newsletter is an open tool of EUPHA with 2 key objectives:

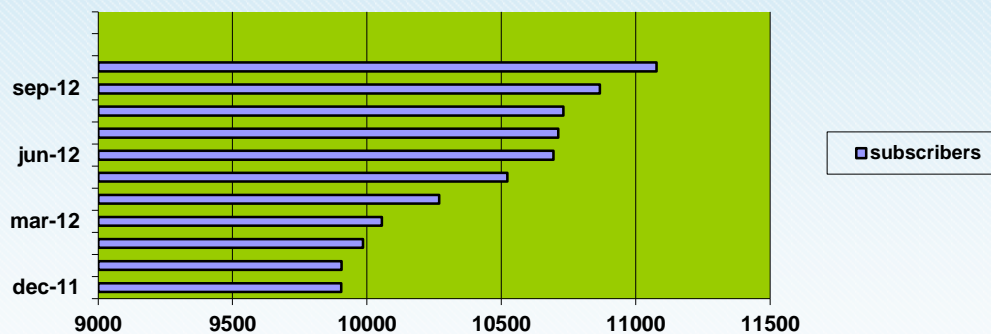
- To build the knowledge of public health professionals worldwide; and
- To increase the visibility of EUPHA as an association that builds capacity, knowledge and policy in the field of public health, with an emphasis on Europe.

Since March 2007, the electronic newsletter is sent on a monthly basis to public health professionals in our database who are interested in receiving the newsletter. EUPHA membership is not a prerequisite to subscribe to the newsletter.

On 28 October 2012, we had 11031 subscribers to the newsletter. 2974 entries in our database specifically do not want the newsletter.

In March 2012 we had over 10000 subscribers for the first time!

### Distribution



### The table of content

In 2012, we reorganised the table of content, giving more visibility to the EUPHA activities. EUPHApedia was included in the EUPHA update.

1. Information on the upcoming European Public Health Conference
2. EUPHA update
3. Call for proposals, papers and job opportunities
4. Interesting news
5. EUPHA members update
6. Upcoming courses and conferences
7. Interesting publications
8. European Commission news
9. European Centre for Diseases Control news
10. WHO publications

## Distribution data (October 2012)

The EUPHA database is regularly checked for inactive entries, incomplete entries, etc. If the entries are no member of EUPHA, they are deleted from the system.

Region	No. of countries	No. of subscribers
Europe	54	10271
Americas	17	245
Africa	36	182
Asia/South Pacific	32	333
Total (October 2012)	139	11031

Top 5 ranking countries subscribed to the newsletter by region:

	Europe	Americas	Africa	Asia/South Pacific
1	Denmark (1035)	United States (113)	Ghana (30)	India (47)
2	France (979)	Canada (76)	Cameroon (14)	Pakistan (29)
3	Germany (878)	Brazil (14)	Gambia (13)	South Korea (28)
4	Netherlands (841)	Peru (10)	Côte d'Ivoire (9)	Nepal (27)
5	United Kingdom (737)	Argentina (5)	Egypt (9)	Australia (26)

## Further distribution

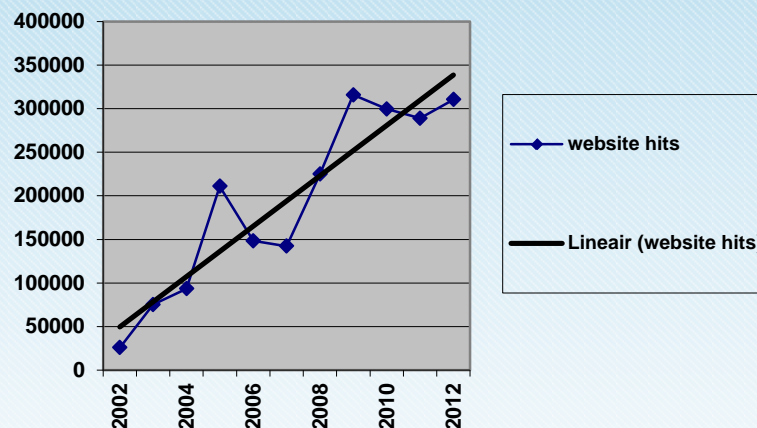
EUPHA actively invites our members and our partners to further distribute the newsletter, announce its publication in their tools as well as invite them to make the EUPHA newsletter available on their website. Our members from Portugal, France, Belgium, Slovenia and Italy have included the newsletter on their website. Sweden links directly to our website and the Netherlands includes our newsletter in their newsletter.

## 2012: Website and social networks

The EUPHA website is a very visible and extensively used marketing tool. It includes information on who we are, our activities, our members and hosts the website of the European public health conference. The average hits/months over the year 2012 is 310422 (in 2011: 283506).

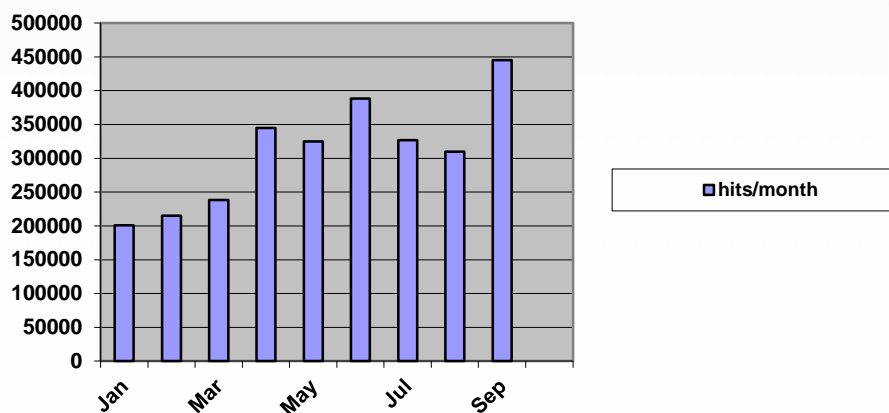
The high number of hits per month is partly linked to hosting the abstract handling and conference registration of the European public health conference. This can be seen in peaks in activity in April (abstract submission), June (abstract decisions) and September (early registration).

**Website hits/year**



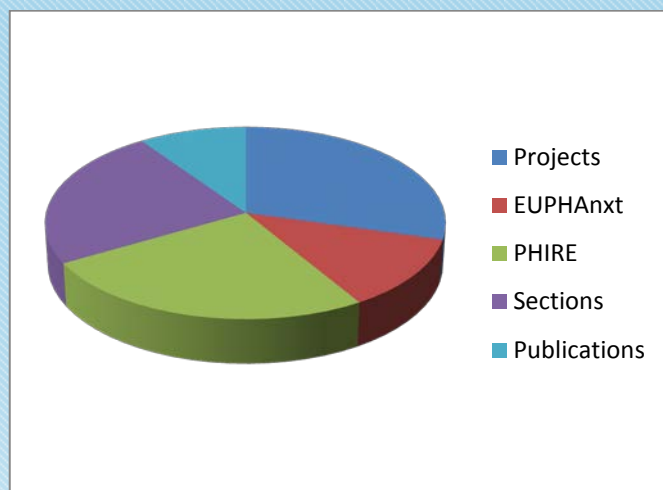
The website also hosts the EUPHA membership database and through the database, a link has been set up to the electronic access of the European Journal of Public Health for all full EUPHA members.

**Website hits/month in 2012 (until 1 October):**



## Pageviews (until 1 October 2012)

Since January 2012, we also follow the number of pageviews for some of our activities to obtain a more accurate estimate of readers. For 2012, we had 35232 pageviews for 5 activities.



Pageviews overview 2012

## EUPHA and Social networks

### Twitter:

Since 2011, we are working with two twitter accounts:

- EPHconference: for the conferences; and
- EUPHActs: for EUPHA

The EPHconference twitter is linked to the news of the conference website. It includes updates on the programme, speakers and activities. At the moment, we have 79 followers (last year: 14 followers). Again during our conference, we aim to twitter news and updates to our followers.

The EUPHActs twitter is linked to EUPHAnxt on the website and currently has 87 followers (last year: 13 followers). It includes information on EUPHA activities and is linked to the EPHconference.

### Facebook:

<http://www.facebook.com/pages/Eupha-European-Public-Health-Association/196843717014707>

This page was created last year as well with the aim of reaching the younger generation of public health professionals. At the moment we have 147 'likes' (last year: 46). It includes the series "Going down memory lane: 20 years of EUPHA in pictures".

<http://www.facebook.com/?sk=welcome#!/pages/5th-European-Public-Health-Conference-Malta-2012/213687192050284>

For Malta 2012, the local organising committee also created a facebook page for specific conference information. This facebook has 149 'likes' and will be intensively used during the conference.



## Building knowledge and capacity together

EUPHApedia is a search engine for all public health issues. It was created at the end of 2010 and launched on 9 February 2011. EUPHApedia has both an internal search engine (uploaded documents) and an external search engine (link to other websites) where documents can be found by relevance or by most recent and by keyword or phrase.

EUPHApedia does not aim to compete with existing tools, such as Pubmed and Heidi, but aims to offer practical experiences and grey literature to a large public health audience. The system invites our members to upload their experiences (practice, policy, training and education) so they can be shared with other members. EUPHApedia falls under all three building activities of EUPHA (knowledge, capacity and policy).

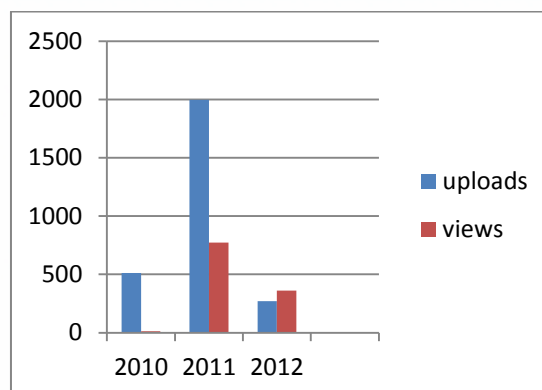
### 2012 upgrade

Following the evaluation organised last year, EUPHApedia was updated as follows:

- EUPHApedia is now accessible for all entries in the database (15'000);
- All EUPHA members (5447) can upload information in EUPHApedia;
- It is now possible to search with multiple keywords;
- It is possible to search within the search results.
- Since January 2012, EUPHApedia is accessible for most public health professionals registered in our database (14172 professionals).

The FAQ document will still be added.

### Included documents and views (October 2012)



At the end of October 2012, we have 2756 documents included in EUPHApedia, of which 60.6% is abstracts and 36.3% is interesting texts. 99% of the uploads are done by EUPHA office, 8 other institutes have uploaded documents.

With regard to the viewing of documents, 1146 entries were consulted at least once. The total number of consultations was 1661. A total of 28 countries have used EUPHApedia. 39.8% of all views were done by EUPHA office, mainly to research the setting up of EUPHActs and EUPHA snapshots.

### **Top 15 of countries viewing articles (2011-2012) included in EUPHApedia**

<b>Rank</b>	<b>Country</b>	<b>No. of views</b>	<b>Rank</b>	<b>Country</b>	<b>No. of views</b>
1	Austria	49	9	France	23
2	United Kingdom	43	10	Finland	17
3	Sweden	39	11	Bulgaria	15
4	Italy	36	12	Belgium	13
5	Germany	31	13	Romania	13
6	Spain	28	14	Slovakia	8
7	Netherlands	24	15	Switzerland	8
8	Portugal	24			



## 2012: EUPHAnxt



*Strategy to actively involve students and the young generation of researchers and practitioners committed to Public Health, in the EUPHA network.*

**EUPHAnxt** is a free and open initiative, launched in June 2011 by EUPHA. With this new initiative, that aims to collect the contribution of students, young researchers and practitioners interested in European Public Health issues, in order to sensitize and involve them into the multidisciplinary PH network and encourage information exchange and collaboration throughout Europe since the early stage of their career.

EUPHAnxt is continuously growing, in October 2012 this initiative has 388 subscribers (+288% in one year).

### **EUPHAnxt Benefits:**

EUPHAnxt means actively entering the Public Health community. The subscribers benefits are:

- A **special website** dedicated to the younger persons with an interest in public health ([http://www.eupha.org/site/projects.php?project\\_page=9](http://www.eupha.org/site/projects.php?project_page=9)):
- Subscription to the free **monthly electronic newsletter** of EUPHA;
- Open **invitation to join** any of our 20 **sections**;
- **Access to EUPHApedia** (<http://euphapedia.eupha.org/handling/>), a search engine for all public health issues;
- Following EUPHA and our conference on twitter and facebook.

### **EUPHAnxt 2012 Activities:**

- EUPHAnxt conducted in the months of April and May 2012 a survey among its members and produced then in June 2012 a report called "The future of Public Health in Europe: an investigation on young professionals' perspectives".
- After the open invitation to join EUPHAnxt sent at the end of 2011 to over 30 student-related organisations, another association accepted to become partners: the European Medical Students' Association (EMSA).
- EUPHAnxt contributed to update the social networking pages of EUPHA (Facebook, Twitter) and a specific EUPHAnxt account was created on LinkedIn.
- EUPHAnxt arranged, as first experiment of an internship exchange programme, an internship in Slovenia for a French student.
- The EUPHAnxt website will be fully updated shortly after the conference.
- Both EUPHAnxt coordinators are included in the EUPHA Think Tank to develop the future strategy of EUPHA.



## EUPHAnxt @ Malta 2012:

- EUPHAnxt subscribers will be provided with **special badge** during the Annual event to promote networking and encourage communication between the members of the “young community”, sharing common goals.
- EUPHAnxt is organising a special **Skills-building workshop**: “How to write a scientific paper and publish it” on Saturday 10 November from 11:40-12:40.
- **The Ferenc Bojan Young Investigators Award 2012**. One session is entirely dedicated to young presenters. The best 6 selected will present their abstract to a panel of experts. A prize is awarded during the closing ceremony. For further information check the website: [http://www.eupha.org/programme/dynamic\\_programme.php?programme=full](http://www.eupha.org/programme/dynamic_programme.php?programme=full)
- **4<sup>th</sup> Young researchers Forum**. This pre conference is organised by ASPHER and offers an opportunity for MPH, PhD and postdoc researchers to present their work to a select audience of peers and key representatives of the European PH community. For further information you can contact Robert Otok at [office@aspher.org](mailto:office@aspher.org) or check the Conference programme at [http://www.eupha.org/programme/dynamic\\_programme.php?programme=full](http://www.eupha.org/programme/dynamic_programme.php?programme=full)
- **EUPHAnxt Corner. Coffee break meetings** will be organised during the conference. Here, EUPHAnxt subscribers have a chance to meet key people in public health to learn more on the broader context in PH, get suggestions on how to enhance their personal/professional development pathway and profile, edit their curricula and get inspiration from PH senior leaders.
- **“Water the Public Health Tree!” Initiative**. A virtual Public Health tree will be set up close to the EUPHA stand where we invite EUPHAnxt subscribers, but of course also all conference participants to share beliefs and thoughts on public health in Europe.
- **EUPHAnxt Data Collection**. During the conference it will be available a short questionnaire addressed to EUPHAnxt subscribers investigating their opinion about some current hot public health topics and the role of the young PH professionals in the solution of these issues. A part of the questionnaire will be then dedicated to collect suggestions about future EUPHAnxt activities.

## EUPHAnxt 2012-2013 Planning:

- Contacting the European Young Health Forum Gastein Network for collaboration with EUPHAnxt activities. The collaboration would allow EUPHAnxt to expand its activities within European Commission and World Health Organization.
- Contacting the International Union for Health Promotion and Education (IUHPE) for collaboration.
- Promotion of EUPHAnxt network and activities at the Association of Schools of Public Health in the European Region (ASPHER).
- Promotion of an internship programme and internship exchange among organization and association partners of EUPHAnxt and their students.
- Finding a EUPHAnxt intern to help coordinators in regular activities and in the promotion among European young researchers and students.
- Increasing the EUPHAnxt updates in social networking websites of EUPHA (Facebook and Twitter) and set up regular updates on European Public Health News / EUPHA pages.

## EUPHAnxt is run by:

- Arjan van der Star (Netherlands)
- Fabrizio Bert (Italy)



## 2012: PHIRE

PHIRE - Public Health Innovation and Research in Europe - is a 30-month project coordinated by EUPHA and funded by the European Commission. PHIRE is coordinated by EUPHA and implemented by eight partners in cooperation with EUPHA Sections and EUPHA member associations. Partners are Karolinska Institute, French National School of Public Health, UK Faculty of Public Health, NIVEL, Lithuanian Institute of Hygiene, Slovak Public Health Association and the Ministry of Health, Malta.

In 2012 the work of the Sections and the EUPHA member associations was completed and the second phase activities were carried out.

### Work of the EUPHA Sections

The work of the seven EUPHA Sections, coordinated by Karolinska Institute, consisted of assessing the uptake by member states of innovations funded by DG SANCO's Public Health Programme (see table). Through a web-based questionnaire and country informants, data was obtained on eight selected projects in between nine and 19 countries.

Innovation	EUPHA Section
<b>VENICE</b> - Vaccine European New Integrated Collaboration Effort	Public Health Epidemiology
<b>CHOB</b> - Children, obesity and associated avoidable chronic diseases	Food and Nutrition
<b>URHIS I</b> - European system of urban health indicators	Urban Public Health
<b>HA</b> - Healthy Ageing	Public Mental Health
<b>EAAD</b> - European Alliance Against Depression	Public Mental Health
<b>CSAP</b> - Child Safety Action Plans, Phase I	Injury Prevention and Safety Promotion
<b>EUCID</b> - European Core Indicators in Diabetes Mellitus	Chronic Diseases
<b>ENHIS</b> - Implementing Environmental and Health Information Systems in Europe	Environment related diseases

Response rates for Country Informants varied between 23 and 80 per cent for the various innovations. The number of European countries for which information on the innovations was obtained varied widely from nine to twenty countries. No country reported information on all innovations. For two countries information was obtained for seven innovations (Italy and Spain). For the majority of countries, information was available for three to five. For a few smaller countries and some non-EU countries information was only available for one innovation. Details of the work by EUPHA Sections can be found at EUPHA's website and will be presented at a workshop during the Conference.

The great strength of the methodology was the close cooperation between PHIRE research coordinators and the Section Leads. Section Leads brought with them the contacts with their Section members as well as contacts with other professional networks. The knowledge and experiences of the Section Leads created a thorough base for data collection in the various European countries.

## **Work of the EUPHA Member Associations**

The second activity was carried out by the member associations, led by the French School of Public Health. They described thematic areas of public health research (research fields) which are currently being financed through national programmes and calls. Information was collected by using a standardized form. Due to time constraints and the variability in the amount of calls per country, it was decided to limit the survey to calls and programmes on public health research opened in 2010. For standardisation of data collection, the definition of public health research was taken from SPHERE. Four main areas were covered: [1] identification of the funding thematic call or programme for research projects, [2] description of the call or programme, [3] funding and duration of the call or programme and [4] eligibility criteria and other conditions to obtain funding.

Information was obtained from 25 countries. Of these, sixteen reported at least one call or programme on public health research announced in 2010, while nine found no call or programmes opened. The number of calls or programmes analysed was 75. There was a median of two calls per country while France and United Kingdom held more than 50 per cent of total.

Public health research is increasingly funded in response to competitive calls. Beneficiaries of these competitive grants are mostly public institutions. In all cases where private institutions could apply, public ones also could. No country, except for France, had well-organized information on competitive public health research calls and programmes. While the broad topics in countries were similar, there was less coherence shown in comparison between the national programmes, and it was impossible to assess the funding for public health research compared with other medical research.

An integrated report on the impact of innovations in public health and public health research structures across Europe is in preparation.

## **Second phase**

In the second phase of PHIRE, on-going at the moment, member associations will make a brief Country Health Research Analysis using the data collected in Phase 1 and hold a workshop with researchers, research commissioning organisations and ministries of health. The meeting should raise awareness about PHIRE with the ministries of health and discuss how the national public health associations can be better engaged in national and European public health research agendas. The combined results of all these meetings across Europe will allow comparisons of national performance in commissioning public health research and development of the European public health research area.

Health research and innovation are highly funded by the EU and in Member States. But support for public health and health systems research is rather small. For example, the EU Seventh Framework Programme (2007-2011) has spent less than five per cent of all 'health' research funds on public health and health systems research in Europe. Moreover, there is a lack of collaboration – Member States do not know what is happening in research in other countries. On the other hand, the small budget available to DG SANCO's Public Health Programme has, since 2003, funded more than 300 innovations which are across a range of fields. PHIRE has attempted to determine the impact of these innovations by member states, indicating their European added-value, and to assess how far public health research commissioning meets national and European needs.

In the first half of 2012, meetings were held in Austria, Czech Republic, France, Italy, Latvia, Malta, Poland, Romania, Slovakia, Sweden, United Kingdom. Some member associations were not able to organise meetings but managed to produce a report (Cyprus, Finland, Ireland, Belgium). Later this year, meetings will be held in Slovenia, Netherlands and Norway.

### **AIR Project – Addressing Health Inequalities Interventions in Regions**

The AIR project was completed in April 2012. EUPHA facilitated dissemination of project results through the Newsletter and the 2012 Conference. The project focused on interventions to reduce inequalities in primary care settings in European regions, assuming that many prevention and health promotion actions can be implemented at regional level through primary care providers.

#### ***Main conclusions***

Most regions indicate that health promotion and interventions targeted at disadvantaged groups are priorities. However, there is limited coordination and integration of strategies between national and regional levels. Moreover, priorities remain often at the level of good intentions and are not always clearly translated into specific projects.

Policies and interventions are seldom evaluated. Most interventions are local, which raises the issue on how to scale up interventions as to reach all populations concerned by the targeted problem. Very few policies on reducing health inequalities are linked with actions aimed at structural socioeconomic factors such as housing, employment or revenue.

Health promotion interventions focusing on health inequalities can be effective, provided members of the targeted community are actually involved in ensuring that the interventions are culturally adapted and mediated by people from the community.

The most illustrative and innovative interventions are those where actors from relevant organizations, sectors and disciplines who usually do not work together are collaborating from the onset. Multidisciplinary and multi-sectorial collaboration are other key facilitating factors, but involvement of sectors other than health is rare.

Most interventions indicate an involvement of the target populations in the needs assessment but many do not actually involve the final beneficiaries. Not many interventions apply formal methods to conduct this needs assessment.

Identified major barriers are the lack of human, technical and economic resources, institutional and professional reluctance, and failure to consider cultural and socio-economical characteristics of the target population.

Identified key facilitating factors are the involvement of cultural and linguistic mediators, and of the education, socio-economic, and research sectors; political and institutional supports are other major facilitating factors.

#### ***Recommendations***

Because most determinants of health inequalities lie outside the health sector and are socially and economically grounded, the 'Health In All Policies' (HIAP) approach is crucial to deal with inequalities.

Policies and interventions, including financial instruments, should take into account the economic and social needs of disadvantaged population, and should not focus only on access to health care or health promotion.

National, regional, and local policies on health inequalities should include specific approaches, such as outreach visits, culturally-adapted mediators, and consciousness-raising of actors, to better target populations through primary care.

Interventions to reduce health inequalities should always be based on a thorough needs assessment. This assessment should involve representative of the target population, to help adapt the content and means of intervention to specific cultural and social characteristics. All relevant actors, organisations, sectors, and disciplines, including evaluation scientists, should be involved from the outset.

Politicians and policy makers at national, regional and local levels must be aware of the slow and modest effects of interventions and the time needed to deliver a robust evaluation. Interventions usually progress step by step and must be protected from quick expectations and too short political agendas.

Given the increased burden of chronic disease and behaviour-related risks, there is indeed an urgent need for more research on the role and effectiveness of primary care in dealing with health inequalities in Europe. Dealing with health inequalities in Europe, however, will need to devote specific resources to build capacities so that Member States, regions and local actors can better develop, implement, and evaluate interventions. Actors should also be encouraged to better disseminate information on interventions and results of their evaluation.

### **Open Society Institute 2012**

For another year we have received a grant from the Open Society Institute (OSI) which allows around 45 public health professionals from Central and Eastern European countries to participate in the 2012 Conference.

### **Brussels 2013 – 6<sup>th</sup> European Public Health Conference**

The application for the conference in Brussels, November 2013, has been evaluated positively by the EC. We have been offered the maximum sum available for European Conferences. We will conclude negotiations with the EC in the next weeks.



## 2012: PROJECT APPLICATIONS

In 2012 we submitted applications for a Conference and an Operating grants under the EC Health Programme and several project grants under the Research Framework Programme (FP7). The application for the Conference grant (Brussels 2013) was approved; the one for the Operating grant was rejected while the project applications are still pending.

### **Operating Grant from the EC Health Programme**

In March 2012 we applied with the European Commission for an Operating Grant. Unfortunately, our application was rejected for funding. We applied for a grant to cover EUPHA's office operating costs. The evaluation report stated that despite the commendable objectives of EUPHA, the proposal seem to be described as a project concerning data-collection rather than as the implementation of the organisation's work plan. Further criticism concerned the high and unbalanced budget, the lack of a supporting work plan for 2013, the inadequate evaluation strategy and risk analysis. On the other hand, the management and governance structures of EUPHA were praised as being robust and competent, as well as the dissemination strategy and the extend of the organisational network. We will decide later whether we will submit again for 2014.

### **EU Self-Med (FP7)**

With the Jagiellonski University of Krakow we submitted a project proposal for 'responsible self-medication' under the FP7 Madam Curie Initial Training Network Programme. EUPHA's role was to organise a Winter School and to recruit scientific reviewers for the databank on self-medication. The project objectives were threefold: to provide training for a group of early stage researchers; to develop instruments and strategies for educational activities aiming to increase health literacy on self-medication and (3) to provide strong foundations for self-medication and related policymaking contributing to improved health literacy across European consumers. The proposal was not accepted for funding.

### **TraGENe (FP7)**

With the Catholic University of Rome we submitted a project proposal for 'responsible self-medication' under the FP7 Madam Curie Initial Training Network Programme. EUPHA's role would be in research and dissemination. The project's aim was provide high-quality, multidisciplinary knowledge through training in research activities within the field of public health genomics. The purpose was to integrate genome-based knowledge into public health decisions in a responsible and effective way. The proposal was not accepted for funding.

### **PRO-ACT (FP7)**

With the University of Las Palmas, Spain, we submitted a proposal for a research project on the prevention of obesity through the promotion of physical activity. The project will use a multidisciplinary approach to prevent obesity using innovative environmental and policy approaches with a focus on primary school-going children. EUPHA is asked to lead a work package on dissemination and communication.

## **IASAM (FP7)**

With the University of Manchester we submitted a research proposal on health impacts and aggregate measures for urban health. The project aims to translate the results of EURO-URHIS 2 into easy to use tools for urban policy makers, specifically urban health impact assessment, DALY and future trends. EUPHA is asked to lead a work package on dissemination.

## **Mapping Chronic Diseases (FP7)**

EUPHA submitted a proposal for a Coordination and Support Action for a project on 'Mapping chronic non-communicable diseases research activities' with a consortium of eight partners from across Europe.



## Copenhagen 2011



### **4th European Public Health Conference, Copenhagen 2011**

The 4th European Public Health Conference took place from 9 to 12 November 2011 at the Bella Center in Copenhagen, Denmark.

The organisation of Copenhagen 2011 was a joint effort between the conference secretariat, based at EUPHA office, and the Local organising committee (LOC), based at the Danish Society of Public Health. Organisation and responsibilities were shared between the two offices.

#### **Participants**

We received 1560 registrations for Copenhagen 2011. The conference was attended by 1487 participants from 54 countries, including all Member States of the European Union. 1309 participants registered for the main conference, 178 participants only attended pre conference activities.

Copenhagen 2011 paid special attention to the participation of students and young researchers. A special registration fee for students (250 Euro) was set up. We had 137 students/young researchers from 27 countries.

Special attention was given to public health experts from low income countries, particularly from central and Eastern European (CEE) countries. With the help of 4 partners, we managed to fund the participation of 62 CEE public health professionals from 19 countries. This was a significant increase from the 2010 Amsterdam conference (where we managed to co-fund 33 CEE researchers).

#### **Programme overview**

The parallel programme consisted of 166 oral presentations, 431 poster presentations and 38 workshops with presenters from 55 countries. The parallel programme is mainly built on the abstracts submitted to the conference. For Copenhagen 2011, we had 755 abstracts submitted from 55 countries. 17 pre-conference and satellite activities were organised around the official programme of Copenhagen 2011.

#### **Abstract prize winners**

Every year, the conference organisers award abstract prizes in three different categories. All prizes consist of a certificate and a waiver of conference fees for the year after.



The prize for the highest scoring abstract. For Copenhagen 2011 was awarded to:

The association of occupational social class with subsequent disability retirement: the contribution of health behaviours and working conditions  
Taina Leinonen  
Finland

The Ferenc Bojan memorial prize, which is awarded to the best presentation by a young public health professional, was awarded to:

The role of work-related factors on early retirement in 11 European countries  
Suzan Robroek  
The Netherlands

All conference participants received a poster voting form in their conference bags, where they could select a maximum of 3 posters as 'best poster'. For Copenhagen 2011, the prize for the highest scoring poster presentation was awarded to:

Living conditions and health care use in periurban settlement with mostly Roma population  
Erzebet Ac Nikolic  
Serbia

### **Main results of the evaluation of Copenhagen 2011**

- Copenhagen 2011 was well organised, of scientific good quality and reached the objectives it set out to achieve. 89 % of the participants were very satisfied/satisfied with the Copenhagen 2011 conference.
- The Conference venue was well suited for the conference. 90.8% of the participants were very satisfied/satisfied with the conference venue.
- Catering at conferences remains essential for the satisfaction of the participants. The catering at Copenhagen 2011 scored very high (94.2% of satisfaction) and definitely contributed to the success of the conference.
- The use of a conference manual giving a clear division of tasks and clear deadlines is essential in the organisation of such a large conference. The establishment of a working group (4 persons, 2 from LOC and 2 from the conference secretariat) with monthly telephone conferences ensured an efficient organisation.
- The use of students as volunteers at the conference (room attendance, 'ask me') is advisable. However, the work invested in this should not be underestimated.
- Daily planning meetings on conference days increases the implementation of the tasks during that day.
- It is important to have key public health leaders as keynote speakers (92.2% were very satisfied/satisfied with the plenary speakers).
- The abstract submission system is working well. One improvement could be the use of keywords rather than topics. The parallel programme was well organised.
- The new solution to the posters at the conference was well received. Having the posters presented in dedicated time slots and having the technical solution of microphones and headsets greatly improved active participation (as well as numbers). The one item that needs to be dealt with at future conferences is the number of posters that were not displayed.
- Organising pre conferences is useful for the EPH conferences with about 40% of participants also participating in one or more pre conferences.



Malta 2012

# MALTA 2012

## 5th ANNUAL EUROPEAN PUBLIC HEALTH CONFERENCE 2012

All Inclusive Public Health  
Portomaso, St. Julian's, Malta  
Hilton Conference Centre  
7 – 10 November 2012

### Conference registration

Conference registration summary	30 October 2012
Early bird registration for members	312
Early bird registration	204
Late registration for members	92
Late registration	82
Day registration	47
OSI-linked registration	47
Student registration	153
Exhibitors	8
EUPHA/ASPHER/LOC	81
Pre conference only	34
Cancelled	27
<b>Total at 30 October 2012</b>	<b>1087</b>

### Programme

- We have 9 plenary sessions;
- 14 pre conferences on Wednesday full day and Thursday morning;
- 10 special lunch meetings;
- One skills building for students (How to write a scientific article and publish it);
- All our sections are organising their annual meetings;
- We have 59 moderated poster sessions with 442 posters presented
- We have 34 workshops;
- And 31 oral sessions.

## Overview of abstracts submitted in 2012

Subject	total	oral	poster
Research	684	526	158
Policy	48	40	8
Practice	44	34	10
Training and Education	26	22	4
<b>total</b>	<b>802</b>	<b>622</b>	<b>180</b>

56 countries have submitted abstracts. All abstracts were analysed by the International Scientific Committee (ISC) which consisted of 51 experts from 21 countries. The ISC was chaired by Julian Mamo.

On average, each abstract was scored by 7.1 scorers, each workshop by 6.8 scorers. The average score of single presentations was 3.364. The highest score was 4.750, the lowest 1.250. The average score of workshops was 3.227. The highest score was 4.833, the lowest 1.429.

## Exhibitors and sponsors at Malta 2012

### Exhibitors include:

- EUPHA
- ASPHER
- NIVEL
- European Observatory for Health systems and policies
- European Centre for disease prevention and control
- European Commission
- World Health Organisation – Regional office for Europe
- EHESP – French School of Public Health
- Oxford University Press
- Springer Verlag
- Emerald Publishing Group
- Jonas and Bartlett Learning
- Routledge
- Abbott
- Astra Zeneca
- Les Laboratoires Servier

### Sponsors include:

- European Commission
- Open Society Institute
- Sanofi Pasteur
- SPMSD
- University of Malta



## Brussels 2013 and beyond



### Brussels 2013 – 6th European Public Health Conference

#### **Health in Europe: are we there yet? *Learning from the past, building the future***

The 6<sup>th</sup> European Public Health Conference will be held in The Square, Brussels, from 13 – 16 November 2013.

In 2013, the European public health community will celebrate the 20th anniversary of the health mandate under the Treaty of Maastricht. Timing and location of the conference, at the heart of Europe, offer a unique opportunity to consider the successes achieved in the past and the challenges to continue building the future.

The main theme of the conference is 'Health in Europe: are we there yet? Learning from the past, building the future'. The subthemes are organized on the following themes:

- Are we there yet? Learning from the past, building the future
- Hurtling towards the cliff edge? Population dynamics and public health
- No limits for public health! Using evidence for policy changes
- How to make it happen! On the development of people and institutions in public health
- Perspectives on past and future health actions in Europe

Some of the invited keynote presenters have already accepted the invitation to speak at the conference:

- Zsuzsanna Jakab, Regional Director WHO Regional Office for Europe
- Alok Mukhopadhyay, Voluntary Health Association, India
- Marianne Olsson, Sahlgrenska University Hospital, Sweden
- Peter Piot, London School of Hygiene and Tropical Medicine, United Kingdom

The organization of the conference is in the hands of EUPHA assisted by the International Conference Council (ICS) for organizational aspects and the International Scientific Committee for the conference programme. Daily affairs are handled by the EPH Conference Office. For Brussels 2013 we no longer work through a Local Organizing Committee but the Belgian Association of Public Health has kindly offered its assistance in providing logistic and personnel support. Other possible partners of the conference include: EuroHealthNet, European Public Health Alliance (EPHA), European Health Management Association (EHMA) and the European Observatory.

Conference fees for Brussels are €50 to €75 higher than for previous conferences which is mainly caused by the higher rental fees for the venue, audiovisual equipment and the catering. Hotel prices in Central Brussels will also be higher than in Malta.

The welcome reception is offered by the City of Brussels at the City Hall on the Grand-Place on Thursday 14 November. The Gala Dinner site is not yet known. In Brussels there are many attractive dinner locations to choose from. This organizational aspect is taken on by our Belgian partners who are more familiar with eating out in Brussels than the EPH Conference Office is.

The first Announcement and the Partners and Exhibitors Prospectus have been finalised and distributed to delegates at the Malta 2012 Conference.

The Extended International Conference Council (ICC) has met three times this year. The first meeting in July focused on selection of the theme, subthemes and potential keynote speakers. This resulted in invitations being sent to keynote speakers and panellists. The second meeting was held in September and discussed the partnership possibilities in detail.

Brussels 2013 has received a positive evaluation from the European Commission and we are in the process of negotiation of the grant agreement. Nevertheless, finding partners and sponsors is a necessity as the initial estimates show a deficit in the budget. With a sufficient number of partners and sponsors we are confident we can organise the conference without running into a loss. Possible partners in the ICC made provisional commitments at the last meeting, but specifics can only be finalized at the end of this year after meetings of their Executive Boards.

### **7<sup>th</sup> EPH Conference**

The 7<sup>th</sup> European Public Health Conference will be held in Glasgow, Scotland, in November 2014. Preparations for the conference are running smoothly. The venue has been provisionally selected and other organisational arrangements have been put in place.

### **8<sup>th</sup> EPH Conference**

The 8<sup>th</sup> European Public Health Conference will be held in Milan, 2015. Dates and venue have to be selected.

## COUNTRY UPDATE FEBRUARY 2012

[http://eupha.org/site/country\\_page.php?country\\_ref=IT](http://eupha.org/site/country_page.php?country_ref=IT)

### 1. EUPHA members

<u>National Association</u>	Italian Society of Hygiene, Preventive Medicine and Public Health
<u>Institutional members</u>	Institute of Hygiene - University of Siena Università Cattolica del Sacro Cuore, Facoltà di Medicina e Chirurgia "Agostino Gemelli"

### 2. Representation in EUPHA

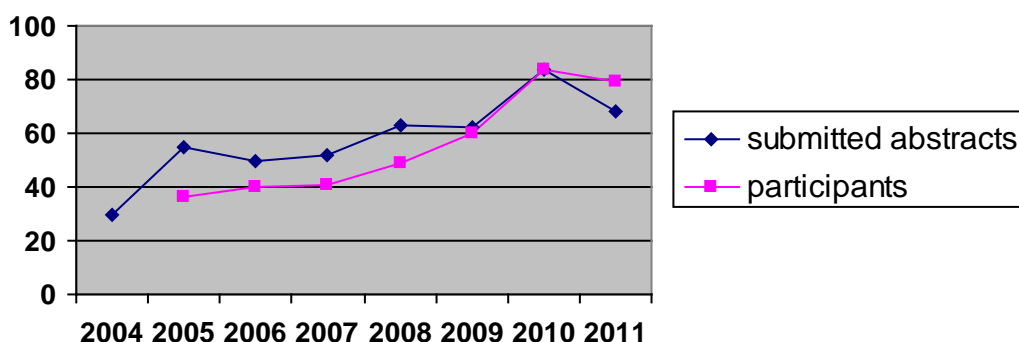
<u>Governing Board</u>	Silvio Brusaferrò
Official replacement	To be nominated
<u>International Scientific Committee</u>	Giuseppe la Torre
<u>Executive Council</u>	Walter Ricciardi, EUPHA president 2010-2014
<u>Section Council</u>	Giuseppe la Torre, president of the EUPHA section on Public Health Epidemiology
<u>Past presidents committee</u>	Walter Ricciardi, EUPHA president 2003

### 3. Participation in EUPHA sections

Sections	No. Of Italians included in the network
Child and adolescent public health	37
Chronic diseases	33
Environment-related diseases	37
Ethics in public health	25
Food and nutrition	36
Health impact assessment	11
Health promotion	64
Health services research	83
Infectious diseases control	47
Injury prevention and safety promotion	31
Migrant and ethnic minority health	34
Public health economics	43
Public health epidemiology	96
Public health genomics	17
Public health monitoring and reporting	16
Public health practice and policy	74
Public mental health	21

Social security and health	20
Urban public health	25
Utilisation of medicines	11

#### 4. Conference participation



#### 5. EUPHA database

<u>Number of entries from Italy</u>	795
<u>Number of EUPHA members</u>	600
<u>Newsletter subscribers</u>	513 (rank 7 of 144)



#### 6. EUPHApedia

<u>Number of articles on Italy</u>	486
<u>Most recent article on Italy</u>	<b>06 Dec 2011</b> <u>Conference 2011: ENVIRONMENTAL POLLUTION AND HEALTH RISK: THE PERCEPTION OF AN ITALIAN SAMPLE</u>

#### 7. European Journal of Public Health



<u>Editorial board</u>	Walter Ricciardi, editor
<u>Articles published on Italy</u>	584
<u>Most recent</u>	Seasonal and pandemic influenza vaccine: recommendations to families of at-risk children during the 2009–10 season <i>Eur J Public Health</i> first published online February 7, 2012 doi: 10.1093/eurpub/cks005