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Introduction

EUPHA in 2006

Horst Noack, EUPHA president 2005–2006

Since the 13th European Conference on Public Health held in November 2005 in Graz, Austria, the European Public Health Association (EUPHA) has successfully continued its development from a small organizer of conferences to a big multidisciplinary and multi-professional partner of the World Health Organization (WHO) and the European Union (EU). This process is being paralleled by an ongoing change of European health systems. The role of EUPHA president offers the unique opportunity of learning from and interacting with both processes—through communication and collaboration with policy makers, researchers, and practitioners in the field.

A 2 day visit to the Regional Office of WHO in Copenhagen in December 2005 and meetings with the Regional Director, Marc Danzon, and leading WHO/EURO representatives as well as an invitation to a consultation on WHO's Eleventh General Programme of Work 2006–2015 held in January 2006, provided an excellent opportunity to renew communication and collaboration between EUPHA and WHO. New efforts will strengthen the collaboration with the *European Journal of Public Health* (EJPH), EUPHA conferences, and efforts at capacity building for future public health. An invitation to an international consultation on knowledge sharing for health organized in December by WHO's Department of Knowledge Management and Sharing in Geneva opened another avenue to closer collaboration.

Both EUPHA and WHO are strongly committed to develop and strengthen the knowledge base for public health in Europe. Whereas EUPHA focuses more on the generation of new policy and practice-related knowledge, WHO's focus lies more on the other end of the knowledge cycle, the transfer of health-related knowledge to the fields of policy and practice and its use, and transformation into new knowledge along the public health action cycle—assessment, insurance, and evaluation. Both EUPHA and WHO consider global and local sharing of knowledge as essential for health, and both organizations seem to agree on several of the 10 EUPHA statements on the future of public health, for example, on the statement that *research*—and knowledge based on research—*should focus on the needs of policy and practice.*

EUPHA has also been active in developing partnerships with other organizations. At the 2005 conference in Graz, for the first time one of the 10 tracks of workshops and oral presentations was dedicated to the collaboration between EUPHA and the European Union. This effort provided a platform for communication about public health programmes and research projects, which were carried out by researchers or practitioners and financed by the EU. As a next step, EUPHA and the EU Directorates of Research and Health have started a process of constructive conversations about possible joint efforts. Again, these activities are guided by EUPHA statements on the future of public health: that *public health should form an integral part of the political agenda*, and that *researchers should learn to interact with politicians and practitioners.*

Further active partnerships are being developed with the Association of Schools of Public Health in the European Region (ASPHER) and with the International Union for Health Promotion and Education (IUHPE). EUPHA has been invited by both organizations to contribute to their scientific conferences in Maastricht and Budapest in September 2006. It has been agreed to discuss a closer cooperation between EUPHA and these organizations. These efforts are in line with another one of the 10 statements: that *future public health can only be achieved if the whole society invests in it: building partnerships is essential.*

In a letter to the organizers of the 2006 FIFA World Cup games in Germany, the Executive Council and President of EUPHA expressed their concern about the smoking policy that FIFA adopted. The Council referred to the scientific evidence that currently 1.3 billion people currently smoke tobacco worldwide; that 4.9 million deaths occur from smoking-related illnesses each year; and that exposure to tobacco products and smoke is the world's leading cause of premature death. The Council expressed its (his?) hope that FIFA will make the smoke-free policy that was commenced in Japan and Korea in 2002 a permanent one, for the future health of our nations, and particularly of our youth, who are vastly influenced by sports in their behaviour. According to another statement saying that *the long term benefits of public health should be taken seriously by policymakers*, the Council invited FIFA and the German organizers to make the 2006 World Cup games smoke-free.

Compared with the public health associations in the United Kingdom, the United States, Canada, EUPHA is a very young organization. Founded in 1992 EUPHA has, however, grown rapidly. Good indicators are the size of the annual conferences (about 850 in Graz and over 1000 in Montreux) and the number of EUPHA sections (11 in 2005 and hopefully 5 more in 2006). The new sections to be established this year are on Chronic Diseases, Public Health Economics, Mental Health, Injury Prevention, and Environment Related Diseases. But not only has the association grown over the last decade but also its activities and international reputation.

The increase in activities, sections, and members has led EUPHA's council of past presidents to propose a structural change of the association. It aims at maintaining the excellent reputation of a research association and also to slowly developing a structure that enables EUPHA to meet the challenges of the future. EUPHA's activities should be the triangle of research, policy/practice, and teaching. EUPHA should not focus on lobbying with politicians but rather on actively promoting and facilitating the exchange of information and knowledge between research and policy/practice. The key areas for EUPHA are knowledge transfer and capacity building.

The reactions of the Executive Council on the proposal were positive. The important steps to implement it will have to be taken at this year's conferences in Montreux and next year's conference in Helsinki.

The forthcoming 14th EUPHA conference in Montreux can be expected to be another milestone in the development of public health in Europe—in terms of participation, scientific quality, and professional spirit. I would like to thank the organizing team and in particular John-Paul Vader for organizing the 2006 EUPHA conference. I am looking forward to welcoming you all in Montreux.

16–19 [Swiss Multicenter Adolescent Survey on Health (SMASH)] carried out in 2002 using self-administered questionnaires ($n = 17\,817$). Prevalence of low (less than twice a week) ESA throughout adolescence was analysed in subgroups defined by demographic, psychological, and emotional factors, and behavioural attributes. Analyses were stratified by age and sex to identify consistent and long-lasting correlates of low ESA using chi-square tests and logistic regressions with identical regressors.

Results

Low ESA increased from 29.0 to 66.7% for girls and from 12.3 to 44.6% for boys from ages 11–19. ESA was consistently lower throughout adolescence for youth with poorer perceived health, non-Swiss girls, and boys feeling too fat. ESA was higher for youth being on a diet (from age 16). In the logistic regressions, factors consistently associated to low ESA were as follows: nationality (girls starting at age 11), poor perceived health (girls from 13, boys from 11), feeling too fat (boys from 14), dieting (inverse association, girls from 11, boys from 16).

Conclusions

Consistent correlates of low ESA appear at specific ages and past many years, providing opportunities for public health interventions aiming at increasing physical activity in adolescents.

Track: Public Health Policy

Avoidable mortality and demographic framework: geographical differences in Italy

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Background

Avoidable mortality is a sentinel indicator, as it refers to deaths occurred between 5 and 69 years of age, owing to causes that may be reduced by interventions of primary prevention (such as lung cancer), of secondary prevention (such as breast cancer), and by interventions in health care services (such as myocardial infarction). The aim of this work is to describe the geographical variability of avoidable mortality and of demographic context in the Italian population.

Methods

Italian population and mortality data, provided by Istat, referring to the years 1995–2002 have been analysed. Several indicators describing the demographic characteristics and the avoidable mortality have been calculated for the whole country, for each of the 21 Italian regions as well as for each of the 195 local health units. For this study an ad hoc indicator has been developed: the standardized average number of days of life lost per capita in 1 year, owing to avoidable mortality.

Results

In Italy avoidable mortality has been decreasing from 84 929 deaths in 1995 to 68 771 in 2002. In the same years the overall number of deaths have been stable: respectively, 554 000 and 556 000. One hundred thousands persons have been estimated to be survived from 1995 till now, owing to the reduction of avoidable mortality; nevertheless in Italy ~10 days per person are still lost each year. Geographical differences have been detected.

Conclusions

Interventions of prevention (in particular primary) allow a noteworthy gain of life periods. A further development of this study would be the extension of the analysis to other European countries by appraising avoidable mortality at Nuts II level (European regional level).

Social commitment and preventive attitudes

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Issue

Recent studies show that social relationships are beneficial to health. The fact that altruistically orientated people are more likely to engage in social projects and generate a better social climate seems to be underestimated in public health. The enormous potential of preventive attitudes and volunteer work in Switzerland is not being promoted in the best way possible. The canton of Basel-Stadt has assigned the public authorities to develop a programme that fosters the citizen's social everyday life commitment.

Description

The public welfare project 'schappo' was created by the AJFP in collaboration with the private enterprise HOS Project and has been conducted since 2004 with project partners in the industrial sector and in the media. An independent commission of four experts evaluates submitted projects of preventive and volunteer work. They select one project three times a year that receives the award 'schappo'. These projects are being empowered by the public authorities through conselling, coaching, know-how transfer, networking, and financial support. The ambition of 'schappo' is to inspire and motivate others to follow the good example and to expand the project 'schappo' to other Swiss cities.

Lessons

After the first 2 years 63 projects have been submitted and over 10 000 people profited from the services that were given to the honoured projects. 'Schappo' is known and appreciated by most Basel citizens.

Conclusions

The innovative idea of fostering social commitment and preventive attitudes for the promotion of a better social climate and health by a public–private partnership project was successfully implemented. Further evaluation will be necessary to learn more about the detailed effects of the project.

Perspectives and challenges of integrating reproductive health into family medicine

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Issue

The Government of Armenia established a new cadre of family physicians in 1996 as a foundation for its reform process. A number of training efforts were undertaken to standardize the clinical training of family physicians. Various studies indicate that family physicians of the country do not offer the full range of reproductive health (RH) services they are authorized to provide.