17TH WORLD CONGRESS ON PUBLIC HEALTH

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ABSTRACT BOOK

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Population Medicine


WFPHA
World Federation
of Public Health
Associations


ASPHER
The Association of Schools of Public Health
in the European Region
GLOBAL NETWORK
FOR ACADEMIC PUBLIC HEALTH


RERUM
COGNOSCERE
CAUSAS
ItI
SOCIETÀ ITALIANA DI IGIENE
Medicina Preventiva e Sanità Pubblica

ORGANISING COMMITTEE

CMC

The three organising partners of the 17th World Congress on Public Health established a Congress Management Committee (CMC) consisting of representatives of WFPHA, SItI, ASPHER and the PCO. The CMC has the full managerial and financial management responsibility for the Congress.

Chair: Walter Ricciardi

Members:
Luis Eugenio de Souza – WFPHA
Bettina Borisch – WFPHA
Marta Lomazzi – WFPHA
Italo Angelillo – SItI
Antonio Ferro – SItI
Roberta Siliquini – SItI
Carlo Signorelli – ASPHER
John Middleton – ASPHER
Robert Otok – ASPHER

ICC

The International Congress Council (ICC) consisted of the Congress Management Committee and international public health experts representing various regions of the WFPHA, international health organisations, European health non-governmental organisations and Italian universities and institutes. The ICC in particular develops, in consultation with the CMC, the scientific programme including subthemes and plenary programme of the WCPH and identify speakers/panellists/moderators of the plenary sessions.

Chair: Walter Ricciardi

Members:
Mohannad Al Nsour (Jordan)
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Paolo Villari (Italy)
Francesco Vitale (Italy)

ISC

The International Scientific Committee (ISC) consists of experienced public health experts from around the world nominated by WFPHA, SItI and Aspher. It mainly advises the ICC on scientific matters of the conference and contributes to the scientific evaluation of the conference. We would like to thank the ISC for their support.

Aim & Scope

Population Medicine is an open-access double-blind peer-reviewed scientific journal that encompasses all aspects of population, preventive, and public health research including health care systems and health care delivery. Its broader goal is to address major and diverse health issues, to provide evidence-based information to professionals at all levels of the health care system, and to inform policymakers who are responsible for the formation of health policies that can lead to evidence-based actions.

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they are centers of small industries, generating economic, social and territorial impacts for locals.
Methods: This is a systematic study, using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) method, with a search in PubMed, BIREME LILACS, Web of Science Scopus and extension queries. The choice was based on search selection criteria using descriptors, two articles were selected, from the perspective of sustainable development and VISAT, in the query for the introduction of materials aimed at policies on workers health.
Results: The results of the analysis show two articles extracted by PRISMA and three materials in the expanded consultation, which subsidized, changed the theme ODS, VISAT and the production process of clothing. Thus, the SDGs with the greatest reduction in the object, considering goals and indicators, involvement 3 – health and well-being, 6 – drinking water and sanitation, 9 – decent employment and economic growth, 11 – sustainable city and communities, 12 – consumption and responsible production. It is concluded that there are direct correlations between the SDGs and the manufacturing activity, however, there is a limitation in the achievement of goals and indicators, due to factors such as financial investments.
Conclusion: The research enabled a better understanding related to the activity of clothing, VISAT and sustainable development, whose happiness is indicative of establishing better living conditions for the health of workers and communities.
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Equitable accessibility to health services using timely measurements

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Introduction: The links between traffic congestion, accessibility to health services, and equity show how traffic congestion impacts accessibility among different populations. It can also be used to improve health services and land use planning. The study proposes an approach to measuring, analysing, and communicating accessibility to health services in terms of travel time, as opposed to traditional travel time analyses.
Methodology: We studied the entire city of Cali (2.258 million), assessing accessibility by car to urgent care (tertiary care emergencies) and frequent ambulatory care (haemodialysis and radiation therapy) in July and November 2020. The study is the cocreation of an interdisciplinary multisectoral group involving authorities, academia and other civil society, service providers and beneficiaries.
Results: Services are far from where most of the population lives, especially some of the most vulnerable. These people pay more to access essential health services. New analyses will indicate potential solutions and their potential impact.
Discussion: The study used a person-centred design to address the needs of different stakeholders. Studies like this can expand to other services, transportation means, and locations. They allow for integrating health equity with urban planning and enable participatory evidence- informed decision-making.
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Incarceration, inclusion, and health equity: evidence, perspectives, and future directions

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Globally more than 11 million adults are imprisoned on any given day, and at least 410,000 children are held in criminal justice detention. Incarceration is a marker for extreme disadvantage, and exposure to incarceration may compound health inequalities. Complex health needs among people in custody are normative. Given the rapid movement of people between disadvantaged communities and carceral settings, improving the health of people exposed to incarceration is important to reducing health inequalities globally. Health outcomes after incarceration are especially poor, with high rates of preventable mortality, injury, infectious disease, and decompensation of chronic disease documented in a growing number of (mostly high-income) countries. In this workshop we will consider prisons from a public health perspective: as settings through which marginalised and typically unwell members of the community pass, and in which health needs are managed by carceral systems that are rarely fit for purpose. We will summarise the evidence on health outcomes after incarceration, emerging from large cohort studies of adults and children released from incarceration in Australia, Norway, Canada and USA, and from an international consortium examining mortality after incarceration in 13 countries. We will identify key gaps in the evidence base, critically including research in low- and middle-income countries, and mechanisms for routinely monitoring health outcomes in and after incarceration. Informed by these brief presentations, we will facilitate a multi-disciplinary Discussion focussing on the following key questions: 1. Is incarceration a cause of poor health outcomes, a marker of pre-existing health inequalities, or both? Does it matter?2. What opportunities exist to improve health outcomes before, during, and after incarceration, through: *3.Upstream prevention and diversion; 4. Prison healthcare quality, standards, and monitoring; 5. Transitional support and post-release care coordination. 6. What critical next steps are required to support advocacy and policy reform, specifically for public health agencies, policy makers, clinicians, researchers, advocates, and civil society? At the conclusions of the workshop we will draft a Consensus Statement on Incarceration and Health Inequalities, which will be submitted to key international agencies for potential ratification. Specific workshop Aims: 1. Sensitise a global public health audience to the health-related needs of children and adults who experience incarceration, and the role of incarceration in compounding or mitigating health inequalities at the population level 2. Identify multi-sectoral opportunities to improve the health of people exposed to incarceration through prevention, improved care, and post-release support. 3. Identify critical next steps for advocacy and policy reform. 4. Draft a Consensus Statement on Incarceration and Health Inequalities, which will be submitted to international agencies for potential ratification and published in a leading international journal.
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What could go wrong? How to critically analyze the unintended effects of public health interventions on health inequities

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Public health Aims to improve the health of populations and reduce health inequities, notably through action on social determinants of health, including physical and social environments, public policies, access to health services, and community empowerment. Despite these intentions, growing research demonstrates that public health interventions can unintentionally contribute to increasing social inequalities in health by perpetuating social norms that can stigmatize vulnerable groups, neglecting the needs of vulnerable groups, or replicating power dynamics that disenfranchise vulnerable populations. In order to reverse these effects, researchers and professionals need to become aware of and reflect on the potential impacts of their actions on vulnerable populations. Bacchis "What is the problem represented to be?" (WPR) approach proposes a framework for analyzing policies and interventions that relies on a critical understanding of problem representation, that is, the ways in which a health problem is conceptualized by decision-makers. This useful framework has been used by many researchers to bring light to the unintentional effects of public health actions. It is through WPR's 6 analytical questions that researchers and professionals come to critically reflect on their actions. The 6 questions are: 1) What is the problem represented to be?; 2) What assumptions underlie the problem representation?; 3) How has this problem representation come about?; 4) What is left unproblematic in the problem representation?; 5) What effects are produced by the problem representation?; 6) How could the problem representation be questioned, disrupted, and replaced? Specific Aims/Objectives: Based on three public health intervention cases drawn from innovative research Findings and critical reflections, this workshop Aims to critically co-analyze these cases using Bacchi's WPR approach in order to: 1. identify the problem representation of each intervention 2. explore how the identified problem representations could produce unintended effects 3. think of alternative equity-informed interventions for the three cases Component parts: 1. A brief Introduction to present the workshop topic and learning Objectives (5 min) 2. Break-out groups to discuss each of the three cases (30 min) 3. A plenary Discussion to report the break-out groups' Discussions (10 min) 4. Comments of the three panelists on each case and collective lessons drawn (15 minutes) The cases that will be discussed are: 1. A population-level smoke-free policy adopted in Québec in 2015 where smoke-free public places