

9th European Public Health Conference

# All for Health, Health for All



## PROGRAMME



9 – 12 November 2016  
VIENNA

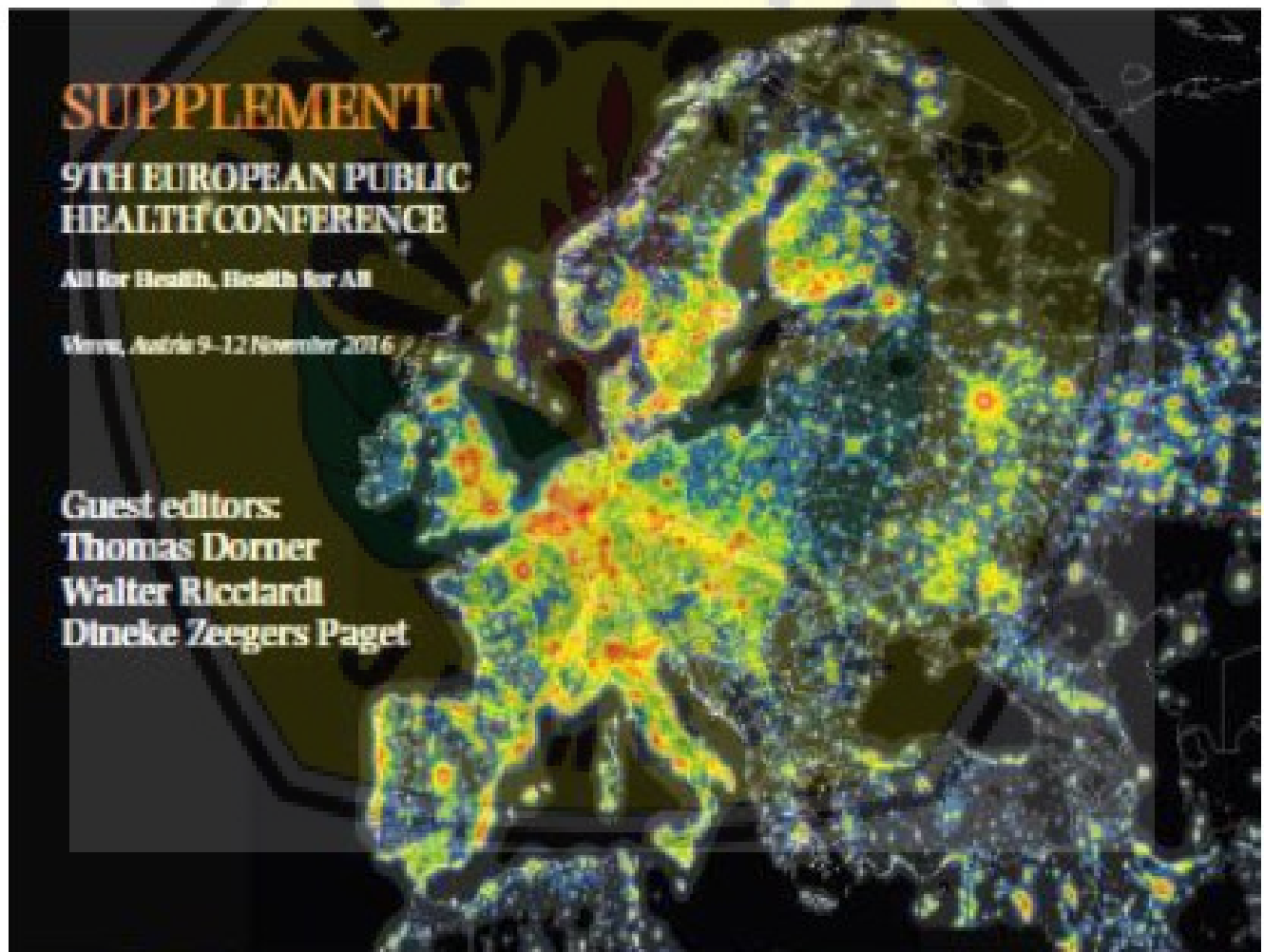
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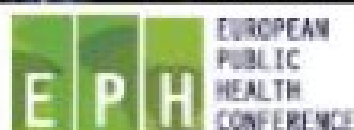
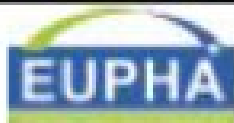
**SUPPLEMENT**

**9TH EUROPEAN PUBLIC  
HEALTH CONFERENCE**

**All for Health, Health for All**

*Vienna, Austria 9–12 November 2016*

**Guest editors:**  
**Thomas Dorner**  
**Walter Ricciardi**  
**Dineke Zeegers Paget**



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## ABOUT US

The 9th European Public Health Conference is organised by the EPH Conference Foundation with co-organisation by the European Public Health Association (EUPHA) and the Österreichische Gesellschaft für Public Health (ÖGPH).

### EPH CONFERENCE FOUNDATION

The EPH Conference Foundation was established at the initiative of the European Public Health Association (EUPHA) with the aim to promote greater health and well-being for the population in Europe by strengthening the field of public health and reducing health inequalities through capacity building and knowledge building.

The EPH Conference Foundation organises annual scientific conferences on public health in Europe bringing together public health professionals, researchers, education and training specialists and policy makers from across Europe. In organising the conference, the EPH Conference Foundation works together in partnership with a wide array of international public health organisations.

### EUPHA

EUPHA is an umbrella organisation for national (public) health associations in Europe. EUPHA is an international, multidisciplinary, scientific organisation, bringing together around 10,000 public health experts from all European countries. EUPHA unites 37 national associations of public health, 20 institutional members and 5 individuals from 42 countries. EUPHA aims to be a leading scientific and independent voice in the field of public health and health services by building capacity and knowledge in the field of public health and health services and by supporting practice and policy decisions through scientific evidence.

### ÖGPH

ÖGPH (Austrian Public Health Association) celebrates its 20th anniversary this year. It is a multi- and interdisciplinary scientific association that promotes the development of health-oriented structures in societies and policies. The Austrian Public Health Association joined EUPHA in 2000.



*Österreichische  
Gesellschaft für  
Public Health*

## WELCOME TO VIENNA 2016

The European Public Health Conference Foundation, the European Public Health Association (EUPHA) and the Austrian Public Health Association (ÖGPH) are honoured to welcome you to the 9th European Public Health Conference in Vienna.

We are excited to present you this year again with a fully packed programme of inspiring and informative sessions. We expect the attendance of over 1600 public health researchers, policymakers and practitioners coming from more than 80 countries, making this conference the most important Public Health Conference in Europe and the biggest we have organised so far.

The theme for the conference is *All for Health – Health for All*. This expresses our commitment that the progress of nations is best captured by the health of their people. Better health is the basis for achieving the goals we share as societies. It gives us longer, high quality years of life. It allows us to engage in productive and rewarding employment. It provides us with the incentives and ability to benefit from lifelong learning. It strengthens families and communities. And it offers freedom from fear, the fear of premature death or disability, poverty, homelessness, or social exclusion. And when we say health for all, we mean just that. Not just the rich and powerful, but the poor, the migrant, the prisoner, and everyone else who is currently marginalised and excluded from our societies.

All for health also means exactly what it says. Everyone has a role to play. Governments, obviously. No one questions their obligation to protect their people from the threat of armed conflict. So we should equally expect them to offer protection from other threats, including environmental degradation and health damaging industries. But everyone has a role to play. Civil society can make the invisible visible and can hold governments to account. Individuals can advocate for healthy public policies wherever they are able to exert influence. Our conference offers an opportunity to learn from the many experiences of those who have made a difference, in schools and offices, in local communities, and in national governments. Come, listen, and be inspired.

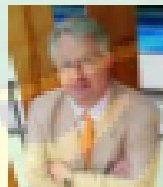
We will also be celebrating 30 years since the adoption of the Ottawa Charter. This provided the basis for modern health promotion, inspiring and enthusing leaders who have made an enormous difference to the conditions in which we live and work. Its principles are as valid today as ever. However the challenges that we face in today's world have changed. We have made enormous progress in some areas, with spectacular improvements in health overall. However, we now have a much better understanding of the threats that we now face, and in particular the concentration of power in the hands of those that is the pursuit of profit far above that of better health.

The Vienna Declaration sets out the new challenges and opportunities. It takes the core elements of the Ottawa Charter and applies them to the 21st-century. We hope that it will inspire the same commitment to action as the Ottawa Charter, providing a framework for public health action in the years ahead.

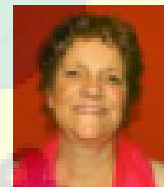
With the help of the co-organisers, our partners, exhibitors and supporters, we present you an exciting programme of workshops, oral and pitch presentations and poster walks. This is all offered in the wonderful setting of Vienna giving you the possibility to share information, knowledge and innovative ideas with your colleagues from around the globe.



*Thomas Donner*  
*Chair of*  
*Vienna 2016*



*Martin McKee*  
*President EPH*  
*Conference Foundation*



*Dineke Zegers Paget*  
*Director EPH*  
*Conference office*

MAIN CONFERENCE  
Friday 11 November

TIME, LOCATION AND ORGANISER	TRACK	POSTER WALKS
Fri 11th 16:10-16:30  Gallery	Poster walks 2	<p><b>6.S. Poster walk: The 'Health for All' aspect of health promotion</b>                      Chairperson(s): Thomas Dornier - Austria</p> <p>6.S.1 How undergraduate students perceive the health professionals' role in Montenegro                      Vinko Rencilovic - Montenegro</p> <p>6.S.2 The health and economic consequences of smoking among teenagers, Madalina Dumitru - Romania</p> <p>6.S.3 Prevalence and motivations of electronic cigarette users in university students in France and Hungary, Andrea Lukacs - Hungary</p> <p>6.S.4 Industrial tobacco dusts exposure chronic impacts on workers health, Rini Riyanti - Indonesia</p> <p>6.S.5 Smoke-free outdoor public areas - a report from the Public Health Agency in Sweden                      Linde Merijous - Sweden</p> <p>6.S.6 Maternal smoking during pregnancy and placental abruption risk in Northwest Russia: a MEBR study, Olga Khorlova - Russia</p> <p>6.S.7 The Association of Tobacco Control Policy with Trends in Smoking in 33 Provinces of Indonesia                      Wahyu Septono - The Netherlands</p> <p>6.S.8 The social patterning of smoking in Portugal: 2006-2014, Joana Alves - Portugal</p> <p>6.S.9 Smoking status is inversely associated with overall diet quality: Findings from the DRISCAV-LUX study, Alia Altieri - Luxembourg</p> <p>6.S.10 Alcohol attributable hospitalizations in resident population of Friuli Venezia Giulia Region, Italy                      Maria Fano Zigetti - Italy</p> <p>6.S.11 Characteristics of the Drunk Drivers of 2014 Driver-Behavior Improvement Program-Ankara, Turkey, Nesrin Cilingsizlu - Turkey</p> <p>6.S.12 Rewarding Change: The REACT Project on Your Campus Tackling alcohol-related harm in a strategic way, Martin Davernin - Ireland</p> <p>6.S.13 Reducing Alcohol Related Harm - Evidence-based Good Practices Tool Kit                      Senela Rados Knef - Slovenia</p> <p>6.S.14 Alcohol among Students of Social Work Study Programms, Martin Dlouhy - Czech Republic</p>

TIME, LOCATION AND ORGANISER	TRACK	PARALLEL SESSION 7
Fri 11th 16:40-17:40  Room M2  ELIPHA (HIA) ELIPHA (EMV)	All for Health	<p><b>7.A. Workshop: Reducing the Health &amp; Environment footprint of European Public Health conferences?</b>                      Chairperson(s): Rainer Fehr - Germany, Dinko Zengeni Paget - ELIPHA</p> <p>"Greening" conferences - Experiences from the International Society for Environmental Epidemiology (SEE), Nino Künzli - Switzerland</p> <p>Guideline for a sustainable organization of events - Theory and practice                      Myriam Tobočík - Germany</p> <p>Footprint reduction: What can we learn from related initiatives within, e.g., the United Nations, World Health Organization, European Commission, and European Environment Agency?                      Rainer Fehr - Germany</p>



**Key messages:**

- In this research, a sample of high-schooled people was analyzed for analyzing the habits in terms of smoking.
- The consequences of this phenomenon on health are visible on long term when the most difficult disease might appear: the cancer.

### Prevalence and motivations of electronic cigarette users in university students in France and Hungary

Andrea Lukics

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**Background:**

Objectives were to measure the prevalence of e-cigarette use, to identify health-risk behaviours, to identify the motivations on e-cigarettes among university students in France and in Hungary.

**Methods:**

A multicentric cross-sectional study was conducted in two major university students' campuses in France (Paris, Rouen) and in Hungary (Budapest, Miskolc). The students completed a questionnaire about the use of electronic cigarette, opinions, motivations of e-cigarette use and behaviours (smoking, alcohol consumption, eating disorders).

**Results:**

A total of 2,055 students were included: 1,134 in France (647 in Rouen, 447 in Paris) and 921 in Hungary (769 in Miskolc, 152 in Budapest). The prevalence of current tobacco use 24.3% in France and 19.1% in Hungary ( $p=0.02$ ). The prevalence of ever-use e-cigarette was of 29.0% in France and 27.0% in Hungary respectively ( $p=0.11$ ); the prevalence of current use was respectively 5.7% and 3.9% ( $p=0.08$ ). The main motivations of e-cigarette users were stopping or limiting tobacco consumption (respectively in France and Hungary, 38.1% and 18.3%,  $p<10^{-4}$ ), and pleasure to taste e-cigarette (30.3% and 6.2%,  $p<10^{-4}$ ). 28.7% of students in France and 23.7% in Hungary declared dangers of e-cigarettes for oneself ( $p=0.03$ ), 32.9% of students in France and 14.5% in Hungary reported danger for others ( $p<10^{-4}$ ). The significant behaviours associated with ever-use e-cigarette were current smoking, cannabis use and binge drinking.

**Conclusions:**

In France and Hungary, the main pattern of e-cigarette use was similar. The ever-users have an experimenter's profile with amoxicoin smoking. These findings are important to target the students for different awareness and prevention campaigns.

**Key message:**

- The students most likely to try e-cigarettes are those who engage in other substance-related risk behaviours including regular smoking, binge drinking and cannabis use, especially in freshmen year.

### Industrial tobacco dusts' exposure chronic impacts on workers' health

Nini Rhyant

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**Background:**

Tobacco industry develops rapidly, employs millions workers worldwide, increasing incident of workers' health problems caused by tobacco dusts' exposure (TDE). TDE may lead to tobaccoosis that is difficult to detect due to the prolonged occurrence. The aim of this study was to determine the chronic impacts of TDE.

**Methods:**

This study used an analytic cross-sectional approach, and recruited 108 non-smoking indoor tobacco industry workers at Jember, Indonesia. They were classified into three groups based on TDE length of time: T0 (0-5 years), T1 (6-19 years), and T2 ( $\geq 20$  years). Data were collected by questionnaire to evaluate workers' health history and vital signs' examination to evaluate workers' general health. As an addition, Arterio-Rachial Index (ARI) and hematological changing were being measured.

**Results:**

Health history result showed that the problems occurred on the body entrance of tobacco dust, eg. respiratory, eyes and skin disorder, and these problems were more common in T0 group. General health result showed about half workers had tachycardia and high blood pressure in T1 and T2 group. ARI measurement showed no arterial disease, but it was significantly lower in T1 group compared to T0 group. The Spearman's D correlation test between TDE length of time and hematocrit level showed a strong negative correlation value of -0.7% and significance value of 0.000. Low hematocrit level indicated the suppression of bone marrow that was possibly caused by mitotic effect from TDE. Before showing a decline in T2 group, hematocrit level was first incline from 4 years to 10 years' exposure, possibly caused by the compensation ability on extra-medullary hematopoiesis.

**Conclusions:**

Industrial TDE chronic impacts on workers' health similar to chronic impacts of nicotine exposure and the study of hematological changing pattern is suggested to be developed as screening examination of tobaccoosis because it is applicable actually on workers' general health examination.

**Key messages:**

- Tobacco dusts' exposure had a long negative chronic impacts on workers' health but by hematological examination, it was possible to detect since 4 years' exposure.
- Support in reducing this industrial pollutant is needed, ie. government policy intervention and improvement on occupational disease prevention.

### Smoke free outdoor public areas - a report from the Public Health Agency in Sweden

Linda Marpaau

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 Public Health Agency of Sweden, Dep. Knowledge Development, Stockholm, Sweden  
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**Background:**

Exposure to passive smoking can be harmful to health and visual exposure can contribute to people's notion that smoking is socially acceptable, especially among youth. The Swedish government commissioned the Swedish Public Health Agency to investigate the presence of tobacco smoke and proposed measures to reduce passive smoking in public areas.

**Methods:**

Smoking in public areas indoors were already regulated, therefore the focus of the agency's investigation were outdoor areas. The work entailed a survey of the public's exposure to smoke and their support for smoke-free environments as well as literary reviews on the spread of smoke outdoors and effects of regulations of outdoor smoking. The work also included a



# INDUSTRIAL TOBACCO DUSTS' EXPOSURE CHRONIC IMPACTS ON WORKERS' HEALTH

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<sup>2</sup>Department of Clinical Pathology, Medical Faculty of Jember University, Jember, Indonesia  
<sup>3</sup>Laboratorium of Clinical Pathology, dr. Soebandi General Hospital, Jember, Indonesia

## [Background]

Tobacco industry develops rapidly, employs millions workers worldwide, increasing incident of workers' health problems caused by tobacco dusts' exposure (TDE). Most of the research related to tobacco dusts has always make smokers exposed to nicotine as research subjects. Based on data from Cancer Research UK in 2010, the prevalence of tobacco dusts exposure is more than 16 years in the UK were 23% in men and 20% in women. In Indonesia there is no research that collects data on the incidence of tobacco dusts especially in the working environment so that the effect of exposure to dust containing nicotine tobacco on the health of workers is not yet known and studied.

## [Materials & Methods]



Dry Tobacco Leaves Production Process

## RESEARCH SUBJECTS



Tobacco Industry Workers

This research obtained 108 people as subjects, divided into three groups based on the duration of working:  
 1) K0 (0-5 years),  
 2) K1 (6-19 years),  
 3) K2 (20 years)  
 The sampling technique in this research is a simple proportional random sampling. Proportion based on age strata 26-30 years, 30-40 years, 40-50 years and more than 50 years, to eliminate the confounding factor of age.

The research instruments were questionnaire to evaluate workers' health history and medical vital signs' examination equipment to evaluate workers' general health. As an addition, Ankle-Brachial Index (ABI) and hematological changing were being measured using Omron digital tensiometer and hematocrit examination kits by microhematocrit method.

## Statistical analysis

Data were analyzed using appropriate statistic tools and hematology data were analyzed using correlation Spearman's D with SPSS version 21.

## [Results and Discussion]

### Health History

The health history result showed that the problems occurred on the body entrance of tobacco dust, e.g. respiratory, eyes and skin disorder, and these problems were more common in T0 group (table 1) probably due to adaptation process has already start from T1 group. This result is relevant to research by Yasmin, Afroz and Hayat (2010) in the beedi workers where about 55.8% of them having respiration problem.

## [Acknowledgements]

This study is supported by the cooperation of Medical Faculty, University of Jember with the tobacco industry in Jember Region. Data were collected with the support of medical student enrolled in Department of Public Health, Medical Faculty, University of Jember.

## General Health

General health result showed about half workers had tachypnea and high blood pressure in T1 and T2 group (table 2). High blood pressure occurs in 74% of the workers similar with the explanation Purves et al. in his book entitled Neuroscience 3rd edition, i.e. an increase in blood pressure caused by activation of nAChR and vasopressin by nicotine induction.



Figure 1. Ankle-brachial index distribution among groups

## Ankle-Brachial Index (ABI)

ABI measurement showed no risk of arterial disease in all group, but it was significantly lower in T1 or T2 group compare to T0 group (figure 1). Only about 10% of the subjects were having abnormal ABI and this showed that tobacco dust exposure did not affecting much in peripheral arteries.

## Hematocrit Examination

Based on table 3 data we can conclude that a low hematocrit levels dominate hematocrit tobacco industry workers. This is consistent with results from Kholidaymi et al. (2001) study. The study proves that the decline in CD-44 may occur due to exposure to nicotine. CD-44 is an inducer of signal changes committed hemopoietic stem cells into stem cells or CFU-E, the parent of the mature erythrocytes. The decline in CD-44 led to a decrease in production of mature erythrocytes which manifests as a decrease in hematocrit levels.

## Future Experiment

This study relates between long exposure to tobacco dust with hematocrit levels of tobacco industry non-smokers workers. Duration of exposure grouped into three groups: 0-5 years, 6-19 years, and ≥ 20 years. In the group of workers who had been exposed for 0-5 years, it was dominated by the normal hematocrit levels that mostly occurred in workers exposed for 0-3 years. This is relevant with research conducted by Asif et al where the 0-3 years of exposure showed no change in hematocrit. While searching method for early detection and early prevention. We hope that this study can be used to improve the quality of health, safety and security of the tobacco industrial workers.

## [Conclusions]

In conclusion, low hematocrit level indicated the suppression of bone marrow that was possibly caused by nicotine effect from TDE. Before showing a decline in T2 group, hematocrit level was first incline from 4 years to 10 years' exposure, possibly caused by the compensation ability on extra-medullary hematopoiesis. Industrial TDE chronic impacts on workers' health similar to chronic impacts of nicotine exposure and the study of hematological changing pattern is suggested to be developed as screening examination of tobaccosis because it is applicable annually on workers' general health examination.

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Table 2. General health of subject

HTN classification:	Subject (n=108)		Total
	K0	K1	
Normal	7	7	4
Pre-HTN	15	11	13
HTN stage I	6	14	8
HTN stage II	8	4	11
Heart rate:			
Bradycardia	0	0	1
Normal	33	32	29
Tachycardia	3	4	6
Respiration Rate:			
Normal	0	0	0
Bradypnea	19	18	16
Tachypnea	17	18	20

Table 3. Relation of hematocrit and duration of working

Hematocrit Level	Subject (n=108) or (100%)		
	K0 (n=36)	K1 (n=36)	K2 (n=36)
Low	0	18 (50%)	36 (100%)
Normal	19 (52,8%)	15 (41,7%)	0
High	17 (47,2%)	3 (8,3%)	0





# *Certificate of Attendance*

*This is to certify that*

**Ancah Caesarina Novi Marchianti**

*Has participated as*

**POSTER PRESENTER**

**9th European Public Health Conference**

on 9-12 November 2016 in Vienna, Austria

**Thomas Dorner**  
*Chair of  
Vienna 2016*

**Martin McKee**  
*President EPH  
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