

7TH EUROPEAN PUBLIC HEALTH CONFERENCE 2014

MIND THE GAP: REDUCING INEQUALITIES
IN HEALTH AND HEALTH CARE

SCOTTISH EXHIBITION AND CONFERENCE CENTRE
GLASGOW, SCOTLAND, UNITED KINGDOM
19 – 22 NOVEMBER 2014



SUMMARY REPORT

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GLASGOW DECLARATION - 'ALL HANDS ON DECK'

Glasgow welcomed Europe and beyond to the 7th European Public Health Conference between 19 and 22 November 2014. Seventy-one countries were represented by over 1,500 delegates, who gathered to discuss and debate the knowledge and practice of reducing health inequalities. Over the course of the conference, which included seven plenary sessions, over 100 parallel sessions, about 300 posters and six films, delegates had the opportunity to share findings from research and experiences with innovation in all fields of public health and health services.

Researchers, educators, policy makers, community representatives and health managers from Europe and beyond shared new information and insights from their experiences with interventions to reduce health inequalities, the theme of the conference, and developed a deeper understanding of the urgency to address this issue.

This Declaration summarises broad ranging discussions over the three days of the conference, drawing upon rapporteurs' notes across all the sessions.

The facts

There are major health inequalities within and between countries in Europe. The average life expectancy differs between countries by 20 years for men and 12 years for women. Within countries, levels of health and life expectancy relate to social and economic position. The lower a person's social position, the worse is his or her health. Ill health is not simply bad luck or the result of poor health care but results from a combination of unfair economic arrangements and poor social policies. Health inequalities refer to differences in people's health and life chances. Health inequalities are strongly related to the conditions in which people live, such as their income, employment status or the area they reside in. They are known as the social determinants of health. In the UK, for example, those living in the richer areas will live, on average, seven years longer than those who live in poor and deprived areas. Priority areas in health inequalities are tobacco, alcohol, addictive drugs and poor diet.

While there are some welcome indications that inequalities have started to narrow in recent years, at least on an absolute scale, they are still unacceptably large.

The evidence presented at the EPH Conference in Glasgow was overwhelming:

- Health inequalities between countries amount to a gap of 8.9 years of life expectancy between Latvia (74.1 year in 2012) and Iceland (83.0 in 2012)
- Health inequalities within countries systematically favour the well off. In Glasgow, for examples, there is a nine-year gap in male life expectancy between neighbourhoods.

At the Glasgow 2014 conference, several promising examples were presented, including:

- Involving peer groups (professional sports clubs willing to 'buy in' to health improvement programmes for their fans) has a positive effect on lifestyle changes
- Green spaces in urban environments have a positive effect on mental health
- Regulation by authorities having a positive impact on healthy choices (e.g. Danish fat tax and UK sugar tax)
- Organising better access to healthcare by making ethnic/migration status a routine part of policy

Even though there have been successes, health inequalities are still unacceptably large. Recent trends, for example in cardiovascular disease mortality, suggest that reducing health inequalities is indeed

feasible. National programmes in various European countries to tackle health inequalities have so far been only partly successful, and have shown that we need to re-think what is needed to measurably reduce health inequalities at the population level. Reducing health inequities requires action to reduce inequities in the social determinants of health. The focus going forward should be on a reduction of absolute and relative health inequalities.

The solutions

Glasgow 2014 has made us aware that we not only have to 'mind the gap' in health inequalities, we need to go much further than that. It is ALL HANDS ON DECK! The whole public health community, the whole society needs to get involved in reducing health inequalities.

We need to:

- Increase the available data and also studies on how to achieve population wide impact
- Translate research/evidence to policy consistently and at all levels
- Understand what works to reduce health inequalities, for whom, and why
- Ensure that policies are based on established models of good practice and evaluated both in terms of economic and health benefits
- Exchange best practice (international, national) to learn from each other
- Think outside the box: topics to be covered include poverty reduction, improving employment and working conditions, tobacco and alcohol control and urban renewal
- Foster public engagement and solidarity
- Increase personal engagement
- Develop the commitment of the public health community
- Obtain a commitment from the community

The next steps

At the 8th European Public Health Conference, in October 2015, in Milan, Italy, we will evaluate what processes have been put in place that can reduce health inequalities. We encourage researchers, Governments, NGOs and funders to attend Milan 2015 and contribute towards this vision.

1. GLASGOW 2014: PROGRAMME

The European Public Health Conference is an annual scientific conference on public health topics organised throughout Europe. The EPH Conference is initiated by the European Public Health Association - EUPHA. The main purpose of the EPH Conference is to strengthen the capacity of public health professionals, researchers and policymakers by enhancing the exchange of knowledge, policy and best practice across Europe.

The theme of Glasgow 2014 was 'Mind the Gap: reducing inequalities in health and health care. The focus on inequalities in health and the wish to move research beyond traditional academic boundaries into policy and practice were reflected in the sub-themes:

- Translating evidence into policy;
- Effective interventions for health improvement;
- Ethnic health in Europe;
- Evaluation of large scale health and social interventions; and
- Income inequality and health inequality.

Through plenary sessions and workshops, the thematic priorities of the conference were explored in depth. Keynote speakers from international standing and varying disciplines addressed the conference themes from different perspectives. The parallel scientific programme of the conference paid detailed attention to the main theme and dealt comprehensively with the sub-themes of the conference.

1.1. Accreditation

For the first time, the EPH Conference received approval by the European Accreditation Council for Continuing Medical Education (EACCME) for 23 European CME credits (ECMEC). In addition, the conference had been approved by the Federation of the Royal Colleges of Physicians of the United Kingdom for 24 category 1 (external) CPD credits.

1.2. Plenary programme

The plenary programme of the 7th EPH Conference consisted of seven sessions including an opening session with an introductory presentation on the main theme of the conference. The closing session included a video presentation with the main conclusions of the conference. Video registrations of all plenary sessions are available on: <http://ephconference.org/conference-glasgow-2014-149>

Opening session of the 7th European Public Health Conference

Thursday 20 November 2014, 13:00-13:30

Alastair Leyland, Chair of the 7th EPH Conference

Johan Mackenbach, The Netherlands

Plenary 1: Inequalities in the population: large scale interventions

Thursday 20 November 2014, 17:15-18:15

Organised by: EuroHealthNet

Moderator: Martin McKee, United Kingdom

Speakers:

Margaret McCartney, United Kingdom

Abdul Ghaffar, WHO

Margaret Whitehead, United Kingdom

Johannes Siegrist, Germany

Anton Kunst, The Netherlands

Carme Borrell, Spain

Plenary 2: Communicable and non-communicable diseases: old challenges, novel solutions

Friday 21 November 2014, 13:30-14:30

Organised by: EUPHA

Moderator: Jose Martin-Moreno, Spain

Speakers:

Marc Sprenger, ECDC

Simon Capewell, United Kingdom

Aura Timen, The Netherlands

Iveta Nagyova, Slovakia

Plenary 3: Equity across the European region: the European action plan for strengthening Public Health Services and Capacity

Friday 21 November 2014, 16:45-17:45

Organised by: ASPHER

Moderator: Vesna Bjegovic-Mikanovic, ASPHER

Speakers:

Elke Jakubowski, WHO EURO

Jacqueline Müller-Nordhorn, Germany

Louise Stjernberg, Sweden

Anders Foldspang, Denmark

Plenary 4: Reaching most at risk populations: advancing health equity towards reducing the chronic disease burden in the EU

Saturday 22 November 2014, 11:00-12:00

Organised by: European Commission

Moderator: Isabel de la Mata, European Commission

Speakers:

Ricardo Baptista Leite, Portugal

Ilmo Keskimäki, Finland

Andrea Pavlickova, United Kingdom

Gauden Galea, WHO EURO

Plenary 5: Population-group challenges in public health: migrant and ethnic minority health

Saturday 22 November 2014, 14:20-15:20

Organised in collaboration with: European Observatory on Health Systems and Policies

Moderator: Josep Figueras, European Observatory on Health Systems and Policies

Speakers:

Raj Bhopal, United Kingdom

Marine Buissonnière, Open Society Public Health Program

Karl Ekdahl, ECDC

Santino Severoni, WHO

Isabel de la Mata, European Commission

Closing ceremony of the 7th European Public Health Conference

Saturday 22 November 2014, 15:20-15:50

Alastair Leyland, Chair of the 7th EPH Conference

Walter Ricciardi, EUPHA Past President

Carlo Signorelli, Chair of the 8th EPH Conference Milan 2015

The Participants' Evaluation showed that more than three-quarters of the delegates (80,6%) were satisfied to very satisfied with the plenary programme.

1.3. Parallel programme

The parallel programme, divided over 17 breakout rooms, offered five time slots of 90 minutes. The 85 available slots were filled with 36 workshops, one breaking-news session on the Ebola emergency and public health in conflict areas, six roundtable sessions, three skills building sessions, twelve 90-minutes poster walks and 27 parallel sessions with oral presentations. The programme also included two time slots of 60 minutes with 27 pitch sessions, six poster walks and one workshop. During lunch time, two meetings were held. Extra sessions included: two film screenings, the Ferenc Bojan Award Session and a 'walk shop'. In total, 130 oral presentations (10-minutes each) and 216 pitch presentations (5-minutes each) and 297 poster presentations were held.

The Participants' Evaluation showed that 83.5% of the respondents to the evaluation were satisfied to very satisfied with the parallel programme at Glasgow 2014.

Workshop and invitational workshops

Thirty-six workshops (90-minutes sessions) were held with the following formats: regular workshop, skills building seminar, pro/con workshop, round table. Invitational workshops (3) were organised at the request of the conference organisers: two workshops by the European Commission, one round table workshop by the Open Society Foundation.

Parallel sessions with oral presentations

These 90-minute sessions consisted of ten-minute oral presentations with five minutes of discussion around a common theme. Most sessions were co-chaired by two persons, one being an international expert on the specific topic and the other an early career professional. In total, 130 oral presentations were held divided over 27 sessions.

Pitch sessions

Pitch presentation (5-minutes) were newly introduced in Glasgow. The programme included 27 pitch sessions with in total 216 presentations. The Participants' Evaluation shows that 59.6% of respondents participated in the pitch sessions and that 77.9% were satisfied to very satisfied with this new way of presentation. All sessions were moderated by an experienced chair person.

Poster walks

Poster were displayed in a designated poster area within the conference venue. Posters were grouped by subject and displayed accordingly. Two types of poster walks were held concurrently with the parallel programme: twelve 90-minutes' walks with on average 15 posters and six 60-minutes' walks with on average 12 posters. In total, 297 posters were presented.

The Participants' Evaluation showed that 52.9% of respondents participated in at least one poster walk and that 72.5% were satisfied to very satisfied with the poster walks. All sessions were moderated by an experienced chair person.

1.4. Thematic tracks

The parallel programme of workshops and oral presentation sessions was structured in a record number of 17 thematic tracks, making it easier for delegates to follow a specific subject during the conference. The division in tracks was based on priorities in the field of public health and selected topics of the accepted abstracts.

Table 1: Overview of the 17 thematic tracks and type of session

Track	Theme	Workshop	Oral	Pitch	Poster
A	European public health	4	1	-	2

B	Health inequalities	3	2	2	-
C	Migrant and ethnic minority health	2	2	2	1
D	Chronic and non-communicable diseases	2	3	2	-
E	Infectious diseases	2	2	2	1
F	Mental health	4	1	2	-
G	Child and adolescent public health	3	2	2	-
H	Lifestyles	1	4	2	-
I	Environmental health	3	1	2	1
K	Health services research	5	-	2	-
L	Austerity and socioeconomic aspects public health	1	2	1	3
M	Occupational health and health data	1	2	2	2
N	Public health monitoring and reporting	5	-	2	-
O	Evidence-informed policy	2	2	2	1
P	Interventions	2	2	1	2
Q	Communication, advocacy and health promotion	2	1	1	3
R	Capacity building – investing in the future	5	-	-	2

1.5. Abstract and presentation prizes

Each 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. A special Award Session was held on the opening day of the conference in the large Clyde Auditorium. The prize for the highest scoring single topic abstract was awarded to:

Aaron Reeves, Department of Sociology, University of Oxford, Oxford, United Kingdom:
Social protection and tuberculosis control: cross-national analysis of 21 EU countries 1995-2012

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

Cécile Vuillermoz, INSERM and Sorbonne Universités, Paris, France:
Cervical and breast cancer screening among homeless women with children in Paris area

The prize for the highest scoring poster presentation was awarded to:

Daniela Anastasi, University of Cassino and Southern Lazio, Cassino, Italy:
Live and let die: do James Bond's movies reflect smoking and drinking population patterns?

1.6. Pre-conference programme

Pre-conferences were organised on Wednesday 19 November and Thursday morning 20 November 2014. Almost half of the delegates attended at least one pre-conference with a total of 876 delegates attending the pre-conference programme. The Participants' Evaluation showed that 85.9% of respondents to the evaluation were satisfied to very satisfied with the pre-conferences they attended at Glasgow 2014.

Table 2: Pre-conference programme and number of delegates at Glasgow 2014

Pre-conference	No. of delegates
The global dimension of education and training for public health with Andrija	18

Štampar Medal awarding ceremony

Organised by ASPHER

Childhood vaccination – tackling the societal burden of disease of seasonal influenza <i>Organised by EUPHA</i>	38
How to tackle health inequalities? Results from four EU-funded projects <i>Organised by DEMETRIQ, DRIVERS, SOPHIE, SILNE</i>	108
Developments in perinatal epidemiology in Europe <i>Organised by Euro-Peristat</i>	38
How to write and publish an article for a public health journal <i>Organised by EUPHA (EPI) and EUPHANxt</i>	38
Evidence generation and successful knowledge transfer in public health - the case of integrated care <i>Organised by European Commission, CHAFEA and EUPHA</i>	113
Building sustainable and resilient health systems <i>Organised by EUPHA (HSR), HSR Europe, EHMA, European Observatory</i>	36
The added value of health promotion and health education methods and concepts in the prevention of communicable diseases <i>Organised by EUPHA (IDC), ECDC and RIVM</i>	101
Maximising uptake of effective falls prevention interventions across Europe <i>Organised by EUPHA (INJ), EuroSafe and ProFouND</i>	56
Public Health Science: A National Conference Dedicated to New Research in UK <i>Organised by The Lancet, LSHTM, UCL, UK Health Forum and EUPHA</i>	143
Adaptation of health promoting interventions: principles, practice and evaluations <i>Organised by EUPHA (MIG), EUPHA (CHR), EUPHA (HP)</i>	65
Urban and Rural Environment and Health <i>Organised by EUPHA (PMH), EUPHA (URB) and EUPHA (ENV)</i>	31
Third pre conference on Patient participation and involvement in health care <i>Organised by EUPHA (HSR) and NIVEL</i>	33
12th Preconference on social security and health: Mind the complexity: social disparities in sickness absence and disability pension <i>Organised by EUPHA (SSH)</i>	35
Does investing in adult pneumococcal vaccination deliver benefits to all stakeholders in the European community? <i>Organised by EUPHA</i>	30
Young Researchers Forum <i>Organised by ASPHER</i>	31

1.7. Public Engagement

At the initiative of the Glasgow City Marketing Bureau (GCMB), EUPHA and the EPH Conference organised, together with the GCMB and the University of Glasgow, a public engagement event to leave a tangible and meaningful legacy in the city. The format of the event was a coffee shop at a location easily accessible to Glaswegians. Topics were selected by EUPHA and EPH Conference while GCMB organised the advertising through their local network and in newspapers.

The coffee shops were organised at the winter garden of the People's Palace on 21 November 2014. Themes were 'Fight obesity – get active now!' and 'Your Health, Your Move.' The 'Fight obesity- get active now!' coffee shop was moderated by Christopher Birt, President of the EUPHA Section on Food and nutrition, with presentations from Ane Bonde, Denmark and Modi Mwatsama, United Kingdom.

The 'Your health. Your move.' coffee shop was moderated by Nanette Mutrie, United Kingdom, with presentations from Susanne Jordan, Germany, Cindy Gray, United Kingdom, and Tom McBain, United Kingdom.

Around 30 Glaswegians attended the coffee shops with lots of interaction between presenters and audience. On the question of how to get more active, one answer to a young mother was clear and practical: 'pushing your baby in a buggy is exercise, just take the long road home'. Reflecting on this very positive experience of public engagement in Glasgow, the EPH Conference organisation has plans to continue this scheme at future conferences.



1.8. Lunch meetings, 'walkshop' and extra meetings

Two meetings were organised during the Friday lunch breaks. Our Health in 2040 – Four visions of the future of public health, organised by RIVM, The Netherlands, and Healthy Nutrition in WHO European Region – What can we learn from the tobacco control successes?, organized by WHO EURO

For the first time in the history of the EPH Conference a 'walkshop' was organised. 'Sit less, walk more' was organised by the University of Edinburgh. Organisers took their audience outside the SECC for a walk, discussing evidence and interventions on how to help people sit less and help them to change their behaviour.

During the conference days, the board meetings were organised by the Italian Society of Hygiene, Preventive Medicine and Public Health (SIItI); UEMS – public health section; APHEA; ASPHER; EUPHA Sections; EUPHANxt; EUPHA Executive Council, EUPHA Governing Council, EJPH Council, EJPH Editorial Board; and meetings for the upcoming EPH conferences (ICC, ISC, Milan 2015, Vienna 2016).

1.9. Film Festival

Following the successful introduction of the Film Festival at Brussels 2013, two film sessions were organised at Glasgow 2014. The Open Society Foundations (OSF) / Public Health Programme showed the film 'Fire in the Blood' and the Glasgow Centre for Population Health showed five documentaries on 'Understanding health inequalities in Glasgow'. The films were screened in the Clyde Auditorium on Friday 21 November and attracted between 75 and 100 delegates.

1.10. Social programme

The Welcome Reception was organised at the Kelvingrove Art Gallery and Museum in Glasgow. The reception was kindly hosted by the office of the Mayor of Glasgow. The reception was attended by over 500 people.

The Conference Dinner was organised at the Glasgow Science Museum. A total of 425 persons attended the dinner.

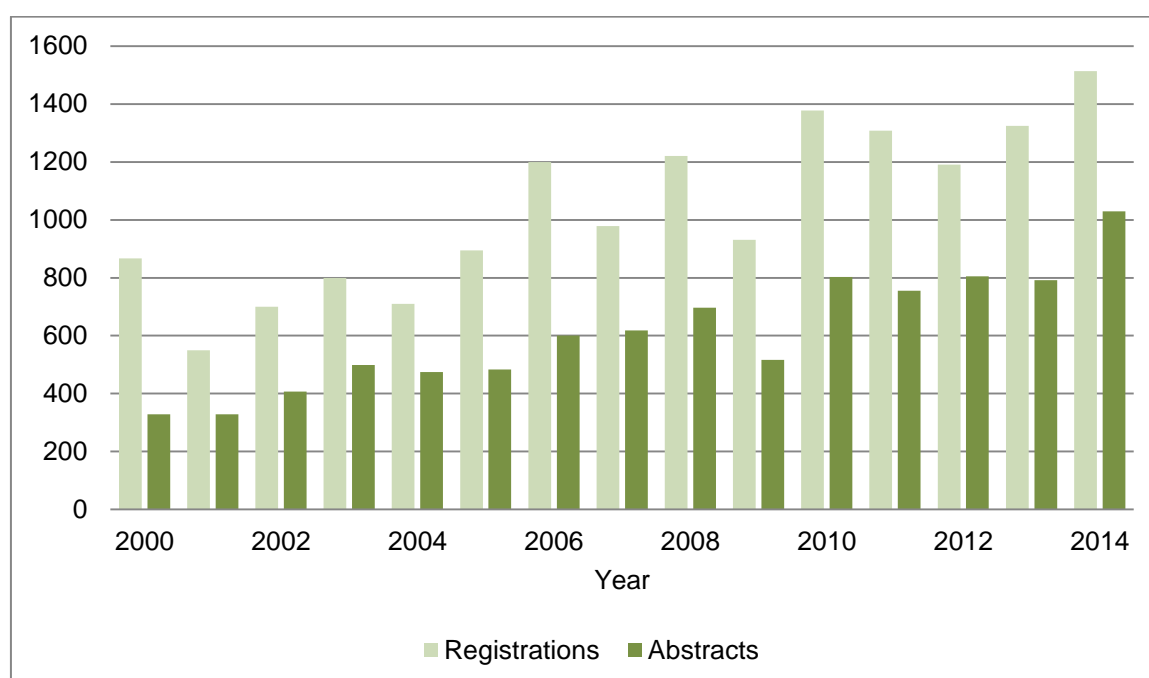
2. GLASGOW 2014: DELEGATES

The conference addressed public health professionals, researchers, education specialists, training professionals, students, policy makers and representatives from international and European organisations. Delegates came from all EU Member States, EU-neighbouring countries and countries outside the European region. Representatives from international organisations like the European Commission, WHO EURO and WHO headquarters, ECDC, and the European Observatory attended the conference. European (public) health networks and organisations actively participated.

2.1. Number and origin of delegates

The total number of delegates for Glasgow 2014 was considerably higher than for the conference in Brussels last year (1,321). A total of 1,513 delegates from 71 countries attended the conference. The majority of registrations was received before 15 September, the deadline for the early-bird registration.

Figure 1: Overview of conference registrations and abstract submissions 2000 - 2014



The number of day registrations was 137. The number of registrations for only pre-conferences was higher than in previous years mainly because of the Public Health Science 2014 event on Wednesday 19 November. The number of students or early career professionals was at the same level as last year in Brussels (198).

Table 3: Overview of registrations Glasgow 2014

Type of registration	No.	%
Full conference registrations	931	61.5
Day registration	139	9.2
Early career registration full conference	198	13.1
Pre-conference only (no main conference registration)	245	16.2
Total number of delegates	1,513	100,0

Registrations were received from 71 countries worldwide. As can be expected from a European conference, the majority of registrations is from European countries. Registrations were made from 46 European countries according to WHO EURO's definition of Europe (86.8% of all European countries). All EU Member States were represented in Glasgow. The proportion of non-European delegates in Glasgow (6.3%) was slightly more than in Brussels (5.6%).

Most registrations were received from United Kingdom (434), followed by the Netherlands (185), Italy (128) and Sweden (95). Traditionally, these countries have always been well represented at EPH Conferences. Other relatively high numbers of registration came from Canada (22).

Table 4: Number of registrations per country, Glasgow 2014

	<i>No. of registrations</i>		<i>No. of registrations</i>
United Kingdom	434	Kazakhstan, Luxembourg	8
Netherlands	185	Czech Republic, Israel, Nigeria	7
Italy	128	Russia	
Sweden	95	Lebanon, Macedonia, Slovenia	6
Belgium	67	Albania, Latvia, South Korea	5
Denmark	65	Bulgaria, Croatia, Estonia, Japan	4
Germany	63	China, Cyprus, Georgia, Malta, d	3
Finland	51	Thailand	
Norway	49	Armenia, Azerbaijan, Ghana,	2
France	43	Greenland, Brazil, Nepal, New	
Spain	31	Zealand, South Africa, Saudi	
Portugal	29	Arabia, Ukraine	
Switzerland	27	Bosnia-Herzegovina, Colombia,	1
Canada	22	Congo, Greece, Iceland, Iraq	
Slovakia	21	Kosovo, Moldova, Philippines	
Austria	17	Qatar, Rwanda, Singapore	
Lithuania	16	State of Palestine, Tanzania,	
Ireland	15	United Arab Emirates	
Poland, Turkey	14		
Australia, Romania, Serbia	12	<i>Total from Europe*</i>	1,417
United States		<i>Number of European countries</i>	46
Hungary	9	<i>Total from other countries</i>	96
		<i>Number of other countries</i>	25

* Europe as defined by WHO EURO

The figure below shows the gradual increase in the number of registrations in the past decade from 550 in 2001 to the present levels of over 1,500. Also the number of submitted abstracts has grown significantly to over 1,000.

Table 5 shows the work background of delegates. Over half of the delegates have a university based background. One out of six work for a national health-related organisation, ministry or (public) health institute. Regional and local level organisations are less represented.

Table 5: Work background of the delegates, Glasgow 2014

<i>Work background</i>	<i>%</i>
University-based	55.3
National level (e.g. ministry, national institute of health)	16.1

Regional level (e.g. state council, regional council, health services)	8.4
NGO (national and international organisations, associations of public health)	8.6
Local level (e.g. community health council, practitioners)	2.2
International organisations (WHO EURO, European Commission, ECDC, etc.)	4.2
Companies (private companies working in the field of public health)	3.8
Hospital-based	1.1
Health insurance related	0.3

2.2. Participation from early career professionals

As for previous EPH Conferences, Glasgow 2014 paid special attention to the participation of students and early career professionals. A special registration fee for this category (€ 325) was set up. In total, 198 students and early career professionals registered for the conference, the same number as for Brussels 2013.

As part of the main conference programme, the Ferenc Bojan Young Investigators Award session was held for the six highest scoring abstracts submitted by young public health professionals. In the closing ceremony of the conference, the award was presented to Cécile Vuillermoz from France with a presentation on *Cervical and breast cancer screening among homeless women with children in Paris area*. The award included a waiver of conference fees for the Milan 2015 conference.

2.3. Participation from Central and Eastern European countries

Special attention was paid also to public health experts from low income countries, particularly from Central and Eastern European (CEE) countries. With the help of partners, we managed to co-fund the participation of 31 participants from 16 CEE countries and 13 Roma health experts from the OSF Health Programme. In Brussels 2013 there were 45 participants, of which 19 Roma health experts, from 20 countries.

As in previous years, Open Society Foundations (OSF) was the main partner in this effort. OSF offered financial support to participants from CEE countries and presenting experts to attend the conference. Participants themselves had to co-fund part of their travel and accommodation expenses. Further support was provided by the EPH Conference organisers who offered reduced registration fees (€400) for OSF grantees.

3. GLASGOW 2014: ORGANISATION

3.1. Organisational structure of the conference

The 7th European Public Health Conference took place in Glasgow, United Kingdom from 19 - 22 November 2014. The conference was held at the Scottish Exhibition and Conference Centre (SECC).

Co-organisers of Glasgow 2014 were:

- EPH Conference Foundation
- EUPHA – European Public Health Association
- Society for Social Medicine, United Kingdom

Partners:

- ASPHER
- EuroHealthNet
- European Observatory on Health Systems and Policies
- Open Society Foundations

With the support of:

- European Commission
- University of Glasgow
- People Make Glasgow
- Visit Scotland

Starting with the 6th EPH Conference in Brussels, the organisational structure of the conference was improved by establishing the EPH Conference Foundation, which has supervisory authority over the management and organisation of the conference. The EPH Conference Foundation is governed by the EPH Executive Board, made up by members of EUPHA's Executive Council and chairs of previous and upcoming EPH Conferences. The EPH Executive Board is advised by the International Conference Council (ICC), which has representation from EUPHA and collaborative partners in European public health (ASPHER, EuroHealthNet, EHMA, European Commission, CHAFAEA, ECDC, WHO EURO, European Observatory).

As with past conferences, the parallel programme was set up with the help of the International Scientific Committee (ISC) consisting of internationally renowned public health experts. The ISC is responsible for the scoring of abstracts in preparation of the selection of abstracts by an extended Executive Board and a Local Support Committee, consisting of public health organisations, universities and health services in United Kingdom.

In broad terms, planning for Glasgow 2014 was as follows:

- January 2014: finalising the plenary session programme, key-note speakers and panellists
- February: online abstract submission open, deadline 1 May
- May: scoring of abstracts by the ISC
- 5 - 6 June: coordination meetings in Glasgow; decision on the submitted abstracts based on the scores of the ISC; planning of the programme; final decision on the pre-conferences; detailed planning for the last months to the conference.
- June: abstracts submitters notified about acceptance
- 1 July: online registration open

- September: abstract supplement to the *European Journal of Public Health* prepared
- September: chairs for all the sessions invited
- September: full interactive programme online
- October: EPH Conference Programme Book finalised

3.2. EPH Conference Office

The EPH Conference Office was responsible for the entire registration process, from the modifications of the online registration system at the conference web pages to managing the payments process. The abstract handling process was also managed by the Conference Office. The Conference Office drew up the programme of all parallel sessions according to the selection of accepted abstracts and looked after the programme updates until the printing of the programme booklet.

Furthermore, the Conference Office was responsible for:

- Search for and negotiations with European partners and sponsors;
- PR and marketing at international level;
- Organising the pre-conferences.

Key staff of the Conference Office are: Dineke Zeegers Paget, Director; Floris Barnhoorn, European partners and finances, Ingeborg Vlug, Financial Officer and José Velthuis, Registration Officer. The EPH Conference Office was supported by external staff: Elita Zoer, Conference Coordinator and advisory PCO, Kitty Ickenroth, Communication Officer.

3.3. Local assistance

The Glasgow City Marketing Bureau offered assistance with the organisation of the Welcome Reception at the Glasgow Museum. The University of Glasgow, and in particular Prof Alastair Leyland and his team, were most helpful in hosting the preparatory meeting in June and preparing the Conference Bags.

The Local Support Committee provided assistance in the selection of abstracts at the preparatory meeting in June 2014.

3.4. Conference venue

The 7th European Public Health Conference was held at the Scottish Exhibition and Conference Centre in Glasgow, United Kingdom. Wireless access was provided free of charge to participants throughout the conference venue. For Glasgow 2014, two auditoriums and fourteen session rooms were available. The Clyde Auditorium, with a capacity of 1,500 people, was used for the plenaries, parallel sessions and the Film Festival on Thursday and Friday. The Lomond Auditorium, for 600 people, was used on Saturday. The fourteen breakout rooms varied in size from 45 to 250 seats.

3.5. Exhibition

The exhibition area was organised in Hall 5. The hall was centrally located and combined with the catering area where coffee and lunch was served. There were 15 exhibitors present which can be categorised as follows:

Organisers & Partners

- EPH Conference
- EUPHA - European Public Health Association
- ASPHER

- EuroHealthNet
- European Commission

Health care, research and education

- London School of Hygiene and Tropical Medicine, United Kingdom
- Royal Society for Public Health, United Kingdom
- NIVEL - Netherlands Institute for Health Services Research, The Netherlands
- University of Glasgow, United Kingdom
- NHS Health Scotland, United Kingdom
- Glasgow Centre for Population Health, United Kingdom

Publishers

- Oxford University Press, United Kingdom
- Routledge Taylor & Francis Group, United Kingdom
- Springer, United Kingdom
- Emerald Group, United Kingdom

The Participants' Evaluation showed that 87.7% of respondents confirmed they visited the exhibition area at least once. 63.2 % of the respondents were very satisfied/satisfied with the exhibition area at Glasgow 2014. More than two-thirds of the respondents took brochures or leaflets from the exhibition stands.

4. GLASGOW 2014: VISIBILITY

In order to attract more participants and enhance the visibility of the event and the organising associations, information and regular updates on the conference are distributed via different channels:

The First Announcement of Glasgow 2014 was distributed at the 6th EPH Conference in Brussels. A presentation of the theme and venue of Glasgow 2014 was given in the closing session of Brussels 2013. Subsequently, the First Announcement was then published on the EPH Conference web pages.

EUPHA member organisations were informed through the EUPHA Newsletters of the upcoming conference and invited to put the First Announcement on their websites and use their distribution systems to inform their members.

In addition to the First Announcement, other communication channels were used to promote the 7th EPH Conference:

- European Journal of Public Health: throughout the year, updates on Glasgow 2014 were published in the European Public Health News pages of the EJPH.
- EUPHA Newsletter: the monthly electronic newsletter was distributed to over 14,000 readers;
- Website and social media: the EPH Conference website was launched in March 2014 and updated regularly
- Conference newsletters: two electronic conference newsletters were distributed to all registered delegates.

5. GLASGOW 2014: REACHING OUR OBJECTIVES

Glasgow 2014 was well organised, of scientific good quality and reached the objectives it set out to achieve. 86% of the delegates were very satisfied/satisfied with the conference.

The exhibition area was successful with over 89.8% of all respondents visiting the exhibition area. This is something to be expanded over the coming years.

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.

Daily planning meetings on conference days increases the implementation of the tasks during that day.

A large basis for the conference, also on international level, is seen as positive. For Glasgow 2014, several European NGOs and international organisations were involved in organising the plenary programme. This should be further developed for future conferences.

The pitch sessions were successfully introduced and positively evaluated by delegates. They made a good and dynamic alternative to the rather static moderated poster sessions. We are thinking of increasing the number of pitch sessions for Milan 2015. The 90-minutes poster walks will be discontinued all together.

The main purpose of the 7th EPH Conference was to strengthen the capacity of public health professionals, researchers and policymakers by enhancing the exchange of knowledge, policy and best practice across Europe. Specific objectives were:

Increased knowledge of research outcomes and best practice in health by public health professionals

The conference aimed at increasing knowledge and skills among European public health professionals. As only half of the conference delegates were EUPHA members, this means that the conference has been successful in reaching far beyond the existing network of the initiator and co-organiser of the conference.

EPH Conferences are known for the excellent organisation, the high number of participants (average over the last five years is 1,250 participants) and a broad programme covering relevant public health topics. Glasgow 2014 was no exception to this with over 1,500 delegates, scoring high overall satisfaction by delegates and with a varied programme of plenary sessions, workshops, oral, pitch and poster presentations.

Delegates came from 71 countries and included representatives from all 28 EU Member States and neighbouring countries. The professional background of the participants showed a balanced mix of research, policy, practice and training. The majority of delegates still has a university background but this proportion is decreasing in the last years. The absolute and relative numbers of delegates with a policy making, public health practice and education background is steadily increasing.

The programme of Glasgow 2014 was varied and nearly all sessions mixed policy, practice and research. All sessions also included presentations from different countries, thereby increasing the networking objective of the programme itself.

Combining the electronic Abstract Supplement to the EJPH with a three-month complimentary subscription was appreciated by delegates and added to the objective of increased knowledge.

Increased knowledge and awareness of the Community's current and future health strategies and priorities

Over the years, the collaboration with the European Commission has broadened. For Glasgow 2014, the European Commission was visible with two invitational workshops, a plenary session and an exhibition stand. In organised workshops by international and national partners and organisers, representatives from the European Commission were invited to participate in discussions.

Further to that, EPH Conferences are known by EU-funded project consortia as opportunities to convene coordination meetings or to disseminate the interim and/or final results of the project. The following EU-funded projects organised a workshop in the main conference programme: DEMETRIQ, DRIVERS, SILNE, SOPHIE, ProFouND, EuroSafe, Euro-Peristat,

Closer collaboration among European public health networks, organisations and schools

Collaboration among European (public) health organisations has greatly improved by the establishment of the International Conference Council (ICC). The ICC has an advisory role toward the EPH Conference Executive Board and has representation from EUPHA, ASPHER, EuroHealthNet, EHMA, European Commission, CHAFAEA, ECDC, WHO EURO and European Observatory. Members of the ICC have become partner of the conference for specific activities or have taken responsibility for organising a plenary session.

As in previous years, the conference hosted EUPHA's Governing Board thereby increasing the attendance of national public health associations and offering them a platform to share national experiences. Furthermore, the possibility to combine the European public health conferences with meetings of other European NGOs, organisations, networks and schools of public health, increases the aim of collaboration. Over the years, we have seen an increase in the collaboration, as the organisers actively invite other networks to their activities.

In Glasgow 2014, EuroHealthNet, ASPHER, APHEA, EHMA, EuroSafe and several other European-based NGOs were present and active. The field of international health organisations was represented by WHO EURO, ECDC, European Observatory, Open Society Foundation and the European Commission with DG SANCO and CHAFAEA.

In Glasgow, all 20 EUPHA Sections (theme-specific networks) held their annual meetings to discuss future activities and collaboration. EUPHA continues to actively support existing networks and assist in the setting up of new networks.

In organising Glasgow 2014, the EPH Conference Office team followed the detailed Conference Manual. The core team included persons who met at regular intervals and were authorised to take practical decisions within the work plan, which improved the smooth organisation even more.

LIST OF ABBREVIATIONS

APHEA	Agency for Public Health Education Accreditation
ASPHER	Association of Schools of Public Health in the European Region
Brussels 2013	6th Joint European Public Health Conference, 13 - 16 November 2013
CEE	Central and Eastern Europe
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency, European Commission
DEMETRIQ	Developing Methodologies to Reduce Inequalities in the Determinants of Health
DG SANCO	Directorate General Health and Consumers, European Commission
DRIVERS	Determinants to Reduce Health Inequity Via Early Childhood
ECDC	European Centre for Disease Prevention and Control
EHMA	European Health Management Association
EJPH	European Journal of Public Health
EPH Conference	European Public Health Conference
EU	European Union
EUPHA	European Public Health Association
EUPHA (CAPH)	EUPHA Section on Child and adolescent public health
EUPHA (CHR)	EUPHA Section on Chronic diseases
EUPHA (ENV)	EUPHA Section on Environmental disease control
EUPHA (EPI)	EUPHA Section on Public health epidemiology
EUPHA (F&N)	EUPHA Section on Food and nutrition
EUPHA (HP)	EUPHA Section on Health promotion
EUPHA (HSR)	EUPHA Section on Health services research
EUPHA (IDC)	EUPHA Section on Infectious diseases control
EUPHA (INJ)	EUPHA Section on Injury prevention and safety promotion
EUPHA (MIG)	EUPHA Section on Migrant and ethnic minority health
EUPHA (PMH)	EUPHA Section on Public mental health
EUPHA (SSH)	EUPHA Section on Social security and health
EUPHA (URB)	EUPHA Section on urban public health
European Observatory	European Observatory on Health Systems and Policies
EuroSafe	European Association for Injury Prevention and Safety Promotion
GCMB	Glasgow City Marketing Bureau
Glasgow 2014	7th European Public Health Conference, 19 – 22 November 2014
HSR Europe	Health Services Research Europe
ICC	International Conference Council
ISC	International Scientific Committee
LSHTM	London School of Hygiene and Tropical Medicine
Milan 2015	8th European Public Health Conference, 14 – 17 October 2015
NGO	Non-governmental organisation
NHS	National Health Service

NIVEL	Netherlands Institute for Health Services Research
OSF	Open Society Foundations
PCO	Professional Conference Organiser
RIVM	National Institute for Public Health and the Environment, The Netherlands
SECC	Scottish Exhibition and Conference Centre, Glasgow
SILNE	Smoking Inequalities - Learning from Natural Experiments
SOPHIE	Evaluating the Impact of Structural Policies on Health Inequalities and their Social Determinants, and Fostering Change
UCL	University College London
UEMS	European Union of Medical Specialists
WHO	World Health Organisation
WHO EURO	World Health Organisation – Regional Office for Europe