

5th International Public Health Conference, Albania, 2017

“Behavioral determinants of health and disease in countries of the European Region”

The 5th International Public Health Conference is themed “*Behavioral determinants of health and disease in countries of the European Region*” and will be held on the 9th May 2017 in Tirana, Albania.

This Public Health Conference will address the main issues related to behavioral determinants of health and disease in transitional societies of the Western Balkans and in other countries of the European region.

The major behavioral/lifestyle factors include cigarette smoking, alcohol consumption, drug use, physical activity, sexual behavior and dietary habits. At a global scale, it has been well-documented that major risk factors for mortality include cigarette smoking, high blood glucose level, physical inactivity, as well as overweight and obesity. All these modifiable lifestyle factors are also responsible for an increase in the risk of chronic diseases including cardiovascular diseases, cancer and diabetes. In Albania, the three risk factors that accounted for the largest disease burden in 2010 were dietary risks (first), high blood pressure (second) and tobacco smoking (third). In most of the Western Balkan countries, the prevalence of smoking may increase if measures are not taken and this could seriously threaten a further increase in life expectancy and a possible decrease of the non-communicable disease burden.

Conference venue:

Tirana International Hotel & Conference Centre
Skanderbeg Square 8, Tirana, Albania

Organization

The International Public Health Conference is organized by the Institute of Public Health under the auspices of the Albanian Ministry of Health.

Scientific Committee	Organizing Committee	Secretariat
Arjan Bregu Genc Burazeri Eduard Kakarriqi Gentiana Qirjako Silva Bino Ervin Toci Alban Ylli Enver Roshi Jolanda Hyska Arben Gjata Suela Këllici Xheladin Draçini Ulrich Laaser, Germany Helmut Brand, the Netherlands Theodore Tulchinsky, Israel Joao Costa, Switzerland Charles Hardy, USA	Gentiana Qirjako Jolanda Hyska Albana Ahmeti Rudina Çumashi Herion Muja Jonida Canaj	Dritan Roshi Alba Rexha Florida Beluli Besian Elezi

Greg Evans, USA Patricia Brownell, USA Jadranka Bozikov, Croatia Izet Masic, Bosnia-Herzegovina Vesna Bjegovic, Serbia Doncho Donev, FYROM Naser Ramadani, Kosovo Shaban Mehmeti, FYROM		
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Conference Programme

7.30 -09.00	Registration of Participants and Virtual Poster Presentation	
Opening session of the 5th International Public Health Conference		
09.00-09.30	Welcome of participants by the Director of the Institute of Public Health Welcome address by the Minister of Health Welcome address by Swiss Embassy Welcome address by the United Nations Resident Coordinator Welcome address by WHO-EURO	Dr. Arjan Bregu Mr. Ilir Beqaj Mr. Christoph Graf UN representative WHO Copenhagen (TBC)
PLENARY SESSION: Behavioral determinants of health Chairpersons: TBC		
09.30-09.45	Behavioral determinants of health and disease in Albania	MoH
09.45-10.00	Behavioral/lifestyle indicators adapted for Albania	IPH
10.00-10.15	A life course approach to behavioral determinants	UN agencies
10.15-10.35	Innovative approaches to tackle behavioral determinants	TPH
10.35-10.50	Behavioral determinants of health and disease in WHO-EURO countries	WHO
10.50-11.15	<i>Coffee break and virtual poster presentation</i>	

11.15-13.30	PARALLEL SESSION 1 Topic: <i>Weight perception and management and physical activity as major behavioral determinants of health</i>	<i>Moderator: TBC</i>
11.15-13.30	PARALLEL SESSION 2 Topic: <i>Smoking, alcohol consumption, drug use and other addictive practices and behaviors</i>	<i>Moderator: TBC</i>
11.15-13.30	PARALLEL SESSION 3 Topic: <i>Sexuality, health, wellbeing and human rights</i>	<i>Moderator: TBC</i>
11.15-13.30	PARALLEL SESSION 4 Topic: <i>Infant and young child feeding practices, adult nutrition and dietary patterns</i>	<i>Moderator: TBC</i>
13.30-14.30	<i>Lunch and Virtual Poster Presentation</i>	
PLENARY SESSION		
14.30-15.30	Reports from parallel sessions	
15.30-16.15	Evidence-based policy making	Panel composed of representatives of the MoH, IPH, UN agencies, other international experts
16.15-17.00	Regional cooperation and conclusions	Panel composed of representatives of the MoH, IPH, UN agencies, other international experts

Description of parallel sessions

PARALLEL SESSION 1: *Weight perception and management and physical activity as major behavioral determinants of health*

A high body mass index (BMI) increases the risk for several chronic diseases. BMI is calculated as the ratio between body weight (kg) and height squared (m²). Overweight is defined as a BMI from 25.0 to 29.9 (kg/m²), whereas obesity refers to ≥ 30 BMI (kg/m²) (WHO, 2011). In turn, physical activity is difficult to measure, even in population-based studies. It consists of physical exercise at work, at home, as well as leisure-time physical activity. For each component, a meaningful assessment should tap the frequency, intensity and duration of physical exercise. In general, more physical activity is beneficial to health as it decreases the risk for cardiovascular disease, depression and obesity, which in itself is a risk factor as well.

Self-perception of body weight (or evaluation of one's body size), together with the attitudes toward one's body, is composed of two important dimensions of body image. Weight-related

self-perceptions are also influenced by social norms and standards of the dominant culture. Perception of overweight and dieting behaviors increase markedly during adolescent period, especially among girls.

This session will include presentations related to the body of knowledge and current evidence about the impact of weight perception and management on health, as well as deleterious health effect of overweight, obesity and physical inactivity in transitional countries of Southeastern Europe and elsewhere.

PARALLEL SESSION 2: *Smoking, alcohol consumption, drug use and other addictive practices and behaviors*

There is sufficient evidence linking tobacco smoking with several non-communicable diseases (NCDs) including cardiovascular disease (ischemic heart disease and cerebrovascular accidents), lung cancer and several other cancers and other diseases such as chronic obstructive pulmonary disease (COPD). As a matter of fact, tobacco smoking is considered the single most preventable cause of ill-health (WHO, 2011). Conversely, harmful alcohol consumption includes not only the excessive amounts of alcohol intake, but also the damaging pattern of alcohol consumption commonly referred to as “binge drinking” (which consists of a consumption of not necessarily large amounts of alcohol, but within a very short period time – a pattern which is typical for the former Soviet Union republics such as e.g. Russia). Harmful alcohol consumption is a well-established risk factor for cardiovascular disease and some types of cancers, in particular the cancers of pancreas and liver.

This session will include presentations related to research work conducted mainly in countries of the Western Balkans which have recently documented the prevalence, distribution and burden of disease related to smoking, alcohol consumption, drug use and other addictive practices and behaviors in countries of the Western Balkans and beyond.

PARALLEL SESSION 3: *Sexuality, health, wellbeing and human rights*

Everyone has the right to enjoy the highest attainable standard of health – a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. It is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Sexual behavior leads to a variety of harmful consequences, such as unintended pregnancy, social stigma, infections and chronic diseases, as well as psychological disorders. Many such adverse outcomes occur at a young age leading to a large component of lifespan lived with disability. Women bear a disproportionately higher proportion of the overall sexual behavior attributable to disease burden.

This session will include presentations relate to the body of knowledge and practice for improving family care practices and the impact of social environment for child health and development; models of universal progressive home visiting; sexuality and human rights as well as the disease burden due to sexual behavior in countries of the Western Balkans and elsewhere.

PARALLEL SESSION 4: *Infant and young child feeding practices, adult nutrition and dietary patterns*

Dietary risks concern the development of non-communicable diseases. The GBD 2010 Study has employed an expanded list of dietary risk factors related to chronic diseases including 14 items (fruits, vegetables, whole grains, milk, sugar-sweetened beverages, fibers, red meat, processed meat, nuts/seeds, calcium, sodium, seafood omega-3s, trans-fatty acids, and polyunsaturated fatty acids). The burden of disease due to dietary risks was the highest in 2000 for almost all of countries in Southeastern Europe. Afterwards, the burden of disease attributable to dietary risks has decreased significantly in most of these countries, but not in Albania where these are the leading risk factors.

This session will include presentations related to recent research studies carried out mainly in countries of the Western Balkans which indicate the impact of dietary patterns in countries of the Western Balkans, as well as in other countries. Additionally, presentations in this session will relate to the body of knowledge and practice related to the importance of adequate child nutrition as a cornerstone of child wellbeing and development.

Abstract instructions

Abstracts will be considered for oral, or poster presentation. Oral presentations will be 10 minutes, with 5 minutes of discussion time in 135-minute sessions. Individuals must register for the conference in order to present the abstract.

Abstracts are not limited to the main conference theme: other public health and health services' topics are welcome.

All abstracts should be submitted by e-mail at: konferencashp@yahoo.com

Deadline for abstract submission: 1st April, 2017.

Applicants will be notified of the acceptance of their abstract(s) by 15 April 2017.

General guidelines

- The abstract should be a maximum of 250 words.
- Authors should indicate the first and second choice of presenting their respective abstract(s): oral vs. poster presentation.
- *Abstract title:* should be brief, with no abbreviations or acronyms. Geographic location and dates of the study should be mentioned whenever possible/relevant.
- *Presenting author:* the name of the presenting author should be typed in full (first name and family name).
- *Affiliations:* if more than one affiliation is listed, please use 1, 2, 3 to number them.

Abstract structure

Authors should use the following headings to structure their abstracts:

- *Aim:* should address the scientific background and rationale for the study as well as the public health significance of the topic under study. Authors should describe the importance of the study, the research question(s) and the objectives of the study.
- *Methods:* should describe the study design, setting (community, clinic, hospital), study participants, analytic and/or intervention techniques and outcome measures.

- *Results*: should present the major quantitative and qualitative findings, accompanied by confidence intervals or levels of significance of statistical tests, as appropriate. “Negative” as well as “positive” findings may be equally of interest. However, the authors should report only those results which relate to their conclusion.
- *Conclusion*: authors should state only those conclusions that are directly supported by data. Authors should report on the public health actions that are recommended for implementation. As far as possible, authors should highlight the magnitude of the public health impact of their research work.

Evaluation procedure

All submitted abstracts will be initially checked for potential plagiarism via “Safe Assignment” (a special software for detection of plagiarism and/or duplication). After the screening process, all relevant abstracts will be peer-reviewed by the Scientific Committee according to the following criteria:

- (i) novelty and relevance of the research work;
- (ii) methodology;
- (iii) implications for public health research and practice.

Writing Style

Abstract should be written in English, Times New Roman, size 12, single spaced.