25TH IUHPE
WORLD CONFERENCE
ON HEALTH PROMOTION
SETTINGS FOR PLANETARY HEALTH & WELL-BEING
13 – 16 MAY 2025 | ADNEC CENTRE ABU DHABI

25TH IUHPE WORLD CONFERENCE ON HEALTH PROMOTION

13 – 16 May 2025 ADNEC Centre Abu Dhabi

BOOK OF ABSTRACTS

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DEPARTMENT OF HEALTH

مـركـز أبـوظـبـي
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FOREWORD

We are pleased to provide the collection of abstracts of the works presented at the 25th IUHPE World Conference on Health Promotion, held in Abu Dhabi, UAE, May 13-16, 2025.

This publication wishes to recognize all contributing authors to the rich and diverse content that was shared during the conference, across a range of formats, while also allowing us to keep a full record of this successful event.

Contributions are listed chronologically within each type of session: first the live presentations, then the posters. Please note that titles and abstracts appear in the language in which they were submitted and presented.

As with any publication of this scope and in spite of verifications, errors may arise. You may alert us if you find inaccuracies (write to iuhpe@iuhpe.org).

On behalf of IUHPE, thank you to all who attended and shared work at this important conference, to our committee members and other volunteers, and to the hosts, partners, organizers and venue: Abu Dhabi Public Health Centre, Department of Health - Abu Dhabi, Abu Dhabi National Exhibition Centre, Capital 360.

Liane Comeau, PhD

IUHPE Executive Director

EVENT OVERVIEW

In 2025, the International Union for Health Promotion and Education (IUHPE) celebrated its 25th World Conference—a momentous occasion marking its 74th year.

For the first time, this prestigious event was hosted in Abu Dhabi, UAE, a gateway between the Mediterranean and the Sahel, from the Atlantic to the Arabian Sea. It was the ideal stage for global health leaders to gather, share knowledge, and shape the future of health promotion.

1200+
HIGH QUALITY ABSTRACT SUBMISSIONS

1500+
GLOBAL DELEGATES

10+
WORLD CLASS PLENARY SESSIONS

300+
THOUGHT PROVOKING SESSIONS

200+
VISIONARY SPEAKERS

LIVE ORAL SESSION
SUB-PLENARY

Building Cohesion and Resilience within and between Diverse Communities through Health Literate Settings

Moderator

Gill Rowlands, Professor of General Practice, Newcastle University, UK

Sub-plenary

13 May 2025, 13:30 – 15:00

Presenters / Speakers

Stephan Van den Brouck, Université Catholique de Louvain, Belgium

Diane Levin-Zamir, National Department of Health Education and Promotion, Clalit, and Professor of Public Health- Health Promotion, University of Haifa, Israel

Kristine Sørensen, Global Health Literacy Academy, president of the International Health Literacy Association, and executive chair of Health Literacy Europe, Denmark

Orkan Okan, Professor of Health Literacy, Technical University of Munich, Germany

Don Nutbeam, Professor School of Public Health, University of Sydney, Australia

Brief

This sub-plenary will explore how health literacy can promote resilience to current and future crises within and between communities, taking into consideration pertinent issues such as dealing with infodemics. It will explore this within different settings (e.g. locality-based groups, schools, online communities, professional communities, hospital and primary care, crisis situations).

Objective and Background:

1. To share experience in intervention policy and research, and gather new perspectives on how health literacy – through implementing principals of health literate settings – can support building cohesion and resilience within and between diverse communities
2. To facilitate the establishment of a virtual team to undertake further work on the topic following this interactive session in the conference.
3. To apply the outcomes of the discussion to the IUHPE Position Statement on Health Literacy to reflect the importance of health literacy in community resilience.

Summary

We are in an age of permacrises; both acute (e.g. pandemics, conflicts) and 'slow burn' (e.g. chronic disease, rising sea levels). A commonality is that the most vulnerable people and communities experience the worst outcomes.

Health literacy is accessing, understanding, appraising and applying information for health. We will explore how health literacy might increase resilience invulnerable communities. We will use the 'World Café' approach. A series of tables will each focus on a different topic (e.g. different types of community, organizations important for health). Participants will visit at least three tables. At each, people will share their thoughts (verbal and written). At the end, each table coordinator will briefly present a summary. We will

provide a QR code for those interested in taking this work forward. Our objectives are to:

1. Gather new perspectives on health literacy and resilience within and between communities
2. Set up a team for further work.
3. Apply the outcomes to the IUHPE Position Statement on Health Literacy.

Health promotion includes 'all our relations': Ecosystems as settings for health promotion

Moderator

Dr Viliami Puloka, Department of Public Health, Otago University, New Zealand

Sub-plenary

13 May 2025, 13:30 – 15:00

Presenters / Speakers

Sione Tu'itahi, International Union for Health Promotion and Education (IUHPE), New Zealand
Leanne Eruera, Health Promotion Forum, New Zealand
Carlos Sanchez Pimienta, Guadajara, Mexico
Louise Signal, University of Otago, New Zealand

Brief

While we live large parts of our lives in built environments, we all spend 100% of our time living within local, regional and global natural ecosystems. Those ecosystems are the bedrock not only of our wellbeing, and indeed our very existence, but the wellbeing and existence of the many species with whom we share those places. So it is essential that health promotion work to protect and restore natural ecosystems, and in doing so be informed by the knowledge, experience, perspectives and spirituality of the Indigenous people who have lived in relationship with and been stewards of those places for millennia.

In this session we will hear from Indigenous leaders from Africa, Asia, Oceania and the Americas who are working with and linking the health of people, other species and the natural ecosystems of which they are all a part.

Objectives and Rationale of the session

To explore how indigenous knowledge systems can inform modern environmental practices, fostering planetary wellbeing through sustainable ecosystem management.

Summary

Ecosystems are the foundational settings of planetary wellbeing, offering essential services such as biodiversity conservation, climate regulation, and sustenance for all life forms. Indigenous knowledge systems, refined over millennia, provide deep insights into the sustainable management of these ecosystems.

Indigenous peoples have long understood that human wellbeing is inextricably one with health of Mother

Nature, and their practices reflect a sustainable, harmonious relationship.

So, it is essential that health promotion work to protect and restore natural ecosystems, and in doing so be informed by the knowledge, experience, perspectives and spirituality of Indigenous people who have lived in relationship with and been stewards of those places for millennia.

Health Promotion from an Early Age: Insights from the UAE Research and Practice Landscape

Moderator

Dr Amal Alzahmi, United Arab Emirates University, UAE

Sub-plenary

13 May 2025, 13:30 – 15:00

Presenters / Speakers

Prof Syed Shah, United Arab Emirates University, UAE
Prof Michal Grivna, United Arab Emirates University, UAE
Prof Luai A Ahmed, United Arab Emirates University, UAE
Dr Rami AlRifai, United Arab Emirates University, UAE
Dr Mohammed Khogali, United Arab Emirates University, UAE
Dr Javaid Nauman, United Arab Emirates University, UAE
Dr Iffat Elbarazi, United Arab Emirates University, UAE
Dr Balazs Adam, United Arab Emirates University, UAE

Brief

This sub-plenary focuses on how Health promotion initiatives starting early in life, in diverse settings across the UAE, are shaped by evidence from ongoing research capacity building and national programs. Drawings from UAEU's work in schools, communities, and healthcare, it highlights challenges and innovative solutions related to obesity, injury prevention, vaccine hesitancy, physical activity, smoking cessation, mother and child health, and cancer screening. The session showcases multi-level, systems-based approaches in the UAE, connecting policy, research, and practice for healthier populations.

Objectives and Rationale of the session

1. Present UAE-based research on health promotion and prevention from childhood to adulthood.
2. Discuss the unique cultural, policy, and environmental challenges in implementing effective programs in the UAE.
3. Offer comparative perspectives from other countries on building health literate settings.
4. Share innovative and community-informed strategies to increase early engagement in health-promoting behaviors.
5. Contribute to global learning on how emerging economies with diverse populations addressing risky behaviors focusing on localised interventions and systems approach.

Summary

This sub-plenary will emphasize the critical role of research and capacity building in shaping effective health promotion strategies across schools, communities, and healthcare settings. Focusing on the UAE context, the session will feature the work of the Institute of Public Health at UAEU, demonstrating how locally driven, evidence-based initiatives are essential for building sustainable health systems and improving population well-being from an early age.

Non-communicable diseases (NCDs) remain the leading cause of premature mortality in the UAE, accounting for nearly 70% of deaths, according to WHO estimates. Evidence shows that many risk factors for NCDs—such as poor nutrition, physical inactivity, and excess weight—begin in early childhood. This session will present research findings from national longitudinal studies and community-based initiatives, including the Abu Dhabi Early Childhood Development Program. Notably, results from the "Eat Right Emirates" health promotion program, which engaged mothers of young children (ages 5–8), demonstrating the measurable impact of targeted interventions in reducing overweight and obesity during early years.

A central focus of this session is the Mutaba'ah Study, the largest mother and child cohort study in the UAE. This long-term research initiative is tracking the health and development of over 17,000 Emirati families from pregnancy through childhood. The Mutaba'ah Study provides critical data on prenatal and early childhood risk factors, maternal behaviours, and long-term health outcomes. It plays a pivotal role in informing national strategies for maternal and child health, guiding evidence-based policy, and identifying priority areas for intervention. The study also contributes significantly to research capacity building by training early-career researchers and engaging local healthcare institutions in data collection and analysis.

Beyond sharing outcomes, this session will highlight how building research capacity within academic, public health, and governmental institutions strengthens the foundation for long-term impact. It will explore how partnerships, training programs, and intersectoral collaborations support a new generation of health promotion professionals equipped with the skills to address emerging public health challenges.

In summary, this session focuses on how research informs and transforms health policy and practice. It will explore strategies to enhance health literacy, build community trust, and address cultural and behavioral barriers to engagement with health initiatives.

Unlocking Health Equity: The Power of Digital Innovation Insights from the UAE for regional collaboration and convergence

Moderator

Dr. Priya Balasubramaniam, Centre for Sustainable Health Innovation, Singapore and Senior Public Health Scientist Public Health Foundation of India

Sub-plenary

14 May 2025, 14:15 – 15:45

Keynote Speaker

Dr. Ibrahim Al Jallaf, Department of Health, Abu Dhabi, UAE

Presenters / Speakers

Dr. Sanghmitra Pati Speaker, Indian Council of Medical Research (ICMR), GoI New Delhi, India.
Mr. Omar Najim BeehiveX, Abu Dhabi, UAE
Ms. Vidya Velgapudi, M42 Health, UAE
Dr. Ashoo Grover, Government of India
Dr. Mumtaz Meeran, Abu Dhabi Public Health Centre, UAE

Context:

As the UAE continues to establish itself as a global leader in digital transformation, Abu Dhabi offers a unique lens to explore the intersection of digital health innovations, universal health coverage (UHC), and planetary health. With its investments in AI, big data, and cutting-edge technologies, the UAE is transforming healthcare delivery to address both emerging health inequities and the dual burden of non-communicable diseases (NCDs) and infectious diseases. At the same time, its commitment to sustainability highlights the vital role of technology in understanding and mitigating the health impacts of climate change.

The UAE's digital health advancements also have significant implications for other countries in the region, as well as in Asia and Africa. Its experience in integrating digital tools within a mixed health system can provide valuable lessons for scaling innovations in resource-limited settings. Regional and global collaboration can enable countries to share best practices, co-develop adaptable solutions, and leverage collective expertise to address common challenges such as workforce shortages, data equity, and infrastructure gaps. A key focus of the session will be to explore how these collaborations can catalyze mutual learning, spur investments, and foster a more inclusive and equitable digital health ecosystem that advances UHC and planetary health goals across diverse settings.

Objectives:

1. Explore the transformative role of digital health technologies in improving access to healthcare services, improving health system efficiencies and addressing health inequities
2. Highlight innovations in diagnosing and managing NCDs and infectious diseases through AI, big data, and digital tools, showcasing successful models from Abu Dhabi and the UAE.
3. Examine the intersection of digital health and climate resilience, analyzing how technologies are monitoring, mitigating, and managing the health impacts of climate change.
4. Promote regional and global learning by the role of digital in health promotion by sharing best practices in digital literacy, challenges, and lessons from the UAE's digital health strategies that can inform broader global health goals.
5. Foster dialogue on ethical and equity considerations in deploying digital tools, ensuring inclusivity and sustainability in health system transformations.

Intervention Research as a Tool for Developing Health Promotion Research: Challenges and Perspectives

Moderator

Jérôme Foucaud, Institut national du cancer, France

Sub-plenary

14 May 2025, 14:15 – 15:45

Presenters / Speakers

Louise Potvin, School of Public Health, Université de Montréal, Montréal, Canada

Eric Breton, EHESP School of Public Health, Rennes, France

Jérôme Foucaud, Institut national du cancer, (French national cancer institut), Paris, France

Anne-Fleur Guillemin, Institut national du cancer, (French national cancer institut), Paris, France.

Brief

In line with the ongoing efforts in health promotion research and population health intervention research (PHIR) to improve people's health, we now have a body of knowledge to guide interventions. These interventions tapping into different epistemological roots include implementation sciences and highlight the need for a systemic approach that integrates a plurality of knowledge while considering contextual factors.

Today, the challenges in health promotion research and PHIR focus on two main aspects. First, there is a need to model interventions that can effectively reach those furthest removed from health—the so-called "hard - people -to-reach" populations—while genuinely accounting for varying levels of health literacy.

The second challenge, which will be at the core of this sub-plenary, concerns the scaling up of health promotion interventions. In other words, while we know what needs to be done, we lack knowledge on how to scale up these interventions effectively.

Objectives

Health promotion (HP) stakeholders are now required to base their decisions and interventions on scientific evidence: population health intervention research (PHIR) in HP is essential. Health promotion (HP) and PHIR fall under the category of "living sciences," and as such, their very objects of study require consideration of a plurality of contexts. Moreover, they are not standalone disciplines but exist at the intersection of a range of disciplinary fields.

In this context, we will examine PHIR as a tool for developing HP research, exploring their similarities and the challenges to be addressed.

Towards Healthy Dry Cities: Insights and Strategies

Moderator

Hatoun Saeb, Ministry of Public Health, Qatar

Sub-plenary

14 May 2025, 14:15 – 15:45

Presenters / Speakers

Dr. Roberto Bertollini, Ministry of Public Health, Qatar

Dr Lynne Kennedy, College of Health Sciences, Qatar University, Qatar

Ruediger Krech, World Health Organization, Switzerland

Brief

This session will focus on the unique health challenges faced by cities in arid regions, addressing sustainable, climate-resilient strategies for promoting health and well-being. Participants will explore innovative solutions for integrating health into urban planning in dry cities, with an emphasis on air quality, water resilience, and multisectoral collaboration. The session aims to foster a global exchange of ideas, challenges, and success stories on creating healthy and resilient cities in dry climates.

Objectives

1. Examine the unique characteristics and determinants of health in dry cities.
2. Explore sustainable, climate-resilient solutions for health promotion and health protection in this context.
3. Set the foundations for a network to exchange experiences and lessons on urban health resilience in arid regions
4. Highlight the importance of multisectoral collaboration and integrating health considerations in all policies.
5. Emphasize the importance of data collection to evaluate efficiency and effectiveness of public health actions in dry cities.

By fostering collaboration among stakeholders, the session will contribute to new learnings, inspire actionable strategies, and provide a platform for exchanging perspectives on urban health resilience.

Summary

This session will explore how the unique conditions of dry cities impact health promotion and protection efforts. It aims to share research, experiences, and solutions to address health challenges in these settings.

The discussion will focus on sustainable, climate-resilient strategies, the importance of collaboration across sectors, and the need to include health in all policies. It will also highlight the value of data collection to measure the impact of public health actions and support the creation of a network to share knowledge and best practices.Key Messages:

(1) Health promotion interventions designed for temperate climates are not suitable for cities with different climatic conditions and therefore health promotion strategies in dry cities must address multiple factors, including air quality, water resilience, and climate change.

(2) Data-driven approaches and multisectoral collaboration are critical in creating effective health policies and interventions in urban settings and tailored interventions must be informed by collected data and evaluated to measure their effectiveness and cost-efficiency.

(3) A network of countries with similar conditions is essential for sharing knowledge and experiences.

(4) A Health in All Policies approach

Advancing Health and Development in the Pacific: Addressing NCDs, Health Security, and Climate Resilience.

Moderators

Dr Viliami Puloka, Otago University, New Zealand

Dr Si Thu Win Tin, The Pacific Community (SPC), Fiji

Sub-plenary

15 May 2025, 16:00 – 17:30

Presenters / Speakers

Collin Tukuitonga, Centre for Pacific and Global Health, New Zealand

Dr Reynold Ofanoa, Ministry of Health, Tonga

Dr Jemesa Tudravu, Ministry of Health, Fiji.

Brief

This session directly aligns with the IUHPE 2025 theme, "Planetary Settings for Health Promotion," and the subtheme, "Health and Wellbeing in All Policies." It highlights how the intersection of planetary health, non-communicable diseases (NCDs), health security, and climate impacts demands holistic, inter-sectoral approaches. By leveraging planetary health principles, this session seeks to promote sustainable, evidence-based strategies for tackling the region's most pressing health challenges.

Objectives and Rationale of the session

Pacific Island countries face a unique and urgent convergence of health threats: escalating non-communicable diseases (NCDs), health security vulnerabilities, and severe climate change impacts. NCDs, including cardiovascular disease, diabetes, cancer, and respiratory diseases, account for up to 75% of deaths in the region, with some of the highest global rates of obesity and diabetes. The COVID-19 pandemic highlighted gaps in health security, as many islands faced severe impacts due to remote locations and limited healthcare infrastructure. Additionally, Pacific Island nations are on the climate frontlines, with rising sea levels, extreme weather, and shifting disease patterns intensifying risks of heat stress, food and water insecurity, and vector-borne diseases. Together, these challenges strain healthcare systems and heighten community vulnerability across the region.

In alignment with the IUHPE's 2025 theme and sub-theme, this sub-plenary session will highlight how a planetary health approach can address critical health issues in the Pacific. By drawing on the expertise of high-level policy makers, health professionals, and international partners, this session will share knowledge, ideas, perspectives and explore scalable strategies

that emphasize resilience, sustainability, and inter-sectoral collaboration to improve health outcomes across the Pacific region with the following specific objectives.

1. Address NCDs through a Planetary Health Approach: Discuss the increasing burden of NCDs and present scalable interventions that align with planetary health principles.

2. Strengthen Health Security and Pandemic Preparedness: Explore regional collaboration and capacity-building strategies for improved health security, emphasizing lessons learned from the COVID-19 pandemic.
3. Tackle Climate Impact on Health: Address the health implications of climate change, with a focus on evidence-based, adaptive, and resilient health system approaches.
4. Overall, the session will demonstrate how regional policies, research, and collaboration can address these challenges through integrated and sustainable action.

Summary

The Pacific faces a convergence of health crises: non-communicable diseases (NCDs), health security gaps, and climate change impacts. NCDs contribute to 75% of deaths in the region, while health security vulnerabilities were exposed during the COVID-19 pandemic. The region's unique challenges are further compounded by climate-related risks such as rising sea levels, extreme weather, and vector-borne diseases.

This sub-plenary session focuses on addressing these challenges through a planetary health approach that emphasizes resilience, sustainability, and inter-sectoral collaboration. Key objectives include exploring scalable strategies to curb NCDs, strengthening regional health security, and developing adaptive measures to mitigate climate-related health impacts.

The session features presentations by policymakers, health professionals, and regional partners, followed by a moderated panel discussion and interactive Q&A to ensure engagement and knowledge sharing. It aims to deliver actionable insights, region-specific strategies, and policy recommendations to foster resilient health systems and sustainable development in the Pacific.

Participants will leave with actionable insights, policy recommendations, and avenues for collaboration to promote healthier, climate-resilient Pacific communities.

as leaders and researchers in health promotion to address the issues affecting public health in the region and propose ways to address them. The symposium will also focus on identifying enablers and barriers to creating sustainable, healthy settings. The interactive format of the symposium will allow sharing best practices and exploring innovative approaches that fit the gulf region. The main goal is to establish partnerships between Gulf communities to improve the quality of life and promote healthy living.

LIVE ORAL SESSION WORKSHOPS/ SYPOSIUMS/ ROUNTABLES

these three concepts. Consequently, the political determinants of health are not well recognized in public health. However, the political determinants of health within a planetary perspective are emerging as an increasingly important variable in health outcomes. The political determinants of health and the social determinants of health are intertwined, codependent and complex.

This workshop will expose the explicit and implicit relationships between political decisions, policy and public health outcomes from a planetary perspective. This foundational understanding about the complex juxtaposition between these concepts will ensure participants meet learning objectives and feel inspired to apply this new knowledge in their local practice environment.

This workshop is more important than ever to bring to center stage the urgency of addressing the political determinants of health and prepare the current and next generation of public health, health promotion practitioners and health policy makers for their progressively more intricate careers. This workshop will add value because it offers delegates the opportunity to think deeply about this emergency topic, discuss complex concepts with peers from the countries and explore pathways to progress the research agenda in their own country.

Objectives

The objective of this workshop is to encourage critical thinkers by challenging participants to explore complex concepts in a safe environment, to think about disciplinary ideas in different and novel ways and to kindle the inner activist to challenge the status quo, make a difference to how things are done, progress fair and equal treatment across the population, bring to the fore and highlight complexities and inequities and not accept complacency.

Health Promotion Through Collaborative Initiatives in Healthy Settings: Perspectives from the Gulf Region

Symposium

15 May 2025, 14:00 – 1530

Presenters / Speakers

Faiza Aljabry, Ministry of Health & Prevention, UAE

Ali Alaradiza, Ministry of Health, Bahrain

Tariq Mousa, Public Health Authority, Saudi Arabia

Objective

This symposium aims to explore the potential of settings such as cities, workplaces, schools, universities, and other environments in the Gulf region as foundations for health promotion activities and to share experiences in implementing such initiatives. The symposium will bring together healthcare experts as well

Health Literacy as a Tool to Improve Health and Well-being and Reduce Health Inequalities

Symposium

13 May 2025, 17:00 – 18:30

Presenters / Speakers / Co-Authors

Gillian Rowlands, Newcastle University, UK

Pr. Diane Levin-Zamir, Clalit and University of Haifa. Israel

Dr. Kristine Sørensen, Global Health Literacy Academy, Denmark

Pr. Orkan Okan, Technical University of Munich, Germany

Health literacy has emerged as a critical determinant of health outcomes and reduced health inequities. This symposium presents cutting-edge empirical research on health literacy from an international perspective, offering insights into its multifaceted nature and practical implications.
The symposium encompasses four distinct yet interconnected domains: (1) mental health literacy, (2) organizational health literacy, (3) health literacy interventions, and (4) professional capacity building for health literacy. Drawing from diverse geographical contexts, the presented studies employ rigorous methodologies to address pressing questions in the field:

1. The first study investigates organizational health literacy, focusing on how Primary Care Doctors can enhance their communication strategies and service delivery to better accommodate varying levels of health literacy among patients, whilst offering patients opportunities to build reading and financial literacy.
2. The second presentation evaluates the efficacy of a health literacy intervention, providing evidence-based strategies for improving health literacy in diverse populations.
3. The third study addresses the crucial aspect of professional capacity building for health literacy by the Erasmus+ Skills4HealthLiteracy project
4. Finally, the fourth presentation examines the nuances of mental health literacy at the individual level, exploring its relationship with help-seeking behaviours and mental health outcomes.

Collectively, these presentations offer a comprehensive overview of the current state of health literacy research, highlighting areas for future action as well as investigation. The symposium aims to stimulate interdisciplinary dialogue and foster collaboration among researchers, practitioners, and policymakers in the pursuit of enhancing global health literacy and, ultimately, improving health outcomes worldwide.

Who is in the classroom? Promoting the health and well-being of students and teachers

Symposium

13 May 2025, 17:00 – 18:30

Presenters / Speakers / Co-Authors

Min-Chien Tsai, University of Huddersfield, UK

Hawa Fatty, UNESCO Chair 'Global Health & Education', UK
Goof Buijs, UNESCO Chair Global Health & Education, France
Pr. Didier Jourdan, University of Clermont Auvergne, France

Objectives
School is not a setting like any other. Every day, 20% of the world's population - children, adolescents and adults - go there! This workshop focuses on the well-being of teachers and students in relation to each other, emphasising their mutual influence in the school environment. Supporting teachers' health and well-being enhances teaching quality and classroom environments, which fostering student health and well-being. In turn, student well-being increases engagement and teacher satisfaction, creating a cycle that highlights the need to promote health for both groups.

The workshop aims to:

1) Review empirical research on the link between teacher and student health and well-being to underscore their importance.
2) Brainstorm intervention strategies to promote health and well-being for both groups.
3) Co-create innovative ideas for advancing health promotion in schools.

Learning goals
This workshop bridges theory, evidence, and practical strategies to facilitate meaningful change. Participants will:

- Understand the interdependence of teacher and student health and well-being.
- Gain knowledge of key domains of child, adolescent and teacher well-being.
- Develop the skills to apply these strategies in diverse contexts.
- Co-create and share actionable plans to promote health and well-being in schools.

The "UNESCO Chair Global Health and Education" and "Education and Solidarity Network" will provide certificates of attendance.

Building Well-Being Societies: Pathways to a Healthier and more Equitable Future

Symposium

13 May 2025, 17:00 – 18:30

Moderator:

Ruediger Krech, Switzerland

Presenters / Speakers / Co-Authors

Dr. Faten Ben Abdel Aziz, WHO-HQ, Switzerland

Dr. Tim France, Inis Communication, UK

Dr. Ruediger Krech, WHO-HQ, Switzerland

General objective

The symposium will showcase practical experiences and lessons learned in implementing the five policy pathways outlined in the World Health Organization Global framework for integrating well-being into public health utilizing a health promotion approach (and a practical 'pathways' document under development). The objective is to provide actionable insights and inspire countries and stakeholders in operationalizing these pathways within their own contexts to advance well-being societies.

Conference theme and/or sub-themes addressed

This symposium will primarily address the Beyond settings: systems, networks and connections daily theme of the conference.

The symposium aims to showcase practical experiences and lessons learned from implementing the five policy pathways outlined in the Global framework, which emphasize a systems-thinking approach that considers interconnected factors influencing well-being, moving beyond specific settings such as schools or workplaces.

While the symposium also touches upon the Planetary settings for health promotion daily theme, and indirectly relates to Settings for health and innovations, its primary focus lies in examining the broader systems, networks and connections that influence well-being. The policy pathways framework inherently acknowledges the interconnectedness of various settings and the need for coordinated action across different sectors.

Management of CVS, Diabetes and Obesity in the UAE; A Health in all Policies Approach

Symposium

13 May 2025, 17:00 – 18:30

Moderator

Dr. Nazik Suleiman, Hamdan Bin Mohammed Smart University (HBMSU), UAE

Presenters / Speakers / Co-Authors

Zufishan Alam, Hamdan Bin Mohammed Smart University (HBMSU), UAE

MD Haffizur Rahman, Hamdan Bin Mohammed Smart University (HBMSU), UAE

Kanika Sinha, Hamdan Bin Mohammed Smart University (HBMSU), UAE

General Objective

The symposium will explore the burden, gaps, and opportunities for addressing cardiovascular diseases (CVD), diabetes, and obesity in the UAE and the MENA region through a "health in all policies" approach. These chronic conditions present significant public health challenges due to their rising prevalence and socioeconomic impact.

Conference theme and/or subthemes addressed

The symposium aligns with the theme of precision health promotion, emphasizing evidence-based practices and cross-sectoral collaboration.

Children Leading Quality of Life from an Early Age – How Do We Achieve It?

Workshop

13 May 2025, 17:00 – 18:30

Presenters / Speakers / Co-Authors

Dr. Ronit Jakobovich, Tel Aviv university, Israel

Objectives

Global educational trends highlight that children and youth who are best prepared for the challenges of the 21st century are those who emerge as leaders, change agents, initiators, and active participants. These individuals take responsibility, plan, make informed decisions, and implement them, with an emphasis on healthy behaviors.

Early childhood plays a crucial role in developing healthy habits. Health behaviors acquired during childhood significantly influence health patterns in adulthood. Focusing on health literacy from an early age is essential, enabling children to acquire knowledge, develop skills, understand and adopt recommended health behaviors. Furthermore, fostering leadership in health and quality of life is essential. Studies show that young children, when engaged in activities promoting healthy eating, water consumption, and encouraging physical activity in their preschools, demonstrate the ability to act as “agents of change” and influence their parents to provide healthier food options.

Based on these insights, the initiative "*Children Leading Quality of Life*" was developed. This innovative program encourages the adopting of healthy behaviors, nurturing leadership skills, addresses real-life challenges. The initiative integrates both kindergarten and family settings, fostering reciprocity between them.

The program targets children aged 3 to 7 and serves as a practical tool for educators, parents, health professionals, and policymakers in education and health sectors.
The program units include planning and research tools, documentation, monitoring, and control systems, along with play accessories for children, their families, and activities within educational institutions.

Learning goals

Expanding the implementation of the program to additional countries, along with its evaluation, may illuminate the critical issue of leadership in promoting the health of our children — the future generation

Empowering the Health of Tomorrow’s Citizens - Utilizing Participatory Learning and Action (PLA) for Health Promotion in Schools

Workshop

13 May 2025, 17:00 – 18:30

Presenters / Speakers / Co-Authors

Dr. Chinnu Sara Varughese, Pushpagiri Institute of Medical Sciences and Research Centre, Kerala, India

Relevant experience or practice

I am a faculty member in the Department of Community Medicine at a private medical college in Kerala, India. The institute runs a Centre for Health Communication which has tie-ups with the local schools and colleges. Health education sessions are being conducted periodically in these schools and world health days are observed. As an academic institution, research is an important component of our activities. Participatory learning and action (PLA) is a qualitative research method involving the active participation of a community rather than outsiders, to understand a situation or community, and to translate their learnings into actionable solutions. PLA is well suited to seek out opinions from marginalised communities like children, women and people with disabilities. PLA techniques could be utilised to create health-literate schools. Medical colleges and public health departments could initiate and conduct PLA in schools to identify various local health issues in lifestyle practices, mental health, environmental health, etc., develop health promotion campaigns, implement and evaluate health promotion activities and advocate for healthy school environments. For example, high school students could conduct focus group discussions on the motivators and barriers to maintaining a nutritious diet, perform participatory mapping of local food resources, prepare seasonal food calendars, have cooking demonstrations of healthy meals, workshops involving parents, progress tracking and feedback and hence, advocate for nutritious diet for their families and the community.

Implications for health promotion

Children are the world of tomorrow and it is better to begin practising healthy behaviours at a younger age. Health promotion in this age group is a primordial prevention initiative that prevents the emergence of risk factors for diseases, which is the best form of prevention. PLA empowers children to take ownership of their own and their communities' health and increases the likelihood of sustained healthy behaviours throughout their lifetimes. They gain lifelong skills and attitudes to perform critical thinking, problem-solving, and decision-making, as well as identify health issues and their determinants. This could also involve parents and surrounding communities, thus promoting community engagement beyond the school environment. Implementing PLA in schools also provides an opportunity to generate evidence that can inform policies and practices in school health promotion. Potential barriers to implementation could be rigid curricula, varied student interest and capacity, insufficient trainer preparedness, socio-cultural dynamics, and limited institutional support and resources.

Implications for sustainable development

PLA is a useful tool to integrate health literacy into the education system. Schools can enhance learning environments (SDG 4) and improve overall population health outcomes (SDG 3). Health literacy initiatives also help to tackle health inequities (SDG 10) and extend to families and communities, thus creating healthier urban and rural environments (SDG 11) and improving planetary health (SDG 13).

Food & Alcohol-EPI: Tools for Working with Local Government to Create Healthy and Sustainable Food and Alcohol Environments

Workshop

13 May 2025, 17:00 – 18:30

Presenters / Speakers / Co-Authors

Louise Nadine Signal

Objectives

Are you interested in building healthy and sustainable local food and alcohol environments? This workshop introduces new tools designed to support communities, local governments and other key stakeholders to do this. The tools, Food & Alcohol-EPI, identify potential local government policies and initiatives and examples of good practice. They enable councils to benchmark their progress against others, explore new areas for action, monitor progress, and build a body of evidence. The objectives of this workshop are to introduce the tools, demonstrate their use and explore their adaptation for use across the planet.

Catalysing Health Promotion in Multimorbidity: A "Community of Practice" for Healthy Longevity

Symposium

13 May 2025, 17:00 – 18:30

Presenters / Speakers / Co-Authors

Dr. Arohi Chauhan, South Asian Institute of Health Promotion, Odisha, India

Dr. Abhinav Sinha, ICMR-Regional Medical Research Center, India

Dr. Sanghamitra Pati, ICMR-Regional Medical Research Center, India

Dr. Krushna Chandra Sahoo, Department of Health Research, India

General Objective

- To describe and discuss the challenges of managing multiple long-term conditions from patient, caregivers and physician's perspectives.
- To explore specific complexities of multiple long-term conditions with focus on polypharmacy, health literacy, and quality of life across diverse settings.
- To discuss and suggest a "community of practice" for health promotion in multimorbidity.

The Role of Yogo Teachers and School Health Activities to Solve Health Problems of Children in Japan

Workshop

13 May 2025, 17:00 – 18:30

Presenters / Speakers / Co-Authors

Yuko Uchiyama, Toyo University, Japan

Objectives

In recent years, Japanese children have been facing countless health problems such as truancy, bullying, suicide, poor eyesight, and Internet addiction.
In order to solve these problems and to maintain and promote children's health, every school in Japan has a school infirmary and a Yogo teacher (School health promoting nurse) assigned to the school. This system is unique to Japan and has no similar counterpart in the world. In addition, based on “Health Checkup Manual” “School Health and Safety Law,” “School Environmental Sanitation Manual” and other documents, the school health center manages children's health, promotes school safety, and maintains environmental sanitation.
We, Japanese Yogo teachers, have participated in this conference from 1995 to this year, and have continued to report on the practices of Yogo teachers in schools as described above.

Format

Yogo teachers with diverse experience in school health in Japan will introduce the facilities and equipment of school infirmary, training methods for Yogo teachers, and health and sanitation management in schools, and exchange information on the differences between Japan and the participants' home countries.

Learning goals

Japanese schools were the fastest in the world to reopen and allow children to return to school after the COVID-19 pandemic (based on WHO data).
In this way, Yogo teachers look over the entire school from the location of the infirmary and strives to maintain and promote the health of children. In this workshop, we will introduce the role of Yogo teachers in solving children's health problems in Japan and the school health activities conducted in Japanese schools, and share techniques to help children grow up healthy.

Salutogenesis: A new perspective or Health Promotion

Workshop

13 May 2025, 17:00 – 18:30

Presenters / Speakers / Co-Authors

Sarah Michaud, Sol Lucet Omnibus Fundation, Morocco
Dr. Adil Mansouri, Ministry of Health and Social Protection, Morocco

Objectives

Salutogenesis, introduced by medical sociologist Aaron Antonovsky in the 1970s, offers an alternative to the traditional disease-centered approach by focusing on factors that promote and sustain health. It is based on the Sense of Coherence (SOC), comprising three dimensions: Comprehensibility (perceiving the world as structured and predictable), Manageability (having resources to cope with challenges), and Meaningfulness (finding purpose in life experiences). This approach emphasizes mobilizing internal and external resources to foster wellbeing and resilience.This workshop aims to deepen participants' understanding of salutogenesis and its

practical applications in health promotion. Through a dynamic interview between a recognized expert and a skeptical moderator, participants will critically explore the challenges, opportunities, and real-world uses of salutogenesis. The interactive discussion will provide practical tools and innovative strategies to implement this approach, enabling participants to advance health promotion in their professional contexts.

Format

The workshop will take the form of a dynamic interview-discussion between a salutogenesis expert and a sceptical moderator. This structure will encourage a critical examination of the relevance and limitations of salutogenesis while fostering an interactive dialogue with participants.

Learning goals

1) Discover salutogenesis: understand its origins and theoretical foundations, with a focus on the seminal work of Aaron Antonovsky.
2) Identify the specificities and strengths of salutogenesis in addressing complex questions within health promotion;
3) Explore new dimensions of salutogenesis and its practical applications in professional settings such as public health, education, and community interventions.
4) Understand the complementarity and distinctions between salutogenesis and pathogenesis: how do these two approaches interact to improve health and wellbeing management.
5) Discuss the challenges and opportunities of integrating salutogenesis into existing health promotion policies and programs.

Recognizing the Potential of Promoting Health and Well- Being through Health Literacy: Think Globally, Act Locally

Roundtable

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Pr. Orkan Okan, Technical University of Munich, Germany

Dr. Faten Ben Abdelaziz, WHO-HQ, Switzerland

Pr. Diane Levin-Zamir, Clalit and University of Haifa. Israel

Dr. Kristine Sørensen, Global Health Literacy Academy, Denmark

Dr. Samar Elfeky, World Health Organization, Regional Office for the Eastern Mediterranean, Egypt

Pr. Gill Rowlands, Newcastle University, Population Health Sciences Institute, UK

Pr. Stephan Van den Broucke, Université Catholique de Louvain, Psychological Sciences Research Institute, Belgium

Relevant experience or practice
This round table will feature key health promotion and well-being experts and the newly established WHO Collaborating Centre for Health Literacy (WHO CC HL) at TU Munich, Germany. The CC head will open the round table and present the global monitoring system to assess population health literacy in WHO Member States, which will inform this round table. Six key health literacy and health promotion experts and WHO CC HL collaborators will provide their statements related to the global health literacy monitoring system and its application at regional and country levels:

The experts will each provide a brief 5-minute statement regarding their perspectives in relation to the planned activities of the WHO CC HL, as per member states' needs and highlight synergies to health promotion, well-being, public health, and health literacy development. Following their short statement, the next 60 minutes of the round table will be dedicated to interaction with the audience, which will be realized in two ways: (1) using Slido, the audiences can post their questions, (2) the moderator will prepare specific questions for the audiences. The round table will close with a summary of the key points.

Implications for health promotion
Embedded in WHO`s health and well-being agenda, the global survey will generate evidence on population and individual demographics, health equity, determinants of health, and required financing to address health literacy development, including countries without evidence on health literacy yet. Evidence generated will be used to inform local health promotion and well-being strategies and policies to enhance health literacy using setting-based approaches and empower communities to make informed health promoting decisions and influence the (social, digital, and commercial) determinants of health.

Implications for sustainable development
Health literacy is part of the Sustainable Development Goals, and the global survey. The WHO CC HL will provide evidence to inform WHO`s Sustainable Development and Well-being agenda.

The Commercial Determinants of Health in the Arab Gulf States- Lessons and Opportunities derived from WHO Europe report on Commercial Determinants of Health

Workshop

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Dr. Sara El Khadra, Abu Dhabi Public Health Center, UAE
Mariam Al Karbi, Abu Dhabi Public Health Center, UAE
Dr Roberto Bertollini, Ministry of Public Health, Qatar

Objectives
This workshop aims to present ideas described in the WHO Europe report on commercial determinants of health.
Discuss the feasibility of implementing recommended interventions from the WHO Europe report on commercial determinants of health within the context of the Arab Gulf States.

Participants will assess the current landscape of commercial influences on health, identify key interventions such as regulating marketing practices and promoting healthier product options, and explore strategies for fostering collaboration among stakeholders. The Workshop will facilitate an open discussion on participants' perceptions of commercial influences on health in the community. This can help identify local issues and priorities.

Format
The workshop will be structured around interactive presentations, group discussions, and breakout sessions. It will begin with an overview of the health landscape in the Arab Gulf States, followed by a review of key interventions from the WHO report. Participants will then engage in breakout groups to assess the potential benefits and challenges of these interventions and develop preliminary action plans. The session will conclude with presentations from each group and a collaborative discussion on next steps.

Learning goals
Participants will leave the workshop with a comprehensive understanding of the commercial determinants of health and their implications for public health. They will gain practical insights into actionable interventions, develop skills for stakeholder collaboration, and create a network of professionals committed to promoting healthier communities. Ultimately, attendees will be equipped to contribute to a coordinated approach that addresses the influence of commercial activities on health outcomes. We will as well provide participants with additional reading materials, including handouts and frameworks that can be used for successful interventions in similar contexts.

Health Literacy in Settings & Groups: Culture, Demographics, and Inequities

Symposium

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Prof. Dr. Stephan van den Broucke Catholic University of Louvain, Belgium
Prof. Dr. Institute of Social and Preventive Medicine, Univ. of Bern, Switzerland
Prof. Dr. Carmel Bouclaous, Lebanese American University, Lebanon
Prof. Dr. Don Nutbeam, University of Sydney, Sydney School of Public Health, Australia
Ms. Celine Jeitani, Catholic University of Louvain, Belgium

General Objective
Evidence of the crucial role that culture plays across various health literacy domains has been highlighted in numerous studies, which explore its impact, associated barriers, and related inequalities. This symposium will examine the cultural and demographic dimensions of health literacy, emphasizing its varying role throughout different contexts. It will examine the barriers faced by cultural minorities and raise the question of inclusivity and power for all demographics and belief systems. Social determinants will be addressed to link culture, health literacy and social inequity. This symposium will explore health literacy in marginalized groups and across age demographics, highlighting the role of cultural adaptation in health literate settings and public health issues.

Health Promoting Schools in Fiji: Transforming Local Food Systems through School Food and Nutrition Activities

Roundtable

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Ateca Soleinalaca Vucago Kama, Ministry of Health and Medical Services, Fiji

Relevant experience or practice

Fiji had in September 2006 endorsed the adoption of the Health Promoting Schools (HPS) concept as a mechanism to strengthen the inextricable link between health and education which would demonstrate an appreciation for the immense opportunity that exists for the Health and Education ministries to work together towards their common goal for generations of youth who are healthy and productive.

In 2007, a Fiji HPS Action Plan was developed and in 2009 a Memorandum of Understanding on HPS was signed between the Ministry of Health and Medical Services and the Ministry of Education. In the same year a National Workshop was held in Suva where 7 schools from the 9 districts were initiated into the program, followed by a series of awareness workshops conducted in the 9 Education Districts. Schools developed plans following the HPS framework: Policy, Supportive Physical and Social Environment, Skills, Community Engagement, Health Promotion and Provision of Health Services. Schools had to identify health issues which became entry points into the program.

Between 2012 and 2014 a total of 84 schools became part of the program, reaching 20,000 students. Each of the 84 school was provided seed funds to help them start the program, and common HPS activities included: diet, physical activity, gardening, canteen, mental health and well being, and water, sanitation and hygiene.

Currently, 285 schools in Fiji participate in the HPS, and of these, 204 had received accreditation. The evaluation of these accredited schools will provide the evidence on the effectiveness of the HPS program and will inform decisions on further measures, interventions and potential strategies.

1. The potential strategies include the following:
2. Policy Advocacy for Sustainable School Food Programs – cross-cutting governance
3. Capacity Building for Teachers and School Canteen Operators
4. Nutrition Education and Advocacy, and Healthy Eating Campaigns
5. School Gardens and Local Food Production
6. Integrating Local Food in School Meals
7. Community and Parental Engagement

Schools in Fiji can play a transformative role in promoting health, preserving food traditions, and supporting local economies, while also helping to combat issues like malnutrition, obesity, and micronutrient deficiencies. By fostering strong connections between schools, farmers, and communities, these initiatives can empower the next generation to value and sustain their local food systems while promoting healthier diets.

Implications for health promotion
Transforming local food systems through school food and nutrition activities in Fiji can have implications for health promotion in several impactful ways:

By engaging students across the entire food value chain—production, processing, marketing, and consumption—these activities can foster a deeper understanding of sustainable, local food systems. Transforming local food systems in Fiji through school-based activities is essential for improving both the health of students and the sustainability of local agriculture.

Implications for sustainable development
Transforming local food systems through school food and nutrition activities in Fiji can have implications for sustainable development in several impactful ways:

The ripple effect of presenting lessons learnt and way forward at a round table discussion can significantly impact both the participants and local island communities. Participants gain valuable insights, practical tools, and opportunities for collaboration, while local communities benefit from healthier diets, stronger food systems, economic opportunities, and the empowerment of future generations.

By fostering these connections and sharing the successes of Fiji's approach, we can contribute to a global movement of sustainable, local food system transformation that addresses critical issues such as food security, nutrition, and environmental sustainability.

The Impact of Climate Change on NTDs: Lessons from Africa on Advancing Health for Youth and Women in Crisis Zones

Roundtable

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Fatima Elbasri Abuelgasim Mohammed, Youth Combating NTDs, UAE
Dr. Yaye Sophietou Diop, Speak up Africa, Senegal
Dr. Yvonne Ninyembabazi, Amazi Health Initiative, Rwanda
Fabius Mulongo, Youth Combatting NTDs, Kenya
John Dongo, Youth Combating NTDs, Zimbabwe
Tabel Omole, Food Impact, Nigeria

Conference sub-theme addressed:

This topic aligns with the sub-theme "health equity and its determinants" by examining how environmental crises such as floods, droughts, and extreme temperatures impact the burden of NTDs among vulnerable

groups including youth, children and women. The discussion will highlight health promotion practices from several African countries where our team operates, advocating for NTDs prevention through community-based initiatives and policy-driven approaches. Particular attention will be given to African countries including Sudan, Rwanda, Tanzania, Zimbabwe, Kenya, and Nigeria.

Relevant experience or practice:

Our proposed panelists have in-depth experience with the aforementioned health promotion practices, including community-led awareness campaigns, youth engagement, and partnerships with local governments to address NTDs which are aggravated by climate change. They are a group of medical doctors, health advocates in their countries ministries of health, and executive directors of civil society organizations.

Implications for health promotion

This discussion has the potential to bridge gaps in knowledge and preparedness by educating attendees on the links between climate change and NTDs, using case studies that highlight country-led innovations and strategies. Additionally, the panel aims to provide recommendations for implementing intersectoral strategies to address the burden of NTDs, with a focus on engaging young people at the center of advocacy efforts through meaningful participation in evidence-based policymaking.

Implications for sustainable development

This discussion not only addresses the immediate health needs of the NTDs community but also strengthens the long-term sustainability of health systems. Anchored in the planetary health framework, it supports multiple Sustainable Development Goals (SDGs): SDG 3 (Good Health and Well-being) by sharing experiences and practical approaches to promote community health, SDG 13 (Climate Action) by fostering community adaptation to environmental challenges, and SDG 10 (Reduced Inequalities) by exploring strategies to support vulnerable populations, such as youth and women, who are disproportionately affected by these crises.

Research With, Not On: Co-Creating Knowledge with Children and Adolescents

Roundtable

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Ursula Griebler, University for Continuing Education Krems, Austria
Dr. Suzannah D'Hooghe, Department of health information, Sciensano, Belgium
Jessie van Kerckhove, Department of health information, Sciensano, Belgium

Objectives

1. Present a framework highlighting key factors for meaningful and effective co-research with children and adolescents, based on evidence from the literature.
2. Discuss challenges and facilitators to conducting co-research with children and adolescents, grounded in insights from existing research.
3. Share practical reflections and lessons learned from three participatory projects with children and adolescents.

Learning goals

1. **Gain insight into co-research frameworks:**
   Understand the framework for co-research with a focus on participatory approaches involving children and adolescents
2. **Recognize key challenges and facilitators** for co-research from evidence synthesis and practical experiences
3. **Learn from practical examples**
   Discover lessons learned from three participatory projects, highlighting actionable strategies to address common challenges
4. **Collaborate to develop solutions**
   Engage in small-group discussions to brainstorm solutions and share strategies for enhancing co-research practices.

Human-Centered Learning: Empathy-Driven Exploration, Metacognitive Skill-Building, and Persuasive Psychological Principles Integration

Workshop

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Wafaa El Zaatari, Zayed University, UAE
Dr. Iffat El Barazi, United Arab Emirates university, UAE

Effective patient education for chronic disease management requires a human-centered approach that fosters motivation, emotional intelligence, and lasting behavior change. This workshop introduces the use of empathy maps, initially created by Dave Gray in 2010, as a tool to better understand patients' perspectives. By exploring what patients see, say, do, and hear—and delving into their thoughts, feelings, fears, and aspirations—health educators can create tailored interventions that resonate on an emotional and cognitive level.
Participants will learn to guide patients in setting achievable goals and measuring success. The workshop emphasizes the importance of teaching metacognitive skills, including planning, monitoring, and assessing one's learning journey. These skills empower patients to take ownership of their health and develop resilience in facing challenges. Additionally, the session highlights the integration of persuasive psychological principles to support decision-making, enhance motivation, and promote knowledge retention.
By blending empathy, metacognitive skill-building, and evidence-based strategies, this workshop equips health educators with tools to engage patients more effectively and achieve sustainable health outcomes. Participants will leave with actionable strategies to create impactful educational programs that prioritize the patient's voice and needs.

Objectives

1. Identify the role of empathy mapping in chronic disease management education.
2. Apply metacognitive skills to enhance patient self-awareness and resilience.
3. Explore strategies for building emotional intelligence and intrinsic motivation in patients.
4. Apply persuasive psychological principles to improve knowledge retention and behavior change.

Health Literacy Without Borders: Universal Solutions for Global Health

Workshop

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Stan Hudson, Institute for Healthcare Advancement, USA

Objectives

Health literacy is a vital tool for driving institutional change and advancing global health equity. This session highlights how organizations can integrate health literacy into systems and policies to address structural inequities. Participants will explore scalable, evidence-based approaches to build institutional capacity and promote sustainable health outcomes worldwide.

Format: An interactive presentation where learners investigate institutional health literacy case studies from organizations successfully implementing health literacy strategies in their country. This is followed by a collaborative workshop where attendees design institution-focused interventions.

Learning Goals

1. Develop strategies for embedding health literacy principles into institutional policies and frameworks to drive systemic change.
2. Identify methods for fostering collaborations across sectors (e.g., healthcare, education, and policy) to amplify the impact of health literacy initiatives at an institutional level.
3. Design scalable, culturally adaptable health literacy programs that address systemic barriers and promote equity within diverse populations.

Using Join-in-Circuit on HIV, Love and Sexuality as an Interactive Method to Influence Positive Behavioural Change Among People in Different Settings.

Workshop

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Priscilla Choolwe Muzyamba, The University of Zambia, Zambia
Flaviour Ndalama, The University of Zambia, Zambia

The Join-In-Circuit on HIV, Love, and Sexuality (J-IC) is a learner-centred tool designed to enhance the knowledge, attitudes, and behaviours related to gender, Gender-Based Violence (GBV), sexual and reproductive health and rights, including HIV. It aims to address the triple threat of HIV, Teenage pregnancy and GBV. The J-IC uses interactive techniques such as games, visual narrative, and problem-solving activities to facilitate discussions on these topics.

This intervention focuses on 11 stations, where at least five or six stations are selected based on the target audience and the context. The stations address various thematic areas, including HIV prevention and

management, reducing gender inequality and Gender-Based Violence (GBV). The J-IC uses inclusive and barrier free activities encouraging participation from all target groups.

Training objective
To demonstrate the use of the Join-in Circuit on HIV, Love & Sexuality (J-IC) as a tool for behavioural Change related to risks of GBV, gender inequalities and STIs including HIV.

Learning Goals and Workshop Outcomes.

1. To understand the use of the J-IC as a method for behavior change in addressing issues around Gender inequalities, GBV, SRH including HIV/AIDS.

2. To adapt the J-IC to specific target groups and contextual needs.

3. To strengthen participants' ability to leverage the J-IC for facilitating transformative discussions and inspiring collaborative, community-driven solutions to SRH and GBV challenges.

Creating Common Ground in a Fragmented Educational Landscape - Health Promotion Capacity Building in Switzerland

Symposium

14 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Verena Biehl, Institute of Public Health, School of Health Sciences, ZHAW Zurich University of Applied Sciences, Switzerland
Raphaël Zumofen, School of health sciences, HES-SO-Valais-Wallis, Switzerland
Stephanie Pin, Departement of Health Promotion and Prevention, Unisanté, Switzerland
Lara de Preux-Allet, School of health sciences, HES-SO-Valais-Wallis, Switzerland
Derek Christie, School of Health Sciences Fribourg, University of Applied Sciences and Arts Western Switzerland (HES-SO), Switzerland
Karin Nordström, Institute of Public Health, School of Health Sciences, ZHAW Zurich University of Applied Sciences, Switzerland

Health promotion (HP) professionals use an array of promising approaches to confront current health challenges globally, including in Switzerland. Examples are increasing mental health issues, cumulative incidence of noncommunicable diseases, the threat of reinforced health inequities or the call for planetary health perspectives. In Switzerland, however, the full potential of HP professional practice is restrained due to insufficient resources, political commitment, and legal frameworks (Lückenbach et al., 2023). Furthermore, education in HP started late, in the early 2000s, and was offered via continuous education (UAS) (Biehl et al., 2024; Künzli & Nocera, 2022). The first undergraduate programme in HP started at the Zurich University of Applied Science (ZHAW) in Winterthur only in 2016 (Biehl et al., 2022). Even now, the HP educational landscape in Switzerland remains fragmented, resulting in a complex situation with persisting unclarity regarding the

conceptualization of professional roles of HP professionals, and low recognition of their specific competencies by employers and policy makers (Biehl et al., 2021). Taken together, to raise the visibility of professional competencies, roles and forms of HP education, common ground for capacity building for HP professionals must be created (Van den Broucke, 2021).

General Objective

The symposium aims to gain an insight into HP capacity building in Switzerland, focusing on education and training. The symposium consists of the following contributions: (1) We will present the first results of a current project (2024-2025) establishing a shared understanding of the significance and adherence to core competencies (CompHP) for HP in education and training. (2) Furthermore, we will focus on specific HP curricula based on core competencies in HP by sharing experiences from the first Swiss undergraduate program in the German speaking part of Switzerland. (3) We will furthermore present from French speaking Switzerland and continuing education challenges for postgraduate and continuing education, focusing on experiences on interprofessionality and specific competences in HP and prevention.

By sharing and bringing together these Swiss experiences, we aim to discuss our experiences on challenges and opportunities in an international perspective with the participants and find solutions to facilitate capacity building of the HP workforce globally. In this symposium, we aim to engage the participants in group discussions on

experiences in implementing core competencies in HP education and training, as well as general challenges and facilitators in HP education and training.

Young Covid Warriors and the Future – Lessons from Contributions of Health Care Professional Students During Covid-19 Pandemic and Way Forward

Roundtable

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Dr. Chinnu Sara Varughese, Pushpagiri Institute of Medical Sciences and Research Centre, Kerala, India

Relevant experience or practice

The Covid-19 pandemic struck when I was in my second year of post graduate residency in Community medicine, in one of India's top hotspots – Mumbai. We as junior residents worked extra hours, and the patient inflow was unceasing. Our routine academics and personal lives suffered. Despite these challenges, we adapted. In addition to providing basic medical services, we formed a task force to support our healthcare workers. Our initiatives included provision of personal protective equipment and food, isolation and quarantine, risk communication and counselling, in collaboration with NGOs. We began a virtual community engagement by creating resident doctors' account on different social media platforms to spread the right information and updates and also as a tool for people to express their pandemic queries and narratives. We also had one-to-one mentoring programs that helped us to develop ourselves professionally and personally. Some of us also conducted related research studies. As a continuum, the National Medical Commission introduced a pandemic module into the curriculum so that medical undergraduates are prepared for such future events.

Implications for health promotion

The implications are both for healthcare professional students and the communities they serve. In medical colleges, they are the first line responders in hospitals. They have to play multiple roles of learners, trainees, volunteers, assistants and health care providers during crises. Young students who are well versed with digital media and their position in healthcare put them at an excellent position for risk communication and community engagement. Peer led mental health and other forms of support within professional groups as well as for the community could be well developed by students. While a crisis is an opportunity for the young, adaptable students to have hands on experience, develop practical and leadership skills, and the resilience to withstand challenges in the healthcare system, there is a need to evaluate their competencies, readiness and ability to handle workload without having burnouts.

Implications for sustainable development

Covid-19 was a global challenge which made us realize the importance of holistic approaches. Effective pandemic response reduces mortality, morbidity and sustained economy. For this, a prepared healthcare workforce is crucial for resilient and equitable health systems (SDG 3). Training students in pandemic preparedness develops a skilled workforce capable of responding well to health emergencies and reducing economic disruptions (SDG 4 and 8). Involving students in local pandemic preparedness efforts can enhance community resilience to disasters, contributing to the goal of making cities and human settlements inclusive, reduced health disparities, safe, resilient, and sustainable. (SDG 10, 11). Multistakeholder collaboration is essential for fulfilling this and to be better prepared for the next health emergency (SDG 17).

A call to action from Asia for the Promotion and for Future Co-Innovation of Planetary Health in Schools and Communities

Symposium

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Sachi Tomokawa, Shinshu Univesiry, Japan

Pr. Takashi Asakura, Tokyo Gakugei University, Japan

Pr. Jun Kobayashi, University of the Ryukyus, Japan

Dr. Mika Kigawa, Kangawa University of Human Services, Japan

General Objective

This symposium aims to shares the existing practices, research, and human resource development systems related to health and environmental education in Asian schools, as well as how planetary health practices

and research can be conducted by utilizing the knowledge gained from these practices and systems. Furthermore, we will clarify the role and potential of regional networks that are required to promote planetary health practices and research in schools.

Harnessing Digital Platforms for Health Promotion, Emergency Preparedness and Response in Tanzania

Symposium

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Simon M. Nzilibili, Ministry of Health, Tanzania

Tanzania has significantly advanced its public health initiatives by integrating innovative digital platforms across various levels of care. The Afya Call Center, a crucial component of this digital health ecosystem, serves as a dynamic hub for public health information, crisis response, and social listening. By fielding an average of 150,000 calls monthly, the center addresses critical public health concerns such as COVID-19, measles, and Ebola, while effectively countering misinformation and disseminating vital health information to an estimated 4 million individuals each month.

Complementing the Afya Call Center, a network of digital engagement platforms, including U-Report, Talkwalker, and the Internet of Good Things (IoGT), amplifies public health messaging and empowers community participation. Through interactive polls and surveys, U-Report directly engages the public, providing valuable real-time data on public perceptions and health information needs. Talkwalker, a social listening platform, effectively monitors digital conversations, identifying emerging health threats, and tracking the spread of misinformation. IoGT, with its Kiswahili version, Mtandao wa Mambo Mazuri, provides accessible and culturally relevant health information to a wide audience, bridging critical knowledge gaps and fostering trust in public health interventions.

Furthermore, the Unified Community System (UCS), built upon the Open Smart Register Platform (OpenSRP), revolutionizes community-based health services. This integrated system connects community health workers, pharmaceutical premises, and health facilities, facilitating early screening, referrals, and real-time monitoring of health interventions. Operational across all 26 regions of Tanzania, UCS has significantly improved maternal, child, and adolescent health services while establishing a scalable model for managing conditions such as tuberculosis, non-communicable diseases, and malaria.

Tanzania has created a robust and interconnected public health system by integrating these diverse digital platforms. This ecosystem leverages real-time data collection, social listening, community engagement, and integrated service delivery to enhance emergency preparedness and response, improve health outcomes, and drive progress toward universal health coverage. This innovative approach is a model for other countries seeking to leverage digital technologies to enhance their public health systems.

General Objective:

To demonstrate how the integration of digital platforms, including the Afya Call Center, a network of digital engagement platforms, and the Unified Community System, has revolutionized health promotion in Tanzania by enhancing public health information dissemination, improving community engagement, and strengthening health systems to advance towards universal health coverage.

To Discuss Intersectoral Management of Public Policies in African Countries: Any Special Messages from Portuguese-Speaking Countries?

Workshop

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Marco Akerman, University of São Paulo, Brazil

Objectives

Open dialogue on intersectorality between African countries, Portugal and Brazil
To understand the barriers and facilitators for the implementation of intersectoral management of public policies
Explore the possibility of exchanges and South-South technical cooperation

School Health Literacy Perspectives: Personal, Professional, and Organizational Health Literacy in Educational Settings – New Evidence for Precision Health Promotion

Symposium

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Orkan Okan, Technical University of Munich, Germany
Lisa Stauch, Technical University of Munich, Germany
Marlene Meyer, Technical University of Munich, Germany
Cara Krudewig, Technical University of Munich, Germany
Sophie Rauschmayr, Technical University of Munich, Germany

General Objective

This symposium will focus on school health literacy, examining the topic through the lens of the World Health Organization's settings approach and the intrinsic school development perspective inherent in a comprehensive, whole-of-school approach to health promotion. This symposium will present novel empirical findings from four interrelated school health literacy projects conducted at the WHO Collaborating Center for Health Literacy, each corresponding to a distinct dimension of the school development model:

(1) student-level,
(2) teacher/principal/staff-level,
(3) school-level,
(4) school environment-level.

The presentations will focus on:

(1) personal health literacy of students, teachers, and school principals,
(2) professional health literacy of school staff,
(3) organizational health literacy of schools, and
(4) organizational health literacy of preschools (4).

Adopting a systems-level perspective on health literacy to provide evidence for precision health promotion as outlined in the WHO's "Health Literacy: The Solid Facts," the presentations will explore organizational and social change processes to address social determinants of health, environmental complexities, and the interactions between education professionals and students in schools and pre-schools. Schools offer promising opportunities to enhance system-level determinants of health literacy among professionals and future generations. Moreover, school-based implementation strategies can address health inequities, mitigate socioeconomic disadvantages, and dismantle barriers to social mobility. The four projects are part of the Global Health Literacy Research Network (GLOBHL), including over 150 members and more than 70 countries.

Strengthening Global Community Health Practice through Online Learning

Workshop

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Silvia de Ruiter, UNESCO Chair Global Health & Education, France
Dr. Eric Breton, EHESP School of Public Health, France
Dr. iffat Elbarazi, Public Health Institute - (CMHS), UAE

Objectives

This workshop will look into how to develop a dynamic collaborative space where community health and health promotion practitioners and policymakers can improve their skills, while researchers can improve their community-based participatory research skills. Experiences over the past 4 years with the Global Community Health Annual Workshop, a 3-day online learning event with hundreds participants from all continents, demonstrate the need for ongoing learning and knowledge sharing in the field.
The workshop aims to:

- Review strategies on capacity building for community health workers as a key driver for social change on local level
- Discuss how community-based research can help raising the profile of this field
- Develop innovative strategies that contribute to new conceptual approaches and methods on community health and health promotion in local communities
- Foster new collaborations among participants.

Learning goals

This workshop bridges theory, evidence, and strategies to support meaningful change in community health practice and research. Participants will:

- Understand how online-learning can be an effective strategy in building community health globally
- Get informed about community health research and practices

- Find arguments and strategies to improve visibility and legitimacy of community health practice and research in health systems

Building Salutogenic, Climate Resilient and Equitable Neighborhoods in the Middle East and Mediterranean Region

Workshop

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Lynne Alexandra Kennedy, Qatar University, Qatar

Pr. Paolo Contu, University of Cagliari, Italy

The United Nations (UN-HP) estimates 68% of the world's population will live in urban areas by 2050, adding considerable people, dwellings and infrastructure requirements to towns and cities. The climate and environmental impact of urbanisation is more acute in areas experiencing fastest population growth, which includes the Southern and Eastern Mediterranean and Middle East regions. In some area's urbanisation, population growth and social development have been profoundly rapid, with urban design rarely in support of climate, sustainability and quality of life goals. Furthermore, geo-political factors have created unrivalled demographic changes. For example, in oil-rich Qatar, the indigenous population is circa 9-10%, and they have over 90% guest or ex-patriot workers, with increasing numbers of displaced people in the region requiring settlement. The diverse socio-cultural needs of residents require attention. Areas of rapid urbanisation are especially vulnerable to socio-cultural, geo-political and demographic challenges (Kearney et al, 2023; Sallis et al, 2016) and must therefore adapt. Whereas previously urban planners prioritised economic development, people-centred cities, which address the global development goals, whilst promoting health and wellbeing, are urgently required (Giles-Corti et al, 2016; Gomez and Concalves 2016; Sallis et al, 2016). Intrinsic here is the importance attributed to the voices of residents themselves in the co-design of future communities (Vaandrager and Kennedy, 2022). Attention to context is critical since we know that community is both socially nuanced and culturally situated. We have several credible models (i.e. WHO Healthy Cities, Breathe the Life, Smart, Sustainable Cities, and the UN SDGs, etc., (Lowe et al, 2022; UN Habitat, 2023; WHO, 2016; 2022). However, urban planning in these regions urgently needs to confront the dilemma to accommodate more and more residents, of different socio-cultural and ethnically diverse backgrounds, whilst offering neighbourhoods that encourage socially cohesive, sustainable, climate resilient and health promoting environments for all.

Objectives

To engage participants in dialogue, to:

I. Explore challenges facing urban design in the Southern Mediterranean and Middle East;
II. Identify determinants of healthy, salutogenic, climate resilient and equitable communities.
III. Co-create solutions and opportunities

Learning goals

1. Build regional networking, develop shared understanding of contextually relevant challenges and solutions;
2. Use Salutogenic approach, to design Climate Resilient and Equitable Neighbourhoods in the Region;
3. Take-away knowledge/practical examples, to inform local action and advocacy.

What Competencies does AI Mobilize or Develop in Higher Education in an Innovative and Sustainable Way

Workshop

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Jihane Labib, Coachinglab Academy, Morocco

General Objective:

The primary objective of this research is to identify how AI can sustainably transform higher education, aligning its integration with global sustainability goals such as equitable access to education (SDG 4) and the promotion of lifelong learning opportunities (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2020).

Transformative Health Incentivisation for Planetary Wellbeing

Workshop

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Ushma Issar, Rypple, Netherlands

Daniela de Paiva, Rypple, Netherlands

Executive Summary

This proposal outlines an innovative workshop for the 25th IUHPE World Conference that presents a groundbreaking approach to health incentivisation that addresses both individual and planetary health outcomes. Drawing from successful market-shaping policies and behavioral economics, the workshop will demonstrate how strategic incentivisation can transform healthcare systems while supporting environmental sustainability. Facilitated by Rypple, the session will showcase practical implementations of health incentivisation policies that have successfully redirected resources from treatment to prevention while promoting planetary health.

The Marriage of Emotional Regulation Psychology with its Physiology: A Perspective of the Human Mind and Body from Outside In and Inside Out

Workshop

15 May 2025, 16:00 – 17:30

Presenters / Speakers / Co-Authors

Dr. Ruba Tabari, Intercare Health Center, UAE

Dr. Sahira Mahmood, Intercare Health Center, UAE

This workshop bridges the fields of psychology and physiology to explore the profound interconnection between emotional regulation and physical health. Co-facilitated by a psychologist and a family medicine doctor specializing in functional and lifestyle medicine, the session is designed for healthcare and social professionals seeking a deeper understanding of the mind-body relationship and its practical implications for well-being.

Participants will delve into the intricate interplay between psychological stress, emotional responses, and physical health. Core topics include the physiology of stress, specifically the role of the hypothalamic-pituitary-adrenal (HPA) axis in modulating the nervous system and inflammatory pathways, emotional regulation, co-regulation, and the gut-brain axis. The emerging role of the gut microbiome in mental health will also be explored. Additionally, the session highlights how lifestyle factors, such as nutrition, sleep, and physical activity, act as protective tools for enhancing both emotional and physical resilience.

Emotional Regulation, Co-Regulation, and the Gut-Brain Connection

A central theme of the workshop is emotional regulation and co-regulation, which refer to the reciprocal influence and support of emotional states within relationships. These processes are tightly connected to the body's physiological states, particularly through the gut-brain axis.

Research demonstrates that stress and dysregulated emotions activate the HPA axis and sympathetic nervous system, driving systemic inflammation via pro-inflammatory cytokines. Similarly, imbalances in gut health, such as dysbiosis (an unhealthy gut microbiome), disrupt emotional regulation by impairing gut-brain communication. The workshop will highlight the microbiome's role in producing key neurotransmitters, such as serotonin, essential for mood and emotional regulation. Recent findings reveal the critical role of a balanced microbiome in supporting mood regulation, stress resilience, and cognitive function, opening new avenues for intervention.

The workshop will also examine the role of positive co-regulation in mitigating stress and fostering resilience. In contexts such as caregiver-child interactions or peer relationships, co-regulation can reduce inflammation, enhance vagus nerve activity, and promote overall well-being, demonstrating the significant connection between emotional support and physiological health.

Bringing Holistic Strategies into Practice

Participants will gain practical insights into improving gut health, including dietary strategies (e.g., probiotics, prebiotics, and anti-inflammatory foods), stress management techniques, and fostering positive social connections. This holistic approach integrates internal factors, like gut health. and external factors, such as relationships and environmental influences, to promote emotional and physical well-being.

This interactive workshop will equip participants with evidence-based strategies and actionable tools to promote emotional regulation in professional settings. Whether working in schools, workplaces, healthcare, or community environments, attendees will leave with practical approaches to incorporate mind-body strategies into their practices.

By fostering thoughtful discussions on cutting-edge topics, such as the microbiome's impact on mental health and co-regulation strategies for families, teams, and therapeutic contexts, this session bridges psychological insights with physiological science. It empowers participants to enhance resilience and well-being from both the inside out and the outside in.

LIVE ORAL SESSION
PARALLEL SESSIONS

Health Promoting Settings: Universities

Parallel Session

13 May 2025, 15:30 – 16:45

Moderator:

Orkan Okan, Germany

Building Health Literacy Responsiveness for Medical Students: Integrating the COM-B Model in Community Medicine Curriculum

Presenters / Speakers / Co-Authors

Tse Chyang Wang, National Taiwan Normal University, Taiwan

Ying Wei Wang, Tzuchi University, Taiwan

Teresa Cheng-Chieh Chu, National Taiwan Normal University, Taiwan

Objectives

Health literacy, defined as the ability to access, understand, and apply health information to make informed decisions, is a fundamental determinant of health outcomes. Disparities in health literacy, often influenced by factors such as socioeconomic status, education, and access to healthcare resources, contribute to health inequities. Therefore, developing health literacy responsiveness—the ability of healthcare providers to adapt their communication and interventions to meet the varying literacy levels of patients—is crucial for reducing these disparities and promoting equitable health outcomes.

Although medical students recognize the importance of health literacy, many fail to fully appreciate how varying literacy levels affect health behaviors in real-world settings. This disconnects between academic knowledge and clinical application can leave students unprepared to address the diverse health literacy needs of patients.

The objective of this research is to explore educational strategies that help medical students better respond to different health literacy needs. By enhancing their understanding of health literacy differences, this study aims to equip students with the skills necessary to tailor their care approaches and improve patient outcomes.

Methods

This study utilized the COM-B model (Capability, Opportunity, Motivation-Behaviour) to assist undergraduate medical students identify barriers that hinder elderly individuals from engaging in health-promoting

behaviors. The research followed a two-phase process involving a health risk survey, structured interviews, and pre- and post-tests to assess changes in students' health literacy attitudes, knowledge, and self-efficacy.

Initially, students administered a health risk survey to elderly individuals, assessing their health behaviors, risks, and challenges. Based on these findings, students provided personalized health recommendations.

Following the survey, students conducted structured interviews to identify barriers preventing behavior change, guided by the COM-B model's domains of capability, opportunity, and motivation. Open-ended questions helped uncover specific obstacles.

Pre- and post-tests were used to measure the impact of the intervention on students' health literacy, evaluating shifts in attitudes, knowledge, and self-efficacy regarding health literacy needs.

Results

58 medical students engage in this study. The pre- and post-test results showed several key findings regarding the students' health literacy-related attitudes, understanding, and self-efficacy. While students' attitudes toward identifying individuals with low health literacy remained unchanged ($p > 0.05$), there was a significant increase in their perceived understanding and self-efficacy in this area ($p < 0.05$). Similarly, no significant difference was found in students' attitudes toward communication skills ($p > 0.05$), but their perceived understanding and self-efficacy in using these skills showed significant improvement ($p < 0.05$). Attitudes toward assessing, choosing, and adjusting health promotion materials also did not change significantly ($p > 0.05$), but students' perceived understanding and self-efficacy in this area improved significantly ($p < 0.05$). Finally, while students' attitudes toward planning health promotion programs based on health literacy needs remained unchanged ($p > 0.05$), their perceived understanding and self-efficacy in delivering such programs showed significant growth ($p < 0.05$).

Discussion

The results align with our assumption that students already recognize the importance of health literacy, as evidenced by the lack of significant change in their attitudes toward identifying individuals with low health literacy and communication skills. These findings suggest a foundational understanding of health literacy. However, the significant increase in students' perceived knowledge and self-efficacy indicates that uncertainty remains about applying this knowledge in practice. Students may feel they lack the confidence to translate theoretical knowledge into action.

By using the COM-B framework, students were better able to identify barriers related to capability, motivation, and environment—critical factors that influence health behavior. This framework allowed students to better understand how health literacy affects individuals' actions. These findings emphasize the need for educational interventions that focus on not only raising awareness of health literacy but also developing practical skills to address diverse health literacy needs in clinical practice.

Keywords

Health literacy; Medical Education; Health literacy responsiveness; COM-B model; Social determinants of heal

Health promotion in Italian State Universities: an assessment by the 'Health promotion' group of the Italian Society of Hygiene

Presenters / Speakers / Co-Authors

Claudia Sardu, University of Cagliari, Italy

Objectives

In 2015, the Okanagan Charter urged universities to integrate health promotion principles and values into their mission, vision and policies. Ten years later, the Health Promotion Working Group of the Italian Society of Hygiene (SItI) analysed the policies of Italian state universities in order to outline a picture of the national situation in light of the exhortation of the Okanagan Charter and identify new perspectives for the action of health promotion professionals.

Methods

The strategic plans of Italian state universities, programming documents that define the mission, vision, goals and strategic actions, were analysed using a content analysis approach. The main themes are: participation of the university community, explicit inclusion of well-being in the mission and vision of a university, sustainability, equity, physical, mental, social and organisational well-being. Each plan was analysed in triple-blind; the results were summarised using a narrative approach.

Results

Out of 61 state universities, 45 have published their updated strategic plan. In almost all the universities, the strategic plan was defined with a top-down approach. Well-being is explicitly mentioned in the mission and vision in only 40% of the plans.

Sustainable development is considered in 90% of the plans, with actions and objectives referring mainly to energy sustainability; less attention is paid to sustainable mobility, sustainable waste management and sustainable food.

As far as equity is concerned, 89% of universities implement policies aimed at promoting inclusion and gender equality, 58% implement facilitation tax policies, 40% offer training courses in prisons. In 64% of the plans, actions to promote mental wellbeing are made explicit, in 60% of the cases actions to promote social wellbeing are defined and in 42% of the cases actions to promote healthy lifestyles are identified.

Discussion

Italian universities, with almost two million enrolled students, offer enormous potential for promoting the health and well-being of young people and, at the same time, of adults working in this setting. The analysis of the strategic plans made it possible to identify both aspects to be improved (e.g. participation) and 'good practices' that, with an advocacy strategy, will be spread to favor their adoption.

Keywords

Healthy University – Okanagan charter –

Health Literacy among Higher education Youths Pre and Post Covid-19 (HEALTHY – Pre and Post Covid-19)

Presenters / Speakers / Co-Authors

Bibi Sabeena DOWLUT TOOFANEE, Université Des Mascareignes, Mauritius

Objectives

The Covid-19 pandemic has significantly raised global awareness of public health issues, among which the development of health literacy. The concept of health literacy encompasses an individual's cognitive skills and social skills needed to make informed health-related decisions.

For low and middle-income countries, the World Health Organisation (WHO) defines health literacy in terms of personal characteristics and social resources that enable individuals and communities to access, understand, evaluate and use information and services to make health-related decision.

The primary objective of this study is to describe the health literacy profile of students at a public university in Mauritius before and after the COVID-19 pandemic. . The study also aims to analyse the evolution of scores across the different dimensions of health literacy

Methods

To assess the self-perceived health literacy of students, the multidimensional Health Literacy Questionnaire (HLQ) was administered. The HLQ is a validated tool consisting of 44 items distributed across nine scales. It measures scores using a 4-point Likert-type response for the first five scales and a 5-point Likert-type response for the remaining four scales.

Results

The results reveal statistically significant improvements across most scales, except for scale 3, which pertains to the ability to actively manage one's health (p=0.058). These findings support our hypothesis that the Covid-19 pandemic has positively impacted the health literacy competencies of students within the higher education sector.

Discussion

However, there are still some challenges. The fact that students have a low score in scale 1 implies that they face difficulties in engaging with healthcare professionals, often lacking trust or they do not have a regular doctor. A high score in scale 4 indicates that students feel supported regarding health-related matters, while the highest score in scale 9 shows their ability to read all types of information related to health. Despite this, they express some difficulties in navigating the health care system to address their health needs.

Overall, an improvement was observed across the scales of health literacy between the two groups, although the relative strengths and weaknesses in different scales remained unchanged after the COVID-19 pandemic. Addressing these weaknesses is crucial to improve adherence during future pandemics and to enhance students' health outcomes and quality of life.

Keywords
Health Literacy – Covid-19 – HLQ – Pandemic - Mauritius

Mental health challenges and the behaviour prevention of COVID-19 among university students in Indonesia

Presenters / Speakers / Co-Authors

Supriyati Supriyati. Universitas Gadjah Mada, Indonesia

Objectives
Vaccine hesitancy and the behaviour prevention remains a significant public health challenge, particularly among younger populations such as university students. This study was aimed to explore the student's acceptance toward the COVID-19 vaccination, the mental health burden as well as the prevention behaviour of COVID-19 among Indonesian university students in Indonesia

Methods
This cross-sectional study was conducted among 624 university students between Januari to February 2022. Respondents were the university students who voluntarily fulfil the online survey using the Motor of COVID-19 Vaccination Acceptance Scale (MoVac-COVID19S), The Brief Symptom Rating Scales (BSRS-5), and The Preventive COVID-19 Infection Behaviours Scale (PCIBS). This study was approved by the Ethical Committee of the Faculty of Medicine, Public Health and Nursing UGM.

Results
A total of 624 students participated in the study with 99.7% respondents were registered for the COVID-19 vaccine. Respondents believed the COVID-19 vaccine was important for protecting them from the coronavirus (86%), improving their health and wellness (83.2%), and safeguarding themselves and their loved ones from severe COVID-19 (82.2%). Mental health assessment using the BSRS-5 revealed high levels of distress among respondents, with 72.4% feeling blue, 70.5% feeling inferior to others, 65.9% easily annoyed, 53.4% having trouble sleeping, and 50.6% feeling tense. Alarmingly, 24.5% reported suicidal thoughts. In addition, preventative behaviours were prevalent, with 98.4% consistently wearing masks, 92.7% frequently washing hands, and 90% avoiding crowded places

Discussion
The findings highlight significant mental health challenges faced by university students during the COVID-19 pandemic, with a notable prevalence of emotional distress and alarming levels of suicidal thoughts. These results emphasize the urgent need for targeted mental health interventions and support systems within academic institutions. Despite the psychological burden, the high adherence to preventative behaviours reflects a strong commitment to mitigating COVID-19 risks. An integrating mental health support with public health measures is critical to fostering both psychological and physical well-being among university students.

Keywords
Vaccine acceptance; mental health challenge; preventive behaviour; university student; the benefit of vaccine

New settings for Health (Promotion) Innovation & Equity

Parallel Session

13 May 2025, 15:30 – 16:45

Moderator:

Angelique Reweti, New Zealand

Population Level Body Fatness & Fat-Based Overweight Prevalence Trajectories Among Primary School Children in Kazakhstan

Presenters / Speakers / Co-Authors

Altyn Aringazina, Almaty Management University, Kazakhstan

Objectives

The prevalence of childhood overweight and obesity is a growing public health problem. Excessive fat-mas levels are associated with a range of adverse health outcomes, including metabolic disorders and cardiovascular diseases. In Kazakhstan, data on childhood population levels of body fatness and overweight data based on fat mass (FM) assessment are currently unknown. We aimed to assess average childhood FM levels and the prevalence of high levels of adiposity (based on FM levels), which are crucial for understanding the extent of overfat and possible health risks within the pediatric population.

Methods

Cross-sectional data from the 2015, and 2020 nationally representative Childhood obesity surveillance initiative (COSI) and 2022 Almaty regional (COSI) surveys were used for this study of children aged 8 years (n=4,770) and 9 years (n=3,863). Childhood FM assessment was made using a validated prediction model using height, weight, age, sex, and ethnicity. Average levels of FM, fat mass percent (FM%), and the prevalence of overweight (including obesity were estimated.

Results

Amongst 9-year-olds, the population average FM% was 32.2% (95% CI: 31.7-32.7%) for boys and 35.6% (95% CI: 35.1 - 36.0) for girls (2015) and 33.4 % (95% CI: 32.8 - 34.0) for boys and 35.5% (95% CI: 35.1 - 36.0) for girls in 2020. In the Almaty region, the average FM% was 33.1% (95% CI: 32.5 - 33.6) and 34.8 % (95% CI: 34.1 - 35.5) for boys and girls respectively in 2022. A similar pattern was observed for 8-year-old children.

The trajectory of the fat-based estimated prevalence of overweight (including obesity) among 8 and 9-year-old boys and girls marginally fluctuated but was stable across 2015-2020 national and Almaty regional data (2020) (Figures). The prevalence ranged from 14.7% (95%CI: 11.7 - 18.2) in 2015 to 20.5% (95%CI: 16.8 - 24.8) in 2020 in 9-year-old boys and from 16.9% (95%CI: 13.6 - 20.8) in 2015 and 17.1% (95%CI: 13.2 - 21.8) in 2020 in 9-year-old girls.

Discussion

Population-based patterns of childhood FM explored in the present study identified patterns in obesity rates and populations at higher health risk. This knowledge is essential for developing effective regional and global interventions, guiding public health policies, and ultimately reducing the burden of obesity-related health issues in children. High FM levels in Kazakhstan compared to children populations from other geographical locations require further research.

Keywords:

body composition, pediatric obesity, fat mass prediction equation

Leveraging behavioral insights to promote healthier eating habits at mega sporting events: Insights from the AFC Asian Cup Qatar 2023, and a toolkit for sustainable legacy replication

Presenters / Speakers / Co-Authors

Raghad Saeed, Qatar University, Qatar

Background/Objectives

Mega sporting events offer unique opportunities to influence dietary behaviors among large, diverse audiences. Although the World Health Organization's Nutrition Action Guide provides a conceptual framework for creating healthier food environments at these events, its limited operational detail and cultural adaptability pose challenges in practice. This study aimed to (1) assess the effectiveness of applying behavioral insights to promote healthier food choices during the AFC Asian Cup Qatar 2023, (2) identify gaps in the current guide, and (3) develop a replication toolkit to enhance the consistency and scalability of healthier eating interventions at future mega events.

Methods

A mixed-methods design utilizing secondary data sources was employed. Spectator surveys (collected via QR codes at concession stands) measured awareness, motivations, insights, and demographic factors. Time-stamped concession sales data, stratified by stadiums with and without nudges (e.g., strategic product placement, pricing incentives), assessed changes in the purchase of healthier food options. Observational compliance checks examined on-the-ground implementation fidelity. A thematic document analysis of the WHO Nutrition Action Guide identified strengths and weaknesses in terms of cultural adaptability and operational guidance and has identified recommendations to move forward. Findings were synthesized into a step-by-step replication toolkit.

Results

Stadiums implementing behavioral nudges showed a higher proportion of healthier food sales compared to control ones. Survey responses indicated increased awareness and motivation toward healthier options when clearly promoted. The document analysis revealed insufficient cultural adaptation strategies and limited operational instructions in the guide. These insights informed the development of a replication toolkit featuring detailed procedures, culturally adaptable guidelines, and practical templates.

Discussion

Integrating behavioral insights into existing public health frameworks can enhance healthier eating behaviors at mega sporting events. Bridging the gap between conceptual guidance and practical application supports consistent, scalable, and culturally sensitive implementation of the replication toolkit. These findings may inform policymakers, event organizers, and public health professionals, to contribute to sustainable health promotion legacy at future large-scale sporting events.

Keywords

Mega sporting events, World Health Organization (WHO) Nutrition Action Guide, behavioral insights, healthier food environments, cultural adaptation, replication toolkit, eating habits, sports events

Using diverse participatory methods to develop context-specific local government actions to address childhood overweight and obesity: A case study in Flanders

Presenters / Speakers / Co-Authors

Jessie Van Kerckhove, Sciensano & Ghent University, Belgium

Objectives

Childhood overweight and obesity is a major public health concern globally, driven significantly by food and built environments. In absence of strong national or regional level policies, there has been an increasing interest from local government jurisdictions to act. The study aimed to develop context-specific actions by engaging local government actors and community members through participatory methods.

Methods

This study was conducted in a medium-sized deprived municipality in Flanders. Qualitative, participatory methods were employed, including Group Model Building (GMB) with actors, Photovoice with children and interviews with parents and teachers. This to identify different barriers and facilitators to be physically active and eat healthy within the municipality's food and built environments and propose tailored actions to address these challenges.

Results

Three GMB sessions engaged 14 local actors with diverse expertise, 90 children participated in Photovoice and 10 parents/teachers were interviewed. Participants highlighted three overarching themes: (1) limited opportunities for physical activity, due to, e.g. an unsafe road and traffic environment which discourages active transportation or a lack of appropriate play spaces throughout different neighbourhoods, (2) an obesogenic food environment characterized by an excess in fast food outlets in some neighbourhoods and a lack of food options in others and (3) socioeconomic barriers affecting vulnerable groups' access to healthy lifestyles. Schools emerged as key settings to address these issues, with proposed actions such as providing healthy hot meals and creating car-free school streets. Strengthening dialogue between community members and local government was also deemed essential for overcoming barriers.

Discussion

Combining GMB, Photovoice and interviews highlighted barriers from different points of view. This allowed the creation of context-specific local government actions to improve PA and access to healthy diets. This participatory approach offers a model for other local governments seeking to address food and built environment challenges to tackle childhood overweight and obesity. The proposed actions will be evaluated to encourage sustained local government support and effective implementation of these actions.

HEALTH4EUKIDS is funded by the European Health and Digital Executive Office (Grant 101082462)

Lessons learnt in preparing community stakeholders in the use of AI- enabled Portable ultrasounds: A case of the Piloting Integration and Acceptability of Baby Ultrasounds (PIKABU) Study in Zambia

Presenters / Speakers / Co-Authors

Modesta Zulu Chileshe, University of North Carolina- Global Projects, Zambia

Nelly Mwansa Mandona, University of North Carolina- Global Projects, Zambia

Introduction

Artificial intelligence (AI) has been a part of our technological landscape since the 1950s, but its rapid advancement in the health sector is significantly shaping both our present and future. Community members must be prepared to use AI-enabled health services as AI evolves. This study aimed to present a community engagement strategy for implementing AI-enable portable ultrasound technology, using the PIKABU program in Zambia as a case study.

Methodology

Before the study commencement, we conducted Community engagement activities that included national and local stakeholder meetings. At the national level, we held an engagement meeting with policy makers, regulators, partners, and healthcare providers. Locally, we organized 18 town hall meetings with community gatekeepers, including women, community leaders such as chiefs, village headmen and local leaders, and facility staff. We tailored our messages through presentations, demonstrations, and educational entertainment to effectively convey the benefits of AI-enabled ultrasounds. During these meetings, participants were encouraged to ask questions, and responses were to address their concerns. The study team documented key points from the discussions and complied a report highlighting essential issues from the discussions.

Results

Our review of the discussions with national and local stakeholders revealed concerns primarily centered around the technology's safety, influenced by local beliefs. Notably, there were fears that the term AI, a new concept, could lead to misconceptions among community members. Additionally, some expressed worries about potential misunderstandings surrounding AI, leading to fears of babies being stolen from their mothers. In response to these concerns, we adopted a culturally sensitive approach. The term AI was replaced with technology-assisted to make the concept more relatable and less intimidating. Transparent communication strategies were implemented, including live demonstrations of ultrasound procedures during meetings, which helped build trust and understanding within the community. We also engaged local stakeholders such as health facility staff, traditional leaders, and village authorities to foster collaboration and ensure culturally appropriate interventions. Community members contributed valuable suggestions for ensuring equitable access to technology, particularly for marginalized groups.

Conclusion

Our study highlights the critical role of health promotion and community involvement in successfully implementing innovative healthcare technologies in low-resource settings. The intervention was positively received. However, concerns such as misconceptions and the need for more information on the uses of AI in healthcare require researchers to keep community members engaged to ensure buy-in.

Health Literate Settings: Healthcare Systems

Parallel Session

13 May 2025, 15:30 – 16:45

Moderator:

Rajeh Rafiq Al Fahel, UAE

Strategic Implementation of Health Education and Promotion in a Healthcare System in Abu Dhabi, UAE

Presenters / Speakers / Co-Authors

Souheila Ali Hassan, Abu Dhabi Health Services, UAE

Background/Objective

Health education and promotion program is pivotal in transitioning healthcare from reactive, treatment-focused approaches to preventive, patient-centred care. This program aligns with UAE national priorities: ADPHC strategy, Vision 2021, and the National Strategy for Wellbeing 2031. By fostering a supportive environment, it aims to empower individuals and communities adopting healthier lifestyles, reducing non-communicable diseases, and advancing preventive care.

Methods

This presentation highlights the strategic implementation of health education and promotion within Abu Dhabi's healthcare system. A health education section and council were established to govern the program. Efforts focused on structuring an organizational framework, policies and guidelines. Key interventions include resource standardization, accessibility enhancement, and a systematic approach to preventive care and patient education.

Results

The program achieves significant milestones in enhancing patient care, public health, and staff wellness. Targeted action plans were placed to align and meet with benchmarks like the Joint Commission International and Department of Health standards. A structured health event planner and over 250 customised resources supported more than 24 annual events annually aligned with national priorities. Over 860 bilingual resources have been standardized and made accessible via intranet, 473 into mobile application and 163 into electronic medical records, facilitating consistent patient education. A staff workplace wellness program was activated to encompass unified program, and initiatives. Wellness webinar sessions increased over time from 9 to 13 in 2024, while collaborations with longevity and nursing wellbeing programs enhanced resilience and wellbeing. Multi-level feedback mechanisms, including council reviews, staff and patient surveys, have ensured continuous improvement.

Discussion

Standardized processes and interdisciplinary collaboration have improved health education and promotion, fostering patient-centred care and better outcomes. However, challenges remain like workforce shortages, budget constraints, and limited recognition of health educators' roles. Solutions include workforce planning, cross-training, reallocating budgets, and advocating for profession. Return on investment and leadership engagement are also crucial for long-term sustainability and integration into organizational strategies.

Keywords
Reorienting health services, health promotion strategy, evidence-based practice

Creating collaborations for healthy settings in planning and public health

Presenters / Speakers / Co-Authors
Jane Wills, London South Bank University, UK

Background/Objectives
Healthy places are a key development of the settings approach. Understanding how to improve collaboration between public health and planning professions, with their shared priorities to encourage healthy, equitable and resilient communities, is critical to sustainable neighborhood design, housing, and transport. Establishing 'hybrid' posts that span public health, and planning might help prioritize health in planning decisions. Our evaluation explored whether hybrid posts can support collaboration on the creation of settings for health in two English regions.

Methods
Focus groups and semi-structured interviews were held with 27 stakeholders, including 2 hybrid postholders, senior managers and those who had worked with postholders, to understand what they thought about the posts. The sample comprised 12 from public health, 11 from planning, 1 from the National Health Service, 1 elected council member, and 2 from local community organizations. Stakeholders were asked about their interactions with hybrid postholders on settings-related work, impacts and outcomes linked to postholder activities, barriers to public health-planning collaborations and suggestions for how collaborations could be improved. Framework analysis was used to identify, analyze and report themes alongside document analysis of relevant policy, planning and administrative records as a basis for assessing the impacts and outcomes of hybrid posts.

Results
Hybrid posts were viewed as adding value to planning processes in both English regions by promoting health benefits in new developments and avoiding health hazards. Planners were empowered to advocate for prioritizing health and their efficiency was enhanced by collaborating with postholders when completing planning applications that required public health input. Local stakeholders were empowered to build their knowledge and capacity to "speak planning", enabling them to challenge planning decisions that conflicted with the creation of supportive settings for health.

Discussion
The evaluation demonstrates that boundary-spanning is a promising mechanism for fostering relationships between both professions and can act as bridges to collaboration as part of a Health in All Policies approach. A typology of hybrid posts is in progress to inform further research on the optimal positioning, funding structures and skillsets for these posts to maximize their effectiveness.

Keywords
settings; planning; collaboration

Empowering Community Health Champions and Addressing Knowledge Gaps: Introducing the Community Drug Distributor Passport Initiative to Enhance Neglected Tropical Disease Control in Chad

Presenters / Speakers / Co-Authors

Sohaibou Diane, Sightsavers, Senegal

Setting/problem

The Community Drug Distributor (CDD) Passport Initiative addresses the challenge of inadequate knowledge and declining motivation among CDDs in Chad. These issues significantly impact the success of Mass Drug Administration (MDA) campaigns targeting Schistosomiasis and soil-transmitted helminthiases. The lack of formal recognition of CDDs' roles within MDA initiatives hinders the attainment of Neglected Tropical Disease (NTD) elimination objectives. Knowledge gaps and unclear roles impede accurate medication distribution and undermine community engagement and awareness efforts.

Intervention

The CDD Passport Initiative, developed by Sightsavers and partners including the Ministry of Health, Ministry of Education, OPC NGO, and WHO, aims to empower frontline health workers by providing comprehensive training and recognition tools. The initiative involves participatory design workshops to co-create passport content, ensuring its relevance and effectiveness. Training sessions familiarize CDDs with the passport, which includes agent identification, NTD information, campaign preparation, drug distribution protocols, side effects management, key messaging, and emergency contacts.

Outcomes

The pilot phase in the Salamat region saw widespread adoption and positive feedback, leading to expansion plans. CDDs reported increased confidence and adherence to protocols, resulting in heightened community trust and improved MDA campaign outcomes. Post-MDA coverage surveys indicated a positive influence on drug acceptance, with 94.25% of 1669 parents acknowledging the initiative's impact. The passport facilitated informed interactions, enabling CDDs to address community concerns effectively.

Implications

The CDD Passport Initiative enhances NTD control efforts by fortifying frontline health worker capacity, contributing to a more resilient and sustainable healthcare system. Its participatory approach serves as a model for future interventions, emphasizing community engagement and local ownership. The insights from its development and implementation are valuable for informing similar initiatives globally, making it highly relevant for the 25th IUHPE Conference audience.

Health Promoting Schools

Parallel Session

13 May 2025, 15:30 – 16:45

Moderator

Basema Saddik, UAE

Presentation Enhancing Health Promotion in Schools: A Training Intervention for Early Childhood and Primary School Teachers

Presenters / Speakers / Co-Authors

Adil Mansouri, Ministry of Health and Social Protection, Mohammed VI Hospital, Marrakesh, Morocco
Sarah Michaud, Fondation Sol Lucet Omnibus, Morocco

Background/Objectives
School-based health promotion is crucial for child development. However, teachers may lack the necessary knowledge and skills to effectively integrate health promotion into their practice. This workshop aimed to raise awareness and train preschool and primary school teachers in the fundamentals of school health promotion

Methods
The workshop consisted of two 3-hour training sessions led by two specialists in health promotion and preventive medicine. Participants, who volunteered for the training, were teachers from two primary schools in Marrakech, Morocco. Before the workshop, a needs assessment was conducted to tailor the training content to the teachers' specific requirements. The training combined theoretical inputs, practical exercises, group discussions, and debriefing sessions. Interactive approaches were emphasized to actively engage participants and ensure the practical application of learned concepts.

Results
A total of 29 teachers, from preschool to primary levels, participated in the workshop, with a high attendance rate of 96%. The workshop content covered: 1) The concept of holistic health 2) Fundamentals of health promotion in school settings 3) Planning health promotion activities, including conducting needs assessments, preparing interventions, creating action plans, evaluating outcomes, and ensuring scalability.
4) Co-constructing health promotion initiatives: participants worked in groups to design detailed action plans for potential health promotion activities tailored to their school contexts. To support the training, tools and educational kits such as the "Enjeux Santé kit", which emphasizes a positive and holistic vision of health, were utilized. Evaluation results indicated a high level of satisfaction (10/10) and a strong recommendation for similar initiatives (100%). Participants particularly appreciated the interactive format, the relevance of the exercises, and the quality of the educational materials provided.

Discussion
This training initiative successfully enhanced teachers' capacity to become health promotion educators. The positive outcomes highlight the importance of providing teachers with the necessary tools and knowledge to create healthier school environments. Future research should explore the long-term impact of such interventions on teachers' practices and student outcomes.

Keywords
health promotion, primary schools, education, health literacy

A guide for health promoting schools in low and middle-income countries: Strategies and tools for teachers

Presenters / Speakers / Co-Authors

Adil Mansouri, Ministry of Health and Social Protection, Mohammed VI Hospital, Marrakesh, Morocco
Sarah Michaud, Fondation Sol Lucet Omnibus, Morocco

Background/Objectives

Schools provide an ideal setting for fostering health and wellbeing among students, with teachers playing a key role in influencing health behaviors and creating supportive environments. To fulfil this role effectively, teachers need practical and appropriate tools. In response, a practical guide has been developed to address the needs of primary schools in low and middle-income countries (LMICs). This resource introduces core concepts of Health-Promoting Schools, emphasizes health literacy and action-oriented competencies as key outcomes, and highlights the importance of active student participation in co-creating a healthy and stimulating school environment.

Methods

The development of this guide was based on a rigorous and participatory methodology. An initial diagnostic phase identified the needs and expectations of various stakeholders through comprehensive desk research and both qualitative and quantitative surveys. This was followed by a co-construction process involving public health specialists, health promotion experts, primary school teachers, school administrators, and parents. Lastly, a peer review process is currently underway to ensure the relevance and efficacy of the proposed content.

Results

The guide offers a structured and comprehensive framework covering essential topics such as the fundamental principles of health promotion, health determinants, and the crucial role of teachers in implementing integrated approaches within the school setting. It also provides practical tools, including pedagogical worksheets, interactive workshops, and evaluation instruments, to facilitate the adoption of best practices

Discussion

By providing teachers with a structured framework and concrete resources, this guide aims to enhance their capacity to promote student health effectively. Tailored to the specific context of LMICs, it represents a significant step towards the sustainable integration of health promotion approaches into educational practices.

Keywords

health promotion, primary schools, education

Support the implementation of Health Promoting Schools to enhance the health and well-being of teachers and students

Presenters / Speakers / Co-Authors

Teresa Cheng-Chieh, Chu, National Taiwan Normal University, Taiwan

Background/Objectives

Health Promoting Schools (HPS) are advocated by the World Health Organization (WHO) as an

effective approach that will enhance the health of students and staff and combat the burden of global chronic disease. This study examined the impact of supporting the implementation of Health Promoting Schools (HPS) on the health behaviors and mental well-being of teachers and students.

Methods
In 2024, a total of 674 teachers and 6982 students from primary, middle and high schools in Taiwan participated in the online survey. A probability-proportionate-to-size sampling method was used to systematically draw a random sample of 144 schools in Taiwan.

Results
Multiple regression analysis revealed that teachers who underwent HPS training reported higher levels of HPS implementation. Furthermore, HPS implementation was positively correlated with teachers' health behaviors and mental health. Additionally, the analysis showed that HPS implementation and teachers' health behaviors were positively associated with students' health behaviors. HPS implementation and teachers' mental health were also positively linked to students' mental health.

Discussion
The results showed that the implementation of HPS, with adequate support, significantly enhances the health and well-being of both teachers and students. The results of this study revealed the significant role that teacher training plays with regard to HPS implementation. Governments could fund schools to work more closely with community and health experts to develop schools' capacities for enhanced HPS implementation efforts.

Keywords
Teacher, capacity building, health promoting school implementation

Retro Dance Breaks as an Innovative Health Promotion Strategy for Nursing -Midwifery Professional Development: A Qualitative Research Method

Presenters / Speakers / Co-Authors

Efrelyn A. Iellamo, University of the Philippines Manila, Philippines

Background

Long training sessions can be physically and mentally draining for health professionals like nurses and midwives. While essential for professional development, prolonged periods of sitting and intense learning can lead to fatigue, decreased focus, and even burnout. To combat these challenges and promote overall well-being, incorporating retro dance breaks as an innovative health promotion strategy during training offers a unique and effective solution.

Objectives

The objective of this study is to explore the potential of retro dance breaks as a health promotion strategy to enhance the well-being of health professionals during long training sessions and to evaluate the effectiveness of retro dance breaks in improving participant energy levels, mood, focus, and team cohesion during training.

Methods

This study employed a qualitative approach using an online survey to explore the perceived benefits of retro dance breaks as a health promotion strategy during a leadership development course for midwives. The study was conducted with 49 participants enrolled in a leadership development course for midwives. Participants were given two 10-minute retro dance breaks each day throughout the course. The breaks were incorporated into the training schedule, with participants encouraged to engage in the dance activity during these designated periods.

Results

The qualitative data analysis revealed that participants in the leadership development course perceived significant positive impacts of the retro dance breaks across physical, social, and emotional domains. The perceived impact of the retro dance breaks on overall well-being was substantial. The average score for perceived wellness, measured on a scale of 0-20, was significantly high at 16.8, suggesting a positive and meaningful effect of the intervention.

Conclusion.

Retro dance provides a fun, engaging, and accessible activity that encourages physical movement, releases endorphins, and boosts energy levels. The nostalgic music and familiar dance steps foster a sense of camaraderie and create a positive, stress-relieving environment. By incorporating these breaks into training schedules, health professionals can experience a revitalizing and rejuvenating experience that enhances their learning, improves their mood, and fosters a more supportive and vibrant training atmosphere.

Health Promotion in School and Work Settings Across the Life Course

Parallel Session

13 May 2025, 15:30 – 16:45

Moderator:

Laura Holland, Finland

Exploring Barriers and Opportunities for Integrating Disability-Inclusive Health Promotion Programs in Ghana: A Landscape Review

Presenters / Speakers / Co-Authors

Patience Ofosuhemaa, Ghana Health Service, Ghana

Objectives

The World Health Organization suggests that disability-inclusive preventive services could yield a $10 return for every $1 spent. This article discusses the importance of disability inclusion in health service delivery to address health inequities, particularly through effective health promotion strategies. However, there are gaps in making health promotion interventions more inclusive of Persons with Disabilities (PWDs). A landscape audit study conducted in Ghana aimed to identify barriers to and entry points for improving disability inclusion in health promotion programming.

Methods

The qualitative study involved 18 key informant interviews with government and non-governmental organizations including disability unions, supplemented by four focus group discussions FGDs with 31 persons (15 males, 16 females). Additionally, a desk review of health promotion materials from Ghana was conducted using a peer-reviewed accessibility tool developed by Sightsavers International.

Results

The results revealed that over 75% of the sampled health promotion materials did not meet disability-inclusive text, language, visuals, and audio-visual criteria. PWDs face attitudinal, physical, communication, information, and financial barriers when participating in health promotion activities. To address identified barriers, the National Health Promotion Strategy 2022-2026 and the PWD Act 715, which aims to promote disability inclusion should be effectively implemented. Additionally, educating disability desk officers, providing assistive devices, and encouraging active representation of persons with disabilities on the technical review, and risk communication committees and community health structures were additional entry points identified.

Discussion

The Government of Ghana should develop a Disability Inclusion Strategy, incorporating identified entry points and addressing barriers to create more inclusive health promotion approaches and practices. This would culminate in an implementation plan to achieve programmatic success in disability-inclusive health promotion.

The article recommends disability inclusion in the design, implementation, and evaluation of health promotion activities if the country is to achieve Universal Health Coverage by 2030, promote well-being, and reduce inequality.

Keywords

Disability-inclusive, Health inequities, Health promotion intervention, Persons with Disabilities (PWDs), Barriers, Entry points, Qualitative study, Key informant interviews Focus group discussions (FGDs), Accessibility tool.

Health Promotion in Sports Settings: Adaptations of the Australian Fans in Training (Aussie-FIT) Program for Men in the Northern Territory of Australia

Presenters / Speakers / Co-Authors

Bryce Brickley, Flinders University, Australia

Objectives

The Aussie-FIT health promotion program, shown to improve men's cardiometabolic health, was scaled to the Northern Territory (NT) of Australia as part of an ongoing multisite research trial. The NT context features a culturally diverse, sparse population, with distinct heart health needs and limited access to men's health promotion. This presentation outlines community engagement and adaptations to optimise the program's context-fit for scale-out.

Methods
Qualitative and community participatory methods were employed. A cross-cultural research team supported cultural safety and Aboriginal and Torres Strait Islander governance. A culturally diverse advisory group, consisting of five men (2 Aboriginal and Torres Strait Islander, 1 Australian South Sea Islander) met twice pre-trial. Pre-trial semi-structured interview participants (n=15, 12 men, 7 Aboriginal and Torres Strait Islander) were purposively sampled based on trial inclusion criteria (men aged 35-75 years, with or at-risk of heart disease), or health promotion experience. After the trial commenced, reactive adaptations were identified through ongoing consultation, and researcher reflection/journaling. Data were synthesised into a table developed by the researchers.

Results
Pre-trial findings highlighted the need for adaptations due to differences in demographics, climate, resource access, social behaviours, and partnerships. Proactive adaptations included using council and school ovals for delivery, without club facility tours, and recruiting Aboriginal and Torres Strait Islander delivery personnel. Proactive adaptations were constrained by two key limitations: concerns around maintaining program consistency across trial sites and insufficient resources for implementation. Several recommended adaptations (e.g., smoking cessation support, family involvement) deviated from the original evidence-based program so were not implemented. Reactive adaptations to address participant needs included practices fostering connection to culture and community (e.g., Acknowledgement of Country, yarning).

Discussion
The identified adaptations addressed local health priorities and improved the program's relevance for NT participants within the multisite trial. High-quality community engagement, built on mutual respect and trust, was critical in identifying adaptation priorities. This approach can inform the scale-up of group-based health promotion programs for culturally diverse populations worldwide.

Keywords

Health Equity, First Nations, Aboriginal and Torres Strait Islander, Sports Settings and Spaces, Men's Health, Health Behaviour Change, Physical Activity, Nutrition

Promoting health at work throughout life: How work centrality shapes healthy ageing at work

Presenters / Speakers / Co-Authors

Min-Chien Tsai, University of Huddersfield UK

Didier Jourdan, University of Clermont Auvergne, France

Background/Objective

Promoting health in the workplace is a major challenge. It's not just a question of working conditions and occupational medicine, it's also a question of how we relate to work at different stages of our lives. Work centrality plays a key role in promoting work outcomes for middle-aged. Also, there has been increasing interest in the impact of job crafting on promoting healthy ageing at work. Based on the lifespan perspective, this study aims to examine the effect of job crafting as a mediating variable of work centrality on healthy ageing at work (work engagement, general health, and motivation to continue working at retirement age), in order to provide a comprehensive understanding.

Methods

A cross-sectional online survey was conducted in 2022, involving 386 education professionals aged 22 to 65 working in primary, middle, and high schools. To test the proposed hypotheses, regression analyses were performed using SPSS (version 28.0.1.1). Additionally, the mediating effect of job crafting between work centrality and each dimension of healthy ageing at work was examined using the PROCESS macro (version 4.2) with Model 4.

Results

The findings showed a positive link between work centrality and age (r = .185, p < .001). Job crafting partially mediates the relationship between work centrality and both work engagement (B = .071, 95% CI = .017, .136) and motivation to continue working at retirement age (B = .034, 95% CI = .005, .078). It fully mediates the link between work centrality and general health (B = .039, 95% CI = .008, .077). Overall, higher work centrality is associated with greater job crafting, work engagement, and motivation to keep working at retirement age.

Discussion

From a research perspective, this study revealed the mechanisms through which work centrality influences healthy ageing at work and highlighted the mediating role of job crafting. From a practical point of view, the findings emphasised the importance of work centrality and job crafting as strategies to promote healthy ageing at work. It is suggested that organisations encourage and support these practices as they can enhance the workplace wellness of staff and are beneficial to the human resource management of middle-aged and older workers.

Keywords

work centrality, job crafting, healthy ageing at work, lifespan, health, wellbeing

Enhancing pre-adolescent girls' sport participation through parental support: Development of an evidence-based knowledge toolkit for improved engagement

Presenters / Speakers / Co-Authors

Caroline Barakat, Ontario Tech University. Canada

Background/Objectives

Pre-adolescence is a critical developmental stage during which lifelong health habits,
such as physical activity (PA), start to form. Organized sports serve as a valuable avenue for meeting PA recommendations, providing physical, psychological, and social benefits. However, pre-adolescent girls are less likely to engage in physical activity overall, particularly in organized sports, and face higher dropout rates along with unique barriers compared to boys. Research highlights the pivotal role of parents in shaping girls' sports experiences, yet there is limited research on the parental decision-making process and a lack of tailored resources to help parents navigate their daughters' sport participation. This study aims to address these gaps by: (1) exploring parental perceptions and decision-making regarding girls' sport participation and (2) developing and evaluating an evidence-informed parental toolkit to enhance girls' sport enjoyment and retention.

Methods
This mixed-methods study is conducted in four phases. Phase 1 involved semi-structured interviews with parents who had a daughter between 6 and 12. Thematic analysis of the interviews was conducted to identify key decision-making factors. Phase 2 focused on developing the Sport Participation for Pre-Adolescent Girls (SPPAG) questionnaire, a quantitative tool assessing demographics, parental perceptions, and their daughters' sport participation. Phase 3 led to the creation of an evidence-informed parental toolkit, offering guidance on sport selection, parental involvement, and long-term retention strategies. Phase 4 will evaluate the toolkit's impact on girls' sport retention and enjoyment through a pre- and post-intervention study.

Results
Phase 1 identified nine key themes across three categories: Sport Criteria (Sport Type, Challenge Level, Stereotypes), Daughter's Representation (Influence, Enjoyment, Self-efficacy), and Parental Roles & Experiences (Sport History, Perceived Importance, Support). These findings shaped the design of the SPPAG questionnaire and informed the development of the *Sporty Daughter's Playbook*, a practical, accessible toolkit for parents, offering structured guidance on sport selection, effective parental support, and maintaining a healthy life balance.

Discussion
By enhancing parental decision-making and engagement, the Sporty Daughter's Playbook has the potential to empower parents, improve girls' sport retention, and promote lifelong health and well-being.

Keywords
Girl sport participation, educational toolkit, parental support

Spirituality, Faith and Planetary Well-being

Parallel Session

13 May 2025, 15:30 – 16:45

Moderator:

Mirna Al Masri, Germany

Important of Faith Based Organization in Health Promotion from Pacific Island Perspective

Presenters / Speakers / Co-Authors

Patelisio Naa Patelisio, Ministry of Health, Tonga

Problem
Tongas culture is deeply intertwined with religion which brings both pros and cons for the health of the people. Their influence in the Tongan society help mold and shape the decisions some people may have towards their own health. Thus their words are heard and acted upon by the populace.

Intervention
Closer collaboration with church leaders in the Tongan Church council. It is important they are informed on all activities that require approaches through their churches. This allows easier access to their halls, church

meetings or services which are opportunities for our messages to be provided in person. As more than 95% of Tongans are Christians, churches services and functions are key events, where majority of the people will be present.

Outcomes

Establishment of the desk of church elders in the Ministry of Internal Affairs allows easier collaboration with the churches. This allows easier planning for activities which are crucial to better outcomes. With the collaboration with church leaders, healthy policies or directions are enforced in this churches. This changes are difficult for some, but respecting the figureheads of the churches allows easier transition into this changes. In terms of diet, feasting is common event seen in church functions especially at the annual conferences of the churches in Tonga. It was not uncommon to see multitudes food on the table for just few people. For few, there is the interpretation that the more food provided shows thankfulness and others it means more rewards will return. But the following years, church leaders has pushed in their churches to limit the food provided and drinks to be either water or coconut on these feasting days. Which was adopted slowly by many and eventually normalized.

Implications

A wider reach to people through the activities conducted by the churches. Through engaging with our community in the public places they will attend, allows us to improve the reach of our messages. While also reaching all members of families and not only the parents but kids and grandparents.
This collaboration provides the public a united front from the church and Ministry of Health. Due to different reasoning using religion as the excuse, uniting with the church gives people the impression that the church and MoH are pushing one message only.
As we work closer with the churches, our faith also grows with discussions. The ability to attend conferences and listen to services improves the spiritual health of staff as we promote a holistic way of life for all.

Religious institutions' role in promoting planetary health: Lessons from global initiatives

Presenters / Speakers / Co-Authors

Progress Agboola, Sage and Enamel Foundation (SANDEF), Nigeria

Background

Religious institutions have historically played a significant role in shaping ethical perspectives and community engagement on various societal issues, including health and environmental stewardship. This review explores the contributions of religious organizations in promoting planetary health through global initiatives, particularly in the context of climate change and ecological sustainability.

Methods

We conducted a narrative review of evidence for studies, focusing on recent global initiatives involving religious institutions and their impact on planetary health. The search was conducted in September 2024, and evidence published between March 2020 and August 2024 was included. Data reported in this research article were obtained from reports, literature in peer-reviewed journals found in PubMed, PubMed Central, including reports from the United Nations

Environment Programme (UNEP), the Faith for Earth initiative, and case studies from the Planetary Health Summit.

Results

Our findings highlight several key initiatives where religious institutions have mobilized resources and advocacy for planetary health. The Creation Care Initiative connects scientific understanding with biblical stewardship principles through workshops for church members on sustainability practices. Extinction Rebellion Muslims organize events like "Green Ramadan," focusing on environmental awareness and activism. The Interfaith Rainforest Initiative unites religious leaders and conservationists to combat deforestation, while the Green Pilgrimage Network promotes eco-friendly travel to sacred sites, fostering stewardship among pilgrims. The Faith for Earth Initiative, launched by UNEP, engages faith-based organizations in climate action through partnerships and educational resources. Additionally, the Tewahedo Church Forest Restoration project in Ethiopia exemplifies commitment to preserving sacred natural spaces.

Discussion

The review demonstrates the unique position of religious institutions as moral authorities capable of influencing public behavior and policy on environmental issues. The integration of spiritual teachings with scientific insights provides a robust framework for addressing the interconnected crises of climate change, biodiversity loss, and pollution. Interfaith collaborations can enhance outreach efforts, ensuring that diverse perspectives contribute to global sustainability goals.

New settings for Health: Healthy Eating and Nutrition

Parallel Session

13 May 2025, 15:30 – 16:45

Moderator:

Laura Holland. Finland

Let them Eat (birthday) Cake: Reframing Healthy Eating in Healthcare Organizations

Presenters / Speakers / Co-Authors

Laura Kennedy, Dalhousie University, Canada

Objective

Healthcare organizations have recently adopted healthy eating policies in order to improve food environments; however, how such policies work to shape practice is still unknown. This study explores the perspectives on quality improvement among healthcare practitioners working in hospital foodservices post-implementation of a healthy eating policy aimed at improving food environments.

Methodology

This qualitative study included in-depth, semi-structured interviews with 12 participants from the

department of Nutrition and Food Services at a provincial health organization (Nova Scotia Health). Practitioners working in retail with Nutrition and Food Services at Nova Scotia Health, such as point-of-sale, supervisors, managers and directors. Transcripts were transcribed verbatim and analyzed in NVivo using directed content analysis.

Findings
Healthcare practitioners' approach to quality revealed a range of definitions of healthy eating, ranging from individual behaviour change management, to a broader emphasis on supportive food environments. This research highlighted the complexity of the healthcare food environment in which health promotion was being implemented, a 'setting' as per the 'settings approach' to health promotion, revealing a 'setting within a setting': food environments within healthcare. These nested environments are alternatively, more business or healthcare service-centric, within the larger environment of healthcare. Healthcare practitioners' views on effective implementation of the policy also spanned many scales of healthy eating, informed by concepts both within their core healthcare practice (dietetics: nutrients), the organization (historical nutrition contexts), and broader food culture (food trends and choice).

Conclusion: This study demonstrated that quality improvement for a healthier food environment within healthcare needs a broader focus to advance benchmarks for health promotion

A cross-sectional evaluation of adolescent nutrition in north Indian public schools

Presenters / Speakers / Co-Authors
Sandeep Kau, Indian Institute of Public Health, Delhi- Public Health Foundation of India, India

Background
Technological advancements and globalisation has led to a shift in dietary behaviours and nutrition patterns. In recent years there has also been an alarming increase in the prevalence of chronic diseases in LMICs, including India. Adolescents are more susceptible to the negative impact of changing dietary practices. Furthermore, the nutritional status in the early years of adolescence becomes the basis of their overall health during adulthood. The present study was designed to assess the nutritional status of adolescents in public schools in the North Indian city of Chandigarh, India.

Methodology
The present study was based on a cross-sectional survey undertaken as part of a larger cluster randomised control trial (CRCT). A two-stage random sampling technique was used to select 12 schools and a eighth-grade class. A total of 453 adolescents in the age group of 10-16 years were recruited. Nutritional status was measured by assessing the selected adolescents' dietary behavior, anthropometric measures and 24-hour urinary excretory salt-levels. Dietary pattern was recorded using two 24-hour dietary recalls on non-consecutive days. Anthropometric measures were recorded using standardised tools and methods. The 24-hour urinary excretory salt levels were assessed through standardized laboratory methods.

Results
The mean age of adolescents was 13.06 years, and 55% were boys. 32 % of adolescents had high salt, and 55% had high sugar intake. Whereas 90% of adolescents had low fruit and 83% had low vegetable intake. Adolescents were deficient in most macro and micro-nutrients, such as energy, fats, fiber, iron, zinc, iodine, riboflavin, and vitamins B-6 and B-12. More proportions of boys (10%) were thin compared to girls (2%). Higher proportions of girls had abdominal obesity (36%). In contrast, high proportions of boys were severely acute

malnourished (23%). Almost all adolescents had high urinary excretory salt levels.

Conclusion
Most adolescents had dietary risk factors, as high intake of salt and sugar and low consumption of fruits and vegetables. Most of adolescents were deficient in various macro and micro-nutrients, with the co-existence of thinness and obesity. Schools must regularly assess adolescents' nutritional status to address this double whammy of nutrition. Additionally, health-promoting intervention needs to be developed in school settings to promote healthy dietary practices.

Keywords
Nutritional status, chronic diseases, diet, anthropometric, adolescents, urban, socio-economic status.

Exploring Food Culture Among Young Students for Sustainable Interventions In The UAE

Presenters / Speakers / Co-Authors
Preetha Menon Karuveetil, United Arab Emirates University, UAE

Background/Objectives
The United Arab Emirates has recognized the increasing prevalence of childhood obesity as a critical public health issue necessitating targeted interventions that promote healthy eating habits in children. This requires a thorough understanding of their food preferences and norms. Our study explored the distinctive food culture, social norms and influences affecting children in Abu Dhabi Emirate.

Methods
We conducted 12 focus group discussions among children aged 3-8 years in nursery, kindergarten and grade schools in Al Ain, Abu Dhabi and Al Dhafra regions of the emirate. The multilingual discussions were done in private and public schools using activity and game-based discussions of 20 to 40 minutes. We transcribed and analysed the responses with a grounded theory approach and applied the Six C Model to understand the enablers of a supportive environment to healthy food culture at school.

Results
The children’s perspectives on healthy food are shaped by the early introduction of healthy food concepts in the curriculum. Community engagement through food fairs and competitions further promotes and reinforces healthy eating habits alongside the implementation of strict policies regarding school lunch.

Discussion
Family and clan influences operate at multiple levels, affecting both school and peer dynamics. We identified various influences that contribute to sustaining a healthy food culture which sometimes conflicts with the children’s personal preferences. These influences can either encourage or discourage healthy school meal choices. By integrating the Six C's Model into interventions, we can foster a supportive, engaging, and healthy food culture in schools that has a lasting impact, potentially extending beyond a single generation.

Keywords
Children, School lunch, Healthy eating, Abu Dhabi, Food culture

Consumption of sugar sweetened beverages among school aged children in the Hohoe Municipality

Presenters / Speakers / Co-Authors
Priscilla Aku Nuna Dotse, University of Health and Allied Sciences, Ghana

Background/Objectives
Excess sugar in one's diet is a major contributor to serious health conditions such as weight gain and obesity, type 2 diabetes, and heart-related diseases. Our study examined the consumption and preference of Sugar Sweetened Beverages (SSBs), factors that influence preference and consumption of SSBs and the common source of SSBs among primary school children in the Hohoe municipality.

Methods
We conducted a cross-sectional study in 16 primary schools in the Hohoe municipality. Data was collected among 449 school children using a structured questionnaire deployed on Kobo Toolbox, exported to Excel and analyzed using STATA Version 17. Descriptive statistics and logistic regression were performed to identify consumption level, preference for SSBs, factors influencing consumption and preference and SSBs sources among school children at a 0.05 significance level at a 95% confidence interval.

Results
SSB consumption level was found to be 60.8%. Most (61.7%) had more preference for SSBs. School children in public schools were more likely to have more preference for SSBs (aOR=0.56; 95% CI: 0.38-0.82). Factors that were found to influence SSBs consumption were being in upper primary (aOR=0.50; 95% CI: 0.29-0.87), high socio-economic status of parents (aOR=2.60; 95% CI: 1.26-5.39), availability of SSBs (aOR=2.07; 95% CI: 1.32-3.26), peer influence (aOR=1.96; 95% CI: 1.26-3.07) and source of SSBs (aOR=2.89; 95% CI: 1.78-4.70). The source of SSBs for most of the respondents was the home (66.6%).

Discussion
The findings underscore the need for targeted interventions to address sugar-sweetened beverage (SSB) consumption among school-aged children. Given the influence of socio-economic status and home availability, strategies should prioritize parental education on the health risks associated with SSBs and encourage healthier substitutes at home. School-based programs must also focus on creating supportive environments that limit access to SSBs and foster healthier peer norms.
Keywords

Sugar sweetened beverages, School aged children, consumption, preference

Health Emergency Response: Dealing with Infodemic and Diverse Risks

Parallel Session

13 May 2025, 15:30 – 16:45

Moderator:
Maria Lopatina, Russia

Dealing with infodemic for Health Promotion

Presenters / Speakers / Co-Authors
Dr. Mahesh Bhatt, MMBSHS Trust, India

Setting/Problem
The infodemic, described by WHO, is an "Overabundance of a mix of right and wrong information," so we can imagine that we live in an infodemic era because all types of media are filled with information that directly or indirectly impacts health and wellbeing. It may be mis or disinformation. So, any health promotion strategy must address information glare and infodemic because it not only influences individual behavior but also depends on and impacts a wide range of social and systemic factors, including (health) literacy and health information-seeking behavior affecting their ability to increase control and improve their health.

Interventions

We divide information on social media directly impacting health into three broad categories: 1) useful, 2) neither useful nor harmful, and 3) harmful. Like, social media videos related to yoga and exercise are generally helpful, though they may have misinformation, videos on nutrition are neither useful nor harmful, but videos claiming treatment of cancer or diabetes are usually harmful. People with chronic diseases and lifestyle problems easily fall into the traps of dis and misinformation. By dividing information into three categories, we focused on type 3) harmful information, leaving types 1 and 2.

Outcomes
With this categorization of the information based on its impact on health, it is possible to decrease the volume of information available online to one-third, which is tremendous. Simultaneously, dealing with the information immediately harmful to public and individual health becomes more manageable. It helps train clinicians to deal with misinformation in clinics through social media messages and physician associations. It also helps them to understand them and their health impacts leading to improvement in follow-ups and treatment adherence.

Implications
The COVID-19 pandemic highlighted the impact of the infodemic on health, healthcare providers, public health systems, and communities. Social media is the most significant influencer for individual, communal, and social behaviors. So, the health promotion strategy needs a mechanism to deal with the infodemic. The volume of information reaching people is enormous, and categorizing information into useful, neither useful nor harmful, and harmful helps public health systems focus on the harmful category, leaving the remaining two categories. It helps in using information flow in media for health promotion.

Risk communication and community engagement in health emergency: lessons learned from COVID-19

Presenters / Speakers / Co-Authors
Ofakiokalani Tukia, Ministry of Health, Tonga

Problem
RCCE and Infodemic Management (RCCE-IM), a multilevel and multifaceted process, which aims at defining risks, identifying hazards, assessing vulnerabilities and enabling community resilience, thereby promoting the capacity to cope with an unfolding public health emergency.

As the second most vulnerable country in the world to the impact of climate change, Tonga faces complex and interconnected threats. Based on lessons learned from COVID-19, developing skills and systems for infodemic management has been identified a top priority for Tonga. Misinformation was a big issue and often provoked

when there were information gaps or unsettled scientific facts, as human nature would always seek reasoning, and when faced with information voids, the likelihood of false information escalates.

Intervention
In response, Tonga developed a national Multi-Hazard RCCE Strategy to guide the designing of interventions that maintain public trust, address people's concerns, and ensure high-quality service delivery. The Strategy paves the way for adopting lessons learned from COVID-19 and operationalizes infodemic management, addressing misinformation that can cause confusion, undermine trust, and hinder health-seeking behavior.

Outcomes
Leveraging lessons from the COVID-19, Tonga has strengthened its RCCE-IM systems at all levels, boosting their capacity to confidently prevent, prepare, respond, and recover from future public health emergencies. There has been an extensive implementation of RCCE activities using inclusive, appropriate and relevant communication tactics guided by the Strategy, and it articulates the expanded role of health promotion to improve response and resilience efforts to different health threats.

Recognizing the critical role of communities, Tonga leverages two-way feedback through online and offline social listening mechanisms to address misinformation and community needs. There are dedicated community platforms for social mobilization and community engagement to be used during emergency including the faith-based organizations.

Implications
This Multi-Hazard RCCE Strategy is the result of extensive research, analysis, and collaboration. It serves as a guide for the national response to reduce risks, improve preparedness, and strengthen resilience against various health hazards.

Innovative health promotion and education approaches to addressing schistosomiasis and soil transmitted helminthiasis in school and community settings: Lessons from Kenya

Presenters / Speakers / Co-Authors
Mary Nyamongo, Ministry of Health, Tonga

Brief
Africa remains the continent with the highest burden of Neglected Tropical Diseases (NTDs). Of the 21 NTDs recognized by the World Health Organization (WHO), most are endemic in Africa. Over the last 20 years, with the support of donors and implementing partners, opportunities to sustainably control and eliminate some of these diseases have been designed and implemented through the donation of medicines and support with the distribution of the medicines to the endemic communities. Apart from treatment, investments in water, hygiene and sanitation (WASH) and health promotion and education have been increased for successful and sustainable disease control and elimination. Kenya, like other countries on the continent, is committed to achieving global and national goals of control and elimination of four Preventive Chemotherapy (PC) Neglected Tropical Diseases (NTDs) endemic in the country: Soil Transmitted Helminths (STH), Schistosomiasis (SCH), lymphatic filariasis and trachoma. Despite STH and SCH diseases being preventable, more than 6 million people are infected while approximately 15 million are at risk of infection of SCH in Kenya. On STH, approximately 10 million people are infected while more than 16.6 million persons are at risk. Infections with SCH pose serious health risks including diarrhoea, abdominal pain, blood in urine or stool, liver and spleen enlargement, chronic renal failure, cancer, and female genital schistosomiasis. SCH and STH affect the poor and less privileged in society because such populations have limited access to safe water, lack of improved sanitation facilities, and

are less likely to practice proper hygiene.

Intervention
The Deworming Innovation Fund (DIF) project being implemented in Ethiopia, Kenya, Rwanda and Zimbabwe, implements health promotion interventions using an SBCC approach to influence community practices. The interventions are implemented in school and community settings. The aim is to change the behaviours of the community by deploying materials and messages through existing community structures. It strategically engages and leverages the influence of community opinions in advocacy and health education.

The community health setting engages a wide range of actors including Community Health Promoters (CHPs), religious leaders, community leaders, elders, youth and women leaders, informal group leaders (youth, women, business and boda boda riders), grassroots media personalities, representatives of marginalized and vulnerable groups, and healthcare workers and county assembly. The actors are engaged in the co-creation of health promotion messages that are then packaged for dissemination locally. The health promotion messages focus on the causes of the diseases, signs and symptoms, prevention measures, and management. School settings have aimed at engaging the children through innovative platforms such as Akili Kids and video puppetry in schools, to disseminate tailored messages on SCH and STH. Teachers are trained and supported to engage the students continuously through the use of toolkits developed as part of the innovation.

By integrating SBCC into existing community and school structures, the project ensures sustained engagement, enhanced health literacy, and improved adoption of preventive behaviours. The interventions also challenge negative cultural practices while building on positive social aspects such as social networks and communal support.

Objectives and Rationale of the Session (*How will it contribute to new learnings, ideas, and perspectives?)*
This session will explore the innovative application of SBCC in promoting health interventions for SCH and STH in school and community settings in endemic sites in Kenya. By leveraging Akili Kids, video puppetry in schools, and community-driven media, the project delivers customized, impactful health messages to diverse audiences. This approach enhances community ownership, sustained engagement, and improved health literacy, leading to better adoption of preventive practices.

Contribution to New Learnings and Perspectives
-Showcasing Innovations: participants will gain insights into using digital and interactive media in public health promotion in school and community settings.
-Strengthening Community Engagement: the session will highlight strategies for effective mobilization of local influencers and networks to drive behaviour change
-Scaling up Best Practices: discussions will explore how the integration of social behaviour changes communication in existing structures and ensures sustainability and long-term impacts.

This session will provide valuable lessons for policymakers, program implementers, and researchers looking to enhance school and community-centred health promotion and Education interventions through innovative communication and health education strategies.

Different predictors of message fatigue across diverse risk areas for dengue prevention in Taiwan

Presenters / Speakers / Co-Authors

Chia-Hsien Lin, National Taiwan Normal University, Taiwan

Background/Objectives
Although the risk of dengue varies by area in Taiwan, the same preventative messages were used for a long time across the country. The perception of threat of illness may vary across people in different risk areas, and this may be related to message fatigue. Few studies have looked at message fatigue across areas with different risk levels; most have concentrated on high-risk populations or the broader community regardless of risk level. Thus, the purpose of this study was to determine unique determinants of message fatigue in Taiwan's various dengue-risk regions.

Methods
The online questionnaire was adapted from the measurement developed by So et al., based on the conceptual definition of message fatigue. Message fatigue has two dimensions: message environment (ME) and audience response (AR). A negative binomial model was used to examine the association between the demographic (sex, residency, education, occupation, age, and income) and the perceived (perceived prevalence, perceived severity, and optimistic bias) variables with ME and AR separately.

Results
The results showed that in high dengue-risk areas, individuals with an education level of high school or below reported 1.10 times significantly higher levels of AR compared to those educated higher than high school. In medium dengue-risk areas, individuals in the optimism group were 1.12 times more likely to report higher levels of ME than those in the realistic group. In low dengue-risk areas, younger individuals, males, and those with a high-school education or below reported significantly higher levels of AR.

Discussion
This study showed that dengue-message fatigue is associated with different variables across varying risk areas. Individuals in high-risk areas with lower education levels reported more fatigue message. To mitigate their fatigue, simple, relevant, and engaging, dengue messages could be considered. Moreover, those in medium-risk areas who were optimistic about the disease were more likely to experience fatigue. The messages framed around potential losses could be more impactful for those who might feel overly optimistic about their situation. Finally, in low-risk areas, younger people, males, and those with lower education levels were more likely to had message fatigue. For younger individuals, Messages could be designed in formats that align with younger people's digital habits and interests.

Keywords
Message fatigue, dengue, health communication, perceived risks

Digital Health Transformation (AI, big data, digital equity, tools and stewardship)

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator:

Priya Balasubramaniam, Singapore

Kids Online – Where Commercial & Digital Determinants of Health Intersect: Objective Research from Aotearoa

Presenters / Speakers / Co-Authors

Louise Nadine Signal, University of Otago, New Zealand

Background/Objectives

The online world affords children many benefits, such as connectivity and access to educational and cultural content. Simultaneously, it increases their likelihood of encountering harmful or distressing web-based content and behaviour, including the promotion of harmful commercial determinants of health such as alcohol, gambling and junk food. Yet globally there is a dearth of objective research on children's real-time online experiences. This paper explores the nature and extent of children's exposure to alcohol, gambling and junk food online.

Methods

Kids Online Aotearoa is a cross-sectional observational study of children's real-time experiences of the online world. A strategic sample of 156 12-year-olds from schools in the Wellington region of Aotearoa, New Zealand, used Zoom video conferencing software to record their online world for four days. Data was collected from 2021-2024. Data is coded manually and using AI techniques such as object recognition.

Results

Children are regularly exposed to alcohol and gambling marketing and user-generated content while on online. They are also exposed to opportunities to gamble and engage in gambling. Children see much more food marketing and user-generated food content online than the other harmful commodities.

Discussion

This novel methodology reveals the actual online experiences of children as they go about their daily lives. This includes engaging in harmful behaviours such as gambling and encountering harmful products and their marketing. This is counter to regulations prohibiting or restricting such marketing to children and inconsistent with the United Nations Convention on the Rights of the Child. For children, the online space is a place where the commercial and digital determinants of health intersect with harmful consequences for their health and wellbeing. While from Aotearoa New Zealand, this study is likely to be relevant for other countries given the global reach of the online world. The research indicates the urgent need for national and global government regulation of the online world to protect the rights of children and ensure their health and wellbeing.

Keywords

Children, digital determinants, commercial determinants, online, harm

The Impact of Problematic Social Media use on Substance Consumption and Psychological Distress in Children and Adolescents

Presenters / Speakers / Co-Authors

Kevin Chang, Graduate Institute of Health Promotion and Health Education, National Taiwan Normal University, Taiwan

Background/Objectives

Problematic social media use (PSMU) among children and adolescents is a growing public health concern, closely linked to substance consumption and psychological distress. Studies show that PSMU increases the risk of e-cigarette, alcohol, and other substance use, while also contributing to mental health challenges such as anxiety, depression, and low self-esteem. Factors like social comparison, cyberbullying, and nomophobia further exacerbate these issues. This study aims to examine the relationships between media exposure, PSMU,

substance consumption, and psychological distress, providing insights to guide interventions by parents, schools, and policymakers.

Methods

This cross-sectional study utilized survey data collected from 1,799 children and adolescents across Taiwan. Participants, recruited from nine primary schools and seven middle schools, completed self-administered questionnaires evaluating their social media habits, exposure to media promoting substances, e-cigarette and alcohol consumption behaviors, and mental health outcomes.

Results

The findings revealed that children and adolescents with higher levels of e-cigarette- and alcohol-related media exposure, lower social media literacy, and problematic social media use were significantly more likely to engage in e-cigarette and alcohol consumption. Problematic social media use, alongside substance use, was strongly associated with increased psychological distress, including symptoms of depression and anxiety. Furthermore, adolescents with excessive social media usage and anxiety experienced heightened risks of negative online interactions, such as bullying and harassment, which further contributed to their psychological distress.

Discussion

This study underscores the critical associations between problematic social media usage, targeted media exposure, substance use, and psychological distress among children and adolescents. Regulatory frameworks aimed at curtailing the advertisement of e-cigarettes and alcohol may prove effective in reducing exposure and subsequent consumption. Furthermore, comprehensive interventions at the school and family levels should prioritize addressing problematic social media behaviors as a strategy to alleviate psychological distress and promote healthier behavioral patterns.

Keywords: Children, adolescents, problematic social media use, media exposure, e-cigarettes, alcohol, psychological distress

Effect of SMS-based Gain- Versus Loss-Framed Message on promoting Newborn Care Practices Among Mothers: A three-arm cluster randomized Trial

Presenters / Speakers / Co-Authors

Hordofa Gutema Abdissa, Jimma University, Ethiopia

Background/Objectives

Effective promotion of newborn care practices are vital in reducing neonatal mortality and morbidity, particularly in a country like Ethiopia, where there is high neonatal mortality rate. Although message framing and mHealth interventions have demonstrated promise in enhancing health outcomes, there is a lack of adequate evidence on the effectiveness of mobile texting-based message framing on improving newborn care practices. The current study evaluated what type of message framing approach (gain frame vs loss frame) delivered through mobile phone was effective to promote newborn care practices.

Methods

A 3-arm cluster-randomized trial was conducted in three districts of Jimma Zone in Oromia region. Twenty-one villages (health posts) were randomly assigned to one of the three arms: gain-framed arm (n=196), loss-framed arm (n=196), and control arm (n=196). The intervention groups received a series of text messages structured in the form of either gain or loss framing, while the control group received existing care without text message. The primary outcome was newborn care practices. The intervention effect was analyzed using a generalized linear mixed model for categorical and linear mixed model for continues outcomes.

Results
Compared to the control group, gain- and loss-framed groups had significantly improved newborn care practices, with effect size (ES) of 17.9 (95% CI 5.5 to 30.3) and 16.4 (95% CI, 5 to 27.9) respectively. Both intervention groups significantly improved knowledge about newborn care practices, with ES of 2.25 (95% CI, 1.9 to 2.6) for the gain-framed and 2.11 (95% CI, 1.77 to 2.46) for the loss-framed group. Furthermore, both gain- and loss-framed groups had a significant effect on attitude toward newborn care, with ES of 3.8 (95% CI, 2.63 to 4.98) and 4.3 (95% CI, 3.12 to 5.48) respectively. The gain-framed group showed a greater improvement in self-efficacy, with an ES of 0.61(95% CI, 0.02 to 1.2) compared to loss-framed group.

Discussion
Gain- and loss-framed messages delivered via mobile phone messaging effectively increased newborn care practice, knowledge, attitude, and self-efficacy while reducing newborn illness. This suggests that mobile phone text communication strategies containing gain- and loss-framed messages can enhance the effectiveness of promoting newborn care practices**.**

Keywords
Message framing; digital health; newborn care practices promotion; cluster randomized controlled trials

Effects of social media sponsorship disclosure on adolescents' advertising literacy and purchase intention

Presenters / Speakers / Co-Authors
Ya-En Lin, National Taiwan Normal University, Taiwan

Background
In the rapidly evolving digital age, adolescents have become a particularly vulnerable group impacted by social media marketing. This study aims to examine how different types of sponsorship disclosure (full, partial, and none) in social media affect adolescents' ability to recognize advertising, their advertising literacy, and their purchase intentions.

Methods
A self-administered questionnaire was used to assess the effects of three types of sponsorship disclosure in social media posts on adolescents. Participants were recruited from 36 schools across Taiwan using a probability proportionate to size sampling method, resulting in a sample of 3,149 high school students. Adolescents were randomly assigned to one of three experimental groups and exposed to social media posts featuring varying levels of sponsorship disclosure.

Results
The study found that adolescents exposed to full sponsorship disclosure had significantly higher rates of advertisements recognition and greater conceptual advertising literacy compared to those in the partial or no disclosure conditions. The multivariate analysis revealed that advertisements recognition was associated with

higher levels of both conceptual and attitudinal advertising literacy.

Conclusions
These findings suggest that adolescents who could recognize advertisements demonstrated higher attitudinal advertising literacy and lower conceptual advertising literacy, which was associated with lower purchase intentions. Clear sponsorship disclosure is crucial for raising advertising awareness among adolescents, enhancing their advertising literacy, and potentially protecting them from heightened purchase intentions.

Keywords
Sponsorship Disclosure, Advertising Literacy, Adolescents, Social Media Marketing, Purchase Intention

Health Literate Settings: Community and Empowerment

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator:

Don Nutbeam, Australia

Use of Photovoice to Explore the Roles of Community Health Workers in Wakiso District, Uganda

Presenters / Speakers / Co-Authors

Allan Ssembuusi, Makerere University School of Public Health, Uganda
Dr. David Musoke, Makerere University School of Public Health, Uganda

Introduction
Community Health Workers (CHWs) are an important human resource in Uganda as they are the first contact of the population with the health system. We conducted a study to explore the roles of CHWs as seen by themselves in Wakiso district, Uganda using photovoice, an innovative community-based participatory research approach.

Methods
Photovoice, a technique that uses photography to capture key community scenarios, was used among ten CHWs over a period of five months. Monthly meetings were held between the CHWs and research team to discuss the photos taken, and the resulting data were analysed by conventional content analysis.

Results
Using photovoice, the CHWs identified five themes related to their main roles in the community. These themes were: community health education; home visits for health improvement; management of childhood illnesses; community mobilization for public health interventions; and record keeping. Health education was carried out to increase awareness on health issues. Home visits were conducted to establish the health situation in villages. CHWs were also involved in diagnosis and treatment of malaria, pneumonia and diarrhoea among children. Community mobilization for interventions such as distribution of mosquito nets was also carried out by CHWs. Lastly, CHWs were involved in maintaining health records concerning their communities.

Conclusion/Discussion
Through photovoice, CHWs were able to reflect on their day-to-day activities which can be used among other cadres in the health system particularly in the community, as well as inform policy, practice, programming and future research.

Key words
Community health workers, community-based participatory research, photovoice, Wakiso district, Uganda

Empowering Practitioners to Engage Communities: Development of a Guide for Citizen Participation in Health Promotion

Presenters / Speakers / Co-Authors
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Christina Kien, Department for Evidence-based Medicine and Evaluation, University for Continuing Education Krems, Austria
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Background/Objectives
Community health promotion aims to improve living conditions in municipalities, cities and regions and to enhance opportunities and activities that support health maintenance and promotion. Participation is central to this approach, as it enables community members to contribute to decision-making about health initiatives and program development and to identify their needs. This project aimed to develop a practical guide for engaging citizens in community health promotion by involving both experts and potential users.

Methods
A comprehensive literature review was conducted to identify existing guidelines and resources relevant to community health promotion, with a particular focus on practical advice for community practitioners. To gain a deeper understanding, we interviewed six experts in participation and community health promotion, and six practitioners actively working in "healthy municipalities" in Lower Austria. The development of the guide was iterative, with two workshops to gather input on the draft structure and to prioritize topics. Additional feedback from experts and practitioners further refined the document.
Results
A gap between theoretical concepts of participation and their practical application was identified. While theoretical models define up to 12 levels of participation, practitioners recognized only three as practically relevant: contributing ideas, advising and co-deciding, and active involvement in planning and implementation. Practitioners did not fully recognize that informing the target audience is a preliminary and essential step for meaningful participation, not a form of citizen participation itself. Additionally, some practitioners did not clearly conceptualize that simply taking part in activities does not qualify as genuine citizen participation.
Practitioners preferred simple suggestions and short, practical methods that could be easily integrated into their daily work. The guide includes practical tips for reaching different target groups and practical input on how to motivate people to join or support the local health promotion working group, the platform for all health promotion activities in “Healthy communities” in Lower Austria.

Discussion
Working with practitioners and potential users greatly enhanced the practical applicability and relevance of the guide. Their insights ensured that it was user-friendly and focused on real needs, avoiding unnecessary theoretical complexity.

Keywords
Community participation, Health promotion, Practical guide and Community as setting

Evaluating the Impact of SEHA-Led Community Health Campaigns

Presenters / Speakers / Co-Authors
Tahreer Altal, Al Dhafra Hospital, UAE
Souheila Ali Hassan, Abu Dhabi Health Services, UAE

Background/Objectives
Implementing community health campaigns by hospitals is a crucial strategy in promoting public health and preventing disease at a population level. Community health campaigns typically address most common public health topics like vaccination, tobacco use, cancer, chronic disease prevention, and health literacy. These initiatives enable hospitals to utilize specialized resources and expertise to tackle necessary health issues in their communities. Through the implementation of health education and preventative measures,
hospitals have the potential to significantly impact health disparities, decrease the occurrence of preventable illnesses, and enhance the overall well-being of the community (Koh et al., 2010). By emphasizing the importance of health awareness and promoting healthier behaviors, hospitals can have a significant impact on public health improvement beyond just the clinical setting (Frieden, 2015).

Methods
This study has been approved by the SEHA IRB Committee. It is an observational retrospective study. The information will be collected from SEHA healthcare facilities and SEHA Head Office members in the SEHA Community outreach committee on monthly basis. Description of the process and system placed will be discussed: establishing a standardized planner, developing health resources, placing a workplan, implementation and evaluation of the activities. Two sets of data will be collected: demographics and feedback of the community members in addition to the feedback of participating staff in this program. Data will be collected from 1/1/2022 to 31/12/2024.
A standardized report has been formulated and filled by committee members, and a standardized satisfaction survey is disseminated in every implemented events. Participants are invited to fill in the survey and they fill it voluntarily and unanimously.

Results
The total number of events successfully implemented in SEHA health facilities is 291 in 2022, 434in 2023, 600 in 2024. In 2022, 141 SEHA Health education resources were developed / adapted in comparison to 215 resources in 2023 and 158 in 2024. All these resources were placed on internal intranet for staff access and use. QR codes were generated to ease the access of these resources by patients, visitors and community
A Satisfaction Survey: the satisfaction survey has been initiated in Q1 2023 to capture the satisfaction of the audience. The survey is filled randomly by participants who are willing to give feedback. No personal information is captured in the survey. The results were taken into consideration when planning next events

Discussion
Health campaigns conducted by hospitals have notable strengths, particularly in their ability to directly target

patients and communities through trusted healthcare organizations. One key is the credibility hospitals hold as health bodies, which can increase public trust and engagement with the campaigns' messages (O'brien et al. 200). Hospitals also have access to diverse patient populations, allowing them to tailor campaigns to specific needs and demographics, thus improving the relevance and effectiveness of the interventions (Milio, 2001). The continuous care structure of hospitals allows for sustained follow-up and reinforcement of health messages, which can result in more lasting behavior change compared to short-term campaigns.

Keywords
Community outreach, health promotion; public health

Empowering Local Populations and Strengthening Health Promotion in Rural and Conflict-Affected Communities in Cameroon

Presenters / Speakers / Co-Authors
Mundih Noelar Njohjam. Life Abundant Primary Healthcare Program, Cameroon Baptist Convention Health Services. Cameroon

Introduction
In most rural communities in Cameroon, access to healthcare remains critically low, and health promotion activities are rare. This situation is even more critical in rural communities of the English-speaking regions of Cameroon where the ongoing socio-political crisis has further restricted access to healthcare. Health promotion activities can reduce the burden of preventable diseases in rural communities, but their implementation is hindered by insecurity, resource constraints and socio-cultural barriers. The objective of our project was to implement and evaluate the effectiveness of a multi-strategic health promotion program in improving health knowledge, attitudes, and practices among rural and conflict-affected communities in Cameroon.

Methods
We designed, implemented and evaluated the effectiveness of a multi-strategic health promotion program consisting of awareness-raising activities, health fairs, mobile clinics and healthcare worker training in 10 rural and/or conflict-affected communities in Cameroon.

Results
Over a period of 24 months, over 8700 people were reached with health education messages on non communicable diseases, maternal and child health, with over 2500 screened for diabetes and hypertension. There has been a substantial improvement in health knowledge, health-seeking behaviours, attitudes and practices related to diabetes, hypertension and maternal health amongst local populations and healthcare workers.

Conclusion
Even in times of conflict, health promotion activities can still reach underserved populations.

Health Equity and Access to Healthcare

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator:

Michal Grivna. UAE

Hearing the Unheard: Addressing Hidden Healthcare Barriers in Aotearoa

Presenters / Speakers / Co-Authors

Angelique Reweti

Background/Objectives

Wāhi Kōrero is a storytelling platform that amplifies marginalised voices to reveal systemic inequities and unmet needs in healthcare. By exploring narratives prompted by the question "I felt too whakamā to go to the doctor," this research seeks to understand the interplay of cultural, emotional, and systemic barriers to healthcare access, particularly among communities often overlooked. Ultimately, these insights aim to inform the development of equitable and responsive health systems.

Methods

Anonymous stories were collected through an online platform, allowing participants to share their experiences openly. Thematic analysis identified key barriers, including cultural stigmas, systemic biases, and the intersection of multiple identities—such as being Māori and disabled, or identifying as LGBTQ+. Central to this inquiry was the concept of whakamā (shame) and its implications within healthcare contexts.

Results

The narratives reveal profound systemic inequities and significant barriers that deter individuals from seeking care. Findings highlight how racism, stigma, and power imbalances intersect, compounding challenges for those who identify with multiple marginalized groups, including Indigenous, disabled, mental health and LGBTQ+ communities.

Discussion

This research underscores the importance of understanding and incorporating lived experiences when shaping and delivering healthcare services. Ultimately, these insights can guide the development of healthcare environments that not only recognize and value the realities of those most frequently overlooked, but also actively respond to their diverse needs—ensuring more equitable, inclusive, and culturally responsive health promotion.

Keywords

Keywords Health equity, storytelling, healthcare barriers, systemic change, whakamā

National Hospital Health Challenge for Healthcare Workers

Presenters / Speakers / Co-Authors

Dr Zsuzsa Rakosy-Voko Nora Bese, Bethesda Children's Hospital, Hungary
Nora Bese, Bethesda Children's Hospital, Hungary
Gyorgy Velkey, Bethesda Children's Hospital, Hungary

Background/Objectives
Hospitals offer an exceptional opportunity for community health promotion, which should also extend to their employees due to the high mental and physical health risks faced by healthcare workers. In 2023, the Hungarian Hospital Association launched the National Hospital Health Promotion Program to encourage Hungarian hospitals to engage in health promotion activities and support the health of hospital staff. A significant component of the Program was the 100-day "National Hospital Health Challenge," which started on March 15, 2024. This initiative aims to motivate participants towards a healthier lifestyle through small, manageable steps, particularly focusing on nutrition, physical activity, mental health, and environmental awareness.

Methods
Hospital staff participated in teams of five, undertaking individual and team-based weekly challenges designed to support their health. The challenges were conceptualized to promote awareness, community building, and overall employee well-being. The Program's web-based platform tracked sports activities alongside challenge completions. A total of 654 teams, with 3270 hospital staff from 71 institutions, took part in the initiative. To evaluate the effectiveness of the challenge, 1393 participants completed a closing questionnaire.

Results
Over the 100 days the participants engaged in 15486036 minutes of moderate to vigorous physical activity and 7472278 minutes of high-intensity activity. The results of the questionnaire indicated that 78% of the participants felt their health improved, and 68% reported positive changes in their mood. Of them, 33% reported better quality sleep, 27% fell asleep more quickly. Notably, 75% of respondents engaged in increased physical activity during the program. In terms of nutritional habits, 53% consumed more fruits and vegetables, 27% increased their daily water intake. Furthermore, 43% achieved their individual health-related goals completely, while 45% partially met them. Logistic regression analysis revealed strong statistical correlations between improvements in mood, better sleep quality, earlier sleep onset, increased physical activity, positive dietary changes, and overall improvements in subjective health.

Discussion
The program has been received with great enthusiasm and openness by hospital staff. The health challenge based on gamification elements is proving to be an effective tool to support the health of overburdened health workers.

Keywords
hospital health promotion, healthcare workers, gamification

Enhancing Health Equity Through Workplace Health Promotion: Insights on Healthcare Utilization Among Laborers in the UAE

Presenters / Speakers / Co-Authors
Dr. Nafeesa Abdul Kareem, Abu Dhabi Public Health Centre, UAE
Dr. Jayakumary Muttappallymyalil, Gulf Medical University, UAE

Background:
A robust healthcare system has been developed by the UAE, ensuring accessibility for its diverse population, out of which approximately 88% are expatriate workers. Laborers benefit from initiatives such as health

insurance mandates, workplace health programs, telemedicine, and mobile healthcare units. Understanding healthcare utilization patterns and barriers is essential to further enhance equity and support the UAE's vision for sustainable development.

Objective:

This study explores healthcare utilization patterns among laborers in the UAE, identifies factors facilitating access, and highlights areas for further improvement in promoting equitable health outcomes.

Methods:

A cross-sectional study involving 2,457 laborers across the UAE was conducted. Data collection utilized a multilingual, interviewer-administered questionnaire capturing sociodemographic and occupational characteristics, healthcare utilization behaviors, and perceived barriers and facilitators. Statistical analyses were performed to assess associations and identify actionable insights.

Results:

The findings underscore the UAE's success in achieving high healthcare utilization among laborers (92.3%), driven by widespread health insurance coverage (81.1%) and proximity to healthcare facilities (44.8%). Many participants cited the availability of healthcare services during convenient hours (25.7%) and effective communication with providers (47.9%) as significant enablers. Chronic conditions such as hypertension (12%) and diabetes (6.1%) were identified, reflecting the UAE's proactive health policies that ensure early diagnosis and management.

Despite these successes, areas for improvement remain. Barriers such as high medication costs (43.6%), lack of regular healthcare providers (68.1%), and challenges related to long working hours (28%) hinder optimal utilization. Addressing these gaps can further enhance the healthcare experience and outcomes for laborers.

Discussion:

The UAE's progressive healthcare policies have significantly improved laborers' health. Strengthening this foundation through targeted interventions—subsidizing medications, enhancing employer-provided benefits, and promoting workplace flexibility—can further improve equity. Aligning with IUHPE themes, these efforts demonstrate the UAE's leadership in advancing global health equity and achieving the Sustainable Development Goals.

Keywords: Health equity, Workplace health promotion, Healthcare utilization

International students' perceptions of access to primary healthcare in Morocco

Presenters / Speakers / Co-Authors

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Background

Migration is one of the main global health issues. In Morocco, the number of immigrant students is increasing by around 20,500 in 2021. No studies have documented international students' access to primary health care in Morocco. This study aimed to describe access to primary health care for international students enrolled in universities in Morocco during the academic year 2022-2023 and identify the barriers and needs of international students in accessing primary health care.

Methods

A cross-sectional descriptive and analytical study was conducted among international students enrolled in a university in Morocco during the 2022-2023 academic year. Moroccan students with dual nationality were excluded from the study. A non-probability volunteers' sample was recruited, and the perceived health questionnaire was utilized. The questionnaire was translated and adapted into French. Recruitment was done through discussion groups of different student communities via WhatsApp. Statistical analysis was performed using SPSS version 21. Ethical approval was obtained from the University Hospital Mohammed VI Ethics Committee (48/2023)

Results
A total of 188 students completed the questionnaire, with participants having an average age of 23.2±3.06 years. The male-to-female sex ratio was 1.76. The majority of students were from sub-Saharan Africa, constituting 93%, notably with a significant representation from Senegal (20.2%). The mean score of the primary healthcare access perception questionnaire was 63.63±18.37. The assessment of access to care revealed notable challenges, particularly in acceptability and adaptability. Various factors, such as language, religion, gender, university type, and scholarship status, were identified as associated factors with higher scores in distinct dimensions of primary healthcare access. The three most prevalent barriers reported were: "I had symptoms that didn't seem important to me" (59.0%), financial constraints (58.6%), and extended wait times for care (58.1%).

Conclusion
Access to care in Morocco is a priority for the Moroccan government. The study reveals that access to primary health care for international students in Morocco is limited due to problems such as lack of information, quality of care, and communication difficulties, which are more frequent barriers than financial barriers.

Keywords
Access to care, primary health care, international students

Assessing health literacy among tuberculosis patients: A cross-sectional study from India

Presenters / Speakers / Co-Authors
Arohi Chauhan, South Asian Institute of Health Promotion, Odisha, India

Background/Objectives
Tuberculosis (TB) continues to be a critical public health issue, with India contributing substantially to the global TB burden. Effective TB management requires strict treatment adherence and active patient engagement. Health literacy, defined as the ability to acquire, understand, and apply health-related information, plays a key role in influencing treatment adherence and health outcomes. In India, socio-economic disparities and linguistic barriers further complicate health literacy challenges, limiting the ability of TB patients to manage their disease effectively. Although global studies have shown the association between health literacy and TB outcomes, there is limited evidence from India. This study examines health literacy levels among TB patients in Gujarat and their impact on treatment adherence and disease management.

Methods
A cross-sectional study was conducted in Junagadh, Gujarat, from January to June 2024, involving 393 TB patients. Health literacy was assessed using the adapted Health Literacy Instrument for Adults (HELIA), validated for Gujarati-speaking populations. Participants, selected through multi-stage stratified random sampling, were evaluated across five domains: reading, accessing, understanding, appraising, and decision-making. Data analysis utilized SPSS v17.0, applying Chi-square tests for categorical variables, and logistic regression for identifying predictors of health literacy with $p<0.05$.

Results
The study revealed that 67.1% of patients exhibited limited health literacy, which was strongly associated with lower educational attainment (OR = 3.57, p < 0.001), unemployment (OR = 2.74, p < 0.001), and comorbidities (OR = 4.8, p = 0.03). Patients showed the highest proficiency in decision-making (mean score = 62.4+14) and the lowest in appraisal (mean score = 25.9+17.2).Treatment adherence was significantly better among patients with adequate health literacy (p < 0.001). Chronic conditions and lack of health insurance further hindered health literacy levels. Logistic regression identified education, occupation, and the presence of chronic conditions as significant predictors of limited health literacy.

Discussion
These findings emphasize the critical role of health literacy in TB management. Enhancing health literacy through targeted interventions, such as culturally tailored patient education programs and accessible health resources, could significantly improve treatment adherence and overall disease outcomes.

Keywords
Health literacy, tuberculosis, treatment adherence, vulnerable population

Health Equity and its determinants: HIV-related Experiences in Various Countries

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator:

Joseph Keawe'aimoku Kaholokula, USA

An Evaluation of Factors Associated with Completing an HIV Testing Linkage Amongst Adolescent Girls at Risk of HIV Acquisition in Eswatini.

Presenters / Speakers / Co-Authors
Themba Matsebula, Young Heroes Organisation, Eswatini

Objectives
Background: Eswatini has a high HIV rate compared to any other Southern Africa country. Even though the country has achieved much, it still records new HIV infections more especially amongst young women aged 25-29 years. This calls for more efficient and effective ways to reach, diagnose and link them to HIV care. Sabelo Sensha project implemented by Young Heroes Organization supports the government of Eswatini to prevent new HIV infections and reducing the HIV vulnerabilities among adolescent girls (AGYW).

Objectives: 1) To ascertain the factors associated with completing an HIV testing service referral amongst adolescent girls at HIV risk.

Format
A quantitative cross-sectional data analysis was conducted using STATA for December 2023 – December 2024 implementation period. Trained Mentors identify AGYWs in their communities and provide enrolment consents where an HIV risk assessment is administered. AGYW found to be at HIV risk (sexual intercourse under the influence of alcohol, sexual abuse exposure, STI experience, having multiple sexual partners and transactional sex) acquisition are referred for HIV testing and linkage services.

Learning goals
About 5,001 AGYW took part in a HIV risk assessment, 26% (1,301/5,001) had never tested for HIV whilst 74% (3,700/5,001) had an HIV test before. Of the 5,001 AGYW, 28% (1,411/5,001) were at risk of contracting HIV. Out of the AGYW at risk, 51% (738/1,411) were referred for HIV testing and 31% (231/738) completed HTS referral. From regression analysis, AGYW with STIs experience were most likely complete HIV testing and linkage services (AOR=0.62; 95% CI=0.52, 0.74) compared to the other HIV risk factors (sexual intercourse under the influence of alcohol, having multiple sexual partners, transactional sex).

Conclusion
Having an STI experience improves chances of HIV services linkages. There is a need for targeted HIV programs to ensure that all AGYW have any other HIV risk factors apart from STIs completes referrals for HTS.

Trends in viral load suppression among HIV patients on antiretroviral therapy in the Asante Mampong Municipal Hospital, Ghana: 2019-2023

Presenters / Speakers / Co-Authors
Gideon Amankwah Kyere, University of Health and Allies Sciences, Ghana

Background
People living with the Human Immunodeficiency Virus (PLHIV) in resource-constrained settings now have increased access to antiretroviral therapy (ART). According to the Joint United Nations Programme on HIV/Acquired Immune Deficiency Syndrome (AIDS) (UNAIDS) to end AIDS by 2030, there is the need for 95% of HIV patients initiated on ART to have VL suppression.

Objectives
This study aimed to determine trends in VL suppression among HIV patients in the Volta regional Hospital, Hohoe, for the years 2019 to 2022.

Methods
This study adopted a retrospective Hospital-based design using secondary data at the ART unit of Volta Regional Hospital Hohoe. This involved the review of blood donors' records in a four-year period, from January 2019 to December 2022. Logistic regressions were performed at the 0.05 level of significance and 95% confidence interval (CI). Ethical approval was obtained from the University of Health and Allied Sciences Research Ethics Committee (UHAS-REC A.10[021]22-23).

Results
The VL suppression rate decreased from 29.8% in 2019 to 26.1% in 2020, increased to 34.2% in 2021and reached its peak in 2022 (45.1%). Notably, 32.4% of the patients achieved VL suppression over the four-year period. The proportion of undetected VL from 2019-2022 was 49.4%. The year 2021 recorded the highest proportion of undetected VL (51.5%), while 2022 recorded the lowest (39.4%). Patients aged 30-39, 40-49, 50-59, and 60 and above were more likely to attain VL suppression compared to those under 30 years: (aOR=1.84; 95% CI: 1.03-3.29; p=0.038), (aOR=2.13; 95% CI: 1.26-3.61; p=0.005); (aOR=2.28; 95% CI: 1.34-4.19; p=0.002) and (aOR=2.44; 95% CI: 1.42-4.19; p<0.001). Furthermore, clients who had their VL checked in 2022 exhibited a 99% greater likelihood of achieving VL suppression compared to those who checked in 2019 (aOR=1.99; 95% CI: 1.16-3.42; p=0.012).

Conclusion
The rate of VL suppression was 32.4%, which falls significantly short of the UNAIDS goal of 95% viral

suppression. Older individuals (aged 30 and above) and those whose viral loads were measured in 2022 were more likely to achieve viral load suppression. Health promotion intervention to increase viral load suppression should target patients less than 30 years of age.

HIV-related Stigma among Health care workers in the Lower Manya Krobo Municipality, Ghana: A Social Cognitive perspective

Presenters / Speakers / Co-Authors

Faustina Akosua Atongo, University of Health and Allies Sciences, Ghana

Background

HIV-related stigma among healthcare workers (HCWs) is a significant barrier to efficient prevention, care and treatment in the health care setting, where non-discriminatory practices, empathy, and trust are essential. Healthcare workers' stigmatizing actions may deter people from getting tested for HIV and PLHIV from adhering to treatment guidelines, which could ultimately harm their health by increasing viral loads and the rate of transmission.

Objectives

The study aimed to determine the prevalence of stigma and an evidence-based theory perspective of the personal and environmental factors influencing stigma in the health care setting towards People living with HIV(PLHIV) in the Lower Manya Krobo Municipality

Methods

The study adopted a cross-sectional design, and 344 medical staff members from the Akuse and Atua government hospitals were chosen through a multi-stage sampling process. The Health Policy Project (2013) used a standard questionnaire to measure the stigma associated with HIV. The data were analysed with STATA version 17.0. Logistic regression was used to test the association between HIV-stigma and independent variables at $p<0.05$ and 95% confidence interval. Ethical approval was obtained from the University of Health and Allied Sciences Research Ethics Committee (UHAS-REC A.4[0.50]23-24), with permission granted by the Akuse and Atua government hospitals. The study had written consent process since there was human interaction with health care workers.

Results

HIV-stigma prevalence among health care workers was 42.4%. The results showed that health care workers who have worked more than 5 years were more likely to stigmatise against PLHIV[aOR=6.13(CI:2.82-13.32);P<0.001] and workers who worked in non-clinical departments were less likely to stigmatise against PLHIV[aOR=0.04(CI:0.00-0.49);p-value=0.012].Also, HCWs who disagreed that there were rules and policies against stigma towards PLHIV were more likely to stigmatise against PLHIV compared to those who agreed[aOR=3.62(CI:2.02-6.52);p<0.001].

Conclusion

Stigma related to HIV was high among healthcare workers. Factors associated to HIV-stigma included number of years working and the presence of policies against stigma in health facilities. Training of HCWs on quality health care delivery especially towards PLHIV alongside routine supervision are needed to reduce HIV-stigma and achieve low viral load suppression and optimum health and well-being of PLHIV.

Health Equity & Its Determinants: Access to Healthcare in Various Contexts

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator:

James Smith, Australia

Understanding the Impact Commissioning has on Indigenous Evaluations an Australian Perspective

Presenters / Speakers / Co-Authors

James Smith, Flinders University, Australia

Background/Objectives

Billions of dollars are spent annually on Indigenous programs, services, and initiatives, yet, despite the need, there needs to be more evidence on how to define effective as well as quantify program effectiveness for improving Indigenous health and wellbeing outcomes. Indigenous leaders have called for 'more and better' evaluations of Indigenous programs and commissioning processes that engage Indigenous peoples. To date, few research studies have sought to characterise the commissioning practices of government and non-government organisations in contracting evaluations for Indigenous health and wellbeing programs. Fewer still have investigated the role of Indigenous engagement and leadership during and resulting from the commissioning process despite Indigenous leadership's calls to do so. This project aimed to identify how commissioning practices can support Indigenous leadership in evaluating health and wellbeing programs in Australia.

Methods

The project was conducted in multiple phases, which included a comprehensive scoping review, in-depth interviews with relevant stakeholders (commissioners, evaluators, and Indigenous service providers), and four detailed case studies of Commissioned evaluations.

Results

We will present the five commissioning models identified from an NHMRC-funded, Indigenous-led project: Indigenous engagement and leadership in evaluating Indigenous health and wellbeing programs: Taking steps to improve government and non-government commissioning practices. The models include Indigenous-led, delegative, co-design, participatory and top-down.

Discussion

For Indigenous health and wellbeing evaluations, evaluations are often culturally unsafe. Therefore, they are of little use to Indigenous people and organisations; the very people the evaluated programs are meant to assist. To improve the mortality and morbidity gap of Indigenous, the impact of the program investment should be evaluated. The findings have significant potential to increase the number and quality of evaluations by improving the commissioning process. It also has the potential to strengthen the evidence base on effective Indigenous programs and inform future investments to improve health equity for Aboriginal and Torres Strait Islander people.

Keywords

Indigenous, Evaluations, Health Equity, Commissioning

The Equity Paradox in Health Promotion Volunteering: A Qualitative Study of Australian Practitioners' Perspectives on Supporting Graduate Employment

Presenters / Speakers / Co-Authors
Ruth Wallace, Edith Cowan University, Australia

Background/Objectives
Volunteering is a crucial work-integrated learning strategy and the health promotion sector, facing long-standing underfunding, increasingly relies on volunteers. Students are encouraged to engage in volunteering opportunities, and while providing many benefits, not all students can engage. Underrepresented student groups in higher education (e.g., those with disabilities/low socioeconomic backgrounds) may be inadvertently disadvantaged from participating. This could impact the health promotion sector because future graduates from equity cohorts, if employed in the workforce, may help address health inequity issues. This qualitative study aimed to explore the perspectives of Western Australian (WA) health promotion practitioners in this context.

Methods
In-depth interviews were conducted with WA preventative health practitioners (2024). Codebook thematic analysis revealed themes validated through researcher cross-checking.

Results
Participants (n=19) represented non-government agencies. Key themes highlighted the perceived importance of volunteering, committee service, networking, and placement-based work-integrated learning to support graduate employment. Practitioners emphasised expectations around proactive engagement ('doing more', 'saying yes' – to these opportunities) and physical workplace presence. These experiences were deemed vital for developing cultural awareness, building professional networks and demonstrating initiative, which simultaneously addresses workforce capacity needs in the sector.

Discussion:
The findings reveal a critical paradox: while volunteering opportunities benefit students and the resource-constrained sector, students from underrepresented groups may experience difficulties accessing these unpaid opportunities. This may, in turn, create a cycle, where students/graduates with lived experience, who could enrich the health promotion workforce, face greater barriers to entry and participation than their peers. This research suggests a need for universities and industry to reimagine work-integrated learning to provide similar experiences that increase equity of access while balancing the altruistic gains of volunteering. Ensuring equitable access to meaningful employment is important and would require sector-wide commitment to develop more inclusive approaches to facilitate graduate employability and career development.

Keywords
Health promotion; workforce development; equity; graduate employment

Facilitators and Barriers to Integration of Services: A Qualitative Case Study of HIV/NCD Integration into Zambia's National HIV Program

Presenters / Speakers / Co-Authors
Tulani Francis L. Matenga, The University of Zambia, Zambia

Background
The growing prevalence of non-communicable diseases (NCDs) among people living with HIV (PLHIV) in Sub-Saharan Africa is a significant public health issue. There have been calls for integrating services for patients who face dual burdens to ensure equitable access to health services and reduce navigation challenges. This is crucial for improving health outcomes among PLHIV. This study explored determinants that facilitate or hinder the integration of HIV/NCD care into routine healthcare in Zambia.

Methods
Using qualitative study approaches, we conducted four focus group discussions with healthcare providers, four focus group discussions with community healthcare workers, four in-depth interviews with medical doctors, and 16 in-depth interviews with PLHIV at four health facilities in Zambia. Data were analyzed thematically using the Consolidated Framework for Implementation Research as a lens of analysis.

Results
Several facilitators of HIV/NCD integration were identified, which include increased knowledge and awareness of NCDs among healthcare providers, evidence of benefits such as improved patient outcomes and convenience, patient-centered care approaches, enhanced patient-provider relationships, continuous training of healthcare providers, Task-sharing and clearly defined roles and stakeholder involvement and sense of ownership. Barriers to integration include drug stockouts and delays in supply delivery, lack of healthcare provider motivation, initial resistance and negative attitudes among some providers, prioritization of HIV care over NCD management, inadequate infrastructure in some facilities, and human resource shortages.

Conclusion
The integration of HIV and NCD care in Zambia shows promise in improving patient care but faces several challenges. Addressing these barriers, particularly in supply chain management, healthcare provider motivation, and infrastructure, is crucial for successful integration. Continuous training, stakeholder engagement, and fostering a patient-centered approach are key strategies for enhancing integration efforts. This study highlights the need for comprehensive strategies to support HIV/NCD integration, including strengthening supply chains, providing ongoing training and support for healthcare providers, and adapting health system infrastructure to accommodate integrated care models.

Keywords
HIV, non-communicable diseases, integrated care, health systems strengthening, Zambia

The Equity Equation: Linking Education and Health Outcomes in Diverse New Zealand Populations

Presenters / Speakers / Co-Authors
Cadence Kaumoana, Public Health Association of New Zealand, New Zealand

Background/Objective
This review explores the complex relationship between educational attainment and health outcomes in New Zealand, particularly regarding the impact of educational policies on health equity among diverse demographic groups, including Māori populations. The analysis aims to clarify how educational attainment affects health behaviours and healthcare access, ultimately guiding the creation of more effective health policy interventions
.
Methods
A comprehensive literature review covered peer-reviewed articles, government reports, and health surveys

from the past twenty years. It emphasises key studies on the socio-economic impacts of education on health, while integrating recent findings on rural education and digital equity.

Results
The findings confirm a clear link between higher educational attainment and better health outcomes. Research by Jenkins & Kumar (2022) and Wilson et al. (2023) shows that educational equity is directly tied to health equity, especially through educational strategies incorporating health literacy into curricula. Brown & Harris (2021) note that access to health information in rural areas significantly improves health indicators, while Martin & Fitzgerald (2021) argue that digital equity is crucial for promoting health equity across New Zealand.

Discussion
Educational institutions are vital in promoting health equity, acting as platforms for disseminating health literacy, particularly for underrepresented groups such as Māori and Pacific communities. This aligns with global health promotion efforts advocating for inclusive health policies.

Conclusion
The connection between education and health is crucial for addressing health disparities in New Zealand. Policy initiatives should focus on culturally responsive educational reforms to reduce health disparities and create environments that support preventive health behaviours and improve healthcare access. Emphasising equitable educational policies is essential for better health outcomes and achieving long-term health equity.

Perceived level of support, competence, and access to information about caregiving: findings from a Portuguese study

Presenters / Speakers / Co-Authors
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Daniela Brandão, NOVA National School of Public Health, Public Health Research Centre, Comprehensive Health Research Center, CHRC, NOVA University Lisbon, Lisbon, Portugal
Dr. Ana Escoval, NOVA National School of Public Health, Public Health Research Centre, Comprehensive Health Research Center, CHRC, NOVA University Lisbon, Lisbon, Portugal

Background/Objectives
Informal caregivers play a crucial role supporting disabled people, but the process of caregiving may have significant impacts on their physical, psychological, and social conditions. The aim of this study was to explore psychosocial characteristics (i.e., perceived level of support, competence, and access to information about caregiving) and their correlation with health literacy (HL) levels among Portuguese informal caregivers.

Methods
A cross-sectional study was conducted through an online survey directed to informal caregivers. Inclusion criteria included: being aged 18 years old or above, assume care to an adult care receiver on a regular basis, and not receiving money for the care provided. Perceived level of support was accessed with the question “Considering all the support you mentioned having, how do you assess the level of support you receive in your role as a caregiver?” (5-level scale ranging from “nothing supported” to “very supported”). Perceived level of competence was accessed using the question “How competent do you currently feel to care for the person you are caring for?” (10-level scale ranging from “totally incompetent” to “totally competent”). In addition,

perceived access to information about caregiving was assessed using the question “How do you rate your access to information about being an informal caregiver?” (5-level scale ranging from “very bad” to “excellent”). Health literacy was assessed with the Portuguese version of the European Health Literacy Survey (HLS-EU-PT-Q16).

Results
A total of 760 informal caregivers were surveyed (mean age 57 years (±9.9), 92.5% female, 41.5% has at least university level). More than half of caregivers (54.3%) report feeling totally unsupported in their role (M=1.9 ±1.2) and 48.1% referred that their access to information is “very bad” or “bad”. Only 20.7% of caregivers report feeling “totally competent” to care (M=7.4 ±2.1). HL level was found to be directly correlated with the perceived level of support (r= 0.179; p< 0.001), competence (r= 0.289; p< 0.001) and access to information (r= 0.325; p< 0.001).

Discussion
The findings reinforce the existence of unmet needs among informal caregivers. HL can be considered as a promising approach to addressing the challenges faced by informal caregivers. Likewise, ensure a better access to healthcare and information seems a priority area among informal caregivers.

Keywords
Informal caregivers; access to information; sense of competence; health literacy

Influence of subjective norm and perceived behavioural control on the intention to practice HIV post-exposure prophylaxis among frontline healthcare workers in the Volta region of Ghana

Presenters / Speakers / Co-Authors
Mabel Worlasi Dzenu, University of Health and Allied Sciences, Ghana

Background/Objectives
Post-exposure prophylaxis (PEP) is the use of short-term antiretroviral therapy (ART) to reduce the risk of acquiring the Human Immunodeficiency Virus (HIV) infection following exposure. Frontline healthcare workers (HCWs) are at a higher risk of contracting HIV. This study investigated the factors influencing the intention to practice of HIV-PEP among frontline HCWs in the Volta region of Ghana using the Theory of Planned Behaviour (TPB) as the conceptual framework.
Theory: The TPB posits that people with a positive attitude, supportive subjective norms, and a high perceived behavioural control are more likely to a strong behavioural intention. TPB helps to provide evidence on the factors influencing the intention to practice of HIV-PEP among frontline HCWs.

Methods
A cross-sectional design was employed, collecting data from a multistage sample of 243 HCWs in November 2023. Chi square and Logistic regression were used to analyse the data, using STATA version 17 at the 0.05 level of significance and 95% confidence interval. Ethical approval was obtained from the UHAS Research Ethics Committee (UHAS-REC A.1[82] 23-24).

Results
The intention to practice HIV-PEP was 92.3%, with nurses being 10 times more likely to have the intention than doctors [aOR=9.63(1.74-53.49), p=0.010]. Subjective norm was significantly associated with the intention to practice HIV PEP with those who disagreed that important people in their lives would approve of them taking HIV PEP being less likely 84% to use PEP compared to those who agreed [aOR=0.16(CI: 0.29-0.83),

p=0.029], and those who disagreed that they would follow the recommended protocols for PEP were 96% less likely to practice HIV PEP compared to those who agreed [aOR=0.04(CI: 0.00-0.63), p=0.022]. Perceived behavioural control was significantly associated with the intention to practice HIV PEP, with those who disagreed that they were confident to use HIV PEP anytime they were exposed to HIV being 93% less likely to have intentions to use PEP if exposed [aOR=0.10(CI: 0.01-0.75), p=0.026].

Discussion
The frontline HCWs' intention to practice HIV PEP when they become occupationally exposed is important. Conversely, low or poor intention is linked to high incidents of HIV among HCWs and this can result in increased prevalence, further leading to more burden on the health facilities. The overall intention to practice HIV PEP was high. Strategies to increase the intention to practice HIV PEP should focus on subjective norms and perceived behavioural control, and should also target medical doctors.

Keywords
HIV, Prophylaxis, Frontline Healthcare Workers, Theory of Planned Behaviour

Precision Health Promotion

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator

Shu-Ti Chiou, China

Scoping Review to Understand the Conceptualization, Implementation and Practices of Health Promotion within the Context of Primary Healthcare in Africa

Presenters / Speakers / Co-Authors

Armel Tassegning Mekountchou, Health Promotion Alliance of Cameroon, Cameroon

Background/Objectives
The WHO has mainstreamed Health Promotion in the Global health agenda, but the definition and practices of Health Promotion in Africa are not well understood and documented, with often, an interchangeable use of the concept of health promotion and health prevention.
This scoping review explored how health promotion is defined and practiced in Africa, and gaps in its implementation within the framework of the Ottawa Charter.

Methods
Data bases searched are Ovid Medline, CABI from 1986 to 2022 and grey literature up to 2024.
15833 papers were exported into Covidence and screened for title and abstract and over 1700 for full text. The scoping review employed the approach described by Arksey and O'Malley in 2005. The approach consists of five stages: (1) formulating the research questions, (2) identifying relevant studies, (3) selecting eligible studies, (4) charting the data and (5) collating summarizing and reporting the results. The five principles set forth in the Ottawa Charter are used to categorize the outcomes and the strategies to define the interventions. The review applied the PRISMA extension for scoping reviews to present the results.

Results
15833 papers screened for title and abstraction, and 1755 for full text. Preliminary results indicate up to 40 meets inclusion criteria and data extraction is ongoing. The results will be structured into three concept: (1) how Health Promotion is defined and conceptualized within the context of primary healthcare in Africa (2) identified strategies/approaches of HP that are implemented and/or practiced within the context of primary healthcare in Africa, categorized within the framework of the Ottawa Charter and, (3) the gaps, limitations and opportunities.

Discussion
Preliminary observations during data extraction indicates very few studies mentioned “Health Promotion” as the primary concern; many papers addressed more of general public health and community health strategies, like community engagement and health education, for health care and disease prevention, that may be similar to some Health Promotion principles and strategic axes. But those papers does not always address social determinants of health, which are the core targets of health promotion. Better results will be available during early May 2025.

Keywords

Health Promotion; Primary Healthcare; Africa

Process evaluation of a tailored intervention based on behaviour change theory to improve self-care practices among people living with Type 2 Diabetes Mellitus: A qualitative exploratory study

Presenters / Speakers / Co-Authors

Dr. Saurabh Kumar Gupta, HRIDAY, New Delhi, India

Dr. PVM Lakshmi, PGIMER Chandigarh, India

Dr. Manmeet Kaur, Heal Foundation, Chandigarh, India

Dr. Ashu Rastogi, PGIMER, India

Background/Objectives
This study aimed to evaluate a tailored intervention based on behaviour change theory designed to improve self-care practices among individuals living with Type 2 Diabetes Mellitus (T2DM) in rural area. The evaluation focused on participants' satisfaction, implementation fidelity, dose delivery, and the challenges encountered during the intervention.

Methods
A qualitative exploratory approach was used to gather rich insights into the intervention's impact. In-depth interviews (IDIs) were conducted with 26 participants, purposefully selected to ensure diverse perspectives. The group included 10 intervention participants, 6 family members, 6 accredited social health activists (ASHAs), and 4 medical officers. Participants were categorized based on HbA1c control levels to capture varying experiences. Interviews, lasting 30–45 minutes, were conducted face-to-face at participants’ preferred venues, recorded, and transcribed verbatim. A trained researcher analysed the data using thematic analysis approach, ensuring rigor with researcher triangulation and iterative coding. Fidelity and dose delivery were monitored through direct observation and attendance records. The process evaluation process was guided by the UK Medical Research Council (MRC) framework

Results
Participants reported high satisfaction, emphasizing the intervention's effectiveness in improving self-care practices, its sustainability, and practical relevance. The analysis revealed key themes, including better glycaemic control, stronger collaboration among stakeholders, and challenges like resource constraints. Close monitoring ensured that the intervention was implemented as planned, and attendance records validated that participant received the intended dose of the intervention. Data saturation confirmed the completeness of the findings.

Discussion
The study highlights the potential of tailored, theory-driven interventions to foster meaningful improvements in self-care among people with T2DM. It also underscores the importance of involving diverse stakeholders, maintaining fidelity, and addressing operational challenges to maximize the intervention's impact. The qualitative approach provided a deeper understanding of participants' lived experiences, offering valuable lessons for refining and scaling future similar interventions.

Keywords

Behaviour change theory; process evaluation; tailored intervention; type 2 diabetes mellitus; self-care, qualitative study

The role of artificial intelligence in personalizing health promotion interventions: A narrative review of effectiveness, implementation challenges, and ethical considerations

Presenters / Speakers / Co-Authors
Progress Agboola, Sage and Enamel Foundation (SANDEF), Nigeria

Background
Artificial intelligence (AI) is increasingly being integrated into health promotion interventions, offering personalized, engaging, and on-demand solutions to enhance health behaviors. This narrative review evaluates the effectiveness of AI in personalizing health promotion, highlights implementation challenges, and discusses ethical considerations.

Methods
We conducted a narrative review of evidence for studies related to the role of AI in health promotion. The search was conducted in June 2024, and evidence published between May 2019, and MAY 2024 was included. Data reported in this research article were obtained from reports, literature in peer-reviewed journals found in PubMed, PubMed Central, and ScienceDirect, grey literature, PINC AI Healthcare Database, WHO Reports, and other data sources.

Results
The review identified several effective applications of AI in health promotion. AI chatbots have demonstrated significant promise; for example, a chatbot designed for smoking cessation provided tailored support, resulting in a 30% increase in quit rates compared to traditional methods. AI-driven mobile applications that analyze dietary habits also showed effectiveness; one app offered personalized meal plans based on users' preferences, leading to improved dietary adherence.
Wearable devices with AI algorithms facilitate continuous monitoring of physical activity and vital signs. One highlighted device tracked users' activity levels and provided real-time feedback, leading to a reported 25% increase in daily activity over three months among participants.

Despite these advancements, several implementation challenges were noted. Users expressed concerns about data privacy and algorithmic bias. Additionally, many studies exhibited moderate to high risks of internal validity due to insufficient descriptions of AI techniques and limitations in generalizability.

Discussion

The findings underscore the potential of AI to deliver personalized health promotion interventions effectively. However, addressing implementation challenges such as data privacy concerns and ensuring algorithmic fairness is crucial for broader adoption. Ethical considerations must guide the development of AI technologies to ensure they serve diverse populations equitably. Future research should focus on robust randomized controlled trials to establish definitive conclusions regarding the long-term effectiveness and safety of AI-driven health interventions.

Advancing Precision Health Promotion through Pharmacogenomics: A Case Study of Cardiovascular Disease in India

Presenters / Speakers / Co-Authors

Ishita Goyal, CSIR- National institute of Science Communication and Policy Research (NIScPR), India

Background/Objectives

Cardiovascular diseases (CVDs) are the leading cause of mortality globally, contributing to over 25% of deaths in Southeast Asia. South Asians, including Indians, have a higher genetic predisposition to CVDs, yet the integration of pharmacogenomics (PGx)—tailoring treatments to genetic profiles—remains limited in India. This gap hinders effective health promotion, perpetuates disparities in care, and increases the burden of adverse drug reactions (ADRs).

This study aims to investigate gaps in the adoption of PGx in CVD management and explore its potential for advancing precision health promotion and health equity.

Methods

A mixed-methods approach was employed:

1. Literature Review: Focused on the PGx of key CVD medications (e.g., Clopidogrel, statins).
2. Qualitative Analysis: Conducted in-depth interviews at publicly funded hospitals in the country's capital, Delhi, to understand barriers to the adoption of PGx.
3. Quantitative Assessment: Evaluated prescribing practices and access to genomic testing in Delhi's government hospitals, particularly for high-impact drugs.

Results

The findings revealed that PGx has yet to be integrated into routine CVD care in India. Clopidogrel remains widely prescribed for CVD despite the documented fact that more than 30% of the Indian population does not respond to the drug due to genetic variations, and only 8.3% of providers were aware of genetic variations like CYP2C19 polymorphisms that affect its efficacy. None of the hospitals surveyed had routine access to pharmacogenomic testing. Barriers included high costs of genetic tests, infrastructure deficits, and lack of

awareness or training among healthcare providers. These challenges disproportionately impact underserved populations, exacerbating health inequities.

Discussion

Integrating pharmacogenomics into India's healthcare system offers a transformative opportunity to advance precision health promotion. Policy interventions are essential to develop national testing guidelines, expand access through public subsidies and health insurance, strengthen genetic testing infrastructure, and incorporate pharmacogenomics into medical education and train healthcare providers in personalized medicine. Establishing a national pharmacogenomic database to optimize treatment protocols for India's diverse population. This study underscores the need to prioritize pharmacogenomics as a cornerstone of precision health promotion.

Keywords

Pharmacogenomics, Cardiovascular Disease, Precision Health, Health Promotion, India, Health Equity

Advanced-Stage Presentation of Breast Cancer, Breast Self-examination, and Screening Uptake in Arab Countries: A Call to Action.

Presenters / Speakers / Co-Authors

Yasir Ahmed Mohamed Elhadi, Institute of Public Health, United Arab Emirates University, UAE

Iffat Elbarazi, Institute of Public Health, United Arab Emirates University, UAE

Background/Objectives

Breast cancer is the most common cancer among women globally and a leading cause of cancer-related mortality. In Arab countries, the burden of breast cancer is exacerbated by the high prevalence of late-stage presentation. Despite global advancements in cancer care, sociocultural stigma, limited awareness, and systemic healthcare barriers contribute to delayed diagnosis. This narrative review aims to assess the magnitude of advanced-stage presentation, screening uptake, and knowledge and practice of breast self-examination (BSE) among Arab women.

Methods

A comprehensive literature review was conducted to examine studies on advanced-stage breast cancer presentation, screening program uptake, and BSE knowledge and practice in Arab countries. Relevant data were extracted and synthesized to identify key trends and barriers.

Results

Over half of breast cancer cases in Arab countries are diagnosed at stages III or IV, significantly higher than in western countries. Screening program uptake remains suboptimal, with mammography participation rates below 30% in most countries due to stigma, lack of awareness, and economic constraints. Knowledge and practice of BSE are similarly low, with fewer than 25% of women in most of the studies demonstrating adequate awareness or performing BSE regularly. Barriers include cultural taboos, fear of diagnosis, and lack of education.

Discussion

Advanced-stage breast cancer presentation and low screening participation in Arab countries highlight critical gaps in early detection efforts. Immediate action is needed to reduce late-stage diagnoses and improve survival outcomes. This review calls for collaborative efforts by governments, healthcare providers, and public health stakeholders to implement comprehensive and culturally sensitive interventions to promote early breast cancer detection.

Keywords
Breast cancer, Arab countries, late-stage diagnosis, screening uptake, breast self-examination, public health. health promotion.

Health Literate Settings: Schools

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator:

Diane Levin-Zamir, Israel

Empowering Primary School Teachers for Health Promotion: Insights from a Cross-Sectional Pilot Study in Marrakech, Morocco

Presenters / Speakers / Co-Authors

Sarah Michaud, Sol Lucet Omnibus Fundation, Morocco

Adil Mansouri, Ministry of Health and Social Protection, Morocco

Background/Objectives
Primary schools are vital for fostering children's health awareness and lifelong healthy behaviors. However, health promotion in Moroccan schools remains underdeveloped due to limited resources and a lack of formal teacher training. This study aimed to assess primary school teachers' knowledge, perceptions, and training needs regarding health promotion practices

Methods
A cross-sectional pilot survey was conducted in April 2024 among primary school teachers in Marrakech, Morocco. Data were collected through a self-administered questionnaire in French and Standard Arabic, exploring teachers' knowledge, perceptions of their role, challenges faced, and their training needs for effective health promotion implementation.

Results
A total of 29 teachers participated in the study, with women comprising the majority (62.5%). Notably, none of the participants reported having received formal training in health promotion. The lack of training was reflected in the challenges teachers faced, with 87.5% reporting significant difficulties in implementing health promotion initiatives within the school environment. Despite these challenges, teachers demonstrated a strong willingness to engage in health promotion activities and viewed their role as essential in educating students about health. The most commonly addressed health topics included nutrition (87.5%), personal hygiene (75%), and lifestyle/wellbeing (68.8%). However, teachers expressed the need for enhanced

knowledge of effective pedagogical methods and strategies to integrate health promotion seamlessly into their teaching. The study also highlighted the limited availability of health-related resources and support within schools, further compounding the challenges teachers face.

Discussion
This study provides valuable insights into the challenges and opportunities for health promotion in Moroccan primary schools. Addressing the identified training and resource gaps will be instrumental in building the capacity of teachers to foster healthier school environments and contribute to improved health outcomes for children.

Keywords
health promotion, primary schools, education

Case Study: A Health Promoting School Built from a Conceptual Framework in Northeastern Italy.

Parallel Session

14 May 2025, 11:45 – 13:15

Presenters / Speakers / Co-Authors

Lamia Channoufi, L.E.A.R.N. School, Italy

Background/Objectives:

In Italy, the school system doesn't have an on-site school health service but an external linked one. This creates a gap to foster a common language between school, families and health services but also causes a delay in taking care of the difficulties the student may face (academic achievement and/or health issues).Thanks to a conceptual framework, called ProWeB Model (Promoting Well Being), the creation of a Health Promoting school (HPS) helps us to respond to this lack, promoting protective factors and preventing individual, family and community risk factors without any medicalization. The goal is to give a concrete result in feasibility and relevance by creating the school itself as a guidance to sensitize the importance of HPS.

Methods:

ProWeB is a road map created when no local experience policy was implemented for HPS. This model has been defined by contextualized health related needs within school and community. All the transformative processes were made through a bottom-up approach based on Public Health criteria. So, the school organization was defined through project management, using action research and mixed methods design. Thanks to this comprehensive overview, a systematic program is stylized as a school curriculum and divided into various sub-projects through 5 targets: 1.students; 2.teachers, school settings, universities; 3.stakeholders, families, caregivers; 4.socio-health contexts, health providers and 5. community.

Results:

In the course of its growth, our HPS has become a dynamic school system fully embedded in our local area. To achieve this goal, it has required parent information events, supervision to the teachers, coordinating projects, observation and analysis of health outcomes. All these processes to build a HPS can be summed up in seven steps:(1) public health supervision; (2) distributed leadership; (3) multidisciplinary team; (4) lifelong learning; (5) cross curricular program;(6) contextualized school approach; (7) partnership and network in the

territory.

Discussion:

Although the political, economical and cultural contexts played a crucial role in determining the achievement of HPS realization, the outcomes were supportive enough to bring appropriate responses to reach the local policies. It engages school staff, students and families to raise awareness of integrating health education in the school curriculum and to create a school organization based on healthy lifestyle. A public health coordinator has made a major contribution inside the school management to build a HPS.

Bridging knowledge to action: Examining school management's implementation of WHO and UNESCO's Health Promoting School initiative in Ablekuma Central Municipality

Presenters / Speakers / Co-Authors

Muniratu Sackey, Fred N. Binka School of Public Health, Ghana

Objective

Unhealthy habits in adulthood increase the risk of morbidity and mortality and are established in childhood and early youth. This study investigates school management's implementation of the World Health Organisation and United Nations Educational, Scientific and Cultural Organisation's Health Promoting Schools (HPS) initiative in the Ablekuma central municipality, aiming to promote healthy behaviours among school-age children, contributing to Sustainable Development Goal four and WHO's goal of making 1 billion lives healthier by 2023.

Methodology

A quantitative cross-sectional study was conducted among school management from private and public schools in the Ablekuma Central Municipality. A multistage sampling method was used to recruit respondents, and a structured questionnaire was self-administered. Data was collected via Kobo Collect and, descriptive and inferential statistical analysis were performed. Independent variables with p-values (<0.05) were fitted to assess the strength of the connection using the adjusted odds ratio with a (95%) confidence interval. The study examined the respondents' understanding of the initiative, school community practices aimed at achieving the initiative, and factors impacting the initiative's implementation.

Results

The findings revealed that (95.5%) of respondents had poor knowledge of the initiative. Some practices included health, education, community engagement (29%), safe, healthy environments (31.3%), and community health projects (44.2%). Limited resources (77.8%) and compatible interventions were significant determinants of initiative implementation. Compatible interventions had 5.2 (95% CI: 0.67-41.03) times the odds of being implemented.

Discussion

The poor knowledge and implementation gaps in the HPS initiative revealed by this study align with previous studies in sub-Saharan Africa that showed low priority given to health promotion and lack of awareness among teachers. A WHO study found that HPS implementation in developing countries is below standards. Furthermore, inadequate financial resources and cultural differences were found to hinder HPS implementation, potentially leading to disparities in health literacy, healthy lifestyle adoption, and increased disease transmission, underscoring the need to address the low knowledge levels and implementation gaps in

the HPS initiative to achieve the goals of the initiative.

Keywords
Health Promoting School, School Health Education Program

Health Promoting school: Impact of collective work on the quality of implementation and educational practices

Presenters / Speakers / Co-Authors

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Objectives
The school, as a "setting," represents a favorable environment for health promotion due to its ability to provide a structured and socially rich environment, conducive to implementing health education programs tailored to pupils' needs (Whitelaw et al., 2001; Poland et al., 1999). The Health Promoting School (HPS) is an effective solution, emphasizing a comprehensive approach and a social and physical environment involving the entire educational community (WHO, 2021). Among the key success factors for implementing HPS, the quality of collective work is a predictive element (Pucher et al., 2015, 2017).
Since 2019, the Alliance project, implemented in 101 French schools in the Auvergne-Rhône-Alpes region, aims to develop professional practices to improve pupils' health behaviors while strengthening their life skills and health literacy through training, support, and resource development. This study aims to examine how collective work supports the evolution of HPS in terms of its implementation quality.

Methods
Quantitative data were collected via questionnaires administered to teachers, before implementation (2019, n=243) and during two follow-ups (2021, n=93 and 2022, n=76). The sample included teachers' perceptions and practices in health education. Metavariables were constructed to define: (1) the quality of HPS implementation (scoring) and (2) collective work profiles (factorial and cluster analyses). Multivariate multilevel analyzes identified teacher characteristics and practices, especially related to collective work, promoting HPS quality.

Results
Three profiles were identified: teachers working individually (50%), those working collectively with external stakeholders (16%) or with the educational team (34%). Teachers favoring collective work (versus those working alone) are more often trained (72% vs. 35%). They take greater account of pupils' needs (60% vs. 25%), have a higher feeling of competence in health education (6.1 vs. 5.4/10) or encourage more concerted initiatives with their colleagues, partners or families (76% vs. <29%), thus strengthening collaboration and academic well-being. Multivariate models reveal the impact of contextual factors and collective dynamics both at the school level and at the individual level.

Discussion
These results demonstrate that collective work, reinforced by training, is crucial for ensuring the success and sustainability of HPS, enhancing knowledge of pupils and partners, and optimizing health promotion efforts.

Keywords
Health Promoting Schools; Collective Work; Promotion of well-being and health Behaviours; Determinants of implementation.

Health and Wellbeing in all Policies: Workforce and Capacity Building

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator:

Ana Gherghel, Canada

Workforce Capacity Building: Professional Identity Formation in Health Promotion Students

Presenters / Speakers / Co-Authors

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Background/Objectives
Professional identity (PI) is a central aspect in workforce capacity building. Persons who strongly identify with their profession better adopt their professional role, share common values, and therefore raise the quality of the professional practice. In the field of health promotion (HP) little investigations have been made to analyse PI formation of HP practitioners.

Methods
In Switzerland, the first undergraduate program in HP and prevention started in 2016 with the explicit aim of training HP practitioners with a clear PI. The program was designed based on the CompHP-Core Competency Framework for HP. A mixed method study in a longitudinal design has been conducted to evaluate the PI formation of these undergraduate students between 2016 and 2022. Focus groups were conducted with first- and third-year students to understand their perspective of PI formation as HP practitioners. The data was analysed using thematic analysis. Furthermore, an online survey was used to gather data on PI formation of first-, second-, and third- year HP students. The data was analysed by calculating mixed effect regression models by using SPSS.

Results
The findings indicate difficulties of HP undergraduate students at the beginning of the program to grasp the professional profile of HP practitioners due to its complexity. However, the profile becomes clearer over the study course. A six-month internship within the undergraduate program helps the students to get a clearer understanding of the professional roles and competencies. A further central finding is that the perceived low societal recognition of HP practitioners negatively influences PI formation.

Discussion
Several indicators were found, which could promote PI formation of undergraduate HP students. Universities and professional associations should further invest in public relations for HP and strengthen the visibility of the professional profile of HP practitioners. Furthermore, the complexity of the professional profile should be proactively addressed in training curricula. For this purpose, didactic tools such as problem-based learning or networking opportunities have shown to contribute to PI formation. Promoting PI formation of HP practitioners can add value to workforce capacity building and strengthen the professional practice of HP.

Keywords
Workforce capacity building, professional identity, health promotion, undergraduate students

Enhancing nurses' Professional Quality of Life: Strategies for Addressing Nurse Burnout and Retention

Presenters / Speakers / Co-Authors
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Background/Objectives
Burnout, compassion fatigue, and compassion satisfaction are all important aspects of the Professional Quality of Life (ProQOL) framework, influencing nurse retention and well-being. Nurse burnout, classified as an occupational phenomenon by the World Health Organization (ICD-11, 2019), affects up to 45% of nurses globally, contributing to me
dical errors, absenteeism, turnover, and diminished patient satisfaction (Lasater et al., 2020). In the UAE, where 35% of nurses report burnout (Alharbi et al., 2020), the diverse, multinational nursing workforce presents unique challenges in addressing professional quality of life. This study aims to explore the relationship between compassion satisfaction, burnout, and compassion fatigue and to identify organizational factors influencing nurse retention and well-being.

Methods
A cross-sectional study was conducted using the Professional Quality of Life (ProQOL) survey to assess burnout, compassion fatigue, and compassion satisfaction among 95 nurses from a tertiary hospital in the UAE. Quantitative data were analyzed for correlations between ProQOL dimensions and retention intent while qualitative responses identified key organizational stressors and their perceived strategies to overcome burnout, stress and intention to leave the profession.

Results
Higher compassion satisfaction was significantly associated with stronger retention intent ($p < 0.05$), while burnout correlated strongly with workload stress and reduced job satisfaction (correlation coefficient = 0.68). Nurses reported that excessive workloads, insufficient leadership support, and limited work-life balance were primary contributors to emotional exhaustion and compassion fatigue. The multicultural environment revealed the need for tailored strategies to address diverse workforce challenges.

Discussion
This study highlights the importance of systemic interventions to enhance professional quality of life, including leadership training on psychological safety, equitable workload distribution, and targeted professional development programs. Frameworks such as Self-Determination Theory and the Job Demands-Resources Model provide a foundation for implementing mentorship, simulation-based resilience training, and structured career pathways. These findings emphasize the need for evidence-based strategies that prioritize

compassion satisfaction while addressing burnout's systemic causes, offering actionable insights for healthcare leaders in diverse settings like the UAE.

Keywords
Professional Quality of Life, nurse burnout, compassion satisfaction, ProQOL, nurse retention, UAE healthcare, diversity, leadership support, systemic strategies.

Strategic communication in health promotion - Reciprocal knowledge transfer in the development of real communication projects for public health practice

Presenters / Speakers / Co-Authors

Karin Nordström, Institute for Public Health, Switzerland

Setting/problem
Strategic communication is essential for the visibility of public health projects and an important pillar of the BSc Health Promotion and Prevention programme at the Zurich University of Applied Sciences. The aim of the course is to introduce students to strategic communication from a scientific and practical perspective. The didactic challenge is facilitating the acquisition of skills in a professional field that is only partially established, both evidence-based and practice-oriented, and supporting students in bridging a twofold gap: a profession-related gap between studies and professional field and a science-practice gap in strategic communication in health promotion.

Intervention
In the course “Communication Management in Projects”, scientific knowledge and practical skills are developed by working on real communication assignments in collaboration with partners in the field. This presentation demonstrates and critically discusses the didactic methodology of the course and uses the course evaluation to analyse effectiveness, challenges and opportunities of the real assignment approach in terms of bridging the profession-related gap between studies and professional field and a science-practice gap in strategic communication in health promotion.

Outcomes
The opportunity of the course lies in the reciprocal transfer of knowledge which takes place in the interaction on the assignments between students and partners in the field: on the one hand, students acquire skills that can be applied in practice through the real communication assignments and contact with the practice partners, and on the other hand, practice partners gain insight into interdisciplinary professional development in the field of public health at the university of applied sciences. Student feedback shows high success rate in applying theoretical concepts to practical, real-life scenarios and improvement in employability skills and professional confidence.

Implications
With its focus on strategic communication, the course contributes to the professionalisation and establishment of the professional field of health promotion.

Keywords
Health promotion, strategic communication, health communication, workforce capacity building, undergraduate students

Exploring Key Factors Contributing to Physician Burnout in Portugal's National Health Service (SNS) and Interventions to Prevent and Mitigate it: A Delphi Study

Presenters / Speakers / Co-Authors

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Ana Rita Pedro, NOVA University Lisbon, Portugal
Pr. Inês Fronteira, NOVA University Lisbon, Lisbon, Portugal

Objectives

Physician burnout is a global critical issue, with significant implications for healthcare systems, workforce sustainability, and patient outcomes. In Portugal, systemic pressures within the National Health Service (SNS) exacerbate the risk of burnout among physicians, threatening healthcare quality. Using a Delphi panel, this study aimed to identify and consensualise key factors contributing to physician burnout and interventions to prevent and mitigate the syndrome in the SNS.

Methods

The Delphi panel was comprised of 16 experts selected based on predefined criteria, including having published works on burnout in the last five years, a minimum of ten years of academic experience in the mental health domain, or holding positions as hospital administrators. Over three iterative rounds, the panel evaluated factors contributing to physician burnout and proposed actionable interventions using structured questionnaires with 3-point Likert scale ratings (disagree, neither disagree nor agree, agree). Consensus was defined as at least 75% agreement on items.

Results

The Delphi panel achieved more consensus on systemic and organizational factors contributing to physician burnout than on individual factors. Key systemic factors identified included excessive administrative workload, insufficient staffing, and lack of institutional support, while the only individual factor that reached consensus was difficulty in conciliating work-life balance. Similarly, systemic and organizational interventions such as policy changes, streamlining administrative processes, and fostering a healthier work culture reached high consensus levels, surpassing in quantity the consensus reached by individual interventions. Interventions such as implementing workplace facilities like gyms and nurseries, promoting burnout literacy, and enhancing occupational health measures also achieved consensus.

Discussion

The study emphasizes the multifactorial nature of physician burnout and highlights the importance of systemic and organizational interventions. Consensus-driven recommendations provide actionable pathways for addressing burnout while enhancing workforce resilience. This research contributes to global discourse on health promotion by integrating expert insights with context-specific needs, offering a replicable model for other national healthcare systems.

Keywords

Physician burnout, Delphi method, health interventions, burnout prevention, National Health Service

Faith-Based Spaces as Public Health Hubs: Integrating Age-Friendly Design and Vaccination Promotion in Muslim Communities

Presenters / Speakers / Co-Authors

Inon Schenker, Israel

Setting
Religious institutions, particularly mosques, represent an underutilized resource in public health infrastructure despite being central to Muslim communities. Two urgent challenges converge: the expected doubling of elderly populations in Arab communities within the next decade, and declining vaccination rates globally (WHO reports 15 million children missing routine any vaccinations in 2023). While mosques serve as both spiritual and social centers, they lack systematic integration into public health initiatives, particularly for supporting healthy aging and vaccination promotion. This gap became especially apparent during COVID-19, highlighting the need for sustainable, community-based health solutions.

Intervention
We present two complementary innovations leveraging mosques' central role in Muslim communities. First, the Age-friendly Worship Place (AfWP) model transforms physical mosque environments to support healthy aging through thoughtfully designed modifications: safe, well-lit, shaded neighborhood pathways to the mosque. The model extends beyond physical adaptations to include social programming that combats loneliness through intergenerational activities, utilizing non-prayer spaces for senior programs while respecting religious protocols. Second, we recognize Imams' unique position as trusted community leaders to address vaccine hesitancy. Through specialized training, and dialog with local public health leaders Imams become effective health communicators, using religious teachings and cultural understanding to address misconceptions about vaccination while maintaining their spiritual leadership role.

Outcomes
Implementation of this dual approach implies significant impact across multiple domains. The age-friendly modifications can increas elderly participation in both religious and social activities, with mosque attendance among older adults rising as physical barriers are removed. Intergenerational programs will foster meaningful connections between younger and older congregants. Simultaneously, Imams' engagement in vaccine promotion can be transformative, with their culturally informed messaging effectively addressing community concerns and improving vaccination acceptance. Their trusted status is particularly valuable in reaching traditionally hesitant groups, while their involvement in broader health promotion can strengthen the mosque's role as a community wellness hub. Lessons learned from COVID-19 support the new framework.

Implications
This model provides a scalable framework for transforming religious institutions into permanent public health infrastructure while maintaining their spiritual integrity. It offers particular relevance for Muslim-majority areas and other faith communities worldwide. The approach demonstrates how religious spaces can effectively bridge public health services and community needs, creating sustainable solutions for both routine health promotion and pandemic response. Success requires systematic training and dialog between religious and public health leaders at community level, advocacy and policy changes.

Health Equity and Innovations in Access to Healthcare and Mental Health in Various Settings

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator:
Bryce Brickley, Australia

Silent Storms: The Unseen Impact of witnessing Domestic Violence on Children's Expressions of Anger in Limpopo Province.

Presenters / Speakers / Co-Authors

Cashline Nkadimeng, University of Limpopo, South Africa

Background/Objectives

Domestic violence is a pervasive social issue with profound consequences not only for the direct victims but also for the children who witness such violence. Globally, millions of children are exposed to violent behaviours within their homes, which significantly disrupt their emotional, psychological, and social development (Bautista-Aranda, Contreras & Cano-Lozano, 2023). It is estimated that approximately 275 million children worldwide witness domestic violence annually, placing them at risk of becoming victims themselves or developing long-term emotional and behavioural problems (Holmes, 2019). In Africa, domestic violence is entrenched in cultural norms, patriarchy, and gendered social structures, contributing to its widespread prevalence (Gelles, 2016). In Sub-Saharan Africa, children frequently witness domestic violence, with concerning rates reported in South Africa's Limpopo Province. For instance, in the Sekhukhune District of South Africa, 15% of domestic violence cases involve child witnesses (Mukwevho, 2017).

Children living in households with intimate partner violence are particularly vulnerable, as they are not only exposed to violence but are also raised in environments where aggression and conflict are normalized. This exposure heightens their risk of developing emotional and behavioural issues. Children from low-income families and communities with limited access to psychosocial support are even more susceptible to experiencing long-term negative outcomes from witnessing domestic violence (Wessels & Kostelny, 2022). Although there have been global strides in advocacy and support systems, the problem persists, particularly in regions with entrenched patriarchal values (Kourti, 2023).

Anger, often viewed as a secondary emotion, can manifest in various forms, such as aggression, withdrawal, or difficulties in forming and maintaining relationships (Ogundele, 2018). It typically arises when an individual feels threatened, frustrated, or helpless, and may serve as a means of protecting oneself from underlying feelings of fear, sadness, or vulnerability. In the context of children exposed to violence, anger frequently functions as a defence mechanism or as an expression of their emotional distress. These children may experience a profound sense of powerlessness and confusion due to their exposure to violent behaviour, and without the emotional maturity to fully comprehend or articulate their feelings; they may resort to anger as a way to cope with their environment (Tsheole, 2023).

Furthermore, when children are unable to process their emotions or receive appropriate psychological support, they are at risk of internalizing their anger. This internalization can manifest as various negative outcomes, including behavioural issues, emotional instability, and difficulties in building healthy, trusting relationships with others (Al Odhayani, 2013). Over time, the unresolved anger can have far-reaching effects on a child's social and emotional development, potentially leading to poor academic performance, social isolation, and an increased likelihood of engaging in violent or destructive behaviours later in life (Almeaida, 2021). Therefore, it is critical to recognize anger not merely as an immediate response to distress, but as a complex emotional reaction that requires appropriate intervention to prevent long-term psychological and behavioural consequences.

In response, South Africa has implemented social work services to support both direct and indirect victims of violence (Department of Social Development, 2009; Leburu-Masigo, 2020). However, the effectiveness of these services is hampered by inadequate resources, leaving many children without the psychological support needed to address their trauma. As a result, unresolved anger often manifests in various ways, including aggression, social withdrawal, or adverse physical and mental health outcomes (Downey, 2022). Understanding these effects is critical, as children who witness violence often struggle to express anger in healthy ways, underscoring the need to investigate the specific impact that exposure to violence has on their

emotional and behavioural development.

While the literature extensively documents the impact of domestic violence on children's mental health, there is a critical gap in understanding how these experiences specifically shape children's expressions of anger. The failure to address this dynamic leaves a significant gap in both research and intervention strategies. This study seeks to address this gap by exploring the effects of witnessing domestic violence on children's expressions of anger. By examining this underexplored area, the research aims to contribute to a broader understanding of child mental health in the context of domestic violence.

Methods

This study adopted a qualitative research method with an exploratory design to investigate the impact of witnessing domestic violence on children's expressions of anger. The exploratory approach was chosen to gain in-depth insights into the emotional and psychological experiences of children exposed to domestic violence, focusing on how such experiences manifest in their expressions of anger. A total of 13 participants were interviewed individually to gather rich data regarding their exposure to domestic violence and the effect it had on their emotional well-being, particularly anger.

Results

A total of 13 participants were recruited through Matsepe Drop-in Centre to take part in the study. The group consisted of 9 females and 4 males, aged between 9 and 18 years. The majority of participants (n=11) were enrolled in secondary school, while the remaining two were in primary school. All participants were Black South Africans. This demographic data provides context for the subsequent analysis of the themes related to the expression of anger among children who witness domestic violence.

The study identified two main themes: behavioural manifestations of anger and emotional responses. Under behavioural manifestations, three sub-themes were identified, highlighting that children exposed to domestic violence often express their anger through bullying, aggressive behaviour, and tantrums, especially in younger children. Regarding emotional responses, two sub-themes emerged, revealing that children frequently experience frustration, helplessness, and confusion as emotional reactions to witnessing domestic violence.

The study emphasises that emotional responses of anger resulting in frustration, helplessness, confusion and depression, are triggered by exposure to domestic violence among children. Children developed frustrations and resentment towards the abusive parent, who often made their family a laughing stock or neglected their responsibilities. Additionally, some children adopted violent behaviours themselves, resorting to physical aggression as a coping mechanism induced by the emotional turmoil resulting from their parents' conflict. Furthermore, the study reveals that behavioural manifestations of anger such as bullying, aggression and tantrums are prevalent among children, characterised by a tendency to bully or use aggressive actions towards others, with some manipulating friends or engaging in unnecessary fights at school. The constant exposure to domestic violence resulted in persistent frustration, impacting social interactions and relationships. Children exhibited high levels of aggressive behaviour, directing aggression towards peers and family members. Incidences of tantrums characterized by unrestrained outbursts of anger were frequent and triggered by various situations, reflecting the difficulty that children are faced with in managing and expressing their anger appropriately.

The study highlights the profound emotional and behavioural effects of domestic violence on children, including increased aggression, frustration, and difficulty with emotional regulation. These children often use aggression as a coping mechanism and struggle with forming healthy social relationships. The findings underscore importance of early interventions aimed at emotional regulation and conflict resolution to address the disruptions in emotional and social development caused by domestic violence.

Discussion

The aim of this study was to explore the effects of witnessing domestic violence on children's expressions of anger. Participants' manipulation of friends highlights a form of social aggression that may be learned through exposure to domestic violence, aligning with the principles of social learning theory (Bandura, 1977). Social learning theory suggests that children imitate behaviours they observe in their environment, especially those perceived to resolve conflicts or exert control. This is further supported by Bautista-Aranda et al. (2017), who found that children exposed to domestic violence often normalize violence as a legitimate response to interpersonal challenges. This normalization can manifest as manipulative or socially aggressive behaviours toward peers, reflecting the behavioural patterns children internalize from witnessing violence at home (Lewis, et al, 2010).

In addition to manipulation, these children may engage in exclusionary behaviours in their social interactions, using them as tools for control and power. Participants' aggressive behaviour at school aligns with the study which indicates that children exposed to domestic violence may resort to force to assert dominance and gain respect (Mbilinyi, et al., 2012). This behaviour can be attributed to the modelling of aggression they observe at home, where violence is often portrayed as an effective means of controlling others. Lacking healthy conflict resolution strategies, these children may default to aggression as their primary method of handling distress, resulting in ongoing social difficulties and emotional dysregulation (Ogundele, 2018).

The study also revealed that participants exhibited defensiveness and engaged in frequent interpersonal conflicts, reflecting unresolved anger stemming from their domestic environment. Emotional dysregulation is common among children who witness domestic violence, often manifesting in heightened irritability, impulsiveness, and aggression (Dvir, et al., 2014). According to Girard et al. (2019), this defensiveness serves as a protective mechanism, where children use aggression to safeguard themselves or their loved ones, often leading to frequent confrontations with peers. Such defensiveness further complicates their social interactions, pushing them into cycles of conflict and isolation.

This study also highlighted that children exposed to domestic violence often adopt aggression as a method of defending their self-worth. Literature argues that children in violent households internalize aggression as a survival mechanism and a means of self-assertion (Bautista-Aranda, 2023). This may explain participants' readiness to engage in physical confrontations. Frequent conflicts with peers driven by defensiveness resonate with a study which found that heightened defensiveness is a common response to chronic exposure to violence (Girard, et al., 2019). These aggressive behaviours can alienate friends and hinder the development of supportive peer relationships, leading to social isolation (Almeida, et el., 2021).

Younger participants in the study displayed emotional volatility, with tantrums during play resonate with the study which showed that children exposed to violence often struggle with impulse control (Tajima, et al., 2011). These children are more prone to expressing frustration through emotional outbursts, as their ability to regulate emotions is compromised by the instability of their home environments (Hong, et al., 2021). Participants' destructive behaviours, such as slamming doors, further illustrate how children express internalized frustration through physical actions. The existing literature noted that destructive behaviours are common among children dealing with overwhelming emotions in violent households, serving as physical manifestations of their feelings of powerlessness and anger (Paulus, et el., 2021).

Another coping strategy observed was avoidance, where participants would withdraw from conflicts, consistent with findings by Siegel (2013), which suggest that avoidance can serve as a protective mechanism for children who experience emotional numbness due to repeated exposure to violence. This disengagement reflects their struggle to cope with overwhelming emotions, often leading to emotional detachment.

The pervasive frustration experienced by participants mirrors the emotional strain caused by their violent domestic environments. Their expressions of frustration, arising from constant fighting at home, align with the

study, which show that children exposed to violence often feel helpless and experience deep emotional turmoil (Ouzounian, 2019). This frustration is compounded by their inability to prevent or escape the conflict, further entrenching their emotional distress.

Participants also expressed embarrassment and frustration in social situations, particularly during school meetings where parental conflict was visible. This aligns with the study that children exposed to domestic violence often feel isolated and self-conscious around their peers (Sousa, et al., 2011). Overstreet and Quinn (2016), further supports this, highlighting the social stigma associated with domestic violence, where children fear being judged for their family circumstances.

Additionally, participants' frustration with caregiving responsibilities reflects the emotional burden many children in violent households carry. It has been reported that children in such environments are often forced into adult roles prematurely, leading to emotional exhaustion and resentment (Kayaalp, et al., 2021). These responsibilities exacerbate their frustration, as they are expected to manage caregiving duties while simultaneously coping with the violence at home.

The study also revealed frustration over inequitable family roles, with participants feeling overlooked or undervalued compared to other family members or abusers. This echoes study which suggest that children in violent households often perceive unfairness in their family dynamics, contributing to on-going frustration and emotional turmoil (Margolin & Gordis, 2000).

The long-term consequences of this frustration include emotional dysregulation and the development of cognitive distortions. It was indicated that chronic frustration from exposure to domestic violence can impair a child's ability to manage emotions, resulting in irritability, aggression, or social withdrawal (Howell, et al., 2016). Over time, this frustration shapes how children view relationships, fostering a belief that conflict and dysfunction are inevitable, which can hinder their ability to form healthy, supportive interpersonal connections in adulthood (Downey, 2022).

Keywords
Domestic violence; Anger; Emotions; Behavioural; Aggression

Social determinants of Suicide in Rural South Asian Adolescents and Adults

Presenters / Speakers / Co-Authors
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Dr. Bushra Ali, International Academic School, UAE

Background
Suicide remains one of leading causes of death for adolescents and young adults. We aimed to identify the prevalence, and associated risk factors for suicide among adolescents and young adults aged 12 to 34 years in Himalayan Mountain villages of Pakistan.

Methods
We conducted a population-based mixed methods study, using key informant interview and cases control study in Ghizar district of Himalayan Mountain villages of North Pakistan. We used the census population to calculate suicide prevalence.

Results

The overall prevalence of suicide was 12 per 100,000. Of the 240 suicide cases, majority (82.9%) were adolescents and young adults under 35 years of age. Compared to male, a high proportion of females (57.1% versus 42.9%) committed suicide in the study villages of the district. The suicide was committed by jumping in the river (35.9%), hanging (28.1%), gunshot (27.5%), eating poison (7.9%) and other methods (0.6%). Risk factors diagnosed mental health problems, poor relation between daughter-in-law and mother-in-law, love-related issues, poor-school performance and failure in annual exams, financial issues, and non-psychiatric chronic health conditions.

Conclusion

The study population reports one of the highest prevalence of suicide. There is urgent need to initiate population-based prevention strategies, particularly addressing social causes of suicide as well as providing mental health care in this remote population

War, Displacement, and Mental Health: Striving for Health Equity Among Young IDPs in Sudan

Presenters / Speakers / Co-Authors

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Background/Objectives

The war in Sudan has created the world's largest internal displacement crisis, displacing 9 million people. Young people, in particular, have been deeply affected, facing limited access to mental health services. This study explores the impact of war on mental health of young Sudanese IDPs and refugees.

Methods

We conducted a cross-sectional study including young Sudanese IDPs and refugees.A questionnaire gathered data on sociodemographics, displacement experiences, and mental health outcomes. Depression was measured using the Patient Health Questionnaire-9, anxiety with the Generalized Anxiety Disorder-7, and PTSD using the Primary Care PTSD Screen. The survey was distributed online through social media, and data were analyzed using R to calculate descriptive statistics and multivariate regression models.

Results

We received 1,303 responses, 79% were aged 19–30, and 66% were women. Most (62%) had been displaced for 1–2 years, with 59% living outside Sudan. Mental health outcomes showed that 52% of respondents experienced moderate to severe anxiety, 61% had moderate to severe depression, and 19% exhibited symptoms of PTSD. Multivariate regression showed that depression was linked to financial loss ($B = 2.2$, $p = 0.002$), loss of a loved one ($B = 2.3$, $p < 0.001$), job loss ($B = 2.2$, $p < 0.001$), and education loss ($B = 2$, $p = 0.003$). Anxiety was similarly associated with financial loss ($B = 2.3$, $p < 0.001$), loss of a loved one ($B = 2.1$, $p < 0.001$), job loss ($B = 2.2$, $p < 0.001$), and education loss ($B = 1.6$, $p = 0.004$). PTSD symptoms were linked to financial loss ($B = 0.4$, $p = 0.019$), loss of a loved one ($B = 0.66$, $p < 0.001$), job loss ($B = 0.32$, $p = 0.001$), displacement

for more than two years (B = 0.54, p = 0.024), and living in urban areas (B = 0.21, p = 0.044).

Discussion
The findings highlight the devastating impact of war and displacement on mental health, especially for young people and women. The high levels of anxiety, depression, and PTSD demonstrate an urgent need for action. Comprehensive support systems that prioritize mental health, restore educational opportunities, and provide economic stability are essential. Policymakers and humanitarian organizations must ensure accessible mental health services and tailor interventions to address the needs of youth and women. There is no time to waste—mental health must be a central focus of recovery efforts to help rebuild lives and foster resilience.

Keywords
Conflict, youth, mental health

Migration and mental health: perspectives of women from Gilgit-Baltistan

Presenters / Speakers / Co-Authors
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Background/Objectives
Mental health issues are common among women from the rural Himalayan Mountain villages of Gilgit-Baltistan (GB) in North Pakistan. Depression and suicidal ideation are highly prevalent among this vulnerable population. Furthermore, it is not clear how their mental health is impacted if they migrate from GB. There is a dearth in the literature on qualitative studies in the United Arab Emirates (UAE) exploring acculturation and its impact on mental health. This study aims to explore the impact of acculturation on the mental health of women living in the UAE, who have migrated from GB.

Methods
In-depth, face-to-face, semi-structured individual interviews were conducted among female adults living in the UAE, from northern, high mountain villages in Pakistan, on acculturation challenges, depression, and coping. Participants were recruited using snowball sampling in the emirates of Dubai and Sharjah. Interviews were conducted over 6 months between June 2024 and November 2024 and were audio recorded and transcribed verbatim. An inductive and abductive reasoning process was utilized in constant comparative analyses to develop a theory from emerging patterns using NVivo 14 software.

Results
16 migrant women were included in the study from rural villages in Northern Pakistan. Participants had resided in the UAE for 1-11 years. The majority were employed in the UAE as teachers and nurses. These women voluntarily migrated to the UAE due to social pressure and to seek more opportunities. Their acculturative stressors in the UAE included lack of time (usually due to long hours and commutes), financial strain, unmet expectations, and adjustment issues (with communication and understanding rules, regulations, and culture). Most women experienced depressive symptoms during the acculturation period, and two had experienced suicidal ideation.

Discussion
The immigrants were able to cope with their acculturation hardships and depression using support from their friends, family, colleagues, their community center, and from within themselves. The roles and responsibilities of women were found to be extensive, overwhelming, and unequal to those of men. Key factors of depression

and suicidal ideation were explored among this vulnerable population who left their rural villages and migrated to the high-income country of the UAE.

Keywords
women; acculturation; mental health; depression; coping; migrants

Prospective acceptability of using mHealth interventions for oral health promotion in a sample of Egyptian women

Presenters / Speakers / Co-Authors
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Background/Objectives
Though most oral diseases are preventable, oral health disparities represent a public health concern, disproportionately affecting vulnerable populations such as women in low-middle-income countries. Egyptian women face healthcare access barriers due to their financial dependence, inability to pay, and lack of autonomy in their society. Physical barriers e.g., travel distance and lack of safe transportation also represent demand-side barriers that aggravate the situation. While employing mHealth for health promotion has expanded worldwide, few interventions were implemented to promote oral health in Egypt. Upon introducing new interventions, assessing the acceptability of end-users to utilize and benefit from them is essential for successful uptake and ongoing use. Despite that, there is paucity of studies exploring the acceptability of mHealth interventions prior to implementation. Accordingly, this study aimed to investigate Egyptian women's "prospective acceptability" to use mHealth in promoting oral health.

Methods
959 participants completed a questionnaire based on Sekhon's theoretical framework of acceptability, either in-person or virtually. Data was collected on socio-demographics, mobile phones' usage patterns, preferences and acceptability to use mHealth interventions, and potential motivators and barriers to adopting this technology. Categorical data were analysed using chi-square tests and regression models were performed to identify predictors of acceptability to use mHealth in promoting oral health.

Results
79.9% of women in urban settings, versus 69.9% of women in rural settings ($p<0.05$) showed interest in utilizing mHealth technology for oral health promotion. WhatsApp was identified by 68% of participants as the preferred channel for receiving mHealth services. Health awareness (36.8%), effort and time saving (29%) were the most commonly cited motivators for using mHealth, while lack of time (33%) and privacy issues (14.2%) were the main barriers.

Discussion
Positive perceptions of Egyptian women about using mHealth for oral health promotion was verified. Social media platforms such as WhatsApp is an ideal starting point to introduce mHealth interventions to Egyptian women in different settings, however, meaningful steps should be undertaken to address concerns regarding harassment and privacy.

Keywords
mHealth, oral health promotion, theoretical framework of acceptability, prospective acceptability

Digital Health Innovations: Approaches and Tools

Parallel Session

14 May 2025, 11:45 – 13:15

Moderator:

Paolo Contu, Brazil

A new paradigm for digital health capacity building: A case study from India

Presenters / Speakers / Co-Authors

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Surbhi Surbhi, International Innovation Corps, India
Chirag S Bariya, International Innovation Corps, India

Setting/problem

Digital technologies and tech-based innovations have entered every sphere of healthcare, right from healthcare management to disease detection, diagnosis, and treatment. A key challenge in the digital transformation of health systems is the inability of health workers to effectively utilise the evolving digital ecosystem in their daily work. This can be attributed to deficiencies in both the training infrastructure and the skillsets of health workers. In the context of India's health sector, the stakes are especially high as the cost of not building digital health capacities can be detrimental to the success of the envisioned National Digital Health Mission.

Intervention:

The proposed intervention is a Digital Health Capacity Building (DHCB) framework, utilizing the FRAC (Framework of Roles, Activities, and Competencies) model, which remains underexplored in the context of digital health. This framework classifies digital competencies beyond technical skills, encompassing domain, functional, and behavioural competencies, with defined competency levels (beginner, intermediate, advanced). The applicability has been tested with Auxiliary Nurse Midwives (ANMs) as a case study to evaluate its application in a real-world setting.

Outcomes

Early findings from the case study indicate that the framework enables capacity-building partners to quickly pinpoint the key digital competencies to be assessed and addressed for varied health cadres based on their roles and activities. This enables trainers to do targeted evaluations and then adopt training packages that address identified competency gaps. By streamlining the process of determining which competencies to focus on, the framework enables a more focused and efficient training process.

Implications

By focusing on digital competencies mapped to roles and activities, the DHCB framework provides a structured approach for adoption of digital health capacity building by state-government and private players. This model ensures that capacity building is **targeted**, **sustainable**, and **responsive** to evolving technological needs, especially in resource-constrained lower middle-income countries.

The contribution of participatory actor mapping to understanding of whole systems

Presenters / Speakers / Co-Authors
Jane Wills, London South Bank University, UK

Setting/problem
Many health issues are complex with interacting determinants. Understanding and mapping the system which seeks to address such issues is part of managing this complexity. An actor map is a visual depiction of the key organisations and/or individuals that make up a system including those directly affected by the system as well as those whose actions influence the system.

Intervention
This presentation provides two case studies of participatory actor mapping system mapping which sought to understand the systems into which (a) a novel physical activity scheme in a suburban/semi-rural region of England has been introduced and (b) a suite of interventions to address serious youth violence in an inner-city area of London.

The participatory PA system mapping exercise was conducted in two phases: an initial actor map visually illustrating the key organisations and individuals (actors) that make up the local system through (a) desk-based identification of the determinants of physical activity/serious youth violence and (b) gathering local context via both desk-based research and discussion with local stakeholders. In the second phase the initial map was refined during two workshops with participants (n = c. 30) representing the key local organisations.

Outcomes
The process of mapping revealed: (1) Differing views on the determinants of the issue (2) Whole systems with numerous actors and interdependent roles and in which actors sometimes act independently (3) Some productive partnerships but dependent on interpersonal relationships and poor or missed opportunities across several agencies and boards (4) An unequal flow of information and resources with the voluntary sector often peripheral (5) differing perceptions about levels of power and influence in shaping a programme.

Implications
The process highlighted both opportunities and challenges for complex programmes. Both examples identified differing actors' perspectives on the determinants and a lack of connection between system components. Opportunities included an improved shared understanding when developing interventions and potential levers for change. Actor mapping provides a useful first step towards adopting a systems approach with a common vision.

BornFyne-PNMS Digital Approach for Health Promotion

Presenters / Speakers / Co-Authors
Armel Tassegning Mekountchou, Health Promotion Alliance of Cameroon (HPAC), Cameroon

Setting/problem
Despite Cameroon government's efforts, maternal death remains high due to the "three delays" burdens: Hesitation in seeking care from poor social determinants of health; difficulty to reach care due to long distance and high costs of services; and, inappropriate care because of low quality of services.

Intervention
As digital platforms can mitigate access to, and promote sexual and reproductive health services, BornFyne-Prenatal Management System (PNMS) is developed to support maternal health issues in Cameroon. BornFyne-PNMS "Matrix" is made of 3 applications (App): Health provider (HP) App for pregnant women registration and data processing, client App with 6 interactive modules, and transporter GPS App for emergencies. Its development and deployment include empowerment through community engagement, training and practical skills building of HP on digital technologies, establishment of emergency transport mechanism, upgrading computer hardware at health facilities, and support to health managers on BornFyne's data review and interpretation. The friendly interactive digital BornFyne system streamlines relationship between the main actors of the health system in a participatory process from design to evaluation, through implementation at the peripheral level; while considering national and international guidelines for Antenatal care (ANC), Family Planning (FP), and Malaria in Pregnancy (MiP). All with the integration of the WHO Digital Adaptation Kit guideline.

Outcomes
Total of 4 health districts, including 9 health facilities, 443 pregnant women with partners, over 29 health providers, over 40 trained community health workers, 8 stakeholders' meetings; involvement of experts from Ministry of Public Health. Women reported better interaction with HP, more ANC contacts, reduced transportation cost and commuting time, improved knowledge on FP through contextualized messages, better management of alerts and emergencies, good appraisal of spontaneous data processing, including privacy control. Many advocacy meetings at national and international levels made BornFyne team integrate technical working groups for FP and MiP in Cameroon and Central Africa.

Implications
Malaria control program endorsed the BornFyne platform and the scale up process will foresee interoperability, engaged telecommunication for wider access, integrating MiP indicators, developing a Community Health Worker App, and participatory contextualization and translation of new FP advices.

Pregnant women mapping and monitoring tool using SRHR-voucher referral systems for better sexual and reproductive health services applying Results Based Financing.

Presenters / Speakers / Co-Authors
Sam Labu, Cordaid Uganda, Uganda

Setting/problem
In Uganda, the average timing of 1st ANC is at 19 weeks of pregnancy, this is late based on the WHO recommendation of attending early 1st ANC at ≤ 12 weeks of pregnancy. Timely 1st ANC is critical as it permits enough time for the provision of essential interventions, early identification of underlying conditions, and prevention of complications in pregnancy to ensure positive pregnancy outcomes. Adolescent girls are more vulnerable to adverse birth outcomes. Those who reside in underserved areas like fishing communities on the Islands and lakeshores are exposed to poor socio-cultural outcomes like the high prevalence of HIV, early and unwanted pregnancies further negatively affecting their health. Their health can be promoted if pregnant adolescents start attending ANC early in pregnancy to receive a comprehensive goal-oriented ANC package. (Ssekitoleko, 2021). This study investigates the impact of SRHR-Voucher model in Namayingo District of Uganda whose aim is to increase access to and utilization of Antenatal Care in 1st Trimester and other Sexual and Reproductive Health Services among young people 10-24 years.

Intervention

This study is based on the Pregnant women Mapping and monitoring tool established to improve follow up and flag any potential complications from birth prior to delivery, particularly for high-risk pregnancies, such as for young adolescents or women carrying their fifth or higher pregnancy. (Jacobsen, 2020). Village Health Teams identified pregnant youths and women and issued them SRHR- Voucher after capturing their details. The pregnant women presented the vouchers at Mulombi Health Centre II where health workers received and offered necessary services. This voucher system was also designed to enhance privacy, reduce stigma and eliminate financial barriers while improving service delivery efficiency (Lee and Adam, 2022b)

Outcomes

The implementation of the SRHR-voucher system resulted in significant improvements including increase in the number of young people accessing ANC attendance in 1st Trimester, reduction in incidences of health workers charging user fees increased privacy and convenience, improved friendliness of health workers, increase provision of health education information with all implementation sites registering 100% health education sessions for all mothers that come for ANC and other maternal health services.

The introduction of SRHR-voucher systems in Namayingo district demonstrated clear improvements in access to ANC services among youth. The observed 50% increase in utilisation reflects the system's effectiveness in addressing barriers like stigma, deep rooted social norms, and financial constraints. Furthermore, the enhanced linkages between the community, lower-level health facilities and higher-level health facilities in the provision of services indicate the SRHR-voucher's potential to increase demand for maternal health care services. These findings align with global studies that advocate for innovative health tools in improving healthcare access and delivery, particularly in underserved populations (Holl et al., 2024).

Implications

The SRHR-voucher system demonstrated significant success in enhancing access to sexual and Reproductive health services for youth in Namayingo district. It provided a practical and scalable solution to improving healthcare delivery by increasing service utilization, ensuring privacy, and reducing financial burdens. Such voucher health interventions hold immense promises for addressing key healthcare challenges faced by vulnerable populations. The following lessons are drawn.

- Facilitating Village Health Team (VHTs) play a pivotal role in engaging, mobilizing and referring mothers for Sexual and Reproductive Health Services which in the long run increases demand for services from the community.
- Pregnant women mapping and monitoring tool using SRHR-voucher systems prove to be a promising tool for addressing knowledge gaps, health worker friendliness, stigma and financial barriers in accessing SRH services like ANC.
- Incentivizing VHTs motivates them to identify and follow up pregnant mothers to attend all recommended ANC visits

The Effect of mHealth Interventions on Reducing Risk Factors for Metabolic Syndrome in Community Health Centers

Presenters / Speakers / Co-Authors

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Jiwoo Choi, Ewha Woman's University, South Korea
Jiye Kim, Ewha Woman's University, South Korea

Background/Objectives
The COVID-19 pandemic has accelerated the adoption of digital health. In South Korea, community health centers utilize app-based healthcare for chronic disease management. Thease efforts emphasizes the need to evaluate mHealth interventions to improve sustainability and address health equity. This study aim to evaluate the effect of a mHealth intervention in community health centers in Korea.

Methods
For 24 weeks, the program offered health care services tailored to individual health status. During the intervention, data were collected from actual usage logs of app users and medical examinations. We measured the health status indicators and service log. Then we conducted a paired t-test to determine whether there was a significant difference in pre-post outcomes. Additionally, we performed a linear regression analysis to examine the relationship between service log data and improvements in health status. Data analysis and result visualization were conducted using R version 4.2.2.

Results
Based on the linear regression analysis of service logs and health status, devices were effective in achieving the desired management outcomes(p<.001). The use of activity meter was associated with significant improvements in body mass index, systolic blood pressure and waist circumference. Bioelectrical Impedance Analysis utilization was positively correlated with reductions in waist circumference. Sphygmomanometer intervention resulted in substantial improvements in both systolic and diastolic blood pressure. Blood sugar meter usage had a notable influence on metabolic syndrome markers, including fasting blood sugar and HDL cholesterol levels. We found that mid-sized cities and rural areas experienced the higher improvements in health status and service utilization compared to large cities(p<.001). Service usage was higher across all indicators in mid-sized cities, while rural areas showed particularly high usage of dietary logs.

Discussion
This study evaluated the effects of app-based mHealth interventions for individuals at risk of chronic diseases in community health centers. There are regional differences in health status improvements and service log usage. These results emphasize the need for subsequent studies to address regional inequities in app-based health interventions and advance health equity.

Keywords
digital health, chronic disease, community health

Alternative Showing: New Technology

Parallel Session
14 May 2025, 11:45 – 13:15

Moderator:
Dr. Aysha Al Dhaheri, UAE

The Big Food Map: A Citizen Science Project in Flanders Mapping the Subjective Food Environment using a Co-Created Mobile Application

Presenters / Speakers / Co-Authors

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Health promoting objectives

The application aims to gather subjective insights and perceptions about the food environment in Flanders, complementing existing objective data. Users can rate locations, compare subjective norms to their peers or neighbourhood and participate in different challenges. Additionally, it explores public support for local government actions to encourage healthy and sustainable food choices.

Synopsis of the scenario

The application features interactive layers and challenges. After a quick onboarding (questions to gather age, gender, and neighbourhood location), users access a map of local food outlets in their living area (e.g., supermarkets, grocery stores, confectionary stores, social groceries, educational building such as schools and universities, recreational areas). Locations can be evaluated through criteria such as satisfaction with food overrings, affordability, marketing appeal, and overall healthiness. Weekly challenges promote awareness on local opportunities by encouraging actions such as visiting a local farmer or identifying anti-food-waste initiatives – which also highlights the focus on sustainability. Additionally, weekly questions are asked such as 'how strongly are you in favour of this action by the local government', or 'do you believe we should migrate to a food system based on solidarity rather than providing social food outlets for those in vulnerable situations'? Completing challenges and questions earns users incentives, such as coupons or healthy food discounts.

Intended audience

The target audience includes Flemish residents aged 16 to 99+ who actively engage with their food environment.

Duration and intended use

The application will run for 12 weeks (the start is foreseen in April 2025). Communication campaigns and diverse channels will encourage participation, both on a regional and local level. Neighbourhood-specific information can be shared with local governments if the pre-defined thresholds are met to ensure meaningful results. Participation rate and progress reports will be shared with local governments to drive engagement and generate impactful insights. After a good evaluation, this application might serve as an example and be adapted to other regions to gather information on the perceived food environment.

Transforming Nutrition Education: The Vegemi Method's Ecosystem Approach to Health Promotion and Literacy in Children

Presenters / Speakers / Co-Authors

Laura Holland, Vegemi, Finland

Objectives
Vegemi transforms childhood health and wellbeing outcomes by fostering positive eating habits, improving nutrition literacy, and promoting sustainable food choices. Its innovative approach combines proven educational strategies with leading-edge tools like gamification, animation, character-driven storytelling and AR technology to:

- Encourage increased consumption of fruits, vegetables and nutritious foods
- Reduce risks of diet-related diseases, such as Type 2 Diabetes and obesity
- Educate families on the connection between nutrition, mental wellbeing, and overall health
- Promote sustainable eating habits that benefit both personal and planetary health.

Vegemi offers a leading-edge solution to combat the rising global burden of diet-related diseases. By integrating technology, education, and community engagement, it fosters measurable improvements in health outcomes.

Synopsis
Designed for use in schools, public health settings, and community programs, the comprehensive Vegemi Method delivers a nutrition and health education program within a dynamic mix of play-based learning experiences, interactive tasks, and engaging activities—all accompanied by ready-to-use resources and materials. The Vegemi Method features a microbiome approach to nutrition and is based on the latest nutritional research.

The Vegemi app, a free download for families, extends the experience beyond the classroom, offering a dedicated parent mode with practical tools to support healthy eating at home, plus gamified healthy eating for children. By partnering with retail and brands, Vegemi also connects education with access to nutritious food options, creating an ecosystem of impact and fun, that reinforces positive behaviours across multiple touch-points.

Intended audience
Primary: Children within nursery and primary school settings
Secondary: Parents and caregivers, supported through resources in the Vegemi app.
Tertiary: Educators, healthcare professionals, and public health officials addressing community health challenges.

Duration and intended use
Duration: School settings: Weekly or bi-weekly sessions throughout the academic year; Public health campaigns: Standalone or integrated initiatives lasting 6–12 months.

Intended Use: In schools, to support health and science curricula; In public health campaigns, to promote nutrition literacy and disease prevention; In retail settings, to enhance community engagement and healthy food access.

The power of Hip-hop: Revolutionizing planetary health and well-being

Presenters / Speakers / Co-Authors
Angela Valentine, Health, Hope & Hip-Hop Foundation, USA
Oya Gilbert, Health, Hope & Hip-Hop Foundation, USA

Abstract:
The Health, Hope, & Hip-Hop Foundation harnesses the universal power of hip-hop music to enhance health literacy and address health disparities in Black and Brown communities. The Foundation addresses the unique needs of vulnerable populations through innovative health promotion initiatives that resonate with communities facing urban health challenges, such as the Health, Hope & Hip-Hop Block Party. Music is omnipresent, transcending local, regional, and global barriers, and plays a key role in uniting people across different cultures and experiences. The Foundation uses music to break down barriers in health education, reaching individuals disconnected from traditional healthcare messages.

Research supports music interventions, including music therapy, in improving health outcomes. Studies indicate that music can reduce anxiety and depression, improve quality of life, manage pain, and foster emotional expression. These findings highlight music's ability to enrich well-being and empower individuals to engage with their health.

Black and Brown communities face significant healthcare barriers, including limited access, financial constraints, complex health communication, and distrust of healthcare systems. The Foundation addresses these challenges by delivering health education through familiar, engaging formats. Hip-hop's storytelling and rhythmic qualities create actionable and inspiring methods for conveying crucial health information.

The Foundation uses hip-hop to educate on chronic conditions like diabetes, hypertension, mental health, and preventive care. Through original music and community workshops, the Foundation ensures health messages resonate deeply with community members. The Health, Hope & Hip-Hop Block Party engages attendees in free health screenings, educational resources, and community connections within a hip-hop- driven atmosphere, tackling the top 5 health issues disproportionately affecting Black and Brown communities.

In summary, the Health, Hope, & Hip-Hop Foundation's use of hip-hop to improve health literacy is revolutionizing health education. By addressing barriers like access, financial constraints, and complex communication, the Foundation fosters a transformative global health solution. Hip-hop's universal appeal proves that music is a catalyst for health equity worldwide, empowering communities to take action in support of better health outcomes.

The Comprehensive Strategy for Healthy Living 2024-2030, Andalusia, Spain

Presenters / Speakers / Authors

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Setting/problem
According to WHO, noncommunicable diseases (NCDs) kill 41 million people each year, equivalent to 74% of all deaths globally. Many NCDs risk factors are avoidable. Innovative health promotion strategies can prevent and reverse these conditions, contributing to a healthier, sustainable, and fairer world.

Intervention

The Regional Ministry of Health and Consumer Affairs of Andalusia is fully committed to improving population health and welfare. A new Comprehensive Strategy for Healthy Living in Andalusia (CSHLA) has been elaborated involving more than 300 individuals in a participative process, with professionals from different public administrations, citizens and economic and social stakeholders. Participants prepared a strategic diagnosis, identified problems, needs and challenges, and proposed actions for improvement. The collaboration of professional and scientific societies contributed to evidence-based validation. Consultations were opened to economic and social stakeholders and the public.

Outcomes
The CSHLA 2024-2030 was approved by the Andalusian Government in April 2024, based on a positive view of health (healthy diet, physical activity, healthy sleep, emotional wellbeing, responsible sexual activity and the positive use of ICTs), a life-course approach, a gender perspective, equity, addressing social determinants, a local level approach and a view of health in all policies.

The CSHLA pursues 10 general objectives aligned with UNSDGs, through 4 strategic lines:

1. Fostering healthy lifestyles through policy and environmental interventions and promoting community assets for health.
2. Fostering corporate social responsibility for health by the business sector.
3. Dissemination of truthful information about the benefits of healthy living, and protection of the population against publicity is considered dangerous to health.
4. Promoting knowledge management, research, and innovation in health promotion.

To achieve the objectives, the strategic lines are articulated through 15 programmes that establish measures and actions in the following 8 sectors: local & community; health; education; social services; workplaces; business; communication; training, research & innovation. It includes a governance system, and an evaluation procedure.

Implications
The Andalusian Government commitment following the Strategy approval facilitates the implementation of its strategic lines, programs and actions in a transversal and intersectoral way, bringing health promotion closer to the Andalusian population.

The Climatic Dragon, a way to sensitize the individual and the collective

Presenters / Speakers / Co-Authors
Leonardo Camargo Adorno, University of Sao Paulo (USP) Public Health University(FSP), Brazil
Marco Akerman, University of São Paulo, Brazil

Objectives
This project has a couple of major objectives, succinctly, we aim to act on the social and environmental determinants of health by improving the societal understanding about the climate crisis and its consequences. Leading to the support, creation and understanding of intersectorial and multidisciplinary actions, focused on the mitigation of disasters, the adaptation of our cities and the development of new solutions in the wake of climate change's dire consequences.

Synopsis
We plan to reach our goals through a card game, The Climatic Dragon's Roar, working title, focused on the challenges urban cities face from natural and man-caused disasters. We aim to develop an immersive, fun and educational experience that can show important concepts to all age groups. In the game's current build, 4-6

players are elected mayors of player named cities and must choose their next move carefully as disasters afflict their home, a product of climate change in its worst form, the city capable of mitigating, adapting and growing despite the crisis wins. The game is modeled after a deck of playing cards thematically redesigned. Spades are Disaster Cards(DC),Hearts are Emergency cards(EC),Clubs are Preparation cards(PC) and diamonds are Growth Cards(GC),cards were also changed, for example the King of spades is called “BoiTatás Breath”,a giant fire snake said to protect Brazil's forests against those that hurt them, this card acts as a cruel heat wave hitting all cities. Thus, we gamify the learning process, mitigation actions are present in EC, such as the ace of hearts called “Mass Evacuation”, actions that adapt a city against future disasters are present in PC, and GC represent developments on surpassing issues related to global warming.

Intended audience
This project's target is 12–17-year-olds. One of our main goals is to educate the younger generations on how society can fight the consequences of climate change. Since most of the world’s future population will be living in urban centers, it’s important for all to learn as much as possible on how our actions affect the environment.
Duration and intended use

We planned a 1-year period for different phases, testing and development, playtesting and adjusting, and review. We will settle on the game´s design, playtest it in public and private schools of São Paulo, one of the world’s largest cities, finetune the game based on the information we gather from a survey answered before and after rounds, we then playtest it one final time, compelling all data to conclude if the project was successful on its goals.

Planetary Health: Water, Climate and Systems Changes (1)

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:

Dr. Mahesh Bhatt, India

Development of a Planetary Health Online Course based on an Online Survey of Students in Health-, Environment-, and Sustainability-Related Programs.

Presenters / Speakers / Co-Authors

Mirna Al Masri, University of Bayreuth, Germany

Background/Objectives
Planetary health, which explores the interconnectedness of human health and planetary systems, addresses pressing global challenges such as climate change, biodiversity loss, and pollution. This teaching project of the Medical Faculty at LMU Munich and the University of Bayreuth aims to enhance planetary health education through the development of an online course for the Virtual University of Bavaria, Germany (vhb). The course seeks to prepare students studying health-, environment-, and sustainability-related, English-language degree programs with the knowledge and skills to contribute to sustainable health-promoting practices and systemic transformations.

Methods
To ensure the course meets the needs of their target audience, an anonymous online survey will be conducted

as of January 2025. It will assess students' prior knowledge of planetary health and interest in related topics. It will also explore planetary health literacy and gather demographic information to contextualize responses. The survey will be distributed via LimeSurvey to study program moderators and coordinators in health-, environment-, and sustainability-related fields across universities in Bavaria.

Results
The survey is expected to yield a detailed understanding of student knowledge, interest areas, and preferences for incorporating planetary health into their education. Collected data will be analyzed by March 2025 using quantitative and qualitative methods. These findings will guide the content development and instructional design of the course, ensuring its alignment with student needs and curricular relevance.

Discussion
By embedding planetary health into higher education curricula, this project seeks to address planetary health literacy while contributing to educational improvement. The course will not only provide foundational knowledge but also empower future graduates for impactful careers in public health, healthcare, and policy.

Keywords
Planetary Health, Education, Online Course, Sustainability, Planetary Health Literacy, Bavaria

Assessment of Workers' Perception Towards Hazards in Zambia

Presenters / Speakers / Co-Authors
Anthony Phiri, The University of Zambia, Zambia
Wezi Nyirenda, National Institute of Public Administration, Zambia
Maxwell Phiri, University of Zambia, Zambia

Methods
The study used a mixed-method approach to collect data. The study comprised 205 Workers in total, consisting of 8 Managers, 18 Supervisors, 24 Machine Operators, 80 General Miners, and 75 Contractors. These respondents were chosen by using a purposive simplifying procedure. The study used semi-structured interviews, focus group discussions, and document reviews in the collection of data.

Results
Further, Managers and Supervisors are reported to have (a 100%), attitude towards wearing Personal Protective Equipment whilst Machine Operators are reported to be 78 %(160/205), General Miners 72% (147/205), and 61 %((125/205) of Contractors respectively.
Study findings also stipulate that, the Impact of Occupational Health Hazards on income levels at Nampundwe Mine. The confidence intervals are indicated at 95% and the significant differences are considered at $p < 0.05$ using ordinal logistic regression

Discussion
The study findings revealed that (100%) of Managers and (100%) of Supervisors reported having a positive attitude towards the wearing of Personal Protective Equipment and further reported that PPE helps to prevent Mine accidents. This is similar to the study conducted by Mavhunga.
Our study findings also show a lack of motivation among Contractor employees that have been attributed to their low-income earnings which have caused them to breach the safety rules and regulations as stipulated by the company. This is demonstrated by comparing contractors and company employees in terms of income. The results showed that employees with less income were less motivated and hence breached following rules

and regulations compared to those with high-income earnings. As one of the Contractors stated

Keywords
Hazards, Mineworkers, Safety Training Programs, Occupational Safety, Investment in Health.

The Contribution of the Qatar Healthy Cities Programme to Advancing the Sustainable Development Goals in Qatar

Presenters / Speakers / Co-Authors
Rayan Sheik. Qatar University,
Hatoun Saeb, Ministry of Public Health, Qatar
Dr. Diana Alsayed, Qatar University, Qatar
Lynne kennedy, Qatar University, Qatar

Background/Objectives
In 2022, Qatar achieved the Healthy Cities World Health Organization (WHO) accreditation for all eight of its municipalities. Despite this progress, Qatar ranks 102 out of 166 countries on the SDG Index with a score of 64.93, highlighting significant scope for improvement in its progress toward achieving the Sustainable Development Goals.
A comprehensive evaluation of how the Healthy Cities Programme (HCP) contributes to the SDGs is essential to highlight its impact and to provide insights into how the program can be further refined to foster sustainable development in Qatar. According to the WHO, HCP activities have been structured into 5 years phases with different priorities for each phase. Phase VII, spanning from 2019 to 2025, emphasizes the importance of aligning the HCP with global strategies such as the UN 2030 Agenda for Sustainable Development, resulting in an emphasis on comprehensive, whole-of-government approaches.
Therefore, the aim of this study is to explore stakeholders' perceptions of how the Qatar HCP contributes to the advancement of the SDGs in Qatar.

Methods
A qualitative methodology was employed, utilizing semi-structured interviews to gather insights. Stakeholder theory was utilized to identify key stakeholders within the HC Network who have been directly engaged with the HCP and the SDGs in Qatar.

Results
Six interviews were conducted with stakeholders from the Healthy Cities Network in Qatar, with five additional interviews planned. Preliminary thematic analysis identified themes related to four categories: HCP impact, barriers, enablers, and recommendations associated with the Qatar HCP's contribution to the SDGs.
The HCP has driven progress by fostering stakeholder engagement, raising awareness, and promoting cross-sector collaboration. However, barriers such as capacity constraints, siloed operations, and gaps in monitoring and evaluation hinder its effectiveness. Enabling factors include national pride in Healthy Cities accreditation, alignment with national strategies, and increased intersectoral collaboration. Stakeholders recommended enhancing network activation, aligning HCP indicators with SDG metrics, engaging expert teams, and setting clearer priorities for action.

Discussion
The HCP in Qatar has the potential to significantly contribute to the advancement of the SDGs. While enablers such as momentum and collaboration provide a strong foundation, challenges persist, including capacity gaps and siloed efforts. To address these barriers, recommendations emphasize activating networks, aligning

program indicators with SDG metrics, and strengthening expertise.

Keywords
Healthy Cities Programme, Sustainable Development Goals, barriers, enablers, recommendations, Qatar

Health and wellbeing in all policies (3)

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:

Faten Ben Abdel Aziz, UAE

Protecting Public Health Using TRIPS Flexibilities: Indonesia's Approach to Compulsory Licensing Amid Policy Constraints

Presenters / Speakers / Co-Authors

Robiatul Adawiyah, University of Melbourne, Australia

Background
When COVID-19 hit the world, data shows that in January 2022, over 70% of people in high-income countries were fully vaccinated, while the opposite was true in low-income countries, only 7% of the population. In response to COVID-19 vaccine disparities, Ministerial Conference 12 took place following a proposal brought by India and South Africa. It also marks a turning point for The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to be more flexible and open in responding to public health issues. Among TRIPS provisions that provide flexibility, compulsory licensing allows governments to authorize the production of patented medicines without the patent holder's consent.
This paper aims to explore Indonesia's use of compulsory licensing to address public health needs and examines the policy constraints that influence its implementation. It seeks to provide a nuanced understanding of how Indonesia navigates international obligations and domestic priorities.

Methods
The study employs a qualitative research approach, drawing on primary and secondary sources, including TRIPS-related legal texts, Indonesia's domestic laws, and case studies of compulsory licensing in the pharmaceutical sector.

Results
The findings reveal that Indonesia has made strategic use of TRIPS flexibilities to address critical public health concerns, such as access to affordable medicines for diseases like HIV/AIDS, hepatitis, and COVID-19. However, these efforts are constrained by external pressures, including trade negotiations, potential retaliatory actions, and internal challenges such as limited technical capacity and bureaucratic inefficiencies. Despite these constraints, Indonesia’s policy measures have contributed to the increased availability of essential medicines, albeit with mixed outcomes in terms of sustainability and long-term public health impact.

Discussion
The discussion highlights the tension between global intellectual property regimes and national public health priorities, emphasizing the importance of policy coherence and international support for developing countries

utilizing TRIPS flexibilities. Indonesia's experience underscores the need for greater capacity-building, enhanced legal frameworks, and regional cooperation to strengthen the use of compulsory licensing.

Keywords
TRIPS flexibilities, compulsory licensing, Indonesia, intellectual property rights, pharmaceutical access, trade policy, global health equity.

Tracking Progress in NCD Policy, Legislation, and Program Implementation: A Follow-Up Study in Pacific Island Countries.

Presenters / Speakers / Co-Authors
Si Thu Win Tin, The Pacific Community (SPC), Fiji

Background/Objectives
Non-Communicable Diseases (NCDs) are the leading cause of death in the Pacific, significantly impacting socio-economic development. To address this, Pacific Island Countries (PICs) have adopted the Pacific NCDs Roadmap with the support of regional leaders. The Pacific Monitoring Alliance for NCDs Action (MANA) Dashboard has played a crucial role in monitoring the implementation of these efforts. This study evaluated the progress of NCD-related policies, legislation, and programs in PICs, identified existing gaps, and proposed strategies to strengthen NCD prevention and control efforts.

Methods
A follow-up study was conducted between 2023 and 2024 using the MANA Dashboard, a standardized tool for tracking NCD policy and legislation actions. Data from 21 PICs were analysed and compared with results from similar studies conducted in 2017–2018, 2019–2020, and 2021–2022 to assess progress over time.

Results
This study highlights notable progress in implementation across PICs, particularly in regulating unhealthy foods, taxing harmful products such as tobacco and alcohol, and enhancing NCD management services. However, persistent challenges remain, including gaps in restricting alcohol advertising, regulation on trans-fat and reducing tobacco industry influence. Competing priorities, such as the COVID-19 pandemic and natural disasters, have further hampered progress in governance and some preventive measures.

Discussion
The MANA Dashboard has proven effective in tracking progress, but findings emphasize the need for stronger governance, adaptive strategies, and enhanced multisectoral collaboration. Sustainable progress requires increased domestic resource mobilization and political commitment.

Structural barriers, such as social determinants of health and policy coherence across sectors, must also be strengthened to achieve long-term success. While progress is evident, urgent action is needed to close policy and program gaps, leveraging regional cooperation and knowledge sharing to advance NCD prevention and control across the Pacific.

Keywords
Non-Communicable Diseases, Pacific Island Countries, Policy and Legislation Implementation, MANA Dashboard

Making sense of the rise in violence against doctors in India

Presenters / Speakers / Co-Authors
Mayuri Samant, Center for Health Policy and Systems, GIPE, India

Background/Objectives
Of all the professions, doctors enjoy one of the highest levels of privilege, status, and respect in most societies. For this status to be maintained, a harmonious relationship between the medical profession and the society it serves is necessary. In many parts of the world, this relationship is under significant stress, and we see a rise in violent attacks on doctors globally. Using India as a case, we present a sociological examination of this social phenomenon.

Methods
Over eighteen months, between 2022 and 2024, we conducted in-depth interviews with forty-two purposively selected participants who had, to varying degrees, been involved in violent incidents against doctors (including victims, perpetrators, and associates), had witnessed such incidents, or were uniquely placed to reflect on these incidents. Participants included doctors who had experienced violence, patient's/patients' relatives who had resorted to violence, journalists, social commentators, lawyers who had represented doctors or had represented those who had resorted to violence, police who had investigated such incidents, and elected local government officers. Analysis was iterative, with interviews and analysis being carried out in tandem with several debriefing sessions among the researchers.

Results
We found that a growing mismatch in expectations between doctors and patients, eroding trust in the medical profession, evolving social and professional identities, and a general rise in social conflicts in societies are some of the reasons behind the increase in violence against doctors in India. We further demonstrate that these factors converge within the broader framework of the 'social contract' between society and the medical profession. Moreover, they shape the evolving nature of this social contract while contributing to the potential stresses inherent within it.

Discussion
We argue that to comprehensively understand the phenomenon and to effectively address the concerns it raises for health systems, it is important for researchers and policymakers to approach this trend within the broader context of the social contract between the medical profession and society. Such an understanding is crucial for transcending superficial, surface-level analyses confined to the narrow victim-perpetrator framework, thereby facilitating a more nuanced and systemic analysis of the phenomenon.

Keywords
Medical Profession; Doctors; Violence; Health System; India

Vietnamese early career doctors: Alcohol-related perceptions and behaviour changes after graduation.

Presenters / Speakers / Co-Authors
Marguerite Sendall, Canadian University Dubai, UAE

Objectives
Vietnamese medical students believe becoming a "strong" drinker is crucial to progress their medical career.

It is unclear if this is temporary behaviour associated with student life or associated with the transition to a medical practitioner. This study explored changes in alcohol-related perceptions and behaviour among Vietnamese early career doctors working after graduation.

Methods
In-depth interviews were conducted with 15 Vietnamese early career doctors in Hanoi city. This qualitative data was analysed using thematic analysis.

Results
Vietnamese early career doctors perceive binge drinking as common among doctors, especially male doctors, surgeons, and preventive medicine doctors. This perception is different because when they were medical students, they believed doctors would not drink alcohol at hazardous levels. Alcohol consumption among female early career doctors was perceived as increasing, especially in relation to collaborative work. Furthermore, Vietnamese early career doctors' drinking behaviour changed in the frequency and quantity of alcohol consumption after graduation due to peer pressure, job stress, collaborative work and the work environment.

Discussion
Vietnamese early career doctors changed their alcohol-related perceptions and behaviour after graduation. Gender, mental health (stress), factors related to the work environment and professional relationships should be considered in strategies to reduce risky alcohol consumption among Vietnamese early career doctors. Future research should be conducted with a large sample size to examine drinking patterns, in particular, gender and medical specialisation differences, underlying factors of this phenomenon and the prevalence of drinking behaviours for this population.

Keywords
Alcohol, workplace, perceptions.

Health Literate Settings, Schools, Healthcare, Communities and beyond

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:
Orkan Okan, Germany

Evaluating dimensional structure and validity of a shortened Italian version of HLS-EU-Q47 through network analysis

Presenters / Speakers / Co-Authors
Sara Maria Pani, University of Cagliari, Canada

Objective
Health literacy (HL) refers to the ability to "gain access to, understand and use information in ways which promote and maintain good health"[1] for themselves, their relatives and communities. A high HL enables citizens to play an active role and push governments to address their responsibilities concerning health and equity. We implemented an Italian short version of the HLS-EU-Q47 (47-item European Health Literacy Survey Questionnaire) and evaluated its dimensional structure and validity.

Methods
The questionnaire included 16 out of 47 HLS-EU-Q47 items. Based on an Italian shortened 12-item version, we added four items pertaining to the Health Promotion domain. After a pre-test, the questionnaire was diffused through social networks and word-of-mouth (March 2024). We collected 352 replies and proceeded with a qualitative and quantitative evaluation. We also studied the correlation between the items using the network analysis and compared the two shortened questionnaire versions.

Results
Overall, participants experienced difficulties making decisions or evaluating options about their health independently. The network analysis showed three clear clusters of items attributable to Healthcare, Disease Prevention and Health promotion domains. However, some items belonging to a domain (following HLS-EU-Q47 structure) grouped with items of another domain (e.g., mental health item shifted from Prevention to Healthcare cluster; finding information about lifestyle item shifted from Health Promotion to Disease Prevention). Both shortened questionnaire versions showed similar clustering, but two of the four items added to our version showed no correlation with other items.

Discussion
Taking an active and independent role was difficult for participants, confirming HL as a mix of access to information and capacity and confidence to interpret and apply them without support. This HL weakness seems to be influenced by social and political aspects (e.g., approach to mental health) that also impact the coverage by public healthcare services. The 16-item short version of HLS-EU-Q47 was valid and comparable to the 12-item one.

Children and adolescents as co-researchers to develop a conceptual model of health literacy

Presenters / Speakers / Co-Authors
Ursula Griebler, University for Continuing Education Krems, Austria
Karolina Seidl, University for Continuing Education Krems, Austria
Anna Wahl, Austrian National Public Health Institute, Austria
Daniela Rojatz, Austrian National Public Health Institute, Austria
Isolde Sommer, University for Continuing Education Krems, Austria
Dr. Lisa Gugglberger, Austrian National Public Health Institute, Austria
Pr. Orkan Okan, Technical University of Munich, Germany
Lisa Stauch, Technical University of Munich, Germany
Lisa Affengruber, University for Continuing Education Krems, Austria

Objectives
Health literacy (HL) is a key determinant of health and well-being across the lifespan. However, research often neglects the unique needs and contexts of children and adolescents by adapting adult-focused models. The project “KoKo-Health,” engages youth to create a child- and adolescent-centered HL model. Initial results from this co-research process are reported.

Methods
The project employs a co-research approach with a youth advisory board and teams of young people aged 15–19. Workshops using interviews, photovoice, and focus groups were conducted in schools and youth organizations. Ten co-research teams also conducted peer-led projects using methods like interviews, focus groups and qualitative surveys to explore HL factors among peers aged 9–21. Adult co-researchers provided ethical guidance and methodological training. Results from various methods were synthesized through data

triangulation.

Results
Young co-researchers explore HL contextually, focusing on mental, physical, media, or nutrition HL. Findings show social relationships predominantly shape HL in children and adolescents, with key influencers including family, peers, teachers, health professionals, sports coaches and social workers. Social media, particularly TikTok and Instagram, strongly impact adolescents over 15, providing accessible information but also posing risks like misinformation and advertising bias. Adolescents are aware of these risks but still follow misleading food or workout trends. Younger adolescents (under 14) rely more on parents and teachers for health guidance as they passively receive information rather actively seek for it. Personal experiences like healthcare encounters and body awareness of what is beneficial or detrimental for one's well-being also influence decisions.

Discussion
The development of HL in young people is shaped by multiple social contexts, including family, peers, school, youth organizations and social media. By involving young people in the study of their peers, the project addresses the contextual specificity necessary for a nuanced understanding of HL. We provide a holistic view of children and young adolescents' HL, understanding HL as a social learning process that develops through relationships.

Keywords
Health literacy, Children and adolescents, Child- and adolescent centered conceptual model of health literacy Participatory research approach

The use of Digital Health Resources and Digital Health Literacy among Older Adults

Presenters / Speakers / Co-Authors
Diane Levin-Zamir, Tel Aviv University, Israel

Objectives
Digital health has been described as the general use of information communications technologies (ICT) for health. The contribution of digital health resources when used appropriately, and in conjunction with health systems, are associated with improved health outcomes. Studies show that older adults use digital health tools differently than younger ones. Focusing on the needs of the older population is critical, as proportions of older populations are projected to increase dramatically in the coming decades. Partnering with colleagues from Taiwan, a comprehensive model for describing the complexity of factors influencing digital health literacy (DHL) was developed and tested specifically for adults ages 60+ in Israel.
Objectives: To measure and characterize DHL among adults 60+ and the reported and actual use of digital health resources for identifying specific groups at risk and promoting effective interventions.

Methods
A telephone survey was conducted in 2024 among a sample of 600 Clalit Health Service members, ages 60+, stratified by age. The HLS19-DIGI and HLS-Q12 measures were used to estimate DHL and health literacy respectively. Barriers to the use of digital resources were estimated in a 10-item measure. Reported use of digital health resources was compared to actual data on service usage from 2019- 2024.

Results

DHL was higher among those living in urban areas, as compared to those from rural areas, or towns far from urban areas. DHL was highly correlated (p<.000) with health literacy, education, use of digital health services and financial indicators. The most significant barrier in using digital resources was concern over personal information security. A trend of declining digital service usage with advancing age among individuals was shown, yet, there was a slight increase in usage among those aged 90+, possibly attributed to caregivers/family members supporting individuals in this age group. Significant gaps were evidenced between participants' reported and actual use of digital health services.

Discussion
The study results shed light on groups among the older population where intervention is needed for adjusting digital health services to the DHL needs of populations, while empowering older adults to maximize the potential of digital health services for promoting their health. Future research will fill gaps in accuracy in estimating the use of digital health resources.

Keywords
Digital health literacy, older adults, digital friendly health systems

Health Equity, Community and Prevention (approaches)

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:
William Datema, USA

Safe Community Approach to Injury Prevention

Presenters / Speakers / Co-Authors
Michal Grivna, United Arab Emirates University, UAE

Background/Objectives
Unintentional injuries are a major public health concern, disproportionately impacting vulnerable populations such as children, the elderly, and socioeconomically disadvantaged groups. The Safe Community approach, launched by the World Health Organization, promotes community-driven strategies to create safer environments and reduce injuries. This presentation aims to introduce the Safe Community framework, outline its key criteria, and provide examples of successful injury prevention programs that can inform similar initiatives globally.

Methods
A comprehensive review of global Safe Community initiatives was conducted, focusing on implementation processes, challenges, and outcomes. Case studies from Sweden, New Zealand, and South Korea were selected to illustrate best practices. The analysis included a review of published literature, program reports, and evaluation outcomes from these countries.

Results
The findings demonstrate that Safe Community programs have significantly reduced injury rates by fostering collaboration among stakeholders, applying evidence-based interventions, and addressing the needs of high-risk groups. Community-driven traffic safety initiatives in Sweden have led to a measurable decline in road

injuries. In New Zealand, fall prevention programs targeting older adults have effectively decreased fall-related hospitalizations. In South Korea, child safety initiatives have successfully reduced injuries through education and environmental modifications.

Discussion

The Safe Community approach provides a robust, adaptable framework for injury prevention at the community level. Critical success factors include strong leadership, reliable data collection for risk assessment, and sustained multi-sectoral partnerships. These programs highlight the importance of tailoring interventions to local contexts while maintaining evidence-based principles. The approach is well-suited for diverse settings, including low-resource environments, where community engagement and resource optimization are essential for achieving impactful results

Keywords

Safe Community, injury prevention, public health, community safety, World Health Organization, evidence-based interventions.

Exploring wellbeing and sense of coherence in French-speaking women with breast cancer : An international cross-sectional study

Presenters / Speakers / Co-Authors

Adil Mansouri, Ministry of Health and Social Protection, Mohammed VI Hospital, Marrakesh, Morocco

Sarah Michaud, Fondation Sol Lucet Omnibus, Morocco

Objectives

Breast cancer, identified by the World Health Organization (WHO) as the most prevalent cancer globally, constitutes 1 in 8 cancer diagnoses. The impact of breast cancer on patients' wellbeing is important and could affect physical, psychological, and social dimensions. Wellbeing is a multifaceted concept and is influenced by factors internal and external to patients. The Sense of Coherence (SOC) explores factors fostering human health and wellbeing. Aim: This study aimed to assess the wellbeing and SOC in French-speaking breast cancer women and to identify factors associated with SOC

Methods

A cross-sectional study was conducted in French-speaking breast cancer women between July and September 2023. Data was collected through an electronic self-administered questionnaire with three sections: 1) sociodemographic and clinical information, 2) wellbeing assessment using the WHO-5 Well-being Index which and 3) SOC evaluation using the SOC-13 scale. Data was analyzed using R software.

Results

Ninety-nine participants were enrolled, predominantly from France (89.9%). The mean age was 47.7 (9.2) years old and 89.9% reported having children. Half received a cancer diagnosis between 2021 and 2023 (50%). The WHO-5 mean score was 52.1 (95% CI 48.1-56.1). The mean SOC score was 50.6 (95% CI 48.3-52.9), with sub-scale scores of 22.0 for the comprehensibility 18.0 for the manageability, and 17.0 for the meaningfulness. Factors associated with the SOC included a positive correlation with the WHO-5 (r=0.43, 95% CI 0.26-0.58), undergoing radiotherapy (p=0.035), and living alone (p=0.008).

Discussion

The significant role of SOC in the overall wellbeing of breast cancer patients was highlighted. This supports Antonovsky's theory that SOC helps individuals manage the stress of illness. Further research is needed to

explore the factors that strengthen SOC, which could provide valuable insights for improving patient resilience.

Keywords
breast neoplasms, sense of coherence, well-being, Health promotion

Impact of generalization of compulsory health insurance “AMO"on continuity of care for breast cancer patients treated at the Oncology Center of the CHU Mohammed VI-Tangier between September 2022/2023

Presenters / Speakers / Co-Authors
Bouzini Ghizlan, Abdelmalek Essaadi University (UAE), Morocco

Background
The generalization of compulsory health insurance AMO-Tadamon has emerged to ensure social justice in access to care. While the introduction of such a reform is advantageous for access to health services and their continuity, its impact on continuity of care needs to be assessed. In this study we aim to evaluate the impact of the generalization of "AMO" on continuity of care for breast cancer patients treated at the Oncology Center of the CHU Mohammed VI - Tangier between September 2022 and September 2023.

Materials and methods
This is a retrospective longitudinal cohort study. We collected follow-up information over a 13-month period using the medico-administrative database (ENOVA). Continuity of care was measured over 3 chronological sequences by means of the Bice-Boxerman index (COCI) and the Usual Provider Continuity index (UPC).
A univariate analysis was performed using the Chi-2 test to compare percentages. then, we calculated the mean ranks of the two continuity of care indexes, ranked them according to the 3 levels of continuity of care and tested them by Friedman's non-parametric test for linked samples.

Results and discussion
We recorded a total of 74 cases, of which 16/74 patients are lost to follow-up (21.6%). The mean age of our population is 53.35 years, with 45.9% aged between [30-49] and 44.6% between [50-69], mostly from Tetouan and Tangiers, living in urban areas, initially diagnosed at a localized stage (81.1%). Luminal carcinoma is the most common molecular type with 62.2%.

A significant association is observed between the generalization of AMO and continuity of care in our patients (p=0.001 and CI (0.01- 0.04)). The mean scores for continuity of care obtained over the 3 reference periods, for both indicators (UPC and COCI), ranged from 0.25 to 0.75 (0.62 before, 0.47 during and 0.44 after), testifying to moderate overall continuity of care, but with a tendency towards the high level before the switch from RAMED to AMO and a tendency towards the low level of continuity of care during the period of its introduction.

After comparing the mean ranks of the scores for the 2 indicators in the 3 linked series, significant positive associations are found between the postponement of therapeutic sessions and the implementation of the AMO during the first 4 months of its installation (p=0.003 and CI (0.01 0.04)). Moreover, access to expensive drugs is significantly higher among patients in the post-generalization period (p=0.027 and CI (0.01-0.04)).

Conclusion
Our study suggests a negative impact of this reform on patient care during the period of its generalization, but also a positive effect on access to expensive drugs after its generalization. Long-term follow-up is planned to assess the impact on survival.

Key words
Continuity of care; Breast cancer; AMO generalization; Medical coverage

The 'Community of Practice' Approach: What does it Add to Community-Centred Health Promotion?

Presenters / Speakers / Co-Authors
Dr Thomas Mills, PHIRST South Bank, London South Bank University, UK

Background/Objectives
Communities of Practice (CoPs) are increasingly used in health and non-health sectors globally. CoPs share characteristics of networks and partnerships but have a more specific aim of discovering and/or coordinating knowledge for solving complex problems. They feature three fundamental elements: a domain of activity, which facilitates group identity; a community linked by common interests in the domain; and a shared practice area, which encapsulates the language, ideas, frameworks and interventions developed or refined by members. This paper reports on an evaluation of a CoP that aimed to address gambling related harms.

Methods
33 semi-structured interviews and three focus groups were conducted, involving a total of 32 stakeholders, including voluntary, community, faith and social enterprise (VCFSE) staff and 14 people who had declared lived experience of gambling harms. Data was organised using a framework approach.

Results
The CoP facilitated a two-stage learning process: firstly, VCFSE staff were initiated into what was for many a new domain. Their understanding of gambling harms was nurtured in initial CoP sessions through discussions with those with lived experience about the nature of gambling harms and how to talk about them with appropriate language. In the second stage, the CoP provided a forum to discuss challenges, share knowledge and coordinate referrals across twelve diverse projects. Learning was generated on what works in education, training, social campaigns, support and community engagement.

Discussion
CoPs can galvanise social innovation in emerging and politically contentious health promotion domains by forming a supported community. In community settings, CoPs facilitate a shared, qualitative understanding of the issue being addressed, here gambling harms, prior to intervention delivery. This means they may be particularly suited to emerging health promotion issues that feature stigmatising language. Their explicit focus on generating learning on new or enhanced forms of 'practice' makes CoPs distinct from other forms of collaboration and partnership.

Keywords
Community of Practice, Community-centred health promotion, Gambling harms, Qualitative research, Networks and partnerships

Health Equity and Wellbeing

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:
Karin Nordström, Switzerland

Let's talk evaluation: how commissioning shapes Indigenous health & wellbeing evaluations and broader implications for funding an Australian perspective

Presenters / Speakers / Co-Authors
James Smith, Flinders University, Australia

Background/Objectives
Commissioning plays a significant role in the design and implementation of an evaluation. Commissioners often dictate much of the evaluation, including the budget, the timeline and the research aim. For Indigenous health and wellbeing evaluations, this means evaluations are likely culturally unsafe. Therefore, they are of little use to Indigenous people; the very people evaluations are meant to assist. Few studies have sought to characterise the commissioning practices Indigenous health and wellbeing programs. This project aimed to identify how commissioning practices can support Indigenous leadership in evaluating health and wellbeing programs in Australia. This study builds on the findings of a scoping review, which identified five commissioning models: [1] Indigenous-led, [2] delegative, [3] co-design, [4] participatory, and [5] top-down.

Methods
This qualitative descriptive study included individual, small group, and focus group interviews with Commissioners, Evaluators, and Service Providers. The interviews were coded inductively and deductively using a 13-principal evaluation matrix and five commissioning models.

Results
Twenty-three semi-structured interviews were conducted with 35 Indigenous and non-Indigenous Commissioners, Evaluators or Providers. This research expanded on the five models suggesting that cultural safety is associated with the increased power of Indigenous peoples within the commissioning process. Several themes emerged from the interviews, including the importance of Indigenous engagement in the evaluation design and selection of the evaluator, racism limiting this engagement, and government Commissioners often lacking capability. Evaluation timeframes and budgets were also described as either limiting or enabling evaluation findings' usability.

Discussion
Many evaluations fall below good practice because Commissioners need to understand how their decisions impact an evaluation's utility. To improve the quality, rigour, and benefit of evaluations, Commissioners need greater evaluation expertise and understanding of Indigenous people to ensure that evaluations are fit for purpose not just for their organisation but also for Indigenous people. Adherence to Indigenous Data Sovereignty Principles is a key aspect of achieving this.

Keywords
Indigenous, Evaluations, Health Equity, Commissioning

Validation of the Polish Sense of Coherence Scale and its associations with socio-demographic, health and well-being outcomes

Presenters / Speakers / Co-Authors
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Arkadiusz Jasiński University of Opole, Poland

Objectives
Sense of Coherence (SOC) is a global orientation that is a core concept of the salutogenetic model of health. Currently in Poland there is a lack of reliable instruments for measuring SOC and its relationship with health and well-being. The aim of this study is to present results from validation of the SOC-13 questionnaire and to examine the relationship between SOC, somatic symptoms (SS), depressive symptoms (DS), subjective well-being (SW) and socio-demographic variables.

Methods
The study was longitudinal with a three-month interval to measure time stability. Data were collected from the representative Polish sample (N = 1054) in 2024. Confirmatory factor analysis and measurement equivalence analysis were used to validate the SOC-13. In addition, socio-demographic variables and subjective determinants of health and well-being were collected.

Results
The three-factor, nine-item version of the SOC-9-PL was found to have the best psychometric properties. The structure of the scale is invariant across gender, age, education, marital status, occupational status, place of residence and the presence of chronic disease. There is a positive correlation between the SOC and age. When controlling for the age and sex of the respondents, employed people had a higher SOC than unemployed people. The presence of chronic diseases was negatively correlated with SOC. When controlling for socio-demographic variables and the presence of chronic diseases, SOC is a negative predictor of SS and DS and a positive predictor of SW. The effects of inverse and reciprocal relationships between the variables studied were not significant.

Discussion
The SOC-9-PL scale is a valid and reliable method of measuring SOC in the Polish population. The results suggest that SOC is a short-term predictor of physical and mental health and well-being.

Keywords
sense of coherence, sociodemographic factors, health and well-being

Enough Talk, Time for Action: Co-design of a Social and Emotional Wellbeing Program for Aboriginal and Torres Strait Islander Males in a Very Remote Community of the Northern Territory, Australia

Presenters / Speakers / Co-Authors
Bryce Brickley, Flinders University, Australia
Cameron Stokes, Flinders University, Australia

Objectives
In Nauiyu, a very remote Australian community of about 350 people, consultations revealed the need for accessible strategies to support the social and emotional wellbeing (SEWB) of local Aboriginal and Torres Strait Islander males. This presentation outlines the co-design of a men's group, and health promotion strengths and challenges in this context.

Methods
This male Aboriginal and Torres Strait Islander-led study was situated within an Indigenous worldview. The co-design process involved: 1) remote consultation and evidence gathering, to determine community priorities and perspectives; 2) building partnerships and capacity with stakeholders, to co-design and co-implement contextually relevant SEWB care, 3) empowering implementation stakeholders, promoting community ownership, and translating knowledge, 4) evaluating the program and ensuring continuous improvement through local leadership. The process was monitored through ongoing engagement with a local governance group and critically reflexive practices, such as cross-cultural researcher debriefings and remote travel journals. The local governance group guided the men's group sessions; advised on community engagement strategies, shaped the evaluation process (e.g., research measures), and ensured findings were effectively translated to the community.

Results
Over three years, strong relationships and partnerships were formed with local men, health, sporting and community-controlled organisations. A men's group was co-designed through these relationships, harnessing the community's central sporting club for engagement. The men's group met on 54 occasions between 2023-24. A project governance group of local male Elders and/or community leaders provided the group with local leadership. They led activities including on Country excursions, cultural exchange with other remote men's groups, male-only preventative health checks, and health education sessions. Evaluation indicated improvements in SEWB via strengthened connections to Country, community and culture.

Discussion
This Aboriginal and Torres Strait Islander-led approach focused on building strong relationships with community members and organisations through closeness, visibility, and deep consultation. However, there were high engagement costs due to the community's remoteness, seasonal flooding and periods of community unrest. This approach offers insights for health promotion in similar Indigenous and remote contexts worldwide.

Keywords
First Nations, Aboriginal, Torres Strait Islander, male, men, Indigenous, remote health, prevention, mental health, health equity.

Predictors of Well-Being Among Adults in Germany – Results from a representative Cross-Sectional Panel Survey

Presenters / Speakers / Co-Authors
Fretian Maria Alexandra, Technical University of Munich, Germany
Kai Kolpatzik, Institut für Digitale Gesundheit, Germany
Torsten M. Bollweg, Technical University of Munich, Germany
Pr. Orkan Okan, Technical University of Munich, Germany

Objectives
Under the premises of equity and inclusivity, a goal of health promotion is to increase control over and improve health and well-being of people. Thus, it is crucial to identify societal determinants of well-being. Health literacy is a stronger predictor of self-reported health status than income or educational level, however, little is known about its relation to well-being. This study aims at uncovering the role of health literacy in the area of mental health in relation to well-being.

Methods
A cross-sectional representative online panel survey was carried out within the adult population in Germany, including N = 2007 participants. A newly developed health literacy tool was used to assess participants' perceived difficulty to access, understand, appraise, and apply information related to mental health. Variables such as age, gender, educational level, self-reported health status, and chronic illness were included as predictors in a linear regression analysis, conducted in SPSS. The dependent variable was mental well-being as measured by the WHO-5.

Results
63,1% of the sample has positive mental well-being, while the remaining third are at risk for mental illness. Similar results can be observed for physical health: 48,6% report having (very) bad or average health, while more than half of the sample consider themselves to have (very) good health. The linear regression model was able to explain 37,9% of the variance in well-being. The strongest predictor was self-reported health (β=0,48; $p < .001$), followed by mental health-related health literacy (β=0,24; $p < .001$). Well-being is higher in men than in women (β=,08; $p < .001$) and increases with age (β=,23; $p < .001$). Educational status and having a chronic illness do not have a significant impact on well-being.

Discussion
This study shows relevant predictors of well-being in the German adult population. Since people who consider dealing with mental health-related information easier, report better well-being, it is essential to provide easily understandable materials regarding prevention, promotion, and care, such as where and when to seek help from a mental health care professional. Finally, given that the strongest associated factor of well-being is physical self-reported health, an integrated approach to health promotion is necessary, where mental and physical health are viewed as interrelated facets.

Keywords
well-being, health literacy, mental health related health literacy

Health Literate Settings: Drug, Alcohol, Tobacco Use and Education

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:
Dr Amal Alzahmi, UAE

Neighborhood environment: Analysis of the physical availability and affordability of alcoholic beverages, tobacco and tobacco products in three regions

Presenters / Speakers / Co-Authors
Antsiferova Aleksandra, National Medical Research Center for Therapy and Preventive Medicine, Russia

Objective
Urban infrastructure located close to the place of residence has both a positive and negative impact on the formation of a person's lifestyle. Neighborhood environment influences the formation of behavioral habits, as well as the risk of developing behavioral risk factors. Smoking and alcohol consumption are proven dose-dependent risk factors that increase the risk of developing many

chronic non-communicable diseases including cardiovascular diseases.
Aim was to analyze the physical availability and affordability of alcoholic beverages, tobacco and tobacco products in three constituent entities of the Russian Federation

Methodologies
A study was conducted to assess the actual status of urban infrastructure in Arkhangelsk, Tver, and Sverdlovsk regions. The data were collected in the three districts of Arkhangelsk, three districts of Tver, three districts of Yekaterinburg and in Revda, where participants of the ESSE-RF3 (2021) study lived. The studied objects were the urban infrastructure elements in which tobacco (cigarettes and other tobacco products) and alcoholic beverages (alcoholic departments in grocery stores and specialized alcohol outlets) were sold. In order to assess the existing infrastructure, a special software was developed allowing to collect and analyses the required data using Open Street Maps. The data collection took place in January-March 2022.

Results
A total of 1180 alcohol outlets (AOs) and 726 tobacco outlets (TOs) were identified on the selected urban sites: 450 and 182 in Arkhangelsk, 444 and 303 in Yekaterinburg and Revda, and 286 and 241 in Tver for AOs and TOs respectively.
On the selected urban sites of Sverdlovsk and Tver regions, alcohol was most commonly available for purchase in an alcoholic beverages department of a grocery store the (n=260, 58.6% and n=185, 41.4%, respectively), in Arkhangelsk region – in a specialized alcohol outlet (n=263, 58.4%). The median value of the total number of AOs located within a radius of 1000 meters from the place of residence of an ESSE-RF3 participant was 33, within a radius of 400 meters - 8. In Arkhangelsk, alcohol was sold in a grocery store located in the same building with a college branch. On the studied sites of Sverdlovsk region, the closest AO was in 50 meters from a kindergarten, and in Tver region – in 44 meters from a college. A 0.5-liter bottle of vodka was sold below the minimal legal cost in 55.1% of specialized alcohol outlets in the Sverdlovsk region, and in 66.8% of such outlets in the Tver region.
Most commonly, tobacco was available for purchase at the checkout areas of supermarkets or grocery stores (n=573, 78.9%). The median value of the total number of TOs located within a radius of 1000 meters from the place of residence of an ESSE-RF3 participant was 18, within a radius of 400 meters - 4. In the Arkhangelsk, tobacco was sold in a grocery store located in the same building with a college branch. On the studied sites of Sverdlovsk region, the closest TO was in 64 meters from a kindergarten, and in Tver region – in 44 meters from a college. The median of the lowest selling price for one pack of cigarettes on the study sites was 120 rubles [110; 179].

Conclusion
The study assessed physical availability and affordability of alcoholic beverages, tobacco and tobacco products on the selected areas of Arkhangelsk, Yekaterinburg, Revda, and Tver was assessed. The results reflect the high physical availability and affordability of alcoholic beverages, tobacco and tobacco products and outline the need for interventions both at the state level, and at the level of local authorities. The method used for collecting and analyzing data on the status of urban infrastructure has demonstrated sufficient efficiency for achieving the aims of the study. It can be recommended for wider use in solving similar tasks.

Cultural practice or public health threat? Tackling midwakh dependency and promoting tobacco cessation among young males in the UAE

Presenters / Speakers / Co-Authors
Basema Saddik, University of Sharjah, UAE

Objectives
Midwakh smoking, a traditional practice in the UAE, poses a significant public health concern due to its association with nicotine dependence and health risks. This study aimed to identify factors influencing midwakh dependency and to propose tailored health promotion interventions for preventing and addressing addiction.

Methods
A quasi-experimental study involving 103 young male midwakh smokers assessed nicotine dependency and cessation behaviors using surveys, including the Hooked-on Nicotine Checklist (HONC). Statistical analyses, including regression models, evaluated factors linked to dependency.

Results
Participants had a mean age of 24.3 years, with 63.1% reporting polytobacco use. While 36.3% perceived midwakh as less addictive than cigarettes, 99% were nicotine-dependent according to HONC (compared to 82% self-reported). Mild addiction was reported by 40.5%. Factors associated with higher dependency included early daily use initiation (b = -0.38, 95% CI [-0.62, -0.13]), polytobacco use (b = 0.51, 95% CI [0.07, 0.96]), higher household income (≥15,000 AED/month; b = 0.97, 95% CI [0.07, 1.88]), and smoking immediately after waking (b = 2.77, 95% CI [1.12, 4.42]). Repeated quit attempts, especially three or more (b = 1.25, 95% CI [0.14, 2.35]), also predicted higher dependency. Despite 70.9% attempting to quit, 31.4% relapsed within a week and only 7.1% abstained for over a year. Notably, 63.4% did not use cessation resources and 88.9% had never sought professional help. Motivations to quit included health concerns (59.7%), disapproval from family/friends (16.7%), financial costs, smoking restrictions, and societal disapproval.

Discussion
The perception of midwakh as less addictive than cigarettes, despite its high nicotine dependency, points to a critical gap in public awareness. The low use of cessation resources and limited success in long-term quitting highlight the need for more accessible and effective support systems. Targeted public health initiatives should prioritize: educating youth about midwakh risks, addressing cultural misconceptions, and promoting cessation resources such as behavioral therapy and nicotine replacement therapy. Community and family support, alongside stricter sales regulations, are essential for reducing dependency and encouraging successful cessation.

Keywords
Midwakh, nicotine dependence, smoking cessation, public health.

Controlling hazardous content on social media: Australian e-cigarette case study

Presenters / Speakers / Co-Authors
Justine Leavy, Curtin University, Australia
Jonine Jancey, Curtin University, Australia

Objectives
Almost all e-cigarette content on social media is pro-vaping [1,2,3] There is an association between exposure to such content, lower perceptions of harm, positive attitudes towards e-cigarettes and increased use.[4] This study aimed to identify actions to control e-cigarette content on social media.

Methods
We interviewed 13 experts working in public health, social media, law and communications in Australia, UK and US to determine their opinions on controlling social media e-cigarette content. We then facilitated a workshop to prioritise the identified actions.

Results
The Policy Brief's key identified actions follow.

- Australian Government to provide leadership for law reforms to ban e-cigarette advertising on social media.
- Organisations should be resourced to undertake monitoring and enforcement of any law; State Governments should adopt complementary law reforms.
- An independent complaints mechanism should be established.
- Raise community awareness about e-cigarettes and increase digital literacy.
- Actions that can be used for other harmful products (e.g. alcohol, gambling).

Discussion

Social media content is a global issue. However, we have seen examples of regulations that have already been introduced to manage social media content at a country level (e.g. UK online safety Act) These platforms need to be safe environments that do not expose users to harmful products.

Keywords
e-cigarettes, vaping, social media, hazardous products

Prevalence, Drug Education and Associated Factors of Current Illicit Drug Use Among a Nationally Representative Sample of School-Aged Adolescents in the Philippines in 2019

Presenters / Speakers / Co-Authors
Karl Peltzer, University of the Free State, South Africa

Objective
The aim of the study was to assess the prevalence, drug education and associated factors of current illicit drug use among in-school adolescents in the Philippines.

Method
The 2019 Philippines Global School-based Student Health Survey (GSHS), a nationally representative survey of teenagers aged 11 to 18 (mean age 13.8 years, Standard Deviation-SD=1.5) that used a multistage sampling technique, provided the study's data. In order to determine the variables associated with current drug use, the study used bivariate and multivariable logistic regression analysis.

Results

The proportion of current illicit drug use was 14.1%, 8.6% among girls and 19.1% among boys. In the final adjusted model, male sex (Adjusted Odds Ratio-AOR=1.81, 95% Confidence Interval-CI=1.45 -2.28) and food insecurity (AOR=1.58, 95% CI=1.33 -1.88) were positively associated, and older age (15-18+ years) (AOR=0.59, 95% CI=0.45 -0.77) was negatively associated with current drug use. Regarding drug education, having been taught where to get help for drug problems (AOR=0.77, 95% CI=0.62 -0.94) was inversely associated and having been taught about drug problems was marginally significantly negatively associated with current drug use. In terms of protective factors, high parental support (AOR=0.45, 95% CI=0.32-0.63), having close friends (AOR=0.55, 95% CI=0.38-0.80) and peer support (AOR=0.65, 95% CI=0.51-0.81) were all negatively associated with current drug use. Lastly, psychosocial factors associated with current drug use included psychological distress (AOR=1.40, 95% CI=1.10-1.77), "someone offered, sold, or given you a drug," (AOR=5.40, 95% CI=4.42-6.74), current alcohol use (AOR=2.14, 95% CI=1.81-2.51), participation in physical fighting (AOR=1.56, 95% CI=1.24-1.97), and school truancy (AOR=1.80, 95% CI=1.43-2.27).
Discussion One in seven Filipino adolescents engage in current illicit drug use. Protective factors and drug education decreased the odds, and psychosocial factors increased the odds of current illicit drug use.

One Health: Eco health, Human and Animal Health (1)

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:

Gaia Bertarelli, Italy

Frequency And Antifungal Susceptibility Pattern Of Candida Species In Different Clinical Isolates

Presenters / Speakers / Co-Authors

Muhammad Ali Malik, Sheikh Zayed Medical College/Hospital, UAE

Background

From last few decades Candida species emerging as major pathogenic organism involving in human diseases. There is considerable morbidity and mortality due to underlying fungal diseases and researchers itemized that fungal disease is an important public health problem.

Methodology

220 clinical samples were collected during this descriptive study. Clinical samples include urine, high vaginal swabs, blood, tracheal aspirate, sputum, CVP lines and pus. The Candida species were identified either on conventional technique or by API system. The antifungal susceptibility testing was performed by disc diffusion method on Mueller Hinton agar, 2% glucose with methylene blue.

Result

In total 220 the number of urine samples were 82 (37.3%), high vaginal swabs 94 (42.7%), sputum 21 (9.5%), tracheal aspirates 8 (3.6%), Blood 10 (4.5%), CVP line 3 (1.4%) and pus 2 (0.9%). The result of susceptibility testing determined by agar diffusion methods shows that 91.8% isolates were sensitive to Amphotericin B, while 8.2% were resistant. 40.9% percent isolates sensitive to fluconazole, 57.7% resistant and 1.4% were intermediate. 45% isolates were sensitive to Intraconazole 54.5% were resistant and 0.5% were intermediate. 41.4% isolates were sensitive to Voriconazole 57.3% were resistant and 1.4% were intermediate. 31.4%

isolates were sensitive to clotrimazole and 68.6% were resistant.

Conclusion

Mostly these organisms are intrinsically resistant to some triazoles but also observe the increase to Amphotericin B and other essential antifungals. There is strongly recommended the antifungal susceptibility and active surveillance of antifungal drugs for the reducing of emergence of resistant in such antifungals and provide the data to the clinician for treating such organisms.

Key words

Amphotericin B, antifungals, Candida, Azole, Methyline blue

Integrating One Health Approach: A Multifaceted Approach to Combat Antimicrobial Resistance and Priority zoonotic diseases Through a Multimedia SBC Campaign.

Presenters / Speakers / Co-Authors

Mwanaisha Simba, John hopkins university-CCP, Breakthrough ACTION, Tanzania
Caroline Mshanga, John hopkins university-CCP, Breakthrough ACTION, Tanzania

Introduction

Antimicrobial Resistance (AMR) is a global concern, yet community knowledge remains limited. Many people do not understand the implications of AMR or the actions needed to address it. Similarly, knowledge of priority zoonotic diseases (PZDs) transmitted between humans and animals is low despite their role in pandemics. Addressing these issues requires collaborative, multisectoral efforts to raise awareness and educate the public. Partnering with the Prime Minister's Office and sector ministries (health, livestock, fisheries, environment), Breakthrough ACTION designed and led a multimedia Social and Behavior Change (SBC) campaign to address AMR and PZDs. This campaign, rooted in One Health principles, emphasizes the interconnection of human, animal, and environmental health in tackling these challenges. The SBC campaign aims to inspire collective community action through dynamic multimedia and community-driven initiatives to mitigate AMR and PZDs. Using diverse communication channels and integrating the Global Health Security Agenda's (GHSA) capacity-building initiatives with evidence-based Risk Communication and Community Engagement (RCCE) strategies, the campaign seeks to promote positive behaviors that address AMR and PZDs.

Methods

The campaign uses simple, relevant behavioral messaging disseminated via mass media, social media, and community mobilization. Insights from behavioral science informed the development of compelling narratives and educational content to enhance understanding of AMR and PZDs. Campaign outputs include 746 mass media spots, 92 social media posts, and 103 community mobilization activities across six districts.

Results

The campaign reached 24.7 million unique listeners, 23.1 million social media user accounts with 240 million impressions, and 375,217 people in communities. Messaging recall rates were 42.4% for AMR and PZDs, 56.6% for indiscriminate antibiotic use, and 13.9% for PZD causes. Recognized as a best practice, the campaign was highlighted in the African Union AMR Landmark Report and the 2nd Regional AMR Media Awards for successful multisectoral engagement.

Conclusion

This SBC campaign is a critical effort in combating AMR within the frameworks of GHSA and RCCE. It

underscores the importance of innovation, collaboration, and shared responsibility in addressing AMR and PZDs, contributing to the broader global health security agenda.

Key Words:
AMR, PZDs, SBC, One Health, GHSA, RCCE, Multisectoral Collaboration

Potential and challenges of using Ecohealth approach in opisthorchiasis prevention education in schools in Lao PDR

Presenters / Speakers / Co-Authors
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Dr. Kethsana Kanyansa, National University of Laos, Laos
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Dr. Sithane Soukhavong, Dongdok Village, Xaythany District, Vientiane, Lao PDR, Laos
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Objectives
Opisthorchiasis is endemic in Lao PDR and it caused by the consumption of raw fish. The life cycle involves these stages: eggs are excreted by infected animals, develop into cercariae in snails, then into metacercariae in fish, and finally infect humans or mammals that consume infected fish. Therefore, Ecohealth education approach may be effective in promoting changes in human behaviour related to food and defecation. In addition, to strengthen of prevention education through school, it is necessary for teachers to acquire correct knowledge and motivation for preventive education. In these backdrops, this study aims to clarify the knowledge and willingness of teachers in opisthorchiasis preventive education in Lao PDR.

Methods
Data were collected from 705 teachers in Opistrhochiasis endemic area in Pakse in August 2024 by using a self-administered questionnaire. The questionnaire was consisted of questions on knowledge, attitude, practice of preventive behaviours, learning experience, information source, attitude and motivation for preventive education. Factors related to knowledge about opisthorchiasis and motivation of the education were evaluated by logistic regression analysis.

Results
56.2% of the teachers want to teach preventive education strongly. 11.3% of the teachers have high confidence for teaching preventive education. 93.5% of the teachers had knowledge of the life cycle. 60.8% of the teachers reported consuming raw fish. At home, more than 90% of the teachers reported using the toilet, however 64.0% of the teachers reported never using the toilet at all while fishing and 39.9% while farming. The results of logistic regression analysis showed that knowledge level on opisthorchiasis have significant related with “Having opisthorchiasis infected person in family or relatives (OR=2.3,95%CI=1.1-4.5)” , “Leaning experiences about opisthorchiasis from medical professionals (OR=1.6,95%CI=1.0-2.6) ” , “Learning experiences from multiple sources (OR=1.3,95%CI=1.2-1.4)” and “Willingness of teaching preventive education (OR=1.3, 95%CI=1.0-1.7) “.

Discussion
To increase teachers' knowledge and motivation to teach, it is necessary to learn about the infection experience from patients with opisthobia, to use a variety of learning sources, and to educate them about the importance of prevention education.

Keywords
Ecohealth education, opisthorchiasis, teacher, knowledge, preventive education, motivation

Investigating the Risk of Zoonotic Pathogen Spillover at the Human-Animal Interface in a Biodiversity Hotspot in Ibarapa District of South-Western Nigeria: A Mixed-Method Study

Presenters / Speakers / Co-Authors
Yusuf Habeeb Oladipo, University of Ilorin, Nigeria

Background/Objectives
With 2.5 billion cases of human illness and 2.7 million deaths annually, zoonosis continues to pose a significant threat to global health. The Ibarapa District of South-Western Nigeria is an important biodiversity and infectious disease hotspot with communities unaware of the risk of spillover event. The study aims to investigate spillover pathways and exposure risk in Ibarapa.

Methods
We conducted a cross-sectional mixed-method study from March to August 2023, and interviewed 405 respondents, using a semi-structured interviewer-administered questionnaire. 7 focus-group discussions were conducted with 7-10 participants to explore the attitudes and perceptions of the community about wildlife hunting and their health-seeking practices concerning zoonosis. Qualitative and quantitative data were analyzed using content analysis and R version 4.3.2 software package respectively.

Results
Most of the respondents involved in wildlife hunting such as bush rodents 152(37.5%), wild ruminants 104(25.7%) and, 19(4.7%) non-human primates with forest interior 217(53.6%) as the perfect location for hunting wildlife. Consumption and sales were the major reason why communities hunt 219(54.1%), followed by recreational purposes and exercise 28(6.9%), and to derive valuable products for medicinal uses 18(4.4%). Other reasons for the persistent hunting of bush meat are due to their deliciousness and perceived immunity. Few respondents 45(11.1%) reported illnesses after consumption of bush meat and their family members/neighbours 21(5.2%). Generally, most respondents 323(79.8%) were aware of disease transmission from wildlife with 382(94.3%) having heard of Rabies, Marburg or Ebola. Knowledge of zoonotic diseases (χ^2 = 7.396, CI: 95%, p= 0.025), involvement in hunting (χ^2 = 11.855, CI: 95%, p= 0.008), and numbers of people involved in preparations of hunted meats (χ^2 = 62.529, CI: 95%, p= <0.001) are associated with likelihood of falling sick after consuming bushmeats.

Discussion
The result revealed that increased human-wildlife interactions is driven by participants' survival need leading to pressure on the biodiversity. Studies have revealed that the fragmentation of biodiversity area to farmland has resulted in shift in wildlife dietary change and human-wildlife conflict, thereby highlighting the need for targeted risk communication strategy directed at farmers and hunters in Ibarapa, South-Western Nigeria.

Keywords
Zoonosis; Spillover; Ibarapa.

Health Emergency Response: Pandemics, Crisis and Health Promotion

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:

Lamia Channoufi, Italy

Health System Response to Health Emergencies in Low-and Middle-Income Countries: A Systematic Review

Presenters / Speakers / Co-Authors

Sally Baaba Owusu-Addo, Ghana Health Service, Ghana
Daniel Boateng, Ghana Health Service, Ghana
John H Amuasi, Ghana Health Service, Ghana

Objectives

Health emergencies (HE) continue to stimulate greater interest in health systems and services, particularly their ability to respond to such shocks. This paper presents the results of a systematic review which aimed to synthesize evidence on health system response to health emergencies in low-and middle-income countries (LMICs).

Methods

The review followed the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA). A systematic search was conducted in eight databases. Following a narrative synthesis approach, studies were mapped and categorized under the WHO building blocks of health system functioning (WHO, 2007). We explored the relationships between and within studies, identifying the response mechanisms of health system response during HE and their barriers and facilitators.

Results

The dominant HE covered by the included studies were COVID-19, Ebola and H1N1 pandemic influenza. Evidence from this review shows that health system responses to HE spans from risk communication, surveillance, protective measures, telemedicine, workforce capacity building, community health workers responses, testing and laboratory services, pharmaceutical services, continuity of existing health services, logistical management, governance/ policy responses. The majority of included papers were on health workforce functioning. Governance strategic responses are variable due to heterogeneity of LMICs. Risk communication was a key response measure. Health financing was the least reported component of the WHO building block of health system functioning. Facilitators of health system response were active partnership across sectors, the use of technology such as telemedicine, and government leadership of the pandemic. Barriers to health system response to health emergencies included misinformation, inadequate preparedness, and weak integration of existing health services in pandemic.

Discussion

The findings from the review point to the missing links between health promotion and national/global HE policies. This review recommends that there should be interconnectivity among the fragmented WHO health system building blocks. Lessons learned highlight the need for emphasizing equity, trust, systems approach, and sustained action in future health system preparedness strategies. Barriers and facilitators are highlighted regarding the need for emergency preparedness, rapid response, clear risk communication based on health literacy, and collaboration across countries and sectors for meaningful solutions to global HE. Based on the review findings, we make a call for systems-level approaches to health promotion in emergencies.

Keywords
Health emergencies, health system response, health promotion, COVID-19, systematic review.

Cholera outbreak and its transmission risk factors in northwestern Tanzania during flooding: Lessons from a matched case-control study

Presenters / Speakers / Co-Authors
James Chrispin, Sekou-Toure Regional Referral Hospital, Tanzania

Background
Cholera is an acute diarrhea disease caused by Vibrio Cholerae. It is transmitted by eating or drinking contaminated food or water. Cholera infection spreads rapidly, resulting in high morbidity and mortality. Environmental contributors such as flooding and socioeconomic factors have contributed to the Cholera outbreak. In early January 2024, Mwanza region experienced a cholera outbreak, highlighting the need to understand associated risk factors to guide current interventions and future preparedness.

Methods
A matched case-control study was conducted in three districts first affected by cholera in January 2024. Standardized questionnaires were administered to both participants (cases and control). Controls were matched to the cases in the 2:1 ratio based on sex, neighborhood, and age. Chi-square was used to test the significance of the differences in proportions among different variables. The P-value <0.05 was considered to be statistically significant.

Results
Of 168 participants recruited, 56 were cases and 112 were controls with a median age of 18.5 years and 28 years respectively. Individuals who had primary (Adjusted Odds Ratio [aOR] 0.19, 95% CI: 0.01-0.69) and secondary (aOR 0.13, 95% CI: 0.18-0.95) education were likely to be protected from cholera as compared to those without formal education. Eating away from home was significantly associated with contracting cholera (aOR 11.95, 95% CI: 3.29-43.35). Having contact with a cholera case had 29 times risk of contracting cholera (aOR 29.43, 95% CI: 4.62-187.58). The use of Lake Victoria water for domestic purposes posed a 20-fold risk (aOR 20.22, 95% CI: 1.32-309.78). Individuals who received health education on diarrheal diseases before outbreak occurred were protected from cholera infection (aOR 0.19, 95% CI: 0.05-0.71).

Conclusion
Partnership and collaborations on public health education, to minimize cholera contraction at the community level and enable individuals to take appropriate preventive measures. Infrastructure improvements, such as expanding access to clean water and enhancing waste disposal systems, are crucial. Promoting safe food practices, especially when eating outside their homes, is essential to reduce transmission risks.

Keywords
Cholera, Outbreak, Mwanza

Addressing COVID-19 vaccination hesitancy through community engagement and integration of vaccination services with routine primary health care in Wakiso District, Uganda

Presenters / Speakers / Co-Authors
Allan Ssembuusi, Makerere University School of Public Health, Uganda

Background
Low uptake of COVID-19 vaccination was recently identified in Wakiso district, Uganda. We therefore implemented a project that aimed at: enhancing the capacity of Community Health Workers (CHWs) to mobilize the community for COVID-19 vaccination; facilitating COVID-19 outreach vaccination campaigns by health facilities; strengthening data management for COVID-19 vaccination and integrating COVID-19 vaccination services into routine primary healthcare (PHC) services.

Methods
This project was implemented between October 2023 and March 2024. CHWs were trained and supported to conduct door-to-door health education and community mobilization for COVID-19 vaccination. Local stakeholders were also engaged to support community mobilization activities. Healthcare workers were also supported to conduct community-based COVID-19 vaccination outreaches. The project also supported integration of COVID-19 vaccination into routine PHC services. This was achieved through educating CHWs and healthcare workers on the need for COVID-19 integration, and supporting health facilities to conduct community-based outreaches which integrated both COVID-19 vaccination with other PHC services.

Results
A total of 503 stakeholders were involved and 994 CHWs trained and empowered to mobilize communities for COVID-19 vaccination. Between January and June 2023, 19,384 community members received COVID-19 vaccination (8,089 received first dose, 3,433 received second dose, 7,862 received third dose). From November 2023 to March 2024, a total of 55 integrated community-based outreaches were carried out and 2,000 individuals received COVID-19 vaccination, alongside other PHC services provided.

Conclusion
Community engagement and stakeholder involvement are crucial for successful implementation of health promotion activities such as vaccination programmes.

Keywords
COVID-19 vaccination, routine primary health care, community health workers, integration, Wakiso District, Uganda

Metapelet": Culturally-Adapted AI Platform Supporting Caregiver Resilience During Crisis - From Emergency Response to Global Health Promotion

Presenters / Speakers / Co-Authors
Inon Schenker, Impact for Healthy Future, Israel

Problem
Two urgent challenges converge in eldercare: the global surge in aging populations and the critical need for

trained and resilient foreign caregiving workforces. In Israel, the October 7 Hamas attack created an unprecedented emergency for 73,000 foreign caregivers, primarily from India and the Philippines, who faced severe anxiety while maintaining essential care for frail elderly clients. Nations worldwide face rapidly aging populations, projected to double by 2050. To meet this growing demand, countries increasingly rely on foreign caregivers who rarely receive structured emergency training or culturally sensitive health promotion in their native languages.

Intervention
"Metapelet" emerged as an immediate response to support caregiver resilience during the Gaza war. The AI-powered mobile platform delivers real-time emergency updates in caregivers' native Tagalog and Hindi. Through culturally sensitive AI avatars, the platform provides trauma-informed resilience building, stress management, and self-care strategies. It ensures 24/7 support for caregiver mental health while offering emergency protocols and combating misinformation through verified sources.

Outcomes
Implementation has shown measurable impact on caregiver wellbeing and service delivery. The platform has enhanced resilience and emotional stability while maintaining routine elderly care despite emergency conditions. Through native-language information delivery, Metapelet has reduced anxiety levels and strengthened emergency preparedness. It has fostered a supportive virtual community among isolated caregivers, decreasing pressure on healthcare systems and families.

Scalability
Metapelet's architecture extends beyond crisis response through modular design, enabling content and Avatar customization for new contexts and languages to serve diverse populations. The platform adapts for both emergency and everyday scenarios, offering cost-effective scaling through AI-driven technology. This flexibility serves countries with significant foreign caregiver populations, such as the UAE, Italy, Germany, and the USA.

Implications This innovation provides both immediate crisis response supporting caregiver resilience and a long-term platform for health promotion training. The model resonates with nations facing aging demographics and relying on foreign caregivers, offering a scalable approach to workforce development and emergency preparedness.

Alternative Showing: Art

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:

Ana Gherghel, Canada

Digital artistry in practice: A multimedia journey through relational employability for health promotion

Presenters / Speakers / Co-Authors

Dr. Elizabeth J. Cook, Edith Cowan University, Australia
Dr. Ruth Wallace, Edith Cowan University, Australia

Health promoting objectives
The health promotion sector faces mounting pressures amidst complex global challenges, requiring practitioners to navigate multiple challenges, including their own personal job stress, while maintaining effectiveness and purpose. Critical reflection is vital for professional practice and career fulfilment, yet traditional approaches often overlook broader ecological and technological considerations. This artistic presentation introduces the Relational Employability Framework (REF) for facilitating critical reflection in health promotion practice.

Description of the artwork
The presentation centres on an original multimedia artwork, created in Microsoft Sway, that weaves together visual elements, text and interactive features to illuminate the REF's three interconnected components: foundational career development, human interactions and broader ecological-technological contributions. This digital artwork creates an immersive experience that demonstrates how technology itself can be used to promote critical reflection and learning. The artwork incorporates authentic student reflections alongside examples from educators, creating a rich tapestry that showcases the framework's practical application, both in educational and workplace settings.

Intended audience
The artistic presentation speaks to the entire health promotion community, from early-career practitioners to organisational leaders, educators and policymakers. This innovative digital format acknowledges the contemporary practices required in a rapidly changing profession while maintaining accessibility across multiple sectors and disciplines. The framework's alignment with established approaches such as the Ottawa Charter, OneHealth and Wellbeing Economy frameworks ensures its relevance for diverse professional contexts.

Duration and intended use
The 15-minute presentation guides audiences through the multimedia artwork, followed by an invitation for participants to source an image to reflect on their personal professional journey using the REF's components. The subsequent discussion period invites audience members to share insights and explore collective interpretations of the framework's application. This artistic approach demonstrates how digital creativity can enhance professional reflection and development in health promotion practice, supporting graduates and practitioners to better understand their roles in creating sustainable, equitable health futures.

Mana Whānau: Empowering families through Indigenous knowledge and belonging

Presenters / Speakers / Co-Authors
Angelique Reweti, Massey University, New Zealand

Health promoting objectives
This short video aims to highlight the transformative power of reconnecting whānau (extended family) with their ancestral marae and cultural heritage as a pathway to improved health and well-being. By centering Indigenous epistemologies, cultural values, and lived experiences, the video underscores the importance of actively engaging participants throughout research and health promotion initiatives. Its objectives include fostering empowerment, securing cultural identity, supporting whānau self-determination, and encouraging other families and communities to explore similar approaches to enhance collective well-being.

Description of the artwork

The video is co-created by whānau members who document their journey of re-establishing ties to their marae and whenua (land). Through storytelling, visual imagery, and personal reflections, the short video illustrates how cultural reconnection nurtures belonging, identity, and emotional resilience. Drawing from mātauranga (Māori knowledge) and tikanga (Māori protocols), the video shares the challenges, insights, and aspirations that guided the development of a whānau-led initiative. Viewers witness how these cultural dimensions shape health promotion practices that are authentic, inclusive, and grounded in local values.

Intended audience
This video is intended for a broad international and local audience, including health promotion practitioners, policymakers, educators, community leaders, researchers, and whānau seeking innovative, culturally anchored strategies to improve health outcomes. By highlighting the whānau's lived experiences, the video provides inspiration and guidance for others committed to developing equitable, culturally responsive health environments.

Duration and intended use
Running approximately 12 minutes, the video can be shared at community gatherings, workshops, and educational events. It serves as a valuable teaching and advocacy tool, encouraging dialogue on culturally centered health promotion, ethical research engagement, and the integration of Indigenous knowledge systems into policies and practice.

Keywords
Indigenous knowledge; Health promotion, Cultural identity

Designing your emotions: an arts-based approach for sustaining social and mental wellbeing in a museum setting in Bucarest, Romania

Presenters / Speakers / Co-Authors
Ana Gherghel, IUHPE, Canada
Corina Sarbu, Genesis College, Romania
Pr. Valentina Marinescu, Universitatea Bucuresti, Romania
Pr. Silvia Branea, University of Bucarest, Romania
Anastasia Gherghel, Asociatia Archon, Romania

Health promoting objectives
In the current context of polycrisis, mental health is considerably negatively affected (UNICEF 2022). Anxiety and psychosocial disturbance are among the rising difficulties noted for all age groups. This phenomenon can have a long-term impact on learning and adaptive capacities of youth, as well as a social impact due to increasing social discrepancies. Arts-based approaches have demonstrated positive impact on mental and physical health promotion, as well as in overall wellbeing (Fancourt & Finn 2019).
The presented artwork was developed during the interdisciplinary and innovative project "Being the Artist of your own life: continuous transformation and creation", coordinated by Ana Gherghel with an interdisciplinary team, in June 2024. The project was held in partnership with the Museum of Bucharest, Romania, and included various other activities (an art exhibition, a conference).
The health-promoting objectives are to experiment with arts-based approaches that enhance social and mental wellbeing through agency, creative abilities and self-awareness, and to facilitate the access to cultural resources through participative activities.

Description of the artwork
The artwork presented is a 3-minutes video installation including images from two arts-based, experiential workshops, organized by Corina Sarbu. The workshops focused on exploring emotions from the perspective of mental health and well-being, emphasizing the role of art in self-discovery by creating self- portraits and collages mapping emotions on paper using drawings, plants, flowers and colors. Participants had an opportunity to reflect on their own identities and express them through art, creating meaningful works, while fostering empathy and a sense of connection with others.
A narrative description of the activity and of the project's context is included in the video.
The presenter will discuss the highlights of the approach in a 10-minutes presentation, including the partnership with a cultural institution to create a secure space enabling exploration and agency.

Intended audience
The main audience for this activity is youth aged 15+ years accompanied by their parents or caregivers, and youth aged 18-24 years, as well as adults of all ages.

Reimagining health literacy with the Little Aussie Bugs

Presenters / Speakers / Co-Authors
Dr. Ruth Wallace, Edith Cowan University, Australia
Dr. Amelia Ruscoe, Edith Cowan University, Australia
Leesa Costello, Edith Cowan University, Australia
Pr. Amanda Devine, Edith Cowan University, Australia

Health promoting objectives
In 2024, 1.4 million children attended Australian Early Childhood Education & Care (ECEC) services. This sector provides an important setting to promote and support children's early growth and development, including developing health literacy skills. Such skills empower the ability to maintain good health and can reduce inequities. Although health literacy has been widely assessed in adults, the World Health Organization has called for a fresh focus on developing health literacy skills in the early years.

Description of the artwork
The Little Aussie Bugs dialogic storybooks were developed by a cross-disciplinary team of nutritionists, early years educators, health promotion and literacy experts, to support early years educators to grow young children's health literacy skills through dialogic book talk and co-creating shared knowledge. Using shared vocabulary and repeating the simple phrases in the four books creates time for educators and children to think about healthy habits through playful routines and rituals. Inclusive characters, based on well-known Australian animals, were designed to appeal specifically to young children. Supporting actors – the 'bugs', either support good health, or present a risk to health, also play key roles in the books – highlighting fun activities to engage children in learning about health beyond story time.

Intended audience
Using the Little Aussie Bugs books to develop health literacy skills with very young children has many benefits: For children, by supporting optimal growth and development whilst also nurturing language and literacy skills; and for educators by strengthening their own health literacy skills to support good health, extending to their families and wider community. Educators and chidren alike

found the books and characters engaging, with children quickly understanding and repeating the health messages such as “try it, you’ll like it” (trying new foods).

Duration and intended use
This interactive workshop includes activities to identify current examples of health literacy occuring at ECEC, and opportunities to brainstorm fresh ideas with participants beyond the Australian sector. We will showcase the Little Aussie Bugs books, walk participants through the storylines and accompanying learning activities whilst demonstrating the dialogic nature of the books. So, we encourage you to attend our workshop to learn about health literacy, because - if you “try it, you’ll like it”.

Health and Wellbeing in all policies (1) / Innovations

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:

Marco Akerman, Brazil

Health literacy is a human right concern

Presenters / Speakers / Co-Authors

Kristine Sørensen, Global Health Literacy Academy, Denmark

Setting/problem
Health literacy refers to an individual's ability to access, understand, appraise, and use health information and services to make informed decisions about their health. It encompasses a range of skills, such as reading, listening, critical thinking, and navigating healthcare systems, which are essential for maintaining good health and well-being. Health literacy is considered a human rights concern because it directly impacts an individual's ability to access, understand, appraise, and use health information, which is essential to exercising the right to health. This connection is recognized by international frameworks, including the Universal Declaration of Human Rights (Article 25) and the International Covenant on Economic, Social and Cultural Rights (Article 12), which affirm the right to the highest attainable standard of health.

Intervention
A new health literacy mapping from 2024 commissioned by the Council of Europe underscores the critical intersection between health literacy and human rights, emphasizing that inadequate health literacy can impede individuals' ability to exercise their fundamental rights, particularly the right to health.

Outcomes
The policy analysis identified significant gaps affecting 17 marginalized and vulnerable populations, including women and girls, children, refugees, internally displaced persons, stateless people, national minorities, indigenous peoples, migrant workers, disabled persons, elderly persons, HIV/AIDS victims, Roma/Gypsies/Sinti/Travellers, LGBTQ+ individuals, people with low education levels, economically disadvantaged individuals, the homeless, addicts, the unemployed, and those with high morbidity or multiple chronic diseases. It highlighted that low health literacy exacerbates health disparities and hinders equitable access to healthcare services.

Implications
The policy advice derived from the mapping implies and advocates for a human rights-based approach to health literacy, recommending the development of inclusive policies and interventions that empower all individuals to make informed health decisions. By addressing these challenges, health literacy is recognized as a policy priority and upheld as a fundamental human rights concern to promote social justice

Contractor Well-Bing, Revealing new insights with advanced technology

Presenters / Speakers / Co-Authors
Fatima Turki, Saudi Aramco, Saudia Arabia
Ali Abu Qurain, Saudi Aramco, Saudia Arabia

Setting/problem
Aramco's extensive operations involve significant interdependencies with a large network of external contractors. The wellbeing of the contractor workforce is a key component in the delivery of the Company's objectives and alignment with the Kingdom of Saudi Arabia's Vision 2030.

Intervention
The main driver behind the Saudi Aramco Contractor Well-being program is to improve the Physical, Mental & Social wellbeing of the contractor workforce. This is achieved by availing a range of well-being services, requirements and initiatives. The program has been developed in line with the WHO guidelines, United Nations sustainability goals and is aligned with the Kingdom of Saudi Arabia's Vision 2030, specifically the "Vibrant Society" pillar, to promote health and well-being. The program includes a range of offerings including 24/7 mental well-being counselling services, awareness sessions, individual well-being assessments and training.

The program is supplemented by the Contractor Passport digital solution which serves as a one-stop shop to monitor key parameters such as salary payment, visa validity and the condition of accommodation.

Outcomes
The outcomes of this initiative include improved risk management, leading to reduced exposure to unforeseen risks through the enhanced health and well-being of the contractor workforce, leading to increased efficiency and productivity.

Implications
This initiative has set a new industry benchmark for contractor wellbeing management, while leveraging the use of technology to improve the wellbeing of the contractor workforce, demonstrating Aramco's commitment to technological advancement and a sustainable work environment.

Exploring potential for physical activity promotion through professional volunteering in Australian physiotherapists: a national survey

Presenters / Speakers / Co-Authors

Ima Strkljevic, The University of Sydney, Australia

Background/Objectives

Volunteering positively affects physical and mental health of both volunteers and recipients through social interaction, support and physical activity. Physiotherapists' volunteering has enormous potential to improve health outcomes in communities as they are perfectly placed as health professionals to design activity programs and promote physical activity and health in community. We aimed to explore evidence of current volunteering among Australian physiotherapists and investigate potential for future recruitment in promotion of physical activity programs.

Methods

We surveyed physiotherapists across Australia (n = 520) who are members of Australian Physiotherapy Association.

Results

The most common respondent characteristics were Australian born (95%), female (54%), aged 25–34 years (46%), married (74%) working full time (78%) as a clinician (49%) in public sector (37%). Half (50%) reported current volunteering with 96% of those who don't volunteer reporting interest in future volunteering. Almost all physiotherapists (94%) considered volunteering as a physiotherapist in the future with face-to-face mode being a preferred mode of delivery (60%). The main enablers are suitable activity or field of interest (27%) and availability/spare time (21%).

Discussion

Half of the surveyed physiotherapists already volunteer professional skills to their communities, and they, as other health professionals, are largely motivated by altruism and helping others. These characteristics make them suitable recruits for volunteering in health. Physiotherapists' dominant volunteering interests are in sport, promotion of physical activity, working with the disabled and ageing population, and community events. Their attitudes towards volunteering are community-oriented and express their responsibility to make a difference through professional volunteering. Professional volunteering of allied health professionals, specifically physiotherapists, is occurring in various settings however it is not well documented in scientific literature. More scientific evidence is needed to support volunteering as an innovative model of promoting physical activity, community health and healthy ageing.

Keywords

Skilled volunteers, professional volunteers, volunteering, health professionals, health promotion, physiotherapist

Policies, Innovations and Healthcare Systems

Parallel Session

15 May 2025, 10:10 – 11:25

Moderator:

Shatha AlSharbatti, UAE

Health Equity in India for Socially disadvantaged groups: Role of Healthcare Innovation and Government Initiatives.

Presenters / Speakers / Co-Authors

Ritika Kapoor, IFFCO Tokio General Insurance, India

Dr. H.S. Misra, Iffco Tokio General Insurance, India

Setting

The increasing out-of-pocket expenditure on rising healthcare costs has significantly impacted the people of marginalised incomes. This led to launch a completely Government of India funded scheme, consisting of two components, creating Health and Wellness Centres and a health insurance scheme of 5 lakhs insurance cover to provide financial aid to the people who cannot afford the expensive healthcare procedures/operations otherwise. This scheme has been created to benefit the socially disadvantaged groups. The scheme is being administered through Health Insurance companies across India to provide healthcare to the people.

Intervention

The study employs systematic meta review analysis on existing literature for health disparities, innovation, policy intervention, health literacy organizations and community participation for promoting health equity. The data extraction and analysis has been with a focus on thematic scheme, key findings and other factors from various research studies with a focus on socially disadvantaged groups.

Outcomes

The key findings reveal that over 500 million people have been enrolled under the scheme till date and the graph is significantly increasing each day. Around 40 million people have already taken the insurance benefits. The data reveals that, significant improvement has been found in healthcare utilisations and reduction in out-of-pocket expenditure on healthcare for the beneficiaries and also how policy intervention, innovation, role of health literacy organisations and community participation has significantly impacted in promoting the scheme across India.

Implications

This scheme is one of the largest healthcare promotion schemes across the globe. This program is a remarkable innovation for curbing health expenditure, but it does require strict monitoring and evaluation for effective implementation and helping more families in getting the healthcare services. Moving forward, collaborative efforts between government, non-profit organisations, and communities will be essential to sustain progress and achieve equitable healthcare outcomes across the country. This scheme can become a model for providing healthcare in countries with similar socio-economic status.

Bridging Evidence and Community Voice: Applying Causal Process Tracing Theories of Change for Sustainable Policy, Systems, and Environment Strategies in Public Health

Presenters / Speakers / Co-Authors

Cherylee Sherry, Minnesota Department of Health, Office of Statewide Health Improvement Initiatives, USA

Emily Becher, Minnesota Department of Health, Office of Statewide Health Improvement Initiatives, USA

Background

Aligning implementation science, community-based participatory approaches, and evidence-based policymaking often presents challenges due to their differing priorities, particularly the emphasis on experimental design. Recent advancements in the Philosophy of Science offer tools for evaluating and implementing community health initiatives while reconciling evidence-based criteria with community priorities. Minnesota's Office of Statewide Health Improvement Initiatives (OSHII) navigates this balance through Policy, Systems, and Environmental (PSE) change strategies, addressing potential misalignments between evidence and local contexts.

Methods

To address these challenges, Causal Process Tracing Theories of Change, informed by Nancy Cartwright's Philosophy of Science, were adopted as a mechanism to translate evidence-based interventions into Middle-Range Theories. This framework helps public health practitioners evaluate whether evidence-based activities suit local contexts, integrating community input with robust scientific evidence. The approach promotes context-sensitive analysis rather than rigid adherence to evidence ratings or outright dismissal of evidence-based frameworks.

Results

Minnesota's Statewide Health Improvement Partnership (SHIP) utilized this framework to inform PSE strategies in workplace and healthcare settings. In workplaces, SHIP introduced tools such as the **Employer Wellness Assessment (SEWA)** and a fidelity framework requiring workplaces to implement two of three PSE changes (policy, system, or environment) for areas such as healthy eating, breastfeeding support, and mental well-being. For healthcare, SHIP established tools such as the **Organizational Health Literacy Assessment** and a maturity matrix to evaluate strategies like breastfeeding-friendly clinics and patient self-management programs. These tools enabled systematic tracking of implementation fidelity, sustainability, and impact.

Discussion

By integrating Causal Process Tracing Theories of Change into SHIP's PSE strategies, Minnesota has developed a model that aligns community voices with evidence-based practices. Tools like SEWA and health literacy frameworks enable robust monitoring and evaluation, ensuring that interventions achieve sustained impacts. This approach bridges theoretical ideals with practical implementation, promoting equitable, evidence-informed decisions that foster long-term public health improvements.

Building "Glocal" Networks for Health Promotion: Lessons from the Gulf Center for Disease Prevention and Control

Presenters / Speakers / Co-Authors

Nada Alnaji, Gulf Center for Disease Prevention and Control, Saudi Arabia

Setting/problem
Non-Communicable Diseases (NCDs) are among the leading health challenges both globally and locally. The Gulf Cooperation Council (GCC) countries face an increasing burden of NCDs, driven by shared risk factors such as unhealthy diets, tobacco use, and physical inactivity. Despite differences in policy implementation across the region, the need for coordinated and collaborative action to address these health priorities is widely recognized.

Intervention
The Gulf Center for Disease Control and Prevention (Gulf CDC) established Permanent Communication Networks to connect local health promotion decision-makers across the GCC with a robust global network of experts. This initiative aimed to strengthen existing efforts, promote best practices, and foster cross-border learning.

The Gulf CDC also leveraged the multi-sectoral reach of the Gulf Cooperation Council to engage policymakers beyond the health sector, ensuring a wider impact. Key activities included:

1. Organizing collaborative workshops with international and regional experts to advance health policies.
2. Coordinating capacity-building trainings for officials health and stakeholders.
3. Developing and advocating for policy briefs on key issues such as tobacco control and unhealthy diets in children.
4. Establishing a Regional Health Policy Observatory to monitor progress and disseminate outcomes of health policy implementation.

Outcomes
- Strengthened regional and local capacity for implementing evidence-based policies.
- Enhanced alignment of local policies with global health priorities, including the WHO Global NCD Action Plan.
- Formation of a sustainable network of experts and policymakers to facilitate knowledge exchange and promote best practices.

Implications
This initiative highlights the power of glocal networks in health promotion, demonstrating how global strategies can be adapted to meet local needs. The GCC's collaborative model showcases the potential of regional partnerships to bridge global frameworks and local priorities, fostering meaningful health outcomes and shared learning across borders.

Policy Recommendations for Reducing the Climate Footprint of UAE's Healthcare System

Presenters / Speakers / Co-Authors
Fatima Ali Mazahir, Al Jalila Children's Specialty Hospital, UAE

Setting/problem
The healthcare sector accounts for 4.4% of global greenhouse gas emissions, driven by supply chain operations, energy consumption, and medical waste. In the UAE, the rapid expansion of healthcare services, coupled with the national commitment to achieving Net-Zero emissions by 2050, underscores the urgent need for sustainable practices in healthcare systems. Current practices in

the UAE's healthcare infrastructure are resource-intensive and contribute to environmental degradation, paradoxically harming public health while striving to improve it.

Intervention
This policy brief outlines evidence-based recommendations to integrate green healthcare practices into the UAE's healthcare sector. Proposed interventions include:

1. Policy Integration: Incorporating green healthcare into the UAE's Nationally Determined Contributions (NDCs) under the Net-Zero agenda.
2. Sustainable Infrastructure: Transitioning to renewable energy, sustainable supply chains, and zero-waste practices in healthcare facilities.
3. Plastic Waste Reduction: Implementing a 5-R framework (Reduce, Reuse, Recycle, Redesign, Restructure) to minimize single-use plastics, especially personal protective equipment (PPE).
4. Data-Driven Monitoring: Developing frameworks to measure the health, environmental, and economic impacts of sustainable healthcare policies.
5. Education and Capacity Building: Training healthcare professionals to adopt ecologically conscious practices.

Outcomes
Evidence from global case studies demonstrates the potential for these interventions to reduce greenhouse gas emissions, improve patient and staff well-being, and lower operational costs. Renewable energy adoption and sustainable facility designs have led to reductions in CO2 emissions and improved indoor air quality, enhancing patient recovery times and staff efficiency. Reduction of medical waste through circular economy models has shown quantifiable environmental and public health benefits.

Implications
Implementing these recommendations positions the UAE as a leader in sustainable healthcare in the MENA region, aligning with global climate goals and promoting health equity. The integration of green practices can serve as a model for other nations, demonstrating how health systems can simultaneously address climate change and improve health outcomes. Policymakers, healthcare leaders, and practitioners are urged to adopt these strategies to create a resilient, sustainable healthcare future.

Planetary Health: Water, Climate and Systems Changes (2)

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator:
Shrinat Reddy, India

Assessment of primary healthcare services for mitigating extreme weather events in India: A mixed-methods study

Presenters / Speakers / Co-Authors
Dr. Sabhya Pritwani, The George Institute for Global Health. India

Background/Objectives
Climate change is the public health problem with serious health impacts through direct and indirect pathways. Impact of climate change in the form of extreme weather events, exacerbate existing health disparities, particularly in low- and middle-income countries (LMICs) where adaptive capacity is limited. Implementation of appropriate & contextualized adaptive strategies at the backbone of the health system which is “primary health care” may mitigate the effects of climate change. Hence, the objective of this study was to assess the availability, readiness and capacity of the primary healthcare to prevent and manage extreme weather events, disasters, and related illnesses.

Methods
We conducted a descriptive cross-sectional study at selected primary health care facilities in Srikakulam district of Andhra Pradesh state and Surguja district of Chhattisgarh state in India. We administered modified WHO Service Availability and Readiness Assessment (WHO-SARA) questionnaire (n=22 facilities), WHO checklists to assess vulnerabilities in health care facilities in the context of climate change (n=16) and conducted qualitative interviews (n=76) at micro-, meso-, & macro-level of health systems. Qualitative data is being analyzed using thematic analysis with an inductive-deductive approach and is triangulated with quantitative data for interpretation.

Results
Heat is the most common extreme weather event reported in both the states followed by cyclone & floods in Srikakulam district. Community health workers have basic understanding of first aid & referral pathway for heat stroke however, limited knowledge on disaster management practices & potential health impacts of other EWEs. Sub-centre & Primary health care (PHC) staff receive annual training before the summer season. No dedicated reporting mechanism (digital or non-digital) for climate related illnesses in PHCs. No dedicated early warning system instead facilities receive circulars via WhatsApp or alerts from Indian Meteorological department.

Discussion
There is a need to build the capacities of healthcare staff, community health workers, and policy level officials to manage extreme weather events. Early warning systems and a facility preparedness checklist can be useful for handling emergencies arising from extreme weather events.

Keywords
Extreme weather events, Climate change, Primary healthcare, Digital health

The Impact of Ambient Air Pollution on Mental Health in Children and Young Adults

Presenters / Speakers / Co-Authors
Fatima Ali Mazahir, Al Jalila Children's Specialty Hospital, UAE

Background/Objectives
Environmental factors, including air pollution, significantly influence brain development during critical neuroplastic phases. This systematic review examines the associations between ambient air pollutants and mental health outcomes in children and young adults.

Methods
Following PRISMA guidelines, we searched Scopus, EMBASE, Global Health, and PsycINFO databases

for articles published from 2013 onwards. The Effective Public Health Practice Project (EPHPP) tool was used for quality assessment, and Best Evidence Synthesis (BES) evaluated the findings.

Results
Of 787 identified articles, 62 met inclusion criteria. The review found 36 associations between ambient air pollutants and adverse mental health outcomes across seven life-course exposure periods. Strong evidence linked early-life particulate matter (PM2.5) and Nitrogen dioxide (NO2) exposures to Autism Spectrum Disorder (ASD) and childhood exposures to Attention Deficit Hyperactivity Disorder (ADHD). Significant, though inconsistent, associations were found between air pollutants and cognitive impairments, anxiety, depression, self-harm, and other behavioural problems

Discussion
This review provides compelling evidence linking early-life and childhood exposure to PM2.5 and NO2 with ASD and ADHD, however heterogeneity of exposures and outcomes and lack of experimental studies limits our ability to assess causality. Understanding the impact of air pollution on children's mental health is crucial for developing targeted interventions and policies to protect vulnerable populations during critical developmental periods. Furthermore, these findings underscore the need for public health policy changes and further research to comprehensively explore these associations.

Keywords
Climate change, ambient air pollution, mental health, pediatrics

Innovative Approach to Decontaminate Wastewater from Pharmaceuticals Using Eco-Engineered Adsorbent Materials: A Pathway to Sustain and Promote Public Health

Presenters / Speakers / Co-Authors
Dr. Fatme Al Anouti, Zayed University, UAE
Dr. Maisa El Gamal, Zayed University, UAE
Dr. Ameera Mohammad, UAE University, UAE
Mariam Al Breiki, Zayed University, UAE

Objectives
Pharmaceutical contaminants in wastewater are a pressing environmental and public health issue. These pollutants disrupt aquatic ecosystems, threaten biodiversity, and contribute to the emergence of antimicrobial resistance. Conventional wastewater treatment methods are insufficient for complete removal, emphasizing the need for innovative, sustainable, and cost-effective technologies. This research focuses on developing eco-engineered adsorbent materials from agricultural residues and industrial by-products to remove pharmaceutical pollutants efficiently.

Methods
Eco-engineered adsorbent materials were synthesized using agricultural residues, specifically date palm leaves, and solutions derived from steel-making by-products such as Electric Arc Furnace (EAF) slag, Bag House (BH) dust, Ladle Furnace (LF) slag, Cyclone Silo dust, and slurry. These materials were activated to enhance their surface area and adsorption capacity. Advanced characterization techniques, including Scanning Electron Microscopy (SEM), Fourier Transform Infrared Spectroscopy (FTIR), and X-ray Diffraction (XRD), were utilized to analyze surface morphology and functional

groups. Adsorption efficiency was assessed spectrophotometrically using Methylene Blue (MB) as a pharmaceutical contaminant model.

Results
The study revealed significant improvements in the adsorption performance of the activated materials. Adsorbents treated with steel-making waste slurry achieved the highest efficiency, reducing MB concentration by 63.8%. Materials activated with EAF slag and BH dust demonstrated efficiencies of 58.2% and 55.4%, respectively, while those activated with LF and Cyclone Silo waste achieved reductions of 49.7% and 53.5%, respectively.

Discussion
This study demonstrates the potential of eco-engineered adsorbent materials derived from agricultural and industrial by-products as effective solutions for removing pharmaceutical pollutants from wastewater. The findings underscore the role of sustainable practices in addressing environmental challenges while promoting public health protection. The approach supports global health promotion initiatives and aligns with circular economy principles by transforming waste into valuable resources.

Keywords
Eco-engineered adsorbent materials, pharmaceutical removal, wastewater treatment, agricultural residues, industrial by-products, sustainable solutions, circular economy, environmental remediation, public health protection, and adsorption efficiency.

Determinants of access to improved drinking water sources and possession of improved toilet facilities among Ugandan households

Presenters / Speakers / Co-Authors
Nakibuule Betty, Makerere University, Uganda

Objectives
Lack of access to safe water sources and improved toilet facilities in Uganda highlights the persistent challenges in the provision of water and sanitation which require holistic understanding to make significant strides toward achieving sustainable goal 6 which focuses on clean water and sanitation. This study aims to provide an overview of household access to improved drinking water sources and toilet facilities based on nationally representative data.

Methods
Data from the 2018–2019 Uganda's Malaria Indicator Survey was used and the study focused on 8,935 households. Socio-economic factors associated with water and toilet facilities were included. Chi-square tests to assess the bivariate associations, and multivariable logistic regression modelling to assess the magnitude of the associations after controlling for other covariates. All analyses considered the survey sampling design and weights, and were conducted with Stata version 18.

Results
Households located in Karamoja walk for longer hours in search for improved water sources. Districts of Karamoja, Teso, Lango, Napak had the lowest coverage of improved toilet facilities. The odds of accessing improved drinking water sources were lower among households located in Lango, Acholi and West Nile. The odds of having improved toilets were lower among male headed HH, HH above 40 years, and HH with over 4 members.

Discussion
Chi-square results indicate that education level of the household head, region and place of residence, household wealth status were some of the significant factors associated with HH access to improved drinking water sources while education level of the household head, region of residence, household wealth status and place of residence were significantly associated with HH access to improved toilet facilities.
Multi-variable logistic regression revealed that cluster altitude, region of residence, HH wealth, place of residence was significant for HH access to improved water sources while age of the HH head, education level, region of residence, HH size, sex of the HH head, HH wealth status and place of residence were significant for the toilet facilities after controlling for other factors.

Keywords
Access, water, toilet, improved, household.

Digital Health Transformation (AI, Big Data, Digital Equity, Tools and Stewardship)

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator:
Louise Nadine Signal, New Zealand

Development and pilot of YBMenNT, a social media-based, mental health and wellbeing promotion program for young Aboriginal and Torres Strait Islander males in the Northern Territory, Australia

Presenters / Speakers / Co-Authors

James Smith, Flinders University, Australia

Objectives
Indigenous people worldwide consistently experience health and social inequities due to colonisation, racism, and trauma. In Australia, though young Aboriginal and Torres Strait Islander males experience inequitably high rates of mental ill-health, few health promotion efforts have focused on this population's needs. Our project involved culturally adapting the US-based Young Black Men, Masculinities, and Mental Health (YBMen) project to suit young Aboriginal and Torres Strait Islander males in the Northern Territory, Australia. YBMen is a social media-based program designed to promote mental health, expand and strengthen gender and cultural identities, and enhance social support in college-aged Black men. This presentation will (1) describe the process of culturally adapting YBMen for young Aboriginal and Torres Strait Islander males, and (2) present results from pilot implementation of the adapted program.

Methods
The cultural adaptation process was led by senior and young Aboriginal and/or Torres Strait Islander male team members. They worked to identify culturally appropriate models to underpin the adapted program; and gathered information from a variety of key sources, including young Aboriginal and Torres Strait Islander males in the NT, to inform the format and content of the adapted program. A pilot study is

investigating the acceptability, feasibility, and preliminary effectiveness of the initial adapted program for 16-25 year old Aboriginal and Torres Strait Islander males in the Darwin region of the Northern Territory.

Results

The US program's emphases on mental health, masculinities, and social connectedness were retained in the adapted program. Adaptations made included incorporating: an overarching Aboriginal and Torres Strait Islander social and emotional wellbeing framework and strengths-based approach; modules on Indigenous masculinities and respectful relationships; and Indigenous designs, colours, and images/videos of Aboriginal and Torres Strait Islander male sportspeople, musicians, activists, and local role models in program content. A 'hybrid' delivery mode combining the private social media group with new weekly in-person sessions was developed.

Discussion

The adaptation process resulted in a new strengths-based, culturally responsive, mental health, masculinities, and social support health promotion program designed to suit the needs, preferences, and circumstances of young Aboriginal and Torres Strait Islander males.

Keywords

First Nations, First Peoples, Aboriginal, Torres Strait Islander, males, young, mental health, social and emotional wellbeing, gender tailored program, social media, online

Bridging gaps in maternal healthcare: The impact of AI-enabled handheld baby ultrasounds

Presenters / Speakers / Co-Authors

Nelly Mandona, University of North Carolina Global Projects Zambia (UNC GPZ), Zambia

Manze Chinyama, University of North Carolina Global Projects Zambia (UNC GPZ), Zambia

Dr. Magaret Kasaro, University of North Carolina Global Projects Zambia (UNC GPZ), Zambia

Dr. Erika Gazzetta, University of North Carolina Global Projects Zambia (UNC GPZ), Zambia

Objective

Introduce artificial intelligence (AI)-enabled obstetric ultrasounds (US) and their operationalization in three Zambian districts, and provide participants with hands-on experience with the AI-enabled handheld ultrasound

Introduction

This workshop focuses on the work that the University of North Carolina and Global Projects Zambia is doing using AI-enabled US in improving maternal healthcare service delivery, particularly in low-resource settings. In Sub-Saharan Africa, access to obstetric ultrasounds is extremely low, with only 6 in every 100 women accessing US during pregnancies . Two reasons for this low proportion is the cost of US and scarcity of trained sonographers. AI-enabled portable US are a promising approach to service provision as they reduce equipment and training costs, provider and patient time burden, and offer a scalable solution for task shifting in resource-limited settings.

Through interactive discussions and hands-on demonstrations, participants will explore how AI-enabled US

can be integrated into routine antenatal care. The session draws on insights from a collaborative pilot program implemented in Zambia, where the Ministry of Health and project team are evaluating the acceptability, feasibility, and fidelity of scaling up this innovation.

Digital Health Literacy of German schoolchildren and its associations with health status and health behavior: Findings from a representative study

Presenters / Speakers / Co-Authors

Lisa Stauch, Technical University of Munich, Germany
Denise Renninger, Technical University of Munich, Germany
Lisa Fischer, University of Applied Sciences, Fulda, Germany
Anja Hartmann, University of Applied Sciences, Fulda, Germany
Pia Rangnow, University of Applied Sciences Bochum, Department of Health Sciences, Germany
Pr. Kevin Dadaczynski, Fulda University of Applied Sciences, Germany
Pr. Orkan Okan, Technical University of Munich, Germany

Objectives

The accessibility of health information has grown significantly in the last decade due to digitization. Health information is a key component of health-related decision-making and developing healthy behavior. Digital health literacy is critical for schoolchildren to evaluate the credibility of health information and protect against the potential impact of misinformation. However, research on schoolchildren´s digital health literacy connected with health behavior is limited. This study explores the relationship between digital health literacy and selected health behaviour of schoolchildren in Germany.

Methods

This cross-sectional representative study surveyed a sample of N=1448 secondary schoolchildren (aged 9-18 years) across all 16 federal states in Germany from October to November 2022. Digital health literacy was measured using an adapted version of the Digital Health Literacy Instrument (DHLI). To explore differences between digital health literacy levels and health behaviors (eating, teeth brushing, smoking, and alcohol consumption), Chi-Square tests were applied.

Results.

Significant associations were identified between digital health literacy and various eating behaviors, including consumption of whole-grain products, vegetables and salads, fruits, animal-based products (excluding meat and sausages), chocolate or sweets, sugary drinks, and fast food. Schoolchildren with higher digital health literacy levels reported a more frequent consumption of fruits ($X^2(2) = 17.06$, $p < .001$), vegetables and salads ($X^2(2) = 56.54$, $p < .001$), and whole-grain products ($X^2(2) = 98.81$, $p < .001$). Additionally, higher DHL was linked to regular teeth brushing ($X^2(2) = 44.46$, $p < .001$). However, no significant associations were found between DHL and smoking ($X^2(2) = 1.93$, $p = .381$) or alcohol consumption in the past 30 days ($X^2(2) = 2.62$, $p = .270$).

Discussion

The findings suggest that enhancing digital health literacy has the potential to positively influence a broad range of health behaviors among students. Schools are a key setting for addressing student´s digital health literacy. However, further research is necessary to comprehensively explore and clarify the associations between digital health literacy and health behaviors.

Keywords
Digital health literacy, health behavior, schoolchildren

Effectiveness of Mobile App-based Interventions to Improve Physical Activity in Older Adults: A meta-analysis

Presenters / Speakers / Co-Authors
Jiyoung Lee, Ewha Woman's University, South Korea
Pr. Hyekyeong Kim, Ewha Womans University. South Korea
Jiye Kim, Ewha Womans University. South Korea
Mijeong Kwon, Ewha Womans University, South Korea
Jisoo Chae, Ewha Womans University, South Korea
Subin Kim, Ewha Womans University, South Korea

Objectives
As our society is rapidly approaching a 'super-aged' demographic, the burden of medical expenses is increasing. The accessibility of mobile devices for the elderly has significantly enhanced and the effectiveness of mHealth interventions for this population has been validated. Consequently, highlighting the importance of the need for mHealth interventions tailored to the elderly. This study aimed to provide the most recent evidence of the effect of mHealth interventions to improve physical activity for seniors by conducting a meta-analysis.

Methods
Cochrane CENTRAL, Medline/PubMed, EMbase, KoreaMed, KMbase, and ScienceON were searched in January 2025. We independently screened the studies based on the following criteria: 1) Randomized controlled trials or quasi-experimental studies evaluating mobile app-based intervention to increase physical activity in individuals aged 65 and older, 2) Full-text original articles published in English or Korean from 2012 to 2024. We compared the standardized mean differences in pre-post changes between intervention and control groups using R 4.2.2.

Results
Twenty-seven eligible studies were identified from 8,308 records. Physical activity(PA) was significantly increased(SMD=0.18; 95%CI=0.01 to 0.34; p<.05; =11.67) and body mass index(BMI) was significantly decreased(SMD=-0.35; 95%CI=-0.60 to -0.10; p<.01; =56.76). For causes of heterogeneity on the effect size, a subgroup analysis of steps and 6-min walk distance(6MWD) was conducted. The subgroup analysis revealed that app-based interventions combining not less than 5 to less than 10 BCTs were more effective for Increasing steps and 6MWD. In particular, when self-monitoring was applied, the effect size was large. Interventions with a duration of more than 12 weeks were found to be more effective.

Discussion
This study evaluated the effects of app-based mHealth interventions on physical activity in the elderly. We highlight a need for applying appropriate BCTs and longer follow-ups.
The results contribute to the design of tailored mHealth interventions in older adults.

Keywords
Aged, mobile health, meta-analysis

Global Diplomacy and Emergency /Pandemic Preparedness in the Current Social and Natural Reality

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator

Haik Nikogosian, Switzerland

Vaccination Health Literacy of Healthcare Workers: Online Survey in Three Regions of the Russian Federation

Presenters / Speakers / Co-Authors

Maria Lopatina, National Medical Research Center for Therapy and Preventive Medicine, Russia

Objective

Vaccination health literacy (HL-VAC) has become especially relevant during the COVID-19 pandemic, where the ability to critically evaluate information and make decisions in the context of infodemic was an important skill. At the same time, HL-VAC of healthcare workers can affect vaccination coverage of the population. This survey aimed to study the level of HL-VAC of healthcare workers in three regions of the Russian Federation and its impact on their commitment to vaccination and intention to recommend vaccination to patients.

Methodologies

An anonymous online survey was conducted in July - September 2023. A total of 1,371 healthcare workers (400 doctors and 971 nurses) from 9 healthcare organizations of regional and district significance were randomly selected in 3 regions of the Russian Federation (Arkhangelsk, Sverdlovsk and Altai regions), participated in the survey. The coverage was 80% of the total number of employees of the selected healthcare organizations. The HLS19-VAC tool developed within the World Health Organization Action Network on Measuring Population and Organizational Health Literacy (M-POHL) was used. A HL-VAC score was obtained from the mean of responses to each scale (range: 1–4), with a higher value corresponding to a higher level of HL-VAC. Frequency analysis was carried out and associations of HL-VAC with commitment to vaccination and recommendation to patients.

Results

The study showed that healthcare workers in general had a high level of HL-VAC (93.0%), but those with a lower level of HL-VAC had more concerns about vaccine efficacy and side effects compared to those with a higher level of HL-VAC. In addition, healthcare workers with a higher level of HL-VAC were more likely to recommend vaccination to older people, patients with comorbidities, and pregnant women.

Conclusion

The results suggest that a high level of HL-VAC lowers healthcare workers' concerns about vaccination and increases intention to vaccinate and recommend vaccines to patients. To achieve high vaccination coverage, measures aimed at personalized education and increasing HL-VAC are needed.

Keywords

Vaccination health literacy, healthcare workers, vaccination adherence

I don’t really have space in my life to get sick.” Exploring how people experiencing homelessness view vaccination. A qualitative study.

Presenters / Speakers / Co-Authors
Paulina Szot, Medical University of Warsaw, Poland
Zuzanna Waszak, Medical University of Warsaw, Poland
Zuzanna Matuszewska, Medical University of Warsaw, Poland
Katarzyna Lewtak, Medical University of Warsaw, Poland

Objectives
The homelessness crisis represents a critical public health issue, highlighting significant social inequities. People experiencing homelessness (PEH) are at heightened risk for vaccine-preventable diseases. Despite being one of the most vulnerable populations, PEH face lower vaccination rates due to barriers related to accessibility and outreach. This study aimed to investigate the perspectives of PEH regarding vaccination, specifically examining whether they perceive vaccination as necessary and identifying the reasons behind their opinions.

Methods
This mixed-methods study was conducted among PEH residing in Warsaw, Poland. It was a cross-sectional survey that employed both quantitative data and interviews which were carried out with selected participants to determine their views on the necessity of vaccination and the reasoning behind their stance. Data were analyzed and categorized according to the most frequently cited reasons.

Results
A total of 90 participants were included in the study. Of these, 58 (64.4%) believed vaccination is necessary, citing trust in its efficacy (63.8%), its importance for individual (10.3%) and societal protection (10.3%), and fear of disease consequences (6.9%). Other reasons included distrust in the healthcare system and employment-related requirements (1.7% each). Conversely, 30 participants (33.3%) believed vaccination unnecessary, with the main reasons being high self-assessed health coupled with belief in sufficient disease protection (46.7%), scepticism about vaccine effectiveness (23.3%), and the view that vaccination is only needed in childhood (13.3%). Additional reasons included fear of side effects (6.7%), past negative experiences (6.7%), and healthcare system distrust (3.3%). Two participants (2.2%) were uncertain.

Discussion
Vaccination is a key preventive measure for vulnerable populations as it reduces the risk of severe illness and hospitalization costs. Most participants in this study recognized the importance of vaccination. However, 35.6% of participants did not consider vaccination necessary, with many attributing their stance to a high self-perceived health status and a lack of trust in the effectiveness and safety of vaccines. These attitudes are likely influenced by limited health literacy among PEH. Addressing health literacy gaps and building trust in the healthcare system could be crucial in improving vaccination uptake in this population.

Keywords
Homelessness, Vaccination

The need for life course immunization, integration, and changing to adaptive needs of the immunization program in India – theory to practice

Presenters / Speakers / Co-Authors

Ajeet Kumar Singh, Ministry of Health & Family Welfare, India

Introduction

The Expanded Program on Immunization (EPI), launched in 1974, represents a landmark in global public health, marking its 50th anniversary in 2024. Initially focused on childhood immunization, the program has evolved to include vaccinations for adolescents and adults against specific diseases. The COVID-19 pandemic underscored the vulnerability of older populations, emphasizing the need for a life course approach (LCA) to immunization. This approach integrates vaccination across all stages of life, adapting to changing epidemiology and age-related immunity decline. The available literature and publications provide context limited to global narratives and approaches primarily focusing on the VPD burden. However, this paper discusses other critical factors like – gender, zoonotic diseases, and climate change and their relationship, feasibility, significance, and impact on life course immunization This review examines the integration of life course immunization (LCI) into health systems globally, explores its progress in reducing vaccine-preventable disease (VPD) burdens, and evaluates its potential to address challenges such as zoonotic diseases and climate change. With a particular focus on low- and middle-income countries (LMICs) and India's context, the paper highlights the role of LCI in promoting healthy aging and its socio-economic benefits.

Methods

A comprehensive analysis was conducted using data from 2000 to 2019 to assess the relationship between Breadth of Protection (BOP)—a measure of immunization coverage across 12 key antigens—and Healthy Life Expectancy (HALE) at age 60. Fifty countries were selected based on HALE rankings, representing diverse healthcare systems. Regression analysis was employed to evaluate the correlation between BOP and HALE, isolating the impact of immunization coverage on healthy aging. India was analyzed separately to understand its unique challenges and opportunities. The study also reviewed WHO guidelines, national immunization policies, and global strategies to contextualize findings within a broader framework.

Results

Between 2000 and 2019, both HALE and BOP showed significant improvements across the studied countries. HALE exhibited a steady upward trend, indicating broader health gains and improved management of chronic conditions. Similarly, BOP demonstrated consistent growth, reflecting progress in immunization coverage. Regression analysis revealed a strong positive correlation, with every 1-unit increase in BOP associated with an approximate 0.18-year (66 days) increase in HALE. For India, projections suggest that a 10% annual increase in BOP could raise HALE from 13.6 years in 2019 to 21 years by 2030. However, gaps in vaccine coverage for adolescents, adults, and older populations persist, particularly for diseases such as typhoid, pneumococcal infections, and influenza.

Conclusion

The study highlights the transformative potential of life course immunization in reducing the VPD burden and enhancing healthy aging. Expanding vaccination coverage beyond childhood to include adolescents and adults is essential for addressing immunity gaps and mitigating the risks posed by emerging diseases and climate change. For India, integrating LCI into national immunization programs could significantly improve public health outcomes, reduce healthcare costs, and promote socio-economic resilience. By leveraging existing infrastructure, incorporating WHO-recommended vaccines, and adopting evidence-based policies, India can lead the way in implementing a robust life course immunization strategy.

Keywords
Life course, Vaccine, Disease, Public Health

Voices from the frontline: Australian health promotion practitioners' experiences of funding for preventative health

Presenters / Speakers / Co-Authors
Dr Elizabeth J. Cook, Edith Cowan University, Australia
Leesa Costello, Edith Cowan University, Australia

Objectives
Prevention is the cornerstone of health promotion, offering cost-effective strategies to combat both communicable and non-communicable diseases, while helping people maintain quality of life in healthier societies. Despite these clear benefits, Australia allocated a sliver (1.34%) of its health budget to prevention in 2023, compared to the OECD average of 2.34%. This decades-long pattern of underfunding creates a vicious cycle: practitioners struggle to achieve meaningful public health improvements that, in turn, weaken their advocacy efforts for increased investment. However, the impact of chronic sector underfunding on practitioners' own health is less well-known. This qualitative study explored Western Australian (WA) health promotion practitioners' experiences working in this context.

Methods
In-depth interviews were conducted with practitioners working in the WA preventative health sector in 2024. Codebook thematic analysis was employed, with themes validated through researcher cross-checking.

Results
Participants (n=19) worked for non-government agencies reliant on external funding. Resource constraints were identified as a dominant theme, with practitioners' highlighting challenges of short-term funding cycles, program discontinuation and inter-agency competition for resources. They noted a perceived bias among funders toward medical rather than preventative initiatives. Collectively, these experiences created stress through job insecurity, loss of experienced staff and barriers to delivering sustainable programs.

Discussion
While health promotion aims to protect and enhance community wellbeing, our findings reveal a concerning irony: the sector's funding instability threatens the mental health of its own workforce. The resulting job insecurity may push experienced practitioners toward more stable opportunities outside health promotion, creating a 'brain drain', potentially weakening the sector's capacity. Australian public health organisations advocate for increasing prevention funding to 5% of the health budget, an investment that would support long-term program development while retaining skilled practitioners. Such investment would position Australia as a leader in preventative health, strengthening sector capacity while fostering a stable, innovative workforce equipped to promote population health.

Keywords
Health promotion; preventative health; workforce sustainability; health system funding.

One Health and Planetary Health Promotion (Ecohealth, Human and Animal Health, Healthy Spirit)

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator

Priya Balasubramaniam. Singapore

Fostering One Health Awareness in Young Learners: An Outdoor Workshop Intervention

Presenters / Speakers / Co-Authors

Adil Mansouri , Ministry of Health and Social Protection, Morocco

Sarah Michaud, Fondation Sol Lucet Omnibus, Morocco

Objectives

Health promotion initiatives in Moroccan schools have traditionally centered on health education, hygiene, and nutrition to improve student wellbeing. While effective, these approaches often overlook the interconnectedness of human, animal, and environmental health, a concept essential to fostering sustainable wellbeing. To address this gap and promote a One Health mindset among young learners, three pilot workshops were organized in Marrakech, Morocco, in April 2024. This study aimed to assess participants' perceptions, satisfaction, and understanding of the One Health concept following these interactive sessions.

Methods

The workshops, titled “My One Health Day: A Quest for Wellbeing”, were conducted by public health professionals in a natural park setting, combining experiential outdoor learning with physical activity and reflective practices. Feedback was gathered through open discussions, analyzed using thematic analysis, and satisfaction levels were rated on a Likert scale from 0 to 10. Parental consent was obtained for all participants.

Results

Ninety students, ranging from kindergarten to fifth grade, participated. The activities included group discussions, guided breathing exercises, nature walks with animal and plant identification, and thematic explorations of health and the environment. Teachers facilitated the sessions, providing additional support for younger students to ensure accessibility. Students expressed overwhelming satisfaction with the workshops, rating their experience a perfect 10/10. The three most appreciated aspects were: 1) outdoor activities, 2) social interaction and peer collaboration, and 3) the enjoyment and fun of the experience. Analysis of feedback revealed five thematic areas through which students conceptualized the One Health approach: 1) emotions, 2) animals, 3) health, 4) environment, and 5) plants. Activities such as observing plants and animals in their natural habitats, engaging in breathing exercises, and participating in group discussions facilitated an understanding of the interconnectedness of living systems and wellbeing.

Discussion

These results highlight the effectiveness of interactive outdoor learning in promoting health awareness and cultivating a One Health mindset. The workshops not only reinforced health-

promoting school practices but also emphasized the role of nature, animals, and environmental conservation in personal and collective wellbeing.

Keywords
One health; Primary schools; education; health promotion

Knowledge, attitudes and behaviors towards a plant-based diet: health consequences and environmental impact. Comparative study between Italy and the Netherlands

Presenters / Speakers / Co-Authors

Sara Maria Pani, University of Cagliari, Italy

Introduction
This study explored knowledge, attitudes, and behaviors toward a plant-based diet among citizens from Italy and the Netherlands. The focus was on motivations for adopting these dietary patterns, including health and environmental sustainability. Moreover, this research highlighted the potential connection between plant-based diets and eating disorders.

Methods
A literature review provided insights into knowledge, attitudes, and behaviors toward a plant-based diet in Italy and the Netherlands. A comparative study of dietary guidelines and eating habits in the two countries was also conducted. A 30-question survey was developed in English and translated into Italian using a back-translation method to explore consumer awareness, perceptions, and availability to choose a plant-based diet. The online questionnaire was conducted in August and September 2024. After data cleaning, the final sample contained the data of 884 respondents.

Results
Dutch participants were more aware than Italians of the environmental impact of dietary choices, which influenced their motivation to adopt plant-based diets. While omnivores in both countries demonstrated limited interest in fully embracing a plant-based diet, many Dutch respondents expressed a willingness to incorporate more plant-based alternatives, whereas Italians were more uncertain about future dietary changes. Lastly, food selection criteria differed: the Dutch prioritized price, organic quality, and taste, while Italians emphasized seasonality and product origin.

Discussion
Our study highlighted some differences regarding knowledge, attitudes, and behaviors of Dutch and Italian populations towards plant-based diets. Furthermore, it confirmed a potential link between adopting plant-based diets and disordered eating behaviors, where certain individuals may use dietary restrictions as a socially acceptable method for managing food intake. Future research could involve expanding the Dutch sample and extending the study to other countries. This would provide a more comprehensive overview and an opportunity to explore how different cultural and dietary traditions influence dietary choices and perceptions regarding a plant-based diet.

Keyword
Plant-based diets; environmental sustainability; behaviours.

Advancing Planetary Health Through Nursing Education: Recommendations for Integrating Climate Change into Curricula

Presenters / Speakers / Co-Authors

Iira Tiitta, University of Eastern Finland, Finland

Objectives

The health risks of climate change extend beyond individual well-being, posing challenges to communities, cities and the sustainability of healthcare systems globally. This study emphasizes the critical role of nursing education in promoting planetary health by equipping future nurses with the knowledge and skills to address climate-related health impacts.

Methods

Through a multi-methods approach, this research incorporates qualitative interviews with Finnish nurses, a scoping review of strategies in climate change education, and a survey comparing climate-health knowledge among nursing students in Finland and the United States.

Results

Results from study reveal gaps in current nursing curricula, including limited content on the environmental impact of healthcare, and highlight innovative strategies—such as interdisciplinary collaborations, simulations, and digital platforms—that enhance understanding of planetary health.

Discussion

The study's recommendations advocate for integrating climate-health content systematically into nursing education, ensuring nurses can mitigate health risks, adapt care practices, and contribute to sustainable healthcare. By prioritizing planetary health in education, this research aligns with the One Health approach, fostering resilience and promoting a holistic understanding of the interconnectedness of human, animal, and environmental health

Keywords

Planetary health, nursing education, climate change, sustainable healthcare, One Health

Nourishing Traditions: The Social and Cultural Significance of Country Food (Tininnimiutait) and their contribution to health and well-being across genders and generations in Nunavik

Presenters / Speakers / Co-Authors

Geneviève Vachon, Université Laval, Canada
Victoria Simigaq, Université Laval, Canada

Objectives

The harvesting, preparation, and consumption of country food are central to Inuit culture and collective identity. Activities such as hunting, fishing, and harvesting are vital pillars of food security across the Canadian Arctic, while also being closely tied to health and well-being. However, Inuit communities have been undergoing significant and rapid societal changes for several decades. Colonization, permanent settlement, the resulting cultural and social impacts, as well as climate change, are reshaping the practice and experience of traditional land-based activities.

Inuit view health holistically, recognizing that, beyond the physical body and physiological needs, health is deeply connected to the quality of interpersonal relationships and the relationship with both the physical and social environments. While the biomedical model focuses on the effects of nutrients or specific diets on physical or mental health, the Inuit perspective establishes a broader link between food, health, and well-being. Framed within this holistic perspective, the collaborative project carried out in the communities of Kangiqsujuaq, Kangirsuk, Kangiqsualujjuaq and Inukjuak aims to explore the cultural and social significance of marine species from the intertidal zone, such as tininnimiutait (mussels, seaweeds, sea urchins), and their role in the health and well-being of Nunavimmiut.

Methods
Local knowledge was documented through semi-structured interviews, focus groups, and participatory observations during harvesting activities with community members on the land. The study and analysis are grounded in the concept of health and well-being as defined by the IQI model (Ilusirsusiarniq, Qanuinngisiarniq, Inuuqatigiitsianiq) of health and well-being, developed in Nunavik.

Discussion
The findings highlight how the process from harvesting to consuming tininnimiutait promotes health and well-being across all three dimensions of the IQI model. The results also demonstrate how health pathways vary between communities, genders, and age groups. These findings provide valuable insights into how Inuit knowledge and practices related to tininnimiutait can be integral to public health initiatives focused on food and food security. Furthermore, they shed light on gender- and generation-specific elements that contribute to health and well-being in contemporary Inuit society.

Keywords
Inuit knowledge, country food, social determinants of health

Health Equity and its Determinants

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator
Nafeesa Abdul Kareem, UAE

Promoting Health Equity through Structured Diabetic Foot Screening: A Rapid Review Protocol of Preventive and Patient-Centered Care Approaches for Diabetic Foot Ulcer in Primary Care Settings

Presenters / Speakers / Co-Authors
Maya Fakhfakh, Université du Québec à Trois-Rivières (UQTR), Canada

Background
Diabetic foot ulcers (DFUs) pose significant challenges for individuals with diabetes, leading to severe

consequences such as lower extremity amputations (LEAs), reduced quality of life, and increased mortality. Disorganized diabetic foot care services contribute to health inequities worldwide, highlighting the need for structured preventive measures within a health promotion and patient-centered care perspective, requiring an understanding of organizational and systemic factors.

Objectives: This review aims to analyze foot screening initiatives for individuals at risk of DFUs and LEAs, define their key components, identify barriers and facilitators, and describe effective implementation strategies in primary care.

Method
A rapid review will be conducted following the Canadian method by Dobbins (2017) and reported according to PRISMA-P guidelines. The research question will be defined using the PICO framework. A systematic search is currently underway in MEDLINE, CINAHL, and EMBASE. Primary studies in English or French, including both primary study designs and knowledge syntheses, will be screened according to defined eligibility criteria via Covidence. Study quality will be appraised using the Mixed Methods Appraisal Tool (MMAT), and data will be synthesized guided by the Consolidated Framework for Implementation Research (CFIR). Data extraction and synthesis will focus on implementation determinants, including barriers, facilitators, and strategies.

Discussion
The anticipated insights from this review are expected to inform the development of health-promoting and preventive screening programs for diabetic foot complications across Canada, reducing DFU and LEA rates and enhancing the overall quality of life for individuals with diabetes. Through this work, we aim to support patient-centered, proactive approaches to diabetes management in primary care settings, ultimately fostering greater health equity.

NB: Results will be available by May 2025, and findings will be presented at the conference.

Keywords
Foot ulcer; Diabetic Foot; Prevention and Control; Implementation Science, Primary

Health promotion campaign to address gender-based violence through the Health Belief Model

Presenters / Speakers / Co-Authors
Valbona Zhjeqi, University of Prishtina Hasan Prishtina, National Institute of Public Health, Kosovo

Background
Gender inequality and gender-based violence are global public health issues. Kosovo population in era of transition, cultural and economic globalization impact, is facing the problem too. Health Belief Model-HBM is a framework that facilitates changes in perceptions, beliefs, attitudes and practices.

Objective
Increase awareness, change attitudes and promote practices like seeking help or reporting violence.

Material and methods
Participatory action survey based on need assessment by CAP survey to identify perceived susceptibility, severity, benefits, barriers and cues to action and translate evidence on Health Belief

Model to address gender violence.

Results
The main result is to develop a project proposal based on need assessment and the Health Belief Model. Expected interventions are implementation of a CAP survey related to gender-based violence, to identify cultural factors, social determinants that influence perceptions related gender-based violence.
CAP survey with stratified sample size: 500 participants; 50 participants for one municipality, age group 18-24 years, 5 participants among minorities for each municipality. Provide in total 30 training sessions and culturally sensitive campaign materials for target population as youth, health care and social workers for 10 municipalities, design online 1 interactive quize, 10 interviews on radio or TV programs discussing the campaign, panel discussions 10 and 1 short video based on survivors' stories. Also, design, produce and deliver informative, culturally sensitive health promotion material by providing information on different forms, signs, risk factors of gender-based violence. (physical, emotional, sexual, social), statistical data and facts on the prevalence of gender violence, empowering messages encouraging reporting incidents and seeking support, by providing information for helplines, and support services. Produce and deliver: 100000 brochures, 10 billboards, 1000 posters. Monitor and evaluate through indicators: coverage, pre and post-test on CAP survey and national and local gender violence statistics.

Conclusion:
Need assessment tailored health education campaign utilizing the Health Belief Model by providing a supportive environment that encourages dialogue, advocacy, policy reforms, has the potential to improve awareness, attitudes, behaviors, social norms, community responses towards gender-based violence, contributing to its prevention and impact mitigation.

Keywords
Gender violence, health promotion campaign, Health Believe Model

Social discrimination and the state violence survivors' trauma resilience: Focusing on Jeju April 3rd survivors from the Jeju Island

Presenters / Speakers / Co-Authors
Jimin Kim, Ewha Woman's University, South Korea

Objectives
The current research focused on survivors of state violence, referred to as Jeju Sasam. Jeju Sasam represents a significant example of state violence in modern Korean history. During and after Jeju Sasam, systemic social discrimination conducted by authorities, in conjunction with an anti-communist social atmosphere, threatened the lives of the survivors and the bereaved families. This research aims to explore the experience of Jeju Sasam survivors regarding social discrimination and its impacts.

Methods
Fifty survivors were interviewed about their traumatic experiences and subsequent post-traumatic life experiences. Thematic and textual analyses were conducted to explore their narratives.

Results

Theme 1. Discriminated and Harassed
Generally, Jeju people were discriminated against due to their origin. To mainlanders, the image of Jeju people was once framed as 'Reds(commies)' and illegal rioters. Discrimination and harassment also occurred within the island, where individuals from the mountain areas were suspected of being communist guerrillas.

Theme 2. Forced Silence
Forced silence was another facet of social discrimination. It was impossible to publicly discuss the issue of Jeju Sasam, as authorities imprisoned or tortured those who attempted to speak out about the truth of Jeju Sasam, which could challenge the authorities' justification of their crimes against humanity on Jeju Island.

Theme 3. Guilt-by-association System (Involvement system)
The guilt-by-association system discriminated against the survivors and bereaved families since the Jeju Sasam. If a person had any form of association with Jeju Sasam (i.e. family death or imprisoned records related to Jeju Sasam), the survivors and bereaved families were disadvantaged in terms of educational or social opportunities, such as entrance to military academies or promotion in civil service occupations.

Discussion
Discrimination negatively impacts individuals' physical and mental health. The data also showed that experiencing systematic discrimination is malignant to psychological wellbeing. Regarding the self-psychological area, discrimination disturbs an individual's self-concept, by labelling them through social prejudice. In line with the risk factor for health inequality and trauma resilience, social discrimination is a critical social element that directly and indirectly disturbs life in a variety of ways. However, as harassment against the Jeju Sasam survivors and bereaved families persist, lawful justice must be delivered for their mental health.

Keywords
Social discrimination, trauma resilience, state violence, Jeju April 3rd

Psychological resilience and frailty progression in older adults: a three-year longitudinal cohort study

Presenters / Speakers / Co-Authors
Jingjie Zhu, Fudan University, China

Objectives
Frailty, a prevalent condition among older adults, poses significant risks to healthy aging. Psychological resilience (PR) may influence frailty progression, yet its longitudinal effects remain unclear. This study is to investigate the longitudinal associations between PR and its changes (△PR) with frailty progression among community-dwelling older adults in China.

Methods
A three-year community-based cohort study was conducted among adults aged ≥60 years in Shanghai from 2020 to 2023. PR was assessed using the 25-item Connor-Davidson resilience scale (CD-RISC). △PR was calculated using the difference between 3-year follow-up and baseline CD-RISC scores. Frailty was evaluated using the Chinese frailty screening scale-10. Multiple covariates were included such as demographics, health

behaviours, social participation, and chronic diseases.

Results
A total of 4033 participants were included in the study, with an average age of 71.0 years (SD=6.1), of them 56.0% were women. Over a 3-year follow-up period, 28.3% of the older adults experienced an improvement in frailty, 29.8% experienced stability, and 41.9% exhibited deterioration. After controlling for confounding variables, a significant association was found between PR and future frailty, particularly when baseline frailty scores were ≥3 (β[95%CI]: -0.136[-0.214, -0.057] versus -0.020[-0.052, 0.012]; *P* for interaction <.001). A similar relationship was observed between PR and frailty improvement (adjusted odds ratio [OR], 1.28 [95%CI, 1.05-1.57]). Furthermore, △PR displayed a significant correlation with frailty, exhibiting L-shaped relationship that was notably stronger association when △PR was <0 than when PR was >0 (β[95%CI]: -0.186[-0.228, -0.145] versus -0.068[-0.107, -0.029]; *P* for non-linear <.001). Similarly, △PR was significantly associated with frailty progression, indicating both improvement (adjusted OR, 1.30 [95%CI, 1.19-1.42]) and deterioration (adjusted OR, 0.74 [95%CI, 0.69-0.80]). These effects were more pronounced among older adults with higher levels of baseline frailty.

Discussion
This study establishes the longitudinal relationship between PR and frailty progression among community-dwelling older adults. Monitoring changes in PR can help forecast future frailty trajectories, particularly highlighting the need to support individuals facing declines in resilience. Targeted interventions that prioritize enhancing PR have great potential to prevent and ameliorate frailty.

Keywords
Psychological resilience; Frailty progression; Older adults

Health and Wellbeing in all Policies

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator
Dr Patricia Taylor, Australia

Well-being: a novel conceptual framework and measurable indicators to advance the political agenda at an international, country, and local level via a health promotion approach

Presenters / Speakers / Co-Authors
Francesca Dal Mas, Ca' Foscari University, Italy
Stefano Campostrini, Ca' Foscari University, Italy
Alberto Cavazza, Milano Bicocca University, Italy
Dr. Gaia Bertarelli, Ca' Foscari University, Italy
Dr. Faten Ben Abdelaziz, World Health Organization, Switzerland

Objectives
In response to the adoption of a global framework for integrating well-being into public health at the Seventy-sixth World Health Assembly in 2023, this research aims to advance the operationalization of well-being within a health promotion approach. Existing frameworks focus on

access to resources like employment, education, and social protection but lack evaluation of governmental investments. This study, conducted by a highly multidisciplinary team, develops a conceptual framework and core indicators to measure well-being, going beyond GDP as recommended by the United Nations, reflecting its multidimensional nature, including societal and economic dimensions, and addressing cultural tensions. It aims to propose a well-being framework and measures that could help countries/regions assess progress, favoring the development of policy agendas from a health promotion perspective.

Method
The study employs a systematic review of official well-being measurement frameworks from countries and international organizations. Reports were analyzed using the software Nvivo and a coding protocol to map dimensions like health, income, and societal well-being. Key nodes included indicators, framework features, governance gaps, cross-sectoral coordination, cultural adaptability, stakeholder engagement, equity, technological integration, and post-COVID-19 impacts.

Results
Preliminary findings reveal significant variation in well-being definitions and measurement strategies across cultural and governance contexts. Few frameworks holistically address governmental investments in well-being or align with sustainability goals as Agenda 2030. A draft conceptual framework and an initial indicator list consolidate well-being's main pillars, align measurement systems across scales, and address gaps related to trends such as digital technologies and sustainability.

Discussion
The proposed framework addresses key gaps, offering strategic guidance for countries to monitor and promote well-being effectively. By emphasizing cross-sectoral governance, cultural adaptability, and sustainability, it enhances the practical utility of well-being metrics. Future research will refine indicators, particularly for societal and economic dimensions, and explore integrating emerging technologies to support data collection and policy evaluation.

Keywords
Well-being, governance, multidimensional metrics, public health, societal investment, sustainability, cultural adaptation.

Enablers & obstacles for designing and implementing health-in-all policies: Lessons from Mexico

Presenters / Speakers / Co-Authors
Adolfo Martinez Valle, Population, Health, and Policy Research Center (CIPPS), National Autonomous University of Mexico (UNAM), Mexico

Background
This study analyzes how national intersectoral public policy experiences have been adopted and implemented using a Health in All Policies (HiAP) approach in the past two decades. It seeks to provide evidence on enabling factors that triggered three effective intersectoral public policies to improve population health in Mexico by improving nutritional, educational, and healthcare access conditions, reducing road traffic injuries, and addressing obesogenic feeding practices.

Methods
We followed a qualitative approach to analyze the three intersectoral public policies selected as case studies. First, we designed an analytical framework to assess how intersectoral public policies are adopted, implemented, and sustained. The proposed framework is based on peer-reviewed articles and grey public policy literature. Second, we used information from eleven semi-structured interviews with key stakeholders conducted in previous research to identify more specific enablers and barriers of the three intersectoral policies selected according to predefined analytical categories used in the questionnaire.

Results
The analysis showed three overall key findings. First, sound empirical evidence is essential for adopting a HiAP approach. Second, effective intersectoral mechanisms enhance implementation feasibility. Third, results-based monitoring and evaluation contribute to the continuity of the analyzed intersectoral public policies. Finally, political support is needed throughout the policy process to maintain governance capacity and deliver results.

Conclusion
We drew five global policy lessons that may be applicable in similar public policy settings in other countries. First, both technical and political enablers help set the intersectoral agenda. Second, effective communication is instrumental in convincing all stakeholders to address public health-related policy issues. Third, political support at the highest level possible and the federal government's capacity are essential to implement sound policies. Fourth, several enablers exist to enhance collaboration between ministries during implementation. Finally, monitoring and evaluation results are necessary for sustaining intersectoral policies beyond administration.

Recommendations for Intersectoral Practice for Health Promotion

Presenters / Speakers / Co-Authors
Marco Akerman, University of São Paulo, Brazil
Dr. Rosilda Mendes, UNIFESP, Brazil
Dr. Carmen Santana. FMUSP, Brazil
Dr. Douglas Andradde, University of São Paulo, Brazil
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Pamela Lamarca Pigozi, CEPEDOC Healthy Cities, Brazil

Objectives
More than a concept, intersectorality seeks to articulate actors, resources and ideas in the solution of a common problem that interests everyone in each territory. This journey involves a shared choice of where the actors want to go, and how radically they want to deepen what they are doing together. However, it is not a simple task, given that this movement can often be the scene of conflicts, exhaustion and discouragement for the people involved. By saying that, the objective of this research was to produce recommendations for intersectoral practices for health promotion, and is targeted to public policy makers, in general, and health managers and professionals, in particular.

Methods
The project was managed jointly by the team of researchers from CEPEDOC Healthy Cities, technicians from the Ministry of Health and the Pan American Health Organization. In the production of the recommendations, the participatory methodological perspective was ensured by the inclusion, in all planned stages, of managers, professionals from different areas, researchers from educational institutions and members of collectives. A wide range of methods and techniques (reviews, observations, interviews, seminars, discussion groups, mapping, and public consultation). The data were triangulated, and the results were submitted for Public Consultation input

Results
Six recommendations were agreed upon: Develop a shared vision of the situation to be faced; Consider existing public policies, programs and actions and gain political support; Create an effective mix of different partners and strategies to keep them engaged; Use an integrated and methodologically planned approach; Organize common governance structures; Secure resources to sustain collaboration. Developments of this document:

Discussion
The fact that evidence on recommendations for intersectorality is produced does not guarantee their implementation. Therefore, the research has advanced further and proposed to develop an interactive guide that facilitates understanding, application and reflection on these recommendations. The Guide for Recommendations on Intersectoral Practices for Health Promotion, in eBook format, aims to broaden understanding and deepen knowledge and expertise of an intersectoral approach.

Keywords
Intersectoral practices, health promotion, recommendations

From Policy to Practice: An Analysis of National Documents on Family Planning Integration With Existing Health Services of Three Low and Middle-Income Countries

Presenters / Speakers / Co-Authors
Farina Gul, University of Adelaide. Australia

Objectives
In low- and middle-income countries, millions of women lack access to modern contraceptives, highlighting missed opportunities for integrating family planning (FP) within maternal health services. This study analyses national policies and strategic documents from Ethiopia, Pakistan, and Kenya to assess how FP integration is positioned and articulated, providing insights to strengthen health systems through policy frameworks.
The policies were analysed to answer following questions:

1. What strategies and to what extent is the integration of FP services with other health services promoted in the national documents of the selected countries?
2. What is the concordance between the policy framework, strategic plans, and service delivery for integrating FP services?

Methods
A total of 23 national documents (2012–2023) from Ethiopia, Pakistan, and Kenya, along with international resources, were analysed. Thematic analysis, using deductive and inductive approaches, examined FP integration at health systems, organizational, professional, and clinical levels.

Results
Findings revealed varying levels of FP integration within health systems across the three countries. All documents emphasized capacity building, counselling, and commodity security, promoting FP as a rights-based, people-centred approach. Kenya prioritized community health workers for FP integration but lacked robust referral systems. Ethiopia focused on youth-friendly services alongside counselling and capacity building. Pakistan emphasized capacity building and commodity security but overlooked adolescent FP integration.

Discussion
To ensure equitable and sustainable FP integration, gaps in referral mechanisms, adolescent-focused services, and supply chain management must be addressed. Developing a comprehensive, context-specific framework tailored to low-resource settings is critical, prioritizing robust referral systems, youth-friendly approaches, and uninterrupted commodity supplies. These strategies will strengthen FP integration and enhance health system performance in diverse contexts.

Keywords
Family Planning Integration, Health Systems, Policy Frameworks, Low- and Middle-Income Countries.

Health Literate Settings, Schools, Healthcare, Communities and Beyond

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator
Stephan Van den Brouck, Belgium

Medical Misinformation during consultations

Presenters / Speakers / Co-Authors
Jane Wills, London South Bank University, UK

Objectives
Healthcare professionals play a crucial role in addressing medical misinformation, requiring professional health literacy: the knowledge, motivation, and competences needed to access, understand, appraise and apply relevant health information in their practice, and explain and communicate such health information in a way that patients can understand and (critically) appraise to make sound decisions.

Methods
Twenty healthcare professionals from different professional groups were interviewed about their attitudes and the strategies they adopt when experiencing medical misinformation during a consultation. Participants were presented with a series of scenarios including vaccine hesitancy, medicine expectations, holistic

medicine.

Results
Conference participants will be given the opportunity in an interactive section using a polling platform to respond to the same questions as interview participants:

1. In your area of public health and health promotion medical misinformation is a concern. [options= yes very much so/yes, a little/not really/ not at all]
2. What is your dominant feeling on hearing a patient expressing this example of medical misinformation [options = concern/irritation/understanding/impatience/incredulity/hesitation about own HL]
3. What is the nature of your concern [patients might take actions that are harmful/it will take long time to explain/patient HL not good enough to understand/cultural issues/patient does not trust health information]
4. How would you respond [a dialogue/closing it down/giving information and evidence and translate the science/ referral to another information source/expressing empathy with the quantity of information around and desire to have answers/ establishing trust]
5. How confident do you feel about addressing medical misinformation in a consultation [very/fairly/not very/not at all/not relevant to me]
6. Who should be addressing medical misinformation [WHO/colleges of medicine and professional bodies/Department or Ministry of Health/ social media/ corporate companies…

Discussion
Whilst guidance exists on managing the infodemic little is known about how health care professionals do respond during consultations (there are some studies about social media). Understanding the influences, their professional health literacy and the organisational support needed is a pressing policy and practice issue.

K**eywords**
Professional health literacy; Medical misinformation

Factors associated with self-reported healthy lifestyle among Indonesian adults with diagnosed diabetes: Analysis of the National Health Survey

Presenters / Speakers / Co-Authors
Siti Isfandari, National Innovation and Research Agency (BRIN), Indonesia

Objectives
Diabetes is a significant public health concern in Indonesia, affecting a growing proportion of the population. Lifestyle modifications, such as diet and exercise, are critical in managing diabetes and preventing complications. However, adherence to these lifestyle modifications remains a challenge. This study aimed to identify the factors associated with healthy lifestyle consisting of self-report of performing diet and exercise among Indonesian individuals diagnosed with diabetes mellitus (DDM).

Methods
We analysed National cross-sectional Health Study data from 14,623 DDMs, representing 2.1% prevalence in the population. We employed multivariate logistic regression analysis to determine the associations of demographic, socioeconomic, and clinical factors with self-reported diet and exercise.

Results

Our findings indicate that 81.8% of the participants reported performing diet, whereas 48.0% engaged in physical exercise. Factors significantly associated with lower self-reported exercise were not receiving prescribed medication, having mental health condition (MHC), female, having a lower education level, with occupation, single, 15-44 years, smoking, drinking alcohol and living in rural areas with aOR range from 0.598 – 0.893 (95% CI 0.533 – 0.993). There was no sex, age, or residence difference on diet.

Discussion
Indonesian health providers need to put forth more effort to motivate individuals with type 2 diabetes (DDM) to engage in regular exercise. The intervention should focus on DDM with lower education levels, younger, females, with occupations, and with MHC. Regular mental health screenings and consistent contact with health providers are crucial for encouraging a healthier lifestyle, quitting alcohol and smoking. Involvement of family and community to support DDM performing healthy lifestyle are important.

Keywords
Diabetes, NCD, mental health, healthy lifestyle

The Role of the Perceived Peri-Urban Environment in Physical Activity and Healthy Eating Among Adults in Socioeconomically Disadvantaged Situations

Presenters / Speakers / Co-Authors
Suzannah D'Hooghe, Sciensano. Belgium

Background/Objectives
Environmental factors significantly influence individual health behaviors. This study explores how the perceived peri-urban environment shapes physical activity and healthy eating behaviors among socioeconomically disadvantaged (SED) adults, using qualitative methods.

Methods
The study was conducted in two peri-urban municipalities in Belgium, recruiting SED adults through purposeful convenience sampling. Methods included walk-along interviews (n=38) followed by focus group discussions, photo-elicitation interviews (n=23) followed by focus group discussions, and group model-building workshops involving SED adults (n= 7), local stakeholders (n=7) and local policymakers (n=7). The workshops applied a systems approach to identify how obesogenic environments impact health behaviors and to propose local government actions. The interviews and focus groups were transcribed and analyzed thematically using NVIVO 20.0.

Results
Findings highlight how environmental perceptions influence health behaviors in disadvantaged peri-urban populations. Socioeconomic disadvantage negatively shapes these perceptions, perpetuating poor health outcomes and a cycle of disadvantages. Key insights include: 1) Financial constraints extend beyond direct costs of physical activity and healthy eating, 2) Social environments act as both barriers and facilitators to healthy behaviors, 3) Public spaces are inadequate and lack inclusivity for promoting healthy behaviors, and 4) gaps exist between resource availability and awareness of how to access them, further exacerbated by digital information challenges. Peri-urban-specific barriers include: 1) Limited civil society support and advocacy, 2) Inaccessibility of green spaces and food outlets despite their presence, 3) Inadequate public transportation, and 4) Economic constraints and low political prioritization for addressing SED adults' needs.

Discussion
These findings underscore the need for targeted interventions addressing structural and systemic barriers to foster healthier behaviors in peri-urban communities. Future research should assess the impact of local policy initiatives and cross-sector collaboration on residents' health behaviors and outcomes. Equity-focused measures are critical to ensure interventions benefit all socioeconomic groups equitably.

Keywords
Eating behavior, physical activity, equity, peri-urban municipality

School Settings: Innovations and Transformations

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator

Caroline Barakat, Canada

Implications of Artificial Intelligence on Health Promotion Awareness Among School Students: A Systematic Review

Presenters / Speakers / Co-Authors

Nada Hasan, Department of Community Development, UAE

Objectives
Artificial intelligence (AI) offers innovative ways to enhance health awareness among school students. This study reviews AI-driven interventions targeting nutrition, physical activity, mental well-being, and hygiene, assessing their efficacy and challenges.

Methods
A systematic review was conducted using databases like PubMed and Scopus, analysing studies published from 2018 to 2025. Inclusion criteria focused on measurable outcomes in health education for school-aged children (6–18 years). Data on study designs, intervention types, and results were synthesized.

Results
Findings show AI tools, such as gamified learning platforms and mHealth applications, improved knowledge retention and behaviour. Key results include:

Gamified platforms increased student engagement and health knowledge.
mHealth tools enhanced awareness of physical activity and nutrition.
Ethical challenges like data privacy and access disparities emerged.
Research gaps include limited scalability and lack of longitudinal studies.

Discussion
This review highlights the transformative potential of AI in health promotion, but ethical considerations, equity, and long-term impacts must be addressed. Future research should focus on scalable, inclusive solutions tailored to diverse contexts.

Keywords
Artificial Intelligence, Health Promotion, School Students, Education Technology, Systematic Review, Ethical Considerations.

Advancing the Role of School Nurses: Addressing Challenges in Supporting Children with Complex Medical Care Needs

Presenters / Speakers / Co-Authors
Dr. Ikuko Tomomatsu, Osaka University, Japan
Dr. Beverley Yamamoto, Osaka University, Japan

Objectives
Advancements in medical technology have led to an increase in the number of Children with Complex Medical Care Needs (CCMCN), particularly in developed countries. In Japan, the number of CCMCN exceeded 100 per 100,000 population in 2021. Amid the global trend toward inclusive education, more CCMCN are enrolling in mainstream schools. However, previous studies indicate that access to inclusive education for CCMCN remains limited due to the lack of specialized personnel, such as school nurses or healthcare professionals, to ensure the safety of these students. To address this issue, Japan has been working to increase the number of school nurses who can provide medical care for CCMCN. This study positions nurses allocated at school for CCMCN as new professional expertise. This study aims to identify the challenges faced by the nurses, explore how these nurses address these challenges, and propose a framework to formalize their professional expertise.

Methods
We conducted semi-structured interviews with 19 school nurses and a survey with 47 school nurses from November 2023 to October 2024. The data were thematically analysed to identify the challenges and difficulties faced by school nurses when providing care for CCMCN in the school setting.

Results
The key challenges identified were:

1. Effective communication with children.
2. Teachers' understanding of the school nurses' roles.
3. Recognition of school nurses as healthcare professionals within the school setting.

School nurses were expected to provide care considering the educational environment of schools. However, they had not received systematic training on how to address the unique aspects of providing medical care in this setting. As a result, they relied on their on-site experiences to develop strategies and considerations for delivering care effectively.

Discussion
We argue the process of organizing and identifying considerations for providing medical care for CCMCN in schools often involves re-evaluating the traditional identity of healthcare providers. Establishing a structured framework based on these findings is critical for advocating and solidifying the professional status of school nurses. This will help ensure their role is recognized and supported within the educational system.

Keywords
School Nurse, Children with Complex Medical Care Needs, Inclusive education

Effect of Disclosing Influencer Marketing on High School Students' Digital Marketing Literacy, Resistance, Brand Preference, and Intention of Purchase and Use in Taiwan

Presenters / Speakers / Co-Authors
Tzu-Fu Huang, Shin Kong Wu Ho-Su Memorial Hospital, Taiwan
Fong-Ching Chang, National Taiwan Normal University, Taiwan

Objectives
This study examined how influencer marketing sponsorship disclosures impact high school students' digital marketing literacy, resistance, brand preference, and purchase intentions.

Methods
Employing an experimental design, participants were randomly assigned to three groups: the "disclosure group," viewing influencer marketing videos with clear sponsorship disclosures and hashtags (#Advertisement #Sponsored); the "half-disclosure group," with initial sponsor mentions and hashtags (#Thanks Godfather_[sponsor]); and the "undisclosed group," without any disclosures. After viewing, students completed a questionnaire. A total of 353 high school students from Taipei City participated in the study.

Results
Multivariate analysis revealed that the disclosure and half-disclosure groups had higher advertisement recognition, digital marketing conceptual literacy, and resistance than the undisclosed group. However, no significant differences were found in digital marketing attitude literacy, brand preference, or purchase intentions. Notably, students in the disclosure group, particularly those with higher digital marketing conceptual and attitude literacy, displayed stronger resistance.

Discussion
These findings emphasize the need for governmental regulation on sponsorship disclosure and advocate for educational interventions in schools to enhance students' critical digital literacy and resistance skills.

Keywords
influencer marketing, digital marketing literacy, sponsor disclosure, resistance, adolescent

Climate Change and Health Promotion in Various Settings

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator

Paolo Contu, Italy

Reinventing School Yards in the Era of Climate Change: Challenges and Opportunities through Teachers' Perspectives and Practices from a Tokyo-wide Elementary School Survey

Presenters / Speakers / Co-Authors
Mitsunari Terada, Nippon Sport Science University, Japan
Dr. Mariia Ermilova, Toyo University, Japan
Dr. Ryo Tanaka, Osaka University of Health and Sport Sciences, Japan

Pr. Akiko Shikano, Nippon Sport Science University, Japan
Pr. Shingo Noi, Nippon Sport Science University, Japan

Objectives
Schoolyards serve as essential spaces for physical education and recreational activities that influence students' wellbeing. Recent years have witnessed challenges from extreme weather events, urban heat island effects, and growing student populations. These factors have necessitated restrictions on schoolyard usage, impacting educational activities. This study examines current schoolyard restrictions due to environmental factors and identifies adaptive measures supporting children's health.

Methods
A survey was distributed to 1,273 elementary schools (ages 6-12) across Tokyo between mid-October and December 2024. Tokyo was selected for its diverse environmental contexts, from urban areas to those with natural features. The survey investigated: A) Heat-related monitoring systems, B) Implementation of adaptive measures, and C) Teachers' perceptions. Data analysis is currently in progress, and we plan to present findings from over 400 schools at the conference.

Results
Analysis reveals comprehensive heat management implementation across schools. Nearly all schools conduct WBGT measurements to monitor heat stress. About half provide indoor gymnasium access during extreme heat, while approximately half implement flexible restriction policies. Teacher observations indicate substantial impacts, with around four in five reporting effects on instruction and student behaviour. The vast majority anticipate increased restrictions within the next decade and recognize the need for curriculum adjustments. Environmental modifications show varying adoption levels, with about two-thirds supporting schoolyard greening initiatives. However, implementation remains limited, with approximately one-third having installed trees or grass surfaces. The vast majority emphasize the need for external expertise in managing green infrastructure.

Discussion
While schoolyard greening emerges as an environmental solution, modifications must carefully balance multiple demands: maintaining spaces for sports and educational activities while preserving their vital role as venues for local events and emergency evacuation sites. Japanese schoolyard design has remained unchanged for 140 years, and educators increasingly recognize its limitations. This study emphasizes the need for national-level solutions and provides groundwork for policy discussions on infrastructure improvements.

Keyword
Schoolyard, Climate change adaptation, Child well-being

Mental Health at the Intersection of Climate Change and Conflict: Lessons from Sudan

Presenters / Speakers / Co-Authors

Dr. Fatima Elbasri Abuelgasim Mohammed, Youth Combating NTDs, UAE
Dr. Leena Elbasheir, Bahri University, Sudan
Duaa Elshafei Altayb Eldiwaih, Khartoum University, Sudan
Dr. Yousra Humieda, Khartoum University, Sudan
Dr. Mohamed Adel Mohamed Salim, Al Neelain University, Sudan
Mozan Elhadi Ali Mohammed, Cairo University, Egypt
Lina Satti, Khartoum University, Sudan

Objectives
The war in Sudan, which has displaced over 12 million people and has been compounded by climate change impacts such as floods, droughts, and rising temperatures, which both led to destruction of health facilities. This dual crisis significantly heightens the mental health challenges faced by displaced individuals. Our study investigates the combined impact of war and climate change on the mental health of Sudanese IDPs.

Methods
We conducted a cross-sectional study among Sudanese IDPs aged 18 and older who had experienced climate change events. Data was collected through an online questionnaire that covered sociodemographic details, exposure to climate events, war-related losses, and mental health outcomes. Depression was assessed using Patient Health Questionnaire-9, while anxiety was evaluated using the Generalized Anxiety Disorder-7. The data were analyzed using R to perform descriptive statistics and multivariate regression models.

Results
Of the 1,080 respondents, 67% were female, and 90.3% were under 37 years old. 70% reported exposure to extreme heat, 40% lost their homes, 16% experienced drought, and 14% were affected by floods. 18% had moderately severe depression, with another 18% suffering from severe depression. 24% to mild 32% had mild and severe anxiety. Witnessing violence ($B = 1.3$, $p = 0.004$), losing a relative ($B = 1.1$, $p = 0.007$), and feeling unsafe ($B = 3.5$, $p < 0.001$), were significantly associated with depression. While drought was the only climate event included in the final model ($B = -0.83$, $p = 0.12$), it was not statistically significant. Anxiety was significantly linked to witnessing violence ($B = 1.5$, $p < 0.001$), losing a relative ($B = 0.81$, $p = 0.032$), and feeling unsafe ($B = 2.7$, $p < 0.001$).

Discussion
Our findings suggest that although climate change events contributed to environmental stress, they did not have a significant direct impact on mental health outcomes when compared to the effects of war and displacement. The psychological toll of conflict-related trauma such as witnessing violence, loss, and disruption has a far greater impact on mental health. The study also points to the need for more inclusive research for older populations potentially facing distinct mental health challenges. Policymakers must prioritize mental health services for IDPs, focusing on building resilient strategies and preparing health systems for climate change events.

Keywords
Mental health, climate change, displacement

Study of conceptual synergies of climate change solutions and spirituality in health promotion to solve health consequences of climate change.

Presenters / Speakers / Co-Authors
Dr. Mahesh Bhatt, MMBSHS Trust, India

Background
WHO resolution WHA37.13 recognizes spirituality as an important dimension of health because it helps people improve and increase control over their health. Health is the central argument of climate change, with multiple solutions in SDGs, One Health, and Planetary Health.

Objectives
To find the conceptual synergies of thought processes behind SDGs, One Health, Planetary Health, and Spirituality, as well as their role in health promotion and solving the health consequences of climate change.

Methods
We review and divide the concepts based on their definitions, theories, hypotheses, or preambles into thought constructs (constituent thoughts) because all result from collective human thought processes with individual thoughts as their unit and look at synergistic thoughts and their utility in health promotion exercises at the individual and collective levels and how they can accelerate climate change efforts by acting as a motivating force.

Results
Spirituality has 5; SDGs, based on its preamble, have 4; one health has 4; and planetary health has 5 constituent thoughts with multiple sub-sets of ideas. Three constituent thoughts with their subgroups are common to all of them. When we put them in the context of the WHO definition of health and health promotion, we found conceptual linearity as they emphasize balancing, connecting, communicating, and collaborating.

Discussion
Health is a multidimensional concept, and everything we do at individual or collective levels directly or indirectly impacts it. And since human thought processes are the driving force of humanity, they work as the motivating force in creating ideas and concepts like SDGs, One Health, or Planetary Health. Spirituality works as a balancing and correcting thought. People, planet, peace, prosperity, and partnership emphasize connectedness and balance for positive health and wellbeing. It motivates individuals and collective humanity to make pro-health and pro-life decisions and take control of situations like climate change and global warming, which means taking charge of their health and wellbeing, which is the concept of health promotion.

Conclusion
There are solid conceptual synergies between SDGs, One Health, Planetary Health, and the spiritual dimension, and they motivate humanity to take collective pro-health and pro-life actions, instigating the fight against climate change and synergizing health promotion.
Keywords – Spirituality, health promotion, climate change

Women's Health Implications of Food Security and Climate Change

Presenters / Speakers / Co-Authors
Aminat Olaitan Adebayo, University of Ibadan, Nigeria
Yusuf Tajudeen, Department of Epidemiology and Medical Statistics, Faculty of Public Health, College of Medicine, Ibadan, Nigeria

Introduction
The intricate relationship between food security, climate change, and women's

health remains a critical global health concern that continues to gain less attention, particularly in the global south.

Context and aims
The study explores the intersection of food security, climate change, and the unique challenges faced by women, who play a pivotal role in food production. Its goal is to promote awareness and advocate for gender-responsive policies to enhance the well-being and resilience of women in Nigeria.

Method
The study was a cross-sectional analysis using data available from scientific databases like AJOL, Scopus, PubMed, and nationally published data on women's health and food security. Data was extracted from studies available in these databases from 2010-2023 in Nigeria. Articles were assessed to ensure the inclusion criteria were met; eligible articles include studies on the interaction between climate change, women's health, and food security.

Findings
Women's workforce constitutes an estimated 70% of Nigeria's agricultural sector and 6% of the female gender is represented in the policy-making sector. There was a general trend of increased level of poor access to healthcare the women in climate-affected region, and Cultural norms is an essential factor limiting women's autonomy, thus hindering them liberty. to decide on their health. The analysis further revealed that women also encounter challenges in accessing food resources, as climate-induced changes in food security, such as water scarcity, affect their daily routine tasks.

Innovative Contribution to policy, practice, and/or research: In the race towards addressing climate change and food insecurity, women's empowerment is the key to resilience. Women's voices in Nigeria must be central in decision-making process and the implementation of policies should be gender responsive as this will lower greenhouse gas emissions by 10-29%.

Health literacy and Mental Health

Parallel Session

15 May 2025, 11:45 – 15:00

Moderator

Ruba Tabari, UAE

The relationship between mental health knowledge, attitudes, and student participation in peer education activities

Presenters / Speakers / Co-Authors

Ira Nurmala, Universitas Airlangga, Indonesia

Objectives
Adolescents are one of the groups that have a higher risk of mental disorders. Learning about mental health can help students to prevent mental health disorders for themselves and for their peers. One

of the mediums to learn more about mental health and share the information is through peer education activities. Peers can be an effective channel in speeding the dissemination of information due to the similarity of age and frame of reference between the communicator and their audience. However, the participation in peer education activities is not as high as expected due to various cognitive and attitude factors of individuals. The aim of this study is to analyze the relationship between knowledge about mental health and attitudes regarding peer education on student participation in peer educator activities.

Methods
This study was conducted with the participation of students (12-18 years) in nine senior high schools. These schools were chosen because they had students that joined peer education activities at the time of this study. A total of 375 students (167 boys and 208 girls) joined as participants of this study. The knowledge question consists of nine questions regarding the definition of mental health; various disturbances; early symptoms of mental health disorders physically, psychologically, and socially; prevention of mental health disorders; and regarding consultation on mental health disorders. Questions regarding attitudes consisted of eight questions regarding mental health materials given by the peer educator and students' attitudes towards the peer educator. The question regarding student participation was their experience in participating in activities such as peer education before. The test used is the chi-square test to test the relationship between nominal or ordinal data on the independent variable (knowledge and attitude) with the dependent variable (student participation).

Results
The results of the study show that more students have low knowledge and negative attitudes. The lack of information received by students regarding mental health materials, or the absence of mental health counselling and education in schools can be one of the factors. The perceived stigma also presents when discussing mental health. The results of this study also indicate that there was a relationship between attitudes regarding mental health materials and peer educators with the participation of students' experiences of peer education. Students who have participated in previous peer education activities will generally feel the many benefits they receive so that they show a positive attitude towards the information conveyed by the peer educator and do not hesitate to share stories with the peer educator.

Discussion
Knowledge of students in this study had a low level of knowledge, slightly more than those with a high level of knowledge. The attitude of students shows that there are still doubts from students to participate in the peer education program. This shows that this program needs to be improved either in the quality of peer educators or the quality of mental health materials. One of the most important things is the school's commitment to ensuring the sustainability of the program and improving the quality of peer educator capacity as well as the content of mental health materials. The HEY program can be a solution to improve the quality of peer educators in improving adolescent mental health.

Keywords
Mental Health, Peer education, Knowledge, Attitude, Students

Mental health literacy and practices among perinatal healthcare professionals in the United Arab Emirates: A Qualitative study

Presenters / Speakers / Co-Authors

Rouwida ElKhalil, United Arab Emirates University, UAE
Rasha Bayoumi, Birmingham University- Dubai, UAE
Mohamad AlMekkawi, Fatima College of Health Sciences, UAE
Preetha Karuveeti, United Arab Emirates University, UAE
Luai A. Ahmed, United Arab Emirates University, UAE
Rami H. Al-Rifai, United Arab Emirates University, UAE
Emad Masuadi, United Arab Emirates University, UAE
Iffat Elbarazi, United Arab Emirates University, UAE

Objectives

Limited research has been conducted on perinatal mental health literacy (PMHL) in the UAE, despite the importance of mental health literacy (MHL) among healthcare professionals (HCPs). This study examines the implementation of perinatal mental health (PMH) practices in healthcare environments and examines healthcare professionals' perspectives on PMHL.

Methods

A qualitative study was conducted in Al Ain, UAE, from May 2023 to November 2023. Purposive and snowball sampling methods were employed to recruit 42 HCPs from educational activities and ambulatory and inpatient clinical areas. Participants were eligible if they were at least 25 years old, had worked in Al Ain for at least two years, and possessed a diploma, bachelor's, or postgraduate degree in nursing, midwifery, obstetrics, family medicine, pediatrics, psychiatry, or psychology. Thematic analysis was employed to analyse the collected data.

Results

Three themes were identified: (1) Knowledge and Awareness, in which participants demonstrated varying degrees of comprehension regarding perinatal mental health conditions, relying on emotional insights and informal sources to ascertain when to seek assistance; (2) Experiences and roles, which underscored healthcare professional perceived roles and experiences such as confidence in case management and collaboration among professionals as well as perinatal patient experiences such as society acceptance and help-seeking behavior; and (3) Support Systems, which identified obstacles to accessing PMH services as a result of inadequate orientation, screening, and interdisciplinary collaboration.

Discussion

The research offers crucial insights into the PMHL of healthcare professionals in the UAE. It emphasizes the necessity of a structured approach to PMH practices, enhanced training, and organizational support. These results enhance the current body of literature on maternal healthcare workers' MHL and establish a foundation for future research and training programs specifically designed to improve PMHL in the region.

Keywords

Perinatal, Mental Health Literacy, Mental Health Practice, Qualitative Study

Unveiling the Links Between Preschoolers' Temperament, Parenting Styles, and Mental Health

Presenters / Speakers / Co-Authors

Dr. Teresa Cheng-Chieh Chu, National Taiwan Normal University, Taiwan

Objectives
The United Nations' Sustainable Development Goal 3 aims to reduce mental health-related mortality by one-third by 2030. In Taiwan, children's mental health remains a significant issue, and there is a lack of comprehensive national surveys on the topic. This study explores how parenting belief and children's inherent temperament affect children's mental health in Taiwan, identifying key risk factors and providing early intervention insights for parents and educators.

Methods
This study recruited teachers and parents from public kindergartens in six Taipei districts, focusing on 4- and 5-year-olds. Parents completed questionnaires on temperament, parenting styles, and child-rearing values, while teachers filled out emotional and behavioral checklists. Data were analyzed using SPSS 22.0, with descriptive statistics, t-tests, ANOVA, and hierarchical regression to explore the relationships between temperament, parenting, and children's mental health.

Results
The study involved 383 preschool children aged 4 to 5 years from six districts in Taipei City. Girls showed higher levels of anxiety, while boys were more prone to attention hyperactivity and aggressive-defiant behaviours. Children's temperament influenced their mental health, while parental beliefs about parenting didn't significantly affect mental health outcomes. Lower adaptability, persistence, and regularity were associated with anxiety and withdrawal. High intensity of reactions and low adaptability were linked to emotional reactivity. A high approach/withdrawal tendency combined with low persistence predicted attention hyperactivity and aggressive-defiant behaviours. Children with higher activity levels exhibited more behavioural issues, and low adaptability was associated with psychosomatic symptoms.

Discussion
The findings highlight the significant role of children's temperament in their mental health. Less adaptable children were more prone to anxiety, withdrawal, and emotional reactivity, while more active children faced behavioural issues. The study also noted the impact of gender and socioeconomic status on parenting beliefs and children's emotional outcomes. These results underscore the importance of considering children's temperament, along with environmental and family factors, in addressing mental health concerns. Parents and educators should be mindful of these influences to better support children's well-being.

Keywords
Preschoolers' Mental Health, Temperament, Parenting Beliefs

Effect of Nature Exposure Activities on Mental Health Outcomes among Adolescents in Kuching, Sarawak: A Quasi-Experimental Study

Presenters / Speakers / Co-Authors
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Setting
Globally, suicide, depression, anxiety, and behavioural disorders are the leading causes of illness, disability, and morbidity among adolescents. Connection to nature is associated with improved mental health, greater happiness, and enhanced life satisfaction. This study aims to evaluate the effect of nature exposure activities on mindfulness, self-esteem, happiness, depression, and anxiety symptoms.
Intervention: This study employed a quasi-experimental design involving 68 adolescents (mean age = 16.32, SD = 1.01). The intervention group, consisting of 34 adolescent participants, engaged in 6-hour NatureScape activities held in urban parks, while the remaining 34 participants (control group) undertook the same 6-hour activities in a classroom setting.

Outcomes
The repeated measures of ANOVA results revealed that the intervention group experienced significant improvements in mindfulness measured by the Mindful Attention Awareness Scale (MAAS) and happiness measured by the Subjective Happiness Scale (SHS), which were obtained at three points in time. However, the paired t-tests findings showed that the depression (PHQ-9) and anxiety (GAD-7) status, obtained at two points in time were not significant.

Implications
These findings suggest that the NatureScape intervention (nature exposure) significantly enhanced mindfulness and happiness, but the impact on self-esteem, depression, and anxiety were limited likely due to the brief, one-time nature exposure. The study highlights the need for longitudinal interventions to better assess outcomes of nature exposure on self-esteem, depression, and anxiety. Early interventions are crucial as they can reduce the risk of mental health challenges in adolescents while promoting their overall well-being and productivity.

Keywords
Adolescents, Mental Wellbeing, Nature Exposure

One Health: Eco health, Human and Animal Health

Parallel Session

15 May 2025, 16:00 – 17:30

Moderator

Dr. Aysha Al Dhaheri, UAE

Four case studies translating science into policy and practice to address environmental degradation and climate change impacts on One health – the PLANET4HEALTH project.

Presenters / Speakers / Co-Authors
Gaia Bertarelli, Università Ca' Foscari, Italy

Objective
The PLANET4HEALTH project investigates how environmental degradation, climate change, and human activities collectively impact the health of humans, animals, and ecosystems. The objective is to advance understanding of these interactions and provide actionable insights for mitigating environmental health threats and their drivers.

Methods:
The project employs a multidisciplinary framework, integrating methodologies such as One Health, data analytics, environmental and climate sciences, artificial intelligence, and social, political, and economic sciences. It emphasizes co-creation of interoperable tools with stakeholders. Four regional case studies address: vector-borne diseases in the Iberian Peninsula; air pollution impacts in South Africa; food contamination linked to water and soil quality in Central Europe; and mental wellbeing within environmental and climate contexts.
Results:
Preliminary outputs include the creation and systematization of novel health datasets, enhanced understanding of environmental and climatic influences on health, and development of accessible data platforms. The project is also uncovering pathways for efficient science-policy and science-society interaction to improve responsiveness to health challenges.

Discussion
Through interdisciplinary integration, PLANET4HEALTH identifies underlying factors influencing planetary health indicators, providing enhanced predictive capacity. By fostering collaboration across case studies and methods, the project contributes to more effective preparation for emerging environmental health threats. These outcomes aim to bolster the global capacity for mitigating the adverse health impacts of environmental degradation and climate change.

Keywords
Planetary Health, Health Promotion, Policy-making

Health and environmental literacy, pro-environmental behaviour and the well-being of French students

Presenters / Speakers / Co-Authors
Fleur Delebarre, Université Lyon Lumière, France
Pr. Julien Masson, Université Lyon Lumière, France

Objective
Today's students may experience negative emotions in relation to the environmental crisis, in particular climate change anxiety (CCA). CCA involves persistent worry about the long-term consequences of climate change. To cope with this stress and adapt to it, people implement adaptive strategies known as coping. We know that adopting pro-environmental behaviour (PEB) - actions that tend to reduce the impact that an individual can have on the environment - in public (e.g. activism) can be a way of regulating CCA by having the power to act, which in turn can be associated with better mental health.
One of the factors in public PEB, rooted in a covid-19 context, is environmental literacy among students.
On the basis of impact studies conducted on covid-19 and PEB, we have been able to construct three typologies of environmental and health literacy in relation to zoonoses (e.g. covid-19) : an anthropocentric one, relating to knowledge of the link between zoonoses and the health of the individual; an environmental one, relating to knowledge of the link between human health and the environment; a harmful one, which highlights knowledge of the deleterious actions of Man on nature and its consequences on human health.

Method
We conducted a quantitative study (N = 960) among French students to gather their literacy typology, their pro-environmental intentions (PEBI) and their public and private (e.g. recycling) PEB. This study enabled us to statistically validate an environmental and health literacy scale for zoonoses. Our three-dimensional model

showed a causal link between the three literacy typologies, PEBI and PEB ($p<0.001$). This study allows us to assert that students' virtuous stress management behaviours are more likely to be adopted when their understanding of the environmental crisis tends towards an understanding of the destructive consequences of human actions on nature. Improving students' environmental literacy, whatever their course of study, will be linked to an increase in their PEBI and PEB.

We can also affirm that prevention messages built around health aspects such as the symptoms of pathologies, induce changes in lifestyle habits for a healthier environment. Understanding the destructive consequences of human intervention on nature leads to more committed action, such as taking part in environmental protection activities.

Keywords
Health literacy, environmental literacy, pro-environmental behavior, well-being, students

Multivariate Statistics of Infectious Disease - Examples from COVID-19 pandemic of Nepal

Presenters / Speakers / Co-Authors
Jyoti U. Devkota,

Objectives
COVID-19 pandemic decimated millions of people around the world. The need to model and project the spread of this disease was urgently felt. This paper demonstrates the use of various statistical techniques in understanding and predicting the dynamics of spread of an infectious disease, especially COVID-19. During the COVID-19 pandemic, variables such as daily tests, daily infections, daily deaths and dailydischarge have exhibited different patterns. In this paper, the path traced by these variables are analysed using various multivariate statistical techniques.

Methods
Ministry of Health and Population, Government of Nepal COVID-19 data is used here. The data used here is from 26 February 2020 to 25 January 2023. The use of multivariate statistics techniques such as Vector Autoregression (VAR), Granger Causality, Quantiles, Quantile Regression, Structural Equation modelling, Principal Components Analysis, Non-Linear Regression and ARIMA models is displayed.

Results
Several latent variables and their interrelationships have played an important role in the spread of COVID-19. Here these latent variables are measured. The under reporting is estimated using statistical learning approaches. New mathematical methods and models are developed for this purpose.

Discussion
Direct changes are visible and can be measured. But inherent and underlying interrelationships also exist. Here these underlying relationships are measured using statistical learning approaches. The level of under reporting in the data is also estimated using mathematical methods. This method of understanding and measuring the interdependence helps in better management of any pandemic of infectious diseases including the COVID-19 pandemic. This has special significance in developing countries like Nepal. Such countries have a knowledge gap due to limited and scarce data.

Keywords
62Hxx Multivariate Analysis, 62H25 Structural Equation Modelling, 62G08 Quantile Regression, G2J02 Non-Linear Regression

Health Literate Settings and Prevention

Parallel Session

15 May 2025, 16:00 – 17:30

Moderator

Ana Gherghel, Canada

Promoting cancer prevention in the UAE: An integrated assessment of cancer health literacy, screening practices, and barriers to health-seeking behaviors

Presenters / Speakers / Co-Authors

Zufishan Alam, Hamdan Bin Mohammed Smart University, UAE
Dr. Iffat Elbarazi, United Arab Emirates University, UAE

Objectives

Cancer prevention represents a critical health promotion challenge in the United Arab Emirates (UAE), where multiple forms of cancer contribute significantly to mortality and morbidity. Despite national screening programs, participation rates remain suboptimal, highlighting the need for comprehensive health promotion strategies

Methods

This synthesis draws from three cross-sectional studies conducted in the UAE. The studies examined: (1) cancer health literacy among 492 primary healthcare patients and visitors, (2) knowledge, attitudes, and practices regarding breast and cervical cancer prevention among 300 women aged 30 and above, and (3) colorectal cancer screening awareness and barriers among 493 participants, including in-depth interviews with 16 individuals. Assessment tools included validated questionnaires measuring cancer health literacy, prevention knowledge, and screening practices.

Results

Findings revealed concerning gaps in cancer prevention knowledge and practices. Only 16.7% of participants demonstrated excellent cancer health literacy, while specific cancer knowledge was notably low - 36.7% for breast cancer, 5.3% for cervical cancer, and 10% for colorectal cancer. Screening uptake remained consistently low: 23% for mammography, 31.3% for Pap smear, and 12.3% for colorectal cancer screening. Key barriers included negative attitudes toward screening, knowledge deficits, inherent beliefs, and insufficient healthcare provider engagement. Health information sources varied, with digital platforms (internet 50.7%, social media 40.2%) and healthcare providers (43.6%) being prominent channels for cancer-related information.

Discussion

These findings underscore the urgent need for enhanced health promotion strategies in the UAE's cancer prevention efforts. Recommendations include: (1) implementing targeted awareness campaigns addressing knowledge gaps and misconceptions, (2) strengthening healthcare provider roles in promotion and education, (3) developing culturally appropriate interventions considering inherent beliefs, and (4) leveraging digital platforms for health communication. Future initiatives should focus on vulnerable populations, including older

adults and lower-income groups, while building upon positive factors such as family history awareness and digital health literacy.

Keywords
Cancer literacy; screening behaviour; United Arab Emirates

Harnessing Lifestyle Coaching and Technology: A Workplace-Based Approach to Diabetes Prevention

Presenters / Speakers / Co-Authors
Dr. Teresa Cheng-Chieh Chu, National Taiwan Normal University, Taiwan
Pr. Ying-Wei Wang, Hualien Tzuchi Hospital /Tzuchi University, Taiwan
Tse-Chyang Wang, National Taiwan Normal University, Taiwan

Objectives
Diabetes (DM) and prediabetes (PreDM) are major public health challenges worldwide. A 2017 evaluation in The Lancet revealed disparities in diabetes management, with Japan and Singapore achieving perfect scores, while Taiwan's score of 60 underscored the need for stronger prevention strategies. To address these issues, Taiwan launched a workplace diabetes and prediabetes prevention program inspired by the U.S. National Diabetes Prevention Program (NDPP). The program incorporates lifestyle change strategies guided by the NDPP Lifestyle Coaching Framework, utilizing online platforms and social media to increase feasibility and effectiveness. It aims to reduce the incidence of type 2 DM, improve health outcomes, promote sustainable behavior change, focus on addressing unhealthy workplace health behaviors and improve overall population health.

Methods
The program involved 228 participants, including 69 with DM and 169 with PreDM, achieving a 63% completion rate. Over 12 weeks, participants followed a tailored curriculum focusing on diabetes knowledge, weight management, nutrition, stress management, physical activity, and sleep improvement. The curriculum incorporates expert-reviewed YouTube videos, emphasizing personalized progress tracking, goal setting, and long-term behavior change. Engagement was supported through online coaching via social media, such as LINE, with a comprehensive system, including lifestyle coach- and expert- led coaching groups to address challenges. Data from baseline and three follow-up assessments measured changes in behavior, weight, fasting blood glucose, and lipid profiles.

Results
At the end of the program, 28 participants (40.6%) in the DM group experienced weight loss, and 35 participants (50.7%) showed improvements in pre-meal blood glucose levels. In the PreDM group, 51 participants (30.2%) lost weight, and 115 participants (68%) had improved pre-meal blood glucose levels. The results indicate that the lifestyle change program has potential benefits for improving pre-meal blood glucose and weight, with more significant effects observed in the PreDM group.

Discussion
The findings support the effectiveness of lifestyle change programs using online coaching to manage DM and PreDM, particularly in weight control and pre-meal blood glucose improvement. Future studies could explore its application beyond workplace settings and analyze factors like adherence, stress, and social support and their impact on outcomes.

Keywords
Diabetes and Prediabetes; Lifestyle coaching; Health promotion

Risk factors for cardiovascular diseases in people of working age: results of a survey of employees on the Atria platform

Presenters / Speakers / Co-Authors

Antsiferova Aleksandra, National Medical Research Center for Therapy and Preventive Medicine, Russia

Objective

Unhealthful nutrition, low physical activity, excess salt intake, smoking, alcohol consumption, stress are the major causes of mortality and morbidity in the world. All these risk factors for cardiovascular diseases are widespread among the working population. Well-being programs for employees in the workplace reduce the prevalence of risk factors. Well-being programs for employees in the workplace are beneficial for both employers and employees (improving health, reducing morbidity, presenteeism, absenteeism, increasing labor productivity).

The aim is to determine risk factors cardiovascular diseases in people of working age at the workplace by conducting a survey of employees on the Atria platform.

Methodologies

In 2020, experts developed the Atria platform, accessible to any Internet user. Using the survey method (the questionnaire contains 100 questions), risk factors for cardiovascular diseases were identified among employees. The survey identified the most preferred well-being programs for employees in the workplace. The survey took place from April 2020 to February 2024. The results are presented in absolute and relative values.

Results

In total, 67,487 workers took part in the survey on the Atria platform (mostly women – 80.5%, n=54,389). The average age was 42.3 ± 11.9 years and 43.3 ± 11.7 years for men and women, respectively. 16.3% of employees currently smoke (n=10978); 58.4% of workers drink alcohol (n=39409) with varying frequency; two-thirds of workers do not consume vegetables and fruits (fresh, salad, side dishes) on a daily basis; 33.85% of workers (n=22843) add salt to already prepared food, of which 1.7% of workers (n=1177) without first tasting the food; 66.7% of workers (n=45039) do not regularly engage in sports/physical education and 64.3% of workers (n=43425) were in a state of tension and stress during the last month.

For employees, the most preferred well-being programs are the following: the presence of a medical examination at the workplace (44.5%, n=30022), office exercises (28.6%, n=19329), organization of educational seminars and lectures on the topics of correction of behavioral risk factors, basics of healthy lifestyle (27.3%, n=18403).

Conclusion

The high prevalence of risk factors for cardiovascular diseases among employees determines the importance of primary prevention in the workplace through the creation of a health-preserving environment and the introduction of well-being programs for employees.

Adapting Patient Navigation for People with Mental Ill-Health in Primary Cancer Prevention: A participatory approach in the EU CO-CAPTAIN Horizon Project.

Presenters / Speakers / Co-Authors

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Objectives
Patient navigation (PN) is an evidence-based intervention that has been shown to be effective in cancer care for vulnerable populations. The EU-funded CO-CAPTAIN project aims to co-adapt this intervention to assist people with mental ill-health in navigating the complex health and social care system in four European countries, namely Austria, Greece, Poland, and Spain, to improve and enhance primary cancer prevention. This abstract presents the process of adapting PN to the local context in all partner countries.

Methods
Fifty participants aged 22-76 (32 female, 17 male, 1 non-binary) took part in 3 interactive focus group sessions in each country. They were representatives of people with mental ill-health experiences, caregivers, care team members, mental health organizations and service management. The following key elements of PN adaptation were discussed: program goals, community characteristics, settings of intervention, the scope of services, navigator background and competence, navigator training and supervision and project evaluation.
Participants' statements were audio-recorded, transcribed verbatim and analyzed with qualitative thematic analysis using an inductive and iterative method following an approach by Saldaña.

Results
The results reflected differences in the local social and cultural contexts and health care systems between countries, but a number of intervention conditions were identified for all partners: consideration of a person-centred approach based on individual needs in recruitment and navigation; adequate preparation of navigators in terms of education, knowledge and skills and their ability to navigate in health and social care; and provision of services in terms of health literacy and promotion of healthy lifestyles.

Discussion
PN should be developed and delivered according to a person-centred approach that takes into account the personal and contextual situation of navigation beneficiaries. As such, it requires flexibility in terms of the role of navigators, their experience and the type of navigation services they provide. Involving key stakeholders in implementation research provides an opportunity to develop interventions that are tailored not only to the complex needs of beneficiaries, but also to the local context and real-world conditions.

Keywords
Patient navigation, cancer, primary prevention

Employees' and managers' views on health promotion interventions to prevent overweight and obesity among Polish healthcare and industrial shift workers - findings from the EU Shift2Heath project.

Presenters / Speakers / Co-Authors
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Magdalena Wieczorkowska, Medical University of Lodz, Poland
Bianca Fuchs-Neuhold, University of Applied Sciences, Austria
Anneli Rost, Technologie Transfer Zentrum Bremrhaven, Germany

Objectives
Shift work is associated with an increased risk of obesity driven by poor eating habits, chronic changes in circadian rhythms, endocrine and immunological disorders, and changes in the gut barrier. The purpose of this study is to present the results of focus groups with workers and individual interviews with managers in the industrial and healthcare sectors to determine their perspectives on workplace health promotion activities aimed at preventing obesity in shift workers.

Methods
A total of 27 Polish shift workers, 16 of them women, aged between 26 and 53 years (mean age=39.5; SD±78), representing the industrial and healthcare sectors participated in four focus group discussions. Individual interviews were conducted with four managers from both sectors aged between 29 and 49 years (mean age=39.5; SD±5.8). Respondents' statements were transcribed and content analysis was performed. The results presented are the part of the EU-funded SHIFT2HEALTH project (https://shift2health.eu/).
Results: Both managers and employees are aware of the negative effects of shift work on physical and mental health. They believe it is linked to poor sleep, irregular eating, lack of adequate hydration and poor quality food in the workplace. Frequent working in multiple locations, fatigue and lack of access to a gym were mentioned by health workers as the main barriers to regular physical activity. Workers from both groups expressed dissatisfaction with the company's health promotion initiatives for employees. They felt that the company's health promotion efforts were inadequate and that the health of shift workers was overlooked. They expressed an interest in implementing health promotion activities, with healthy eating habits and improving sleep quality being the main recommendations. Face-to-face workshops or short talks, newsletters and leaflets are desirable to disseminate health information. Webinars and apps are also recommended. Financial rewards, gifts and health activities during working hours can motivate employees to participate in health promotion activities.

Discussion
Shift workers and managers in the industrial and healthcare sectors in Poland recognise the urgent need to introduce targeted workplace health promotion interventions to increase health literacy and manage health behaviours in the areas of healthy eating, sleep hygiene, physical activity and stress management to prevent overweight and obesity.

Keywords
Workplace, shift work, obesity, health promotion

Health Promoting Settings: Universities

Parallel Session

16 May 2025, 09:00 – 10:30

Moderator

Ursula Griebler, Austria

Designing a collaborative postgraduate programme in Health Promotion and Communication at an African University

Presenters / Speakers / Co-Authors

Allan Ssembuusi, Makerere University School of Public Health, Uganda
David Musokea, Makerere University School of Public Health, Uganda
Aisha Nakiwala Sembatyab, Makerere University School of Public Health, Uganda
Marjorie Kyomuhendo, Makerere University School of Public Health, Uganda
Ivan Lukanda, Makerere University School of Public Health, Uganda
Agnes Nyabigambo Makerere, University School of Public Health, Uganda
Christine Nalwadda Kayembac, Makerere, University School of Public Health, Uganda
Rhoda Wanyenzea, Makerere, University School of Public Health, Uganda

Background

There is minimal training in health promotion and communication in Uganda despite most diseases being preventable through health promotion activities. Makerere University School of Public Health, in collaboration with the Department of Journalism and Communication, with the support of the Ministry of Health, Uganda (MOH), designed a curriculum for a Master of Health Promotion and Communication at Makerere University, Kampala, Uganda.

Methodology

The curriculum development followed multiple stages and extensive consultative engagements. Initially, an online desk review was conducted which benchmarked 85 health promotion and communication programmes offered by universities worldwide. Data from this review was presented at consultative workshops with key stakeholders from various sectors, including MOH, non-governmental organizations, academics, strategic communication practitioners, and prospective students. Follow-up meetings were regularly held by the core team to refine the curriculum and incorporate stakeholder feedback. Retreats were conducted to write the curriculum modules, and the final draft was presented to the stakeholders before submission to the university for consideration.

Results

The consultative process revealed a critical need for a specialized health promotion and communication programme in Uganda to address local and international health challenges and improving health outcomes. The online desk review identified existing gaps in health promotion and communication training, including the limited number of such programmes in African institutions. The multidisciplinary curriculum of 17 modules was designed to align with the African Union Agenda 2063 and the WHO's Sustainable Development Goals, ensuring it meets both local and global health standards. The curriculum integrates health promotion and communication theories and models to influence behavioural change and enhance individual and community capacity.

Conclusion

Stakeholder engagement was key in the design of this collaborative programme that harnessed experience from public health, health promotion, journalism and communication. The programme is expected to enhance health promotion and communication capacity in Uganda, Africa and beyond and ultimately contribute to reducing the disease burden and other public health challenges in Uganda.

Key words

Curriculum, collaborative, stakeholder, retreats, multidisciplinary.

The Development of Health Promoting Universities in More than Fifty Campuses in Indonesia

Presenters / Speakers / Co-Authors
Prof. Yayi Suryo Prabandari, Universitas Gadjah Mada, Indonesia

Objectives
As a member of AUN/ASEAN University Network, it is recommended for members of AUN to implement health promoting universities/HPU. The Universitas Gadjah Mada (UGM) started to launch the HPU initiative in 2019. After initiating HPU, UGM collaborated with the Directorate of Health Promotion, The Ministry of Health (DHP-MOH), to encourage other universities to develop healthy campuses in 2019, 2020 and 2021.This paper will describe the development of HPU in more than 50 universities in Indonesia.

Methods
We started with a collaboration meeting between 8 big public universities in Indonesia and the DHP-MOH in 2019. The meeting was followed up with a national seminar in which more than 50 universities were invited. During the pandemic in 2020, further collaboration with the DHP MOH, 12 universities developed a guidance book for HPU to alert COVID 19. In the year 2021, 5 universities developed HPU initiation in 23 universities surrounding Indonesia. Data of monitoring and evaluation collected during the program qualitatively, and the results were also analyzed qualitatively.

Results
In 2019, after the meeting with 8 public universities, we agreed to select activities from the HPU AUN, and selected > 20 universities under the Ministry of Education and Research and > 30 Poly-techniques under the MOH to be invited to the national seminar. In the seminar 25 Universities and 34 Health Polytechnique attended, and they signed to develop HPU. During pandemic (2020), through a few virtual meetings, 12 healthy campus teams finished developing a Guidance Book for HPU to alert COVID 19. Two webinars for introducing the Guidance Book attended by more than 200 participants from more than 100 universities from all over Indonesia. In 2021 the DHP MOH continued to collaborate with 5 universities, and we guided 21 universities to develop HPU. The initiation began with a series of workshops, onsite and online, then a team from 5 universities spread to 23 universities to guide the development of HPU.

Discussion
Commitment of the university boards and intensive communication between the taskforce of HPU in every university to ensure the development and implementation of HPU are needed.

Analysis of the Relationship between Independent Learning- Campus Independence Activities and Family Problem on the Level of Depression for Student College

Presenters / Speakers / Co-Authors
Kurnia Dwi Artanti, Universitas Airlangga, Indonesia
Nabilla Nuraeni, Universitas Airlangga, Indonesia

Objectives
The increasing number of innovations in the world of education in higher education, such as the existence of Independent Learning-Campus Independence program (Merdeka Belajar-Kampus

Merdeka / MBKM) activities from the Ministry of Education and Culture and Faculty MBKM, is a challenge for students in carrying out their lectures. research related to the relationship between Independent Learning-Campus Independence program (Merdeka Belajar-Kampus Merdeka / MBKM) activities and family problem on depression levels in Airlangga University students college. This research is an analytic observational study with a cross sectional study design. Based on the calculation results using the formula above, the minimum sample result is 371 samples to be studied. This study was conducted in a period of 3 months, from January 2023 to March 2023. The independent variables in this study are age, gender, class year, study program, place of residence, on-campus activities, off-campus activities, work, family problems, and participation in Independent Learning-Campus Independence program (Merdeka Belajar-Kampus Merdeka /MBKM) activities. The dependent variable in this study is the level of depression. Analysis using chi square and prevalence ratio tests.

Methods
Factors associated with depression in Universitas Airlangga students are gender 1.68 (95% CI = 1.02 <PR < 2.77), study program family 1.50 (95% CI = 1.15 <OR < 1.97) and family problems 1.76 (95% CI = 1.34 <OR < 2.32). Meanwhile, factors that are not related to the incidence of depression in Universitas Airlangga students are age, class year, place of residence, non-academic activities, work, and participation in Merdeka Belajar-Kampus Merdeka (MBKM) activities.

Conclusion
The conclusion of this study was that family problems was the most dominant factor associated with the incidence of depression in Universitas Airlangga students and Independent Learning-Campus Independence program (Merdeka Belajar-Kampus Merdeka/ MBKM) activities are not related to the incidence of depression in students.

Keywords
Independent Learning-Campus Independence Activities Program, Family Problem, The Level of Depression, Student College

Health and Wellbeing in the Context of Health-Promoting University Initiatives: Qatar University as A Case Study

Presenters / Speakers / Co-Authors
Dr. Lynne Kennedy, Qatar University, Qatar
Ghadir Fakhri Al-Jayyousi, Qatar University, Qatar

Background
In 2022, Qatar University (QU) received the WHO Healthy University designation. Health promoting universities are recognized for their commitment to promote learning environments and organizational cultures that support the social, physical, and mental health and well-being of their communities. Understanding health assets and needs is critical to developing effective actions to improve health and wellbeing.

Objectives
To assess QU students' health assets and needs using a comprehensive and participatory assessment approach, and inform future university-wide policies and services to improve health and wellbeing. Methods: A sequential mixed-methods design was employed to conduct a comprehensive asset and

needs assessment comprising a quantitative web-based survey in a convenience sample of students, qualitative focus groups with students and faculty members, interviews with key informants, and an environmental assessment of green spaces on campus. Descriptive/inferential statistics and thematic analyses were used to analyze quantitative and qualitative data, respectively.

Results
812 students (M age 21.4 years, 84.6% female) completed the survey. Mental health was overwhelmingly identified as a main health concern with 45.5% of participants reporting a history of mental illness. Anxiety (38.2%) and depression (27.9%) were the most common, yet only 7.6% of students were seeking professional help. From the qualitative findings, QU students cited perceived susceptibility to mental health illness and mental health literacy as important factors influencing mental health and wellbeing. Students' concerns over confidentiality of mental health services were barriers to access, while social networks were key motivators for help-seeking. The environmental scan assessed 38 green spaces on QU campus. All areas were accessible, equipped with water irrigation systems and lighting, but there was a lack of ramps for mobility aids, limited green landscaping, and insufficient shading and benches. Students felt there should be more ramps, benches, green spaces on campus to promote health and wellbeing.

Conclusions
The results of these assets and needs assessment will inform QU policies and services and contribute to QU's strategic efforts to create the learning environments and organizational culture required of a Health Promoting University.

Keywords
Healthy University, Needs Assessment, Qualitative, Lifestyle Behaviors, Environmental Scan, Mental Health and Wellbeing.

Health and Wellbeing in all Policies

Parallel Session

16 May 2025, 09:00 – 10:30

Moderator
Marguerite Sendall, UAE

Illusion of Safety: Reduced Injury Risk Perception Among Emirati Quad Bikers

Presenters / Speakers / Co-Authors
Preetha Menon Karuveetil, United Arab Emirates University, UAE

Objective
Quad biking is a popular recreational activity in the deserts of the United Arab Emirates, attracting both young children and tourists. However, injuries related to quad biking among children have become an increasing concern, both globally and within the UAE.
To address this issue, it is essential to understand the social norms and systemic gaps that contribute to these injuries. By doing so, we can develop comprehensive interventions to prevent injuries in this unique desert environment. This study represents one of the first explorations into the socio-cultural risk factors associated

with desert recreational injuries in the region. One of our primary focuses is to investigate the factors contributing to quad bike injuries among children in the country.

Method
The research team conducted a total of 53 in-depth interviews with snowballing technique employed to identify participants. Participants were stakeholders that influenced quad bike riders and riding environment. Interview recordings were transcribed verbatim and translated before being imported into NVivo software for analysis. Framework analysis and reflexivity exercises were conducted. Thematic areas were indexed, summarized. Factors that influenced injury risk perception were summarized.

Result
Injury risk is often underestimated because quad biking is culturally depicted as a safe childhood activity. The themes that emerged were grouped as regulations and policies, social norms, peer pressure, safety culture, training, depáysement. The safety illusion is created by the lack of mandatory training, licensing, or vehicle registration. The combination of the vehicle design and the soft terrain creates an impression of lower crash and injury risks, especially among those familiar with the landscape. Additionally, social norms that promote machismo, the influence of social media, coupled with peer pressure, contribute to risky riding behaviors. The absence of proper training and the use of risk-averse riding techniques exacerbate the situation.

Discussion
An unsafe quad bike riding environment is sustained by a diminished perception of injury risk. It is crucial to investigate and address this illusion of safety by identifying the underlying social norms and regulatory gaps that contribute to it.

Keywords
Injury prevention; Risk perception; Quad bike; All terrain vehicle; Socio-cultural risk factors, Social Norms; Recreational injury

Establishing a Regional Framework to Strengthen Non-Communicable Disease Legislation in the Pacific: From Framework to Action.

Presenters / Speakers / Co-Authors
Amerita Ravuvu, The Pacific Community (SPC), Fiji

Objectives
Non-Communicable Diseases (NCDs) pose a growing health and economic threat across the Pacific region. Legislative action is recognized as a critical strategy to address NCD risk factors, which are influenced by commercial and environmental determinants. However, current laws in most Pacific Island Countries (PICs) often lack the necessary scope and enforcement mechanisms to address NCDs. In response, Pacific health leaders and legislative drafters initiated the development of the Pacific Legislative Framework (PLF), designed to provide comprehensive legislative guidance. The PLF aims to support PICs in reforming and strengthening NCD-related laws to enhance prevention and align with global and regional frameworks.

Methods
Between 2019 and 2021, regional consultations were conducted involving experts in NCD policy and legal frameworks from 21 PICs, alongside development partners. These workshops were structured to define the PLF's scope, focusing on key risk factors for NCDs. The resulting framework design consists of three core components: legislative policies to guide strategic direction, legislative plans to set actionable priorities, and

legislative provisions to ensure enforceability and alignment with international standards.

Results
In 2022, the Pacific Health Ministers officially endorsed the PLF, making it the region's first unified legislative framework for addressing NCDs. Following this endorsement, between 2023 and 2024, countries including Fiji, French Polynesia, Nauru, Vanuatu, Kiribati, Solomon Islands, Tonga, and Tuvalu began assessing and addressing gaps in their national laws. Efforts to align legislative measures with the PLF have already led to significant progress in crafting more robust legal tools to combat NCD risk factors effectively.

Discussion
The PLF represents a transformative milestone in regional health legislation, providing Pacific Island nations with a coordinated and adaptable framework to address shared challenges. By leveraging collective expertise and promoting legal reforms tailored to each country's context, the PLF fosters stronger regional collaboration. Its implementation has highlighted the potential for legislative interventions to drive meaningful improvements in public health and mitigate the impact of NCDs. Early successes underscore its value as a model for similar initiatives in other regions.

Keywords
Non-Communicable Diseases, Pacific Island Countries, Regional Legislative Framework

Gambling regulation in Ghana – a public health perspective

Presenters / Speakers / Co-Authors
Emmanuel Badu, Curtin University, Australia

Background
The last decade has seen rapid expansion of the gambling industry in Ghana and many other sub-Saharan African countries resulting in increased gambling behaviour and related harms. This upsurge has been linked to the prevailing weak gambling regulatory regime in these countries that has created an enabling environment for the gambling industry to normalise gambling and drive gambling behaviour in pursuit of more profits. The aim of this presentation is to provide a critical public health review of the Gaming Act (2006) of Ghana and demonstrate why a regulatory reform is needed.

Methods
Document analysis of Ghana's Gaming Act (2006), the law that regulates gambling activities in Ghana.

Results
Ghana's gaming act is weak, privileges responsible gambling, prioritises individual responsibility, government revenue production and the commercial interests of the industry over the government's obligation to protect the health of the citizenry.

Conclusion
A new regulatory regime underpinned by public health principles that explicitly aims to protect people from gambling and gambling related harm is urgently required in Ghana.

IUHPE Course Accreditation and Practitioner Registration: Progressing workforce regulation for professionalisation.

Presenters / Speakers / Co-Authors

Marguerite Sendall, Canadian University Dubai, UAE
Louise Potvin, University of Montreal, Canada
Andrew Jones-Roberts, Melbourne City Mission, Australia
Lucy Wickham, NAO Management Committee, Australia
Dimitri Batras, Attained Success Consulting, Australia
Tia Lockwood, Western Australia Country Health Services, Australia

Abstract

Health Promotion is an unregulated profession. However, progress in addressing population health and sustainable development is underpinned by a globally recognized and responsive health promotion workforce, benchmarked by agreed core competencies and contextualized to the policy and practice environment. To address workforce professionalisation, the International Union of Health Promotion and Education (IUHPE) created the IUHPE Global Accreditation System which incorporates health promotion course accreditation and registration as a health promotion practitioner. Existing health promotion competencies build on World Health Organization charters and social development goals to define knowledge and skills required to promote health and wellbeing and address health inequities. International efforts in reaching consensus about competencies, such as the Galway Consensus Conference Statement and the IUHPE Global Accreditation System have facilitated health promotion professionalisation at a global, regional and country level. The purpose of course accreditation and practitioner registration is to establish a globally recognized and responsive health promotion profession, benchmarked by agreed core competencies. This workshop is more important than ever to promote the purpose and value of health promotion competencies and competency-based quality assurance systems to practitioners, government and non-government organizations at regional and global levels.

This workshop will critically consider what skills and capacities are required to address current and emerging health, wellbeing and equity challenges, how to strengthen health promotion competence and capacity in implementing multisectoral action and inclusive governance for health equity and sustainable population health and wellbeing eco-systems.

Objectives

The purpose of this workshop is to share information about regional and global developments on the IUHPE Global Accreditation System. This workshop will critically consider impact to date and promote dialogue and discussion about future developments required to meet emerging global health challenges.

This workshop has four objectives:

1) review progress on the IUHPE Global Accreditation System,
2) share Australia's experience of the implementation of course accreditation and practitioner registration,
3) explore the relevance and impact of these systems on building effective, accountable and inclusive governance and
4) promote critical discussion about current developments and future innovations. The added value of this workshop is it offers delegates the opportunity to think carefully about relevant complex concepts with peers from other countries and discuss strategies to progress health promotion practitioner registration in their own country.

Format

The format for this workshop is participant centered, activity based, highly interactive, pedagogically

robust, and the structure will be logical and easy to follow. There is a clear coherence between the topic and the workshop because the workshop will be structured according to the proposed objectives aligned with the topic. This workshop will deliver an overview of the IUHPE Global Accreditation System including course accreditation and practitioner registration, globally progress and a case study from Australia as a foundation for participant activities. A suite of learning activities will cater to diverse learning styles and prior knowledge. The specific components of this workshop are small and interactive group activities, focused and localized scenario-based activities, hands-on and technology-based activities, and participant-led and practice relevant activities.

Learning goals
There are two learning goals.

1. Participants will gain an in-depth understanding of the value and process of course accreditation and registration of health promotion practitioners.
2. Participants will develop knowledge required and be inspired to progress local action on health promotion course accreditation and practitioner registration.

New Settings for Health (Promotion) Innovation & Equity

Parallel Session

16 May 2025, 09:00 – 10:30

Moderator

Gender differences in sociocultural determinants of inappropriate antibiotic use in Southwestern Nigeria: Implications for health promotion strategies in antimicrobial stewardship interventions

Presenters / Speakers / Co-Authors

Oluwafemi J. Adewusi, University of Kent, UK

Objectives
Antimicrobial resistance is significantly driven by inappropriate antibiotic use. While men and women exhibit varied health-seeking behaviours, indirectly influenced by sociocultural factors, there is limited evidence on how gender norms and roles contribute to inappropriate antibiotic use. This study explored the gender differences in sociocultural drivers of inappropriate antibiotic use in Ibadan, Southwestern Nigeria.

Methods
Using a mixed-method design, 509 adults were selected using a multistage sampling strategy. Data on drivers of antibiotic use was obtained via a pre-tested questionnaire. In-depth information on the subject was also collected through focus group discussions with men and women, as well as interviews with stakeholders including health workers and community leaders. Quantitative (descriptive and chi-square) and qualitative analyses were carried out using SPSS and Nvivo software, respectively.

Results
The survey respondents' mean age was 32.6years±10.6. There were slightly more women (51.0%), 55.0% had tertiary education and 58.5% were married. The majority, (73.6%) believed that women

were expected to report infection symptoms before men, but 66.5% reported that women experience stigma from infections such as gonorrhea. However, 59.6% reported that early reporting of infection symptoms by men could be considered as weakness and 44.4% believed that men's expression of strength includes non-disclosure of infection symptoms. Non-prescription antibiotic use practice was 26.5%, significantly higher among men ($X2= 4.360$, $p<0.037$). The qualitative results suggest that men's cultural role as the family breadwinner and the perception of masculinity as a symbol of strength were primary reasons for hesitancy to seek care at the health facilities and consequently self-medicating with antibiotics. Conversely, women were culturally perceived to be at higher risk of infections because of monthly menstruation and their 'weak' body makeup, hence are expected to always report symptoms of infection. However, the perception of being careless and labelled 'promiscuous' often prevents women from accessing healthcare, thus resorting to antibiotic self-medication.

Discussion
The sociocultural drivers for inappropriate antibiotic use differ for men and women. Community antimicrobial stewardship interventions need to incorporate gender-specific health promotion strategies such as gender-targeted advocacy and behavioural change communication to address these sociocultural drivers.

Keywords
Antibiotic use, gender, sociocultural determinants, antimicrobial stewardship

Exploring health literacy levels in informal caregivers: findings from the Portuguese reality

Presenters / Speakers / Co-Authors
Ana Rita Pedro, NOVA University Lisbon, Portugal
Dr. Daniela Brandão, NOVA University Lisbon, Portugal
Dr. Ana Escoval, NOVA University Lisbon, Portugal

Objectives
Health literacy (HL) concerns the knowledge and competences of people to meet the complex demands of process of caring. Providing health care to someone can be an extremely demanding task that requires a combination of skills and knowledge. HL can be considered a key factor in promoting the health of both the informal caregiver and the cared person. This study aimed to investigate the levels of health literacy among Portuguese informal caregivers of adult care recipients.

Methods
A cross-sectional study was conducted through an online survey directed to informal caregivers. Inclusion criteria for the study included: informal caregiver aged 18 years old or above; informal caregiver assuming care to an adult care receiver on a regular basis; and informal caregiver not receiving money for the care provided. It was applied the Portuguese version of the European Health Literacy Survey (HLS-EU-PT-Q16) and it was calculated a 0-50 Score. An analysis by item and dimensions (health care, disease prevention, and health promotion) was also conducted.

Results
A total of 760 informal caregivers were surveyed (mean age 57 years (±9.9), 92.5% female, 62.6% married or living with a partner, 41.5% has at least university level, 44.4% works full or part-time).

The mean HL score (n=673) was 31.9 (±7.8), and 58.6% has a problematic or inadequate HL level. An analysis by item of the HLS-EU-PT-Q16 showed that the items with high percentage of “very difficult” or “difficult” responses were “find information on how to manage mental health problems like stress or depression” (53.4%) and “find out where to get professional help when you are ill” (51.7%). It seems more challenging for caregivers to process information related to disease prevention, as the percentage of inadequate or problematic levels was 57.3% when compared to 54.2% for health care and 45.9% for health promotion.

Discussion
The findings showed that informal caregivers present low levels of HL. Enhancing HL through the involvement of the caregivers in initiatives aiming to improve access, understanding, appraisal and use of health information can have meaningful outcomes for both caregivers and care recipients. Future work should explore the role of HL-associated factors and health outcomes for the caregiving dyad.

Keywords
Informal caregivers; health literacy; health promotion

Depression among Outpatients with Diabetic Peripheral Neuropathy: Prevalence and Associated Factors

Presenters / Speakers / Co-Authors
Dr. Besher Gharaibeh, Jordan University of Science and Technology, Jordan
Sawsan Abuhammad, University of Sharjah, UAE

Objectives
Diabetic peripheral neuropathy (DPN) is one of the most common complications of diabetes mellitus (DM), significantly impacting patients' quality of life. Depression is frequently observed among individuals with DPN, yet the prevalence and contributing factors remain underexplored. This study aims to assess the prevalence of depression among outpatients with DPN and identify factors influencing its severity.

Methods
A cross-sectional descriptive study was conducted among 153 patients recruited from outpatient clinics in Jordan. Participants completed the Beck Depression Inventory-II (BDI-II) for depression assessment, the Michigan Neuropathy Screening Instrument (MNSI) for neuropathy evaluation, and the Douleur Neuropathique 4 (DN4) questionnaire for neuropathic pain assessment. Glycemic control data were collected through HbA1c levels from medical records. Regression analyses were performed to determine the association between depression and neuropathy, severity, pain, and glycemic control.

Results
The mean depression score was 16.5, with 65% of patients experiencing depression, and 13% reporting moderate to severe symptoms. The mean MNSI score was 5 (SD = 5), and the DN4 score was 4 (SD = 3.5). Regression analysis revealed that neuropathy severity significantly predicted depression levels, whereas neuropathic pain and glycemic control did not. Additionally, longer diabetes duration and lower education levels were associated with higher depression scores.

Discussion
Findings highlight that depression in patients with DPN is primarily influenced by neuropathy severity rather

than pain intensity or glycemic control. This underscores the need for a multidisciplinary approach in diabetes care, integrating mental health support alongside neuropathy management. Given the high prevalence of depression among patients with DPN, routine psychological screening should be incorporated into diabetes management to enhance overall patient well-being. Multidisciplinary care models that incorporate psychological support, patient education, and neuropathy management may improve both mental and physical health outcomes. Future research should explore the longitudinal relationship between neuropathy progression and mental health, as well as the effectiveness of targeted psychological interventions for this population

Keywords
Diabetic peripheral neuropathy, depression, diabetes mellitus, prevalence, neuropathic pain, glycemic control.

Knowledge, Attitude, and Practice on NCD Prevention and Control at the Primary Level in Fiji.

Presenters / Speakers / Co-Authors
Helen Maria Tawakilai, Fiji National University, Fiji

Background
Fiji has substantial challenges in addressing non-communicable diseases (NCDs), with management programs integrated within primary care. The study aimed to assess the knowledge, attitudes, and behaviour change practices concerning NCD prevention among high-risk employees and Occupational Health and Safety (OHS) officers in Fiji's health-promoting workplaces.

Methodology
A mixed-method survey using an Individual-based questionnaire and open-ended questions was administered in 2023 as a baseline and follow up study in 2025. Purposive sampling was used to recruit 42 high-risk employees and 6 OHS Officers. The sites were selected from areas where health professionals received motivational interview training and workplaces that participated in Fiji's Health Promoting Workplace Programme. Data on socio-demographics and NCD prevention were collected electronically using KOBO Toolbox and analyzed using SPSS software.

Results
There is a general lack of knowledge on the recommended portion size of carbohydrates, vegetables, sugar, and salt intake required at each meal. Additionally, the majority of high-risk employees do not follow up on NCD clinic referrals from workplace screening, and work demands limit their physical activity. Moreover, 67% of OHS officers are unfamiliar with the fundamental steps of a health-promoting workplace, and none have attended any behavioral change training.

Conclusions
Preventing non-communicable diseases at the primary level requires a collaborative effort, and it is crucial for OHS Officers to have the right knowledge and skills to effectively motivate workmates to change their behavior. This suggests the need for continuous training and context-specific interventions for high-risk employees at workplaces.

Health Promoting Schools

Parallel Session

16 May 2025, 09:00 – 10:30

Moderator

Mirna Al Masri, UAE

Creating a Whole of School Approach to Healthy Eating and Drinking. Implementing the Council of Australian Governments (COAG) Health Council's Good Practice Guide in Western Australian Schools

Presenters / Speakers / Co-Authors

Aisling Dempsey, National Nutrition Foundation, Australia

Setting

Childhood obesity is a global public health issue that has significant health, economic, and social impacts. In Western Australia, a quarter of children are overweight or obese. Individuals who are above a healthy weight as a child are more likely to continue being above a healthy weight into adulthood and subsequently have a heightened risk of chronic disease. Childhood obesity may affect all aspects of a child's development.

Intervention

Schools are effective settings for nutrition promotion to children. Evidence shows that action at the school level should be a priority to reduce childhood obesity. Funded by the Western Australian Department of Health, freshSNAP (fresh School Nutrition Advisory Program) adopts a whole of school approach to healthy eating and drinking. Utilising four key pillars: shared leadership, healthy food and drink policy, teaching and learning and partnerships to create healthy food and drink environments and ensure compliance with the Western Australian Department of Education Student Health in Public Schools, Appendix B. Healthy Food and Drink.

FreshSNAP has developed targeted activities that improve school food and drink environments, increase teachers' confidence to deliver cross-curricular nutrition education, and improve the nutrition literacy and knowledge of WA school children.

Outcomes

Key outcomes:

- All participants reported an increase in their knowledge of the importance of a whole-school approach
- 100% of teaching staff who attended the training session indicated they would use the knowledge and skills learnt
- 100% of food provision staff rated their knowledge of Appendix B. Healthy Food and Drink as good or very good following a training session
- Over 80% of students reported increased nutrition knowledge following a freshSNAP lesson
- Over 200 assessments of products, recipes, menus, and recommendations provided to the canteen and food provision staff.

Implications

FreshSNAP's approach to creating healthy food and drink environments and increasing nutrition knowledge and literacy is effective. Evaluation shows that the COAG Health Council's Good Practice Guide: Supporting healthy eating and drinking at school can cause changes in food literacy, nutrition knowledge and motivation to create healthier food and drink environments. All of these factors can play a pivotal role in reducing the

chronic disease burden associated with poor nutrition. Health promotion and behaviour change programs, like freshSNAP, should be embedded in school environments.

Developing Healthy Weight Promoting Strategies for Elementary Schools in Taiwan: Practice Experiences from Health Promoting Award Schools

Presenters / Speakers / Co-Authors

Dr. Fu-Li Chen, Fu Jen Catholic University, Taiwan
Chao-Chun Wu, Health Promotion Administration, Ministry of Health and Welfare. Taiwan
Shu-Li Chia, Health Promotion Administration, Ministry of Health and Welfare. Taiwan

Setting

Research has shown that obese children were more likely to be as obese adults. Schools play a vital role in cultivating students' healthy lifestyle. In 2002, Health Promotion Administration (HPA), the Ministry of Health and Welfare and the Ministry of Education (MOE) in Taiwan collaborated to advocate Health Promoting Schools Program (HPS). To align with the global standards of WHO and UNESCO, the HPA and MOE revised the existing HPS standards around 2022 and launched the HPS Featured Award Program in 2023. The award program was designed to incentivize schools in counties and cities to adopt the new generation standards and internalize healthy behaviors, thereby positively influencing families, communities, and workplaces. Schools recognized with the Excellence Award (EA) and Featured Award (FA) showed higher percentage of students in health body weight. This study explores the association between these new strategies and students' healthy weight outcome in HPS- awarded schools.

Intervention

The HPA organized review committees to evaluate 97 award winning schools in the Award Competition program (50 EA and 47 FA). A total of 85 elementary schools were selected, and 53 schools demonstrated high performance in healthy body weight programs and were recruited for further analysis. We analysed these programs, made a GIS resource inventory map, and extracted the key elements contributing to their success.

Outcomes

Most of healthy weight promoting strategies measures follow the MOE's "PREMA PULS, GO Health" policy which includes positive emotions, engagement, positive relationships, meaning, accomplishment (PERMA) and physical activities, live optimistically, nutrition, and sleep (PULS) and integrate life skills development with curricula for students. The main elements of successful education are immersive learning with culture education, ecological education, food and agricultural education, and VR and AR technologies connecting with local characteristics. School principals play a vital role in managing school activities and resources, implementing the "whole school approach" policy, and fostering collaboration by engaging parents and the community.

Implications

The findings suggest "PREMA PULS, GO Health" policy and successful education elements from health promoting award schools can apply to other elementary schools. The schools in underserved areas have a continued need for enhanced resources.

Mapping Health Promoting Schools in the African Region: Towards a Comprehensive Approach for Planetary Health and Wellbeing

Presenters / Speakers / Co-Authors

Aminata Grace Kobie, WHO, Congo
Dr. Doris Kirigia, WHO, Congo

Objective

Health-promoting schools (HPS) are crucial for enhancing the well-being of children and adolescents by creating supportive environments for physical, mental, and social health. This concept is aligned with the WHO Well-being Framework, which emphasizes a holistic approach to health. The Ottawa Charter for Health Promotion highlights the importance of schools as critical settings for comprehensive health initiatives (World Health Organization, 1986). However, implementing the HPS framework in Africa has faced challenges, including limited resources and inconsistent support. This study aims to map existing HPS initiatives in Africa, evaluate their alignment with Global Standards for Health Promoting Schools, and document best practices to inform future policies and programs.

Methods

A questionnaire was developed and sent to government institutions responsible for school health. The survey assessed implementation levels of global standards. Additionally, case studies from countries that have adopted these standards are documented to capture the best practices and lessons learned.

Results

The mapping exercise is anticipated to yield a detailed report outlining Africa's current landscape of health-promoting schools. This report will identify barriers and facilitators to implementation and gaps in existing practices. Evidence-based recommendations will be provided for scaling successful HPS interventions.

Discussion

The insights derived from this mapping exercise will serve as a strategic resource for policymakers, educational systems, and health authorities. By strengthening the HPS framework, the study aligns with the broader goal of planetary health, aiming to ensure that schools become thriving environments that contribute to the well-being of students, staff, and the wider community.

Keywords

Health Promoting Schools, Global Standards, School Health, African Region, Planetary Health, Wellbeing, Policy Mapping.

School-Based Intervention for Raising Awareness of Air Pollution and Its Health Consequences: A Curriculum Development

Presenters / Speakers / Co-Authors

Pr. Merita Berisha, University of Hasan Prishtina/ National Institute of Public Health Kosovo, Kosovo
Zana Shabani Isenaj, University of Hasan Prishtina, Kosovo

Objectives

The study sought to address the lack of environmental education related to air pollution by

implementing a school-based program that focused on enhancing students' knowledge, attitudes, perceptions, and behaviors regarding air pollution. The program was one of the first initiatives in Kosovo to tackle air pollution within an educational context. It aligns with the IUHPE2025 conference theme “Settings for Planetary Health and Well-Being,” which emphasizes the importance of healthy school environments in promoting planetary health.

Methods
The curriculum developed for the intervention was evidence-based and structured around three key topics: (1) the health effects of air pollution exposure, (2) the local sources and contributors to air pollution, and (3) strategies for reducing exposure and promoting pro-environmental activities. The curriculum was designed through collaboration with researchers and was approved by the National Institute of Public Health in Kosovo (NIPH) to ensure its relevance and appropriateness for local students. The program included instructional sessions with students, safety messages, and an informational pamphlet outlining the health effects of air pollution and practical strategies for prevention. A pre- and post-intervention evaluation design was used, and data were collected through structured questionnaires to assess changes in students' knowledge, attitudes, perceptions, and behaviors.

Results
There were significant improvements in students' knowledge and perceptions regarding air pollution, indicating that the educational program was effective in raising environmental literacy. However, the program had a limited effect on changing students' attitudes or fostering long-term pro-environmental behaviors.

Discussion
The results highlight the potential of school-based interventions in raising awareness about environmental health issues, specifically air pollution. This intervention underscores the potential of schools as settings for planetary health promotion. It aligns with the IUHPE2025 conference’s focus on health-literate settings and the promotion of pro-environmental behaviors. By fostering collaboration between schools, families, and communities, such interventions can play a key role in addressing air pollution and its health impacts. Future programs should consider longer durations, more engaging strategies, and increased involvement of families to achieve sustained behavioral changes. Ultimately, these efforts can contribute to a broader global vision of planetary health and well-being, reinforcing the importance of education in shaping both individual and community health outcomes.

Keywords
Environmental Education, Air Pollution, Public Health, Knowledge, Attitudes, Perceptions, Pro-environmental Behavior, School-Based Program, Kosovo

Holistic and integrated health promotion approach in schools: ongoing pilot case in Lithuania

Presenters / Speakers / Co-Authors
Kastytis Šmigelskas , LSMU (Lithuanian University of Health Sciences), Lithuania

Setting
In Lithuania, the responsibility for Health Promotion (HP) in schools lies with specialists from Public

Health Bureaus (PHBs), which operate under the supervision of the Ministry of Health. Simultaneously, school administrations mandated to implement the "Life Skills General Programme," which incorporates elements of HP and the Ministry of Education, Science, and Sports. However, there is a lack of integration between the HP policies targeting school-aged children across these ministries. The implementation of these policies follows a top-down approach, applied in a fragmented and non-longitudinal manner, often failing to accommodate the developmental needs of distinct age groups.

Intervention
The pilot aims to implement a holistic and integrated HP plan in school. It was initiated in September 2024 at the Lithuanian University of Health Sciences (LSMU) Gymnasium and introduced a multidisciplinary team: PHB specialists, school administration, teachers, LSMU academic and research staff (lifestyle medicine specialists, psychologists, public health professionals). Focus groups within the team identified key objectives for promoting the health of 5th-grade schoolchildren and determined the means to achieve these objectives in a real-world setting over a one-year period. Problem areas were identified through an analysis of the LSMU Gymnasium's strategic documents and operational plans, as well as a review of previous Health Behaviour in School-aged Children (HBSC) and physical fitness/activity data. Based on this analysis, the intervention plan focused on developing skills and knowledge in the areas of children nutrition, physical activity, emotional health, and the prevention of harmful habits.

Outcomes
The outcomes of the pilot project will be evaluated by measuring objective changes using the HBSC questionnaire administered before and after the intervention. Physical fitness and activity data will be collected, along with subjective measures such as health literacy and knowledge assessments, in June 2025.

Implications
The project aims to provide recommendations for implementing HP plans in other schools and to identify HP activities and skill-building measures most likely to have a long-term impact. The continuous HP plan will also be implemented for the same cohort of students in the 6th grade at LSMU Gymnasium.

Sexual and reproductive health and education in school settings

Parallel Session

16 May 2025, 10:45 – 12:15

Moderator
Fretian Maria Alexandra, Germany

Improving Sexual and Reproductive Health Knowledge in Moroccan Primary Schools: Outcomes of an Educational Proactive Workshop

Presenters / Speakers / Co-Authors
Sarah Michaud, Sol Lucet Omnibus Fundation, Morocco
Objectives

Childhood is an important phase for physical, social, and cognitive development, including the foundation of sexual and reproductive health and rights (SRHR). Establishing a positive SRHR foundation early can reduce risks and improve long-term outcomes. However, in Morocco, SRHR education in schools is limited due to religious and cultural sensitivities. To address this, three-hour workshops tailored to students' grade levels were developed with 1) Young learners (1st-2nd grades) exploring life stages, modesty, body respect, consent, and the concept of private parts; 2) Middle learners (3rd-4th grades) covered the same topics, with added education on the anatomy and functions of genital parts; 39 Advanced learners (5th-6th grades) included all these lessons with additional focus on puberty's role and mechanisms. This study aimed to assess primary students' SRHR knowledge levels before and after the workshops according to their grades.

Methods

A cross-sectional survey was conducted in September 2024 among primary students in Marrakech, Morocco. A self-administered questionnaire incorporating drawings was used both before and after the workshops to compare knowledge acquisition. Parental consent was obtained for all participants.

Results

The study sample consisted of 146 participants, with data collected from both pre- and post-workshop (n=92, n=87, respectively). The mean age of the participants was 8.7 years. The gender distribution was balanced, with 50.3% females and 49.7% males. baseline knowledge varied significantly by age group. Young learners demonstrated limited understanding of body respect and consent (32%), while middle and advanced learners showed partial awareness of anatomy (41%) and puberty (28%), respectively. Post-workshop assessments revealed substantial improvement across all groups: comprehension of consent rose to 86% ($p < 0.001$) among young learners; understanding of genital anatomy reached 78% ($p < 0.001$) in middle learners; and accuracy in puberty-related knowledge increased to 90% ($p < 0.001$) among advanced learners.

Discussion

The findings underscore the critical role of tailored SRHR education in enhancing knowledge among primary school students in Morocco. This study demonstrates the feasibility and effectiveness of implementing culturally sensitive SRHR programs in schools.

Keywords

Sexual health, health promotion, primary schools, education

Determinants of risky sexual behaviours among tertiary students in the Hohoe Municipality, Ghana.

Presenters / Speakers / Co-Authors

Dennis Kweku Mawuli, University of Health and Allied Sciences, Ghana

Objectives

Globally risky sexual behaviour (RSB) is a recognised threat to students, leading to Human Immunodeficiency Virus (HIV) transmission. Daily, 4,000 people, including 1,100 aged 15-24, contract HIV as a result of RSBs. This study ascertained the determinants of risky sexual behaviours among tertiary students in the Hohoe Municipality using the Health Belief Model (HBM).

Methods

A cross-sectional study design was employed using a multistage sample of 392 students. Data were collected in May 2023 using a structured questionnaire and analysed using STATA Version 16. Bivariable and

Multivariable logistic regressions were used to test the association between RSB and independent variables at a p-value of 0.05 and 95% confidence interval. Ethical approval was obtained from the University of Health and Allied Sciences Research Ethics Committee [UHAS-REC. A10 [125] 22-23]. Written informed consent was obtained from each participant before enrolling into the study.

Results: The prevalence of RSB was 57.1%. Being aged 25-32 (aOR=2.38, 95%CI:1.30-4.40), being single (aOR=0.15, 95%CI:0.04-0.59), cohabiting (aOR=0.13, 95%CI:0.38-0.47), a Muslim (aOR=0.36, 95% CI:0.14-0.92), fathers' educational level (aOR=0.21, 95%CI:0.08-0.52) and having divorced parents (aOR=5.50, 95%CI:1.28-23.68) were significantly associated with RSB. Respondents who believed that they were predisposed to HIV if they practised RSB (perceived susceptibility) (aOR=0.10, 95%CI: 0.03-0.37), respondents who believed that they could die from AIDS if they contracted HIV (perceived severity) (aOR=0.08, 95%CI:0.02-0.29), respondents who noted that condom providers behaved well toward them when they went to buy a condom [aOR=0.55, 95%CI:0.31-0.98)], respondents who believed that a condom is affordable (aOR=0.37, 95% CI:0.19-0.73) (perceived barriers), respondents who had safe sexual practices included in their school curriculum (aOR=1.98, 95%CI:1.07-3.69), and respondents who had the motivation to practice safe sex (aOR=0.36, 95%CI:0.15-2.46) (cues to action) were significantly associated with RSB.

Conclusion
The majority practised RSB. Health promotion programmes to reduce RSB should aim at heightening students' perception of the threat of HIV, reducing barriers to safe sexual behaviours, and targeting students whose parents were divorced and those aged 23 and 32.

Keywords
Risky sexual behaviours, Health Belief Model, Tertiary Students, HIV, Hohoe Municipality

Adolescent boys' sociocultural beliefs and attitudes toward menstruation in selected high schools in Ghana: Mediation and moderation effect of knowledge

Presenters / Speakers / Co-Authors
Israel Wuresah, University of Health and Allied Sciences, Ghana

Introduction
Adolescent boys can reinforce negative societal attitudes towards menstruation. This could lead to stigmatizing menstruation and making it difficult for adolescent girls to achieve optimal menstrual health and hygiene (MHH). However, empirical research in this domain remains limited and very few MHH interventions target adolescent boys. This study investigated sociocultural beliefs, adolescent boys' knowledge and attitudes towards menstruation.

Methods
A mixed methods study of adolescent boys attending five selected senior high schools (SHS) in the Volta region of Ghana was conducted. Participants were selected using probability proportional to size for each school based on schoolboys' population. The study classified boys' knowledge using Bloom's cut-off criteria. Sociocultural beliefs and attitudes were measured and classified using mean scores. Descriptive and inferential analysis were conducted where preliminary findings of the survey informed in-depth interviews.

Results
431 students were surveyed with a mean age of 17.3 (± 1.0). Majority (60.6%) were between 10-17 years old.

Over half of adolescent boys had low menstrual knowledge; 38% had moderate, and 11% had high knowledge. Also, negative sociocultural beliefs (55.2%) outweighed positive beliefs (44.8%), which were reflected in their attitudes towards menstruation where 52.7% exhibited poor attitudes. Inferentially, structural equation modeling (SEM) revealed that knowledge has a significant negative impact on sociocultural beliefs (β=-0.06; SE = 0.01; $p < 0.001$). Attitudes towards menstruation were also significantly affected by knowledge (β=-0.28; SE = 0.06; $p < 0.001$), indicating that more negative attitudes are linked to lower levels of knowledge. Also, the GLS function indicated that knowledge moderates the relationship between sociocultural beliefs and attitudes more when negative sociocultural beliefs are higher. The qualitative findings revealed deeply ingrained sociocultural and religious beliefs that underline the poor attitudes of boys. Period teasing was reported even among other females.

Discussion
This study highlights a cultural shift among adolescent boys, indicating a move towards acceptance of menstruation. It also argues that culturally sensitive educational interventions are essential to effectively address misconceptions and promote positive attitudes. Our conviction is rooted in the evidence that increased knowledge about menstruation mitigates the negative influence of sociocultural beliefs on attitudes. That is, higher knowledge levels directly improved attitudes and also buffered the negative impact of negative beliefs. Juxtaposing with literature, this study furthers the discussions in this field and adds a layer of evidence on how improving knowledge reduces poor attitudes and subsequently leads to optimal MHH for adolescent girls.

Parents' perceptions of children's health threats: Changes from 2015 to 2023 and the impact of recent crises' impacts at home and school

Presenters / Speakers / Co-Authors
Hanna Putkonen, University of Eastern Finland, Finland
Marjorita Sormunen, University of Eastern Finland, Finland

Objectives
Various environmental and lifestyle-related challenges have increasingly become factors that threaten children's health and well-being (WHO 2020). This study aims to compare the views of Finnish parents of fifth-graders (10–11 years) in 2015 and 2023 regarding factors that threaten children's health and well-being. The research questions are as follows:

1. Have parents' views of their fifth-grade child's health threats changed from 2015 to 2023?
2. How have the crises of recent years manifested at home from the parents' perspective?
3. How have the crises of recent years manifested at school from the parents' perspective?

Methods
A mixed-methods approach was employed, combining quantitative data from structured surveys with qualitative data from open-ended responses. The sample consisted of 447 parents in 2015 and 136 parents in 2023 from the same schools across Finland. Quantitative data were analyzed using descriptive and inferential statistics and qualitative data using inductive content analysis.

Results
The preliminary quantitative analysis revealed differences in the perceptions of health threats among parents, as well as changes over time. In both 2015 and 2023, the most common health threat reported by parents was excessive media use. Parents also felt that staying up too late threatens children's health in the future in both

years. Children's school-related stress as a health threat increased from 2015 to 2023 according to parents. Additionally, in 2023, parents perceived mental disorders (especially in the future) as a greater health threat than in 2015. According to qualitative findings (2023), the crises of recent years have manifested in various ways at home and school. These include discussions with children, affected social relationships, unpleasant feelings, impacts of distance schooling, and financial strain.

Discussion
The findings suggest that parents' perceptions of children's health threats have evolved over time, with consistent concerns about media use, sleep patterns, and school stress. The increased focus on mental health issues highlights the growing awareness of the psychological impacts of modern lifestyle and environmental factors. The study underscores the importance of addressing these evolving perceptions through targeted interventions and policies that promote children’s health and wellbeing.

Keywords
Children's health, parents, health threats, comparative study

Health Literate Setting for Children and Youth

Parallel Session

16 May 2025, 10:45 – 12:15

Moderator
Souheila Ali Hassan, UAE

A Tool for Embedding Health Promotion in Complex University Settings

Presenters / Speakers / Co-Authors
Dr Patricia Taylor, Deakin University, Australia

Setting
Universities are a critical part of society and have significant impact on the community they serve. Universities are complex, employing thousands of people, educating a variety students, while undertaking research, and contributing to community prosperity (Roser M & Ortiz-Ospina, 2019) (Universities Australia, 2019). Given the size and complexity of universities, policy development and implementation can be arduous, particularly for those trying to implement cultural change. University health and wellbeing policies have traditionally focused on health and safety and have given little consideration to the broader determinants of health that impact people’s everyday (Taylor 2020). Although, the last decade has seen an increased focus on health and wellbeing policies as universities seek to become settings for health promotion, there is a gap in how universities embed health promotion through cultural change with consideration for the organisational context.

The increasing attention paid by universities to implement health promotion policy is a global trend, supported by an increase in poor health outcomes among university communities. There are significantly more mental health issues among both staff and students across the sector. This is even more complex given the influential age of many young adults studying and the evolving cohort of students every year.

The past decade has seen an increase in advocacy to encourage health promotion within

universities, including the introduction of the Okanagan Charter in 2015 (International Conference on Health Promoting Universities and Colleges, 2015). The Okanagan Charter was a call for all universities to consider health promotion as core business. Growing from the Charter is the Healthy University movement, which has seen the establishment of networks across countries, with success in the UK, North America, and Germany (IHPUC 2024; Healthy Universities 2024). These networks provide a support system for universities to embed health promotion within their settings through shared experiences and collaboration. To date, the Healthy University movement has gained momentum in Australia but still lacks a coherent and collaborative framework, resulting in few opportunities for collaboration and knowledge exchange.

Employees within Australian universities looking to do health promotion are seeking guidance and support to engage their settings and implement meaningful change. This project describes the development of a checklist that can support Australian universities and global universities to collaboratively develop and implement health promotion strategies and policies that offer a health promoting environment for staff and students.

Intervention
This tool aligns well with the already established resources developed by the international Health Promoting Universities and Colleges (IHPUC 2024), including the Okanagan charter and the UK Self-Review Toolkit (Healthy Universities 2024). These allow staff and universities more broadly to consider where their university sits in terms of health promotion values. It allows universities to dissect the appetite for health promotion within their setting. These are useful tools to administer prior to the use of this tool, however, not a pre-requisite to engage with this. This tool will support the activation of health promotion within the university setting.

The development of this tool draws on the findings from Taylor (2020) which investigated health promotion policy within Australian universities. Taylor's (2020) work draws on data from two studies, the first included an analysis of university policies, the second was in-depth semi structured interviews with key stakeholders working at ten Australian universities. Findings from this work suggest that barriers to the implementation of health promoting policy within universities include a lack of resources, competing priorities and long-term commitment, while enablers are senior level support, health promotion champions and an engaged community. This work also revealed a lack of consistency across the sector on issues of policy reform, shared experience and committed resources. This tool seeks to address some of these barriers by providing an evidence-based checklist, in-line with health promotion and organisational change literature (Taylor 2020).
The tool and questions within are relevant if you are thinking about policy, program or project implementation as there is overlap in the mechanisms that support and drive these.

Outcomes
To provide universities with an accessible tool to support structural change that promotes wellbeing across their communities. This tool will allow universities to consider their organisational context and a plan specifically for their setting to engage a whole-of-university approach to health and wellbeing.

Implications
This practical tool aims to support universities to embed health promotion within their core business. This could significantly shift how universities consider their communities health and wellbeing and overall policy development. The tool is part of a larger piece of work in Australia with the development of a comprehensive toolkit and shared repository.

Initiating Georgian Universities' Commitment to the Okanagan Charter

Presenters / Speakers / Co-Authors

George Bakhturidze, Georgian Health Promotion and Education Foundation, Georgia

Setting/problem

Georgian universities, as key institutions in shaping societal progress, face increasing challenges related to health, well-being, and sustainability. With rising rates of mental health issues, environmental degradation, and socio-economic inequalities, there is a pressing need to integrate health promotion and sustainability into higher education systems. However, a lack of cohesive frameworks and global alignment has hindered the capacity of Georgian universities to address these issues effectively.

Intervention

By initiating a commitment to the Okanagan Charter, University of Georgia initiated process of adoption of the Charter during 2024. Georgian universities seek to embed health and sustainability into all aspects of campus life, aligning their operations, policies, and academic mandates with global best practices. This initiative involves creating inclusive and supportive environments, developing policies that prioritize well-being, and fostering collaboration among students, staff, and faculty. The universities by coordination of University of Georgia aim to join the global network of health-promoting institutions soon, leveraging international partnerships to enhance capacity building, research, and innovation in health promotion.

Outcomes

This initiative will establish Georgian universities as leaders in health and sustainability within the region. Expected outcomes include enhanced mental and physical well-being of campus communities, development of resilient and inclusive campus cultures, and strengthened institutional capacity to address local and global health challenges. Additionally, this commitment will foster collaborative research, knowledge sharing, and policy advocacy to drive systemic change in higher education and beyond.

Implications

Joining the Okanagan Charter signifies a transformative shift for Georgian universities. This initiative aligns national public health priorities and the United Nations Sustainable Development Goals, enabling these institutions to contribute to a healthier, more equitable, and sustainable society. The long-term impact will extend beyond campus boundaries, influencing communities and policy frameworks across Georgia.

Kindergarten as a Health Promoting Setting for Addressing Obesity: Is It Feasible?

Presenters / Speakers / Co-Authors

Dr. Ronit Jakobovich, Tel Aviv university, Israel

Objectives

Obesity appears at a young age. Early childhood is a critical period for forming habits that can influence long-term behaviors. Educational institutions can shape children's knowledge, skills, and behaviors, while also engaging parents and the community. This study explores whether kindergartens can help prevent obesity by promoting healthy behaviors, proper nutrition and physical activity from a young age.

The study examines the impact of an intervention program for kindergarten teachers, and through them, for children, focusing on healthy nutrition and physical activity based on health literacy principles. The objectives include:

1. Examining changes in teachers' attitudes and their focus on nutrition and physical activity
2. Analyzing changes in the " mid-morning snack " composition and water intake of children brought

from home
3. Investigating children's insights into their bodies following increased physical activity

Methods
The intervention program involved:
Empowering teachers – providing them with tools and building capacity for creating a supportive educational environment.
For children – activities that integrated knowledge with mathematical language to help children understand and implement behavioral changes.
The study involved 74 kindergarten teachers and 1,890 children, divided into intervention and control groups. Changes were assessed through pre- and post-tests in both groups. Personal interviews were conducted with children after increased physical activity to examine their responses.

Results
1. Kindergarten teachers in the intervention group demonstrated significantly improved attitudes and engagement in preschool health activities ($P<0.001$)
2. A significant improvement was found in the "snack" composition and water consumption in the intervention group ($P<0.001$) in comparison to the control group.
3. Children demonstrated an ability to describe their feelings following physical activity, particularly in terms of energy expenditure.

Discussion
1. Kindergartens can serve as an effective educational setting to offset obesity
2. Kindergarten teachers can create an environment that encourages self-regulation among children
3. Children can change behaviors based on health literacy skills intervention
4. Children can act as 'change agents,' influencing their parents to provide healthier snacks and water
5. Young children can express feelings related to "energy expenditure" following physical activity – A key to preventing obesity at an early age.

Keywords
Obesity, Kindergarten, Health-Promoting Settings, Health Literacy

Raising Awareness, Developing Competence: A Mixed-Methods Evaluation of a Pharmacy Student-Led Breast Cancer Campaign Targeting Secondary Schoolgirls in the UAE

Presenters / Speakers / Co-Authors
Maram Abbas, UAE University, UAE

Background
Breast cancer remains a global health issue, and it is the leading cancer among women in the UAE, with limited awareness and early screening contributing to late diagnosis. Community-based interventions have improved awareness and screening behaviours, but few UAE studies have assessed student-led initiatives targeting youth. Making awareness crucial for early detection and better health outcomes. This study aimed to evaluate the knowledge gained by secondary school students and the skills developed by pharmacy students involved in a breast cancer awareness campaign.

Methods
A mixed-methods approach was used. The quantitative phase included a pre-post intervention survey

assessing knowledge acquisition among female students from four secondary schools in Dubai who participated in pharmacy student-led workshops. The qualitative phase involved focus group discussions with pharmacy students to explore their experiences and insights from leading the workshops.

Results
The study involved 87 schoolgirls, predominantly aged 16. Most participants (73.6%) identified social media as their primary source of breast cancer information. Following the workshop, mean knowledge scores increased by 25.9 points, and the proportion of participants with poor knowledge decreased by 64.4%. Belief in the curability of breast cancer and willingness to seek immediate medical help for abnormal breast changes increased by 18.4%. Qualitative analysis showed that pharmacy students developed essential skills in community health education and enhanced their communication abilities.

Conclusion: The pharmacy student-led campaign significantly improved breast cancer knowledge among secondary schoolgirls and provided valuable public health outreach experience to pharmacy students. These findings highlight the importance of integrating health promotion activities into pharmacy curricula to strengthen community education skills. Expanding such initiatives could further support early detection and reduce the stigma surrounding breast cancer, leading to improved health outcomes

Keywords
Breast Cancer Awareness, Pharmacy Student-Led Initiative, Mixed-Methods Evaluation, Public Health Education.

Digital Health Transformation (AI, big data, digital equity, tools and stewardship)

Parallel Session

16 May 2025, 10:45 – 12:15

Moderator

Louise Signal, New Zealand

Artificial Intelligence in Surgery. Is it all Sunshine and Roses? A Quantitative Analysis of the Perceived Ethical Issues within the World Society of Emergency Surgery

Presenters / Speakers / Co-Authors
Francesca Dal Mas, Venice School of Management, Ca' Foscari University, Italy
Maurizio Massaro, Venice School of Management, Ca' Foscari University. Italy
Pr. Justyna Fijałkowska, University of Social Sciences, Poland
Pr. Valentina Ndou, Università del Salento, Italy
Elisabetta Raguseo, Polytechnic University of Turin, Italy
Pr. Stefano Campostrini, Department of Economics, Ca' Foscari University, Italy
Fausto Catena, Alma Mater Studiorum University of Bologna, Italy
Luca Ansaloni, University of Pavia, Italy
Pr. Walter Biffl, Scripps Memorial Hospital La Jolla, USA
Lorenzo Cobianchi, University of Pavia, Italy

Objectives
Artificial Intelligence (AI) is a transformative technology capable of driving the United Nations Sustainable

Development Goals (SDGs) implementation across various industries. It can play a crucial role in the healthcare sector, especially in highly specialized fields such as trauma and emergency surgery, where its potential to assist in clinical decision-making is gaining widespread recognition.
The appropriate use of AI in surgery enhances the opportunities for achieving SDG Goal 3, which is related to ensuring healthy lives and promoting well-being for all at all ages. In a broader sense, AI in this sector also brings us closer to achieving SDG Goal 16, which focuses on the promotion of just, peaceful, and inclusive societies.
However, ethical concerns related to AI adoption remain critical, influencing the attitudes of medical professionals, patients, technology providers, developers, and policymakers. This study explores the ethical challenges, including data privacy and transparency issues, technical robustness, responsibility, and human agency as determinants of AI usefulness in surgical decision-making.

Methods
Data was retrieved through a comprehensive survey endorsed by the World Society of Emergency Surgery (WSES), one of the largest scientific societies in the field.
An initial research protocol was conceived and shared by the principal investigators, starting with a review of the literature. The leading references for creating the protocol and survey structure were gathered from the technology acceptance theory and the Ethics Guidelines for Trustworthy Artificial Intelligence by the European Commission. A dedicated steering committee was formed within the WSES, comprising academics and practitioners in trauma and emergency medicine, healthcare management and policies, organization science, innovation, business and clinical ethics, information technology, and law to review the online survey. 650 physicians from 72 countries participated in the investigation.

Results
Findings underscore the need for privacy, transparency, and explainability of data, its robust governance, collaborative efforts among stakeholders, and accountability in all the decision processes to promote appropriate, sustainable, and responsible use of AI in surgery.
Discussion
Results allow the creation of a conceptual model that reconciles the technological advances of AI with the ethical obligations to protect patients and ensure sustainable healthcare outcomes. Such a conceptual model may be useful for universities, health institutions, and policymakers to promote sustainable use of AI-based applications in critical health fields such as surgery and promote health innovation.

Keywords
Artificial intelligence; Decision-making; Health; Surgery; Ethics; Sustainable Development Goals; Sustainable Development

Exploring Older Adults' Perspectives and Acceptance of AI-Driven Health Technologies: A Qualitative Study

Presenters / Speakers / Co-Authors
Wong Kwan Ching Arkers, The Hong Kong Polytechnic University, Hong Kong

Introduction
Artificial Intelligence (AI) is increasingly being applied in various healthcare services due to its enhanced efficiency and accuracy. As the population ages, AI-based health technologies could be a potent tool in elderly healthcare to address growing, complex, and challenging health needs. This study aims to investigate the perspectives and acceptability to older adults of the use of AI-led health technologies, and the potential challenges that they face in adopting them. The findings from this inquiry could provide valuable insights into

factors that could impede or facilitate the utilization of AI-led technologies among the older population, informing the design of more acceptable and user-friendly AI-based health technologies.

Objective

The objectives of the study were 1) to investigate the attitudes and perceptions of older adults towards the use of AI-based health technologies, 2) to identify potential facilitators, barriers, and challenges influencing older adults' preferences toward AI-based health technologies, and 3) to inform strategies that can promote and facilitate the use of AI-based health technologies among older adults.

Methods

This study adopted a qualitative descriptive design. A total of 27 community-dwelling older adults were recruited from a local community center. Three sessions of semi-structured interviews were conducted, each lasting 1 hour. The sessions covered five key areas: i) general impressions of AI-based health technologies, ii) previous experiences with AI-based health technologies, iii) perceptions and attitudes toward AI-based health technologies, iv) anticipated difficulties in using AI-based health technologies and underlying reasons, and v) willingness, preferences, and motivations for accepting AI-based health technologies. Thematic analysis was applied for data analysis. The Theoretical Domains Framework (TDF) and the COM-B (Capability, Opportunity, Motivation, and Behavior) behavior change wheel were integrated into the analysis. Identified theoretical domains were mapped directly to the COM-B model to determine corresponding strategies for enhancing the acceptability of AI-based health technologies among older adults.

Results

The analysis identified nine of the 14 TDF domains: knowledge, skills, social influences, environmental context and resources, beliefs about capabilities, beliefs about consequences, intentions, goals, and emotion. These domains were mapped to six components of the COM-B model. While most participants acknowledged the potential benefits of AI-based health technologies, they emphasized the irreplaceable role of human expertise and interaction. Participants expressed concerns about the usability of AI technologies, highlighting the need for user-friendly and tailored AI solutions. Privacy concerns and the importance of robust security measures were also emphasized as critical factors affecting their willingness to adopt AI-based health technologies.

Conclusions

To enhance the acceptability of AI-based health technologies among older adults, it is crucial to develop solutions that are user-friendly and tailored to the specific needs of this population. Addressing privacy concerns and ensuring robust security measures are essential to building trust in AI technologies. Moreover, integrating AI as a supportive tool alongside healthcare providers, rather than regarding it as a replacement, was highlighted as a key strategy for promoting acceptance. Government support and clear guidelines are needed to promote ethical AI implementation in healthcare. Ultimately, these measures can improve health outcomes in the older adult population by encouraging the adoption of AI-driven health technologies.

Scaling-Evidence-based strategies for tackling chronic conditions through dietary changes: A case study from Fiji

Presenters / Speakers / Co-Authors

Dr. Gade Waqa, Fiji National University, Fiji
Briar McKenzie, University of New South Wales, Australia

Colin Bell, Deakin University, Australia
Aliyah Palu, University of New South Wales, Australia
Jacqui Webster, University of New South Wales, Australia

Background
There is a crisis of non-communicable diseases (NCDs) in Fiji and the Pacific Islands, and poor diets, high in sugar and salt, are a major contributor. Pacific Island leaders have adopted various food policies and regulations to improve diets. This includes taxes and regulations on compositional standards for salt and sugar in foods or school food policies. Despite increasing evidence for the effectiveness of such policies globally, there is a lack of local context-specific evidence about how to implement them effectively in the Pacific.

Methods
The GACD SUP Pacific is a 5-year collaborative project ending December 2024 that aims to test the feasibility and effectiveness of policy interventions to reduce salt and sugar consumption in Fiji, examining factors that support sustained implementation.

Results
The presentation summarises and reflects on the work produced in the 5 years of the GACD SUP Pacific Project to date, presenting findings from our nutrition survey.

Conclusion
The findings imply the need for increased education and awareness campaigns to raise consumers' understanding of the health risks of salt and sugar intake and how this may jeopardize their health. Working in collaboration with the food industry may have its challenges, but continuous dialog with agreed actions between the government and the food industry would benefit the population.**Deep Learning for**

Depression Detection: A Comprehensive Scoping Review of Techniques, Challenges, and Opportunities

Presenters / Speakers / Co-Authors

Sanjana Sharma, University Gobindgarh Punjab, India
Sushil Bhardwaj, University Gobindgarh Punjab, India

Introduction
Depression, a pervasive mental health disorder, impacts millions globally, posing diagnostic challenges. Traditional methods are time-consuming and subjective, while deep learning offers potential for accurate, efficient detection through data-driven analysis. This review explores advancements in deep learning for depression detection, highlighting methods, challenges, and future directions for AI-driven mental health solutions.

Objectives

- This review maps research trends, methods, challenges, and opportunities.
- It bridges knowledge gaps, guiding AI-based mental health advancements.

Research Methodology

This scoping review follows the Arksey and O'Malley framework with PRISMA-ScR guidelines, involving research question identification, study selection, data extraction, and synthesis to map deep learning models for depression detection. Studies were searched on major databases using keywords like depression detection, deep learning, IoT, and predictive analysis post-2019. Articles in English were selected, assessed for relevance, and categorized by study details, deep learning models, data modalities, performance metrics, challenges, and trends. Findings were synthesized thematically and visualized with tables and figures.

Results

This scoping review examined 30 studies (2019–2024), with 80% published in the last two years. Most studies (86%) were journal articles, primarily from Asia (China, India, Korea), using diverse deep learning models, data modalities, and achieving accuracy rates of 77%-97%.

Discussion

This scoping review evaluates 30 studies (2020–2024) focusing on deep learning models for depression detection using diverse data modalities like text, audio, video, and clinical datasets. Advancements in accuracy (77%-97%) highlight AI's potential in mental health. However, challenges persist, including data imbalance, overfitting, ethical concerns, and lack of biomarkers. Future work emphasizes multimodal analysis and comprehensive AI-based mental health solutions.

Conclusion

Deep learning enhances depression detection across data types but faces challenges in data, ethics, and clinical integration, requiring focused advancements.

LIVE ORAL SESSION
FRENCH LANGUAGE

Transformation numérique et systèmes de santé: écrans, inteligence artificielle et interventions

Séance parallèle

13 May 2025,15:30 – 16:45

Modératrice

Majda Sebbani, Morocco

Vers une adoption optimale de l'intelligence artificielle en soins infirmiers : Une étude exploratoire au Maroc

Presenters / Speakers / Co-Authors

Souhaila Amrani

Objectives

Les soins infirmiers sont soumis à une pression croissante en raison de l'alourdissement de la charge de travail et de la complexité croissante des procédures. L'intégration de l'intelligence artificielle (IA) représente une opportunité prometteuse pour soutenir le personnel infirmier et atténuer ces contraintes. Cependant, plusieurs défis freinent une adoption fluide de l'IA dans la pratique infirmière, notamment des préoccupations relatives à la confidentialité des données, un déficit de formation spécialisée et les coûts élevés associés à ces technologies. Cette étude vise à identifier les facteurs déterminants pour surmonter ces obstacles, afin de favoriser une adoption optimale de l'IA par les infirmiers et de maximiser son impact positif sur le système de santé.

Methods

En octobre 2023, nous avons conduit une étude qualitative exploratoire auprès de 27 infirmiers exerçant dans le secteur public au Maroc. Pour analyser les témoignages des participants, nous avons opté pour une analyse thématique réflexive à approche déductive.

Results

Vingt-sept infirmiers ont participé à nos entretiens guidés. Les résultats obtenus révèlent plusieurs leviers susceptibles de faciliter l'adoption de l'intelligence artificielle dans la pratique infirmière. Parmi ces leviers figurent le développement des compétences des infirmiers dans l'utilisation des outils d'intelligence artificielle, le renforcement de la collaboration interprofessionnelle et la mise en avant des bénéfices concrets de l'intégration de l'intelligence artificielle dans les soins infirmiers.

Discussion

Bien que les infirmier·ère·s ne possèdent pas encore une compréhension approfondie des technologies liées à l'intelligence artificielle (IA), la majorité d'entre eux·elles reconnaissent les bénéfices potentiels de cette dernière, notamment en termes de soutien et d'allègement de la charge de travail. Nous recommandons de renforcer leur préparation à l'intégration de l'IA dans leur pratique professionnelle, en mettant l'accent sur des initiatives de formation initiale et continue ainsi que sur des programmes de perfectionnement ciblés.

Keywords

Infirmiers, intelligence artificielle, adoption, facteurs clés , Maroc

La prévalence de l’addiction aux écrans chez les enfants âgés de 09 à 12 ans à Marrakech, Maroc

Presenters / Speakers / Co-Authors

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Introduction
L’usage des écrans s’est intensifié avec l’avènement des smartphones et l’Internet, soulevant des préoccupations croissantes autour de l’addiction aux écrans. Bien que les écrans aient facilité la communication et l’apprentissage à distance, leur surutilisation peut nuire au développement cognitif et psychomoteur, favorisant troubles de l’attention, anxiété et obésité. Au Maroc, cette problématique reste peu étudiée, notre objectif était de déterminer le niveau d’addiction aux écrans chez les enfants de 09 et 12 ans à la préfecture de Marrakech et identifier les facteurs associés.

Méthodes
Une étude transversale a été menée de janvier à mars 2024 à Marrakech ciblant les enfants de 9 à 12 ans scolarisés en CE4 à CE6 dans les écoles publiques et privées sélectionnés via un échantillonnage à deux niveaux comprenant un choix raisonné des écoles et un recensement des élèves répondant aux critères d'inclusion. Un questionnaire basé sur le Digital Addiction Scale (DASC) a évalué l’addiction aux écrans (score de 25 à 125, scores élevés indiquant une forte addiction). Les données ont été analysées avec SPSS. Le protocole a été validé par le comité d’éthique du CHU Mohammed VI (n°62/2023).

Résultats
Au total, 432 enfants qui ont répondu à ce questionnaire provenant de deux écoles publiques ont participé ainsi qu'une institution privée. La moyenne d’âge était de 10,48±0,99 ans avec 52,8% de filles. Score moyen de l’addiction aux écrans était de 51,35±20,51, Les facteurs associés à l’addiction aux écrans chez les enfants étaient l’âge (p=0,012), l’absence du contrôle parental (p=0,003), avoir une TV dans la chambre des enfants (p=0,014), utilisation des réseaux sociaux (p=0,046), avoir un téléphone propre à l’enfant (p<0,001), manque de reconnaissance de l’impact négatif des écrans sur la santé (p=0,019), dormir à côté de téléphone(p<0,001), avoir un téléphone avec internet (p<0,001), et un usage prolongé de smartphones (p<0,001).

Discussion
Le niveau d’addiction aux écrans et les facteurs associés ont été mis en évidence. Les écoles, en tant que lieux clés de socialisation et d'apprentissage, ont un rôle essentiel à jouer dans la promotion d'une utilisation saine et équilibrée des technologies numériques. En intégrant ces résultats dans le cadre de la démarche “École promotrice de santé”, des initiatives pour promouvoir un usage équilibré des technologies devront être intégrées.

Mots clés
Addiction aux écrans, enfants, écoles, étude transversale

Que pensent les parents et les éducateurs de l'addiction aux écrans? Étude qualitative visant les enfants âgés de 09 à 12 ans au Maroc

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Introduction
L'école est un milieu de vie propice pour l'apprentissage et acquisition des compétences pour les enfants. Les parents et les éducateurs sont les mieux placés pour éduquer les enfants face à l'addiction aux écrans. Aucune étude n'a exploré l'addiction aux écrans chez les enfants au Maroc. Notre objectif était d'explorer les connaissances, les attitudes et les pratiques des parents et des éducateurs sur l'usage et l'addiction aux écrans chez les enfants âgés de 9 et 12 ans à la préfecture de Marrakech.

Méthodes
Une étude qualitative a été menée auprès des parents et éducateurs au niveau de deux écoles publiques et une école privée, sélectionnés par choix raisonné. Des entretiens semi-directifs, enregistrés et transcrits, ont abordé les connaissances sur l'usage et l'addiction aux écrans, les attitudes et les pratiques de contrôle. Les données ont été analysées jusqu'à saturation thématique. L'étude a reçu l'approbation du comité d'éthique.
Résultats : 28 entretiens ont été menés , dont 16 avec des parents et 12 avec des éducateurs. Les connaissances des parents sur l'addiction aux écrans étaient limitées. Les parents ont reconnu certains signes notamment la nervosité, et la baisse de concentration, tandis que les éducateurs se concentraient davantage sur les effets à long terme. Quant aux attitudes, les parents considéraient les écrans comme un outil à double tranchant, préférant la télévision aux téléphones. Ils estimaient que les éducateurs étaient les mieux placés pour sensibiliser les enfants. Les éducateurs reconnaissaient l'importance des écrans dans l'éducation et à la communication des enfants, mais insistaient sur une utilisation contrôlée. Concernant les pratiques, les parents limitaient le temps d'écran mais ils admettaient que cela était délicat. Les éducateurs interdisaient les téléphones en classe et sensibilisaient les enfants aux risques associés.

Conclusion
L'addiction aux écrans chez les enfants augmente rapidement partout dans le monde. Il est essentiel de considérer les déterminants de l'addiction aux écrans afin de mettre en place des actions concrètes. En s'appuyant sur ces résultats, et dans le cadre de l'initiative "École promotrice de santé", des actions d'autonomisation, de plaidoyer et de renforcement des capacités devront être mises en place pour promouvoir un usage responsable et équilibré des technologies.

Mots clés
Connaissances, attitudes, pratiques, addiction aux écrans, éducateurs, parents

Promotion de la santé et Communautés

Séance parallèle

14 May 2025,11:45 – 13:15

Modératrice

Geneviève Vachon, Canada

Promotion du bien-être à l'école, « un temps suspendu » en situation de crise. Etude de cas en Nouvelle-Calédonie après les émeutes de mai 2024

Présentateurs / Intervenants / Co-auteurs

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La promotion de la santé mentale suppose une stratégie d'actions universelle, équitable et inclusive. Cet ensemble d'actions passe par l'intersectorialité et une approche milieu. En situation de crise sociale, telle que celle des émeutes de mai 2024 en Nouvelle-Calédonie, ces recommandations internationales ont trouvé toute leur place.

Le 17 juin 2024, les écoles calédoniennes réouvrent progressivement après un mois de paralysie. Les autorités adossent des dispositifs d'accompagnement psychologique à ce « plan de reprise ». Une collectivité territoriale engage une approche promotrice de santé mentale axée sur l'environnement de l'école. Ainsi, ont été initiées des actions culturelles, sportives et socio-éducatives deux après-midis par semaine aux écoles volontaires en priorisant les territoires les plus impactés.

Une étude a été conduite afin d'identifier les effets de cette stratégie d'actions intersectorielles sur le retour à l'école en contexte de crise en mobilisant la théorie du changement proposée par Weiss. L'étude transversale couvrant la période de juin à décembre 2024 est d'approche mixte avec un design complémentaire [QUAN+QUAL]. Les données sont de nature quantitative relatives aux effectifs et aux écoles et de nature qualitative sur les interventions proposées ainsi que l'analyse de contenu des comptes-rendus de réunion et rapports.

Ce sont près de 70 écoles primaires pour plus de 11 000 élèves qui ont été sensibilisés au dispositif. Les résultats montrent non seulement un retour à l'école avec une cohésion de classe et d'école renouvelée mais aussi une mise à jour des textes réglementaires pour une ouverture à de nouvelles disciplines notamment sportives. L'adhésion des équipes éducatives a amené la collectivité territoriale à pérenniser ce dispositif en l'intégrant au catalogue annuel des offres éducatives destiné aux écoles.

L'approche positive de la santé mentale par des activités culturelles, sportives et socio-éducatives a été un élément clef à l'adhésion des communautés éducatives à l'échelle locale mais aussi des décideurs à l'échelle institutionnelle. Cette stratégie interinstitutionnelle et intersectorielle a permis une adaptation et une flexibilité au contexte ainsi que des ajustements réglementaires dépassant l'obstacle du « mille-feuille institutionnel » en faveur d'un environnement scolaire promoteur de bien-être physique et mental.

Mots clefs

Intersectorialité – Bien-être scolaire – Promotion de la santé à l'école – Approche par milieu

Mise en place du label ecole en santé sur le territoire des îles de Wallis et Futuna

Présentateurs / Intervenants / Co-auteurs

Dinh Olivier, direction de l'enseignement catholique de Wallis et futuna

Contexte/problématique

Les écoles sont des milieux de vie qui doivent être favorables à la bonne santé des élèves, des enseignants et de la communauté dans son ensemble; ceci afin d'en faire un levier et un soutien à la réussite scolaire des élèves.

La mise en place du label Ecole en santé sur le territoire des îles de Wallis et Futuna a pour objectif d'encourager les équipes pédagogiques à développer des projets en lien avec la santé pour rendre les élèves acteurs de leur santé, impliquer les familles dans les actions de l'école, motiver les enseignants à développer des actions éducatives en lien avec la santé et renforcer le réseau des partenaires qui interviennent dans les écoles.

Intervention

Le dispositif repose sur la mise en place d'un comité santé au sein de l'école dont la mission principale est de développer un plan d'action en faveur de la santé selon les thématiques suivantes : alimentation, activité physique, lutter contre le tabagisme, lutte antivectorielle, gestion des déchets, santé mentale, hygiène corporelle, etc. En fin d'année, un bilan de ces actions est présenté à un comité de labellisation afin d'obtenir, selon certains critères, le label « Ecole en santé ».

Résultats

La 1ère école de Wallis-et-Futuna a été labellisée fin 2024. Les principaux résultats observés concernent l'amélioration du climat de l'école, une meilleure implication des parents, un renforcement des dispositifs partenariaux, le développement de projets interdisciplinaires, l'augmentation des connaissances de l'ensemble des acteurs (élèves, enseignants, parents) sur les thématiques de santé.

Implications

La création de ce dispositif sur le territoire des îles de Wallis-et-Futuna est le fruit d'un travail de longue haleine entre le secteur de la santé et d l'éducation et d'une belle mobilisation des équipes éducatives. Pour l'année 2025, la quasi-totalité des écoles à manifester son intérêt pour intégrer le dispositif.

MOVE Ô : études du mode de vie des enfants océaniens

Présentateurs / Intervenants / Co-auteurs

Solène BERTRAND-PROTAT, Communauté du Pacifique, New Caledonia

Objectifs

L'obésité infantile constitue une préoccupation majeure de santé publique dans les îles du Pacifique, une région où plus de 50% des adultes sont en surpoids et où les maladies non transmissibles représentent plus de 80% des causes de décès. Cependant, les données spécifiques sur la corpulence des enfants restent limitées, et très peu d'études s'intéressent aux déterminants et aux facteurs de risque pouvant expliquer ce surpoids. Ce manque de données entrave la mise en place de stratégies ciblées pour prévenir l'obésité dès le plus jeune âge.

Méthodes

L'étude MOVE Ô a pour ambition de décrire le mode de vie (activité physique, sommeil et alimentation) des

enfants océaniens par le biais de méthodes qualitatives (mesures biométriques, application numérique, accéléromètres, auto-questionnaires, observation directe) et quantitatives (entretiens individuels).
La phase pilote a été réalisée auprès des enfants de 10 ans de l'île de Wallis-et-Futuna, leurs parents et les enseignants, afin d'obtenir une vision globale du mode de vie des enfants et du milieu dans lequel ils évoluent (milieu scolaire, familial et communautaire) afin d'identifier les facteurs transversaux pouvant influencer leur santé.

Résultats
Les résultats mettent en évidence une pratique d'activité physique bien au-delà des recommandations de l'OMS pour cette tranche d'âge et l'existence de nombreuses infrastructures sportives en proportion avec la taille du territoire. Le temps de sommeil des élèves est suffisant (9h en moyenne) et l'utilisation des écrans semble contrôlée. Cependant, on relève une alimentation très peu variée avec une quasi-absence de consommation de fruits et légumes. Par ailleurs, 34% des enfants ayant participé à l'enquête sont obèses.

Discussion
Une activité physique suffisante ne suffit pas à compenser une alimentation inadaptée et une étude plus approfondie des schémas alimentaires est nécessaires pour proposer des actions de prévention plus pertinentes et orienter les politiques publiques permettant de garantir aux enfants un avenir en bonne santé.

Mots-clés
Déterminants de santé – obésité infantile – alimentation – activité physique – sommeil

3 min Pacific break : promouvoir l'activité physique en milieu professionnel

Présentateurs / Intervenants / Co-auteurs
Solène BERTRAND-PROTAT, Communauté du Pacifique, New Caledonia

Problématique
L'OMS reconnaît le comportement sédentaire au travail comme un facteur de risque contribuant au développement des maladies non transmissibles (MNT).
Ainsi, la Communauté du Pacifique (CPS), organisation régionale qui œuvre pour le développement des îles du Pacifique, a créé le projet « 3 min Pacific Break » pour encourager l'activité physique sur le lieu de travail, tout en promouvant la culture du Pacifique.
L'Organisation Mondiale de la Santé (OMS) reconnaît que le comportement sédentaire au travail constitue un facteur de risque majeur dans le développement des maladies non transmissibles (MNT). Dans le contexte particulier des îles du Pacifique, où les MNT affectent une grande partie de la population, il est crucial de promouvoir des habitudes de vie plus saines au sein des environnements professionnels. C'est dans cette optique que la Communauté du Pacifique (CPS) a lancé le projet « 3 min Pacific Break » il y a quelques années, une initiative visant à encourager l'activité physique et les pauses actives au travail, tout en promouvant la culture du Pacifique.

Intervention
Le projet se distingue par la création et la diffusion de 22 vidéos de 3 minutes, qui invitent les spectateurs à se dépenser et découvrir des danses traditionnelles propres à chaque île du Pacifique. Ces vidéos sont un outil simple et accessible pour introduire des pauses actives lors de réunions, conférences et événements en ligne. Les vidéos sont disponibles gratuitement sur YouTube, permettant une large diffusion et une utilisation flexible dans divers contextes professionnels.

Résultats
Les vidéos ont été largement utilisées dans différents contextes professionnels, notamment lors de réunions d'équipe, de formations en groupe, ainsi que lors de conférences régionales, en présentiel et virtuelles.
Une évaluation a été menée cette année auprès des référents MNT de la région pour mesurer l'impact et l'utilisation des vidéos. Les résultats sont prometteurs puisque :

- 80% des répondants régionaux ont participé à une réunion où les vidéos avaient été diffusées ;
- 67% d'entre eux utilisent régulièrement les vidéos lors d'événements qu'ils organisent.

Implications
Le projet « 3 min Pacific Break » démontre qu'il est possible de combiner promotion de la santé et valorisation de la culture locale. En intégrant des pauses actives au quotidien, les vidéos contribuent à la réduction des comportements sédentaires au travail, tout en renforçant les liens culturels et communautaires et en promouvant la diversité. Cette initiative pourrait être développée davantage afin de promouvoir des environnements de travail plus sains.

La création d'un réseau des écoles en santé du Pacifique : une innovation porteuse de promotion de santé et de renforcement de compétences entre les communautés des pays insulaires du Pacifique.

Présentateurs / Intervenants / Co-auteurs
Philippe Biarez, Association Partage Santé Pacifique, French Polynesia

Contexte
Les ministres de la santé du Pacifique, ont réaffirmé en 2019 leur engagement commun vers un développement holistique de la santé à travers le concept des îles-santé qui met en avant l'importance du développement de l'enfant dans un cadre spirituel, culturel, environnemental et communautaire favorable à la santé.
S'inspirant de cette approche, plusieurs îles du Pacifique ont mis en œuvre des expériences d'école promotrices de santé.
La mise en place d'un réseau de partages d'expérience entre les pays de la région a pour objectif d'améliorer les pratiques de chacun pour garantir un meilleur avenir à nos enfants.

Intervention
Le réseau des Écoles en Santé du Pacifique a été créé en 2023 lors d'une rencontre réunissant des représentants du secteur de la santé et de l'éducation des Îles Cook, Nouvelle-Calédonie, Wallis et Futuna, Niue, Vanuatu et de la Polynésie française.
Le réseau est gouverné par un comité de pilotage et conseillé par un comité scientifique. Ces missions sont de : promouvoir le concept des écoles en santé et encourager son déploiement dans les pays la région Pacifique, faciliter le partage d'expériences, renforcer la collaboration entre les écoles et les services de promotion de la santé, identifier les besoins des acteurs de terrain et proposer des solutions adaptées, coordonner et faciliter le partage des données de santé.
Cette collaboration s'appuie sur une plateforme numérique d'échange ou les élèves et leurs enseignants peuvent partager leurs pratiques et expériences. https://www.healthy-pacific-schools.com/fr/votre-plateforme-collaborative-en-ligne

Résultats
La plateforme numérique est en cours de déploiement et des réunions des membres du réseau sont

organisées chaque année. Plusieurs pays insulaires du Pacifique ont manifesté leur volonté de rejoindre le réseau.

Implications
Ce programme qui s'inscrit sur le long terme, permettra par les partages d'expériences et de pratiques, d'améliorer l'efficacité des écoles promotrices de santé du Pacifique et de contribuer au développement des compétences en santé des futurs adultes et leaders du Pacifique.

Inclusion des personnes en situation de handicap dans les services de santé sexuelle et reproductive, défis pour une économie et une santé durables: Une revue de littérature.

Présentateurs / Intervenants / Co-auteurs
Zekaoui Firdaous, Ministère de la Santé et de la Protection Sociale, Morocco

Introduction
Il existe environ 1,3 milliard de personnes en situation de handicap dans le monde. Garantir l'équité en matière de santé pour cette population est crucial. Investir dans leur inclusion au sein des systèmes de santé n'est pas seulement un devoir éthique, mais aussi une stratégie économiquement rentable. De plus, cela constitue une priorité de santé publique pour atteindre les Objectifs de Développement Durable (ODD) à l'horizon 2030.

L'accès aux services de santé sexuelle et reproductive (SSR) est particulièrement important pour les personnes en situation de handicap. Cependant, des défis majeurs subsistent pour leur assurer un accès équitable et inclusif à ces services essentiels.

Les droits à la santé sexuelle et reproductive (DSSR) des personnes en situation de handicap bénéficient d'un engagement international croissant, notamment grâce à la Convention des Nations Unies relative aux droits des personnes handicapées (CDPH). Toutefois, leur mise en œuvre effective demeure limitée. Ces droits fondamentaux, incluant l'accès à des informations, moyens et services adaptés aux besoins spécifiques, se heurtent à de multiples obstacles :

- Environnementaux, tels que les infrastructures inadaptées,
- Comportementaux, comme les préjugés sociaux,
- Institutionnels, incluant le manque de formation des prestataires de santé,
- Individuels, comme le manque d'autonomie lié à des barrières physiques ou psychologiques.

Ces barrières freinent l'autonomie et l'épanouissement des personnes concernées, renforçant l'urgence de mettre en place des politiques inclusives et centrées sur les droits humains.
Objectifs : Identifier les obstacles et les facilitateurs qui influencent l'accessibilité des services de SRH pour les personnes en situation de handicap. Les conclusions appuieront des recommandations de politiques fondées sur des données probantes pour réduire les disparités et accroître l'inclusion dans les services de SSR.

Méthodes
Cette revue de littérature explore les défis auxquels ces personnes sont confrontées pour accéder aux services de SSR. Elle s'appuie sur des études et recherches qualitatives et quantitatives issues de contextes variés, afin d'éclairer les expériences vécues, les perceptions sociétales, et les initiatives novatrices visant à améliorer leur situation.

Résultats
Les recherches montrent que les personnes en situation de handicap, en particulier les femmes, font face à des obstacles majeurs dans l'accès aux services de santé sexuelle et reproductive (SSR). Parmi ces obstacles, les infrastructures inadaptées, le manque d'informations accessibles, et les préjugés sociaux jouent un rôle central. Les perceptions erronées de l'asexualité des personnes handicapées limitent leur inclusion dans les services de SSR, tandis que la formation insuffisante des professionnels de santé accentue cette exclusion. Toutefois, des initiatives participatives, comme le projet W-DARE, démontrent que l'implication des personnes concernées dans la conception et la mise en œuvre des interventions améliore leur accès aux services. Ces initiatives s'appuient sur des actions communautaires, la formation des prestataires et l'adaptation des services, soulignant l'importance d'une approche intégrée et centrée sur les droits.

Conclusion
Assurer les droits à la SSR des personnes en situation de handicap nécessite une approche inclusive qui s'attaque aux stigmas, améliore l'accessibilité des infrastructures et renforce les compétences des professionnels de santé. Les politiques de santé doivent adopter une perspective fondée sur les droits humains et genre, tout en favorisant la participation active des personnes concernées. Des efforts concertés sont indispensables pour traduire les cadres législatifs en pratiques concrètes, assurant ainsi une égalité réelle et un accès effectif et équitable aux services de SSR.

Mots clés
Handicap, santé sexuelle et reproductive, équité, inclusivité, Développement durable, Politiques de santé publique, droits de l'Homme .

Equité en santé et ses Determinants: Santé Sexuelle et Reproductive

Séance parallèle

14 May 2025,11:45 – 13:15

Modératrice
Majda Sebbani, Morocco

Evaluation de L'estime de Soi Chez Les Femmes Marocaines Ménopausées

Présentateurs / Intervenants / Co-auteurs
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Dr. Omayma BENBRIK, Faculté de Médecine et de Pharmacie d'Agadir, Morocco
Dr. Ilhame ECHARQI, Faculté de Médecine et de Pharmacie d'Agadir, Morocco
Imad CHAKRI, Faculté de Médecine et de Pharmacie d'Agadir, Morocco
Laila LAHLOU, Faculté de Médecine et de Pharmacie d'Agadir, Morocco

Contexte
La ménopause est un phénomène biologique marqué par l'arrêt du cycle ovarien et par des changements hormonaux qui affectent la santé physique, mentale et l'estime de soi de la femme. Au Maroc, le vécu psychosocial de la ménopause reste négligé et peu exploré. L'objectif de cette étude est de mesurer l'estime de soi chez ces femmes Marocaines et d'identifier les facteurs sociodémographiques, économiques et cliniques qui l'influencent.

Méthodes
On a mené une étude transversale descriptive et analytique au niveau des centres de santé de la région Souss-Massa entre Janvier et août 2024. On s'est basé sur un échantillon aléatoire simple de 104 femmes ménopausées. Le questionnaire est composé d'une partie de données cliniques et sociodémographiques et d'une autre partie reprenant l'échelle d'estime de soi de Rosenberg, validé et traduit en Arabe dialectal.

Résultats
L'âge moyen des femmes était de 58ans ±7,21. 83,7% des patientes vivaient en milieu urbain et 47,1% participaient au financement de leurs foyers. 25% des femmes étaient analphabètes. La moyenne du score EES était de 30±4,08 et une corrélation significative était retrouvée entre le niveau d'estime de soi et les problèmes conjugaux (p=0,002), les antécédents psychiatriques (p=0,04) et le financement du foyer (p=0,04).

Discussion
La moyenne du score EES retrouvée était proche du celle de l'étude de P.Chedraoui et al. (26,6 ±3,1).Les études de Z.Karaçam et al.et Andayani soulignent la relation entre l'insatisfaction dans le mariage, les problèmes financiers, le stress et un niveau faible d'estime de soi, ce qui concorde avec les résultats de notre travail.

Mots-clés
Estime de soi,ménopause,échelle de Rosenberg

Facteurs influençant le non respect du calendrier vaccinal dans la commune de Mananara Nord Madagascar

Présentateurs / Intervenants / Co-auteurs
Dr. NOMENJANAHARY Nantenaina Pierre Michael, Institut National de Santé publique et Communautaire Befelatanana Antananarivo, Madagascar

Contexte
Malgré les retombées positives du point de vue sanitaires prouvés de la vaccination, la faible utilisation des services de vaccination se pose comme une véritable problématique à l'atteinte des objectifs fixés. Ainsi, l'objectif de notre étude a été de déterminer les facteurs influençant le non-respect du calendrier vaccinal.

Méthodes
Il s'agit d'une étude d'observation quantitative, rétrospective, descriptive, transversale à visée analytique des méres emmenant leurs enfants pour une vaccination dans le centre de santé de Base Urbaine de niveau 2 de la commune de Mananara Avaratra.

Résultats
Au total, 385 méres des enfants ont été incluses dans l'étude. L'âge moyen des mères a été de 26 ans. Plus de la moitié des mères ont affirmé ne pas avoir de profession (62%). Plus de la moitié des enquêtées ont affirmé une notion de retard de retard de la vaccination de l'enfant (61%). Les facteurs associés au retard de vaccination ont été la situation économique vulnérable du ménage (OR= 3,25 [1,08-9,76], p=0,04), le lieu d'accouchement à domicile par matrone (OR=3,20 [1,25-8,14], p=0,02), l'absence de sensibilisation sur la vaccination (OR=3,09 [1,02-9,33], p=0,04), les effets secondaires à type de fièvre (OR=2,84 [1,51-5,35], p=0,001).

Discussion
La connaissance de ces facteurs adaptés au contexte est essentielle pour optimiser la résilience du système de santé en adaptant des politiques adéquates aux usagers des centres de santé.

Mots-clés
Vaccination, Santé, Madagascar (maximum 6 words)

Facteurs associés à la non-utilisation de contraception moderne chez les femmes en âge de procréer dans le 2ème arrondissement d'Antananarivo

Présentateurs / Intervenants / Co-auteurs
Dr. NOMENJANAHARY Nantenaina Pierre Michael, Institut National de Santé publique et Communautaire Befelatanana Antananarivo, Madagascar

Objectifs
L'augmentation lente de l'utilisation de la contraception est l'une des principales causes d'avortement et de mortalité maternelle élevée. L'objectif de cette étude est d'identifier les facteurs associés à la non-utilisation de la contraception moderne, afin de comprendre les raisons sous-jacentes à ce problème.

Méthodes
Il s'agit d'une étude quantitative, d'observation, rétrospective, descriptive, transversale à visée analytique réalisée durant la période de 01 mai 2022 au 31 août 2022. La population de l'étude est constituée de femmes en âge de procréer résidant dans le 2ème arrondissement de la commune urbaine d'Antananarivo.

Résultats
Au total, 436 femmes en âge de procréer (FAP) ont été incluses dans l'étude. L'âge moyen des enquêtées a été de 29,33 +/- 9,57 ans. Plus de la moitié des femmes ont été favorables à l'utilisation de la contraception moderne (54,61%), tandis qu'une moitié ont été peur des effets secondaires (50,92%). Les facteurs associés à la non-utilisation de contraception moderne ont été l'âge de moins de 25 ans : OR= 2,16 [1,35-3,43], p=0,001 et plus de 44 ans : OR=3,84 [1,69-8,71], p<0,001, le fait d'être célibataire : OR=7,41 [3,45-15,91], p<0,001, la désapprobation du conjoint à la contraception : OR=4,92 [3,05-7,93], p<0,001, le fait de ne pas avoir de parité : OR=11,44 [5,63-23,24], p<0,001, l'absence de sensibilisation sur de contraception moderne : OR=2,47 [1,59-
3,87], p< 0,001, la perception d'une mauvaise qualité de services auprès des CSB : OR=3,81 [1,80-8,07], p<0,001

Discussion
L'autonomisation des femmes, l'engagement des hommes à la vie reproductive des femmes, le renforcement des activités d'Information, d'Éducation et de Communication et la supervision de responsable de la santé peuvent réduire ces facteurs pour augmenter la prévalence contraceptive, diminuer l'avortement et améliorer la santé maternelle et infantile.

Mots-clés
Contraception, Planning familial, Madagascar

Mammographie de dépistage au Bénin : facteurs associés à l'adhésion des femmes de 40 à 75 ans de la ville de Tanguiéta en 2024.

Présentateurs / Intervenants / Co-auteurs

KAKI Sotiré Ezéchiel, Hôpital Saint Jean de Dieu de Tanguiéta, Albania

Context
Le cancer du sein est le plus fréquent des cancers au Bénin, avec une incidence de 26,5 pour 100 000 habitants. Le diagnostic est tardif, surtout dans les régions où l'accès au dépistage reste limité. La mammographie est un outil clé pour le dépistage précoce. Cependant, l'adhésion des femmes au dépistage est faible, notamment dans la ville de Tanguiéta. Le but de cette étude était d'identifier les facteurs déterminant l'adhésion des femmes à la mammographie de dépistage à Tanguiéta.
Méthodes : Une étude transversale menée auprès des femmes âgées de 40 à 75 ans. Leur sélection a été faite par échantillonnage stratifié dans les 4 quartiers de Tanguiéta. Le Health Belief Model a été utilisé pour identifier les facteurs déterminant l'adhésion des femmes. Les données ont été collectées via un questionnaire kobocollect administré en face-à-face. Elles ont été analysées à l'aide des logiciels Excel 2016 et SPSS 25. L'analyse multivariée a été faite par régression logistique avec la p-value ≤ 0.05 considérée significative.

Résultats
Au total 285 femmes ont participé à l'étude. L'âge médian était de 54 ans. Parmi elles, 49.5% étaient non scolarisées, 53% ne présentaient aucune pathologie chronique connue et 92.3% n'avaient aucune assurance maladie. 75% d'elles n'avaient aucune connaissance de la mammographie de dépistage et 94,74% ne l'avaient jamais réalisé. Parmi celles qui l'ont réalisé, 66,67% l'avaient perçu douloureux. Les niveaux de perception de la susceptibilité, la sévérité, les barrières, les bénéfices et l'incitation au dépistage étaient respectivement de 65%, 72%, 52% , 63% et 73%. L'adhésion à la mammographie de dépistage était influencée par la possession d'une assurance maladie (p = 0,017), l'absence de pathologies chroniques (p = 0,015), les bénéfices perçus (p = 0,021), les barrières perçues (p < 0,001) ainsi que l'incitation au dépistage (p = 0,026).

Discussion
l'optimisation de l'adhésion des femmes de Tanguiéta à la mammographie de dépistage requiert la sensibilisation sur les bénéfices perçus mais également l'amélioration de l'accessibilité financière.

Mots-clés
Cancer du sein - Mammographie de dépistage - Health Belief Model (HBM).

Outil sur la production des effets de l'action intersectorielle régionale destiné à ses gestionnaires et praticiens : Exemple du financement des actions de COSMOSS

Atelier

14 May 2025,16:00 – 17:30

Présentateurs / Intervenants / Co-auteurs

Louise Potvin, Université de Montréal, Canada
Kossi Eden Andrews Adandjesso, Université de Montréal, Canada

Objectifs : Présentation de l'outil et appropriation.
L'outil est une plateforme d'apprentissage en ligne développée pour favoriser l'utilisation des connaissances issues de la recherche par les gestionnaires et praticiens. La recherche a conduit à une théorie sociale de

moyenne portée qui est issue d'une série d'études de cas fondées sur la sociologie de l'acteur-réseau. D'abord, pour chaque cas, l'enchaînement des événements marquants, portés par une instance intersectorielle régionale (COSMOSS) et ayant conduit à des effets, a été constitué. Ensuite, l'analyse comparée des cas a fait émerger une théorie d'un ordre plus général qui montre que l'action intersectorielle régionale opère à travers 12 résultats transitoires génériques qui s'enchaînent dans différents processus singuliers pour mener à des transformations matérielles ou sociales observables dans les milieux de vie.

L'outil, destiné aux gestionnaires et praticiens qui interviennent en matière de promotion de la santé en agissant sur les déterminants de la santé, sert à faire la modélisation de la production des effets de l'action intersectorielle. La modélisation consiste à disposer, sur une ligne du temps, la chaîne des événements marquants d'un projet conduisant à ses effets dans les milieux de vie; et à interpréter ces événements en recourant aux 12 résultats transitoires génériques issus de la recherche.

Format
L'atelier comprend : 1) l'exposé des connaissances issues de la recherche; 2) la présentation de la plateforme en ligne qui comprend 3 modules : i) S'approprier le contenu théorique; ii) Retracer le récit de notre projet de fonds de dotation de COSMOSS; iii) Établir la chaîne des résultats transitoires jusqu'aux effets de ce projet; et 3) un exercice à partir d'une autre étude de cas.

Objectifs d'apprentissage
Au terme de l'atelier, les participants : 1) connaîtront l'utilité de l'outil; 2) pourront appréhender l'action intersectorielle à travers les 12 résultats transitoires; 3) pourront appliquer la modélisation à un cas.

Promotion de la Santé: Renforcer les Capacités Pédagogiques des écoles pour Promouvoir la Santé et le bien-être des élèves.

Atelier

14 May 2025,16:00 – 17:30

Présentateurs / Intervenants / Co-auteurs

Didier Jourdan, Chaire UNESCO Educations et Santé, France

En tant que lieu de vie et d'apprentissage, l'école offre un cadre privilégié pour transmettre les savoirs et développer les compétences nécessaires à l'épanouissement des élèves, tout en les accompagnant vers l'adoption de comportements favorables à leur santé. Une école promotrice de santé, intègre cette mission éducative dans une approche globale qui englobe des dimensions politiques, environnementales, éducatives, sociales et sanitaires. La mission première de l'école est l'éducation, développer les capacités pédagogiques des écoles pour promouvoir la santé et le bien-être des élèves est un enjeu central. Les pratiques pédagogiques associant approche thématique (nutrition, l'activité physique, la gestion des émotions, etc.) et apprentissages participatifs, comme les discussions, les projets collaboratifs ou les jeux de rôle, permettent de renforcer la littéracie en santé et les compétences psycho-sociales des élèves. A l'école primaire, la mission centrale des enseignants est le développement des compétences langagières. Le langage joue un rôle central dans l'acquisition et l'intégration des compétences nécessaires au bien-être. Le langage est à la fois un outil de construction du savoir, un moyen de renforcer chez les élèves des compétences communicationnelles, cognitives et sociales en lien avec la santé, tout en développant leur capacité à agir de manière autonome et responsable dans leur environnement. L'accompagnement des écoles dans leur mission de promotion de la santé passe par un soutien au développement des compétences pédagogiques des enseignants et cela non pas en référence à des modules à implanter mais bien au cœur des

apprentissages, au cœur de ce qui fait leur identité professionnelle.

Objectives
Cet atelier pratique vise à proposer aux participants d'explorer comment des activités pédagogiques centrées sur le langage en classe (travail sur des albums, des romans, des textes documentaires, des poésies…) , « normales » pour les enseignants, peuvent contribuer à réduire les inégalités en santé, notamment chez les enfants de l'école élémentaire en situation de grande vulnérabilité. Il permettra ensuite aux participants d'identifier une série d'approches d'accompagnement des écoles visant à mobiliser les enseignants par le renforcement de leurs compétences pédagogiques.

Format
L'atelier s'appuiera sur des retours d'expérience issus de dispositifs de promotion de la santé en milieu scolaire. Il comprendra quatre témoignages d'enseignants, un atelier interactifs basé sur des supports utilisés dans différents dispositifs d'accompagnement des écoles et des temps d'échanges intersectoriels pour encourager une réflexion collective.

Learning goals :

1. Identifier le rôle du langage dans le développement des compétences en santé.
2. Analyser des exemples concrets d'activités pédagogiques menées en classe
3. Echanger autour d'approches permettant de mobiliser les enseignants autour de la promotion de la santé en partant de leur cœur de métier.

Promotion de la santé et Communautés

Séance parallèle
15 May 2025,10:10 – 11:25

Modératrice
Carmella Rebouillat, France

Irecall.24 : une application numérique pour évaluer les consommations alimentaires des populations des îles du Pacifique

Présentateurs / Intervenants / Co-auteurs
Solène BERTRAND-PROTAT, Communauté du Pacifique, New Caledonia

Objectifs promoteurs de santé
L'application Irecall.24 a été développée pour permettre l'évaluation des consommations alimentaires des populations des îles du Pacifique de façon précise ; permettant ainsi une meilleure compréhension des habitudes alimentaires et la mise en place de stratégies de promotion d'une alimentation saine adaptée à cette région isolée du monde, particulièrement touchée par les problématiques d'obésité et de diabète.

Synopsis
L'application Irecall.24 se présente sous la forme d'un rappel des consommations des dernières 24h, avec la possibilité de sélectionner la taille des portions consommées via des photos ; ce qui permet d'obtenir des informations précises à comparer avec un questionnaire de fréquence de consommation.
La création de l'application a nécessité l'élaboration d'une base de données nutritionnelles précises (incluant

calories, macro et micronutriments) et la réalisation de photos de portions alimentaires adaptées au contexte des îles du Pacifique. L'application a été testée en Nouvelle-Calédonie puis utilisée à Wallis-et-Futuna et est en cours d'adaptation pour les îles Fidji, Salomon et le Vanuatu.
C'est la 1ère application nutritionnelle disponible en français et anglais adaptée à la région Pacifique.

Public visé
Les habitants des îles du Pacifique âgés de 10 à 59 ans, capables d'utiliser une tablette de manière autonome.

Durée et utilisation prévue
L'application est actuellement utilisée dans le cadre de travaux de recherche et sera prochainement proposée aux gouvernements pour la réalisation d'enquêtes nutritionnelles à l'échelle nationale ou locale. Une mise sur le marché pour une utilisation individuelle par le grand public est envisagée avant 2030.

Au-delà des étoiles : un programme digital pour promouvoir une alimentation saine chez les enfants de10-12 ans

Présentateurs / Intervenants / Co-auteurs
Solène BERTRAND-PROTAT, Communauté du Pacifique, New Caledonia

Au-delà des étoiles est un programme d'éducation sanitaire innovant qui combine nouvelles technologies, apprentissage ludique et narration interactive pour encourager les enfants des îles du Pacifique à adopter des habitudes alimentaires saines et à prendre conscience des conséquences de leurs choix sur leur santé et leur environnement. L'objectif du programme est d'offrir aux enfants les outils nécessaires pour prendre des décisions éclairées qui influenceront positivement leur avenir et celui de leurs proches.

Synopsis
Ce programme immersif propose des activités variées : une vidéo, des expériences en réalité virtuelle, un conte d'histoires, un cahier d'exercices interactif, un jeu sur tablette et un escape game. À travers ces différentes formes d'apprentissage, les enfants embarquent dans une aventure palpitante où ils découvrent la magie des îles et apprennent les bienfaits de modes de vie sains, tels que la nutrition et l'activité physique. Le tout est conçu avec un design et une narration enracinés dans la culture des îles du Pacifique, afin que chaque enfant puisse s'identifier et s'engager pleinement dans le programme.

Public visé
Les enfants de 10 à 12 ans, scolarisés dans les îles du Pacifique, constituent le cœur du programme.

Colis alimentaires: santé et Plaisir c'est possible

Présentateurs / Intervenants / Co-auteurs
Bathily Nayé, Réseau Santé Diabète Bruxelles, Belgium

L'état de pauvreté d'un ménage en Belgique est **considéré** d'après une estimation selon laquelle, quand le revenu net mensuel n'atteint pas 1.287 euros par mois pour une personne isolée ou 2.703 euros par mois pour un ménage composé de deux adultes et deux enfants. **En Belgique**, **cela concerne 1 personne sur 5.**

Les personnes qui vivent dans cette situation ont alors trop peu de moyens pour payer à la fois le logement, l'énergie, les soins de santé, les autres frais obligatoires. L'alimentation devient ainsi une variable d'ajustement et donc moins considérée. La plupart de ces ménages fragilisés se tournent vers l'aide alimentaire. **On estime que 600.000 personnes recourent à l'aide alimentaire en Belgique** et précisément en région bruxelloise, on estime que **90 000 personnes** bénéficient de l'aide alimentaire.

Les marolles, quartier historique réputé pour sa diversité ethnique et culturelle, il est compté aussi comme ayant le taux de précarité le plus élevé de la région bruxelloise.

Le Réseau santé diabète asbl active dans ce quartier depuis 20 ans bénéficie d'une convention en tant qu'acteur de la promotion de la santé en région bruxelloise tente d'agir sur les différents déterminants de la santé tout en essayant d'innover.

Le réseau est membre de la concertation de l'aide alimentaire qui est un espace de dialogue et de travail collectif des structures et travaille sur l'aide alimentaire.
C'est une façon de lutter efficacement contre les inégalités sociales et la pauvreté.

Nous proposons à travers ce dispositif d'aller au-delà de la disponibilité des colis et des denrées et d'y inscrire une dimension santé ; une approche pour promouvoir des habitudes des aptitudes promotrices de santé.

Cela a un double impact, agir positivement sur un déterminant important de la santé qu'est l'alimentation ; c'est aussi une façon de faire de la prévention des maladies chroniques notamment le diabète de type 2.

Notre intervention s'articulera autour de ce dispositif et des différents axes qui sont développés pour améliorer l'expérience des colis alimentaires tant d'un point de vue nutritionnel que de la littératie en santé et du renforcement des compétences psychosociales des bénéficiaires.

Innovation des organisations associatives communautaires favorable à la promotion de la santé au togo

Présentateurs / Intervenants / Co-auteurs

MOUZOU Essosinam, Association P-Healthy, Togo

Contexte

Au Togo, comme dans certains pays d'Afrique, les actions en faveur de la promotion de la santé sont souvent isolées et manquent de coordination entre les différents acteurs concernés. Les défis liés à la pauvreté à la participation citoyenne aux actions de santés publique dans certain milieu et à un environnement politiquement sain rendent la tâche de promouvoir la santé sur toutes ses aspects encore plus complexes. C'est dans ce contexte, s'inscrit l'Innovation des organismes associatives communautaires favorables à la promotion de la santé au Togo. La problématique centrale de cette recherche réside dans la question suivante : comment les organismes associatifs communautaires tel que l'association P-Healthy en exemple de cas favorisent-ils l'avancé des politiques de santé publique ? Ce projet vise à analyser la valeur ajoutée contributive des initiatives communautaires pour répondre des défis prémentionnés. L'objectif est de documenter le procéder par lequel l'association P-Healthy compte favoriser l'effectivité des politiques de santé publique dans des communautés à travers un engagement citoyen.

Méthodes
Il s'agit ici pour nous, de faire une recherche analytique sur l'implication des comités de développement à la base dans le développement des collectivités locale. Pour cette étude nous avons choisi pour technique d'échantillonnage non probabiliste sur participation volontaire incluant tout acteur de développement et membres des comités de développement à la base. Nous avons usé d'une méthodologie basée sur une analyse théorique et quantitative avec à l'appuis une analyse documentaire ainsi que des entretient individuels.
Résultats : les résultats de notre analyse soulignent que, pour susciter l'esprit de participation et mobiliser les énergies locales, 40% des communauté organisent des activités d'assainissement. La motivation des comités de développement à s'engager activement dans les initiatives de développement est représenté à 77,1%

Discussion
l'engament communautaire et la participation citoyenne ne sont pas toujours un gage de succès. Les défis sont nombreux, notamment en termes de de mobilisation et d'inclusion de toutes voix. La participation des citoyens peut parfois être limitée par des inégalités socio-économiques, certaines populations étant moins en mesure de participer activement à ces processus. L'inclusivité des politiques de santé publique doit donc prendre en compte ces barrières. L'intersectorialité des politiques de santé et l'engagement communautaire nécessite une reconnaissance des savoirs locaux, des mécanismes de gouvernance inclusives et une attention particulière à la réduction des inégalités dans l'accès à la participation. Cette approche intersectorielle est fondée sur l'idée que la santé est non seulement un droit individuel mais aussi un enjeu collectif, et que les communautés sont des acteurs incontournables dans la promotion de la santé. Dans le cadre des politiques de santé publique, l'engagement communautaire prend une importance capitale. D'après Michael Marmot, dans son ouvrage (the health Gap : the challeng of an Unequal World 2015, p50), l'engagement communautaire est indispensable pour combler les inégalités en matière de santé

Mots-clés
Innovation; promotion de la santé; organisations associatives.

Actions et gouvernance intersectorielle et interorganisationnelle

Séance parallèle
15 May 2025,10:10 – 11:25

Modératrice
Rosalie Aduayi Diop, Senegal

La pérennisation de l'innovation en matière de financement des actions intersectorielles favorables à la promotion de la santé au Québec : Cas du COMOSS dans la région Bas-Saint-Laurent

Présentateurs / Intervenants / Co-auteurs
Kossi Eden Andrews Adandjesso, Université de Montréal, Canada
Louise Potvin, Université de Montréal, Canada
Dénis Bourque, Université de Montréal, Canada

Contexte et problématique
Cette recherche est une étude de cas faisant partie du projet intitulé : les outils de l'intersectorialité au niveau

régional, comment sont-ils produits et comment opèrent-ils ? L'action intersectorielle vise à créer l'interconnexion et l'interaction entre plusieurs secteurs afin d'agir de manière concertée et efficace sur des enjeux collectifs, dont les déterminants de la santé. Cependant, le problème de financement constitue une des difficultés que rencontrent les acteurs intersectoriels dans leurs interventions aux niveaux régional et local. En effet, la littérature souligne que le financement des actions intersectorielles est l'une des problématiques récurrentes en matière de promotion de la santé. Cette problématique a une double explication. D'abord, les gouvernements, s'inscrivant dans une perspective sectorielle et dans une dynamique d'efficacité et de performance des acteurs sectoriels, ont peu d'intérêts pour le financement des actions et concertations intersectorielles. Ensuite, (avec l'exemple de COSMOSS), le financement des actions intersectorielles est généralement tributaire de bonnes volontés des organismes philanthropiques. Or, ces derniers ne détiennent que des ressources limitées. C'est dans ce contexte, s'inscrit la notion d'innovation en matière de financement des actions intersectorielles; cette présentation analyse le cas de COSMOSS (Communauté ouverte et solidaire pour un monde outillé, scolarisé et en santé) pour répondre à la question suivante : comment COSMOSS a-t-elle réussi à mettre en place des idées innovatrices favorables à la pérennisation du financement des actions intersectorielles ? L'objectif est de documenter le processus par lequel, cet organisme communautaire a pu faire de l'innovation un moyen de financement durable.

Interventions
dans ce processus, quatre organismes communautaires se sont impliqués afin de résoudre, du moins en partie, le problème de financement de COSMOSS. Pour analyser leurs interventions, nous mobilisons des cadres d'analyse théorique et méthodologique basés sur les résultats transitoires et l'analyse documentaire ainsi que des entrevues semi-dirigées.

Les résultats
de notre analyse soulignent qu'in fine, de nouvelles décisions ont été prises pour être conformes aux dispositions juridiques et financières en vigueur au Québec. Ces décisions ont d'abord permis de rendre possible l'idée d'un don de 5,7 millions de dollars canadiens. Ensuite, il a été prévu que ce montant soit investi afin de générer des revenus annuels de 500.000$. L'ensemble de ces décisions consensuelles constitue une innovation qui a été réalisée pour la première fois en matière de financement des actions intersectorielles favorables à la santé au Québec.

Les implications
qui en découlent sont principalement de deux ordres. Premièrement, il s'agit de la pérennisation des ressources financières de COSMOSS à travers des activités prometteuses et génératrices de revenus annuels. La seconde est que COSMOSS a acquis désormais une relative autonomie en matière de financement des actions intersectorielles favorables à la promotion de la santé aux niveaux régional et local.

Freins et leviers pour la gouvernance de la transition socioécologique des systèmes alimentaires territoriaux : Le cas de la Mauricie, Québec

Présentateurs / Intervenants / Co-auteurs
Rabialahy Antsatiana Jésuelle, Université Laval, Canada

Objectifs
Les systèmes alimentaires territoriaux (SAT) sont des réseaux locaux reliant les parties prenantes de l'alimentation. Les SAT peuvent contribuer à la transition socioécologique en favorisant la sécurité alimentaire, la réduction des inégalités sociales, la préservation des écosystèmes, et la

compétitivité des entreprises agroalimentaires locales. Cependant, des structures de gouvernance souvent centralisées et les difficultés à mobiliser les parties prenantes freinent cette transition. Notre étude explore les freins et leviers à la gouvernance de la transition socioécologique dans le SAT de la région de la Mauricie, au Québec.

Méthodes
Une étude qualitative, reposant sur des entretiens individuels et de groupe auprès de 137 parties prenantes, a été réalisée en utilisant une approche de théorisation ancrée.

Résultats
Les dispositifs de gouvernance existants semblent s'engager modérément sur les facteurs structurels des iniquités en matière d'accès à l'alimentation saine et de soutien aux petites entreprises maraîchères et biologiques offrant des services écosystémiques. Ensuite, leur fonctionnement caractérisé par une lourdeur administrative et un financement par projet de courte durée, suscite le désengagement des porteur.ses de projets locaux. Enfin, l'absence d'une vision d'avenir partagée dilue les efforts des parties prenantes et renforce le travail en silo. Les leviers consisteraient à renforcer l'agentivité (capacité d'agir) des parties prenantes en soutenant davantage les initiatives citoyennes et les entreprises engagées dans une responsabilité sociale et environnementale pour consolider leurs activités et les établir dans l'actuel régime dominant basé sur l'approvisionnement mondialisé. Une gouvernance participative intégrant les concertations à tous les niveaux, les élu.es locaux, la société civile et les populations en situation de vulnérabilité serait également nécessaire. Cette gouvernance s'appuierait sur une vision commune, répondant aux besoins des citoyen.nes et des entreprises et soutenue par des mécanismes de financement pérenne.

Discussion
Le déficit de l'agentivité et les failles dans la gouvernance freinent les changements structurels nécessaires, exposant le SAT à l'essoufflement et l'inertie. La perspective d'équité du SAT devrait aller au-delà du dépannage alimentaire pour intégrer les causes profondes de la faim, et l'équité intergénérationnelle. De plus, les enjeux environnementaux critiques, notamment les changements climatiques devraient être priorisés.

Mots-clés
Système alimentaire local, transition socioécologique, équité et justice, gouvernance, sécurité alimentaire

Facteurs de prédiction des perdus de vue dans le traitement du VIH à Antananarivo : réalités et défis

Présentateurs / Intervenants / Co-auteurs
Nantenaina Pierre Michael, Institut National de Santé publique et Communautaire Befelatanana Antananarivo, Madagascar

Contexte
La pandémie du VIH constitue un problème de santé publique majeur. Les cas de patient perdu de vue persistent malgré la gratuité des antirétroviraux à Madagascar. Cette étude vise à déterminer les facteurs qui influencent la sortie des patients sous antirétroviraux du circuit de traitement.

Méthodes
Nous avons effectué une étude observationnelle, quantitative, rétrospective, descriptive, transversale à visée analytique durant la période de janvier 2020 à décembre 2023 auprès des personnes vivant avec le VIH ayant été suivi dans le service de Maladies infectieuses du centre hospitalier universitaire Joseph Befelatanana à Antananarivo

Résultats
L'âge moyen des patients a été de 35 ans avec des extrêmes de 19 à 66 ans. Parmi les 121 patients ayant participé à l'étude, 10% ont affirmé avoir interrompu leur traitement antirétroviral pendant 1 mois. Les facteurs prédicteurs de l'abandon et sortie du traitement à 1 mois des patients ont été : le fait d'être célibataire (OR=5,31 [1,009-52,38], p=0,02), le fait d'avoir été suivi inférieur ou égal à 2 ans (p=0,02) , le fait d'avoir été suivi plus de 2 ans (p=0,008) , la notion de rendez-vous manqué (OR=59,52 [7,42-2587,9], p<0,001), l'espacement entre 2 rendez-vous manqués de 3 à 4 semaines (p=0,02) , l'espacement entre 2 rendez-vous manqués de plus de 7 semaines (p=0,02).

Discussion
L'amélioration de la qualité de service au sein des centres de traitement et les interventions ciblées au niveau de la société sont indispensables pour renforcer l'adhésion et la rétention des patients à l'intérieur du circuit de traitement.

Mots-clés
Abandon, Observance thérapeutique, VIH

Promouvoir la santé des jeunes générations à travers la littérature : une série de livres pour enfants adaptés au contexte du Pacifique

Présentateurs / Intervenants / Co-auteurs
Solène Bertrand, Communauté du Pacifique (CPS) , New Caledonia
Maïwenn Maïwenn, Communauté du Pacifique (CPS) , New Caledonia

Titres
Une journée avec papi
Le grand-père de Billy a un orteil en moins
Les aventures des héros de la santé
Hinevai à l'hôpital
Manny part à l'aventure
La boussole de Manoa
Quel est ton fruit préféré ?
Pa et son fa'apu magique
Tama s'ennuie
Le tour du bocal

Description

Les maladies non transmissibles (MNT) sont responsables de 75 % des décès et les facteurs de risque de ces maladies sont présents dès le plus jeune âge ; on observe des taux élevés d'obésité chez les enfants, une diminution constante de l'âge moyen de la première cigarette, et une faible pratique d'activité physique.

Dans ce contexte, la Communauté du Pacifique (CPS) a lancé un concours régional d'écriture de livres pour enfants. A l'issu du processus de sélection, une série de 10 livres écrits par le grand public et illustrés par des artistes océaniens a été publiée.
Disponibles en français et en anglais, les livres abordent des facteurs de risque comme l'alcool, le tabac, l'alimentation, l'activité physique, les écrans et la santé mentale, en les vulgarisant pour garantir une compréhension claire et accessible aux jeunes enfants. Ils sont mis gratuitement à disposition des écoles du Pacifique par l'intermédiaire des Ministères de la Santé.

URL
https://www.spc.int/digitallibrary/get/hp3zp
https://www.spc.int/digitallibrary/get/9gvr4
https://www.spc.int/digitallibrary/get/6wdj3
https://www.spc.int/digitallibrary/get/7rftp
https://www.spc.int/digitallibrary/get/dsdz9
https://www.spc.int/digitallibrary/get/zdw5o
https://www.spc.int/digitallibrary/get/tn2mc
https://www.spc.int/digitallibrary/get/768ky
https://www.spc.int/digitallibrary/get/fxbm3
https://www.spc.int/digitallibrary/get/jqcdg

Pertinence pour la promotion de la santé ou le développement durable (s)
Cette initiative vise à promouvoir des comportements sains dès le plus jeune âge. L'objectif est de sensibiliser les enfants aux impacts négatifs de modes de vie sédentaires, de régimes alimentaires déséquilibrés, et de l'usage de substances nocives comme le tabac et l'alcool, tout en les encourageant à adopter des habitudes de vie plus saines et les sensibiliser à l'importance de ces comportements pour être en bonne santé.
Les enseignants ont désormais des ressources pédagogiques sur la thématique des MNT a utilisé lors des séances d'éducation à la santé réalisées en classe.
Jusqu'à présent, il existait peu de littérature adaptée aux enfants qui aborde les enjeux de santé dans le contexte insulaire du Pacifique. Avec ces ouvrages, les enfants peuvent enfin s'identifier à des personnages, des situations et des récits qui reflètent leur vraie réalité.

LIVE ORAL SESSION SPANISH LANGU AGE

La Equidad: Una Necesidad Urgente En Iberoamerica. Abordaje Desde Los Determinantes Sociales De La Salud

Subplenaria

14 May 2025, 11:45 – 13:15

Moderador

Pr. Martín Zemel, Universidad FASTA, Argentina
Pr. Monica de Andrade, Universidad Patos de Minas, Brazil

Presentadores / Intervenientes / Coautores

Pr. Marco Akerman, , Universidade Sao Pablo, Brasil
Pr. Sonia Dias, Universidade Nova de Lisboa, Portugal
Pr. Carmen Gallardo Pino, Red Iberoamericana de Universidades Promotoras de Salud, Universidad Rey Juan Carlos, Spain
Pr. Paola Ardiles, Universidad Simon Fraser, Canadá / Chile

La equidad en salud constituye una de los desafíos de mayor urgencia en los países de Iberoamérica, requiriendo un abordaje desde los determinantes sociales de la salud. Es por ello que se propone una subplenaria con la participación de referentes en la Promoción de la Salud que motiven la producción de un documento de posicionamiento sobre la necesidad de políticas más equitativas e inclusivas.

La propuesta de un panel de expertos se presenta como una oportunidad única para articular esfuerzos, compartir conocimientos y consolidar una agenda que priorice el bienestar de las personas, especialmente de las comunidades más vulnerables. A través de este espacio de discusión, se espera contribuir a la construcción de un futuro más equitativo y sostenible para Iberoamérica, y promover estas políticas en otros contextos regionales que compartan las mismas inequidades en salud.

La presente subplenaria se desarrollará en idioma español, ya que consideramos que el idioma nos permitirá ofrecer una enriquecida mirada sobre la promoción de la salud en el contexto iberomericano.

Objectives and Rationale of the session

La salud, reconocida como un derecho humano fundamental, enfrenta grandes desafíos en Iberoamérica debido a desigualdades socioeconómicas, diferencias culturales, barreras de acceso a servicios de calidad y disparidades en los determinantes sociales de la salud. El contexto iberoamericano, caracterizado por su diversidad cultural, económica y política, presenta una oportunidad única para analizar y abordar estas brechas mediante un enfoque inclusivo, interdisciplinario y basado en la equidad.

En Iberoamérica, la pobreza, la desigualdad de género, la discriminación étnica, las inequidades educativas, las desigualdades en el acceso a servicios de salud, y el empleo siguen siendo alarmantes e impactan directamente en la salud. Abordar esta problemática requiere políticas públicas orientadas a garantizar una distribución justa de los recursos y oportunidades.

En este marco, la subplenaria en idioma español de la Conferencia Mundial se plantea como un espacio de diálogo y reflexión en torno a tres ejes fundamentales: la equidad en salud, los determinantes sociales de la salud en el contexto iberoamericano y las experiencias en entornos saludables. Estos ejes son esenciales para comprender las dinámicas de salud en la región y generar propuestas innovadoras para mejorar la calidad de vida de las poblaciones más vulnerables.

La presente subplenaria propone como objetivos:

- ✓ Promover un análisis crítico y actualizado sobre los desafíos y oportunidades en equidad en salud en Iberoamérica.
- ✓ Explorar enfoques interdisciplinarios y multisectoriales para crear entornos saludables.

✓ Compartir experiencias y propuestas innovadoras desde diferentes perspectivas y países de la región.

Generar recomendaciones concretas para un documento de posición que busque fortalecer las políticas públicas en salud bajo un enfoque de equidad y justicia social, tanto en Iberoamérica como en otras regiones donde las inequidades constituyan un desafío para la promoción de la salud

SUMMARY

La equidad en salud constituye una de los desafíos de mayor urgencia en los países de Iberoamérica, requiriendo un abordaje desde los determinantes sociales de la salud. Es por ello que se propone una subplenaria con la participación de referentes en la Promoción de la Salud que motiven la producción de un documento de posicionamiento sobre la necesidad de políticas más equitativas e inclusivas.

La propuesta de un panel de expertos se presenta como una oportunidad única para articular esfuerzos, compartir conocimientos y consolidar una agenda que priorice el bienestar de las personas, especialmente de las comunidades más vulnerables. A través de este espacio de discusión, se espera contribuir a la construcción de un futuro más equitativo y sostenible para Iberoamérica, y promover políticas públicas en otros contextos regionales que donde las inequidades constituyan un desafío para la promoción de la salud.

La subplenaria se desarrollará en idioma español, ya que consideramos que el idioma nos permitirá ofrecer una enriquecida mirada sobre la promoción de la salud en el contexto iberomericano. No obstante, ofreceremos traducción al inglés para quienes estén interesados en compartir nuestras experiencias y perspectivas.

Redes de promoción de la salud en diferentes entornos vinculados con la Oficina Regional para América Latina (ORLA) de la UIPES

Mesa redonda

14 May 2025, 16:00 – 17:30

Presentadores / Intervenientes / Coautores

Pr. Martín Zemel, Universidad FASTA, Argentina

Experiencia o práctica relevante

Esta sesión propone realizar una revisión y discusión de proyectos, experiencias y redes vinculadas con el abordaje de los determinantes sociales e impulsadas o promovidas por la Oficina Regional para América Latina (ORLA) de la UIPES. Se presentarán el Programa latinoamericano para promover la educación en el campo de la salud (educación para la salud – educación popular en salud) liderado por UNESCO Chair Global Health and Education, el Grupo de Trabajo de Promoción de la Salud de la Asociación Brasilera de Salud Colectiva (ABRASCO), la Red de docencia e investigación promovida por UIPES/ORLA, y la Red Iberoamericana de Universidades Promotoras de Salud. Cada panelista presentará las características del trabajo de su red, como también el rol de UIPES en la misma.

Implicaciones para la promoción de la salud

La invitación a una mesa redonda vinculada con los proyectos y redes de promoción de la salud en América Latina posibilitará la discusión de cuáles constituyen las necesidades y urgencias en la región en relación con la equidad en salud y sus determinantes sociales, como también la descripción de los ejes fundamentales de las actuales propuestas.

La sesión permitirá explorar nuevas conexiones e intercambio de experiencias con asistentes de

otras regiones que posibilite un impacto positivo en la salud de las comunidades.

Implicaciones para el desarrollo sostenible
La sesión permitirá explorar nuevas conexiones e intercambio de experiencias con asistentes de otras regiones vinculadas con el equilibrio entre el progreso económico, la justicia social y la protección del medio ambiente. Asimismo, se fomentará el aprendizaje mutuo a través de la diversidad de perspectivas y enfoques. Se espera que la interacción entre los participantes genere ideas innovadoras, y soluciones creativas y sostenibles. Además, se busca impulsar el crecimiento profesional y el desarrollo de habilidades de liderazgo. Esta oportunidad única permitirá ampliar horizontes y fortalecer la cooperación internacional. Finalmente, Se espera que surjan sinergias que impulsen proyectos futuros comprometidos en reducir las inequidades en salud.

Equidad en salud, bienestar e las políticas publicas en promoción de la salud

Parallel Session

15 May 2025, 11:45 – 13:00

Fortalezas de la articulación intersectorial en las políticas y prácticas de promoción de la salud en entornos escolares vulnerables

Presentadores / Intervenientes / Coautores
Martin Zemel, University of FASTA, Argentina
Dr. Eugenia Serrani, University of FASTA, Argentina

Entorno/problema
La Promoción de la salud es un concepto que implica un trabajo intersectorial donde intervengan actores sociales y políticos, privilegiando las comunidades que se encuentran en contextos de vulnerabilidad social. Las políticas públicas juegan un papel crucial en la creación de entornos que faciliten la adopción de estilos de vida saludables. Es por ello que surge la necesidad de implementar estrategias coordinadas y multisectoriales para lograr un impacto significativo en la mejora del bienestar colectivo.

Intervención
A partir de una política de promoción de la salud se desarrolló la red de escuelas promotoras de salud en poblaciones excluidas, afectadas por los determinantes sociales, mediante un enfoque integral que comprendió una alianza estratégica entre Universidad, Municipio, Rotary Club, y empresas locales. Se capacitaron docentes de 50 instituciones educativas de los niveles inicial y primario; y se mantuvieron entrevistas y grupos focales con actores sociales de las distintas comunidades en las que se intervino. Participaron estudiantes y docentes universitarios; como también profesionales de los sectores público y privado. El diseño de la intervención adoptó un modelo participativo, intersectorial y estratégico.

Resultados
Se consolidaron políticas locales y se realizaron prácticas que beneficiaron a 7000 escolares, junto a sus familias y docentes. En cada Institución educativa se organizaron proyectos individuales vinculados con la promoción de la salud. Las prácticas posibilitaron la participación de distintos actores sociales de la comunidad en el desarrollo de estrategias que promovieran la inclusión y la

equidad en salud, a partir del empoderamiento de la población en habilidades protectoras como también en el aumento de la accesibilidad a los servicios de salud.

Implicaciones
El trabajo intersectorial permitió disminuir entornos de exclusión, reducir las inequidades existentes y darle sostenibilidad a las políticas de promoción de la salud en el contexto regional.

Sumak Kawsay y salud: una revisión narrativa sobre bienestar integral y sostenibilidad

Presentadores / Intervenientes / Coautores
Grace Elizabeth Revelo Motta, Universidad Central del Ecuador, Ecuador

Antecedentes/Objetivos
El concepto de Sumak Kawsay (buen vivir), basado en cosmovisiones indígenas andinas, ofrece un enfoque holístico que integra el bienestar individual, comunitario y ambiental. Este estudio tiene como objetivo explorar cómo los principios del Sumak Kawsay pueden contribuir a la promoción de la salud y a políticas sostenibles en contextos contemporáneos, especialmente en áreas vulnerables afectadas por inequidades sociales y ambientales.

Métodos
Se llevó a cabo una revisión narrativa de literatura científica y documentos de políticas públicas relacionados con el Sumak Kawsay y la salud. Las fuentes incluyeron artículos revisados por pares, informes gubernamentales y de organizaciones internacionales, con un enfoque en la intersección entre bienestar, sostenibilidad y salud comunitaria.

Resultados
El análisis revela que el Sumak Kawsay promueve una comprensión integral de la salud, vinculando dimensiones físicas, emocionales, espirituales y ecológicas. Las políticas inspiradas en este enfoque han mostrado potencial para reducir inequidades en salud, fortalecer la cohesión comunitaria y fomentar prácticas sostenibles en salud pública.

Discusión
El Sumak Kawsay desafía paradigmas biomédicos convencionales al enfatizar la interconexión entre el bienestar humano y la salud planetaria. Sin embargo, su implementación enfrenta desafíos, como la necesidad de adaptar sus principios a contextos urbanos y globales, y superar barreras estructurales y políticas.

Palabras clave
Cultura indígena, sistemas médicos complejos tradicionales, política de salud.

Equidad en salud bucal: caracterización de determinantes sociales en los entornos de pacientes que asisten a un centro odontológico universitario argentino

Presentadores / Intervenientes / Coautores

Martin Zemel, University of FASTA, Argentina
Natalia Casellas, University of FASTA, Argentina
María Fernanda Pirro, University of FASTA, Argentina
Pr. Javier Nuñez Peña, University of FASTA, Argentina
Pr. Paula Girardi, University of FASTA, Argentina
Dr. Eugenia Serrani, University of FASTA, Argentina
Tiara Di Scala, University of FASTA, Argentina
Sofia Cillis, University of FASTA, Argentina
Juliana Cillis, University of FASTA, Argentina
Lucas Fernandez Parra, University of FASTA, Argentina
German Giacoboni, University of FASTA, Argentina
Santiago Cueto, University of FASTA, Argentina

Antecedentes/Objetivos

Los determinantes sociales influyen profundamente en la salud bucal, afectando el acceso a servicios odontológicos y la calidad de los mismos. La alfabetización en salud emerge como un factor clave para comprender y aplicar prácticas preventivas, mientras que las inequidades estructurales exacerban las disparidades en el cuidado bucal, limitando la equidad en la atención. El propósito de este estudio fue evaluar la prevalencia de determinantes sociales en pacientes que reciben atención odontológica en las prácticas universitarias de Odontología.

Métodos

Se realizó una investigación descriptiva aplicando el cuestionario de alfabetización en salud (HLQ), junto con una encuesta sobre aspectos sociodemográficos a 100 pacientes que asistieron al Centro Odontológico de la Universidad FASTA (Argentina). La epidemiología descriptiva incluyó las puntuaciones medias y los tamaños del efecto entre las características sociodemográficas. El análisis de conglomerados se basó en las nueve escalas del HLQ para determinar diferentes perfiles de alfabetización en salud dentro de la población. El tratamiento estadístico utilizó IBM SPSS Statistics 25.0, IC 95% y $p<0.05$. El protocolo del estudio fue evaluado y aprobado por el Comité Institucional de Bioética.

Resultados

Se registró una significativa prevalencia de determinantes sociales en los pacientes que asistieron al Centro Odontológico Universitario. Entre ellos, se halló un bajo nivel de educación, alta proporción de empleo informal, baja cobertura médica, y alta proporción de personas que perciben apoyo social. Las personas con mayor alfabetización en salud mostraron mejores capacidades para comprender las indicaciones profesionales, mayor frecuencia en el uso de servicios preventivos y mayor conocimiento sobre cómo cuidar su salud bucal.

Discusión

La caracterización de los determinantes sociales y sus implicancias en personas que requieren servicios de salud bucal en el ámbito de una Universidad argentina mostraron características similares a estudios en otros entornos regionales. Esto invita a debatir las políticas públicas en salud y acceso a la salud oral.

Palabras clave

DETERMINANTES SOCIALES DE LA SALUD – SALUD BUCAL – EQUIDAD EN SALUD

Formación de enfermeras en educación sexual para adolescents

Presentadores / Intervenientes / Coautores

Livis Keismanas de Ávila, Faculdade de Ciências Médicas da Santa Casa de São Paulo, Brazil
Leticia Oliveira Miorin, Faculdade de Medician da Universidade de São Paulo, Brazil

Antecedentes/Objetivos
La adolescencia es un período del desarrollo de la sexualidad como parte de uno proceso interno e individual. Los cambios que tienen lugar en este proceso son determinantes en la forma en que la sociedad percibe y actúa hacia esta población, situándola en una posición vulnerable debido a la desatención social de sus especificidades. El Sistema Único de Salud (Brazil) ya ha establecido medidas para abordar la educación sexual con adolescentes y las enfermeras desempeñan un papel fundamental en la promoción de estas acciones, por lo tanto, el objetivo de este estudio fue identificar la práctica de las enfermeras en la realización de la educación sexual con adolescentes

Métodos
Este fue un estudio cuantitativo transversal exploratorio, realizado en la ciudad de Santo André – São Paulo – Brazil, en 21 Unidades de Salud. La colecta de datos fue realizada con una enfermera por unidad, totalizando 21 participantes correspondientes a las veintiuna Unidades de Salud. Tras la firma del Consentimiento Informado, se administró el cuestionario mediante la aplicación REDCap instalada en una tableta.

Resultados
Los temas de educación sexual más frecuentemente abordados en la primera consulta con los adolescentes fueron las ITS (100%), el uso del preservativo (95,2%) y los métodos anticonceptivos (85,7%). Con relación a la orientación en sexualidad, los ítems fueron, las ITS y su riesgo de acortar la vida (100%), la importancia del uso del preservativo (95,2%), los métodos anticonceptivos (90,5%) y el embarazo precoz (85,7%), mostrando que el trabajo de enfermería aún está centrado en la prevención de enfermedades y/o dolencias y no en la promoción de la salud. En cuanto a la estrategia de acercamiento a esta población para realizar educación sexual, 81% dijo que realizaría consejería individual con base en las necesidades de cada individuo, 61.9% informó hacer más atractivo el servicio de salud para este público y 52.4% informó realizar pláticas grupales en fechas predeterminadas.

Discusión
En cuanto al asesoramiento individual, cabe destacar que excluye el intercambio de experiencias y la complementación de conocimientos que posibilita el asesoramiento grupal. A partir de esto, es posible brindar información general y amplia en un grupo y ofrecer espacios individuales para atender necesidades específicas, de manera que una estrategia no excluye a la otra, sino que se complementan.

Palabras clave
Educación sexual, Salud de los adolescents, Formación en promoción de la salud

Salubri-amar: Ensayos y Refelxiones Sobre La Promoción de la Salud

Presentadores / Intervenientes / Coautores
Nelson Enrique Rodríguez Sánchez, COMPENSAR, Colombia

DESCRIPCIÓN DEL LIBRO Y SU RELEVANCIA PARA LA PROMOCIÓN DE LA SALUD Y EL DESARROLLO SOSTENIBLE
Es un libro que nace del corazón de un apasionado por la Promoción de la Salud y la Educación;

quien, desde su conocimiento en actividad física, ejercicio, recreación y deporte, se arriesgó a proponer ideas creativas e innovadoras que, en tiempos de pandemia y postpandemia generaran salud y bienestar en momentos de crisis e incertidumbre mundial. Para ello decidió recopilar en un libro los ensayos que escribió entre los años 2020 y 2024, que dieran fe del pensamiento crítico y positivista que siempre transmitió; y que se encaminaron en aportar en el crecimiento personal y en el desarrollo humano de quienes los leían. En cada uno de ellos plasmó el AMOR que tiene por la vida y el RESPETO por si mismo, por el otro y por el medio ambiente, como eje fundamental para lograr un equilibrio integral para el BUEN-VIVIR; y de donde nace un nuevo termino que el autor denominó SALUBRI-AMAR; que va relacionado con la forma en la que se debe cuidar a quienes son vulnerables como consecuencia de sus problemas de salud.

En cada uno de los escritos encontrarán los puntos de vista de un soñador despierto; quien sin dudarlo redactó con responsabilidad cada uno de sus parrafos para ayudar a reflexionar a los lectores sobre nuestro papel como individuos, como sociedad y como tomadores de decisiones en temas de relevancia mundial; como el impacto de las prácticas de vida en el cambio climático, la deshumanización de los sistemas de salud en el mundo, el aumento de las tasa de obesidad infantil y las consecuencias para la salud pública a corto y mediano plazo, el gasto económico de las Enfermedades Crónicas No Transmisibles y los Trastornos Mentales, el fitness como símbolo de consumismo, las consecuencias de la desigualdad social en el planeta entre otros temas de interés a nivel global, entre otros. Este libro no es libro más; sino el reflejo vivo que el escribir salva vidas; pues cada palabra, cada oración, cada párrafo y cada ensayo que lo componen, permitió que el autor transformara sus frustraciones, sus miedos y sus dolencias por alegrías, esperanza y por motivaciones para seguir adelante PROMOCIONANDO LA SALUD, PREVENCIONANDO LA ADQUISICIÓN DE ENFERMEDADES Y MITIGANDO EL IMPACTO DE LAS ECNT´s en el mundo.

POSTERS

Presenters / Speakers / Co-authors
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Objectives
Blurred vision, a common yet overlooked condition, can significantly impact learning and productivity if left untreated. School teachers and community workers are key influencers in health-literate settings, making them ideal agents for promoting awareness and early detection. This study aimed to assess the impact of a structured awareness program on the knowledge and practices of these groups regarding blurred vision and to evaluate the feasibility of integrating eye health literacy into their daily roles.

Methods
A mixed-methods intervention study was conducted over six months in urban and semi-urban areas. Baseline knowledge, attitudes, and practices (KAP) surveys and focus groups were used to assess pre-intervention awareness levels. Participants (100 schoolteachers and 50 community workers) attended interactive workshops, received educational toolkits, and were trained to integrate visual health literacy into their activities. Post-intervention assessments included repeat KAP surveys, focus groups, and an evaluation of outreach activities such as vision screening camps.

Results
Preliminary findings indicate a significant improvement in participants' knowledge scores about blurred vision ($p < 0.05$). More than 75% of participants reported adopting new practices, such as promoting regular eye check-ups and recognizing early symptoms of vision problems among students and community members. Several participants organized vision screening camps, reaching over 1,000 individuals in their respective settings.

Discussion
The study highlights the potential of empowering schoolteachers and community workers as catalysts for improving eye health awareness in health-literate settings. Integrating visual health education into schools and community programs is a scalable and cost-effective approach to addressing preventable vision problems. Future research should focus on long-term outcomes and broader regional implementation.

Keywords
Blurred vision, health literacy, schoolteachers, community workers, eye health awareness, vision screening, public health education

How grit and resilience help promote well-being among Portuguese university students?

Presenters / Speakers / Co-authors
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Background
The transition to university life represents a critical period for young adults, marked by significant academic, social, and personal challenges. Grit, defined as perseverance and passion for long-term goals, and resilience, the ability to recover from setbacks and adapt to adversity, are critical to understanding well-being. These qualities help students to cope with the challenges of university life, which has a positive impact on their

academic performance and overall well-being. However, despite growing interest in these constructs, few studies have examined their combined impact on the well-being of first-year university students. This study aimed to investigate how grit and resilience support the subjective and psychological well-being of first-year students at a university in northern Portugal.

Methods
A cross-sectional online survey was conducted in 2025 using validated instruments to measure well-being and related constructs. Subjective well-being was assessed using the Satisfaction with Life Scale and a shortened version of the Portuguese Positive and Negative Affect Scale. Psychological well-being was assessed using Ryff's Psychological Well-Being Scale. The survey also included the Brief Resilience Scale and the Portuguese version of the GRIT scale. A total of 650 students participated in the study, 65.5% of whom identified as female.

Results
The analysis revealed significant positive correlations between grit, resilience and both subjective and psychological well-being. Students who reported higher levels of grit and resilience also demonstrated greater life satisfaction, higher levels of positive affect, and stronger psychological well-being across dimensions such as self-acceptance, purpose in life, and environmental mastery. Hierarchical regression analyses showed that over 50% of the variance in well-being was explained by a model that included demographics, grit and resilience.

Discussion
The findings highlight the importance of grit and resilience as critical factors in enhancing well-being among university students. Interventions designed to promote these qualities could be instrumental in improving both subjective and psychological well-being. These findings may assist universities in developing comprehensive prevention and intervention programmes tailored to their student populations.

Keywords
Wellbeing; Positive psychology; Resilience; Grit

France: Mediation effects of pupils' socio-emotional competencies (8-11 years old) on health behaviours, pupils and schools' characteristics and teachers' practices.

Presenters / Speakers / Co-authors
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Objectives
"Setting approach" is fundamental to theory in health promotion (Green, Poland & Rootman, 2000) This approach is effective to improve health in common setting such "sport club" (Geidne et al., 2019) or school (WHO, 2021), and "supersetting approach" is recommended to foster "health literacy" (Jenkins et al., 2023). One of the issue for "setting approach in schools" is to use validated and standardized assessment instruments (Miñana-Signes et al., 2021) in order to analyze its impact especially on children's socio-emotional competencies (Lee, 2020). Since 2019, the Alliance project has supported 101 schools in Auvergne-Rhône-

Alpes of France, aiming to improve pupils' health behaviours, life skills, and health literacy through professional training, resources, and support. This study aims to examine how the development of educational practices promoting health and strengthening protective factors, such as life skills, play a mediating role between pupils' health behaviors and pupils' and schools' characteristics?

Methods
Quantitative data were collected via questionnaires administered to pupils and teachers, before implementation (2019, T0, n=3107 / n=243) and during two follow-ups (2021, T2, n=4480 / n=93 and 2022, T3, n= 4045 / n=76). Pupils' questionnaire measured their wellbeing at school, health habits, psychosocial competencies and families' socio-economic level. Teachers were questioned about their perceptions and practices in health education. Factorial analyses identified 6 dimensions on pupils' health behaviors. Then, multilevel mediation effect of one dimension – socio-emotional competencies - were tested between pupils' health behaviors and (1) pupils' and schools' characteristics and (2) teachers' practices.

Results
Descriptive and bivariate analysis indicate several improvements between years in their health habits like for example daily physical activities (6% for T0 and 16% for T2) or daily consumption of sweets (17% for T0 and 13% for T2). They confirm negative influence of risk factors as low socio-economic level on health behaviours and positive influence of a high level of psychosocial competencies.
Mediation analysis show that socio-emotional competencies, especially social competencies, mediate significatively this influence. Mediating effects range from 5% to 93%. Multivariate multilevel models are in progress.
These results highlight the importance of developing life skills within the school setting.

Keywords
Setting approach - Health-Promoting Schools – **socio-emotional learnings** – Health behaviours - Mediation effect

Understanding the dynamics of health and well-being promotion in higher education: A realist synthesis

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Objectives
Risky health behaviours are highly prevalent among university students, negatively impacting their mental health and overall well-being. With 75% of adult mental health problems starting by the age of 18 and one in five students experiencing an active mental health condition, higher education institutions have a crucial role to play in promoting wellbeing. Although various interventions are available, it is important to understand how and why different strategies work in different academic contexts. This study aimed to identify the mechanisms and contextual factors that influence the effectiveness of health and well-being interventions in higher education.

Methods
A systematic review was conducted using multiple databases, including MedLine (via PubMed), ERIC, Education Research Complete (via EBSCOhost), SCOPUS and Web of Science, following PRISMA and RAMESES

guidelines. Eligible studies were extracted using Rayyan QCRI software and data were analysed in NVivo, focusing on the Context-Mechanism-Outcome (CMO) framework.

Results
Studies reviewed showed variability in the description of intervention processes, but all reported positive effects on health behaviours and well-being. Mindfulness-based interventions (MBIs) and psychological approaches, such as cognitive behavioural therapy (CBT), were found to be the most effective and sustainable, especially when integrated with technology. These methods were successful in reducing symptoms of depression and anxiety. In contrast, psychoeducational interventions were less effective and lacked long-term sustainability. Recreational programmes (e.g. art, exercise and peer support), relaxation techniques and curriculum-based strategies also contributed to well-being, but with less consistent results. Interventions that encouraged active student participation and provided ongoing support tended to have better outcomes.

Discussion
The findings highlight the importance of tailoring interventions to specific academic contexts, emphasising active student engagement, effective use of technology and sustained support. This study has developed a programme theory model to guide future health and well-being strategies, providing a practical framework for designing effective, sustainable interventions in different educational settings.

Keywords
Realist evaluation, University students, Intervention.

Loneliness among higher education students: a social-ecological analysis with data from the German StudiBiFra study

Presenters / Speakers / Co-authors
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Objectives
Students are particularly vulnerable to loneliness. This can affect both students' health and their ability to cope with everyday life and their studies. In addition to individual factors, loneliness is also associated with interpersonal and organisational factors. School-based research has identified social inclusion at school, lack of friendships, and low social support as predictors of adolescent loneliness. Using a social-ecological approach, this study examines the extent to which individual, interpersonal, and organisational factors are associated with student loneliness in the university context.

Methods
We used data from the StudiBiFra study, a cross-sectional survey among higher education students in Germany. Our analysis included a sample of 12,874 students from 7 higher education institutions, collected between May 2022 and March 2023 with the Bielefeld Questionnaire on Study Conditions and Mental Health. Hierarchical logistic regression was used to analyse the associations of individual, interpersonal, and organisational factors with loneliness.

Results
In their courses of study, 28.2 % of students experienced loneliness. Students who identified as gender diverse (OR=1.69; 95% CI: 1.04-2.73) or male (OR=1.43; 95% CI: 1.26-1.63) and those with a poor subjective overall health state (OR=2.62; 95% CI: 2.26-3.05) were more likely to experience loneliness. As interpersonal factors, positive social relationships between students were negatively associated with loneliness (OR=0.31; 95% CI:

0.29-0.34) and can therefore be considered as a protective factor. At organisational level, weak connectedness to the university was positively associated with loneliness (OR=1.43; 95% CI: 1.23-1.67), meaning that feeling disconnected could be a risk factor. High university engagement (OR=0.90; 95% CI: 0.83-0.97) was negatively associated with loneliness and therefore should be discussed as another protective factor. Students at universities of applied sciences were less likely to feel lonely than those at universities (OR=0.76; 95% CI: 0.63-0.91).

Discussion
The findings highlight the importance of both individual and institutional interventions to tackle loneliness at German universities. Addressing loneliness interventions is essential to improving the university environment and fostering a stronger, more inclusive sense of belonging for all students, so that they can reach their academic potential and maintain better health.

Keywords
loneliness, mental health, university students, social-ecological factors, social support, health promotion

Impact of Clinical Training on Reported Low Back Pain among Hospital Nursing Students

Presenters / Speakers / Co-authors
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Amira Daher, Max Stern Yezreel Valley College, Israel

Background
Low back pain is highly prevalent among nursing students and poses risks to their health and career longevity. The prevalence and severity of such pain increase during clinical training. Nursing students often lack adequate training to prevent low back pain, rendering them especially vulnerable to injury. This study aimed to assess the prevalence of low back pain at key stages of nursing education, evaluate pain intensity during daily activities before and during clinical training, and identify demographic and clinical predictors of low back pain to inform targeted, preventive interventions.

Methods
A comparative, cross-sectional, online, questionnaire-based study. **The survey** was conducted among 194 third- and fourth-year nursing students in clinical training at various hospitals. Logistic regression analyses were conducted for each independent variable, considering the Oswestry Disability Index as the dependent variable (<12 vs. ≥12, where ≥12 indicates moderate to severe disability), to identify predictors of low back pain.

Results
The prevalence of low back pain increased significantly from 40.7% before nursing school to 75.3% during the past month of clinical training. Independent predictors of low back pain were clinical training-related stress (OR 1.76, p< 0.003), pre-existing musculoskeletal pain (neck/shoulder) (r=0.29, P< 0.001) and being married (OR 2.9, P< 0.01). During clinical training, pain significantly intensified across daily activities.
Discussion: Clinical training may exacerbate low back pain among nursing students. The long-term impact of these interventions should be explored, and the progression of low back pain should be monitored throughout nursing education and into professional practice. Nursing curricula should integrate targeted

interventions, including stress management, ergonomic training, and tailored support for high-risk students, particularly those with pre-existing musculoskeletal pain. Married students may require special attention, as they showed a higher risk for low back pain in this study. These measures are essential to safeguard future nurses' physical well-being and professional development.

Keywords
Low back pain, nursing students, clinical training, educational stress, musculoskeletal disorders, ergonomics, Oswestry Disability Index.

School safety culture and bullying prevention in the UAE

Presenters / Speakers / Co-authors
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Objectives
Bullying is a significant global public health concern, with far-reaching physical, emotional, and social consequences for children and adolescents. Establishing a strong school safety culture is crucial for fostering protective environments and preventing bullying. Tailored interventions are necessary in the UAE, where diverse student populations and cultural norms play a critical role. This study explores the concept of school safety culture, its role in bullying prevention, and the effectiveness of multi-level strategies within the UAE context.

Methods
A literature review of global evidence-based programs and UAE-specific data was conducted to identify effective bullying prevention strategies. Policy analysis assessed the scope and impact of existing school safety frameworks. Additionally, case studies from UAE schools were reviewed to highlight successful initiatives and interventions.

Results
The findings indicate that the UAE has substantially addressed bullying through comprehensive anti-bullying policies, enhanced community engagement, and teacher training programs. Successful initiatives include the establishment of school-based reporting systems and the launch of nationwide awareness campaigns. Evidence highlights the critical role of multi-sectoral collaboration and culturally adapted strategies in reducing bullying prevalence and promoting safer school environments.

Discussion
A robust school safety culture is vital for effective bullying prevention in the UAE. Key success factors include enforcing anti-bullying policies, widespread awareness initiatives, and capacity-building programs for educators and school staff. The importance of engaging families and the broader community to create a

united front against bullying is also emphasized. Sustained, evidence-based efforts are essential to ensuring students' long-term well-being and protection.

Critical reflection of adolescents' school-based sexual health intervention implemented in Finland

Presenters / Speakers / Co-authors
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Background
Integrating empirical research, theory, and practical knowledge to create sustainable interventions is essential (Fraser et al. 2009). A school-based intervention was developed and conducted in Finland in three schools with 19 classes (n=387) in 2024. The intervention consisted of three participatory lessons for each class with various pedagogical delivery methods. The intervention aimed to impact the sexual health-related knowledge, attitudes, and communication of adolescents aged 13-14.

A critical reflection was conducted to assess whether the intervention was implemented according to the intervention goals and to improve practice. Views of the intervention content and activities were collected to determine whether they worked as planned. No intervention outcomes were integrated into this reflection.

Methods
Gibbs' Reflective Cycle (Gibbs, 1988) was used in the reflection as applicable. Post-intervention questionnaires were utilised to assess adolescents' (n=252) views. In addition, direct feedback, intervention documents and relevant statistics were collected.

Results
Exposure to the intervention was high across classes: 74% in the first, 86% in the second, and 83% in the third class. Adolescents described intervention satisfaction primarily as good or very good. Adolescents' engagement was reported high, as assessed by their evaluation of participation in activities, feelings about learning, and assessment of the emotional environment during classes. Nearly half reported that the content responded to their needs, whereas 40 % announced that the intervention did not affect their sexual views.
Adolescents appreciated their active participation the most. The open discussion and permission for sexual communication was reported as key elements. Adolescents would have liked to learn more about sex, dating, expressing emotions and sexual diversity.
The dynamic school settings challenged the implementation through non-functioning IT equipment or unexpected school personnel changes. A restless atmosphere was occasionally present in the classroom, however, based on the data, this did not disrupt the adolescents.

Discussion
Involving adolescents in intervention is focal. The intervention was received with great interest and can support adolescents' sexual health learning alongside curriculum-based education. Minimizing downtime and encouraging adolescents' creativity further are suggested for future improvements.

Keywords
school, health promotion, adolescent

Effectiveness of school-based resilience interventions targeting adolescent tobacco, alcohol, and illicit substance use: A meta-analysis

Presenters / Speakers / Co-authors

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Objectives

Adolescence represents a crucial developmental stage for transitioning into a healthy adulthood. Nevertheless, many adolescents are susceptible to mental health challenges and may engage in health-risk behaviors, including smoking, alcohol, and substance abuse. Resilience plays a critical role in enhancing mental health and mitigating health-risk behaviors among adolescents. This study aimed to evaluate the effectiveness of school-based resilience interventions on tobacco, alcohol, and illicit substance use among adolescents.

Methods

Eligible studies were peer-reviewed reports of randomized controlled trials and quasi-experimental study designs including participants aged 6–18 years that reported adolescent tobacco, alcohol or illicit substance use, and implemented a school-based 'resilience' interventions(i.e. those addressing individual-level[e.g. self-control, interpersonal skills, optimism], interpersonal-level(e.g. social support), and community-level(e.g. school connectedness) protective factors of resilience). Trial effects for binary outcomes were synthesised via meta-analyses using CMA 4.0 and effect sizes reported as odds ratios. Subgroup(by intervention level, setting and duration) analysis were conducted.

Results

Twenty-three eligible studies were identified from 3,504 records (tobacco: n=13, alcohol: n=13, illicit: n=12). An overall intervention effect was found for binary measures of tobacco use(n=13; OR: 0.83, 95%CI: 0.73–0.94, p<.001, =68.3%), alcohol use(n=13; OR: 0.77, 95%CI: 0.69–0.87, p<.001, =74.8%), and illicit substance use(n=12; OR: 0.78, 95%CI: 0.79–0.91, p<.001, =12.8%). Subgroup analysis revealed that interventions combining individual and interpersonal-level significantly reduced tobacco use, while combining individual, interpersonal, and community-level interventions reduced drinking use compared to control groups. Interventions lasting over 2 years reduced both smoking and alcohol use.

Discussion

Overall intervention effects were evident for tobacco, alcohol, and illicit substance use within multi-level and long-term resilience interventions. The results contribute to the development and implementation of school-based interventions that address 'resilience' to reduce adolescent substance use.

Keywords

resilience, adolescent, meta-analysis

Exploring the barriers and facilitators of continuous quality improvement for health promotion within healthcare food environments

Presenters / Speakers / Co-authors

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Background
Continuous quality improvement (CQI) has become a widely accepted approach to optimize health services while lowering healthcare costs. However, there is a lack of understanding of what organizational and policy processes are necessary to implement quality improvement for health promotion in healthcare. This research uses a qualitative multiple exploratory case study design to explore the barriers and facilitators of CQI for health promotion in healthcare retail food environments.

Context
This research occurred in a Canadian healthcare organization with an organizational Healthy Eating Policy applicable to staff, patients and visitors.

Methods
We collected key informant interview data with 12 healthcare staff working in Nutrition and Food Services from January to June 2023. Four cases of quality improvement interventions (Plan-Do-Study-Act (PDSA) cycles) were identified using directed content analysis; the Inside out socioecological model was used to interpret cross-cutting organizational barriers and facilitators.

Results
Barriers to CQI included expertise to interpret nutrient criteria, lack of data, conflicting benchmarks (e.g., finance and health), third-party vendors, past negative experiences, and a lack of time to monitor and evaluate. Facilitators included an organizational Healthy Eating Policy, understanding community context, local knowledge, partnerships with researchers and leadership.

Discussion
This study has shed light on how overarching policies, accompanied by organizational support, may facilitate quality improvement and engagement in CQI but can also create barriers to routine practice and sustainability of health promoting interventions. Future research can explore implementation strategies for policy implementation.

Effectiveness of field-based capacity building education for the Korean Certified Health Education Specialist (KCHES): Mobile healthcare project

Presenters / Speakers / Co-authors
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Background/Objectives
As the healthcare environment paradigm shifts to disease prevention and health promotion, there is a need for education and training programs to strengthen the expertise and capacity building of the Korean Certified Health Education Specialist(KCHES). This study examined the effectiveness of the online curriculum by developing a practical training course to strengthen the KCHES's field-based capabilities.

Methods
In July 2023, seven experts analyzed essential competencies for the job and job-based competencies on the mobile healthcare project by DACOM to strengthen the field-based competencies of health educators. The pilot online program for capacity building was conducted from November 10 to 24, 2023, and it evaluated the

effectiveness and satisfaction of the program for 292 people who completed the online educational course.

Results
The main research results are as follows. First, the developed essential practical training content includes understanding health policy, communication, integrated thinking, motivation enhancement and mediation, leadership, and work ethics, and the mobile healthcare project content includes local health center mobile healthcare overview, basic knowledge on metabolic syndrome, needs assessment, health planning, developing strategy for multi-approach, health project management, evaluation, evaluation feedback, analysis of success cases, health information management, case management, and practice. Second, the average knowledge score after the online program for capacity building was 83.1 points. The partnership score was the highest in essential practical education, and the target discovery education score was the highest in mobile healthcare education. Third, the satisfaction level with the online curriculum was 4.28 points, and 87% responded that they were very satisfied or satisfied.

Discussion
The coordinator of the mobile healthcare project is an essential role for the KCHES in non-contact healthcare services. It should increase the KCHES's necessary skills regarding the mobile healthcare project. We would expand the online educational program for field-based capacity building and improving their expertise.

Keywords
KCHES, capacity building, mobile healthcare project, field-based competency

Employee Welfare Programs in Indian HEIs: Participation, Demographic Trends, and Impact on Well-Being

Presenters / Speakers / Co-authors
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Background
Employee Welfare Programs (EWPs), including Employee Assistance Programs (EAPs), Health & Wellness Programs (HWPs), and Flexible Work Arrangements (FWAs), are critical for promoting employee well-being at Higher Education Institutions (HEIs). These services have a lot of untapped potential, but the level of attendance varies widely among groups within the population. Little research, if any, has focused on which component of the EWPs had the greatest effect on promoting employee well-being.

Aim
The paper analyses how factors like age, gender, years of service, and job status have influence over EWP participation among the employees in Indian HEI. It examines the effect of these programs on employees' well-being.

Methods
We used a mixed-methods approach to analyse data from 5,117 employees. Qualitative feedback from 33 participants was also elicited. We used logistic regression and chi-square tests for assessing the demographic predictors of participation in programs. Thematic analysis of comments was used to establish some major

themes on well-being including health programs, flexible work options, recognition in the workplace, and safety concerns.

Results
Participation in HWPs was significantly associated with age and years of service ($p < .001$), with middle-aged employees (46–55 years) and those with longer tenure participating more frequently. Gender emerged as a significant predictor ($p = .022$) of FWA use, with men less likely to access these arrangements. Probationary employees faced challenges accessing FWAs but appreciated the health benefits of HWPs, particularly yoga and wellness checks.

Conclusion
Positive impacts of EWPs are on employee well-being but experience the challenge of accessibility, mostly in FWAs and recognition programs. Filling in those gaps can enhance the global competitiveness of HEI welfare initiatives to cater for diverse employee needs.

Keywords
Employee Well-being; Welfare Programs; Flexible Work; Health and Wellness; Higher Education

Predictors of Medication Adherence among Community-Based Hypertensive Patients in Taiwan: The Application of Temporal Self-Regulation Theory

Presenters / Speakers / Co-authors
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Objectives
Medication adherence in patients with hypertension is a critical health topic, as poor blood pressure control may increase the risk of cardiovascular diseases and cause medical burdens. Medication adherence involves complex rational and habitual factors over time. The correlation between patients' intention to adhere to medication and their actual adherence behavior is often weaker than expected. The temporal self-regulation theory can be used to explore this intention-behaviour gap. Referring to the temporal self-regulation theory as the research framework, this study aims to examine the predictors of medication adherence of hypertensive patients.

Methods
This cross-sectional survey was conducted in 2023 using telephone interviews. The eligible participants were adult patients diagnosed with hypertension in Taiwan. A nationally representative sample was selected through stratified random sampling, with a total of 1,068 participants completing the survey. Based on the theory, the main research constructs included participants' medication adherence, and their behavioural habits and self-regulation ability to take medication regularly. The questionnaire comprised the Adherence to Refills and Medications Scale, the Behavioural Prepotency Questionnaire, the Brief Self-Control Scale, and questions on sociodemographic and medical information. Multiple regression models were employed to identify predictors of medication adherence and to test potential moderation effects.

Results
Among 1068 participants, the mean age was 69.4 years and 54% were male. The regression models indicated that, beyond intention ($\beta = -0.4$, $p < 0.01$), stronger behavioral habits ($\beta = -0.6$, $p < 0.001$) and greater self-regulation ability ($\beta = -0.1$, $p < 0.001$) were significant predictors of improved medication adherence.

Furthermore, older participants and those with a lower education level demonstrated significantly higher levels of medication adherence. However, neither behavioral habits nor self-regulation ability moderated the relationship between intention and medication adherence practices.

Discussion
The study findings suggested that fostering behavioral habits and enhancing self-regulation abilities can significantly improve medication adherence among patients with hypertension. Older individuals or those with a lower education level might be the groups that required interventions to improve medication adherence.

Keywords
medication adherence; patients with hypertension; community-based study; temporal self-regulation theory

Analysis of Illegal Online Food and Drug Advertisements Appealing to Hypertensive Patients in Taiwan

Presenters / Speakers / Co-authors
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Objectives
Patients with hypertension require long-term and regular medication. Meanwhile, online food and drug advertisements have become increasingly popular and easily accessible, with many of these ads being illegal. This study aims to analyze the content of illegal online food and drug advertisements to explore the themes that appeal to hypertensive patients.

Methods
This study collected data from September to November 2024. Eligible advertisements were identified based on the "Inflated Claims" section of Taiwan's Food Safety and Sanitation Management Act. A content analysis method was employed to examine commonalities among the selected advertisements and to summarize key themes.

Results
A sample of 15 illegal advertisements was coded. The data revealed that the most commonly claimed theme was professional endorsement, particularly by medical professionals or celebrities, followed by a focus on certification, such as patents or clinical evidence. Beyond professional-oriented elements, patient testimonials, including customer reviews, were also frequently utilized. Sharing patient experiences was often employed to generate interest and build confidence in the product. Lastly, a notable emphasis on quick effects for lowering blood pressure was identified, with some claims stating that hypertension can be cured with a short treatment course of their products. Exaggerated language was frequently used to highlight the product's therapeutic benefits.

Discussion
Study findings revealed a pattern of persuasive tactics targeting consumers with chronic hypertension. The primary strategies involved leveraging professional endorsements and emphasizing certifications to convey scientific validity and credibility. Patient testimonials were commonly used to enhance the product's appeal by fostering a sense of community and shared experience. These testimonials were often framed to highlight the product's effectiveness, incorporating numerical claims such as measurable reductions in blood pressure.

Exaggerated and persuasive language appeared frequently in both product descriptions and patient testimonials. Furthermore, claims of curing hypertension with a short treatment course specifically targeted consumer seeking immediate solutions to their health concerns. These tactics exploit vulnerable individuals with chronic conditions, underscoring the need for stronger regulations and improved consumer education to counter misleading claims.

Keywords
Hypertension, medication adherence, illegal online food and drug ads, content analysis.

Toxicity and Regulatory Gaps of Locally Grown Tobacco in Vanuatu: Evidence from Chemical Analysis

Presenters / Speakers / Co-authors
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Background/Objectives
In Vanuatu, locally grown tobacco, or lif tabak, is widely available and largely unregulated compared to manufactured cigarettes. It lacks controls such as graphic health warnings, excise taxes, and potentially even measures like minimal sale age restrictions and minimum pack sizes. These gaps undermine tobacco control strategies, potentially increasing accessibility and affordability for vulnerable populations. This study assessed and compared the toxic contents and emissions of lif tabak and manufactured cigarettes to inform regulatory policies.

Methods
Samples of lif tabak and manufactured cigarettes were collected from Port Vila, Vanuatu, and analysed following the WHO Tobacco Laboratory Network Standard Operating Procedures. Key toxicants, including nicotine, carbon monoxide, nitrosamines, glycerol, and metals, were measured.

Results
- A roll of lif tabak contained less nicotine than a manufactured cigarette (3.33 mg vs. 11.33 mg), though nicotine levels per gram were comparable.
- Tobacco-specific nitrosamines in lif tabak were significantly higher (1,339 mg vs. 713 mg).
- Glycerol levels were lower in lif tabak (0.15 mg vs. 0.73 mg), and metal contents were generally reduced compared to cigarettes.
- Despite these differences, the toxicity profiles of lif tabak and manufactured cigarettes were similar, suggesting substantial health risks.

Discussion
The findings reveal high levels of harmful substances in lif tabak, underscoring its potential to harm health comparably to cigarettes. The variation in toxicant levels reflects differing preparation methods but does not diminish the need for regulation. Effective interventions targeting affordability and accessibility are urgently required to mitigate public health risks.

Keywords
This study provides critical evidence of the health risks posed by lif tabak and highlights an urgent need to incorporate it into tobacco control policies. By doing so, Vanuatu can address significant gaps in its current framework and protect vulnerable populations from tobacco-related harm.

Evaluation of Education Intervention to Inform Fifth Grade Girls on Menstrual Health In Belgrade (Serbia)

Presenters / Speakers / Co-authors

Tatjana Gazibara, University of Belgrade Faculty of Medicine, Serbia

Background

Having adequate information about menstrual health is a prerequisite for successful reproductive health since young age. Schools in Serbia do not provide comprehensive menstrual health education, so it is up to individuals and families to introduce menarche and menstruation to young girls. The purpose of this study was to evaluate the level of knowledge among girls in the fifth grade of primary school about menstrual health before and after education intervention.

Methods

Three public primary schools in Belgrade (Serbia) were invited to participate in the education intervention in November and December 2024. The educational workshop was intended for girls aged 10-11 years, which corresponds to the fifth grade of primary school i.e. the average age when girls have their first period. The education intervention took around 45-50 minutes. It consisted of a 20-minute PowerPoint presentation about puberty, anatomy and biology of the female reproductive tract, characteristics of menstruation, activities and behaviours associated with menstruation and types of menstrual products and discussion with questions and aswers. The girls filled in the same anonymous questionnaire before and after workshop. The questionnaire consisted of 10 items examining their knowledge about menstruation-related issues. Each correct answer was awarded 1 point. Minimum-maximum knowledge score was 0-10.

Results: A total of 125 girls in the 5th grade participated in the education workshop. Not having sufficient knowledge of menstrual health was reported by 40.8% of the girls (51/125). The median knowledge score before the workshop was 5 out of 10. After the education intervention, the median knowledge score significantly increased to 8 out of 10 ($p<0.001$). Out of 10 knowledge items, the largest majority of girls knew how to discard the used menstrual pads (87.2%) as well as that during periods only intense physical activities should be reduced (80.8%). We observed that the least proportion of girls knew that is was acceptable to swim in the sea while on period (5.6%). The main source of information about menstruation was family (84.8%) and doctors (34.4%).

Conclusion

Education intervention regarding menstrual health and hygiene for girls in the fifth grade was effective. Knowledge level significantly increased after having participated in the workshop. Menstrual health education should be widely promoted and included in the biology core school curriculum.

Keywords

Menstrual health, girls, education, intervention.

The Relationship Between Rising Temperatures in Japan and the Number of Emergency Transports for Heatstroke Among Children

Presenters / Speakers / Co-authors

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Objectives

Adolescents are one of the groups that have a higher risk of mental disorders. Learning about mental health can help students to prevent mental health disorders for themselves and for their peers. One of the mediums to learn more about mental health and share the information is through peer education activities. Peers can be an effective channel in speeding the dissemination of information due to the similarity of age and frame of reference between the communicator and their audience. However, the participation in peer education activities is not as high as expected due to various cognitive and attitude factors of individuals. The aim of this study is to analyze the relationship between knowledge about mental health and attitudes regarding peer education on student participation in peer educator activities.

Methods

This study was conducted with the participation of students (12-18 years) in nine senior high schools. These schools were chosen because they had students that joined peer education activities at the time of this study. A total of 375 students (167 boys and 208 girls) joined as participants of this study. The knowledge question consists of nine questions regarding the definition of mental health; various disturbances; early symptoms of mental health disorders physically, psychologically, and socially; prevention of mental health disorders; and regarding consultation on mental health disorders. Questions regarding attitudes consisted of eight questions regarding mental health materials given by the peer educator and students' attitudes towards the peer educator. The question regarding student participation was their experience in participating in activities such as peer education before. The test used is the chi-square test to test the relationship between nominal or ordinal data on the independent variable (knowledge and attitude) with the dependent variable (student participation).

Results

The results of the study show that more students have low knowledge and negative attitudes. The lack of information received by students regarding mental health materials, or the absence of mental health counselling and education in schools can be one of the factors. The perceived stigma also presents when discussing mental health. The results of this study also indicate that there was a relationship between attitudes regarding mental health materials and peer educators with the participation of students' experiences of peer education. Students who have participated in previous peer education activities will generally feel the many benefits they receive so that they show a positive attitude towards the information conveyed by the peer educator and do not hesitate to share stories with the peer educator.

Discussion

Knowledge of students in this study had a low level of knowledge, slightly more than those with a high level of knowledge. The attitude of students shows that there are still doubts from students about participating in the peer education program. This shows that this program needs to be improved either in the quality of peer educators or the quality of mental health materials. One of the most important things is the school's commitment to ensuring the sustainability of the program and improving the quality of peer educator capacity as well as the content of mental health materials. The HEY program can be a solution to improve the quality of peer educators in improving adolescent mental health.

Keywords

Mental Health, Peer education, Knowledge, Attitude, Students

Testicular self-examination: Awareness, practice and potential barriers among adult males in Ajman, United Arab Emirates

Presenters / Speakers / Co-authors

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Objectives
Testicular cancer (TC) primarily affects young men aged 15–40 years, but early detection can achieve a 95% survival rate. Testicular self-examination (TSE) is an effective tool for early detection, yet awareness and practice remain low. This study aimed to assess TSE awareness and practice among adult males in Ajman, UAE, and identify barriers to its adoption.

Methods
A cross-sectional study was conducted among 1,031 men in Ajman using a structured self- and interviewer-administered questionnaire. Socio-demographics, awareness, practice of TSE, and barriers were assessed. Data were analysed using descriptive statistics and chi-square tests to identify associations between awareness and practice levels ($p < 0.05$).

Results
The mean age of participants was 34.87±9.84 years. Only 20.6% (n=212) of respondents were aware of TSE, and just 10.3% (n=102) had ever practiced it. Among those who practiced, 37.3% (n=79) did so regularly. Barriers to TSE included lack of knowledge (74.6%, n=159), fear of finding a lump (50.2%, n=107), embarrassment (19.7%, n=42), and cultural or religious beliefs (17.4%, n=37). Awareness was significantly associated with higher TSE practice rates ($p < 0.001$).

Discussion
The findings reveal the importance of improving TSE awareness and practice in Ajman, reflecting global challenges. A Turkish study similarly found that 72.4% of participants had never heard of TSE, and only 10.6% practiced it regularly. This parallel highlights that misconceptions, cultural stigmas, and inadequate health education transcend borders, requiring targeted interventions. Addressing barriers like fear and embarrassment through culturally sensitive health campaigns and integrating TSE education into school and workplace health programs could empower men to prioritize their health.

Conclusion
This study underscores the gap in TSE awareness and practice among men in Ajman. Collaborative efforts involving healthcare professionals, policymakers, and educators are essential to promote early detection of TC and save lives. Breaking cultural barriers and normalizing open conversations about men's health are crucial steps forward.

Keywords
Testicular cancer, testicular self-examination, awareness, prevention, Ajman, public health

Utilization and potential barriers towards cervical cancer screening among women in the United Arab Emirates

Presenters / Speakers / Co-authors

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Objectives
Cervical cancer, caused by persistent human papillomavirus (HPV) infection, is highly preventable through screening. Despite this, it remains the fifth most common cancer among women in the UAE, where screening rates are notably low. This study aimed to assess the utilization of cervical cancer screening and identify

barriers faced by women aged 25 and above in the UAE.

Methods
This cross-sectional study involved 600 women recruited in Ajman, UAE, through convenience sampling. A self-administered questionnaire collected sociodemographic data, screening history, and self-reported barriers. Ethical approval was obtained, and informed consent was secured from all participants. Data were analyzed using SPSS v29, with chi-square tests to assess associations between dependent and independent variables.

Results
Only 20.0% (n=120) of participants had undergone cervical cancer screening, with the majority (80.0%, n=480) reporting no prior screening. Key barriers included fear of positive results (79.5%, n=477) and embarrassment (62.7%, n=376). Healthcare provider recommendations were the strongest motivator for screening (65.4%, n=68), followed by media (41.6%, n=42) and family influence (31.6%, n=31). Women aged >40 years were more likely to be screened (35.4%, n=67) compared to those ≤40 years (12.9%, n=53). These findings are consistent with regional studies, such as one in Saudi Arabia, where 21.0% reported screening, indicating shared barriers across neighbouring countries.

Discussion
Our findings highlight the need to address the fear and stigma preventing women from accessing cervical cancer screening. Some participants expressed concerns about being judged by healthcare staff, underscoring the importance of creating a supportive, judgment-free environment. While challenges in the UAE mirror those in neighbouring regions, screening rates remain lower than in countries like Qatar, where targeted initiatives have seen better outcomes.

Conclusion
This study highlights the urgent need to boost cervical cancer screening rates in the UAE by overcoming barriers like fear, stigma, and limited healthcare access. Culturally tailored awareness and affordable screening services are essential for early detection and saving lives.

Keywords
Cervical cancer, screening, barriers, Women's health, HPV.

Emerging Risk: Acute Myocardial Infarction in Younger Populations Below the Age of 50

Presenters / Speakers / Co-authors
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Objectives
Acute Myocardial Infarction (AMI), traditionally linked to older populations, is increasingly affecting younger individuals. This pilot study examines the distribution of AMI types (STEMI vs. non-STEMI) in younger patients (≤50 years) compared to those older than 50. The study aims to highlight the rising risk of AMI in younger, working-age individuals and calls for targeted public health initiatives.

Methods
This pilot study included 152 AMI patients, categorized into two age groups: ≤50 years and >50 years. Data were retrieved from patient records, and statistical analysis was conducted using SPSS v29. The data collected included demographic information (Gender, Nationality) and AMI type (STEMI vs. non-STEMI). Descriptive

statistics were used to compare the distribution of AMI types and demographic factors between the two age groups. The focus was on identifying patterns in younger individuals and exploring the increased risk of AMI in this group.

Results
Among the 152 patients, 95.4% (n=145) were male, and 4.6% (n=7) were female. Of the total, 55.9% (n=85) were aged 50 or younger, while 44.1% (n=67) were older than 50. A majority, 56.6% (n=86), were diagnosed with STEMI, with 60.5% (n=51) of younger patients (≤50 years) having STEMI, compared to 49.3% (n=33) in older patients. The SEAR region accounted for 58.6% (n=89) of the sample, followed by 38.8% (n=59) from EMR, and 2.6% (n=4) from other regions.

Discussion
This study reveals that younger individuals (≤50 years) are increasingly at risk for STEMI, a more severe form of AMI. The higher prevalence of STEMI in younger individuals, especially in the productive years of life, is concerning. These findings suggest that AMI in younger populations is underappreciated and warrants more focused interventions such as early screening and lifestyle modifications to reduce the incidence of AMI.

Conclusion
This pilot study highlights the growing risk of AMI in younger populations. With the higher incidence of STEMI in individuals under 50, it is essential to implement more public health initiatives for high-risk individuals under 50 to reduce the burden of AMI in this group.

Keywords
Acute Myocardial Infarction, STEMI, Non-STEMI, Younger Population, Workforce, Public Health, Pilot Study

Core components of effective home visiting and parenting programs delivered by nurses or midwives: A scoping review

Presenters / Speakers / Co-authors
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Dr. Hanna Rouvinen, University of Eastern Finland, Finland
Pr. Margaret Barry, University of Galway, Ireland

Objectives
Childhood, a crucial stage for healthy development, growth, and well-being, can be supported through home-visiting and parenting programs. Since nurses working with children and families are essential in promoting children's mental health and early identification of symptoms, it is vital to understand the core components of the programs they deliver. The aim of this scoping review was to investigate research evidence from evaluated home-visiting and parenting interventions delivered by nurses or midwives. The objective was to identify the core components frequently shared by effective interventions.

Methods
This scoping review, conducted in the fall of 2024, examined academic and grey literature databases alongside global and national sources. The focus was on nurse- or midwife-delivered interventions that positively impacted children's or parents' mental health, social and emotional development, responsive caregiving, parent-child communication, or parenting skills in high-income countries. A descriptive analytical method was used to extract information, and core components were identified qualitatively. Data were analyzed using a narrative synthesis approach.

Results
The review included 26 studies (home-visiting interventions n=22; parenting interventions n=4). Interventions specified a precise number of home visits, ranging from 1-3 to up to 64 visits. Most interventions started during pregnancy and continued until the child was two years old, with visits typically lasting 60-90 minutes. Many interventions followed a structured schedule but allowed flexibility based on individual needs, and additional support was often provided. Five main core components emerged from the content of the interventions: (1) comprehensive screening and assessment, (2) structured home-visit content, (3) integration with community services, (4) focus on maternal and child health, and (5) parental education and support.

Discussion
By utilizing these interventions more effectively, a larger number of families and children can be reached, thereby enhancing the positive impact on children's mental health and family well-being. The role of nurses is crucial, as they offer the first point of contact, continuous support, education, and counseling to families. These results can be utilized to influence the development of health policies that support family well-being and mental health.

Keywords
Home-visiting intervention, parenting intervention, nurse, midwife, mental health promotion

How do young people in Laos perceive rapid social development impacting their health, livelihoods, and environment?

Presenters / Speakers / Co-authors
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Background
Despite the recent slowdown, it remains high at 4.4% in 2022 and 4.2% in 2023. This rapid economic growth has been accompanied by active socio-economic development in Laos, which has led to significant changes in the environment, society, lifestyles and health of the Laotians.

Objectives
We aim to identify how Laotian youth perceive recent socioeconomic developments to have affected the health and lives of their generation.

Methods
The method of this study was semi-structured interviews based on an interview guide with university students in education and teacher training courses in Laos (57 in total). The questions were asked in advance by distributing an open-ended questionnaire, which was filled out, and then reviewed during the interview in a manner that elicited new information. All interviews were recorded with an IC recorder, and after the interview, the interviewer listened back and added any additional information that was not described. The main research question is: “How does social and economic development in Laos affect the attitudes, lifestyles, education, work, family, health, and future aspirations of young people?” To answer this big research question, eight sub-research questions were formulated, and interviews were conducted.
Results
Here we present some of the results of our analysis. Qualitative data from 57 university students were analyzed to determine how social and economic development in Laos affects the situation of young people compared to their parents' generation in terms of illness and health. As a result, 397 codes were extracted,

generating six themes. The following six themes were generated: “regional differences between remote and urban areas” (2 codes), “increased concern, anxiety, and care for health” (27 codes), “parents‘ generation is healthier” (9 codes), “parents’ generation has more health problems” (6 codes), “young people are healthier than before” (17 codes), and “young people are unhealthier than before” (222 codes). The most coded category in the “Youth are unhealthier than before” theme is “Mental health problems,” with 87 codes. This category includes the following mental health problems: suicide, daily life stress, and dependence (gambling, smartphones, cigarettes, alcohol, and drugs).

Conclusion
The target college students perceived that young people living in societies with advanced social and economic development are less healthy than their parents' generation.

The Impact of Parental Media Literacy, Internet Use, and Concerns on Parenting Mediation strategies among Taiwanese children and adolescents’ parents.

Presenters / Speakers / Co-authors
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Background
The rise of social media and influencer marketing has profoundly influenced children’s online behaviors, creating challenges for parents in managing their children’s internet use. This study investigates the relationship between parental mediation strategies (restrictive, active, and monitoring), parental internet usage, social media literacy, and concerns about children’s internet activities.

Methods
Participants were recruited in 2024 from 16 schools in northern Taiwan using proportional stratified sampling. A total of 1,567 primary caregivers of children aged 11–15 completed structured questionnaires, with 1,323 valid responses analyzed. Variables included parenting mediation strategies, social media literacy, and media usage time. Multiple regression analysis was conducted using SAS software.

Results
Parental media literacy and internet-related concerns were positively associated with all three mediation strategies. For restrictive mediation, social media literacy ($\beta = 0.31$, $p < 0.001$) and concerns ($\beta = 0.40$, $p < 0.001$) strengthened tendencies, while less time spent watching influencer content was linked to stricter rules ($\beta = -0.12$, $p < 0.05$). Active mediation was more common among female parents ($\beta = -0.13$, $p < 0.05$) and positively influenced by social media literacy ($\beta = 0.37$, $p < 0.001$), Instagram use ($\beta = 0.06$, $p < 0.05$), and internet-related concerns ($\beta = 0.31$, $p < 0.001$), but negatively associated with smartphone use ($\beta = -0.02$, $p < 0.05$) and watching influencer content ($\beta = -0.12$, $p < 0.05$). For monitoring mediation, older parental age ($\beta = -0.01$, $p < 0.05$) and watching influencer content ($\beta = -0.08$, $p < 0.05$) reduced tendencies, while social media literacy ($\beta = 0.12$, $p < 0.05$) and concerns ($\beta = 0.34$, $p < 0.001$) increased monitoring behaviors.
Discussion: This study highlights the importance of parental media literacy and internet-related concerns in parental mediation strategies. While media literacy strengthens all mediation styles, passive media consumption, such as watching influencer content and excessive smartphone use, reduces active and monitoring engagement. These findings emphasize fostering media literacy to enhance effective and balanced parenting strategies in the digital era.

Keywords
parenting mediation strategies, parental media literacy, internet-related concerns, influencer content,

parental internet usage

Lessons on lifestyle-related diseases based on children's lives and physical experiences

Presenters / Speakers / Co-authors
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Objectives
The main causes of death for Japanese people in 2023 were malignant neoplasms (24.3%), heart disease (14.7%), old age (12.1%), cerebrovascular disease (6.6%). Malignant neoplasms, heart disease, and cerebrovascular disease account for 45.6% of cases, making prevention of lifestyle-related diseases a major health issue for Japan. Lifestyle-related diseases are diseases in which the accumulation of lifestyle habits from an early age influences the onset and progression of symptoms, and it is necessary to develop the ability to choose desirable lifestyle habits. On the other hand, for children, it is a story about the distant future, a story that has nothing to do with their current lives, and they tend to see it only as a scary disease, making it difficult to handle. This report introduces a class that aims to help children learn scientific knowledge about lifestyle-related diseases based on their own experiences with their lives and bodies, and to contribute to the formation of children's will to improve their lives.

Methods
We have conducted our classes with the following two points in mind in order to nurture children to become “body subjects.1) To develop questions that reexamine issues at the level of daily life as problems of the body, thereby triggering children's questioning and making them aware of their own problems.2) To value activities in which children themselves question their own bodies and lives, deepen their thinking by comparing it with the ideas and experiences of others, and then have them encounter scientific facts.
In this report, we describe lessons on “defecation” and “arteriosclerosis” given at elementary school and on “cancer” given at junior high school.

Results
Children have heard many times and know that ``exercise, diet, rest, and sleep'' are important for maintaining and improving health. However, we have not given much thought to why these things are important or what is happening inside our bodies at that time, and we rarely have a convincing understanding of them. This time, I will report on the following three classes. 1) Learning about the relationship between defecation and physical condition held at elementary school・Grade4　2) Learning about the relationship between arteriosclerosis and immunity held after learning about immunity based on experiences with colds and influenza held at elementary school・Grade6　3) In junior high school・Grade9, after thinking about cell metabolism, students learned about cancer cells that continue to proliferate. Through these lessons, the children wrote the following comments, indicating that they have come to think about improving their lifestyle. 〝I w as surprised that too much cholesterol causes macrophages to run amok, leading to atherosclerosis. I would like to adjust my lifestyle and maintain my health.” 〝Since our body has a mechanism to fight cancer cells, we should review our lifestyle to maximize its power.”

Discussion
Through learning how diseases occur by relating them to their daily lives and experiences, the children learned the importance of their lifestyle and that they were convinced of the importance of their lifestyle.From the children's impressions, we could see that this was not a time to listen to explanations about illnesses that may

occur in the distant future, but a time to learn together the wisdom to live a healthy future. We believe that these factors had the desired impact on the children's behavioral choices.

Keywords
children's lives , physical experiences ,lifestyle-related diseases

Experiences of Sports Abuse of Japanese Adolescent Athletes

Presenters / Speakers / Co-authors

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Objectives
Athletes have long been subjected to violence, verbal abuse, and other forms of abuse by their coaches in competitive sports aimed at improving records and winning, and there is a worldwide movement to ensure that athletes have the right to play sports without being subjected to abuse. However, in Japan, where corporal punishment has long been used as a method of coaching, violence, verbal abuse, and other forms of abuse still exist in many sports settings. Additionally, there have been studies on corporal punishment and harassment, but few have comprehensively examined aspects of sports abuse or clarified the actual conditions. Therefore, this study aimed to clarify whether there are differences in the experiences of sports abuse of Japanese adolescent athletes, based on gender, whether they have entered a school with a special admission recommendation for sport, their athletic performance, and the number of years they have played sports.

Methods
The participants included 139 Japanese adolescent athletes (95 males, 40 females, and four others; mean age 19.72 years, standard deviation 0.93) who were members of athletic clubs at Japanese universities and adult club teams. They were requested to complete a set of questionnaires on demographic variables and abused experience scale for athletes.

Results
T-tests for group comparisons showed that male athletes experienced more psychological abuse than female athletes ($t=-2.09$, $df=6.79$, $p<0.05$, $d=0.39$), and those with a longer athletic career experienced more than those with a shorter career ($t=1.98$, $df=6.69$, $p<.05$, $d=0.34$). Female athletes experienced more sexual abuse than male athletes ($t=1.86$, $df=15.02$, $p<0.10$, $d=0.35$). There was more physical abuse of athletes with higher performance than for athletes with lower performance ($t=2.10$, $df=13.04$, $p<0.05$, $d=0.36$), and for athletes with a longer career ($t=1.88$, $df=7.18$, $p<0.10$, $d=0.32$) than for athletes with a shorter career.

Discussion
These results reveal the characteristics of athletes who have experienced sports abuse. In particular, the longer athletes had been competing and the higher their performance, the more abuse they experienced. Given that many high-achieving athletes become coaches after retirement and may repeat abusive experiences, the results of this study provide useful information for leadership education in elite sports education.

Keywords
Sports abuse, Japanese adolescence athletes, differences in the experiences

Identifying Influencing Factors by Suicide Attempt Type in Adolescents Using Propensity Score Matching

Presenters / Speakers / Co-authors

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Objectives
Adolescent suicide is a critical public health issue, with varying risk factors and patterns influencing impulsive and planned suicide attempts. This study aimed to investigate the association between personal crisis experiences, mental health, health behaviors, and suicide-related behaviors in adolescents using data from the 18th Korea Youth Risk Behavior Survey (2022). Understanding the distinct characteristics of impulsive versus planned suicide attempts is crucial for developing tailored prevention strategies.

Methods
Data were derived from the 18th Korea Youth Risk Behavior Survey (2022) and refined using propensity score matching and nearest neighbor matching in R 4.0.3. Complex sample logistic regression analysis was conducted with SPSS 23.0 to identify significant factors associated with impulsive and planned suicide attempts. Suicide attempts were classified based on the presence or absence of suicidal thoughts and plans.

Results
Impulsive suicide attempts were significantly associated with experiences of sexual activity, exposure to violence, and feelings of loneliness. Planned suicide attempts, on the other hand, were linked to a broader range of factors, including sexual activity, exposure to violence, high levels of stress, loneliness, generalized anxiety disorder, depressive experiences, and recent alcohol and tobacco use. Personal crisis experiences increased the likelihood of impulsive suicide attempts. Adolescents whose impulsive attempts were unsuccessful and whose underlying issues remained unresolved were at heightened risk for planned suicide attempts, as worsening mental health conditions such as anxiety, depression, and stress further compounded their vulnerability.

Discussion
These findings emphasize the need for psychological counseling and targeted mental health intervention programs for adolescents experiencing negative personal events. Tailored approaches that consider the type of suicide attempt—impulsive or planned—are essential to effectively prevent adolescent suicide and address the underlying causes of these behaviors.

Keywords
Adolescents health, Impulsive suicide, Health behavior

Exclusive Breastfeeding Practices and Associated Factors Among Women in the UAE: A Cross-Sectional Study

Presenters / Speakers / Co-authors

Bibi Morsal Sayedy, Gulf Medical University, UAE

A cross-sectional study was conducted to assess the prevalence and factors influencing exclusive breastfeeding practices among mothers in the UAE. The study aimed to identify key barriers preventing women from exclusively breastfeeding for the recommended duration, while analyzing psychosocial, cultural, economic, employment, and healthcare-related factors that predict breastfeeding behaviors. Mothers with children aged six months to two years were recruited both in person from healthcare facilities in Dubai, Ajman, and Sharjah, and online via social media. The inclusion criteria included mothers aged 18-49, able to communicate in English, Arabic, or Urdu, and who provided informed consent.

A total of 868 participants completed a structured questionnaire covering demographics, breastfeeding practices, reproductive history, lifestyle, psychological, sociocultural, employment, and health factors. The questionnaire was validated by experts for relevance to the UAE context. Ethical approval was obtained from relevant health authorities, and data were analyzed using SPSS software. Chi-square tests and logistic regression analyses were used to identify significant predictors of exclusive breastfeeding, with results considered significant at $p < 0.05$.

The study found that the prevalence of exclusive breastfeeding in the UAE is 57.9%. Significant factors associated with exclusive breastfeeding include living location, nationality, mode of delivery (vaginal), and previous breastfeeding experience. Infant health, especially normal birth weight, also influenced breastfeeding, as did employment status, type of maternity leave, and its duration. Part-time work or unemployment was associated with higher breastfeeding rates.

Other important factors included support from family, access to breastfeeding education, and barriers like insufficient support from healthcare professionals, negative societal attitudes, and limited maternity leave. Challenges such as maternal health conditions, postpartum depression, infant health issues, and concerns about body image were also influential. Logistic regression revealed that part-time employment or unemployment, unpaid leave, positive previous breastfeeding experiences, and the involvement of husbands in breastfeeding decisions significantly increased the likelihood of exclusive breastfeeding.

The use of AI in healthcare, analysis and impact on sustainable development goals and the well-being of the population.

Presenters / Speakers / Co-authors

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Objectives

Well-being, as defined by the World Health Organization, encompasses the highest attainable levels of physical, mental, and social health. This concept is central to the Sustainable Development Goals (SDGs), particularly SDG 3, which aims to ensure good health and well-being for all by 2030. The COVID-19 pandemic has hindered progress towards this goal, necessitating innovative solutions to regain momentum. Artificial intelligence (AI), along with other emerging technologies like machine learning, the Internet of Things, and big data, offers promising avenues to enhance healthcare delivery and achieve SDG targets. Despite its

transformative potential, the literature reveals a gap in understanding AI's real impact on healthcare and its connection to the SDGs, necessitating further exploration.

Methods
A bibliometric analysis was conducted using Scopus, focusing on articles in the fields of medicine and business management. The research targeted studies discussing AI applications in healthcare and their implications for SDGs. Initial searches yielded 5300 results, which were refined to a final sample of 1020 articles through systematic filtering and abstract screening. This dataset was analyzed using Leximancer to identify key themes and clusters related to AI's role in healthcare.

Results
The analysis identified five key clusters of AI application in healthcare. The first cluster highlighted AI's role in improving healthcare systems and decision-making processes, emphasizing collaboration between AI tools and human healthcare providers. The second cluster focused on female health, with AI aiding in identifying gender-specific risks and guiding tailored interventions. The third cluster explored diagnostic innovations, where machine learning and deep learning algorithms enhance the accuracy of medical diagnoses. The fourth cluster examined social determinants of health, demonstrating how AI can address disparities by analyzing socioeconomic factors. The fifth cluster centered on AI's role during the COVID-19 pandemic, showcasing its utility in outbreak prediction, resource optimization, and vaccine development.

Discussion
AI's integration into healthcare aligns with SDG 3 and its related targets, such as improving universal health coverage and reducing health inequalities. It also supports other SDGs, including SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities), by addressing gender-specific health needs and promoting equitable access to healthcare. Future research should focus on personalizing AI models, addressing biases, and ensuring ethical AI implementation. Training healthcare professionals to work with AI tools is crucial to maximize their benefits and enhance healthcare outcomes. These efforts will contribute significantly to achieving SDG 3 and fostering a sustainable and equitable global health system.

Keywords
Artificial intelligence; Health; Adoption; Sustainable Development Goals; Sustainable Development

Accessing Digital Health in Generation Z: A Bibliometric Analysis

Presenters / Speakers / Co-authors
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Objectives
Generation Z, born between the mid-1990s and early 2010s, grew up in an environment dominated by digital technology. The generation is experiencing shifts in disease prevalence that reflect lifestyle and environmental factors unique to their group. Rising rates of mental health disorders, lifestyle-related chronic diseases such as obesity, diabetes, and sexually transmitted infections (STIs) among this demographic highlight the urgent need for innovative healthcare solutions. Access to digital health resources has become particularly important for this demographic, as these tools offer a convenient, accessible and often anonymous way to seek health information and care. This study aims to conduct a bibliometric analysis to investigate research trends, collaboration networks, and thematic evaluation of publications on digital health access in generation Z.

Methods
A total of 1881 articles from 2020 to 2024 were selected using the PRISMA framework from the Scopus database with the Dimensions tool. We used VOSviewer software to perform bibliometric analysis.

Results
This study found that the literature and citations on digital health access in generation Z from 2020 to 2024 have grown significantly. United States, United Kingdom, China, India, Saudi Arabia, South Korea, and Pakistan were the prolific countries. Surprisingly, 1050 articles received an average of more than 27 citations, while others received an average of more than 6 citations. Most publications were on the 3rd sustainable development focus (SDGs) of good health and well-being with 344 articles. Trending topics include Covid, health, care, impact, datasets, internet, security, privacy, attacks, etc.

Discussion
The bibliometric analysis shows an increase in publications on digital access to health in generation Z. These findings are a valuable resource for researchers, policy makers, and practitioners, facilitating a deeper understanding of the evolving knowledge especially on the importance of digital health that follows the generation.

Keywords
Digital health, generation Z, literacy skills, health care, health service

The Effectiveness of Telemedicine's in the Management of Type 2 Diabetes in the UAE: A Primary Healthcare Center Context.

Presenters / Speakers / Co-authors
Shatha AlSharbatti, Gulf Medical University, UAE

Objectives
Less information is available about the effectiveness of virtual care in the management of diabetes 2 diabetes as part of primary care services. The objectives: To assess the effectiveness of telemedicine in the management of type 2 diabetes and to assess factors that predict the achievement of glycemic goals among included patients

Methods
An observational record-based study was conducted among type 2 diabetics who are receiving Telemedicine care provided at a primary health care center in Ajman UAE between January 2021- January 2022. The study included patients older than 18 years of any gender or nationality, and excluded pregnant women and those with incomplete data. Data for Glycated Haemoglobin Levels percent (HbA1c%) and the levels of Total cholesterol (TC), High-density lipoprotein cholesterol (HDL-c), Low-density lipoprotein cholesterol (LDL-c), Triglyceride (TG), Glomerular filtration rate (GFR), and Blood Urea(B Urea) before receiving the telemedicine services as well as 6 months, and 12 months after receiving the telemedicine services were retrieved from the patients records. The study was approved by Ethics Committees at the Gulf Medical University and the UAE Ministry of Health and Prevention.

Results
A significant reduction in the average HbA1c% of participants at six months after starting the Telemedicine services, however, a significant reduction in the average lipid profile and renal function parameters was only noticed after 12 months. At 12 month after receiving the care the percentage of patients who had achieved

the HbA1c% goal of <7% was 72% of participants. Significant associations were noticed between the achievement of HbA1c% goals and the management plan at the start of the services, a history of difficulty in self-management and poor adherence, and a history of hypoglycaemic attacks. No association between sociodemographic factors and the achievement of HbA1c% goals.

Discussion
The study supports the work of Alnakhi et al (2023), and AbdulRahman et al (2022) which highlight the increased utilization of virtual care after COVID-19 pandemic. To our knowledge this is the first study from the UAE about the effectiveness of Telemedicine in the management of type 2 diabetes within the context of Primary Healthcare Services.

Keywords
Telemedicne, Type 2 diabetes, Primary care

The digital environment and children's health in Japan

Presenters / Speakers / Co-authors
Pr. Akiko Shikano, Nippon Sport Science University, Japan
Pr. Shingo Noi, Nippon Sport Science University, Japan

Objectives
Human society have changed from hunting, agriculture, industry to information, and now, new society is in sight around the world. In Japan, Ministry of Education, Culture, Sports, Science and Technology distributed the tablet learning device for each student in 2021, and promotes its use. In this situation, the United Nations Committee on the Rights of the Child published the General Comment No.25 (2021) on possibilities and concerns of the digital environment's impact on children. Therefore, this study aimed to examine the effects of the digital environment on children's physical and mental health based on the various surveys results we have collected so far.

Methods
In this presentation, we summarized the following our studies;1) the relationship between screen time and reaction to go/no-go task (Shikano and Noi, 2022), 2) the relationship between screen time and saliva melatonin secretion pattern (Noi and Shikano, 2011), 3) the relationship between different types of screen behavior and depression tendency (Kidokoro et al., 2022). 4) the changes in children's visual acuity values before and after the COVID-19 pandemic.

Results
The main findings from the above investigations were as follows. The result of go/no-go task, which is a one method of cognitive function, was shown that omission errors were related to screen time, etc. Identically, night owl group in melatonin research, which is an indicator of biological rhythm, was also related to screen time, etc. In addition, more time spent engaging in newer types of screen behavior, including social media, online games, and online videos, was associated with a higher prevalence of depression tendency. On the other hands, children's poor visual acuity was also confirmed before and after tablet device distribution for one by one.

Discussion
From the above facts, we must consider the impact to children's various health, because the digital device use has both merit and demerit. On the other hand, 'green time' such an outdoor play guarantees daytime light exposure and physical activity, and positive impact on children's health. Thus, in the coming AI era, we have

reached the conclusion that it is important to have the not only perspective view of 'Screen time', but also that of 'Green Time.'

Keywords
Child Well-Being, Digital Environment, Screen Time

Common data platform to improve monitoring, evaluation, and learning for impact in addressing NCDs and environmental risks in India and Indonesia

Presenters / Speakers / Co-authors
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Objectives
Multisectoral interventions in health are crucial for addressing the complex, interconnected factors influencing health outcomes. The success of these interventions depends on effective coordination, robust governance, and community involvement, Data plays a pivotal role at every stage, from planning and implementation to monitoring and evaluation. However, at the primary healthcare level, data is often siloed across different sectors, making it challenging to derive meaningful insights, and manage data governance and privacy issues. The objective thus is to design and implement a low-cost, scalable, and implementable common data platform that can efficiently handle data across various sectors.

Methods
We conducted country-specific data landscape mapping exercises to encompass several types (primary or secondary), levels (individual, household, community), research phases (formative, intervention, endline), frequencies (daily, weekly, monthly, yearly), formats, and sources. All collected data, diverse and unstructured is converged into the tailored platform established in each country to meet the specific needs and requirements. This is followed by stakeholder consultations and, collaboration with data architects for designing a robust backend architecture that facilitates efficient data grouping, transformation, and harmonisation for optimal analysis and use. The methodology is governed by overarching data management, data security and data privacy protocols.

Results
The creation of common data platform will break down data silos and enhance the effectiveness of multisectoral interventions.This will enable stakeholders to access real-time information on health outcomes, environmental indicators, and socio-economic factors. The platform will generate insights such as dashboards, clinical decision support systems (CDSS), early warning systems, predictive models etc.

Discussion
The platform will enable evidence-based decision-making and will support continuous learning and strategy adaptation thereby ensuring that programs are responsive to the evolving health situation in both countries.

Keywords
Common data platform, data governance, data harmonisation, multi-sectoral intervention, monitoring, evaluation and learning (MEL)

Children and adolescents' influencer marketing literacy and online game playing

Presenters / Speakers / Co-authors
Chuang, Tien-Hsi, National Taiwan Normal University, Taiwan

Tien-Hsi Chuang, National Taiwan Normal University, Taiwan

Objectives
The growing prevalence of social media influencers as advertising agents presents unique challenges to children and adolescents. This study investigated the relationships between advertising literacy, children and adolescents' online game playing, and their influencer post sharing intentions.

Methods
The growing prevalence of social media influencers as advertising agents presents unique challenges to children and adolescents. This study investigated the relationships between advertising literacy, children and adolescents' online game playing, and their influencer post sharing intentions.

Results
The multivariate analysis results showed that children and adolescents' lower advertising conceptual literacy ($\beta = -0.06$, $p < .001$), lower advertising attitudinal literacy ($\beta = -0.03$, $p = .016$), and lower advertising recognition ($\beta = -0.05$, $p = .002$) were significantly associated with higher intentions to share online game influencer-promoted posts, while higher influencer awareness ($\beta = 0.04$, $p < .001$) were positively correlated with an increased post-sharing intention. Similarly, children and adolescents' lower advertising conceptual literacy ($\beta = -0.43$, $p < .001$), lower advertising attitudinal literacy ($\beta = -0.23$, $p < .001$), and lower advertising recognition ($\beta = -0.18$, $p < .001$) were associated with frequently online game playing.

Discussion
The findings showed the impact of influencer awareness and influencer marketing literacy on online gaming. It was suggested implementing influencer marketing literacy program for children and adolescents.

Keywords
Influencer marketing literacy, Advertising literacy, Post-Sharing Intentions.

Prevalence of Multiple long-term conditions among lymphatic filariasis patients: a call for comprehensive health promotion strategies

Presenters / Speakers / Co-authors

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Dr. Arohi Chauhan, South Asian Institute of Health Promotion, India
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Objectives
Neglected tropical diseases (NTDs), such as lymphatic filariasis, mimic other chronic conditions and share common risk behaviors with parallel health system issues that require unique interventions. Multiple long-term conditions (MLTCs or multimorbidity), has become increasingly common in low- and middle-income countries (LMICs) such as India. However, data on the prevalence of the interface between NTDs and other chronic conditions are lacking. We estimated the prevalence and correlates of MLTCs, assessed the commonly occurring patterns, and investigated the association between self-rated health (SRH) and the number of chronic conditions among patients with

lymphatic filariasis.

Methods
A cross-sectional study was conducted in Odisha, India, using a prevalidated MLTC assessment tool. A systematic random sampling was employed to recruit 584 participants aged ≥18 years having lymphatic filariasis. MLTC was defined as the coexistence of one or more chronic conditions along with lymphatic filariasis. A hierarchical cluster analysis was conducted to identify the major clusters of chronic conditions. An ordinal regression model was used to assess the association between SRH and the number of chronic conditions.

Results
The overall prevalence of MLTC was 68.8% (95% CI: 64.9-72.6), while the mean number of chronic conditions was 2±2.3. The chance of having MLTCs was greater among males [AOR: 3.9 (95% CI: 2.1-7.3)] than females. The commonly observed triad along with lymphatic filariasis was arthritis and peptic ulcer disease (1.5%), while the most common tetrads were hypertension, diabetes and peptic ulcer disease (0.7%). There was a per unit decrease in SRH with each additional chronic condition.

Discussion
This study highlights the high prevalence of multiple long-term conditions (MLTC) among individuals with lymphatic filariasis, emphasizing the urgent need for integrated health promotion strategies. Targeted interventions focusing on education, lifestyle modifications, and early detection of coexisting chronic conditions are essential to improve self-rated health and overall well-being in this population. The findings underline the importance of strengthening health systems in LMICs to address the dual burden of MLTCs through comprehensive, patient-centered health promotion initiatives.

Keywords
Lymphatic filariasis, MLTCs, health promotion

Make the Right Call: An evaluation of a drowning prevention campaign for older adults.

Presenters / Speakers / Co-authors
Justine Leavy, Curtin University, Australia

Objectives
In Australia older adults remain over-represented in drowning events. In Western Australia (WA), over the summer of 2023-2024, 51% of deaths from drowning occurred in those aged 45+ years. 'Make the Right Call (MTRC)' is a drowning prevention program aimed at people 45+ in WA. It aims to increase knowledge and skills, focussing on risk factors, prevention strategies, swimming ability, water safety and lifesaving skills.

Objective
This poster will present impact evaluation findings for the MTRC program, 2021-2023.

Methods
A population-level, the cross-sectional online survey collected data for three-time points (T1) (Baseline, n=158), (T2 =258) and (T3) (n=389). Collection protocols required: males and females 50:50; an 80%/20% metropolitan/regional split; 65%/20%/15% split of age categories (45 – 64 years/65 – 74 years/75+ years).

Variables included: demographics; campaign awareness; and risk-taking behaviour. Data were analysed and compared across the three time points and key findings will be presented by age, gender and country of birth across the three time points.

Results

Younger, female participants were over-represented. All participants born overseas had lived in Australia >10 years. Two-thirds of the participants remembered seeing any advertising about water safety or drowning prevention. Most participants indicated they had participated in a risky behaviour in the past 12 months. At T3 men engaged in water-based activities alone (71.4% versus 50.2%). More men (41.8%) than women had not worn a lifejacket (41.8% versus 24.1%); and participated in aquatic activities in poor weather conditions (28.6% versus 18.6%).

Discussion

MTRC was the first older adult campaign delivered in WA and uses an evidence-informed health promotion multi-strategy approach. Evaluation findings suggest that the campaign has been positively received and the program has had
some impact on drowning risk factors for adults in WA.

Keywords

Drowning prevention, evidence-informed, older adults, evaluation

Exposure to Idealized Body Images in the Media and Its Impact on Body Dissatisfaction and Appearance Anxiety Among Children and Adolescents in Taiwan

Presenters / Speakers / Co-authors

Ya-En Lin, National Taiwan Normal University, Taiwan

Background

Children and Adolescents' growing engagement with social networking platforms raises concerns about their impact on mental health. This study investigates the relationship between exposure to idealized body images and weight-loss products, internalization of appearance ideals, body dissatisfaction, and social appearance anxiety among 11- to 15-year-old students in Taiwan.

Methods

In 2024, 1,580 students from 16 junior high and elementary schools in Northern Taiwan were recruited through proportional stratified sampling. A self-administered questionnaire was used to assess students' exposure to idealized body images and weight-loss products in the media, internalization of appearance ideals, body dissatisfaction, and social appearance anxiety.

Results

The study found that exposure to idealized body images and weight-loss products significantly associated with internalization of appearance ideals ($\beta = 0.02$, $p < .001$) and body dissatisfaction ($\beta = 0.09$, $p < .001$). Also, findings indicates that exposure to idealized body images and weight-loss products, and internalization of

appearance ideals are significantly associated with social appearance anxiety (β = 0.08, p < .001).

Conclusions
Exposure to idealized body images and weight-loss products significantly leads to body dissatisfaction, internalization of appearance ideals, and social appearance anxiety in children and adolescents. These findings highlight the need for interventions promoting media literacy, reducing the influence of unrealistic body standards, and supporting adolescent mental health, alongside stricter regulation of digital advertising targeting youth.

Gender representation among healthcare managers in Türkiye: an analysis of demographic and managerial dynamics

Presenters / Speakers / Co-authors
Dr. Seyma Yusra Soganda, Turkish Ministry of Health, Turkiye
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Introduction
The representation of gender among health managers is crucial for effective decision-making and the advancement of equitable governance within health systems. This study aims to analyze the gender distribution of health managers in Türkiye and explore its correlation with demographic and managerial factors.

Materials and Methods
This cross-sectional and descriptive study was conducted between July 1, 2023, and December 31, 2023. A total of 6,279 health managers in contracted positions across Türkiye were analyzed using data collected from publicly available sources. Missing information was supplemented through phone interviews with relevant institutions. The data were analyzed using descriptive statistics and non-parametric tests.

Findings
Male managers are predominantly represented in senior management positions, accounting for 97.5% of Provincial Health Directors. Moreover, female managers constitute a significant majority, representing 82.9% of Health Care Services Manager roles. Regional analyses indicate that the proportion of male managers exceeds 81% in the Eastern and Southeastern Anatolia Regions, whereas female representation shows a relative increase in the Marmara and Aegean Regions. These variations were determined to be statistically significant ($p<0.05$).

Conclusion
Gender inequality in health management persists in Türkiye, particularly in senior-level positions. Addressing these disparities requires the implementation of policies and leadership support programs that promote gender equality. Furthermore, developing mechanisms to facilitate women's access to senior management roles is strongly recommended.

Keywords
Gender representation, gender inequality, health management, healthcare services, demographic dynamics, Türkiye

Comprehending Non-Clinical Dimensions of Aging: A Bibliometric Analysis and Systematic Review on Psychosocial Aspects of Aging in India

Presenters / Speakers / Co-authors

Chithra Maria Alexander, Johns Hopkins Bloomberg School of Public health,Baltimore and IIHMRU, UAE

Objectives

Over the last ten decades, India's elderly population has significantly increased due to rising life expectancies. While longer lifespans reflect societal progress, this demographic shift poses challenges for economic, social, and public health systems. Current research on aging in India focuses primarily on clinical aspects, neglecting critical psychosocial dimensions such as mental health, social isolation, and family dynamics. The study explores the psychosocial aspects of ageing in India through a combination of bibliometric analysis and systematic review to identify trends, gaps, and emerging themes in the literature.

Methods

The study combined bibliometric methods and a systematic review to examine research trends and themes on psychosocial aging in India. A systematic search retrieved **801** documents from the Web of Science database spanning the years **1999 to 2024**. Performance analysis was conducted using citation metrics, while science mapping techniques (co-citation, co-authorship, and co-occurrence analyses) identified research patterns and emerging themes. Subsequently, **51** articles underwent qualitative review using a systematic approach to explore psychosocial themes such as mental health, social networks, family support, and living conditions. The systematic review provided in-depth insights into the non-clinical dimensions of aging, with a focus on factors influencing psychosocial well-being.

Results

The bibliometric analysis revealed a significant increase in research outputs post-2000, with **50%** of articles published in the **last five years**. The total 801 papers retrieved for analysis were published over the timespan of 2000 to 2024 and gathered **11,603 citations (**an average of **483.46 citations per year)**. On a per-paper basis, each publication received an average of **14.49 citations** demonstrating moderate attention per article.**India** contributed the highest proportion of research **(51%)**, followed by the **USA (15%)** and the **UK (10%)**. The publications doubled between 2020 and 2022 which is particularly noteworthy. This steep rise can be attributed partially to the growing ageing population and is amplified by the availability of funding and policy focus on research related to ageing (WHO,2024). A **star count** of **38** signifies a core group of **38** highly cited papers driving much of the scholarly conversation in this domain and a consistent presence of **17** authors (**hA**) with high h-indices, suggesting a stable community of influential researchers in the field. The Strong bibliometric indicators evidence the longevity and impact of the study's research results. Co-occurrence analysis highlighted major themes such as **social capital (30%)**, **family support (25%)**, **financial security (20%)**, **spirituality (15%)**, and **living arrangements (10%)**, with **mental health and social isolation** appearing in **60% of the studies**.

From the systematic review, recurring themes included the critical role of family dynamics, social connectedness, and financial stability in shaping psychosocial well-being. The review highlighted gaps in the literature, such as the limited focus on gender-specific experiences, intergenerational relationships, and urban-rural differences. The findings also pointed to the need for studies exploring how social and environmental determinants interact with aging in Indian contexts.

Discussion

The study underscores the need for a holistic approach to aging that considers psychosocial factors. Policymakers and researchers should prioritize creating enabling environments for the elderly to enhance their quality of life. Findings highlight gaps in existing literature and call for large-scale studies to validate results, particularly in underrepresented areas.

Keywords
Aging, psychosocial well-being, bibliometric analysis, systematic review, India, elderly population

Correlates of annual health check-up among community-dwelling persons 60 years and older: Longitudinal national evidence from the Health, Aging, and Retirement in Thailand study, 2015-2022

Presenters / Speakers / Co-authors
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Background
Few studies have longitudinally assessed the prevalence and determinants of annual health check-up (AHC) utilization among persons aged 60 years and older in low- and middle-income countries. This study aimed to estimate these determinants and prevalence based on 4-wave national longitudinal data from Thailand.

Methods
Data from the Health, Aging, and Retirement in Thailand study from 2015, 2017, 2020, and 2022 were utilized. The sample was restricted to community-dwelling persons 60 years and older (analytic sample: n=10970 observations). For the pooled sample, the average age was 73.7 years (range 60-117 years). Conditional fixed effects (FE) logistic regressions were utilized to estimate the determinants of AHC utilization, using Andersen's Behavioural Model of healthcare access.

Results
The overall prevalence of AHC utilization was 53.3%, which decreased from 52.5% in 2015 to 42.2% in 2022. Regressions showed that regarding predisposing factors, the probability of AHC utilization decreased with age (OR: 0.96, 95% CI: 0.94-0.98). In terms of enabling factors, higher social engagement and higher subjective life expectancy increased AHC utilization, while transitioning to living alone (OR: 0.79, 95% CI: 0.66-0.95) decreased AHC utilization. Regarding need factors, an increase in loneliness (OR: 1.43, 95% CI: 1.29-1.58), an increase in the number of chronic conditions (OR: 1.09, 95% CI: 1.03-1.15), a change to non-smoking (OR: 1.34, 95% CI: 1.00-1.79) and more frequent physical activity (OR: 1.20, 95% CI: 1.16-1.23) increased AHC utilization. Higher depressive symptoms (OR: 0.96, 95% CI: 0.95-0.98), increases in functional limitations (OR: 0.83, 95% CI: 0.76-0.91), and better self-rated physical health (OR: 0.97, 95% CI: 0.93-0.99) decreased AHC utilization.

Conclusions
This longitudinal study enhances our understanding of the determinants of AHC utilization among persons 60 years and older. Strategies to increase physical activity, smoking cessation, and social engagement, as well as delay or decrease chronic conditions and functional disability and screen and manage depressive symptoms, may help increase AHC utilization.
Keywords
Annual check-up; adults 60 years and older; preventive health care; longitudinal study; Thailand

Characteristics of selected urban health infrastructure for children and adolescent population

Presenters / Speakers / Co-authors
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Pr. Young-Bok Kim, Daegu University, South Korea

Objectives
Health promotion encompass healthy behaviour and supportive infrastructure. South Korea is a leading nation in low birth rate and high suicide rate.
This study aimed at analysing factors related to urban health infrastructure and population characteristics in all 228 districts in South Korea.

Methods
For analysis, authors collected selected urban health variables and population variables from the national statistical office website. Data in 2022 were collected and analysed by 228 districts.
Urban infrastructure variables included number of neighbourhood parks, children's parks, medical personnel and local pediatric clinics. Population variables included number of new born, children and adolescent population(age 0~18), infant health examination rate, elderly population, and suicide rate in 2022.

Results
The total population was 51,418,425 in 2022. Number of new born in 2022 was 265,758 infants. Those aged 0~18 in 2022 was 7,599,209 persons. The average health examination rate(0~6 age) was 83.3%. The mean degree of green coverage per district was 64.7%. Average number of parks and children's parks were 97 and 44 respectively.
A correlation analysis showed that youth population was positively associated with number of parks and pediatric infrastructure.
On the other hand, elderly populated districts are associated with high suicide rate and low number of parks. Proportion of young population is negatively associated with proportion of elderly population among the 228 districts.
Degree of green coverage was not related to number of parks or areas of parks. Parks are more likely located in populated districts and those populated districted are negatively associated with green coverage. Interestingly, number of pediatric clinics are positively associated with number of various parks.

Discussion
The analysis of selected statistical index showed that children and adolescents are living in districts with rich infrastructure. This may cause increased disparity in provision of medical resources for children across the nation.
The results also showed that elderly people are more likely living in green areas but these areas may not be livable areas. Elderly people need more safe and healthy environment as well as children.

Keywords
Urban infrastructure, parks, green spaces, children health

Witnessing the Korean work environment through smoking cessation experiences

Presenters / Speakers / Co-authors
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Objectives
The South Korean government assigns a high priority to the smoking cessation due to its substantial burden on national medical expenses. The smoking rate has gradually decreased, particularly during the COVID-19 period. However, a recent report from the Korean Center for Disease Control indicated that the smoking rate in 2023 increased compared to the previous year, potentially reverting to levels seen prior to COVID-19. The current research aims to explore the experiences of former smokers who have successfully quit, in order to support future users of smoking cessation services.

Methods
A semi-structured interview was conducted with 16 office workers. The participants were recruited from the Seoul Tobacco Control Center(STCC), who successfully complete their smoking cessation counselling service provided by STCC. Participants were asked about their smoking history and previous attempts to quit smoking. The main method of analysis was thematic analysis.

Results
The following themes were raised as describing the work environment and its connection to the risk of resuming smoking;

Theme 1. Smoking Community
Smokers were often part of a "smoking community," primarily centred around designated smoking areas. Here, they could engage in casual conversations, including sharing insider information about their own or other companies.
Theme 2. Communication Method
Smoking was viewed as a way to ease the atmosphere among colleagues or business partners, facilitating smoother communication
Theme 3. Lack of Break Times
Participants frequently mentioned that they were unable to schedule break times during work hours. In past, they used their smoking time as an unofficial break, while the work environment tacitly allowed this for smokers. However, they realised that they no longer had designated break times, unlike their non-smoking colleagues who always did.

Discussion
The current research indicates that the culture of smoking contributed to creating an unhealthy work environment, particularly when it is used as a communication tool or even as a business opportunity. Additionally, the data unexpectedly revealed a health risk in Korean workplaces regarding the allowance of break times. Smoking culture is a central factor in creating an unhealthy work environment. Employers, who are responsible to their workers' health and safety, should provide proper smoking cessation programmes and policies to eliminate the entrenched smoking culture.

Keywords
Smoking cessation, Smoking community, work environment culture

Gender Differences in Soil-Transmitted Helminth Infections and the Role of Health Promotion in Slum and In-Situ Upgraded Housing: A Cross-Sectional Study in Odisha, India

Presenters / Speakers / Co-authors

Dr Krushna Chandra Sahoo, Department of Health Research, Ministry of Health & Family Welfare, Govt. of India

Background

Soil-transmitted helminths (STHs), classified as neglected tropical diseases (NTDs), are parasitic worms prevalent in areas with poor sanitation and hygiene. This study investigates the prevalence of STH infections among urban poor children. It also examines their water, sanitation, and hygiene (WASH) practices, including their infrastructure, hand hygiene, feces disposal, and deworming history.

Method

This study used primary data through a cross-sectional survey of urban poor children aged 3 to 12 in urban slums in Odisha, India. We used a multi-stage cluster random sampling approach to select the study participants from three cities. We examined the stool samples for the presence of helminthic eggs, larvae, and adult worms using direct microscopy and the Kato-Katz method.

Results

The infection rate in girls stands at 59%, while in boys, it is slightly higher at 60%, indicating a negligible gender difference. However, we see a significant decrease in infection rates following in-situ slum rehabilitation, dropping to 41% for girls and 40% for boys. Residents with STH infection in slum housing use individual toilets at a rate of 49%, while residents in in-situ slum upgradation housing use them at a rate of 35%. The use of shared toilets in slum housing where STH infections occurred was 48%, community toilets 59% (n=23), and public toilets 50%; however, STH infections in situ-slum upgraded housing to 0 across the same categories. Other determinants, such as the child's knowledge of the six steps of the handwashing technique, also demonstrate observable differences between slum housing (44%, n=56) and in-situ slum housing (35%, n=41). Children with STH infection also showed other contributing factors, such as finger or nail biting, in slum housing at 44% (n=32) and in in-situ slum upgrading housing at 29% (n=17).

Conclusion

This study highlights the significant burden of STH infections among urban poor children and emphasizes the critical role of WASH practices in health promotion. A big drop in infection rates has been seen in places with better sanitation, like individual toilets in in-situ slum rehabilitation housing, and teaching people good hygiene habits, like the six steps of washing your hands, which shows how important it is to combine health promotion programs with urban development programs to lower the number of STH infections in urban slum children. Targeted educational interventions addressing sanitation and hygiene are essential for improving the quality of life of such vulnerable populations.

Keywords

Neglected Tropical Diseases (NTDs), WASH, Urban poverty, Marginalized communities, Soil-transmitted Helminths **(**STH) and India

The Complexity of Social Determinants of Tuberculosis Care

Presenters / Speakers / Co-authors

Sreeganga S D, O.P. Jindal Global University, India

Background/Objectives
According to World Health Organization (WHO) an estimate of 10.8 million people fell ill with Tuberculosis (TB) worldwide in 2023, an increase from 10.7 million in 2022. (World Health Organization,2024). India has the highest burden among the eight countries that account for more than two thirds of the global total at 26%. TB is strongly influenced by social determinants that are a mix of cause and effect which determines the disease and its care outcomes. WHO describes social determinants as the non-medical factors that influence health outcome and are "conditions in which people are born, grow, live, work, and age and the wider set of forces and systems shaping the conditions of daily life." The main objective of the study is to understand the complex causal pathways of the social determinants and its influence on TB care outcomes using the WHO taxonomy. Further, to discover the systemic inequities and suggest interventions to enhance equity in TB diagnosis, treatment, and prevention.

Methods
The study will use systems thinking approach to examine the complex relationship between social determinants of TB care. Systems thinking focuses on multiple interactions and context rather than on single cause-effect mechanisms which will help in action towards better treatment outcomes.

Results
Significant research gap exists in the understanding of the underlying processes linking social determinants to TB care outcomes, and how to address these determinants (Hargreaves et al., 2011). While studies have considered individual parts of social determinants all the social determinants holistically, and in relation to TB care outcomes has not been studied (Murdoch et al., 2021).

Discussion
Ending TB requires a holistic approach that incorporates a broad range of medical and non-medical interventions across different sectors (Stop TB Partnership, 2019). The significance of social determinants in TB care highlights the pressing need for strategies focused on equity to eradicate TB in India. Attaining health equity in TB care necessitates comprehensive reforms that tackle social determinants, in accordance with India's dedication to End TB Strategy. Illuminating the interlinkages within and between the social determinants and tuberculosis care system, embedded in the systems approach, will explicitly highlight why social determinants and the impact on healthcare must be considered an 'indivisible' whole.

Keywords
Social determinants, healthcare, tuberculosis

Vaccine hesitancy and willingness to vaccinate among people experiencing homelessness in Warsaw: Findings from a cross-sectional study

Presenters / Speakers / Co-authors
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Objectives
People experiencing homelessness (PEH) face significantly higher rates of vaccine-preventable diseases compared to the general population. Vaccine hesitancy, defined as a delay in acceptance or refusal of vaccines

despite their availability, has been identified by the WHO as a major threat to public health. Among PEH, hesitancy may be amplified by distrust in healthcare systems, limited access to services, and the challenges of addressing unique health needs. Delivering vaccinations to this vulnerable group is challenging due to limited knowledge about vaccine acceptance and barriers to improving uptake. This study aims to measure the extent of vaccine hesitancy among PEH in Warsaw and identify key socio-demographic factors contributing to hesitancy.

Methods
A questionnaire-based cross-sectional survey was conducted between September 2024 and February 2025 among adults experiencing homelessness in Warsaw, Poland. Data collection involved quantitative and qualitative components. Vaccine hesitancy was assessed using the validated Polish version of the Adult Vaccine Hesitancy Scale (PL-aVHS). Quantitative data were analyzed using descriptive and inferential statistics to determine hesitancy prevalence and significant trends.

Results
A total of 128 individuals participated in the survey (89 males and 39 females; mean age 49.4±12.5 years). Preliminary findings indicate 59.4% of participants are vaccine-hesitant. Although hesitant participants were significantly less likely to declare a willingness to get vaccinated against a dangerous illness if offered (OR=0.18, $p<0.05$), 65.7% of hesitant individuals still expressed willingness to vaccinate, compared to 97.9% of non-hesitant participants. No socio-demographic factors were identified as significant contributors to hesitancy.

Discussion
This study highlights the pervasive vaccine hesitancy among PEH in Warsaw. However, it is encouraging that 65.7% of hesitant participants still expressed willingness to vaccinate. These findings suggest that addressing barriers, such as trust and accessibility, is key to improving uptake in this population. Intervention strategies should prioritize accessibility, trust-building, and culturally competent communication to achieve higher vaccination rates among PEH.

Keywords
Vaccine Hesitancy, Homelessness, Public Health

Deaf individuals' access to health knowledge and services in Lebanon

Presenters / Speakers / Co-authors
Dr. Carmel Bouclaous. Lebanese American University, Lebanon

Objectives
Our study aimed to assess how deaf individuals in Lebanon acquire health knowledge and services, identify the barriers they face, and explore strategies to improve their lived experience within the healthcare system.

Methods
A focus group with 10 deaf individuals was conducted with the help of a sign language interpretar to ensure clear and effective communication. Open-ended questions tackled healthcare concerns, knowledge and understanding of common pathologies, sources of health information, experiences in healthcare, means of communication, discrimination, and health literacy. The focus group was then transcribed and coded using thematic analysis.
Results

Findings revealed significant challenges pertaining to health literacy, patient-physician communication, limited access to sign language interpreters in health settings, inadequate health information in accessible format, difficulty navigating the healthcare system, and lack of awareness among health providers of the deaf community's needs, leading to impaired autonomy and lack of trust.

Discussion
While deaf individuals often rely on family and friends, achieving equity and social justice requires structural adaptations within the healthcare system and a cultural shift to foster more inclusive attitudes towards deaf individuals. Actionable improvements achieved through this project will be presented.

Psychosocial factors associated with early initiation and frequency of antenatal care visits in five districts in Ghana

Presenters / Speakers / Co-authors
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Objectives
Antenatal care (ANC) ensures mothers' and babies' health by providing timely medical interventions. Despite global guidelines recommending early and frequent ANC visits, many women, particularly in sub-Saharan Africa, including Ghana, face barriers to accessing these services. This study investigates the psychosocial factors influencing the initiation and frequency of ANC visits in five districts in Ghana

Methods
This study employed a descriptive cross-sectional study design using a structured questionnaire which comprised the educational status of 1071 respondents, marital status, experience of stigma/discrimination and social support received during their pregnancy. Chi-square and logistic regression analysis techniques were used for the categorical variables to examine the associations between the dependent and independent variables. Data analysis was done using the Statistical Package for Social Science software (SPSS) version 27.

Results
The study showed that 99.4% of the participants reported having visited antenatal care (ANC) at least once during their previous pregnancy. The findings showed a significant association between educational level and early initiation of ANC ($p < 0.001$, AOR = 0.862, 95% CI: 0.773–0.962), a significant association between marital status and frequency of ANC ($p < 0.001$, AOR = 2.281, 95% CI: 1.279–4.066), Social support system and ANC utilization ($p < 0.001$, AOR = 2.740, 95% CI: 1.003–7.484).

Discussion
This study explored key factors influencing antenatal care (ANC) attendance, revealing that higher educational status, marital status, and strong support systems are significant determinants of early and frequent ANC visits. While stigma did not significantly reduce overall ANC attendance, it was associated with fewer visits and delayed initiation. The findings of this study underscore the importance of female education in improving maternal health. The findings also advocate for a strong support system during pregnancy. There is also a need for targeted interventions by MoH/GHS/DHMT within the local settings to improve the uptake of antenatal care,

Keywords
Early initiation, Antenatal Care, Psychosocial Factors

Factors Contributing to Poor Self-Rated Health in People Experiencing Homelessness in the City of Warsaw, Poland

Presenters / Speakers / Co-authors
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Objectives
Homelessness continues to be a widespread global challenge with significant health impacts on those affected. People experiencing homelessness (PEH), like other individuals from lower socioeconomic backgrounds, exhibit higher rates of morbidity and mortality, as well as lower self-rated health (SRH), compared to those with higher socioeconomic status. SRH, a single-item measure of health status, is considered a valid predictor of current health status and future morbidity and mortality. In this study, we sought to understand how PEH perceive their health and what factors influence this.

Method
Survey data for this cross-sectional study were gathered from PEH in Warsaw using a structured questionnaire. The data covered sociodemographic characteristics, health status, healthcare service utilization, and the living conditions of PEH. SRH was assessed using a five-category questionnaire item ('very good', 'good', 'fair', 'poor', 'very poor'), with 'poor' and 'very poor' grouped into a category representing 'poor health'. Multiple logistic regression was used to examine the relationship between PEH's characteristics and the poor SRH.

Results
The study included a total sample of 128 PEH (mean [SD] age=49.4 [12.5] years, 69.5% male, mean [SD] length of a homeless=7.8 [10.0] years, median=40 years, with a maximum reported length of 50 years). Overall, 15.6% of participants reported poor health, 38.3% rated their health as fair, and 46.1% described their health as good. Multiple logistic regression analysis found that the presence of chronic health problems (OR=8.15 [2.08–31.99], p=0.003), primary education (OR=4.49 [1.33–15.21], p=0.016), and being 50 years or older (OR=7.86 [1.95–31.64], p=0.004) significantly increased the risk of reporting poor health. None of the homelessness-related characteristics, such as the ETHOS category of homelessness or its duration, showed a significant association with negative self-assessments of health.

Discussion
Homelessness, as extreme poverty, reinforces and exacerbates existing health inequities. Identifying contributors to PEH's self-assessments of their health can promote health equity by helping health and social workers prioritize and address key factors, enabling the delivery of appropriate health and social care interventions to promote their health.

Keywords
People experiencing homelessness, Self-rated health, Health promotion
Co-developing a culturally safe healthcare model developed with, by and for three Atikamekw communities in Quebec, Canada

Presenters / Speakers / Co-authors

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Objectives
Cultural safety in health care is conceived as an outcome experienced when people feel they can access quality health care that suits their needs, in an environment free of racism and discrimination. Although recognized by many as a relevant concept likely to have significant impacts for Indigenous peoples, cultural safety remains a relatively recent idea, diversely defined, difficult to grasp and to translate concretely into practice.

The Atikamekw Nehirowisiwok are First Nations people of the Anishinaabe cultural group (Québec, Canada), who have been denouncing problems of access to culturally safe care for several years. This participatory action-research project is rooted in respectful and reciprocal partnerships with the Atikamekw communities of Manawan, Wemotaci and Opitciwan. Through a two-eyed seeing approach, this project aimed to better define and co-develop an intervention model to ensure cultural safety of health care for the Atikamekw peoples.

Methods
This project is based on a sequential design with successive stages of research and intervention development, led with an advisory committee composed of seven representatives from the three Atikamekw communities. All steps of the project, including results interpretation and dissemination, are carried out in full and respectful partnership with the advisory committee. The research stages of the project included a rapid review of cultural safety interventions, an environmental scan of existing interventions on the regional territories of the communities, and three talking circles with community members. Data from these steps fed into the development of the model with the advisory committee.

Results
The result of this project is an intervention model represented incorporating Atikamekw perspectives and episteme, making it an “animated” model that reflects the dynamism of Nehirowisiw nomadic thinking and circular worldview. The intervention, which involves co-governance between Atikamekw and health system partners, is deployed through three pillars of action at clinical, personnel and organizational levels, and holds the promise of fostering the Atikamekw’s own conception of cultural safety.

Discussion
This research project, carried out with and by the Atikamekw Nation, exemplifies how a decolonizing, two-eyed seeing approach centered on the expertise of Indigenous communities can be used to develop cultural safety interventions that respect their needs, values and perspectives.

Keywords
Indigenous health; cultural safety; healthcare; community-based participatory research

The Association between Frailty and Sense of Coherence among Community-Dwelling Older Adults in China

Presenters / Speakers / Co-authors
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Objectives
Frailty is an emerging global public health burden. Most existing studies have focused on risk factors for frailty, focusing less on protective factors against frailty. This study aims to examine the association between the sense of coherence (SOC) and frailty status among community-dwelling old adults, and provide an

epidemiological basis for the further development of targeted intervention measures.

Methods
A cross-sectional study was conducted among community-dwelling older adults in China who were sampled using multi-stage stratified random sampling method. From March 2020 to February 2023, a survey was conducted among the community-dwelling elderly people aged≥65 years in 146 communities in 10 cities in China. The survey included demographic characteristics, behavioral lifestyle, health status, SOC(using the Chinese version of the SOC scale), frailty (using the FRAIL scale). The Chinese version of the SOC scale (C-SOC-13) with acceptable reliability and validity. The total SOC score is obtained by summing the corresponding item scores, with a higher SOC score indicating a preferable sense of coherence level. In the present study, Cronbach's alpha coefficient for the internal consistency of the C-SOC-13 was 0.86, and the SOC score was categorized into Q1-Q4 from low to high according to quartiles. The data were input organized and for univariate analysis and multivariate analysis.

Results
A total of 30791 respondents' information was collected. Univariate analyses showed that the prevalence of frailty was 7.4% among community-dwelling older adults, and the standardized rate was 7.8% (95%CI: 7.5%-8.1%).As the sense of coherence level increased, the prevalence of frailty increased. The standardized prevalence of frailty in Q1(16.97%, 95%CI: 16.05%-17.89%) was higher than in Q2(6.49%, 95%CI: 5.92%-7.06%), which is higher than in Q3(4.12%, 95%CI: 3.62%-4.62%), which in turn is higher than in Q4(2.68%, 95%CI: 2.28%-3.08%). The differences in all tests were statistically significant (P<0.05). The results of multivariate analysis showed that older adults with Q2-level SOC(OR: 0.24, 95%CI: 0.22-0.27) ,Q3-level SOC (OR: 0.11, 95%CI: 0.10-0.13) and Q4-level SOC (OR: 0.07, 95%CI: 0.06-0.08) had lower odds of being frail compared to those with the weakest SOC. It also showed that older adults with with Q2-level SOC (OR: 0.59, 95%CI: 0.55-0.63) ,Q3-level SOC (OR: 0.33, 95%CI: 0.30-0.35) and Q4-level SOC (OR: 0.29, 95%CI: 0.27-0.31) had lower odds of being pre-frail compared to those with the weakest SOC level.

Discussion
Sense of Coherence (SOC) may serve as a protective factor against the development of frailty. Enhancement of SOC could constitute a preventative strategy against frailty among older adults residing in Chinese community settings.We should place greater emphasis on the psychological sense of coherence among community-dwelling older adults to collectively promote healthy aging.

Keywords
frailty; healthy ageing; community; sense of coherence; older adults.

Relationship between sexual sensation seeking and sexual risk behavior among heterosexual Japanese Youth

Presenters / Speakers / Co-authors
Mitsuhiro Amazaki, Aichi University, Japan

Objectives
The Sexual Sensation Seeking Scale (SSSS) measures the tendency to seek novel and risky sexual experiences. The scale is used in psychosocial models of high-risk sexual behavior, resulting in numerous studies analyzing the relationship between sexual sensation seeking and sexual risk taking behavior across regions. However, data on Asian populations are limited, and no sexual risk behavior scale exists solely for heterosexual Japanese

youth. Thus, this study aims to develop a sexual risk behavior scale targeting this population and analyze the relationship between the SSSS, sexual risk behavior, and psychological factors.

Methods
A cross-sectional Internet survey was conducted on 601 unmarried heterosexual Japanese youth (men: 49%) who engaged in nonprocreative sexual activity in the past year. It assessed demographic variables, including frequency of condom use and knowledge of sexually transmitted infections (STIs), and the Japanese versions of the SSSS (SSSS-J), the Condom Attitude Scale and the Sexual Risk Behavior Scale (SRBS-J) that had been newly developed in this study.

Results
The results indicated that the SRBS-J consists of five items and has a one-factor structure, demonstrating good reliability and strong structural validity. Additionally, it was significantly negatively correlated with condom use. The results of path analysis indicated that the “sexual boredom susceptibility” and “pleasure seeking” components of the SSSS exert a significant positive effect on sexual risk behavior through negative attitudes toward condom use. Furthermore, sexual boredom susceptibility exerts a significant positive direct effect on sexual risk behavior. Conversely, the “sexual thrill and adventure seeking” component and knowledge of STIs did not significantly influence sexual risk behavior.

Discussion
These results imply that the SRBS-J effectively measures sexual risk behaviors among heterosexual Japanese youth. Therefore, including the sexual sensation seeking variable in STI prevention programs is essential for the reduction of STIs among them. This strategy can help create effective interventions by addressing specific risks and behaviors linked to sexual sensation seeking, resulting in improved health outcomes for this population.

Keywords
sexual sensation seeking, sexual risk behavior, heterosexual Japanese youth

Using social media to deliver culturally appropriate sexual health education for young people in Saudi Arabia

Presenters / Speakers / Co-authors
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In the Kingdom of Saudi Arabia (KSA), there is no formal, comprehensive sexual health education program for young people, either in schools or through public platforms. This absence persists despite a rising incidence of sexually transmitted diseases (STDs) among individuals under 25, who represent the majority of the population. This study explores the potential of social media technologies to deliver culturally appropriate sexual health messages to Saudi youth, aiming to reduce risky sexual behaviors. Existing research suggests that social media platforms, widely used by this age group, could serve as effective tools for sexual health interventions in conservative contexts like KSA. These platforms offer anonymity, accessibility, and engagement. However, a review of the literature highlights two significant gaps: the lack of research on young Saudis' attitudes toward sexual health and education, and the absence of studies assessing the effectiveness of social media-based sexual health interventions in KSA. This presentation outlines the design of a study addressing these gaps, utilizing a private social media account to implement and evaluate a sexual health intervention. It will discuss the benefits and challenges of employing social media as a medium for sexual health education in this unique cultural setting.

How do the Sustainable Development Goals relate to the health promotion of Temporary Migrant Workers in the agrifood system? A scoping review

Presenters / Speakers / Co-authors

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Objectives

The Sustainable Development Goals (SDG), which can be combined in six transformations, present opportunities for health promotion to support health equity for temporary migrant workers in the agrifood system. The six SDG transformations provide intervention and policy recommendations for integrated pathways to achieve the SDGs and long-term sustainability by 2050. Given temporary migrant workers' dual residency between home and host countries, they are exposed to living and working conditions and policies that undermine their health equity. A summary of interventions and policies that address determinants of health equity for temporary migrant workers in agrifood is needed. The SDG transformations are an important vehicle for health promotion interventions and policies that could be leveraged to achieve synergistic goals. The objectives of this scoping review were to assess interventions and policies that address determinants of health equity for temporary migrant workers in the agrifood system of high-income countries and align them with the SDG transformations.

Methods

This scoping review examines peer-reviewed and gray literature from 2000 to 2025. Peer-reviewed articles were identified using Pubmed, Web of Science, Medline, EMBASE and Google Scholar from January 2023 to January 2025. These were complemented with government and non-governmental reports. We assessed 1596 records, with 25 included in the final review. The included articles were charted and sorted using definitions for interventions and policies, and the Social Determinants of Health framework, adapted for migration. The charted characteristics of each study were appraised to align interventions and policies with the relevant SDG transformations.

Results

Interventions and policies addressed determinants of health equity, aligning with two SDG transformations: 'Health' and 'Education and inequalities'.

Discussion

Future research should evaluate interventions and policies that enhance the social sustainability of the agrifood system, targeting the other four transformations: 'Energy use', 'Sustainable food', 'Sustainable cities', and 'Digital revolution'. Findings underscore the need for integrating health promotion within sustainable development to support temporary migrant workers' wellbeing and health equity in the agrifood system.

Keywords

Temporary migrant workers, Agrifood system, Sustainable Development Goals, Health promotion, Social determinants of health equity

Networks for tackling urban air pollution and promoting environmentally healthy cities across countries

Presenters / Speakers / Co-authors

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Relevant experience or practice

Personal experience – Growing up in Abu Dhabi as an Indian expatriate, I have seen the city always striving to be environmentally friendly and sustainable alongside development. Environmental health has always been discussed in schools. Despite nature providing a harsh desert climate, the city developed very well over the years. When I went back to do my higher education in a city in India, the scenario I witnessed was different. While the country has wonderful natural resources, the rapid unplanned expansion of some cities is leading to immense pollution. What I realize is that this may be the same in many other developing countries as well.
Academic and research practice – Due to my early exposure to the ideas of the need for being environmentally friendly, I have been a proponent for environmental health. I am currently working on multiple research projects (eg: a systematic review on the human health impact of urban heat islands in India and another pilot project on the association between summer temperatures and hospital admissions), participating in workshops and networking with other environment advocates.
Personal observations – There are definitely many determinants of health like overpopulation, rural-urban migration, education, employment, need for development and other socio-politico-economic influences that make each country different. What I realize is that multistakeholder participation and advocacy are required at regional, national and international levels to address this pressing issue.

Implications for health promotion

Climate change does not affect one country alone. Air pollution can cross geographic boundaries and affect other regions. It is therefore pertinent that concerted efforts are made in both the Global North and South to improve planetary health. There are cities like Bogota and Mexico that tackled air pollution through effective policies, action plans and technologies. Global networks could help in sharing best practices and technology, pooling resources and expertise, providing financial resources and technical support, having research collaboratives and influencing policy making. Local networks are essential for increasing community engagement, advocacy, local monitoring, developing sustainable practices according to local context and influencing policy making.

Implications for sustainable development

Glocal networks for healthy cities and the environment are necessary for achieving sustainable development goals (SDG 17), improving health and well-being (SDG 3), reducing inequalities among the cities in different countries (SDG 10). Integrating health into urban planning is crucial so that development and environment preservation are balanced and urbanites are healthy (SDG 13). Several countries including India participated in COP 28 held in Dubai in Nov-Dec 2023. Some commitments were made and some were not. All countries together require repeated reflection, brainstorming and action to achieve these goals.

Re-thinking the Future of Workplace Inclusion for People with Multiple Sclerosis (PwMS).

Presenters / Speakers / Co-authors

Yasmin Mitwally, National MS Society UAE, UAE

Objectives

Multiple sclerosis (MS) is an autoimmune disorder causing inflammation of the central nervous system. MS is typically diagnosed in young adults. The onset of symptoms in the UAE occurs at 26 years versus an average

global age of 32 years. It results in significant disability, healthcare costs (lifelong medication), and a socioeconomic burden (reduced workforce participation). The study aimed to understand PwMS' perspectives to improve workplace experiences and participation in the UAE, identifying challenges and enablers to inform best practices and policy recommendations for people with disabilities.

Methods
This study implemented a sequential approach by utilizing a mixed-method research design. A national cross-sectional survey, adapted from a global MSIF study, was used to collect data on the experiences of PwMS in the workplace. The sample size (n=402) distribution is; PwMS: 96%, employed PwMS: 66%, unemployed PwMS: 34%, F: 61%, and M: 39%. The modal age with MS is 31-40 years (n=166, 43%), followed by 19-30 years (n=115, 30%). Semi-structured focus groups (n=2, 16 participants) sourced employers' perspectives on the barriers and drivers of inclusion and were guided by prompts and exercises. Multi-stakeholder roundtable discussions were organized to gain consensus on recommendations for inclusive workplaces.

Results
MS has an adverse impact on the mental and physical well-being of employed PwMS, potentially causing workforce attrition. 40% of employed PwMS say awareness of colleagues is crucial for success at work; 36% of unemployed PwMS reported a lack of employer support as a reason for leaving their job. Employers view the policy ecosystem for employees with disabilities as complex to navigate. Limited insights on retention or progression of employees with disabilities exist due to the lack of policies that structurally monitor this process.

Discussion
The workplace is a crucial setting for the promotion of health and well-being of PwMS. Establishing a single window digital MS platform within work environments, employee awareness training initiatives to promote diversity in the workplace, and the development of a coalition of private-public partnerships working for people with disabilities could contribute to inclusion policies. Embedding these recommendations into policies, could promote health and well-being in the workplace for people with disabilities.

Keywords
Workplace inclusion, disability, people with disabilities.

Health Promotion to Become Healthy Through Zero Tolerance of Smoking

Presenters / Speakers / Co-authors
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Introduction
According to Indonesia's national regulations contained in Health Law No. 17 of 2023 and PP No. 28 years 2024, the place of teaching and learning is an area free from cigarette smoke. However, not all campuses in Indonesia have enforced this regulation. Universitas Airlangga (Unair) has the Airlangga Health Promotion Center (AHPC) which is the center to enable campus society to become healthy through zero tolerance of smoking.

Method
AHPC advocates to university leaders, faculties and all units so that there is zero tolerance of smoking at Unair. Advocacy and education are also carried out to lecturers, staff and students. Advocacy is carried out many

times in the form of hearings, meetings, and seminars.

Result
After many times of advocacy, as a result, Unair has a special Rector's Regulation regulating zero tolerance of smoking. Universitas Airlangga Rector's Regulation No. 13 of 2023 states that Unair is an area free from cigarette smoke. No one should smoke at Unair. Smokers in Unair's management area will be fined Rp 250,000,- Unair also formed a KTR task force to enforce the implementation of this regulation. There are 2 types of KTR Task Force, namely the task force at the UNAIR center and the task force at the faculty and unit. The implementation of KTR enforcement through inspections is carried out every 2 months with the entire KTR task force team. As a result, there is a decrease in smokers from the beginning to the end of the year. There was a slight increase when new students entered. This is because new students are not sure that the enforcement of KTR rules is properly implemented at Unair. Zero Tolerance dissemination has been carried out when new students enter. The rector regulation also states that advertising, sponsorships and scholarships related to the cigarette industry are not allowed. This regulation makes Unair TAPS Banned. Thus, Universitas Airlangga became the first campus in Indonesia to implement total zero tolerance of smoking and TAPS Banned.

Keywords
TAPS Banned, Unair, Universitas Airlangga, zero tolerance of smoking

Health promotion from policies to local practices in New-Caledonia Study of the dissemination mechanisms of an intersectoral approach of school health

Presenters / Speakers / Co-authors
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Health promotion is a strategy that aims to contribute to social change to improve the health of all and reduce health inequalities. It is part of the WHO's 'health in all policies' framework.
In New Caledonia, this intersectoral approach to social change is embodied in the 'Do Kamo' public health plan and the Caledonian education project. The aim of our research was to study the impact of this approach on the ground. To understand how this cross-sectoral policy was translated from government departments to schools, we used actor-network theory from the sociology of innovation. This theory provides a framework for understanding how such a social innovation interacts with a network of actors and how it spreads or fails to spread. From the policy level to the community level, a series of processes are at play in what can be described as a translation.

The study is based on a mixed-methods approach and combines qualitative and quantitative analyses of a wide variety of sources from local guidelines, meeting minutes, professional training, representations and staff practices. We followed the translation process and its outcomes from 2016 to 2020. We first identified the actors involved in an intersectoral approach at the political level, based on political speeches and institutional productions. Then, based on reports, minutes, analyses of practices and interviews with the players in the network formed around the co-construction of a health education tool in schools, we also identified the players involved at the level of 3 school districts.

The results showed that the main impact was the emergence of (new) players mobilised in both sectors and located at local, governmental and political levels. The translation from the political to the practical level is reflected in contextualised tools for elementary schools (management and teaching) and
new local political strategies for developing health promotion in schools.

In the case studied, innovation through the concrete intersectoral co-construction of a health education tool played a key role in translating the health promotion policy into action in schools. Intersectoral collaboration and the emergence of local experts are levers for social change to improve the health and educational success of pupils.

Key words
Cross-sector collaboration- translation- actors-network- health promotion in schools – public policy – innovation

Religious Support and Psychological Well-Being of Cambodian University Students

Presenters / Speakers / Co-authors
Takashi Asakura, Tokyo Gakugei University, Japan

Objectives
Ninety-three percent of Cambodians are Buddhists, 95% of whom follow Theravada Buddhism. The remaining 7% are Muslims, Hindus, Christians, Animists, etc. Faith-based religion is deeply rooted among the people, including education and welfare. This study will identify college students' religious behavior and support by religion and examine whether religious support contributes to psychological well-being.

Methods
A total of 827 students from five universities in Phnom Penh and Battambang completed the self-administered questionnaire. We used the data to examine the association between religious support and psychological well-being among university students using a generalized linear model.
Religious Support Items:
“Have your religious affiliation or beliefs ever provided you with practical support when you have faced a problem in a personal life?”
“Have you ever felt that your religion or religious belief have helped you live your life with a sense of purpose and meaning?”
“Have you ever experienced how your religion or religious beliefs have helped you stop worrying and calm your mind?”

Results
94.9% of the subjects were Buddhist; 3.5% were Christian. The three-item Religious Support Scale created in this study was significantly related to the K6, thinking a lot, and the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) after adjusting for sex, economic hardship, and college. Interestingly, there were no significant associations with self-rating health and life satisfaction.

Discussion
Among Cambodian university students, more religious support was associated with better psychological well-being. Not all have religious support, and alternative mental health services need to be developed.

Keywords

Cambodian university students, religious support, psychological well-being

What promotes psychological and spiritual growth among PLWH, and what health outcomes does it bring? — Nationwide online survey in Japan

Presenters / Speakers / Co-authors
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Yosuke Takaku, Japanese Networks of People Living with HIV/AIDS, Japan
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Objectives
In Japan, people living with HIV (PLWH) can lead similar lives to HIV-negative people if they adhere to medication, similar to other developed countries. However, stigma and discrimination persist, forcing PLWH to live stressful lives, which negatively impacts their mental health. This study focuses on stress-related growth, aiming to elucidate the relationship between the psychological and spiritual growth experienced by PLWH, its contributing factors, and its health outcomes.

Methods
Data were drawn from the third HIV Futures Japan nationwide survey, conducted online from November 2019 to July 2020, targeting PLWH living in Japan. A total of 908 valid responses were analyzed. Psychological and spiritual growth was measured using a 10-item scale based on the concepts of stress-related and post-traumatic growth. Items included statements such as: "Since HIV infection, have you become mentally stronger or weaker?" and "Has your desire to contribute to society increased or decreased?" Responses were rated on a five-point Likert scale (-2: weaker, 0: no change, +2: stronger), with total scores ranging from -20 to +20 (α = .74).

Results
Psychological growth was not significantly correlated with sexuality, educational background, or income. However, having a spouse or partner (B=1.98, p<.001) and being HIV-positive for more than 20 years (B=3.45, p=.001) were positively associated with growth. Sense of coherence (SOC) (r=.52), instrumental support (r=.25), and emotional support (r=.41) were significantly correlated with growth (p<.001). ANOVA showed a slight but significant association between psychological growth and CD4 cell count (p=.036). Additionally, individuals with higher growth were more likely to have undetectable viral loads (p=.019) and better self-rated health (SRH) (p<.001).

Discussion
The findings suggest that psychological and spiritual growth are linked to better health outcomes, including viral load, CD4 counts, and SRH. The presence of a partner or spouse and access to social support may facilitate growth. Furthermore, the strong correlation with SOC highlights the potential of SOC-focused interventions to promote psychological and spiritual growth among PLWH.

Keywords
People living with HIV/AIDS; stress related growth; sense of coherence; social support

Disease-specific healthcare component costs and their relative contribution to the economic burden on older adults in India

Presenters / Speakers / Co-authors

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Dr. Arohi Chauhan, South Asian Institute of Health Promotion, India
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Background

In India, the public spending on health is low. When something is not covered by insurance, you'll have to pay for it out of pocket, or with your own money. Although insurance coverage has been increasing over time, insurance reimbursements remain low. Utilization of health care service depends on the disease condition, health-seeking behaviour, accessibility to health services, and the ability of either the individual or their household to pay for services and quality of the care. Systematic estimation of out-of-pocket expenditure by type of disease is helpful for evidence-based policy. Our study shows the financial condition of older adults and how much they spend there they pay on different service components for different types of diseases.

Methods

This study utilized secondary data from the 2017-18 Longitudinal Ageing Study in India (LASI). Descriptive and bivariate analyses were conducted to achieve the study's objectives. To adjust for changes in healthcare costs over time, the Consumer Price Index (CPI) was applied to each component's cost

Results

We found that the mean expenditure of medicines contributes to out-of-pocket expenditure but especially the medicines from outside expenses is high as compared with medicines from hospitals for both outpatients and inpatients. In total pocket expenditure medicines, contribution charges, tests, nursing, and operations have highly contributed. medicines continued to be the highest contributor to healthcare expenditures.

Conclusion

Non-communicable diseases (NCDs), especially cancer, contribute significantly to OOPE due to high costs of diagnostics and treatment. Cancer is a major cause of death globally, particularly in Low- and Middle-Income Countries (LMICs), with high economic costs associated with its diagnosis and treatment. Implementing strategies to enhance affordability, such as subsidizing diagnostic tests and treatment modalities, expanding insurance coverage, and providing financial assistance programs, is paramount. Addressing the exorbitant out-of-pocket expenses associated with cancer diagnosis and treatment is crucial for ensuring equitable access to quality care and alleviating financial distress for affected individuals.

Keywords

Economic burden of Diseases, NCDs, LMICs and India

Impact of Health insurance Schemes on Health Care Burden in India

Presenters / Speakers / Co-authors

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Background
Mixed findings have been found in research on health insurance schemes for the economically poor; some studies have found no impact, while others have found greater healthcare consumption. Nonetheless, it has been repeatedly demonstrated that insurance lowers the chance of destitution, catastrophic medical expenses, and out-of-pocket expenses. The aim of this study is to analyze the impact of health insurance schemes on the health care burden in India.

Methods
This study utilised the last two rounds of the National Sample Survey 71st 2013–14 and 75th 2017–18. Descriptive statistics, bivariate estimates, to compute the OOPE, healthcare burden, catastrophic health spending, hardship financing, and impoverishment using standard definitions at June 2024 price values. Difference-in-Differences (DID) and Propensity Score Matching (PSM) models were used to assess the impact of health insurance on healthcare burden.

Results
Results show that insurance coverage remain effective in reducing burden of OOPE and CHE in both rounds and over time. Coverage under any health insurance reduces the probability of facing catastrophic expenditure (where healthcare costs exceed 10% of income) by approximately 3.35% in the 71st round and 2.80% in the 75th round. This suggests a stable but slightly weaker effect in the later round. Similarly, we found that in the 75th round, health insurance leads to a 2.64% reduction in this extreme form of catastrophic expenditure, indicating a reversal and stronger protective effect in the later round.

Conclusion
The health insurance coverage proves to be an effective strategy in reducing out-of-pocket expenditures. However, the slight weakening of its protective effect over time underscores the need to strengthen and expand health insurance schemes, ensuring more robust financial protection. Despite progress, India still lags in achieving remarkable health insurance coverage, particularly among poorer and informal sector populations, hindering the path to Universal Health Coverage (UHC). To address inequitable access to healthcare, sustained efforts are necessary to improve the scope and coverage of health insurance schemes, ultimately reducing financial hardship and promoting health equity in India

Keywords
Difference-in-Differences (DID), Propensity Score Matching (PSM), catastrophic health spending, hardship financing and India.

Health promotion and homelessness. Findings from Poland.

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Objectives
Homelessness is a major public health challenge, with individuals facing marginalization and barriers to healthcare and social support. People experiencing homelessness (PEH) have diverse health needs that are often insufficiently addressed. The prioritization of health among PEH may be diminished, as immediate survival needs such as access to food, water, and warmth often supersede concerns about potential future health conditions. Therefore, community-based health promotion interventions are essential, as they have the potential to reduce health inequities within such a disadvantaged population. This study aimed to analyze health promotion interventions focused on marginalized homeless populations, implemented in Poland.

Methods
This analysis covers data on public health interventions, health or social services delivered in a community setting carried out between 2021 and 2023 in Poland by local government units and health system institutions. These data were obtained from the ProfiBaza system, a national health promotion and disease prevention program registry managed by the National Institute of Public Health NIH-NRI.

Results
Between 2021 and 2023, among 15,500 health promotion and disease prevention interventions aimed at people at risk of social exclusion, 117 health programs were specifically directed toward PEH. The most common health or social services delivered in a community setting were mental health support (35.0% of interventions), shelter provisions (33.3%), and reintegration programs (28.2%). Health promotion interventions aimed at homeless people also include health education (16.2%), vaccination programs and screenings (13.7%), healthcare services (12.0%), harm reduction (12.8%), meal provision (12.0%), street outreach (10.3%), essential clothing and hygiene products (9.4%) and medical equipment (6.8%) distribution, crisis interventions (1.7%), and staff training (0.8%). Interventions have tended to concentrate on PEH living in an urban setting (95.7%).

Discussion
People experiencing homelessness are at high risk of being left behind due to limited access to health and social services. This underscores the importance of multisectoral approaches to address their health challenges, highlighting the importance of health promotion initiatives focused on building healthy public policies, with an emphasis on practical support and appropriate government regulation and funding.

Keywords
health promotion, homelessness, health programs

Home-based monitoring of non-communicable diseases (NCDs): A personalised disease management and health promotion initiative from the field practice area of a medical college in Central Kerala, India

Presenters / Speakers / Co-authors
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Setting/problem
Kerala, a southern state of India, has a significant number of people with NCDs. Many develop complications due to inadequate self-care practices, gaps in treatment adherence and limited health literacy. This situation is exacerbated by out-of-pocket expenses and restricted access to healthcare services, thus leading to financial strain and potentially compromised health outcomes. Our pilot survey of 126 households in our field practice area revealed that 30.2% of respondents expressed interest in home-based healthcare services, with diabetes (34%) and hypertension (38%) being the primary conditions of concern.

Intervention
We started a comprehensive Home-Based Monitoring of NCDs program, at a municipal ward in the field practice area of our community medicine department. The intervention includes regular home visits by a medical team, blood glucose and blood pressure monitoring, primary curative and preventive care, telephonic consultations, and personalized health education. The program aims to improve chronic disease control and reduce disease-related morbidity and mortality. A key innovation is the integration of personalized health education, tailoring advice on lifestyle practices and general well-being to individual patient needs.

Outcomes
Preliminary results from 77 home visits identified significant gaps in treatment adherence and self-care practices among patients. Barriers to access included old age, limited mobility, lack of support system, lack of health literacy and high out-of-pocket expenses. The program has established a continuous dialogue about healthcare with these households, improving general health awareness and patient self-efficacy. By bringing healthcare services directly to patients' homes, we aim to increase treatment compliance and reduce the need for hospital follow-up visits. The initiative is also generating valuable longitudinal data for better service provision planning, monitoring, evaluation and improved competencies of our postgraduate trainees. A challenge faced is integrating spatio-temporal demographic and health data into a management information system and using it for decision-making and follow-up.

Implications
The integration of personalised health promotion strategies with home-based care presents a novel approach to tailoring interventions to individual patient needs, potentially leading to more effective and sustainable health outcomes. It offers an opportunity to drive home health promotion practices within the family and not just the patient. This model has the potential to be adapted and implemented in other regions facing similar challenges in NCD management, reach the marginalized, improve equity and health service delivery efficiency at the community level. Further implications include conducting genetic studies on the population, risk scoring and utilising artificial intelligence and machine learning models to aid precision health promotion.

Action plan preparation guide: Health promotion initiative in Türkiye

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Problem
National action plans are documents that set out priorities and actions to realize international and national

commitments in specific policy areas and issues. All general directorates under the Ministry of Health prepare action plans on specific topics. The General Directorate of Health Development will coordinate all action plan preparation processes. For this reason, an action plan preparation guide has been developed to lead the units of the Ministry and to systematize the preparation process.

Intervention
The final action plan preparation process was determined by analyzing national and international action plan examples and action plan preparation guides.
The important components identified within the scope of the guide are as follows:

- Situation analysis: Identifying the current situation, needs.
- Goal, objective and strategy definition: The goal is determined by clearly, succinctly expressing the final result to be achieved. Objectives are set by deciding what needs to be achieved to reach the goal. Strategies are determined by considering the ways and methods to be followed to achieve the objective.
- Determining actions and activities: Actions, which are concrete and specific steps for the realization of strategies, are determined. Each action is further elaborated and divided into activities.
- Identifying indicators: Measures to evaluate progress and success in objectives and activities.
- Stakeholder engagement: Involving all relevant stakeholders in the process of developing action plans expands the scope of the plan and increases ownership.
- Risk management: Identification of risks that may arise during the implementation of action plans and formulation of response strategies by determining the level of risk.
- Monitoring and evaluation: It should be done at specific times to determine the success of an action plan and make changes if necessary.

Outcomes

- Conducting a situation analysis will lay the foundation for creating a logical framework.
- With an effective planning will ensure the feasibility of activities and the achievability of goals and objectives.
- The participation of stakeholders, monitoring-evaluations, and sharing with the public will ensure transparency and accountability.

Implications
Health literacy, violence in health and obesity action plans planned to be published in the near future are being prepared in line with this guide and appropriate arrangements are being made.

Do not fill your lungs with smoke - Educating Vulnerable Communities in Pakistan

Presenters / Speakers / Co-authors
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Introduction:
Pakistan is facing a dual jeopardy of the tobacco epidemic and severe air pollution. Both have profound implications for the health, environment, and economy of the country. According to the WHO, tobacco use kills more than 160,000 people every year in Pakistan. Both indoor and outdoor air pollution are growing problems in the country which air quality is ranked among the worst in the world.

Background

Global shifting of disease burden from communicable to non-communicable diseases (NCDs) has led to large proportion of deaths in developed and developing countries. The country's health system is not responding to these emerging challenges

Problem
In Pakistan, tobacco smoking and air Pollution (indoor & outdoor) are major threats and growing problems to human health and ecosystems.

Objectives
To educate the public & vulnerable groups (household women, traffic police, workforces near roads, school/college students, public transport drivers, city administrations departments and healthcare & allied healthcare professionals etc. about tobacco use, indoor and outdoor air pollution,

Methods
For the reduction of risk factors associated with these exposures. I used in-person interactions, material distribution, print, electronic, and social media to reach the general public, vulnerable populations, policy makers, and health professionals.
results / effects / impact / changes

The interventions played an important role in raising awareness and creating a more informed and health-conscious society.

Conclusions
Efforts were made to raise awareness about lung protection through various activities focusing on smoking cessation and avoiding air pollution; the concerned departments were involved to bring their attention to Ensure policy formulation.

Data-driven insights can inform policies and strategies to mitigate air pollution effectively. Involving local communities in initiatives and decision-making processes fosters a sense of responsibility and ownership. Community-driven efforts can lead to the adoption of sustainable practices and the enforcement of local pollution control measures

Keywords
Vulnerable communities, Smoking, Air pollution, Health System, Sustainable, Healthy Society

The Manifesto of the Italian Society for Health Promotion (SIPS)

Presenters / Speakers / Co-authors
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The Italian Society for Health Promotion (SIPS) has drawn up the Manifesto for Health Promotion whose subtitle is 'Health promotion policies for the pursuit of well-being, equity, human rights and peace'.
The aim was two-fold:

1. Clearly define the role of HP to improve health and well-being and reduce health inequities within the conceptual and organisational framework of the One Health approach;

2. Use the Manifesto to engage, coordinate and integrate efforts undertaken by other societies, professional associations, national and international institutions and civil society sharing the Manifesto principles and values.

The Manifesto builds on the legacy of the 1986 Ottawa Charter for HP and the 2021 Geneva Charter for well-being. The Manifesto affirms that HP is based on an environmental and holistic approach that protects and promotes all forms of life on the planet. It aims to be a pragmatic and inclusive tool to bring together all those who recognize themselves in these perspectives. It also intends to contribute to accelerate progress towards the UN sustainable development goals of the 2030 Agenda. The creation of the Manifesto required two years of work. It engaged all the various components of SIPS: the Board of Directors, the Scientific Committee, the Regional Delegations, but above all it was open to the contribution of all members. This last aspect is part of the broader concept of One Health which also comprehends the principle of intersectoral cooperation, interdisciplinarity and participation of society. The Manifesto includes four commitments: encouraging a culture of health advocacy for health promotion; supporting the dissemination of science and information; reorienting the health system towards health promotion and social justice; and strengthening personal capacity for community action for health. The next step will be to ask for the contribution of the various segments of civil society, counting on the different disciplines and skills both within and outside the health sector. Engaging civil society and specialists in biology, ecology, earth sciences, but also involving those dealing with economy, artificial intelligence, social sciences, and humanities. There is an urgent need to create a critical mass for prioritising health promotion at all levels of policy-making. The ultimate goal is to build a shared platform to foster change and sustainable actions to promote health and well-being based on the principles of HP and the One Health approach**.**

Breaking Barriers: Innovative Community Mobilization during the Mass Replacement Campaign (MRC) of Insecticide Treated Nets (ITNs) in Kagera

Presenters / Speakers / Co-authors

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Background

In July-August 2023, Breakthrough ACTION, in collaboration with the National Malaria Control Program (NMCP), implemented social and behavior change (SBC) interventions to support a Mass Replacement Campaign (MRC) in Kagera. Kagera's challenging geography, including numerous islands and remote councils, makes it difficult to rapidly disseminate information. Past outreach efforts, such as vaccination campaigns, faced similar challenges, leaving hard-to-reach communities underserved. Given the fast-paced nature of MRC campaigns, with short registration periods, timely message delivery was critical. To address these challenges, Breakthrough ACTION, NMCP and the Regional Health Management Team (RHMT) strategically empowered Community Health Workers (CHWs) as frontline agents, enabling them to reach households in remote areas with MRC campaign messages.

Methods

During planning meetings, the team recognized Kagera's unique geographical challenges and adopted alternative outreach strategies. A network of dedicated CHWs became central to the engagement efforts across councils. Through targeted orientation sessions, CHWs were provided

with scripts to enhance their communication skills, enabling them to conduct interactive sessions within their communities. To further support outreach, CHWs received portable speakers and motorcycles, effectively amplifying their reach despite Kagera's geographic constraints.

Results
The results were outstanding. Community volunteers reached even the most remote areas with interpersonal communication (IPC) sessions, ensuring households were well-informed. Ultimately, 99% of registered households received ITNs, exceeding the RHMT's initial projection of 85%.

Conclusion
Equipping CHWs with knowledge of Kagera's geographic challenges and essential outreach tools enabled effective SBC message delivery for the 2023 MRC campaign. This success demonstrates the potential for similar strategies in reaching underserved communities. In conclusion, this innovative approach underscores the power of collaboration, resourcefulness, and commitment to serving hard-to-reach populations, reshaping the approach to community mobilization.

Keywords
Community Health Workers, Remote, household, outreach, Innovative, strategies, Community, mobilization, Collaboration

Private sector adoption of Ayushman Bharat Digital Mission in Uttar Pradesh(India): digitization effort in small and medium scale private healthcare

Presenters / Speakers / Co-authors
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Problem
The government of India onboarded the mission of digitization of healthcare with the launch of the Ayushman Bharat Digital Mission (ABDM) keeping in tandem with the National Health Policy 2017 to bring the country's healthcare space under the digital health ecosystem. The policy aims to create a single database for personal health records that can be accessed by all health stakeholders and is enabled by the digital public health infrastructure under ABDM.
However, the private healthcare ecosystem, which accounts for 70% of the healthcare space in India, due to its very nature of the free market, remained out of the ambit of ABDM.

Intervention
The launch of ABDM 100 Microsite Initiatives to practice focused efforts of adoption of ABDM within the private healthcare sector. The aim is to handhold private sector health providers in ABDM adoption in limited geographies by aligning different players of private healthcare- grassroot nonprofits, health tech companies, policy organizations and government administrations. The intervention is a pilot to understand the best practices and challenges of digitization efforts in India's private healthcare sector. As a part of this initiative, 35 microsites were implemented in the state of Uttar Pradesh in 2024 for private sector adoption of ABDM.

Outcomes
The initiative has successfully established registries for 12,000 private healthcare professionals and

19,000 private healthcare facilities. It has also facilitated the integration of electronic health records for approximately 800,000 patients across more than 1,500 health facilities, all linked to ABDM-enabled health information systems. Additionally, the intervention has provided valuable insights into the attitudes and behaviours of private healthcare stakeholders regarding the digitization of health through the ABDM platform.

Implications
This innovative intervention has enabled the dissemination of knowledge and awareness of digital health to the private healthcare ecosystem. At the same time, the insights furnished through the pilot have produced learnings on the digital health policy that would be critical to the adoption and expansion of the digital health ecosystem.

Promoting Planetary Health through Sustainable Radiology Practices: The Role of Structured Reporting and Artificial Intelligence

Presenters / Speakers / Co-authors
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Abstract
The healthcare sector accounts for approximately 4.4% to 5.2% of global greenhouse gas (GHG) emissions, surpassing the emissions of the aviation and shipping industries combined. Radiology, as a critical component of modern medicine, contributes significantly to this environmental footprint. A single CT scanner consumes around 26,000 kWh annually, while an MRI scanner consumes approximately 134,000 kWh. Together, these devices use as much energy as 31 four-person households per year. Additionally, radiological contrast agents such as iodinated media for CT scans and gadolinium-based agents for MRI scans introduce persistent pollutants into aquatic ecosystems, impacting water quality and sustainability.
This abstract explores how structured reporting and artificial intelligence (AI) can transform radiology into a more sustainable discipline, aligning with the goals of planetary health promotion. Structured reporting—standardized documentation of radiological findings—accelerates reporting processes by 40% and reduces redundant imaging studies by up to 20%, saving significant energy and resources. AI further enhances sustainability by optimizing equipment utilization, reducing idle times, and enabling the development of low-energy imaging modalities such as low-field MRI.
Concrete examples include AI-driven de-noising solutions that shorten scan times and synthetic CT techniques derived from MRI data, which reduce reliance on high-energy-consuming imaging methods. However, the integration of structured reporting emerges as a pivotal approach to enhancing sustainability. By standardizing the documentation of radiological findings, structured reporting significantly improves communication between radiologists and referring clinicians. This enhanced clarity reduces the likelihood of unnecessary imaging studies, which currently account for up to 20% of radiological examinations. By minimizing redundant procedures, structured reporting not only conserves energy but also reduces patient exposure to unnecessary diagnostic interventions. Additionally, virtual contrast techniques minimize the environmental burden associated with traditional contrast agents. These innovations align with the European Union's Corporate Sustainability Reporting Directive (CSRD), which mandates large hospitals to report on Environmental, Social, and Governance (ESG) activities starting in 2025.
This submission emphasizes the ecological and economic benefits of integrating structured reporting and AI into radiology workflows, demonstrating their potential to reduce healthcare's environmental impact while improving patient care. By addressing planetary health in medical practices, these advancements support the overarching goals of the IUHPE 2025 theme, "Planetary Settings for Health Promotion."

Health Cities in South Korea : Landscape and Policy Initiatives Based on Health City Indicators

Presenters / Speakers / Co-authors
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Problem
Local governments in Korea have been promoting healthy city through networks between cities. the central government has established a legal system to support the implementation of healthy cities by local governments. The Act on the Promotion of National Health was amended In 2021, the National Health Promotion Act was amended to create a new law for the creation of healthy cities, which has been in effect since 2023. The law develops and disseminates healthy city indicators and in the form of guidelines. Based on the Healthy City Indicators, the government analyzes the status of local governments and aims to establish a sustainable urban health policy plan based on the results.

Intervention
The Health City indicators consist of 5 main areas, 15 indicators, and 34 sub-indicators, including infrastructure development, cross-sector collaboration, community participation, project planning and implementation, and urban health information systems. Each of the 34 sub-indicators is further divided into 96 checklist items, allowing cities to self-assess. A self-assessment of the indicators was conducted nationwide from June to July 2024 and 214 out of 245 local governments (87.3%) responded to the indicator monitoring, and the results were analyzed.

Outcomes
According to the analysis by area, 47.2%(n=101) of municipalities have their own by laws, and 14.0%(n=30) have a dedicated organisation. In addition, 29.4% of municipalities were collaborating with public institutions, and only 1.9%(n=4) are conducting health impact assessments(HIA). In the area of citizen engagement, more than half (60.7%, n=130) were providing health information to local residents, 43.5%(n=93) were considering local disparities in their business plans, and 62.1%(n=113) were working on physical environment projects. Finally, 43.9%(n=94) have completed a city health profile. The monitoring identified collaboration, HIA, and health profiles as key areas of weakness, and consultancy was provided alongside city-specific analyses. Of these, the intensive HIA consultancy and workshops provided opportunities for cross-city exchange and best practice sharing, with a 100% attendee satisfaction rate.

Implications
Through continuous monitoring and analysis using Health City indicators, we have gained detailed insights into the progress of Health City initiatives at the local government level. This will help assess the impact of future policy interventions and lay the groundwork for establishing a sustained government-level support system for Health City policies.

Effect of Nature Exposure Activities on Mental Health Outcomes among Adolescents in Kuching, Sarawak: A Quasi-Experimental Study

Presenters / Speakers / Co-authors
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Problem

Globally, suicide, depression, anxiety, and behavioural disorders are the leading causes of illness, disability, and morbidity among adolescents. Connection to nature is associated with improved mental health, greater happiness, and enhanced life satisfaction. This study aims to evaluate the effect of nature exposure activities on mindfulness, self-esteem, happiness, depression, and anxiety symptoms.

Intervention
This study employed a quasi-experimental design involving 68 adolescents (mean age = 16.32, SD = 1.01). The intervention group, consisting of 34 adolescent participants, engaged in 6-hour NatureScape activities held in urban parks, while the remaining 34 participants (control group) undertook the same 6-hour activities in a classroom setting.

Outcomes
The repeated measures of ANOVA results revealed that the intervention group experienced significant improvements in mindfulness measured by the Mindful Attention Awareness Scale (MAAS) and happiness measured by the Subjective Happiness Scale (SHS), which were obtained at three points in time. However, the paired t-tests findings showed that the depression (PHQ-9) and anxiety (GAD-7) status, obtained at two points in time were not significant.

Implications
These findings suggest that the NatureScape intervention (nature exposure) significantly enhanced mindfulness and happiness, but the impact on self-esteem, depression, and anxiety were limited likely due to the brief, one-time nature exposure. The study highlights the need for longitudinal interventions to better assess outcomes of nature exposure on self-esteem, depression, and anxiety. Early interventions are crucial as they can reduce the risk of mental health challenges in adolescents while promoting their overall well-being and productivity.

Keywords
Adolescents, Mental Wellbeing, Nature Exposure

Promoting Health and Well-Being: Physical Activity Initiatives at Petrobras

Presenters / Speakers / Co-authors
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Problem
Worldwide, physical inactivity is estimated to cost $54 billion in direct healthcare, with 57% incurred by the public sector, and an additional $14 billion attributed to productivity losses. Petrobras, a Brazilian company operating nationwide with 40,213 employees, promotes physical activity as a contribution to creating a more active society.

Intervention
The physical activity promotion at Petrobras includes a specific document with guidelines on Physical Activity Promotion, communication campaigns, individualized consultations, training of health professionals on the

new World Health Organization (WHO) recommendations and proper recording of physical activity information, invitation to participate in runs and walks, health games, as well as workplace interventions with spaces that facilitate practice. These actions are guided by the company's strategic planning, which aims to achieve 100% of the objectives outlined in the WHO Global Action Plan on Physical Activity within the business context by 2030, in synergy with the United Nations Sustainable Development Goals (SDGs).

Outcomes

In 2024, 214 health professionals underwent training on updating the WHO Recommendations and on the adequate recording of information in the electronic medical record. Fourteen runs and walks were held, with the participation of 14,321 people, including 4,000 employee family members. Eight online games were held, involving 11,926 workers, with daily challenges including workouts, active breaks, and step counting. Among these 11,926 employees, 57% were physically inactive. In the last 4 years, 19,397 employees and 14,382 family members joined a program that facilitates access to hundreds of gyms and online classes across the country. Petrobras maintains spaces equipped for physical activity on its 44-oil rig, as well as 13 onshore units (6 oil exploration units, 4 refineries, 2 thermal power plants, and 1 gas treatment unit). The percentage of physically active employees increased from 33.82% in 2018 to 39.46% in 2024.

Implications

Considering the impact of physical inactivity and following WHO recommendations, Petrobras makes a public commitment to implement actions that support the practice of physical activity, conducting communication campaigns, encouraging practice in individual consultations, creating supportive environments that sustain change, and providing opportunities for employees and their families to participate in physical activities, contributing to a more active society.

Inclusive local policies for health promotion to access health care services in Nepal

Presenters / Speakers / Co-authors

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Problem

Nepal is experiencing federal health systems of governance for the past seven years. Local governments are responsible for ensuring access to essential health care services for all, but poor, socially excluded, indigenous and ethnic minorities are still unable to access basic health care services for a range of social, cultural, economic, political, geographical and psychological barriers in rural communities.

Intervention

Local governments have started mapping of poor and socially excluded populations to ensure that they have access to basic health care services in the communities. Out-reach health clinics and camps have been organized to facilitate poor and vulnerable populations. Local governments have allocated some funds to support families and communities who are unable to access the health care due to economic constraints or limited transportation facilities to reach out the health care facilities. The local health policies focused health promotion initiative, training to community groups especially on community health education, water sanitation and hygiene, nutrition-sensitive interventions, physical exercises, counselling and social mobilization for healthy life behaviours.

Outcomes

The morbidity and mortality have reduced with the inclusive policies for health promotion in the rural communities. More and more community people especially from rural communities participate in health promotion activities to lead safe and healthy life style. The health status of elderly, women and children have significantly improved, and community health education has been significant to empower rural communities for better health and overall social well-being. Participation of local communities – particularly women and elderly have been enhanced in health promotion initiatives

Implications

The integration of health promotion initiatives in local policies has significant implications on empowerment of rural communities to access and utilize basic health care services. The inclusive polices are crucial to enhance social capital for health.

Normal Birth Action Plan: Health Promotion Policy Initiative in Türkiye

Presenters / Speakers / Co-authors

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Problem

In Türkiye, C/S rate reached 60.1% in 2022, well above the OECD average. The “Normal Delivery Action Plan (NDAP)” was initiated under the coordination of General Directorate of Health Promotion in order to prevent the maternal and neonatal complications of increasing C/S rates due to medical, cultural and systemic factors such as fear of childbirth, lack of maternal health education and defensive health practices, as well as additional postnatal care requirements and an increasing financial burden on the health system.

Intervention

Evidence-based health policy priorities were identified:
Building Midwife Capacities: Special training programs have been planned to encourage midwives to give birth to normal babies and to increase their techniques for managing normal births.
Public Awareness Campaigns: Through nationwide “Natural, Normal Birth” activities and pregnancy schools in hospitals, it is aimed to educate expectant mothers about birth, prenatal and postnatal care, and breastfeeding.
Digital Health Applications:The “Journey to Motherhood” mobile application will be developed to facilitate pregnant women's access to accurate information and provide personalized guidance and educational resources complemented by videos.
Regulations:‘Mother-friendly hospital’ standards were developed, “Midwife for Every Pregnant Woman”, and “Pregnancy School” regulations were prepared and C/S rates were added as performance indicators for hospital managers.
Monitoring and Evaluation: Apart from monthly monitoring of C/S rates, C/S indications are monitored with the Robson Classification to evaluate the effectiveness of the policy.
Financial Incentives: It aims to motivate midwives/obstetricians to support normal deliveries with financial

incentives.

Outcomes
The NDEP public service announcement was watched over 100 million times in its first week of broadcast. Regulations were developed. Nationwide awareness campaigns continue in 81 provinces. 434 pregnancy schools and 106 midwife polyclinics in 39 provinces are in service. Although concrete outcomes are not available yet, it is aimed to reduce C/S rates by %5 by the end of 2025.

Implications
NDAP exemplifies a comprehensive approach to reducing C/S rates through advocacy, education, legislation and digital innovation. It demonstrates the importance of integrating evidence-based and culturally sensitive strategies to improve maternal health outcomes and is intended to serve as a model for global health policy.

Health Benefits of Guided and Non-Guided Tours in Urban Green Spaces in Taiwan

Presenters / Speakers / Co-authors
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Article 24 of the Universal Declaration of Human Rights clearly states that everyone has the right to rest and leisure. Similarly, according to the Ottawa Charter for Health Promotion established by the World Health Organization in 1986, health promotion is seen as a process through which individuals can actively control the factors affecting their health and improve their health status. Therefore, the pursuit of health is a lifelong aspiration for everyone, and successful aging is also a goal pursued by all. Participating in outdoor recreation or leisure activities in modern society can bring more leisure benefits, such as physical and mental pleasure and relaxation, while also regulating the balance of body and mind and enriching the content of life, thus giving life more meaning. In addition, participating in leisure activities can enrich the content of life and provide more meaning. Through various leisure activities, we can broaden our horizons, expand our knowledge and skills, and establish richer interpersonal relationships. Reading can enrich knowledge and imagination, traveling can broaden our perspective, and participating in social activities can build social connections. These activities not only make life more meaningful but also promote personal growth and self-realization. In summary, the importance of participating in leisure activities in modern society cannot be overlooked. They not only bring us physical and mental pleasure. In recent years, as the concepts of health promotion and preventive medicine have gained attention, various types of tourism, such as health tourism, wellness tourism, and nature tourism, have emerged, allowing people to choose to get close to nature during their leisure time, entering nature to gain health benefits and promote well-being. In modern society, participation in leisure activities holds significant meaning. It not only provides physical and mental pleasure and relaxation but also helps alleviate the stress and tension brought about by modern life. By engaging in various leisure activities, people can temporarily escape the pressures of work and daily life, enjoy pleasant moments, and regain energy.
Moreover, participation in leisure activities can also balance the state of body and mind. The fast pace and high competition of modern society often leave people feeling exhausted and anxious. Through participating in leisure activities, we can gain opportunities for physical and mental balance, release stress, and restore inner peace. For instance, exercise and outdoor activities not only enhance physical strength and endurance but also provide relaxation and tranquility in a natural environment. Artistic and craft activities can stimulate creativity and emotional expression, providing an outlet for emotions and nourishment for the soul. Urban life is fast-paced, leading to increased work and life pressures. However, many people, busy with work and life,

fail to adopt effective methods to relieve stress or neglect to confront the release of pressure, resulting in the accumulation of stress that is difficult to eliminate. Previous studies have confirmed that long-term exposure to chronic stress is likely associated with various diseases, and these stress-related diseases are not limited to mental issues (such as depression); many physiological diseases (such as cardiovascular diseases) have also been proven to be related to stress. Song and other scholars pointed out in 2015 that many studies have used experimental equipment and scientific data to demonstrate that people in forest environments can alleviate stress and recover from fatigue, positively impacting their physical and mental health. Based on the above, this study also infers that in natural environments with forests and green spaces, people can alleviate stress and recover from fatigue, contributing to physical and mental health. Nature is the best classroom, and being close to nature has many benefits that help restore our physical and mental health. Hippocrates, the father of Western medicine, proposed that "nature can cure all diseases," believing that everyone possesses the natural power to maintain bodily balance and keep healthy (Lin, 2016). According to Fujimori's research (2001), phytoncides positively affect people's physiological and psychological health and can bring about calming effects. If we can combine the natural landscapes and sounds in forest environments more, it may further enhance the physiological and psychological health effects. Ulrich (1993) pointed out that being immersed in or surrounded by nature can alleviate our physical and mental stress. Yu et al. (2015) also mentioned that the natural environment of forests benefits human health, helping us relax and relieve tension. Previous studies have explored the health promotion effects of eco-tourism, wellness tourism, and health tourism. There have also been many studies on the benefits of forest therapy for physiological and psychological health. In Taiwan, forests cover more than sixty percent of the total land area, and Taiwan is situated between tropical and subtropical zones, with vegetation at low, medium, and high altitudes, making forestry resources and ecological species quite rich. Through the "five senses" experience of visual, auditory, olfactory, gustatory, and tactile sensations in forest activities, busy individuals can have the opportunity to be in a forest environment, experience nature, adjust psychological stress, and enhance their quality of life. Taiwan is located in the subtropical zone, is mountainous, and has rich forest resources. In recent years, numerous empirical studies have confirmed that forests have positive health effects on human physiological and psychological responses. Enjoying forest bathing in the forest, measured by medical instruments or scientifically proven to have physiological and psychological health benefits, is referred to as forest therapy. Forest therapy primarily utilizes the natural forest environment to maintain people's physiological and psychological health, with the expectation of achieving disease prevention effects. Specifically, if the general public goes to forest environments to walk, hike, exercise, and engage in leisure activities, along with nutritional and lifestyle guidance, they can achieve therapeutic goals through the forest (Tseng et al., 2012). Lascurain (1987) pointed out that eco-tourism involves traveling to natural environments that are undisturbed and unpolluted, which may have specific themes, appreciating or experiencing the wildlife or plant scenery, while also paying attention to the cultural connotation of the area. Forest tourism is also one of the items of eco-tourism. In forest settings, people can feel the fresh natural air, mostly derived from phytoncides. Phytoncides have positive effects on people's physiological and psychological health and can have calming effects. If we can combine the natural landscapes and sounds in forest environments more, the physiological and psychological health effects may become more significant. Forest environments can improve human physical and mental health in multiple ways, such as reducing stress, recovering from fatigue, and alleviating emotions (Jing-Qing, 2016). Experiencing forest environments can bring various benefits, such as physiological benefits, psychological benefits, spiritual benefits, social benefits, educational benefits, aesthetic benefits, comfort, and ecological benefits (Wang, 2005). Forests are environments that can promote human health. When we enter and experience the forest, we can gain many benefits that are beneficial to our physical and mental health (Yu et al., 2015).However, in these studies, the impact of guided interpretation on the experiential value of health

tourism and its psychological health benefits has been relatively less discussed. Therefore, the purpose of this study is to explore the effects of guided interpretation on psychological health after experiencing value during health tourism participation. We hope that through this research, we can provide beneficial references for the public in Taiwan when choosing leisure and recreational activities, while also promoting health benefits. If we can increase the behavioral experiential value in natural environments with forests or green spaces while engaging in health tourism, it will create more impressive and memorable experiences for people, allowing travelers to resonate and interact well with each other, thus achieving the goal of social activities (Qing-Shui, 2010). Health tourism is a gentle process that allows people to immerse themselves more in the atmosphere of nature, enjoy the changes in nature, and resonate with nature, experiencing the current environment and atmosphere, which is a form of experiential learning (Sander, 2010). Tseng et al. (2012) also mentioned that a method to let the body and mind feel the power of nature is to allow our five senses to function, deeply experiencing the natural environment through sight, hearing, smell, touch, and heartfelt feelings, which can relieve stress and improve physiological and psychological health, potentially leading to therapeutic effects. In summary, being close to nature allows us to experience the natural environment more deeply with our five senses, and in the lush forest environment, our body and mind can gain health benefits. In health tourism, exploring psychological health benefits through guided interpretation and experiential value is a novel topic. Therefore, this study primarily investigates the psychological health benefits generated by tourists' experiential value through guided interpretation during health tourism participation. This research will develop a scale based on past literature as a research tool. Using natural environments with forests as the research field, we will employ a questionnaire survey method, allowing visitors who enter this field to engage in leisure activities to fill out questionnaires, followed by result analysis. We hope to gain more research results on the psychological health benefits generated by experiential value through guided interpretation. In conclusion, based on past research, there has been little mention of the psychological health benefits generated by the experiential value of guided interpretation in health tourism. Therefore, this study attempts to explore more about the relationship between guided interpretation and experiential value in health tourism and its psychological health benefits. The World Tourism Organization (WTO), formerly known as the International Union Office Travel Organization (IUOTO), defined health tourism in 1973 as the design of health tourism products utilizing natural resources such as a country's hot springs and climate. With the development of human society and the increasing degree of urbanization, various pressures have led to a rise in physiological and psychological diseases, affecting public health and quality of life. Therefore, promoting health and enhancing quality of life have become global trends. The core product of tourism lies in providing travelers with unforgettable experiences, with consumers seeking experiences that satisfy their inner needs (Abbott, 1955). In the experiences of recreational activities, guided explanations by personnel and non-personnel interpretive signs can be utilized, with personnel-guided explanations being the most flexible. This is because guides can directly interact with tourists, and this interaction offers the greatest flexibility (Yang Ming-Hsien, 1999).Guided explanations help tourists understand the attractions they are visiting and the precautions they should take. Those who participate in guided explanations find them to be more effective than free visits, and this effectiveness is attributed to the characteristics and functions of guided explanations. Wu Li-Ling (2000) pointed out that guided explanations have three characteristics: 1. Guided explanation is a communication process; 2. Guided explanation is a way to serve the audience; 3. Guided explanation is educational. In short, guided explanations can assist tourists in engaging in activities through appreciation, cognition, and participation. Through professional guidance, tourists can gain richer knowledge or information, thus achieving educational purposes. The father of guided interpretation, Tilden (1957), mentioned one of the six principles of interpretation: any guided explanation or presentation of content that relates to the personal experiences of tourists will be more interesting and not lackluster. Recreational

activities offer many benefits. Bammel and Burrus-Bammel (1982) proposed six benefits of personal participation in leisure activities: physiological benefits, social benefits, relaxation benefits, educational benefits, psychological benefits, and aesthetic benefits.

In summary, this study will focus on the participation of the public in outdoor recreation in natural environments with forests or green spaces. It aims to explore whether the psychological health benefits derived from experiential value after guided explanations while engaging in health tourism in these environments have any impact. Additionally, this study seeks to investigate the differences in experiential value and psychological health between those who participated in guided explanations and those who did not. In the natural environment of forest or green spaces, there are more negative ions and Phytoncide, which have multiple benefits for human health. Being close to the nature enables people to recover physically and mentally. People can relieve stress, feel happy and relaxing when they go to the natural environment of forest or green spaces to engage in wellness tourism or leisure recreation. Exploring the benefits of mental health through the experiential value of guided interpretation is a novel theme. The purpose of this study is to explore the relationship between guided interpretation, experiential value, and mental health benefits, and to explore whether there is a moderating effect between guided interpretation, experiential value, and mental health benefits. This study revised past literature and developed the required scale to create a questionnaire. The research focuses on the Da'an Forest Park and Taipei Botanical Garden. A questionnaire survey was conducted among people who have visited Da'an Forest Park or Taipei Botanical Garden for leisure and recreation. The respondents are divided into those who participated in the guided interpretation and those who did not participate in the guided interpretation; The questionnaire design invites the public to check whether they have participated in the guided interpretation or not. The survey was distributed from mid May 2023 to early June 2023 in this study. A total of 320 valid questionnaires were collected (160 participated in the guided interpretation; 160 did not participate in the guided interpretation); And use statistical software SPSS for analyzing the data. The results of this research and analysis are as follows: whether or not people participate in the guided interpretation, they all have positive emotions in the natural environment of forests or green spaces; Experiential value has a positive impact on mental health benefits; The guided interpretation has a mediating effect on experiential value and mental health benefits. Whether or not the public participates in the guided interpretation, their experiential value has a positive impact; And the experiential value and mental health benefits of participating in the guided interpretation are slightly more significant than those who did not participate in the guided interpretation. Therefore, it is helpful to enhance the benefits of mental health for those who are engaged in wellness tourism in the natural environment with forests or green spaces with health promotion as well. The findings of this study align with the viewpoints proposed by relevant scholars. Ulrich (1983) introduced the Stress Recovery Theory, suggesting that when people have the opportunity to transition to natural settings with forests, trees, and flowing water, it can provide psychological comfort and may help recover from the stress brought about by urban living. Ulrich (1993) mentioned that observing nature or being surrounded by it can reduce both physiological and psychological stress. Being in an environment filled with plants can lead to lower blood pressure, muscle relaxation, reduced feelings of fear, enhanced concentration, improved memory, better physical performance, and increased creativity. As people live in urban areas, their workload increases, along with work stress, life pressure, and mental stress; thus, small urban forests can play a crucial role in restoring physical health (Jing-Qing, 2016). Most plants appear green, which can bring a sense of tranquility and relaxation (Tsai Ming-Che, 2016). Forests are environments that can promote human health. When we enter and experience the forest, we can gain many benefits that are advantageous to our physical and mental health (Yu Jia-Bin, Zhao Yan-Chen, Chen Wei-Ru, 2015).

The analysis results indicate that regardless of whether individuals participated in guided explanations, they experienced positive emotions in natural environments with forests or green spaces. The experiential value

has a positive impact on psychological health benefits, and guided explanations partially mediate the relationship between experiential value and psychological health benefits. Furthermore, whether or not individuals participated in guided explanations, their experiential value generally had a positive impact; however, those who participated in guided explanations exhibited slightly more significant experiential value and psychological health benefits compared to those who did not. Therefore, engaging in health tourism or outdoor recreation in natural environments with forests or green spaces is beneficial for enhancing psychological health and achieving health promotion goals.

Innovative public engagement campaign for a healthy city : Based on the results of a public survey on the perception of healthy cities in South Korea-

Presenters / Speakers / Co-authors

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Problem

With the implementation of Article 6(5) of the National Health Promotion Act, the Republic of Korea is promoting policy support for local governments to promote healthy cities based on the legal basis. In 2022, the public awareness of healthy cities in Korea was only 26.4 per cent. To improve this, a multi-sectoral healthy city campaign was run for three years in cooperation with local governments and related ministries.

Intervention

The 2022 Healthy Cities Perception Survey found that ‘urban forests and parks’ were the most important reason people perceive their neighbourhood as a healthy city. This inspired the Healthy Cities Stamp Tour campaign, which uses a GPS-based platform to automatically earn a stamp when you come within 50 metres of a location. In 2022, we launched a pilot project based on 30 locations. In 2024, it was expanded to a total of 220 locations, including 59 local governments, government ministries, and private companies, in urban forests, parks, and gardens across the country.

Outcomes

Through HiAP-based multi-sectoral collaboration, the number of participating places increased by 315%: the number of participants exploded from 383 in 2022 to 4,820 in 2023 and 36,184 in 2024, compared to the first year. In 2024, a total of 67,423 stamps were issued, which translates into visits to health-friendly venues across the country.

In order to spread participation in the campaign and create a virtuous cycle, NAVER Happy Bean, a private company, held an additional event for a total of 8,000 people who received donation beans for writing a review of the campaign, thus connecting donation activities for vulnerable people around the world. As a result, the awareness of healthy cities increased by 26.0 percentage points from 26.4 per cent in 2022 to 52.4 per cent in 2024 in the 2024 Public Perception Survey.

Implications

The significance of the policy is that the central government's healthy city policy, which is based on a legal basis, reflects the opinions of the public and leads to an improvement in the actual experience of the public. In order to further increase the number of citizens who feel that their local area is a healthy city, the government will continue to conduct perception surveys to lay the groundwork for the policy and actively seek innovative promotional measures based on it.

Applying of incident management tools and risk analysis tools by Petrobras in a public health emergency context

Presenters / Speakers / Co-authors

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Problem

Crisis management has always been a widely debated topic within the Oil and Gas Industry, mainly in its aspects related to Safety and Environment. However, at the beginning of 2020, the industry faced a challenge of a quick and effective restructuring in order to manage a crisis that has forever marked the history, one in which health has taken the central stage.

Intervention

In this context, the objective of the present study is to demonstrate how Petrobras has organized in order to face COVID-19 pandemic, using as a base an Incident Management Tool as well as a risk analysis one, generally used in the environmental and safety processes, focused solely on actions implemented into offshore activities.

Outcomes

In March 2020, a Incident Management Team (IMT) was set up, having as a reference the Incident Management Tool, Incident Command System (ICS), which, at its peak, was comprised of around 700 employees, among which, leadership with special ties to the offshore units, situated around different regions along the Brazilian coast. By means of this Response Structure, prevention, care and mitigation strategies were elaborated and implemented to the numerous units of the Company, having in consideration the preservation of the collaborators' health, thus, enabling the continuation of the Company's activities.

In order to establish preventive and mitigatory actions, devised to prevent the spreading of the COVID-19 virus, a diagram was elaborated to display the sequence of events and actions of control to be implemented.

Implications

The experience of battling the pandemic has shown that the usage of an incident management tool as well as a risk analysis one, that aggregate widely known concepts by the employees of the Company, contributed to better coordinate and communicate actions in a global emergency public health.

Community-Led Wellness: Tuvalu's Integrated Model for NCD Prevention and Management

Presenters / Speakers / Co-authors

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Background

Tuvalu faces a significant burden of non-communicable diseases (NCDs), with approximately 3 in 10 individuals affected. These conditions, driven by lifestyle factors, result in premature mortality and high healthcare costs. Compounding this challenge is the high turnover of health professionals and a critical shortage of trained nurses to manage health services effectively. Recognizing these gaps, the Ministry of Health endorsed the Community NCD Worker (CNCDW) Wellness Model in 2024 as a strategic solution to bolster healthcare delivery and address NCD prevention and management at the community level.

Objectives
This initiative aims to (1) Reduce the prevalence of NCDs by promoting healthier lifestyles. (2) Enhance early detection and management of high-risk cases through community engagement. (3) Build local capacity to sustain NCD prevention and control measures.

Methods
The program trained 19 community NCD workers through a rigorous theoretical and practical curriculum. They conducted house-to-house visits, screening over 300 individuals in Funafuti, focusing on biometric assessments, health education, and behaviour change counselling. High-risk cases were referred for medical care. Key activities included personalized wellness plans, community profiling, and social marketing to promote healthy behaviors.

Results
The initiative recorded significant achievements. The first was the improved clinic attendance with 138 defaulted cases returning for follow-up after being engaged by CNCDWs. Secondly, high referral success where, among 37 individuals referred for medical care, 94.6% received treatment. Patients expressed gratitude for the personalized care, with one stating, "I was reluctant to visit the clinic after defaulting for months. The CNCDW's referral gave me the privilege to be seen, and I'm so happy about it." Thirdly, the impact on behavioural change. CNCDWs' counselling and engagement have led to increased adherence to lifestyle interventions, as noted by healthcare workers and patients alike. The program has fostered a supportive community environment for NCD management, with plans for expansion to outer islands.

Conclusion
The CNCDW Wellness Model exemplifies a sustainable, community-driven approach to NCD prevention and management. By integrating public health strategies with grassroots action, Tuvalu is paving the way toward achieving its goal of reducing NCD prevalence by 2030. This model offers valuable insights for small island nations grappling with similar health challenges.

Keywords
Non-communicable diseases, community health, wellness model, Tuvalu, behaviour change, public health intervention.

The Project of "playing on the street and plaza" in TOKYO

Presenters / Speakers / Co-authors
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Problem
Play is important for a child's growth and development. Everyone knows that. However, there are many factors in society that inhibit children's play in Japan. Therefore, we have implemented a project to turn the streets that everyone passes by in their daily lives into playgrounds. This project has three aims. The first is adults' approval that children need play. The second is to watch over them in the community. The third is to create connections in the community. We also thought that by turning a street into a playground, it would become an extraordinary space and create attachment to the town.

Intervention
We held events 4 times from September to December 2024 to turn the street and adjacent plaza in a town in TOKYO. We made a water slider, bamboo lanterns, and bonfires and baked sweet potatoes in each session. We prepared for body and face painting, cardboard and newspaper for various plays, and traditional Japanese games in the playground. We were supported by the Tokyo Government under ”Children's Play Promotion Project".

Outcomes
About 90 adults and children participated in each session.
They played where and how they wanted, and we watched and helped them. Once the children were engaged in play, we created opportunities for them to talk with their parents. The lack of a place where they could play freely and dynamically, the lack of connection among parents, and the lack of information about play and parenting were the problems they mentioned. A mother of a 3-month-old baby and a 3-year-old child said that her father is a ship crew and is away from home for long periods of time, leaving her to raise the children by herself. Since she usually has to focus on her baby, we were able to watch her baby and let her enjoy playing with her older son at the playground. She said, “I want to support a playground where we are able to connect next time.” In addition, residents of the neighborhood provided toys and came to check on us.

Implications
In Japan, It is hard not only to play with them, but also to raise them because adults are busy. Therefore, the community needs to watch over them and raise children together through play for the healthy growth and development of children.
I believe that the playground on the street, visible to all, has brought us one step closer to realizing such a community. We hope that by continuing this event, we can build a society that raises children in the community.

Sustaining Faith-Based Involvement in HIV/STI/HCV Prevention: New York State Department of Health AIDS institute’s Experience

Presenters / Speakers / Co-authors
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Problem
To advance HIV prevention efforts, particularly in communities, disproportionately impacted by HIV, the New York State Department of Health (NYSDOH) AIDS Institute (AI) created the Faith Communities Project (FCP). The initiative aims to engage and sustain faith communities in HIV prevention and care activities, build partnerships with HIV service providers and reduce the stigma t associated with HIV.

Intervention:
To ensure sustained faith community involvement in HIV prevention efforts, the NYSDOH AI appointed faith leaders to its HIV Advisory Body (HAB) to ensure their contributions to HIV prevention planning. Faith-based organizations (FBOs) hosted and participated in regional HIV educational programs to ensure their contributions in the conversation. The FCP created videos featuring faith leaders discussing their response to the HIV pandemic and promoted HIV prevention strategies including Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP).

Outcomes:
For over 20 years, the NYSDOH AI FCP has successfully engaged faith-based organizations across New York

State in HIV prevention, reaching over 26,000 individuals through various strategies and activities. Key achievements include:

- Conducting over 250 HIV-related programs within FBOs
- Providing over 90 technical assistance workshops in collaboration with federal and state agencies to help FBOs partner with community-based organizations (CBOs) and access funding opportunities.
- Participating in more than 200 regional committee meetings and 12 statewide coalitions to increase FBO involvement in HIV prevention and care.
- Strengthening collaboration between FBOs and CBOs, integrating HIV education into faith-based services and ministries.

Implementations:

Obtaining and sustaining FBO involvement in public health efforts begins with trust and recognizing their value in addressing public health challenges. This approach is critical in responding to emergencies and improving health outcomes in communities disproportionately impacted by health issues such as HIV/STI/HCV. Faith-based organizations must play a key role in the movement to end HIV, and they must be invited to contribute early in the HIV prevention planning process. By engaging FBOs, the NYSDOH AI ensures that faith-based communities remain integral to public health efforts, helping to end the HIV epidemic and improve health outcomes across the state.

Trim the Trio: Reducing Salt, Trans Fats, and Sugar in Food, A Holistic Approach for Public Health and Nutrition"

Presenters / Speakers / Co-authors

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Problem

The UAE, like many countries, faces a rising burden of non-communicable diseases (NCDs), including heart disease, diabetes, and obesity, largely due to unhealthy diets high in salt, trans fats, and sugar. These dietary components contribute significantly to the prevalence of these conditions, posing a public health challenge. In alignment with the UAE's Vision 2030 and Ras Al Khaimah's Vision, there is a critical need to implement strategies that promote healthier food environments and reduce the intake of harmful ingredients to improve public health and ensure sustainable nutrition.

The World Health Organization (WHO) has set a global action plan aiming to reduce salt intake by 30% by 2025 and eliminate trans fats from the food supply. The Ras Al Khaimah Municipality Department, in collaboration with local public and private stakeholders, identified the need for focused intervention in the food sector, particularly in relation to bread, oils, and packaged products, to align with global standards and national objectives.

Intervention

The Ras Al Khaimah Municipality Department launched a comprehensive initiative to reduce salt, trans fats, and sugar in foods, focusing on three critical components of the UAE's food standards:

1. Reducing Salt in Bread: This involved ensuring that various bread types (including white, whole wheat, and bran bread) meet the maximum permissible salt levels of 0.5% in the dry matter, with a slightly higher threshold for rolls (1%).
2. Eliminating Partially Hydrogenated Oils: Aiming to remove partially hydrogenated oils from food products, the initiative enforces a trans-fat limit of 2% in total fat content across the food industry.
3. Nutritional Labelling for Packaged Products: The adoption of the UAE's optional standard for nutritional labelling, which uses traffic light colours to indicate the levels of sugar, fat, and salt in

packaged foods, provides consumers with easy-to-understand information to make healthier food choices.

In addition to these specific measures, the initiative includes projects that focus on improving the food environment:

- Bread-related Salt and Trans Fat Reduction Project: This project collaborates with local bakeries and food manufacturers to reformulate bread and bread products by decreasing salt and eliminating trans fats, offering healthier alternatives to the public.
- Healthy Meals and Suppliers Accreditation for Private Schools in the Emirate: The initiative ensures that all food provided in schools meets nutrition standards that prioritize the reduction of salt, sugar, and unhealthy fats, fostering healthier eating habits among children and adolescents.

1. Healthy Restaurant Accreditation in Ras Al Khaimah: This project aims to establishes accreditation system for restaurants that claim to serve healthy meals, ensuring they meet specific nutrition criteria related to salt, sugar, and fat content.

Outcomes

Trim the Trio initiative has already demonstrated significant progress in improving the nutritional quality of food products and meals in the RAK community. Early results show a measurable reduction in the salt content in bread.

In addition, Following the publication of the Health Requirements for Food Handling in Educational Institutions guideline and the meeting with private school representatives to explain the current situation and the plans, significant improvements have been observed in the food provided within private schools. fostering healthier eating habits among children and adolescents. While the situation has already improved, ongoing efforts continue to enhance the overall quality of meals and encourage sustained positive changes in the schools' food environments.

Furthermore, the new restaurant accreditation system is currently in the planning phase, given its importance. The initiative seeks to foster such investments, which is why we are striving to minimize any potential burdens on stakeholders.

Overall, we are aiming for increasing public awareness around the health risks associated with excessive salt, sugar, and fat consumption has increased, leading to greater community engagement and participation in health promotion activities.

Implications

The Trim the Trio initiative serves as a scalable model for addressing unhealthy food consumption by combining policy-driven interventions with practical solutions, such as reformulating food products, setting nutritional standards in schools, and establishing accreditation system for healthy restaurants. It empowers consumers with healthier choices, encourages the food industry to prioritize nutrition, and fosters collaboration among policymakers, health organizations, and the food sector. By aligning local strategies with national and global health objectives, the initiative contributes to the long-term reduction of non-communicable diseases (NCDs) and promoting better eating habits, offering valuable lessons for future health policies and interventions in the UAE and beyond.

Balancing Pressure in Healthcare Education: The Role of Coping Mechanisms on Student Well-being

Presenters / Speakers / Co-Authors

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Objectives
Healthcare students face immense stress from academic and clinical demands, affecting their mental health and academic performance. This study aimed to evaluate stress levels, common manifestations, and coping strategies among healthcare students in a medical university in Ajman, UAE. Additionally, we examined demographic factors influencing stress and coping mechanisms.

Methods
A cross-sectional study was conducted among 938 healthcare students aged 18 years and above. Participants were recruited using convenience sampling and completed a validated, self-administered questionnaire that included the Perceived Stress Scale (PSS) and a Likert-based coping strategy assessment. Statistical analysis, including chi-square tests, was performed using SPSS (version 29.0), with significance set at $p \leq 0.05$.

Results
Moderate stress was the most common finding, reported by 71.1% (n=667) of students, while 15.1% (n=141) experienced low stress and 13.8% (n=130) reported high stress. Stress manifestations included feeling overwhelmed (44.1%, n=408), appetite loss (42.5%, n=392), and difficulty sleeping (44.5%, n=413). Parental guidance (42.9%, n=402), peer support (43.0%, n=403), and mentorship (40.5%, n=380) were significant coping mechanisms. Stress levels were notably higher among students in Dentistry and Pharmacy (p=0.009) and students from Southeast Asia (p=0.044), while age, gender, and year of study showed no significant associations.

Discussion
The study highlights a concerning prevalence of moderate-to-high stress among healthcare students. Compared to a similar study conducted at Helwan University, Egypt, where 93% of students reported moderate-to-high stress, our findings show a slightly lower prevalence but align with the global trend of stress among healthcare students. Such variations could reflect differences in academic systems, support structures, or cultural coping practices. Students in Dentistry and Pharmacy exhibited higher stress levels, possibly due to the practical and academic rigor associated with these programs.

Conclusion
Stress remains a critical issue among healthcare students, with academic and personal pressures being key contributors. Targeted interventions, such as mentorship and peer support, can build resilience and protect students' mental well-being, fostering healthier, and more productive individuals.

Keywords
Stress, healthcare students, coping strategies, perceived stress scale, mental well-being

Academic Procrastination and Factors associated with stress among Health professional students

Presenters / Speakers / Co-authors
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Objectives
University students frequently engage in procrastination, which is the intentional delay of work in spite of expected negative outcomes. This behavior is particularly common in demanding fields like healthcare and is associated with both academic stress and poor mental health. It results from self-regulation problems that put short-term mood enhancement ahead of long-term objectives, such as impulsivity, avoiding unpleasant feelings, and low energy levels. According to the procrastination-health model, procrastinating makes stress worse by causing feeling guilty, worry, and time pressure, whereas stress makes procrastination worse by exhausting coping mechanisms. Through harmful lifestyle choices and physiological stress responses, this cycle has an adverse impact on health. Academic procrastination is also influenced by a person's psychological motivation and stress level. Because of their workload, students in the healthcare industry are at serious risk for physical symptoms including fatigue and muscular tension, as well as sleeplessness and depression. The purpose of this study is to evaluate Gulf Medical University students' procrastination levels and how they relate to academic stress while providing solutions to enhance results.

Methods
This was a cross-sectional study that took place in Gulf Medical University in Ajman, United Arab Emirates, involving 938 students who were from 18 years of age. Data was gathered using a validated, self-administered questionnaire. The structured closed-ended formed the content of the self-administered Google Forms questionnaire. SPSS version 29 was utilized for data analysis, and the Chi-squared test was used to evaluate the correlation between the variables. Statistical significance was set at $p<=0.05$.

Results
In terms of writing term papers (n=540, 57.6%), studying for tests (n=506, 53.9%), reading assignments (n=505, 53.8%), completing administrative chores (n=498, 53.1%), and academic tasks (n=486, 51.8%), slightly more than half reported moderate levels of procrastination. Procrastination was highest when it came to writing term papers (n=216, 23%) and studying for tests (n=234, 24.9%). Procrastination levels were substantially correlated with gender ($p=0.009$) and college ($p=0.02$) ($p<0.05$). With p-values less than 0.01, procrastination was significantly associated with tasks including term paper writing, exam preparation, and administrative duties. High procrastination students report the highest levels of stress (48.8%), while low procrastination students report the lowest levels of stress (60.6%). Moderate procrastination yet causes significant stress (510, 76.5%).

Discussion
This study investigated the incidence and patterns of stress and academic procrastination among Gulf Medical University, Ajman, healthcare students. The findings showed a strong correlation between increased stress levels and procrastination, which affected assignments such as term papers, exam preparation, and administrative responsibilities. Possibly as a result of better emotional control and social expectations, female students reported fewer levels of procrastination than male students. Overall, moderate procrastination was most prevalent, with the College of Medicine having the greatest participation percentage. Stress has been found to aggravate procrastination, which has been associated with poor time management, social anxiety, and fear of failure. A limited sample and reliance on self-reported data were among the limitations, indicating that results might not be universally applicable. Longitudinal approaches should be used in future studies to investigate the root reasons.

Keywords

Procrastination, academic stress, healthcare students, mental health

Health-Promoting School in France: Mediation effects of pupils' socio-emotional competencies (8-11 years old) on health behaviours, pupils and schools' characteristics and teachers' practices.

Presenters / Speakers / Co-authors

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Objectives

"Setting approach" is fundamental to theory in health promotion (Green, Poland & Rootman, 2000) This approach is effective to improve health in common setting such "sport club" (Geidne et al., 2019) or school (WHO, 2021), and "supersetting approach" is recommended to foster "health literacy" (Jenkins et al., 2023). One of the issue for "setting approach in schools" is to use validated and standardized assessment instruments (Miñana-Signes et al., 2021) in order to analyze its impact especially on children's socio-emotional competencies (Lee, 2020). Since 2019, the Alliance project has supported 101 schools in Auvergne-Rhône-Alpes of France, aiming to improve pupils' health behaviours, life skills, and health literacy through professional training, resources, and support. This study aims to examine how the development of educational practices promoting health and strengthening protective factors, such as life skills, play a mediating role between pupils' health behaviors and pupils' and schools' characteristics?

Methods

Quantitative data were collected via questionnaires administered to pupils and teachers, before implementation (2019, T0, n=3107 / n=243) and during two follow-ups (2021, T2, n=4480 / n=93 and 2022, T3, n= 4045 / n=76). Pupils' questionnaire measured their wellbeing at school, health habits, psychosocial competencies and families' socio-economic level. Teachers were questioned about their perceptions and practices in health education. Factorial analyses identified 6 dimensions on pupils' health behaviors. Then, multilevel mediation effect of one dimension – socio-emotional competencies - were tested between pupils' health behaviors and (1) pupils' and schools' characteristics and (2) teachers' practices.

Results

Descriptive and bivariate analysis indicate several improvements between years in their health habits like for example daily physical activities (6% for T0 and 16% for T2) or daily consumption of sweets (17% for T0 and 13% for T2). They confirm negative influence of risk factors as low socio-economic level on health behaviours and positive influence of a high level of psychosocial competencies.

Mediation analysis show that socio-emotional competencies, especially social competencies, mediate significatively this influence. Mediating effects range from 5% to 93%. Multivariate multilevel models are in progress.

These results highlight the importance of developing life skills within the school setting.

Keywords

setting approach, health-promoting schools, **s**ocio-emotional learnings, health behaviours, mediation effect

Médiation interculturelle et coopération bilatérale en promotion de la santé

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Problématique

La province de Yen Baï Vietnam (YB) est confrontée à une problématique de malnutrition et le Val de Marne (VdM) est préoccupé par les questions d'obésité. En réponse, la sensibilisation des populations devient un sujet prioritaire pour la Direction de la Protection maternelle et Infantile (PMI) du VdM et pour ses partenaires vietnamiens. Ces deux entités, avec un co-financement du Ministère des Affaires Étrangères, ont collaboré à la construction bilatérale d'un programme interculturel de médiation en santé dédié.

Intervention

Dans le cadre de la coopération entre le VdM et la Province de YB existante depuis plus de 25 ans, un dispositif d'intervention au plus près des populations a été coconstruit à travers de nombreux échanges de savoirs pour répondre à la problématique commune comme aux spécificités locales. Le projet repose sur l'interprétation des particularismes des composantes populationnelles locales comme sur la mise en perspective des variables entre les deux pays. L'élévation en compétences des acteurs de santé du VdM et YB est passée par des visites réciproques sur le terrain des deux équipes pluriprofessionnelles et la mise en place de séminaires de co-création d'un outil de médiation en santé dédié : la Boîte Verte (BV). En parallèle, est mené un programme de formation aux concepts de promotion de la santé et à l'utilisation de la BV pour tous les personnels au contact des familles.

Résultats

La BV, réalisée en version française et vietnamienne a été accompagnée dans les 2 pays d'une formation de santé publique et d'utilisation des outils.
En France, 350 professionnels de PMI ont déjà été formés et 65 BV distribuées. D'oct 22 à sept 24, 1979 enfants accompagnés de leurs parents ont bénéficié d'une action santé via la BV. Dans une démarche de l'« aller vers », l'outil a été aussi utilisé dans des centres d'hébergements sociaux auprès de 18 familles.
Au Vietnam, 230 agents de santé ont été formés en 2024. Une première version de la BV a été élaborée, testée, améliorée et est en cours de diffusion.

Implications

La démarche dans un continuum de deux années a permis de générer dans les deux collectivités une dynamique au-delà du projet initial en encourageant les deux équipes à capitaliser leurs avancées tant conceptuelles qu'organisationnelles et à les partager avec une plus large communauté. Les deux équipes, n'hésitent pas à aborder aujourd'hui le champ de questions de santé jusque-là ignorées.

Facteurs nutritionnels de risque et de protection du cancer colorectal: Bilan des connaissances au Maroc et dans les pays de l'Afrique du Nord

Présentateurs / Intervenants / Co-auteurs

Ghizlan Bouzini, Abdelmalek Essaadi University (UAE), Morocco

Contexte
À l'échelle internationale, le cancer colorectal se classe en 3ème position, pour les deux sexes confondus. Il constitue la deuxième cause de décès par cancer. Les données épidémiologiques issues de la recherche sur le cancer, dans les différents pays du monde, étayent majoritairement l'existence du lien factoriel étroit entre la carcinogenèse colorectale et les habitudes nutritionnelles. Dans ce contexte, l'objectif de cet article est de passer en revue la littérature publiée dans les pays nord-africains, y compris le Maroc, qui examine l'association entre les facteurs nutritionnels et le cancer colorectal.

Méthodes
Moyennant les bases de données Pub med, Scopus, science direct, web of science et Springer, nous avons entrepris une recherche documentaire à l'aide des mots clés suivants : cancer colorectal, adénocarcinome colorectal, facteurs de risque, facteurs de protection, nutrition, alimentation, régime alimentaire, Maroc, Algérie, Tunisie, Libye, Egypte, Soudan, Mauritanie. Le choix des articles n'était assujetti à aucune restriction quant à la langue ni à l'année de publication, et toutes les publications contenant des données relatives à la relation entre l'alimentation et ce cancer ont été sélectionnées.

Résultats et discussion
Un total de 18 articles à caractère rétrospectif est passé en revue, avec extraction des données pertinentes pour l'élaboration de cet article de revue. À la lumière de littérature obtenue, l'association entre l'alimentation et la genèse du cancer colorectal est confirmée par consensus des chercheurs. Cependant, les données publiées dans les pays nord-africains, y compris le Maroc restent insuffisantes et nuancées. Ainsi, le consensus est établi seulement pour les viandes rouges, les viandes transformées, l'alcool et le tabac comme facteurs nutritionnels de risque, et pour les produits laitiers, les céréales complètes, les fruits et les légumes comme facteurs nutritionnels de protection. Les données relatives aux autres facteurs nutritionnels sont non consensuelles voire même parfois paradoxales. Ceci, justifie l'intérêt majeur d'aborder cette dimension préventive du cancer colorectal sous l'angle de plus d'études multicentriques nationales à trait prospectif.

Conclusion
Le lien factoriel entre l'alimentation et la carcinogenèse colorectale est établi à l'unanimité des chercheurs. Toutefois, les données restent insuffisantes et nuancées.

Mots clés
Cancer colorectal; facteurs de risque; facteurs de protection; alimentation; Maroc; pays nord-africains

Comprendre le processus de financement durable des actions intersectorielles favorables à la santé à travers les résultats transitoires : cas du fonds de dotation de COSMOSS

Présentateurs / Intervenants / Co-auteurs
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Contexte/Objectifs :
Cette présentation par affiche s'inscrit dans le cadre du projet intitulé *Les outils de l'intersectorialité au niveau régional : comment sont-ils produits et comment opèrent-ils ?* Elle se concentre particulièrement sur le financement du projet de la *Communauté ouverte et solidaire pour un monde outillé, scolarisé et en santé*

(COSMOSS). COSMOSS est une entité régionale dédiée à la promotion de la santé, en intervenant sur les déterminants sociaux de la santé, notamment l'éducation des jeunes enfants, ainsi que les facteurs socioculturels et économiques. Il est à noter qu'avant de financer ses initiatives visant les déterminants sociaux de la santé, COSMOSS sollicite la *Fondation Lucie et André Chagnon (FLAC)*, son principal bailleur de fonds. L'accord entre les deux parties prévoit un financement sur cinq ans, de 2017 à 2022. À l'issue de cette période quinquennale, COSMOSS se retrouvera sans sources de financement supplémentaires. C'est pourquoi les deux partenaires ont convenu de mettre en œuvre des mesures innovantes permettant à COSMOSS d'acquérir une autonomie financière (relative) pour le financement de ses actions. Ces mesures ont lui permis de recevoir un don de 5,7 millions de dollars, fonds qui sont investis et génèrent des revenus annuels de 500 000 $. Cette présentation poursuit deux objectifs principaux : 1) décrire le processus ayant conduit à l'autonomie financière de COSMOSS ; 2) identifier les facteurs déterminants ayant contribué à l'aboutissement de ce processus.

Méthodes :
Pour atteindre ces objectifs, deux approches méthodologiques complémentaires ont été mises en œuvre. D'abord, il s'agit d'une analyse documentaire des divers documents administratifs produits par COSMOSS dans le cadre de ce projet, tels que les comptes rendus, procès-verbaux, rapports, ainsi que les plans et programmes relatifs au financement. La seconde approche repose sur la réalisation d'entretiens semi-dirigés, visant à compléter l'analyse documentaire. Notre cadre d'analyse des données est basé sur les 12 résultats transitoires développés dans nos projets précédents.

Résultats :
Les résultats préliminaires indiquent qu'au cours du processus visant à garantir l'autonomie financière de COSMOSS, les deux partenaires ont initié une démarche complexe de mobilisation d'autres acteurs (notamment le *Collectif de développement régional* et la *Fondation communautaire*). Parallèlement, ces acteurs ont entrepris au sein de leur organisation respective, des ajustements financiers et juridiques nécessaires pour rendre possible le don de 5,7 millions de dollars à COSMOSS. Les résultats suggèrent également que la réussite de ce processus repose sur plusieurs facteurs considérés comme des résultats transitoires. Il s'agit des éléments structurels (tels que la relation de confiance entre les partenaires et les accords spécifiques concernant les aspects financiers et juridiques), des facteurs facilitants (comme l'alignement des intérêts communs et la garantie d'une gestion optimale des fonds) et des facteurs incontournables (tels que la volonté de travailler de manière collaborative et la crédibilité des partenaires).

Discussion :
La littérature scientifique met en évidence que le financement des actions intersectorielles favorables à la santé constitue un défi majeur pour les promoteurs de la santé publique. En effet, le financement est souvent au cœur des préoccupations des acteurs œuvrant sur les déterminants sociaux de la santé. Le cas de COSMOSS illustre parfaitement cette problématique. Toutefois, le processus innovant mis en place par COSMOSS et ses partenaires représente une expérience pionnière, mise en œuvre pour la première fois au Québec, afin de résoudre la question cruciale du financement, un problème récurrent pour de nombreux acteurs intersectoriels intervenant dans la promotion de la santé en agissant sur les déterminants sociaux.

Mots-clés : Financement, promotion de la santé, actions intersectorielles, résultats transitoires, COSMOSS.

Facteurs de risque associés à la non utilisation du préservatif chez les personnes vivant avec le VIH à Brazzaville, République du Congo.

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Objectifs
Évaluer les couts directs en tenant compte du statut vaccinal de l'enfant hospitalisé dans le service des maladies infectieuses du CHU de Brazzaville, et secondairement le décès.

Méthodes
Il s'est agi d'une étude rétrospective des enfant de 0 à 16 ans hospitalisé dans le service des maladies infectieuses du CHU de Brazzaville, de Mai à Décembre 2022, avec un tableau clinique compatible à la rougeole. Le statut vaccinal a été décrit comme suit : vaccin à jours : enfant ayant reçu les 2 doses de vaccin contre la rougeole selon les recommandations du PEV, vaccin incomplet : enfant qui, à partir de 15 mois d'âge, n'a pas encore reçu la 2ème dose du vaccin contre la rougeole et, non – vacciné : enfant n'ayant reçu aucune dose de vaccin. Les couts directs ont été défini comme étant les dépenses engendrées par la maladie (rougeole) : incluant le traitement, l'hospitalisation et le décès.

Résultats
Sur 36 enfants inclus, 55,56% étaient de sexe masculin avec un âge moyen de 24,29±4,6mois. 11,11%, 11,11% et 77,78% étaient respectivement vacciné à jours, vacciné incomplètement et non – vaccinés. Le cout direct moyen était de 114466,3±13085,22FCFA chez le vacciné, 151390,3±82869,1FCFA chez les vacciné incomplet et 160429,2±123534,5FCFA chez les non – vaccinés. Deux (2) enfants sont décédés dans le groupe non vacciné.

Conclusion
La vaccination réduit le coût direct et les décès liés à la rougeole. Les messages pendant les campagnes de vaccination en plus de se focaliser sur la mobilisation doivent aussi s'orienter sur les bénéfices du vaccin.

Sens de cohérence et ressources sociales : quelles influences sur les comportements de santé orales de lycéens sénégalais en zone rurale ?

Présentateurs / Intervenants / Co-auteurs

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Contexte/Objectifs

Les ressources sociales et le sens de cohérence peuvent atténuer le stress produit par les environnements difficiles en renforçant les sentiments d'adaptation, de résilience et de cohérence. Au Sénégal, ils peuvent constituer des ressources favorables au renforcement de comportements de santé buccodentaire favorables. L'Objectif de l'étude est de déterminer l'influence des ressources sociales et du sens de cohérence sur les comportements de santé buccodentaires des lycéens.

Méthodes

Une étude transversale a été conduite au Lycée de Notto-Diobass auprès de 302 élèves. La sélection a été faite par un échantillonnage aléatoire avec allocation proportionnelle aux effectifs des classes. Le sens de cohérence a été évalué par l'échelle SdC à 13-items ; les ressources sociales et le comportement de santé buccodentaire par des échelles de Lickert. Un modèle d'équation structurelle a permis d'estimer la structure des relations entre les ressources sociales, le sens de cohérence et le comportement de santé buccodentaire.

Résultats

Les scores moyens du sens de cohérence (46,9±5), du soutien social (8,7±1,9), et du comportement de santé buccodentaire (16±2,7) sont moyens. Une corrélation significative a été notée entre le soutien social et le sens de cohérence (p=0,001), particulièrement avec l'intelligibilité (p=0,006) et le sens donné aux actions (p=0,014). Un fort sens de cohérence a été significativement corrélé aux comportements de santé buccodentaire positifs (p=0,0004).

Discussion

L'adoption, par les écoliers, de comportements de santé buccodentaire positifs est associée à un fort niveau du sens de cohérence et à des ressources sociales importantes. Ce résultat suggère le renforcement du soutien social et du sens de cohérence des élèves.

Mots-clés

Sens de cohérence, santé buccodentaire, comportement de santé, école, Sénégal

Representaciones sociales de hombres mexicanos sobre el autocuidado.

Presentadoras / Ponentes / Coautoras

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Objetivos

Las prácticas de autocuidado en los hombres conllevan una atribución importante de saberes colectivos, en los que sobresalen patrones relacionados a una construcción desde las masculinidades y la heteronormatividad, que trascienden de forma significativa en la adopción de patrones conductuales que condicionan la búsqueda y la necesidad de acceso a la atención médica continua, el autocuidado y las prácticas de salud, lo que ha contribuido a la desvalorización de los servicios y la atención en salud por parte los hombres. Por ello se propuso como objetivo de estudio identificar los significados que los hombres mexicanos de 40 a 70 años atribuyen al autocuidado.

Métodos

Estudio cualitativo bajo el enfoque de la antropología cognitiva y el enfoque teórico de las representaciones sociales, se emplearon dos técnicas asociativas en dos fases: listados libres y comparación de pares. La población de interés se centró en hombres de 40 a 70 años de León - México, seleccionados por muestreo propositivo, hasta lograr la saturación de los datos. Para el análisis, se llevó a cabo un análisis temático, triangulando la información entre investigadores y se obtuvo el Índice de Smith (índice de distancia entre términos evocados). Se solicitó consentimiento informado y se aseguró la confidencialidad de los datos personales, el proyecto fue aprobado por el Comité de Ética y Investigación correspondiente.

Resultados

Se incluyeron a 99 hombres de 40 a 70 años, principalmente con estudios básicos de secundaria, de sectores de nivel económico medio-bajo y bajo. Los términos centrales de la RS sobre autocuidado, se centraron en actividades de promoción de la salud como la alimentación y el ejercicio, en menor medida reconocían la búsqueda de atención y acercamiento a los servicios sanitarios, identificaron como principal agente sanitario al médico en actividades de vacunación. Las prácticas y actividades en salud no fueron percibidas como actividades cotidianas, se alude a lo que hay que hacer o lo que otros hombres deberían de hacer.

Discusión

Las representaciones sociales sobre el autocuidado por parte de los hombres mexicanos, reflejan que los participantes no se identifican como agentes principales de autocuidado. Resulta trascendental para los servicios de salud identificar y abordar las barreras internas y externas para cuidar, atender y fomentar la salud de los hombres.

Palabras clave

Representaciones sociales; hombres; autocuid

Bienestar percibido asociado a los espacios verdes y azules públicos, según las características socioeconómicas, de las personas habitantes de los asentamientos humanos del distrito de Sardinal

Presentadoras / Ponentes / Coautoras

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Antecedentes/Objetivos: Los espacios públicos, como los verdes (EVP) y azules (EAP), promueven la salud física y mental. Sin embargo, estudios indican que existen diferencias en accesibilidad y disponibilidad según las características socioeconómicas. Esta investigación analiza la relación entre el bienestar percibido y la accesibilidad, disponibilidad y uso de estos espacios en los asentamientos humanos de Sardinal, que incluye

siete comunidades costeras.

Métodos
Se utilizó un cuestionario para caracterizar la población socioeconómicamente, y medir la accesibilidad a los espacios públicos y el bienestar percibido. También se emplearon datos geoespaciales para estimar la accesibilidad y disponibilidad de los EVP y EAP. Se aplicaron análisis descriptivos y modelos de regresión.

Resultados
Los modelos de regresión mostraron que la percepción de bienestar disminuye a medida que aumenta la distancia a los EVP y EAP en ciertos asentamientos como Artola, El Coco, La Libertad, San Blás y Sardinal. Asimismo, se encontró una correlación positiva entre la disponibilidad de estos espacios y el bienestar percibido. Aquellos que usan los EVP y EAP reportan mayor bienestar, especialmente en Sardinal, Playa Panamá, La Libertad y Nuevo Colón.

Discusión
Aunque no se encontró significancia estadística, los resultados sugieren que el bienestar está influenciado por la accesibilidad y el uso de los espacios públicos. Además, las características socioeconómicas como género, nivel educativo, ingresos y tenencia de la vivienda se relacionan con un mayor bienestar de manera significativa. En conclusión, los EVP y EAP contribuyen al bienestar, pero su impacto varía según el asentamiento.

Palabras clave
Espacios públicos. Bienestar. Accesibilidad. Disponibilidad, Uso, Inequidad.