

analysis was used to examine characteristics associated with support for tobacco and alcohol price increases.

Results

Support for price increases on beer varied from 8% in Georgia and Armenia to around 30% in Kyrgyzstan, Azerbaijan and Russia, and support for price increases on spirits ranged from 11% in Armenia to around 40% in Kyrgyzstan and Moldova. Support for price increases on tobacco varied from 38% in Georgia to around 70% in Belarus and Moldova. Common characteristics associated with supporting price increases on alcohol and tobacco included higher levels of education, good household situation, being a former or never smoker, low alcohol consumption, and knowledge on the harmful health effects of tobacco and alcohol use.

Conclusions

This study provides evidence of public support for alcohol and particularly tobacco price increases in the study countries. Policy makers seeking to tackle harmful drinking and tobacco use through price mechanisms may have more support than they realise and should seek to develop and capitalise on such support.

Reduced Secondhand Smoke Exposure in Homes, Armenia, 2010

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Background

Majority of households (82.2%) in Armenia had at least one smoker and about 70.0% had no smoking restrictions in their homes in 2007. This clinical trial aimed to develop and test a novel approach for educating non-smoking mothers and smoking family members on dangers of SHS and provide a feasible approach to promote smoke-free home policies in Yerevan, Armenia.

Methods

Households with 2–6 year-old children daily exposed to SHS at home were selected by multistage random sampling and randomized into intervention and control groups. The intervention included a counseling session, distribution of a tailored educational brochure, demonstration of home air pollution by SidePak-assisted measurement of particulate matter 2.5, and two follow-up counseling calls. The control group received only a brief educational leaflet. The research team used environmental measurements (airborne nicotine monitors), biomarkers (hair samples from children) and surveys (non-smoking mothers and smoking family members) to identify SHS exposure and explore knowledge about SHS health hazards at baseline and four months follow-up. The study used paired t-test and logistic regression for data analysis.

Results

250 households were enrolled and 224 completed the study. The mothers' survey suggested that the change in knowledge score was significantly higher in the intervention group compared to controls (1.8 vs. 0.7, $p < 0.05$). At baseline and follow-up the mothers' knowledge was higher than that of smokers from the same household ($p < 0.001$). More households from the intervention group compared to controls reported having restricted indoor smoking at follow-up (23.3% vs. 18.6%; OR = 1.3, $p = 0.34$) and decreased children's SHS exposure from daily to less than daily (20.0% vs. 12.2%; OR = 1.8, $p = 0.10$).

Conclusions

Educational programs that directly or indirectly (through non-smoking mothers) target household smokers' behavior change may be effective in educating family members about the health hazards of SHS, promoting smoking restrictions at homes and ultimately decreasing children's exposure to SHS. This

intervention model can be tested in other settings, such as primary health care pediatric offices, to educate and empower non-smoking mothers to reduce children's SHS exposure at homes.

Knowledge, attitude and behaviours on smoking among medical doctors specializing in Public health in Italy: results of a multicentre study

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Background

The World Health Organization, the U.S. Centers for Disease Control and Prevention, and the Canadian Public Health Association have developed the Global Health Professions Student Survey (GHPSS) questionnaire in order to collect data on tobacco use and cessation counselling among health profession students. The aims of this study were to examine smoking prevalence, knowledge, attitudes and behaviours among medical doctors specializing in Public health (MDSPH) in Italy, using the GHPSS approach.

Methods

A multicentre cross-sectional study was carried out in 24 Italian Schools of Public Health (n.456 MDSPH) from January to April 2012. Questionnaires were administered in anonymous, voluntary and self-administered via a special web-site, created ad hoc for the survey. The questionnaire was composed of 44 questions, distributed in 6 sections on: tobacco use prevalence, exposure to environmental tobacco smoke, attitudes, behaviour/cessation, curriculum/ training and demographic information.

Results

388 Italian MDSPH answered to the questionnaire on the web-site (85%). 247 (63,7%) were females and 247 (63,7%) were over 30 year old. 81 MDSPH (20,9%) declared to be smokers.

Regarding attitudes towards tobacco use, 309 (79,6%) considered health professionals as behavioural models for patients, and 375 (96,6%) thought health professionals have a role in giving advice or information about smoking cessation. 348 (89,7%) of responders had received smoking cessation training during their medical school years.

Conclusions

Healthcare professionals play a key role in the process of smoking cessation both as advisers and behavioural models for

the citizens, especially in their role in helping smokers who wish to quit. Given the high prevalence of smokers among MDSPH and the key role of these professionals as behavioural models, our results highlight the importance of focusing attention on smoking cessation training addressed to medical doctor specializing in Public Health.

D.4. Workshop: What health research do you want for Europe?

Chair: *Walter Devillé, The Netherlands*

Organiser: EUPHA Lead for Research

Public health research in Europe includes health determinants, health promotion and health services—operating at system and organisational levels. Health policy and practice should be evidence-based; and evidence is created through research. But how is research created? What systems exist, what are needed? Also, in a global field, there has been an emphasis on increasing research towards the MDGs.

This Workshop will explore the current position for health research in two ‘northern’ continents, and EU support towards the research in other global regions. The format will be panel presentations by the main speakers, invited interventions from the floor from representative organisations (including EPHA, EHMA, ASPHER, IEA) and opportunities for conference participants for lively questions and discussion on health research policy.

European public health research – time for change?

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Climate change, an ageing population, rising costs of health and social care systems are some of the challenges Europe has to address to safeguard the health of its citizens. Incremental development, based solely on present knowledge, is not sufficient; new ideas and knowledge must be sought and implemented. The European Commission's proposed research agenda ‘Horizon 2020’ seeks to meet these new challenges, and represents a break from the past. It brings together all research and innovation funding on EU level into one single programme. In terms of health research, close collaboration between academia, industry, healthcare providers and regulatory agencies will be needed to meet the challenges. It inevitably leads to the question whether stronger links and synergies between national and EU research activities should be developed, and if so, how? Also, is there a need for a European strategic public health research agenda?

This presentation will offer a basis for a wider discussion on policies and programmes for research and innovation in public health. It focuses on what can be realistically achieved at EU level and, in connection thereto, how we should proceed.

Health research in Canada: actions and needs

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CIHR has 13 virtual institutes, networks of researchers collaborating across sectors, disciplines and regions, giving support from bio-medical and clinical research to research on health systems, health services, and health determinants. In the period 2007–2014, the Institute of Population and Public Health is supporting four broad research areas—equity, interventions, implementation, and methodologies. An international review in 2011 has proposed future-oriented health concerns such as climate change and chronic diseases in LMICs, and the need to demonstrate a return on research investment. Broader approaches require knowledge synthesis, data platforms, scientific capacity and strategic partnerships within and outside of the health sector. To raise funding allocations for health systems sciences relative other areas of investment, it is also critical to address the mix, mandates and reporting of peer review committees in open grants competition. In its coming programme from 2014, IPPH will seek to fund fewer but larger, more generalisable and scalable activities, with a focus particularly on interventions.

European support for global health research

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The European Commission's international health research programme call for 2012 was directed towards health systems research, seeking consortia of at least 8 partners. The maximum EU funding for proposals was up to €6 m over 5 years, and total EU budget was €18 m. Of 8 proposals reaching the second stage, the final selection was for three.

As a case-study, MASCOT, funded by EU's Health research call for 2011, addresses the health-related Millennium Development Goals through support for research on systems for maternal and child health. There are 11 partners from 3 geographical areas (Europe, Africa and Latin America). MASCOT will create North-South and South-South links, and provide evidence for policy advice and practice, map institutions and research teams, and detect research results, strategies, programs and policies.

The two-stage process continues to require considerable investment, with low absolute success. How can better comparative evidence for health systems research be generated? Should the research community develop a ‘clearing house’ or register on existing international collaborative research, so as better to define needs and strengthen the case for future funding?