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17TH WORLD CONGRESS ON PUBLIC HEALTH

2023 May 2-6 ROME ITALY

ABSTRACT BOOK

Abstract book by:

Population Medicine

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The Association of Schools of Public Health
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GLOBAL NETWORK
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The International Scientific Committee (ISC) consists of experienced public health experts from around the world nominated by WFPHA, SItI and Aspher. It mainly advises the ICC on scientific matters of the conference and contributes to the scientific evaluation of the conference. We would like to thank the ISC for their support.

Aim & Scope

Population Medicine is an open-access double-blind peer-reviewed scientific journal that encompasses all aspects of population, preventive, and public health research including health care systems and health care delivery. Its broader goal is to address major and diverse health issues, to provide evidence-based information to professionals at all levels of the health care system, and to inform policymakers who are responsible for the formation of health policies that can lead to evidence-based actions.

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descriptive statistics were used to summarize data. The Chi-square test was used to determine the association between categorical variables. For the qualitative arm, focus group Discussions and in-depth interviews were conducted among dental health professionals and patients. Data were transcribed, and thematic content analysis was performed using NVivo software.
Results: The prevalence of missed appointments in the tertiary care center was reported to be 8.4%. Education was negatively correlated with missed appointment rates. Barriers identified for appointment keeping include personal/health issues, socioeconomic status, health system, communication, and accessibility barriers. Qualitative data revealed information on the appointment systems, experiences, consequences, responsible factors, management, and prevention of missed appointments in a tertiary care dental center. Conclusions: and recommendations: Multiple barriers to dental appointment keeping in the tertiary care center are identified. Missed appointments are prevalent in the study setting, as dental treatments require multiple sittings to complete. Tailor-made interventions are suggested for tertiary care settings to manage and prevent missed appointments, thereby paving the way for successful health care delivery.
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How does sugar-sweetened beverages consumption impact health costs in Brazil?

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Background and Objective: Scientific evidence suggests a relationship between regular consumption of sugar-sweetened beverages (SSB) and the increased prevalence of type 2 diabetes mellitus (DM2) and ischemic heart disease (IHD). Although this association has been well reported in the scientific literature, there are few studies that estimate the impact of this risk factor on the costs of health services, which subsidize the treatment of these diseases. Thus, this study Aims to estimate the financial costs for the treatment of DM2 e IHD attributed to the consumption of SSB in the Brazilian Unified Health System (SUS) in 2019. Methods: This is a descriptive ecological study using secondary and public domain data. The costs of DM2 e IHD attributable to the consumption of SSBs were estimated from the Population Attributable Fraction (PAF), extracted from the Global Burden of Disease (GBD) 2019 study, whose parameters are the prevalence estimates of SSB consumption in the population, the relative risks related to the risk-outcome pairs, and the minimum risk exposure level. The FAP was multiplied to the total spent for treatment of DM2 and IHD in secondary and tertiary health care according to the Brazilian ambulatory and hospital healthcare information systems. The analysis were stratified by sex, age groups.
Results: In 2019, in Brazil, the treatment of attributed to the consumption of sugar-sweetened beverages costed US$14,116240.55. These costs were higher in males (US$8,469265.14) compared to females (US$5,646975.42) and greater for older age groups (over 60 years). Conclusions: This study revealed the high economic impact of high and medium complexity treatment of DM2 e IHD attributed to the consumption of SSBs in Brazil. The results demonstrated the urgency and the need for the expansion of public policies to reduce the consumption of SSBs in Brazil.
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Prevalence and associated clinical factors of GERD (Gastro-esophageal Reflux Disease) in Filipino hemodialysis patients: a cross sectional study

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Objectives: This study aimed to determine the prevalence of GERD in Filipino patients on maintenance hemodialysis (HD) and to investigate demographic, clinical, and renal profiles of HD patients with and without GERD. Methods: This was a cross-sectional, multicenter study using a validated GERDQ questionnaire with a Filipino translation. Patients above 18 years-old undergoing hemodialysis as outpatients were included. A GERDQ score of ≥8was regarded having GERD. Logistic regression analysis was conducted using variables which exhibited a significant correlation coefficient on two group comparison as factors, with the presence or absence of GERD as the dependent variable.
Results: Included in our analysis are 264 patients, from which 36 had GERDQ score of ≥8 (13.64% 95%CI 9.98-18.35). Factors associated with having score of ≥8 includes the following: (1) having CHD (COR 4.041, 95%CI 1.89-8.64, p<0.001), (2) being on insulin (COR 2.599, 95%CI 1.25-5.42, p=0.011), (3) anemia (COR 4.508, 95%CI 1.91-10.64, p=0.001) (4) diagnosis of both HTNKD and DKD (COR 3.853, 95%CI 1.15-12.96, p=0.029), (5) previous diagnosis of GERD (COR 6.655, 95%CI 3.18-13.91, p<0.001), (6) previous intake of antacids (COR 2.622, 95%CI 1.17-5.89, p=0.020), (7) those employed (COR 2.332, 95%CI 1.15-4.75, p=0.020) (8) alcohol consumption (COR 2.477, 95%CI 1.23-5.01, p=0.012), and (9) smoking (COR 2.405, 95%CI 1.19-4.86, p=0.014). Conclusions: The prevalence of GERD in Filipino HD patients from three centers in Tarlac City is 13.64% and may be associated with several clinical factors such as heart disease, insulin use, anemia, hypertensive and diabetic kidney disease, previous diagnosis of GERD, use of antacids, with employment, smoking, and alcohol use. A comprehensive understanding of relationship between these clinical factors awaits further studies in a larger number of patients. Keywords: prevalence, GERD, GERDQ, Filipino, Chronic Kidney Disease, hemodialysis
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Prevalence and associated factors of hypertension among women in Southern Ghana: evidence from 2014 GDHS

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Background and Objective: Hypertension, coupled with prehypertension and other hazards such as high blood pressure, is responsible for 8·5 million death from stroke, ischeamic heart disease, other vascular diseases and renal diseses worldwide.Hypertension is the fifth commonest cause of outpatient morbidity in Ghana. Some evidence has illustrated geographical variation in hypertension and it seems to have a heavy toll on women in southern Ghana compared to the north. This study seeks to determine the prevalence and associated factors of hypertension among women in southern Ghana using the most recent demographic and health survey (DHS) data set. Materials and Methods: This study used data of 5662 women from the current DHS data from Ghana that was conducted in 2014. Data were extracted from the women's file of the 2014 Ghana DHS. The outcome variable of this current study was hypertension and it was measured by blood pressure, according to guidelines of the Joint National Committee Seven (JNC7). Multivariable binary logistic regression analyses were performed to establish the factors associated with hypertension at the individual and community levels.
Results: Prevalence of hypertension among women in southern Ghana was 16%. Women aged 40–44 years (aOR=8.04, CI=4.88–13.25) and 45–49 years (aOR=13.20, CI=7.96–21.89] had the highest odds of hypertension relative to women aged 15–19 years. Women with two births (aOR=1.45, CI=1.01–2.07) and those with three births (aOR=1.47, CI=1.01–2.15) had a higher likelihood of being hypertensive. Greater Accra women had higher odds (aOR=1.35, CI=1.02–1.79) of being hypertensive relative to the reference category, women from the Western region. Conclusions: This study has revealed the prevalence of hypertension among women in southern Ghana. The associated factors include age, parity, region, and occupation.
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The feasibility of applying individual patient data to assess inequity in cancer treatment retention in Northern Ghana - early results

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Background: Cancer poses an increasing burden in the Africa, associated with an epidemiological transition. Despite the high contribution of preventable cancers, survival rates are low, reflecting limitations in screening, diagnosis, resources and treatment access. One reason for poor cancer outcomes in the Ghana is poor engagement with treatment. We previously conducted a critical interpretive synthesis of literature on access to cancer treatment in Ghana and found barriers across the social ecological system (Tuck et al.,BMJ Open 2022). However, there was a gap in understanding what influenced treatment completion in the northern region. Objectives: 1. To assess the feasibility of using digital patient records to assess cancer treatment completion in Northern Ghana. 2. To apply the data to understand social, economic and demographic characteristics influencing completion of cancer treatment.

Methods: Secondary data analysis of routinely collected cancer treatment data, retrieved from the cancer registry of the Oncology Department of Tamale Teaching Hospital (TTH) (the largest referral hospital in the northern Ghana) will be undertaken. Variables required to perform analysis to address the study objectives include outcome variables: completion of chemotherapy and radiotherapy and explanatory variable: demographics and social economic status. These variables are currently being extracted from anonymised medical records of patients with cancer. Data will be cleaned and sorted in R. Descriptive analysis will estimate the proportions of patients completing chemotherapy and radiotherapy and logit regression conducted to identify characteristics associated with incompletion. Finally, the feasibility of applying multi-level modelling approaches for the intersectionality of social characteristics will be assessed.
Results: The results will be presented as summary statistics for the single level and multiple level logit regression models to assess the discriminatory accuracy and intersectionality of characteristics on treatment completion.
Conclusions: The key findings and feasibility of using the clinical dataset in future equity research will be discussed.
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Prevalence, awareness, treatment and control of diabetes among Iranian population: results of the national cross-sectional STEPwise approach to surveillance survey

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Background: Diabetes as a leading cause of death imposes a heavy burden on health systems worldwide. This study investigated the prevalence, awareness, treatment and control of diabetes among Iranian population aged 25 to 65 years at the national level in 2021. Methods: Secondary data analysis was performed using data from a national population-based survey, STEPwise approach to surveillance (STEPS) for non-communicable diseases performed in across the country in both rural and urban areas. The survey had a sample size of 27874 individuals and performed by Iran's National Institute of Health Research (NIHR). Data were analyzed using descriptive statistics and a logistic regression model with odds ratio at a significance level ≤0.5%. Logistic regression was used to identify socio-demographic factors (i.e. gender, age, place of residence, wealth quintile and having health insurance) associated with the levels of diabetes mellitus control.
Results: The prevalence of diabetes was 14.2% among people with diabetes, 73.2% were aware of their condition and 68.1% were treated for this condition. Almost 27.4% of all diabetic patients had adequate glycemic control. In the multivariable logistic regression analysis, there was a significant relationship between female gender, older age, and living in urban areas with controlled diabetes ($p<0.001$).
Conclusions: The prevalence of diabetes in Iran has increased over recent years, which is currently higher than the estimated prevalence of raised blood glucose worldwide. Despite the great awareness of the disease, receiving treatment and effective control of the disease are suboptimal. While several national policies to improve diabetes screening and care have been passed in recent years, it seems large gaps remain in disease detection and treatment. It is suggested that more attention be paid to the treatment and control of diabetes by NCDs national policies to prevent the growing burden associated with the disease.
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Multilingual campaign encourages smoking cessation in Arabic.

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Background and objectives: The COVID Pandemic had caused concern among many smokers after reports that smoking may be a risk factor for more severe disease with covid-19. To reach the general health benefits of smoking cessation, Sluta-Röka-Linjen (Quit smoking telephone line) and the Swedish Heart Lung foundation developed a joint campaign in Arabic. Statistics from the Public Health Authority show that foreign-born Swedes are over-represented among those infected by the coronavirus. Smoking is also more common among foreign-born, especially men.
Methods: The campaign reaches out to those who wanted to quit, both during and after the pandemic. Smoking contributes to unequal health. The campaign, which had by the name "Smoking cessation improves your health directly", highlighted the positive health benefits a smoking cessation entail. The campaign was run in social media such as Facebook, Instagram and Alkompis.se from May to September 2020. The message was focused on improvements a smoking cessation makes in the short and long term.
Results: The campaign has had a major effect on the number of new clients on the Stop Smoking line, especially in the Arabic-speaking. The Arabic-speaking clients increased by 1486. Compared with the same period last year, this is an increase of 754 percent. Conclusions: There seems to be a great potential to reach and a great willingness among the Arabic-speaking population to get help by telephone to quit smoking.
Popul. Med. 2023;5(Supplement):A1527
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Content and quality of clinical practice guidelines for managing type 2 diabetes in India: a systematic review

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Background and Objective: Over the last few decades, India has witnessed an increase in the number of people with type 2 diabetes mellitus (T2DM). Consequently, several clinical practice guidelines (CPGs) have been developed to assist Western and traditional Indian medicine practitioners in managing this disease. This systematic review aimed to evaluate and synthesise the content and quality of these CPGs.
Methods: Several databases and sources were searched from inception to 20th May 2022, to identify CPGs for managing adults with T2DM in India. The screening of titles and abstracts and full texts, data extraction and quality assessment were conducted by two independent reviewers. Any disagreements were resolved through discussion or by involving a third reviewer. A data extraction tool from a previous study was adapted to extract the content of the included CPGs, and the Appraisal of Guidelines for Research and Evaluation II (AGREE II) tool was used to assess the quality of the included CPGs. A narrative synthesis was conducted.
Results: Of 3350 records identified, 11 were retrieved for full-text screening and five CPGs were included in this systematic review - three focused on traditional Indian medicine (Ayurveda) and two focused on Western medicine. These two Western medicine CPGs contained comprehensive recommendations for managing T2DM but only one of these, the Research Society for the Study of Diabetes in India/ Endocrine Society of India (RSSDI/ESI) CPG, was of high quality.
Conclusions: Only one CPG can be recommended for managing T2DM by Western medicine practitioners in India. Future CPGs, especially for traditional Indian medicine practitioners, should be developed and updated using the standard CPG manuals and quality appraisal tools.
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Assessment of the Israeli healthcare system's functionality among Ultra-Orthodox Jews and Non-Ultra-Orthodox Jews

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Background: Ultra-Orthodox Jews constitute approximately 13% of the Israeli population. A previous study based on the 2017 Central Bureau of Statistics (CBS) Social Survey found a lower level of trust in the Israeli healthcare system among ultra-Orthodox Jews compared to non-ultra-Orthodox Jews. During the COVID-19 pandemic, compliance rates with health regulations were relatively low among ultra-Orthodox Jews; numerous interventions were introduced to increase compliance. This study aimed to evaluate ultra-Orthodox Jews' and non-ultra-Orthodox Jews' assessment of the Israeli healthcare system's functionality based on data from the 2021 Social Survey.
Methods: Data collected from the 2021 CBS Social Survey examined the associations between sociodemographic variables and assessment of the healthcare system's functionality.
Results: 5995 Israeli Jews participated in the study, of which 81% were non-ultra-Orthodox Jews and 9% were ultra-Orthodox Jews. Associations between age, income, education, religious level, self-reported health status, feelings of discrimination in the previous year, and trust in the healthcare system and assessment of healthcare system functionality were found. 16.2% of non-ultra-Orthodox Jews and 27.4% of ultra-Orthodox Jews gave high scores to the functionality of the healthcare system. Multivariate regression showed higher scores of functionality among ultra-Orthodox Jews compared to non-Ultra-Orthodox Jews (OR=1.89, 95%CI=1.87,1.91), even after adjusting for sex, age, income, education, self-reported health status, use of healthcare services, trust in the healthcare system, and feelings of discrimination in the previous year. Differences were found between the groups in relation to the position of the sociodemographic variables in predicting higher assessment of healthcare