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ORGANISING COMMITTEE

CMC

The three organising partners of the 17th World Congress on Public Health established a Congress Management Committee (CMC) consisting of representatives of WFPHA, SItI, ASPHER and the PCO. The CMC has the full managerial and financial management responsibility for the Congress.

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The International Congress Council (ICC) consisted of the Congress Management Committee and international public health experts representing various regions of the WFPHA, international health organisations, European health non-governmental organisations and Italian universities and institutes. The ICC in particular develops, in consultation with the CMC, the scientific programme including subthemes and plenary programme of the WCPH and identify speakers/panellists/moderators of the plenary sessions.

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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

Full Journal Title: Population Medicine Abbreviated Title: Popul. Med. ISSN (electronic): 2654-1459 Publishing model: Open Access Peer Review: **Double Blind** Licenses: CC BY-NC 4.0 Publication Frequency: Monthly **Publication Medium: Electronic Only** Publication website: www.populationmedicine.eu

Publisher: European Publishing Science and Technology Park of Crete, Greece



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DOI: 10.18332/popmed/164589

Are avoidable hospitalizations associated with the primary healthcare governance model? a public health perspective

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Introduction: Primary healthcare (PHC) mission is to provide first level continuity of care and act as health system (HS) gatekeeper. Avoidable hospitalizations (Avh) are recognized as a sensible PHC performance measure. A governance model centred on general practitioner (GP) public or self/company delivery have found mixed results on Avh, while there is a large performance variation between HS. Therefore, the study aims to assess how PHC governance models determine Avh, as well as how interacts with the HS public model, considering GP availability and outpatient coverage.

Methods: An ecological study was conducted and countries were the observation unit. Data for GP employment type (public and self or company) and 2019 asthma and chronic obstructive pulmonary disease (COPD) and diabetes Avh was collected from Organisation for Economic Co-operation and Development health statistics. Eurostat database and Health in Transition reports were also used as sources. A three-step regression analysis was conducted based on population characteristics, PHC coverage and HS models.

Results: The study included 26 countries, 13 public-employee and 13 self/company-employed. For Asthma and COPD Avh, the first two models registered negative coefficients (p(M0)= -4.256 [Cl 95% -75.1;66.6] and p(M1)= -4.746 [Cl 95% -84.7;75.2]), while after interaction with HS models a positive coefficient (p(M2)= +23.815 [Cl 95% -157.1;204.7]). In diabetes Avh, all the models registered a positive and increasing coefficient (p(M0)= +35.551 [Cl 95% -26.7;97.8], p(M1)= +37.128 [Cl 95% -32.4;106.7] and p(M2)= +43.873 [Cl 95% -32.4;106.7]).

This study creates evidence and hypotheses that GP public-employed might provide more quality of continuity care, particularly for diabetes management. The main limitations are the mix of PHC and HS models in most countries, the co-burden of disease variations and individual level demand for out-of-pocket services. In addition, these results show that PHC and HS models might influence how population access different levels of care.

Popul. Med. 2023;5(Supplement):A910 DOI: 10.18332/popmed/164619

Rethinking the Italian healthcare network. Community Healthcare Centers, Community Hospitals and Local Operative Centres: From the functional aspects md 77/2022 to the metaproject with the spatial features and performance requirements to be guaranteed Maddalena Buffoli¹, Marco Gola¹, Stefano Capolongo¹, Domenico Mantoan²,

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Introduction: COVID-19 highlighted the significant criticalities of the NHS and recently the Italian Government approved the NRRP to relaunch its economy and at the same time promote health, sustainability and digital innovation. Specifically, M6C1 provides for the introduction of Community Healthcare Centers (CHCs), Community Hospitals (CHs) and Local Operative Centres (LOCs) with the aim of strengthening the healthcare services. Starting from MD 77/2022, a group coordinated by AGENAS and POLIMI developed the Metaproject for the CHCs, CHs and LOCs with the aim of supporting decision makers in defining the spatial features and the performances to be guaranteed.

Methods: For the elaboration of the general strategies of the CHCs, CHs and LOCs starting from the MD 77, the study was divided into: a) a survey in which the current national and international scenario regarding the territorial healthcare; b) a survey in which all the national and regional regulations have been analysed; c) a data analysis in which the inputs from the first two phases for the development of the Metaproject have been processed.

Discussion

For the definition of the Metaproject, the functional program has been translated in a spatial one accompanied by the functional layouts. The various services have been organized by functional macro-areas and the definition for each of them in a synoptic framework which shows the performance approach and their features. Specifically, the different functions have been classified into homogeneous

macro-areas by type of function to be provided with their functional layouts and the list of all the environmental units.

Conclusions: The study conducted aims at supporting the planning of these facilities in relation to the catchment area and their sizing. It will be necessary to define the location by evaluating the possibility of setting them up within existing hospitals

Popul. Med. 2023;5(Supplement):A911 DOI: 10.18332/popmed/164336

Optimizing the primary health care workforce to achieve timely healthcare that meets the population's needs: Romania's human resource in primary care

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Introduction: To contribute to universal health coverage and achieve the highest possible standard of health, health systems can only function with health professionals' cooperation. The importance of primary care must be reemphasized, the infrastructure must be revitalized, and the delivery of care and payment models must be redesigned. Currently, the maldistribution of health workers in Romania and the unfavorable working circumstances provide significant issues for Romanias health workforce. As a result, more and more people cannot access timely healthcare that meets their needs.

This study aims to investigate the Romanian healthcare workforce using the framework for the health labor market.

Methods: We triangulated secondary data from policy documents and other pertinent reports with data from the annual report on the Activity of Healthcare Facilities from 2009 to 2021.

Results: The overall number of physicians has grown since 2009, and there's a trend toward an aging workforce. In 2021, the number of physicians aged 65 and above increased three times compared to 2009 (from 1,386 doctors to 4,306 doctors). In contrast, the proportion of doctors aged 25 to 34 increased 1.6 times in 2021 (from 14,428 doctors in 2009 to 23,454 in 2021). Regarding family medicine, it can be observed that in an interval of 13 years, the number of family doctors not only stagnated but even decreased, varying from 12,735 family physicians in 2009 to 12,430 family physicians in 2021, showing a decrease in the attractiveness of the family medicine specialization. In 2021, the discrepancy between the number of family doctors in urban and rural areas was substantial. Out of the total of 12,430 family physicians throughout the country, 8297 practiced in urban areas, while in the rural areas, their number decreased by half.

Conclusion: Further efforts are needed to improve primary care workforce distribution and planning throughout the country.

Popul. Med. 2023;5(Supplement):A912 DOI: 10.18332/popmed/164374

Identification of priority action areas for improving romanian family doctors' satisfaction and performance

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Background and objective: Family doctors are the backbone of the Romanian health care system. As gatekeepers, they are the first point of contact for patients in need of preventive and curative health services. This research aims to provide an overview of their specific professional and personal needs and identify priority action areas.

Method: WE COLLECTED DATA FROM 305 Family Doctors based on a 20 minutes self-administered online survey in June-July 2022. The sample was balanced by region and urbanization degree.

Results: Overall, the family doctors rated their health as good and their work-



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