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ORGANISING COMMITTEE

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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, SItl 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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were reported as main challenges. With fear of COVID-19 transmission many regular follow-up was missed; some reported later with very low sugar level and some with very high endangering them of severe complications.

Conclusion: Access to care for people with DM was affected due to COVID-19 pandemic with the effects mostly noticed among people from low-socioeconomic background. Distance modalities such as telemedicine and mHealth would help maintain the required access to care for patients with chronic NCDs such as DM during such emergencies.

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Transforming multiple sclerosis care in Italy through Integrated Care Pathways and local networks of service providers. A survey on clinical centres

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Background and Objective: 240 specialised clinical centres (CCs) provide diagnosis and treatment of multiple sclerosis (MS) within the Italian National Health System (SSN). Mostly based in neurology departments, CCs were authorised in the mid '90s by SSN to administer the first Disease Modifying Treatments (DMTs). Increasingly widespread Integrated Care Pathways (ICPs) require CCs to coordinate multidisciplinary care and to ensure collaboration across hospital, community and social care for people with MS (PwMS). Understanding whether CC led local networks of services exist and what factors hinder of facilitate establishing them is key to design policies aimed at support transformation of MS care

Methods: The Italian MS Society (AISM) carried out a survey in early 2022 inviting all Italian CCs. The questionnaire was designed in collaboration with an advisory board including representatives from the Ministry of Health, relevant professional bodies, academics and researchers.

Results: 70% of Italian CCs (n=169) completed the questionnaire and reported to follow 102,246 PwMS overall (77% of the estimated prevalent cases in Italy). 25% of participating CCs provide care based on a local ICP while 44%, 11% and 20% respectively mentioned a regional, an informal or no ICP. Presence of a local ICP was significantly associated with more collaboration with community and social care services and with reported existence of a local network of providers, compared both to no ICP and to regional ICP. Staff shortage and suboptimal IT infrastructure are reportedly the main factors hindering transformation.

Conclusion: Most CCs struggle to build relationship with other providers, especially with those farther from the hospital setting and the healthcare domain. A minority of CCs reports the existence of networks in MS services. Local ICPs are effective vehicles to formalize collaboration across hospital, community and social care providers, and to facilitate the leading role of CCs' in transforming MS care.

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Association between diet and circulating bile acids in an italian general population

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Background and objective: Bile acids (BAs) are synthesized in the liver as primary BAs, to facilitate absorption of dietary fat. In the intestinal lumen, primary BAs are partially converted by gut microbiota in secondary BAs, then excreted to feces or reabsorbed in blood. Literature suggests that circulating BA levels could have effects on metabolic health and could be modulated by diet. We investigated the association between habitual diet and fasting levels of circulating BAs in Italian adults.

Methods: A subsample of 1080 subjects was randomly selected from the RoCAV

population-based study (men and women 60-75 years, recruitment period 2013-2016). Dietary habits (previous year) were collected using the EPIC questionnaire. BAs were measured from frozen plasma samples, collected after overnight fasting, using HPLC MS/MS. Cross-sectional association analyses between dietary data (dietary patterns and total food, macronutrient and food group intakes) and BA levels were performed using multivariable regression models.

Results: In the age- and sex-adjusted model, we found a negative association between total food intake and seconday BAs (for increase of 1 SD of edible part: Est=-0.14 SDs of BAs, p=0.0004) or specific BA (DCA, secondary: -0.14, p=0.0002; CDCA, primary: -0.13, p=0.0005). When total food intake was added as covariate, chronic alcohol consumption was associated with primary BAs (0.17, p=0.00002; wine: 0.13, p=0.0006), while not with secondary BAs, despite the dependence of secondary BAs on their substrates, the primary BAs.

Conclusion: These results showed associations between total food intake and fasting circulating BAs. Moreover, wine consumption was associated with selected BA groups, independently on total food intake. Further prospective studies should be designed to investigate the cause-effect relationship between diet and BAs, to establish circulating BA profiles as potential mediators of the effect of diet on health.

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Public health interventions to promote oral health and well-being in patients with type 2 diabetes: a systematic review

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Background and objective: Poor oral health and type 2 diabetes mellitus (T2DM) are
chronic conditions affecting a wide proportion of the population. Both conditions
share many risk factors and are linked by a chronic inflammation state. This review
aimed at identifying public health interventions that could promote oral health and
diabetes control in patients with poor oral health and T2DM.

Methods: The systematic review was performed according to the PRISMA Statement and registered in the International Prospective Register of Systematic Reviews (PROSPERO registration: CRD42022310974). Seven electronic databases were searched (PubMed, Scopus, Embase, Web of Science, CINAHL, PsycInfo, Cochrane Library) from inception to 21 January 2022, and additional hand searching was performed across reviews' references. A qualitative analysis was conducted, including all primary studies on diabetic patients, about interventions whose effectiveness and/or feasibility was measured for at least one outcome related to oral health or T2DM.

Results: Of the 3153 records obtained after deduplication, 89 studies were considered eligible for inclusion. The most frequently evaluated outcomes were HbA1c and fasting glucose for T2DM, and parameters such as probing depth, bleeding on probing and clinical attachment loss for periodontitis. Most studies assessed the use of non-surgical periodontal treatment (especially scaling and root planing, sometimes corroborated by antibiotics): evidence confirmed effectiveness on periodontal parameters, but was more contrasting regarding T2DM outcomes. Three studies evaluated interventions involving group education for lifestyle modification, which showed to be effective on both outcomes. Also, community-based oral hygiene interventions and glycaemic control appeared to improve T2DM and periodontal outcomes.

Conclusions: A variety of interventions are described in the literature. Of those included in this review, many indicated that there is a potential opportunity to promote good oral health alongside T2DM. An integrated approach involving health education, oral hygiene and glycaemic control may offer synergic improvement of both conditions.

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Risk stratification of non-communicable diseases with sars-cov-2 virus disease severity in dubai, united arab emirates

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Background: During the COVID-19 pandemic, emphasis was placed on morbidity and mortality due to COVID-19 infections, with less emphasis on COVID-19 patients with comorbid non-communicable diseases (NCDs). The high rate of



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