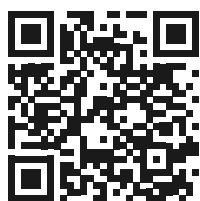


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Development of a New Course: “Academic Skills for Doctoral Students in Public Health”

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I describe the creation of a new course for PhD candidates. The course is given every other year and is taken by students in the first or second year of their PhD studies. The course title is “Academic Skills for Doctoral Students in Public Health”. The purpose of the course is to give students basic exposure to the most important skills to enable success in academic and academic-adjacent careers. Topics discussed include: 1) maintaining a current CV in the university format 2) milestones of the 5-year PhD process 3) writing research proposals 4) how to be a good mentee and a good mentor 5) conference attendance and how to present slides or a poster 6) effective use of social media 7) reviewing articles for a journal 8) searching for a job and 9) interviewing for a job. Several classic articles about these topics are assigned as reading. Each class consists of a brief presentation followed by a group discussion. In addition to the content, the monthly meetings of the course provide an opportunity for a group of PhD candidates who started at the same time to form social bonds, gel as a group, share best practices, and support each other – hopefully for the duration of their PhD degrees. One limitation is that because the course is only one credit, there is not time to actually practice the many skills that are discussed, such as practicing giving slide presentations, but it is hoped that raising awareness of these skills will provide an opportunity for the students’ PhD supervisors to help them acquire these skills in greater detail. To our knowledge, this course is somewhat unique, and others may consider emulating it to prepare their students for success.

Inclusion of climate change and planetary health in Masters of Public Health curricula in the UK

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Background: Climate change is increasingly threatening population health. Therefore, it is essential to develop a public health workforce with the skills and knowledge to work on climate mitigation and adaptation. It is unclear to what extent Masters of Public Health (MPH) include climate change and related subjects in their curricula.

Methods: A survey was sent to MPH directors in the UK with questions about inclusion of climate change and related subjects in the curriculum. Russell group universities (24 research-focused universities located in every region and nation of the UK) and those commissioned by NHS England were invited to take part.

Results: A total of 27 MPH courses were included (100% response rate, Figure 1). Two climate change and related subjects were included in optional or core modules on other subjects, with health protection and health improvement being the most common (n = 16, 59%). Two MPHs had only one lecture/seminar on climate change and one MPH did not cover these topics in the syllabus. The most common relevant subjects included in the curriculum were: climate change (24, 89%); followed by sustainability (19, 70%); sustainable development (16, 59%); climate adaptation (15, 56%); and sustainable healthcare (14, 52%). No MPH programmes offered a bespoke specialisation on climate change. Most MPH directors wanted to increase the inclusion of climate change and planetary health in the curriculum (12, 55%) but could not do so due to lack of space within an already overloaded curriculum (10, 37%).

Conclusions: Despite the recognition of the importance of climate change and health education by MPH course directors, the inclusion of those subjects in curricula remains variable and not as thorough as required given the importance of the topic. Addressing barriers is warranted to enable public health professionals to gain the required skills in climate mitigation and adaptation.

The AI-Powered Learning Coach: A Scalable Pedagogical Innovation for Public Health Education

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Background: Public health education faces the challenge of providing personalized, scalable support for complex tasks like systematic reviews, which are essential for evidence-based practice. Traditional teaching methods struggle to address diverse student paces and the need for immediate, judgment-free feedback. This project innovates by deploying an "AI as a Personal Learning Coach" model to bridge this gap.

Methods: A custom "Systematic Review Coach GPT" was developed and piloted in a Master of Public Health course. Grounded in Vygotsky's scaffolding and the Socratic method, the AI was programmed with a strict "guide, don't give" constitutional rule, using course-specific materials (syllabus, PRISMA, CASP checklists) as its knowledge base. Its role was to ask sequential, open-ended questions. A mixed-methods evaluation was employed, including a student survey and analysis of academic performance.

Results: Quantitative and qualitative data demonstrated significant impact. 100% of students agreed the tool helped them understand the systematic review process and improved their confidence in defining research questions. 71.4% reported enhanced critical thinking. Notably, 100% of active users achieved grades between B+ and A. Qualitatively, students valued the 24/7 access and the "safe space" to ask questions without judgment. The project also initiated faculty development through co-design workshops, building AI literacy and pedagogical innovation capacity.

Conclusions: The pilot proves the feasibility and effectiveness of an ethics-by-design AI coaching model in public health education. It enhances student learning, confidence, and outcomes while complementing faculty roles. The project presents a proven, reusable "AI Coach Blueprint" for scalable adaptation across disciplines, directly supporting pedagogical innovation and the development of a critical, ethically-aware future public health workforce.

The association between levels of trust in the healthcare system and influenza vaccine hesitancy: Implications for vaccinology education

K. Dopelt ¹

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Vaccination is an effective approach to preventing influenza and reducing the risk of related complications; however, influenza vaccine uptake among young adults and future professionals remains low. Understanding the factors underlying vaccine hesitancy is crucial for developing effective vaccination education and training programs across public health and the health professions.

This cross-sectional study examined the association between levels of trust in the healthcare system and influenza vaccine hesitancy among college students in Israel. Data were collected via an online questionnaire from April to May 2023, at the conclusion of the influenza vaccination season. A total of 610 students participated; 57% reported having been vaccinated against influenza in the past, yet only 12% were vaccinated during the current season.

Levels of trust in the Ministry of Health were relatively low (mean = 2.67), while trust in health professionals' vaccine recommendations was moderate (mean = 2.98). In contrast, trust in family physicians' recommendations was higher (mean = 3.55). Significant and strong negative associations were found between trust in the healthcare system and influenza vaccine hesitancy. Students who had previously been vaccinated demonstrated higher levels of trust and lower vaccine hesitancy. Linear regression analysis indicated that being female, non-Jewish, previously vaccinated, and expressing greater trust in the Ministry of Health, family physicians, and health professionals were associated with reduced vaccine hesitancy.

These findings highlight trust as a core determinant of vaccine decision-making and underscore the importance of integrating trust-building, communication skills, and system-level understanding into vaccinology education. Incorporating these competencies into training programs for public health and health professions students may strengthen vaccination culture, enhance communication with hesitant populations, and support future vaccine advocacy efforts.

Emotional Eating Among College Students in Israel During Times of War: Implications for Student Well-being

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Emotional eating, defined as eating in response to negative emotions rather than physiological hunger, is increasingly recognized as a behavioral manifestation of psychological distress. Periods of war represent prolonged and cumulative stressors that may significantly affect students' well-being, yet their impact on eating behaviors remains underexplored. This study aimed to assess emotional eating among college students in Israel during times of war and to identify factors associated with increased vulnerability.

A cross-sectional study was conducted among 575 students at Ashkelon Academic College, using an online questionnaire to assess sociodemographic characteristics, perceived stress, body satisfaction, and emotional eating symptoms. The findings indicate that emotional eating was more prevalent among women, younger students, students without children, and those reporting lower body satisfaction, higher body mass index (BMI), and elevated stress levels.

These results highlight emotional eating as an important, yet often overlooked, aspect of student well-being during periods of national crisis. Identifying at-risk groups underscores the need for inclusive, student-centered support systems. Campus-based interventions that promote healthy coping strategies, stress management skills, and positive body image may mitigate emotional eating and enhance overall student well-being. Collaboration among academic institutions, public health professionals, and policymakers is crucial to addressing the mental and behavioral health needs of students navigating higher education during times of conflict.

Assessing data quality and integrity as a core competency in public health education: lessons from a large oncology pathway dataset

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Background: Competency-based public health education increasingly requires practical skills in assessing the quality and integrity of digital health data. In the era of AI-supported analytics, poorly validated administrative and clinical datasets may distort performance indicators and undermine trust in evidence-based education. Oncology fast-track pathways provide a valuable real-world context for developing digital assessment competencies using large population-based datasets.

Methods: A retrospective audit of data quality and integrity was conducted using oncology pathway records collected between 2015 and 2021 at a large university hospital in Poland. A dataset covering over 16,000 patients was used as a case study for poster-based demonstration of data-quality assessment in public health training. Hospital information system data were linked with national payer records related to the Diagnostic and Therapeutic Oncology Card (DiLO). Logical consistency checks, duplication detection, and temporal validation rules were applied to identify data anomalies and illustrate AI-supported validation approaches in education.

Results: Data inconsistencies were identified in at least 8% of patient records, including duplicated pathway cards and implausible temporal sequences. Patients assigned to the fast-track pathway showed a longer median time to first hospital admission compared with those without the pathway (approximately 48 vs 20 days). These findings demonstrate how administrative artefacts can substantially influence commonly used performance indicators. At scale, even moderate data-quality issues altered assessment outcomes and risked misleading interpretations if datasets were used without critical validation.

Conclusions: This poster highlights data-quality assessment as a core competency in public health education in the digital era. Key learning outcomes include the ability to critically appraise digital health data, identify bias in performance indicators, and apply AI-supported validation tools responsibly. Integrating systematic data-integrity checks into teaching and evaluation frameworks is essential to ensure that digital assessments reflect true care quality rather than administrative bias.

Advancing Global Health Diplomacy Education in Georgia: A model for Regional Capacity Building

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Global Health Diplomacy (GHD) is increasingly recognized as essential for professionals at the nexus of public health, international relations, and policy negotiation. To address this critical need, the University of Georgia launched the region's first GHD course through the Global and European Health Education and Study Institute. Supported by the Fogarty International Center and the WHO Georgia office, the course has run successfully since 2023 as part of the university's ongoing professional education.

This intensive, multi-day training targets public and global health professionals, diplomats, and individuals from NGOs, international organizations, and various health-related fields who aim to work at the global health-policy interface. The curriculum covers a broad range of contemporary topics, including key actors and stakeholders in global health governance, the role and impact of official development assistance, international health regulations, health security and pandemic preparedness, soft and hard power dynamics, climate and planetary health, innovations for digital health and artificial intelligence, and negotiation strategies. Teaching methods include lectures, interactive case studies, policy simulations, and expert-led panel discussions by prominent national and international experts.

Case-based learning has included real-world scenarios such as global vaccine diplomacy during the COVID-19 pandemic and the negotiation of the pandemic treaty among countries and global health stakeholders. Evaluation results indicate high participant satisfaction and improved competence in applying diplomacy to address global health challenges.

This course presents a replicable model for integrating diplomacy and policy training into public health education, not only as part of continuous professional development, but also as a formal component within academic programs. The University of Georgia is institutionalizing the course within its forthcoming Master of Global Public Health program, thereby contributing to strengthened national and regional capacities for addressing global health threats through informed and collaborative diplomacy.

From Classroom to Global Arena: Simulation-Based Learning in Global Health Education

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Background: Simulation-based learning is increasingly used to prepare students for complex, interdisciplinary challenges, yet evidence on learning outcomes—particularly transferable, employability-related skills—remains limited in global health education. Francophone evaluations are especially scarce. LiègeWHO is a student-led simulation of the World Health Assembly (WHA), the decision-making body of the World Health Organization (WHO), hosted at the University of Liège. It is the first WHA simulation conducted in French in Belgium.

Methods: We conducted a pre–post questionnaire evaluation of the first LiègeWHO edition (April 12–14, 2024), themed “One Planet, One Health: Promoting Social Equity in the Face of Climate Change.” Anonymous online questionnaires were administered a few days before (n=24) and immediately after (n=19) the simulation. Items assessed participant expectations, familiarity with key concepts (e.g., climate change adaptation/mitigation, global health governance, health diplomacy), self-perceived competencies (e.g., policy writing, negotiation, public speaking, teamwork), and satisfaction. Descriptive statistics summarized responses and changes.

Results: Participants reported high satisfaction (mean 8.2/10) and strong alignment with expectations (78.9% “strongly met”). Self-reported familiarity increased across core domains, including climate change adaptation and mitigation, health consequences of climate change, and global health. Health diplomacy showed marked improvement, shifting from low baseline familiarity to 89.4% of respondents reporting being familiar/very familiar post-simulation. Participants also reported strengthened professional competencies central to global health practice, including collaboration (100% high/very high post-simulation), negotiation and debate, public speaking, and policy-oriented writing (position papers and draft resolutions).

Conclusions: LiègeWHO appears to be an effective pedagogical innovation for global health education, supporting both conceptual learning and the development of transferable skills relevant to health diplomacy and policy-making. Future research should include larger samples, matched pre–post designs, and complementary objective assessments to examine longer-term impacts.

Professional identity formation in public health residents: participation in the vast landscape of practice

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Background: With the global shift from curative to preventive care, increasing numbers of physicians are entering public health (PH), often encountering changes in their scope of practice and professional identity. Professional Identity Formation (PIF) is progressively regarded as a vital part of competency-based medical education. While PIF has been extensively studied in clinical settings, its development in non-clinical, population-based environments remains underexplored. This study explores how medical residents' PIF unfolds in the context of PH.

Methods: A descriptive qualitative study was conducted from a constructivist perspective. Cruess's conceptual framework of PIF in medicine served as a sensitizing framework to guide data interpretation. Eleven PH residents and eight recently graduated PH specialists participated in individual interviews or focus groups. Data were analyzed thematically using an iterative process of inductive and deductive coding.

Results: Participants identified supervisors who are actively engaged in the PH landscape and who act as social catalyzers as essential for helping residents find and legitimize their professional role. Welcoming communities of practice that offer meaningful professional responsibilities aligned with the PH specialty were perceived as crucial for PIF. Participants also expressed the need to reflect on the intersection of personal and professional development. An ambiguous scope of practice and uncertain career perspectives were perceived as inhibiting factors, and could lead to fear of losing legitimacy after residency.

Conclusions: This study offers new insights into the role of the supervisor and the sector-specific challenges in PH residency. To counterbalance the negative impact of an unclear scope of practice, focused action is required on the relationship between personal and professional identity and on the complicated participation in the landscape of practice. Although particularly relevant for PH residents, these findings may also apply to residents in other specialties facing evolving societal and healthcare demands related to preventive care.

Integrating Interprofessional Education in Global Health Diplomacy: A Postgraduate Model from Georgia

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Background: Amid geopolitical complexity, pandemics, and health inequities, there is a documented shortage of trained professionals in global health diplomacy (GHD). This narrative review examines the GHD postgraduate course at the University of Georgia as a regional model for capacity building in public health education, with emphasis on interprofessional education (IPE) to foster collaborative competencies.

Methods: Synthesis of curriculum documents, stakeholder survey data (n=31 from academics, public health professionals, policymakers, and fellows), and relevant literature on GHD and IPE.

Results: The course addresses six core domains (foundations, politics, economics, multilateral systems, instruments/methods, legal-ethical aspects) through lectures, expert guest speakers, case studies (e.g., COVID-19 vaccine diplomacy), and group projects. Stakeholders report high demand for GHD skills in international organizations (81%), government (55%), and academia (68%), prioritizing policy/governance (81%), emerging threats (61%), and emergency preparedness (48%). IPE integration enhances teamwork, communication, cultural humility, and equity-focused negotiation.

Conclusions: This regional program addresses workforce shortages in GHD while building multidisciplinary diplomatic capacity in complex settings. IPE represents a key pedagogical strength for consensus-driven public health diplomacy. Such initiatives offer a replicable framework for postgraduate and continuous professional education in Europe and beyond, supporting ASPHER's goals for innovative public health training.

Keywords: global health diplomacy; interprofessional education; public health education; capacity building; postgraduate training; multi-stakeholder collaboration

Gamifying Public Health Genomics Education: Development and Pilot Evaluation of the Jackaroo Game for Students and Healthcare Professionals

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Background: Public health genomics and pharmacogenomics are increasingly central to precision prevention and population health decision-making, yet they remain challenging to teach due to their conceptual complexity and rapid scientific evolution. Innovative, evidence-informed pedagogical approaches are needed to strengthen genomic literacy and applied competencies among students and the healthcare workforce. Gamification has shown promise in health professions education; however, its application within public health genomics remains underexplored.

Methods: To inform the design and content of a gamified educational intervention, we conducted a scoping review and bibliometric analysis of the literature on gamification in genomics public health education, mapping publication trends, thematic focus areas, and evidence gaps. Insights from these reviews guided the development of Jackaroo, a case-based educational game targeting foundational and applied concepts in public health genomics. Participants completed a structured knowledge assessment before and after gameplay. Descriptive analyses were used to compare pre- and post-intervention outcomes and learner acceptability.

Results: At baseline, correct responses across knowledge items ranged from approximately 45–75%, with the lowest scores observed for gene–allele distinctions and applied pharmacogenomic decision-making. Following gameplay, correct responses increased to 100% across all assessed items, representing absolute improvements of 25–55 percentage points. Mean overall knowledge scores increased markedly from pre- to post-intervention. In addition, over 90% of participants reported high engagement, improved confidence in applying genomic concepts, and strong perceived relevance of the game to their educational or professional practice.

Conclusions: Informed by scoping and bibliometric evidence, this pilot study demonstrates that gamification using the Jackaroo game can produce substantial short-term gains in genomic knowledge and learner engagement. Gamified approaches may play a critical role in

strengthening literacy and workforce readiness. Larger studies are warranted to assess retention, transferability, and long-term educational impact.

Leadership in Digital Transformation of Healthcare: The Strategic Role of Public Health Graduates

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Digital transformation in healthcare is often framed as a technological challenge; however, from a public health perspective, it also presents a profound competency and organisational challenge. Central to this transformation is the preparation of a digitally literate and critically engaged workforce capable of aligning digital tools with population health goals, public health values, and the principles of accountable governance.

This paper presents a conceptual proposal to strengthen the role of public health graduates as key drivers and future leaders of digital transformation in healthcare by systematically integrating digital competencies into public health education. Importantly, we argue that public health graduates already possess many of the foundational competencies required for this role-particularly a systems-level perspective, attention to data in decision-making, and the ability to operate at the interface between healthcare and its external environment.

A future-oriented education pathway is outlined in which digital transformation constitutes a core component of modern public health practice. Five competency domains are proposed: (1) data literacy competencies for public health decision-making and a practical understanding of the opportunities and limitations of digital tools, including artificial intelligence (AI); (2) governance, ethics, and legal compliance in the processing of health information; (3) analytical thinking, evidence-informed implementation and evaluation of digital interventions, including the selection of indicators and the assessment of population health impact; (4) stakeholder coordination, communication and change management at the interface of clinical teams, administration, and external partners; and (5) equity and inclusion, so that digital transformation supports fair and wide access and does not exacerbate health inequalities. This curriculum framework aims to equip future public health graduates to serve as interdisciplinary integrators-professionals who can bridge the gap between IT specialists, clinicians, policymakers, and communities.

Together, these elements provide a coherent basis for curriculum review and competency development in public health education.

How prepared are hospitals for digital implementations? A multicentre assessment of organisational capacity using InnoSurvey®

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Background: Digital transformation in Polish hospitals is a strategic priority for health-system modernisation, yet implementation remains uneven across regions and provider types. Digitalisation agendas often coexist with organisational and workforce barriers, alongside rising requirements for interoperability, cybersecurity, data governance and responsible use of data-driven and AI-enabled tools. In a system facing staff shortages and budget constraints, poorly adopted implementations generate opportunity costs and can undermine trust in innovation. Existing readiness assessments (e.g., maturity self-assessments, process audits, IT infrastructure reviews) often fail to integrate both “hard” implementation governance and “soft” determinants related to leadership, culture and staff engagement. A hospital-feasible organisational capability diagnostics is therefore needed to identify actionable gaps in processes and workforce readiness so that digital solutions can be implemented safely and sustainably.

Methods: This multicentre study conducted in three hospitals in Wrocław using InnoSurvey®—a standardised innovation-readiness diagnostics based on in-depth, structured interviews delivered by a certified auditor. The tool assesses 66 organisational capabilities across 16 domains (including culture and values, processes and organisation, organisational learning, patient experience, external relations, openness to change) and integrates strategic and operational perspectives. Stakeholders include management, clinical leadership, nursing, IT/digital units and operational roles.

Expected results: The study generates comparable readiness profiles for each hospital, identify priority capability gaps and strengths, and develop an initial typology of facilitators and barriers by hospital type. Findings will be translated into practical recommendations, including “quick wins”, medium-term priorities, and a proposed set of indicators to monitor progress (e.g., adoption, time-to-implementation, teamwork and communication quality, perceived usefulness for staff and patients).

Conclusions: The project delivers a replicable methodology for assessing institutional readiness for innovation and digital transformation, alongside a practical implementation

toolkit to support planning, governance and day-to-day management of change. By linking readiness profiles to competency and training needs, it will inform targeted upskilling strategies for hospital teams and public health education providers.

The Role of Communication Format in Patient Comprehension and Behavioural Intentions in Health Communication: Insights from the Polish Context

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Background: Effective health communication is essential for patient trust, preventive behaviour, and appropriate use of healthcare services. Research indicates that complex language, information overload, and poorly matched communication formats reduce message comprehension and behavioural intentions. In Poland, these challenges are intensified by health misinformation, inappropriate use of emergency departments (EDs), and limited digital health literacy in parts of the population. Although international studies highlight the potential of plain language and short video formats, empirical evidence from the Polish context—particularly regarding navigation within the healthcare system—remains limited. This study examines associations between communication formats, comprehension, trust, and behavioural intentions among patients.

Methods: An experimental online survey design is applied with four participant groups recruited through a professional research panel to ensure representativeness by age, gender, education, and region. Participants are randomly assigned to one of four conditions: standard written text, plain-language written text, short video based on standard text, or short video using plain language. Communication materials address selected aspects of navigating the healthcare system and understanding appropriate use of healthcare services. Outcomes include objective and self-reported comprehension, trust in the message sender, and declared behavioural intentions. Data are analysed using analysis of variance, with moderation analyses for digital health literacy and media use.

Expected results: The study provides comparative evidence on relationships between communication formats and levels of comprehension, trust, and declared behavioural intentions, allowing identification of differences between formats and potential moderating effects.

Conclusions: The findings offer empirical insights to support patient-centred, inclusive, and low-cost communication strategies for healthcare institutions, promoting patient trust and more appropriate use of healthcare services in Poland and comparable settings.

AI(d) for Global Assisted Reproductive Technology (ART) Registration - Research, Policy and Regulation

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The global expansion of ART has positioned infertility as a growing public health concern, with profound clinical, ethical, and regulatory implications. Despite the increasing volume of ART cycles worldwide, current ART registration systems remain fragmented, heterogeneous, and uneven in data quality, limiting their capacity to support effective surveillance, regulation, and evidence-based policymaking. Our presentation examines the structural shortcomings of existing regional, national, and international ART registries and argues that harmonized registration is essential to ensure treatment safety, quality, equity, and accountability. We propose that AI can play a transformative role at the macro level of ART governance by enabling scalable data integration, semantic standardization, automated data quality assessment, and privacy-preserving collaborative analytics. Drawing on established interoperability frameworks, the presentation outlines a feasible AI-enabled infrastructure for global ART registration. It further discusses federated learning as solutions to legal and ethical barriers surrounding cross-border data sharing. By reframing AI as a public health enabling tool rather than solely a clinical innovation, this work highlights its potential to strengthen reproductive health surveillance, reduce disparities, and support transparent, data-driven regulation of ART worldwide.

Engaging Future Physicians in Public Health Research: An Overview of Research Proposals Developed During the Public Health Clerkship Program (2020–2024)

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Background: Integrating research into undergraduate medical education offers a valuable opportunity to enhance student competencies while advancing public health priorities. Medical students at the College of Medicine and Health Sciences, UAE University are required to design group-based research proposals during their public health clerkship, addressing priority health issues relevant to the national context.

Objective: To describe the research proposal output, thematic areas, and downstream outcomes such as publications and grant funding of medical student proposals developed during public health clerkships from 2020 to 2024.

Methods: This descriptive review examined 78 unique student research protocols developed over five academic years. Proposals were categorized by thematic area and year. We also reviewed whether projects led to publication or secured research funding.

Results: Student teams produced an average of 16 proposals annually. Non-communicable diseases dominated (47% of all proposals), followed by maternal and child health, infectious diseases, and environmental/occupational topics. Eight percent of the projects received research grants, and 10% of total research projects were published in peer-reviewed journals. The research grant acquisitions and publications were more common in the earlier years.

Conclusions: The public health clerkship offers an effective platform for engaging medical students in applied research early in their training. Through structured proposal development, this model supports both skill-building and engagement with the UAE's health challenges. With better financial support and follow-up, more proposals could evolve into impactful research, strengthening both medical training and the UAE's public health research efforts.

Internationalisation of the Second-Cycle Study Programme in Public Health

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Many challenges in public and environmental health faced by health professionals today are global health issues, requiring understanding and coordinated action at the global level. Addressing these challenges demands a public health workforce equipped with competencies aligned with contemporary practice and public health values. Higher education plays a crucial role in this process through the internationalisation of study programmes, including international student recruitment, mobility and exchange, teaching and research cooperation, institutional partnerships, and the integration of international perspectives into curricula.

In response, the University of Maribor has initiated the internationalisation of its second-cycle study programme in Public Health. The development of an the International Master in Public Health supports the University of Maribor's Strategy 2021–2030, particularly by strengthening international visibility and promoting student and staff mobility. These efforts contribute to a unified European Higher Education and Research Area and ensure innovative, sustainable, and internationally recognised high-quality education and research. International forms of education aim to attract talented domestic and international students while fostering an inclusive learning environment. Collaboration with international public health research institutions enables active student participation in research and practical training.

Programme development is guided by a multidisciplinary working group of national and international experts and strengthened through partnerships with universities and research institutions. Planned and ongoing student and staff mobility further enhances international cooperation and inter-professional learning. A comparative analysis of international public health programmes has informed the draft curriculum and proposed international teaching staff, ensuring alignment with professional standards, public health values, and global priorities such as equity and sustainability.

By joining the Association of Schools of Public Health in the European Region (ASPHER), the programme aligns with European standards, supports quality assurance and competence-based curriculum development, and promotes continuous professional development, contributing to a future-ready public health workforce.

A Window for Change: Integrating Bedouin Students into the Only Undergraduate Program of Public Health in Israel

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Background: Arab Bedouins (AB) are pastoral [nomadic](#) Muslim [Arabs](#) who live in southern Israel and received a preparatory year to enable students to experience academic studies and improve language skills before taking the full academic program. The three-year B.A. in Public Health (PH) program at Ashkelon College was established in 2015, and 151 students have been accepted since, of whom 26 (17.2%) were Bedouins.

This study examines the academic experiences, achievements, and post-graduation trajectories of AB and Jewish students enrolled in Israel's only undergraduate program in PH.

Methods: Using a mixed-methods approach, data were collected from 145 (96.0%) alumni through quantitative surveys and from 22 (84.6%) AB graduates through in-depth interviews. The demographic details, academic experience and post-graduate employment were compared between AB and Jewish students.

Results: AB students, who entered academia with lower levels of parental education and language proficiency, faced significant challenges in adapting to academic standards, particularly due to barriers in Hebrew and English. These challenges were further translated into higher failure rates and longer time to degree completion. Despite these obstacles, they demonstrated considerable progress in language skills and academic confidence throughout the program. No significant differences were found between AB and Jewish alumni in rates of continued higher education. However, the final grades of AB were lower than those of Jewish students, and AB graduates were less likely to find employment in the PH field, reporting difficulties in job placement and perceptions of discrimination.

Thematic analysis highlighted four core issues: employment challenges, pursuit of further studies, cultural adaptation, and personal growth. The preparatory program emerged as a valuable intervention for improving academic integration.

Conclusions: The results underscore the significance of culturally responsive educational frameworks and institutional support systems in promoting academic equity and workforce inclusion for minority students in Israeli higher education.

Building the public health workforce through doctoral education in the United Arab Emirates: Overview and outcomes of the first established PhD in program Public Health in United Arab Emirates

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Background: The United Arab Emirates (UAE) faces complex public health challenges within a rapidly growing and highly diverse population. To strengthen national and regional research and leadership capacity, the Institute of Public Health (IPH), United Arab Emirates University (UAEU), launched the country's PhD program in Public Health in 2010.

Program Description: The PhD in Public Health is approved by the UAE Commission for Academic Accreditation and aligned with the National Qualifications Framework at Level 10 for doctoral degrees. It was restructured as a standalone doctoral program in 2020 and re-accredited in 2024. The program comprises 54 credit hours: 24 credit hours of advanced coursework and 30 credit hours of independent dissertation research. The program accommodates both full-time and part-time enrolment and is typically completed within 4 to 6 years. Training is delivered within UAEU's institutional quality system, with systematic assessment of learning outcomes and benchmarking against international doctoral public health programmes.

Enrolment, Research Productivity, Graduation, and Employability Outcomes: Since 2010, 52 candidates have enrolled in the program, demonstrating strong gender and nationality diversity as well as growing regional interest. Although peer-reviewed publications are not a formal requirement for graduation, between 2021 and 2025, students enrolled in the program have contributed to more than 65 peer-reviewed journal articles and numerous conference proceedings, majority of which are aligned with the UAE's national health research priorities. As of Fall 2025, 31 candidates have successfully graduated. Alumni have progressed into positions within governmental health authorities and into academic roles (including faculty appointments and postdoctoral fellowships), underscoring the program's workforce relevance.

Conclusions: The PhD in Public Health provides a nationally accredited, research-intensive pathway that contributes to advanced public health capacity in the UAE and the wider region. Ongoing program development focuses on maintaining international benchmarking and strengthening translation of doctoral research into policy and practice.

Building Tomorrow's Public Health Workforce: A Competency Driven Partnership Education Model Strengthening the Academic–Practice-based Interface to Drive High-Quality Evidence Informed Public Health

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Addressing workforce shortages, skills gaps, and variable professional preparation is central to strengthening public health systems. The University of Nottingham's NCPHE Public Health Partnership Team has developed a practice-based, competency-aligned partnership education model that directly responds to labour-market expectations and national workforce planning needs. Local authorities (LAs), which deliver most UK public health services, often employ staff without formal academic training and have limited capacity for upskilling; simultaneously, MPH students frequently lack practice exposure that limits employability.

The partnership-education model integrates LA employers, alumni, students, and academic teams into a shared skills-development ecosystem that aligns curriculum with real-world workforce needs. Activities include competency-aligned CPD for practitioners, co-designed assessments, practice-embedded research projects, structured alumni teaching-mentoring schemes, and paid internships. This approach has trained over 600 LA practitioners, supported 35 honorary appointments, delivered 12 Advance HE teaching qualifications, and enabled more than 100 graduates, including international students, to transition into LA public health roles. Employers increasingly recruit Nottingham graduates before posts reach the open market, reflecting strong workforce–education alignment.

The model explicitly supports workforce forecasting and planning through partnerships with NIHR HDRC, PHIRST, LARP, and INSIGHT, which embed students and alumni into priority workforce development programmes and expand regional research capacity. Recognition of prior learning pathways for LA staff widen access to professional qualifications and support national workforce upskilling objectives.

Importantly, the team actively shares civic partnership-building methods internationally, contributing to the WHO–ASPHER competency framework revision, advising 12 global HEIs, and collaborating with partners in Hong Kong, Melbourne, and Adelaide to support international workforce professionalisation.

This model demonstrates how co-produced curriculum, employer engagement, and civic partnerships can professionalise the public health workforce, reduce skills gaps, and create resilient, employment-ready graduates equipped to meet evolving population health challenges.

INSIGHT: Igniting the Future of Research in Local Government Public Health

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The Master of Public Health (Research Methods), delivered through the East Midlands (EM) NIHR INSIGHT programme, strengthens the public health workforce by bridging the persistent gap between academic research and practice. Local government public health teams have historically had limited access to formal research training, despite the FPH emphasising the need for stronger research skills.

The INSIGHT initiative aims to expand the research pipeline by supporting allied health professionals into research careers. As one of 12 regional programmes funded in 2024, the EM INSIGHT programme offers funded studentships and a stipend for undergraduates and recent graduates in allied health professions.

Within this structure, the MPH (Research Methods) provides a curriculum that integrates diverse research methodologies and analytical approaches relevant to contemporary public health practice, alongside core theoretical teaching. Students also benefit from award-winning extracurricular activities that promote engagement, professional development, and inclusion.

The need for this training is particularly evident in local government, where staff often lack formal research education despite being responsible for evidence-based decision-making. The programme builds research capacity among allied health professionals with up to five years' experience, helping to level opportunities compared with colleagues from non-allied health backgrounds.

Demand for the programme is consistently high, with only 7–8 funded places available each year. Most students study part-time over two days per week, enabling them to remain in local government roles. Studentships have now been awarded across all East Midlands authorities, reflecting regional need and shared recognition of the value of research-skilled practitioners. Current students are performing strongly, and dissertation topics range from practice-focused projects to broader societal issues.

While some graduates may progress to NIHR doctoral fellowships, many will use the programme as a pathway to UKPHR practitioner status. Overall, the MPH (Research Methods)

makes a significant contribution to building a resilient, research-capable public health workforce.

Strategic reform of a Master of Public Health programme through international benchmarking and governance alignment: The Gdańsk Medical University experience

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Background: Master-level public health education requires continuous adaptation to evolving workforce expectations, governance standards, and international quality benchmarks. Since 2012, Gdańsk Medical University has actively engaged in international collaboration within the Association of Schools of Public Health in the European Region, using systematic benchmarking to inform programme development. In 2021, the Master of Public Health curriculum underwent a comprehensive strategic reform to strengthen alignment with institutional priorities, stakeholder expectations, and European public health education standards.

Methods: The reform process applied a structured governance approach combining multi-level stakeholder consultation and international benchmarking. Input was obtained from students, academic staff, external partners, and experts affiliated with the Association of Schools of Public Health in the European Region. Curriculum mapping was conducted to ensure coherence with institutional mission, departmental strategic objectives, and the university's 2019–2025 development strategy as well as ASPHER Core Curriculum Programme. The pedagogical model was redesigned to emphasise competency-based learning, integrating problem-based learning, project-oriented modules, supervised research engagement, international collaboration pathways, and structured academic tutoring.

Results: The revised two-year, full-time programme reinforces alignment between education, research, and public health advocacy. Key outcomes include strengthened stakeholder integration in curriculum design, expanded research participation opportunities for students, enhanced internationalisation, and systematic embedding of modern teaching methodologies. The reform improved strategic coherence across governance levels and increased programme responsiveness to both national and international labour market expectations. In March 2024, following a comprehensive evaluation by the Polish Accreditation Committee, the programme received a distinction, providing external validation of the quality and effectiveness of the implemented reforms.

Conclusions: This case study demonstrates how mission-driven governance, structured stakeholder engagement, and international benchmarking can function as integrated quality

assurance mechanisms in public health education. The Gdańsk Medical University model illustrates a transferable European framework for strengthening institutional coherence, accreditation performance, and workforce-oriented public health training.

Reframing student experience: positioning students as active co-creators in decolonising public health education

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Persistent awarding gaps in higher education reflect the unequal learning environments and fundamentally different academic journeys experienced by students. Successful public health practice requires students to be educated within a fully inclusive, decolonised curriculum that promotes equitable student experiences and empowers all students to meet their potential.

The decolonisation of public health education project at the University of Nottingham (UoN) began in 2021, when ten postgraduate public and global health students led a comprehensive review of equality, diversity and inclusion across their curriculum (Carleton-Boylan et al., 2024). Students developed actionable recommendations that reshaped content, delivery, assessment, learning resources and support structures, and shared findings with global health partners, national and international academic collaborators, and accrediting partners at the Agency for Public Health Education Accreditation and the World Health Organisation.

This review demonstrated that decolonising public health education goes beyond the formal curriculum. Creating equitable student experiences requires student-driven, bottom-up approaches that redistribute academic power and create opportunities to develop core public health competencies outside of the classroom. Since 2021, this project has supported students to create and lead various educational initiatives, including:

- A cross-institutional “Collaboration for the Future of Public Health” conference
- The UoN Student and Staff Neurodiversity Conference
- The UoN Master of Public Health toolkit and UoN International Student Toolkit to prepare new cohorts transitioning to postgraduate study and life within the UK
- A journal club exploring power, political economy and intersectionality within global health research
- The Glocal(isation) Health Seminar Series exploring the dynamic interplay between global and local health issues.
- A “Reclaiming narratives within population health” lecture series

By positioning students as co-creators and leaders in their educational journeys, this project demonstrates how decolonising education can be reframed as a participatory process that

fosters inclusive, meaningful student experiences and equips students for public health practice.

Reference: <https://www.sciencedirect.com/science/article/pii/S2666535224000442>

Reshaping a master's program in medical informatics to train learners for careers as health data architects

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Health data architects play a key role in the digital health ecosystem, particularly in the implementation and management of Clinical Data Warehouses (CDWs). These strategic infrastructures enable the aggregation and valorization of heterogeneous data sources, including electronic health records, medical and pathology imaging. Health data architects ensure data integration, security, quality, and traceability while facilitating secondary uses such as clinical decision support, research, and AI innovation. In a context marked by the proliferation of health data sources and increasing regulatory and governance requirements, training such professionals is essential.

In this context and as part of the CAP Santé numérique project (ANR-23-CMA-0018), the second-year program of the Information Systems and Information Technology for Health master's degree in public health at the Bordeaux School of Public Health (Isped) has been thoroughly revamped. Firstly, the fundamentals taught at the beginning of the program have been revised in order to strengthen students' technical skills, particularly in object-oriented programming, Git-based source code management and containerized environments. In addition, a synthetic database has been developed that mimicked the French Health Insurance System (SNDS) and enriched with fictitious textual documents generated by the Mistral AI tool. Finally, a new module (3 ECTS) has been created to integrate various components (Extract-Transform-Load of the synthetic database into the OMOP Common Data Model, ontology-based query expansion, search for patients in OMOP corresponding to the enriched query on structured data and fictitious clinical documents) developed in four projects carried out during the third semester into a single Web application. This module thus consolidates technical skills, reinforces the overall coherence of the program, and enables students to apply their new knowledge and competencies in a professional context.

These changes reflect a continuous effort to align the program with evolving field requirements and to strengthen professionalization. Two dedicated faculty retreats supported this redesign.

Introducing the Critical Analysis of Power and Equity (CAPE) framework; A learning and teaching resource for a Master of Public Health course

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Background: Public Health, by its very nature, is a globally inclusive curriculum topic. The future of successful global health practice requires all health students to be immersed in a fully inclusive curriculum. However, when teaching a public health curriculum, unconscious biases prioritising Western approaches to medicine, academia and societal constructs are often evident. This is not just an issue for European Public Health institutions, but a widely recognised issue across institutions in the Global North. Within this context, supporting the development of students' capacity to critically analyse research, policies and interventions becomes even more important. The Critical Analysis of Power and Equity (CAPE) framework is a new learning and teaching resource within a long-established Master of Public Health (MPH) course, consisting of resources supporting three themes: 1) Acknowledging the political economy of global health, 2) Decolonising and diversifying the curriculum and 3) Introducing intersectionalism as a conceptual framework. The MPH is delivered in line with public health practice guidance from the Faculty of Public Health and accredited by the European Agency for Public Health Education Accreditation (APHEA).

Aims of the session: Conference attendees will be introduced to the CAPE framework and will be given the opportunity to familiarise themselves with relevant resources. This will include active participation in trying out the resources within the workshop. Attendees will then be able to work collaboratively to provide feedback on the development of this framework, with a view to developing an open educational resource (OER).

Conclusion: The use of a participatory workshop approach can support the collaborative development of much needed OER learning and teaching resources which build the critical capacity of public health students.

Protecting You and Others project: an experience of developing a Massive Open Online Course for populations with vulnerabilities

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Background: Even though community prevention behaviours are central to limiting respiratory infection transmission, educational interventions often fail to reach people in situations of vulnerability and are frequently insufficiently adapted to diverse cultural and accessibility needs. The Protecting You and Others (PRO Y&O) project is a European programme designed to support behaviour change for respiratory infection prevention through an inclusive, digitally delivered approach.

Methods: The consortium adopted an evidence-based, multi-step process to develop a Massive Open Online Course (MOOC). First, literature reviews were conducted to synthesise: behaviour change theories relevant to the adoption and maintenance of respiratory infection prevention behaviours in populations with vulnerabilities; and the most effective educational strategies for supporting learning and behaviour change. A qualitative study was conducted in the participating countries to identify available educational tools and delivery modalities suitable for community-based prevention programmes. The resulting evidence was systematically integrated to design and produce the MOOC, translating the synthesised content into a structured curriculum.

Results: The developed MOOC is based on four modules: (i) respiratory system and respiratory infections; (ii) health promotion and prevention, including transmission routes, key preventive measures and risk-increasing behaviours; (iii) determinants and models of behaviour change; (iv) vulnerability, tailored educational strategies, and practical tools for educating vulnerable groups. To improve accessibility, multimodal resources were integrated (text, audio, video), including printable and distributable materials using plain language and illustrative images. Some examples include podcasts summarising all modules were produced for blind people and videos in sign language were provided, including both national and international variants, for deaf learners.

Conclusions: PRO Y&O MOOC presents a scalable model of pedagogical innovation that integrates behaviour-change science with multilingual, multimodal, and accessibility-focused digital education to support infection prevention learning among vulnerable populations, with iterative refinement based on end-user feedback.

The Teaching Kitchen as a Tool for Public Health Education and Health Promotion

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Teaching kitchens have emerged internationally as evidence-based platforms for experiential learning that integrate nutrition, behavior change, and preventive health into professional training. While much of the existing literature has focused on clinical outcomes and workforce competencies, less attention has been given to the role of the teaching kitchen as a pedagogical tool for public health identity formation and social-emotional learning (SEL).

Drawing on academic teaching kitchen programs in the United States, alongside applied models developed within Israeli public health and community-based settings during times of crisis and war, this collaborative session positions the teaching kitchen as a “public health powerhouse”: a learning environment where students acquire not only knowledge, but habits, skills, and values that shape lifelong engagement with health promotion.

The collaborative session will explore how culinary-based learning supports core SEL competencies such as collaboration, cultural humility, and reflective practice, while simultaneously reinforcing public health principles such as prevention, equity, and Health in All Policies. Participants will examine how multi-sensory and task-based engagement in the kitchen translates abstract public health concepts into daily practice, thereby strengthening students’ capacity to act as credible and embodied public health ambassadors within their communities.

Using brief case examples and interactive reflection, the session will invite participants to consider how teaching kitchens can be embedded within public health curricula to enhance student engagement and well-being. Emphasis will be placed on scalability, cultural adaptability, and alignment with diverse institutional contexts. After short introductory lectures, there will be a participatory activity, allowing participants to experience firsthand the innovative use of food as a tool for public health promotion.

This session aims to equip public health educators, program leaders, and students with a conceptual framework and practical insights for leveraging the teaching kitchen as an integrative educational strategy that advances the future public health workforce.

The profession of prevention specialist – new perspectives for education in the field of public health in Poland

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The education of future public health graduates needs to be adapted to the growing health and civilizational challenges in Poland, Europe and the world. These challenges relate to declining birth rates, rapid growth of the post-working age population, rising health inequalities, multiple morbidities and disabilities, and high morbidity and mortality rates due to lifestyle diseases. There is a need to shift the healthcare model from reactive (treatment of diseases) to proactive (health promotion), including investment in preventive healthcare.

Prevention specialist is a new medical profession introduced in Poland by the Act of 17 August 2023 on certain medical professions, which came into force on 26 March 2024. The purpose of this Act was to regulate the qualifications and rules for practising medical professions that had not previously been covered by statutory regulations in Poland. This measure is intended to contribute to improving patient safety and maintaining high standards of healthcare services. In order to become a prevention specialist it is necessary to complete at least a bachelor or master degree in Public Health and register within the Central Register of Persons Authorised to Practise a Medical Profession. Performing this profession requires theoretical and practical knowledge in the field of assessing the health status of the population, identifying risk factors, planning and implementing preventive programmes, creating educational materials, and readiness for multisectoral cooperation.

Investment in prevention is essential to prolong the life of the population and improve its quality, which will also bring economic benefits, such as savings in healthcare expenditure and increased employee productivity, thereby supporting economic and social growth. This newly established medical profession has emerged as a strategic response to contemporary healthcare challenges and represents a novel professional opportunity for public health graduates.

Training for Public Health Professionals in Radiation Protection: What Topics Should Be Included?

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Background: The current geopolitical situation emphasizes the necessity to have accurate and sufficient knowledge on radiation protection for everyone in society. Studies show that knowledge of healthcare professionals including public health specialists in radiation protection is low. Taking into account that the news media might reflect possible knowledge gaps of public health specialists and provide insights for training about radiation protection, the aim of this study was to assess the prevalence of various radiation protection topics in the most popular news portals of Lithuania.

Methods: The data was collected using a questionnaire-like tool. A qualitative analysis of articles published in the three largest Lithuanian online news websites was performed. In total, 505 articles with the keywords “nuclear accident”, “ionizing radiation”, “radiation” (translated into Lithuanian) were included from 2019 to 2025. Afterwards, the quantitative analysis on the distribution of articles by different topics was performed.

Results: More than half of the articles focused on sources of ionizing radiation found in the air (72.28%). The most frequently mentioned field was nuclear energy (73.47%). Less coverage of ionizing sources was observed in terms of water (17.03%), soil (8.12%), medicine (5.15%) and food (2.8%). One third (40.4%) of the articles emphasized that ionizing radiation has negative effects on health but only a quarter (21.19%) described these effects. More than half (71.49%) of the articles provided information about general radiation protection measures, and one third (41.58%) were about measures against airborne ionizing radiation sources. Two of the most frequently mentioned preventive measures were use of potassium iodide (19.41%) and evacuation (19.41%).

Conclusions: Although the majority of articles provide information about nuclear energy and refer to specific radiation protection measures, only a minority of articles provide information about other than airborne radiation sources or provide broader information about ionizing radiation in daily life.

One Health-Promotion: The Evolution of an Academic Research Project to an Educational Public Health Framework

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Background: The One Health (OH) concept was reinforced during the COVID-19 crisis, when OH gained renewed attention as a powerful integrative approach for addressing complex public health (PH) challenges across human, animal, and environmental domains. Although strongly endorsed at European and global policy levels, OH remains insufficiently embedded in PH-education and professional practice in Bulgaria.

In response, a national academic research project was launched in 2022 to promote OH-principles and explore their relevance for PH. **The aim** of this brief report is to present the project evolution from a purely research activity to an educational PH framework.

Study design and methods: The project was developed using a mixed-methods design (Figure 1). While initially structured around well-being and the traditional biomedical scope of OH & antimicrobial resistance (AMR), the project revealed a persistent gap in classic PH-training, particularly regarding the curriculum integration of OH-principles. This observation led to the development of a distinct research and implementation strand devoted to OH-Promotion, which was conceptualised as a transversal project pillar integrating academic education and societal dissemination activities.

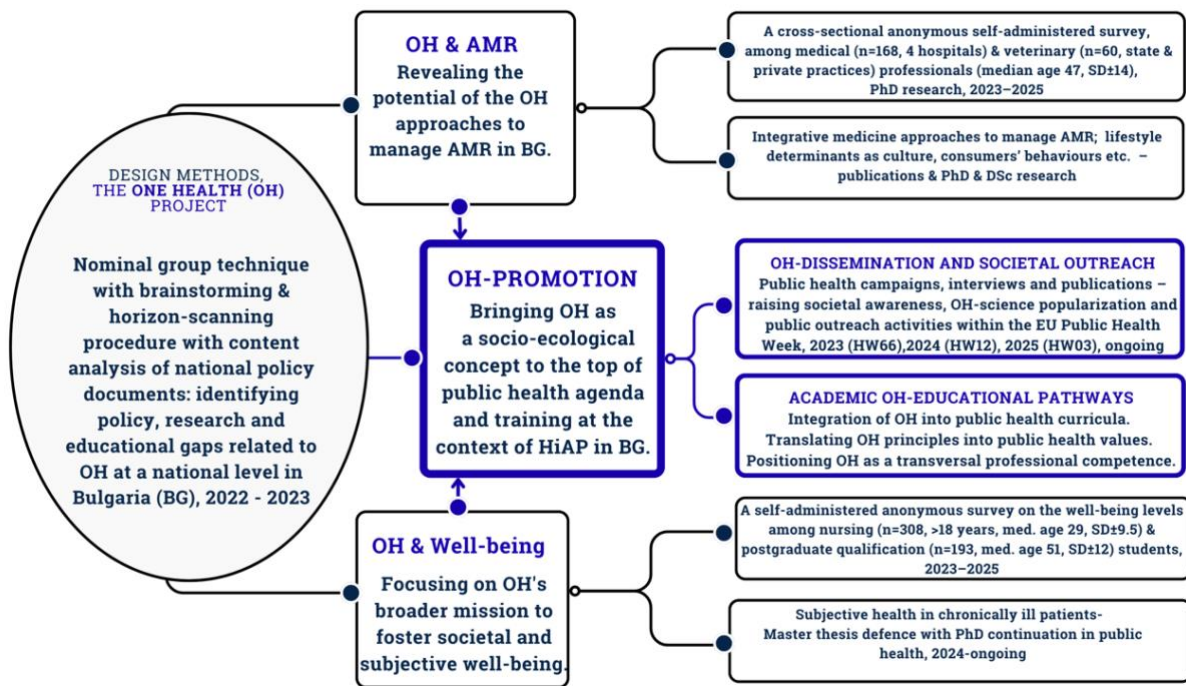


Figure 1. The project design, samples, activities

Results: The findings across the different research domains consistently indicate that OH-concept remains unfamiliar and unimplemented in Bulgaria. Results from the OH & AMR component revealed limited understanding of OH and significantly low levels of OH-awareness ($p < 0.001$), while studies focusing on well-being highlighted the need for broader perspectives in PH-practice.

Synthesizing these findings led to a reframing of OH as a socio-ecological concept aligned with the Health in All Policies (HiAP) frame. Overall, the results demonstrate that strengthening PH capacity and societal resilience requires systematic integration of OH-modules and thematic OH-content into PH-training, tailored to specific professional profiles.

Conclusions: Including OH based on HiAP in the PH-curriculum represents a critical step toward strengthening professional capacity, and long-term societal resilience.

Swiss School of Public Health (SSPH+) Emerging Health Leaders: Skills Training and Leadership Courses

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Health systems face growing pressure from workforce shortages, fragmentation, and complex policy environments. Early-career public health professionals must navigate these challenges but often lack appropriate training. The Emerging Health Leaders (EHL) Program, relaunched in 2024 under the Swiss School of Public Health (SSPH+), addresses this gap with practice-oriented capacity building for early-career professionals across research, practice, and policy. Building on the Swiss National Science Foundation's Emerging Health Care Leaders initiative (NFP 74, 2017–2023), the relaunch involved not only participation from students, but from practitioners and policy-oriented professionals, thereby increasing the reach of the workforce and cross-sector exchange. From August 2024 to June 2025, eight skills-based workshops were held across Switzerland, engaging 83 participants from diverse backgrounds and language regions. Workshop topics included; leadership, rhetoric and performance, media engagement, productive meetings, debate training, storytelling, customer centricity, and health campaign planning, delivered by industry professionals. Workshops prioritized interactivity; expert input, experiential exercises and peer feedback, alongside social activities to foster community building. Evaluation results indicated consistently high satisfaction: 86–100% of respondents rated overall quality as high or very high, and 78–100% reported strong relevance to their professional practice. Participants emphasized the practical applicability of skills, the value of interdisciplinary exchange, and the program's supportive learning atmosphere. The SSPH+ EHL Program presents a scalable, transferable model for strengthening leadership capacity and cross-sector collaboration to support effective and resilient health systems. The program intends to continue building a cohort of health leaders from research and practice and to sustain a robust national network for future collaboration.

Gamifying Genetics Education: Evaluating the Impact of the Customized Jackaroo Board Game on Student Knowledge in Genomics and Pharmacogenomics

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Introduction: Genomic and pharmacogenomic literacy is increasingly essential for public health students; however, these subjects are often perceived as complex and challenging. Gamification has emerged as an innovative pedagogical tool to enhance learning. This study aimed to evaluate the effectiveness of a customized Jackaroo board game in improving genetics knowledge among university students across different difficulty levels (easy, medium, hard).

Methods: The Jackaroo board game was customized through an iterative design process involving multiple prototypes. Game questions were systematically extracted from peer-reviewed literature and validated genetics education resources to ensure evidence-based content. Multiple prototypes were developed and pilot-tested with small groups of students to assess clarity, usability, and educational value. The final version was evaluated using a pre-post intervention design with 15 health sciences students from the College of Medicine and Health Sciences, UAEU. Participants completed the survey assessment before and after playing Jackaroo board game. Data were analyzed using descriptive statistics using R software.

Results: A total of 15 students (11 female, 4 male) participated, representing Years 2 (n=7), 3 (n=4), and 4 (n=4). Baseline knowledge assessment revealed expected performance gradients: easy questions (65.3% correct), medium questions (48.7% correct), and hard questions (31.2% correct). Among the 11 students who completed both pre- and post-intervention assessments, the average knowledge improvement was +1.2 correct answers, with a maximum improvement of +3 correct answers. 73% demonstrated gain of knowledge after playing the game. Year of study influenced baseline knowledge, with upper-year students showing higher initial performance.

Conclusion: The customized Jackaroo board game demonstrates promise as an effective gamification tool for enhancing genetics and pharmacogenomics education among health

sciences students. Further research with larger sample sizes and focus group discussion is warranted to confirm these preliminary findings.

Neuro-Resilience Intervention for Stress and Well-Being in Public Health Students: A Pilot Follow-Up Study

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Background: Mental health and well-being have been highlighted as essential domains in the ASPHER Core Curriculum for Public Health (CCP). Yet practical models of implementation remain scarce. Postgraduate students experience high levels of stress linked to academic and career pressures, while help-seeking for professional mental health support remains low. Preventive, group-based interventions like resilience workshop are emerging as holistic approaches to strengthen coping mechanisms and reduce vulnerability. With a diverse cohort of 64 students from 29 countries, this study evaluates the impact of an immersive neuro-resilience programme incorporating neuroscience, meditation, and experiential activities, with follow-up to assess longer-term impact.

Methodology: A three-day (nine-hour) resilience workshop was delivered to students in a Master of Public Health programme. The intervention integrated neuroscience-informed teaching, experiential group processes, and meditation practices, addressing both mental health literacy and broader well-being skills. Stress and well-being were measured pre- and post-intervention using the Perceived Stress Scale-10 (PSS-10) and the WHO-5 Well-Being Index. Paired non-parametric analyses of matched responses (n=48) were conducted using SPSS v.29. Qualitative feedback was analysed thematically using NVivo. A follow-up survey 6–8 months later assessed recall, sustained practice, and perceived academic and professional relevance.

Results: Median PSS-10 scores decreased significantly from 24 to 15 ($p < 0.005$), while median WHO-5 scores increased from 10.5 to 19.5 ($p < 0.005$). Most stress items and all well-being items showed significant improvement. Stress and well-being were strongly negatively correlated (Spearman's ρ : -0.777 , $p < 0.001$). At follow-up, 75% reported sustained positive impact, 85% felt more connected to peers, and 72% recommended the workshop for future cohorts.

Conclusions: This intervention demonstrates that neuro-resilience and meditation-based training can be effectively embedded in public health education, yielding measurable and sustained benefits. Inspired by the ASPHER CCP, it represents a tangible step from policy vision to implementation.

Integrating Climate Resilience Education into Master of Public Health Programme: A Qualitative Evaluation Study

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Background: Climate change poses a significant challenge to global public health, presenting interconnected threats to healthcare systems and communities worldwide. Effective integration of climate resilience education, knowledge sustainability, and systems thinking into public health education is essential to address this challenge by equipping students with knowledge and skills to implement climate change adaptive policies and build resilient healthcare systems. This qualitative study evaluates how public health graduate students interpret and engage with key climate-health concepts introduced through the Global Consortium on Climate and Health Education 2025 online course delivered by ASPHER.

Methods: The course was delivered to interdisciplinary postgraduate students (n=63) as a component within a Global Health module at ten-week online course. Anonymous feedback was collected after each session. Responses to two open-ended questions addressing, “Main Learnings” and “The Professional Applicability of these learnings” were analysed comprehensively using qualitative thematic content analysis and sentiment analysis. Data were systematically organized and coded using NVivo to identify recurring patterns, overarching themes, and sentiment tone across sessions.

Results: After comprehensive qualitative analysis, five domains of recurring themes were identified: Public Health, Systems Thinking and Practice; Climate Change as a Core Health and Equity Issue; Governance, Policy and Institutionalization; Data, Leadership and Professional Identity; and Sustainability and Long-term Impact. Overall, 78.9% of thematic content addressed climate and health. Sentiment analysis indicated an overall slightly positive tone (+0.0174), reflecting consistently positive and academic neutral tone.

Conclusion: In this Master of Public Health Programme, the GCCHE course was perceived by participants as a valuable initiative. It effectively complemented existing public health curricula by providing applied, globally informed perspectives. Integrating orientation to multidisciplinary climate resilience training into public health education is essential to equip graduates with the knowledge required to respond to evolving climate and health system threats.

Handcuffed by Data: Public Health Data, Algorithms, Artificial Intelligence, and Digital Rationality

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Public Health policies are, in a large measure, determined by health data. The increased amount of data requires sophisticated statistical analysis and large computing power. The advent of Artificial Intelligence (AI), algorithms and Large Language Models, constitutes a challenge but also, requires some insightful thought about its use and the consequences of its use.

It is assumed that reality, and public health policies, is reflected by data, when, in truth, it is reconfigured and changed by data, i.e., handcuffed by data. The argument is that the quality of data would result in a policy beyond any ideology, such as, no politics, just data [1].

In reality data are not a simple representation but have a constitutive dimension and, therefore, its generation, analysis and interpretation have consequences. Given that the vast amount of data exceeds the human capability to process it, the algorithms that process this data rely on a so-called algorithmic rationality that would preclude any human discussion. Algorithms, data mining, AI surpass the finite human capabilities, therefore, making human decision imperfect, and, in the last end, democracy as human collective agency dispensable [2].

Although AI can open interesting doors, the question is how public interest, and in particular public health policies in Europe, can have control on the digital tools that are dominated by powerful interests of bigtech firms. It is not sufficient to have the human decision maker at the end of the process. Regulatory policies need to be enforced such as the AI Act and the Digital Services Act. The demand of transparency, explainability, privacy, constant auditing together with AI training and literacy are paramount for the definition of democratic health policies.

[1] Innerarity, D (2025). Una teoría crítica de la inteligencia artificial. Galaxia Gutenberg.

[2] Han, B-C (2022). Infocracia. Relógio D'Água.

Preparing the Public Health Workforce for Digital Transformation: A Qualitative Study of Curriculum Integration Challenges and Enablers

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Background: Digital transformation is increasingly shaping public health practice, creating an urgent need to equip future professionals with relevant digital skills. Despite growing recognition of this need, the integration of digital competencies into public health curricula remains uneven. This study examines the challenges and enablers of implementing digital competencies in public health education.

Methods: Semi-structured interviews (N=10) were undertaken with academic leaders, faculty members, and curriculum designers involved in public health education. Recruitment focused on members of the Association of Schools of Public Health in the European Region. After transcription and anonymization, two researchers undertook a thematic analysis independently. Data were analysed using Braun and Clarke's thematic analysis, with findings interpreted through an ecological model and Curriculum Change Theory. The study was conducted and reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

Results: Findings indicate that implementation of digital competencies in public health education is shaped by interacting ecological levels and curriculum change processes. At the individual level, innovation adoption was facilitated by perceived relevance of digital competencies and peer support, while skills gaps, and workload contributed to change resistance. At the institutional level, organizational readiness was central to implementation. At the system level, the absence of clear regulatory guidance and constrained investment were key barriers. Across levels, misalignment between individual motivation, institutional capacity, and policy support emerged as a major barrier to implementation.

Conclusions: This study demonstrates that the successful integration of digital competencies into public health education is determined by the alignment of influences across ecological levels and curriculum change processes. Innovation adoption is facilitated when digital competencies are perceived as relevant and legitimate, while resistance to change and limited organizational readiness constrain sustained implementation. Institutional leadership and structural readiness emerge as critical leverage points, strongly shaped by policy and accreditation signals.

Evaluating Public Attitudes Toward Healthy Nutrition and Physical Activity Promotion in Lithuania

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Background: Promoting healthy nutrition and physical activity is a key public health priority in Lithuania and an essential component of population health education and health-promotion strategies. Understanding public attitudes, awareness, and trust toward state-led initiatives is important for improving public health communication and strengthening the effectiveness of health education activities implemented by public health professionals. To inform these efforts, a national survey was conducted in 2025.

Methods: An online survey was administered to a nationwide sample of Lithuanian adults (N = 1600). Participants assessed the perceived extent of state efforts to promote healthy nutrition and physical activity, the clarity and accessibility of state-provided information, awareness of health-promotion initiatives, and trust in official recommendations.

Results: Only a small minority of respondents perceived state efforts to promote healthy nutrition and physical activity as sufficient, while most considered them limited or inadequate. A considerable proportion of participants reported difficulties accessing or understanding state-provided information, and many indicated that they had not encountered such information at all.

Public awareness of institutional health-promotion initiatives was low: fewer than one in ten respondents had participated in any initiative, and nearly half had not heard of them. Awareness differed significantly by age ($p = 0.008$), with adults aged 30–49 most frequently reporting no awareness, while older adults (50–64) more often reporting partial awareness without detailed knowledge. Similar patterns were observed for physical activity initiatives.

Conclusions: The findings highlight important gaps in public awareness and engagement with health-promotion initiatives. These results suggest a need to strengthen public health communication strategies and enhance the capacity of public health professionals to deliver clear, accessible, and targeted health education. Evidence from population surveys can support the development of more effective health-promotion interventions and inform public health education and training.

Collaborative Inter-University Public Health Training: The Swiss School of Public Health (SSPH+)

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More than ever, high level scientific training in public health is needed to strengthen evidence-informed decision-making. The Swiss School of Public Health (SSPH+) Foundation is the national coordinating body dedicated to advancing population health sciences education and research. SSPH+ focuses on three pillars: fostering education and training, facilitating research, and supporting the translation of science to policy and practice. It unites 14 Swiss universities in an inter-university faculty of public health sciences, bringing together over 270 professors from over 40 disciplines. This unique structure generates added value through collaborative research, strategic partnerships, and high-quality postgraduate training.

A central component is the Inter-university Graduate Campus (IGC) – a hub for PhD-level courses, workshops, and events, that supports the development of the future generation of public health scientists and professionals. In 2025, over 380 PhD and MD students from 76 countries were enrolled in the IGC, benefiting from 30 courses covering all aspects of population health sciences offered annually in various formats. Beyond formal coursework, SSPH+ offers networking and knowledge exchange. To foster research excellence, SSPH+ awards the best published PhD article and the best Swiss Public Health Conference abstract, supports young researcher editorials, and owns two peer-reviewed journals. Complementary training includes the Emerging Health Leaders program, the IGC Students Meetings, Career Speed Dating events, and postdoctoral initiatives. To bridge science, policy, and practice, SSPH+ hosts mutual learning for change events such as the Swiss Public Health Conference and Seasonal Schools and collaborates with governmental and public health organizations.

SSPH+ plays a key role in training public health scientists and professionals through its inter-university faculty and capacity building. Lessons from this approach may inform other countries seeking to strengthen national public health training, research, and policy.

Food Waste Reduction Following an Educational Intervention: A Before–After Analysis

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This study evaluated a pedagogical intervention to reduce food waste in 13 school canteens in Apulia. Waste was measured over five consecutive days before and after the intervention using identical weekly menus, recording food served and discarded.

Data were analyzed using two approaches: (1) including all 496 children to estimate total food served and wasted, calculating mean and standard deviation by class, gender, geographic areas, and survey week; and (2) including only 496 children present at both assessments to evaluate the before-after food waste changes. Dishes were grouped into macro-categories: first courses, second courses and side dishes. A repeated measure Anova was applied with Tukey's correction for subgroup analyses.

Results of first approach. *First course*: week 1 served 359.6 kg; 296.5 kg wasted. Week 2: 315.3 kg served; 253.9 kg wasted. *Second course*: week 1 served 149.7 kg; 125.1 kg wasted. Week 2: 131.9 kg served; 108.4 kg wasted. *Sides*: week 1 served 221.9 kg; 186.1 kg wasted. Week 2: 192.9 kg served; 165.3 kg wasted. Before–after analysis. *First course*: waste ↓ 42.6 kg ($p = 0.0477$); larger drop in one area: ↓ 63.1 kg ($p < 0.001$). By type, the largest reduction was for the single-dish option: ↓ 7.9 kg ($p = 0.0042$). *Second course*: waste ↓ 16.0 kg ($p < 0.0001$); largest area reduction: ↓ 6.8 kg ($p < 0.0001$); largest by type: ↓ 4.6 kg ($p < 0.0001$). *Sides*: non-significant reduction of ↓ 20.7 kg (reported as $p < 0.8194$), though one area showed ↓ 15.3 kg ($p < 0.0001$) and there was a significant difference across side types, with the largest drop ↓ 2.1 kg ($p < 0.0001$).

The educational intervention didn't produce a reduction in food waste, although limited improvements were observed in specific second-course categories. Effects varied across geographic areas, highlighting the need for context-specific strategies to reduce food waste in school canteens.

Learning Health in All Policies by Doing: An Experiential and Service-Learning Approach in Public Health Education

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Background: Operationalisation of *Health in All Policies* (HiAP) remains challenging for local public policies and has important implications for the training of future public health professionals. Health-promoting urban planning can be understood as a sectoral application of HiAP within urban governance. Translating these approaches into practice requires not only specific technical skills but also the ability to work intersectorally, engage with non-health actors, and adopt a reflective professional posture.

Objective: This paper presents a master's-level teaching unit designed to operationalise the principles of HiAP, through its implication to urban planning, combining *Health Impact Assessment* (HIA) as an implementation tool, and a structured *Service Learning* approach.

Teaching methods: Grounded in experiential learning and formally labelled as Service Learning, the unit places students in the role of public health advisors working on a real urban development project in Liège, in partnership with local stakeholders. Students analyse social and environmental determinants of health, assess potential impacts on health and equity, and formulate evidence-informed recommendations for urban policy actors. Reciprocal engagement with community partners, alignment between academic objectives and societal needs, and structured reflexive activities ensure integration of theory, practice, and civic responsibility.

Results and pedagogical contributions: The unit fosters technical competencies (impact assessment, use of conceptual frameworks, formulation of intersectoral recommendations) alongside transversal skills (teamwork, intersectoral communication, leadership, negotiation, reflexivity). It also strengthens student's professional and civic posture by fostering students' awareness of governance, equity, and social responsibility in urban decision-making.

Conclusion: This teaching unit illustrates a concrete pedagogical translation of Health in All Policies within higher education. By structuring learning around a real urban project, the use of HIA as an operational tool, and a Service Learning framework, it offers a replicable model for training public health professionals capable of engaging effectively in intersectoral urban governance for health and equity.

25th Anniversary of the School of Public Health in Skopje, North Macedonia - Achievements and Challenges

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Process: The School of Public Health at Faculty of Medicine, Sts Cyril and Methodius University in Skopje, was founded in 2001 through synergy of strong political commitment, institutional support and individual dedication. The establishment was enabled by Government's decision and funding, formalized with Memorandum of Understanding signed between the Ministry of Health, Faculty of Medicine and Open Society Institute, marking the beginning of a transformative journey.

Milestones: Established early collaboration with leading academic institutions, such as Braun School of Public Health in Jerusalem, Andrija Shtampar School of Public Health in Zagreb and School of Public Health in Kaunas, provided foundation for academic excellence. The inaugural cohort of MPH students has been enrolled in 2001, in 2005 the School became ASPHER member, while doctoral studies in public health were introduced in 2011.

Achievements: Over the past 25 years, the School has become a leading institution in public health education, research and policy development. The achievements of the School include strengthening research capacity, enhancing public health workforce competencies, delivering community based services and building sustainable partnerships. Teaching continues with 22nd MPH and 14th PhD cohorts, reflecting sustained academic progress. 140 MPH and 43 PhD graduates have been trained, many of whom now hold leadership positions nationally and internationally. More than 200 research projects have been implemented, addressing public health priorities and producing numerous publications in high impact journals. Two faculty members have been honored as scientists of the year in 2021 and 2025 at University Sts Cyril and Methodius, testaments of the School's excellence and influence.

Challenges: The School of Public Health stands as a dynamic institution – rooted in its founding principles yet responsive to evolving challenges. The School remains dedicated to advancing public health through innovation, collaboration and resilience, while navigating future challenges and opportunities that will shape its strategic development.

Key words: School, public health, Skopje, achievements, challenges

Professional Pride and Self-Identification in Public Health: Insights from a Case Study of Latvia

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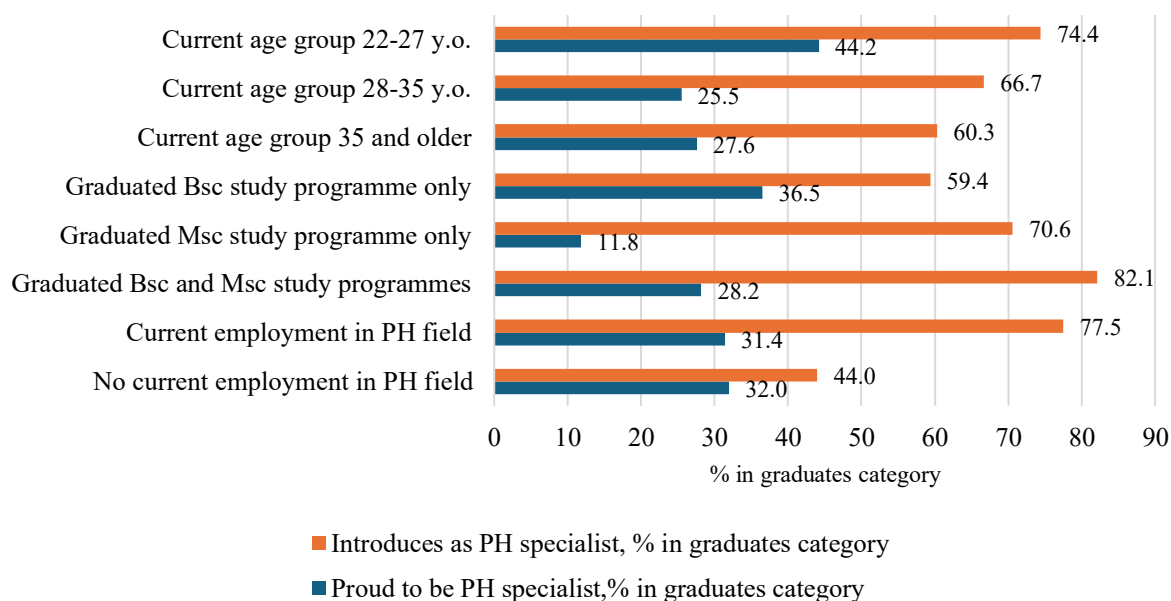
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Background: A sense of pride in one's profession and the ability to introduce oneself as a *public health (PH) specialist* reflect the strength of professional identity. This identity influences the visibility, prestige, and sustainability of the field and its study programmes. Understanding how PH professionals perceive and express their identity is therefore essential for strengthening the workforce and its role in society. The aim of this study was to describe professional pride and self-identification in public health among public health study programme graduates in Latvia.

Methods: An online survey conducted in July-September, 2026 among graduates of bachelor's and master's study programme of Riga Stradiņš University since first graduates (respectively, 2000 and 2002).

Results: Data collected from 152 respondents (95.4% female, n=145;), mean age – 33.4, 96 (63.2%) bachelor's (Bsc), 17 (11.1%) master's (Msc) and 39 (25.7%) Bsc and Msc study programme graduates. 31.6% of respondents reported that they “are proud to be public health specialist” and 66.4% introduces themselves in a professional setting as public health specialist. Across all graduate categories, respondents are more likely to self-identify as a public health specialist than to feel pride in their profession. Younger graduates (22–27 years) more frequently report professional pride and self-identification, with both decreasing in older age groups. BSc and BSc+MSc graduates more often report professional pride, while professional self-identification is more prevalent among BSc+MSc and MSc graduates. The majority of those currently employed in the public health field self-identify with the profession, while only one third report pride in the profession (Figure 1.).

Figure 1. Professional pride and self-identification in PH graduate's categories.



Conclusions: Professional development, a sense of belonging to the professional community, and public recognition are essential for public health specialists. Pride in the field stems from visible impact on practice and policy, as well as recognition and supportive work environments—areas that require further strengthening in Latvia.

Aligning Skills with System Needs: A Theory-Driven Approach to Professionalising the Primary Care Workforce

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Background: Care pathways (CPs) are pivotal to enhancing quality, equity, continuity, and sustainability of chronic care. Their effective implementation depends on alignment between pathway design, organisational context, and skill mix. Identifying workforce-related barriers within integrated primary care models is essential to counteract resource wasting in the provision of health services.

Methods: A cross-sectional survey based on the Theoretical Domains Framework (TDF) was conducted among 445 general practitioners (GPs) within “Euganea” Local Health and Social Care Authority (Padua, Italy), yielding 142 responses (32% response rate). The validated instrument assessed behavioural, educational, and structural determinants influencing the implementation of the local CP for type 2 diabetes across distinct organisational settings. Scores from GPs working in integrated medical groups (IMGs) were compared with those in other practice arrangements. Qualitative data from open-ended responses and structured organisational audit simulations in two IMGs complemented quantitative findings.

Results: The questionnaire showed good internal consistency (Cronbach’s α 0.78–0.79) and discriminant validity ($p=0.0031$). GPs in IMGs scored significantly higher on CP implementation (15.9 versus 13.6), reflecting better organisational readiness and workforce alignment. While knowledge of integrated care principles and intention to adhere to CPs were high, critical barriers related to environmental context and resources emerged, specifically limited digital infrastructure, unclear role delineation, and insufficient multidisciplinary competencies. Qualitative insights emphasised the need for targeted training, competency mapping, and enhanced employer engagement to foster collaboration and reduce administrative burdens.

Conclusions: This study provides a theory-driven tool to identify competency and organisational gaps affecting integrated chronic care delivery. By linking behavioural

determinants with organisational audits, the framework generates actionable evidence for competency-based education, targeted upskilling, and employer-led workforce planning. Its application to emerging community-based care models may support alignment between labour market expectations, skill-based professional training, and primary-care-focused health system integration.

Remote mentoring for public health capacity building in Low to Middle Income Countries; a peer-to-peer approach towards decolonized global public health

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Background: The Faculty of Public Health (PH) UK has ‘Special Interest Groups’ who aim to collaborate with international public health colleagues in Low to Middle Income Countries to strengthen research capabilities, share knowledge, mobilize diaspora skills and develop PH competence. An early focus was development of a mentoring programme with on-line PH training resources. To encourage participation of mentors and mentees, formalisation of the programme (through charity status) with accreditation of achievements was envisaged. This abstract presents progress, challenges, and lessons learned in 3 years of work.

Methods: The charity, ‘Peoples-Praxis’ was developed in collaboration with the West and Central African Research Network to provide a structured mentoring programme with matching of mentors to mentees based on skills offered and sought. Participants are encouraged to do a simple course on mentoring and reflective practice before establishing their goals and timelines for their mentoring relationship. Evaluation of the programme includes user feedback and statistics.

Results: Mentors and mentees are mainly based in the UK, Pakistan, Nigeria, Ethiopia, Australia, and Ghana. A special focus has been on a programme offering support to PH practitioners in war-torn Yemen and open-research support in Africa through a workshop, data analyses and manuscript preparation. In remote areas low band width communication platforms are needed to support remote mentoring.

Mentees commonly identified their development needs as practical PH leadership, implementation and evidence-based decision making. They have reported increased confidence in application of skills whilst mentors appreciated a structured framework for goal setting. Resources to support administration of the programme are a primary challenge.

Conclusions: Remote mentoring offers a scalable method for bidirectional learning. Future developments of the programme will include alignment with the WHO Essential PH skills framework, low band width infrastructure for the programme and outputs that demonstrate creditable quality.

Student experiences of learning Sexual and Reproductive Health and Rights

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Background: Academic courses teaching sexual and reproductive health and rights (SRHR) often include topics and materials that may be viewed as sensitive in wider society, such as same sex sexualities, sex work, and female genital mutilation or cutting. To better understand how active learning can be fostered when teaching such subjects, this study explored how a group of international master's students experienced active learning within an SRHR course at Lund University, Sweden.

Method: This qualitative study conducted 11 in-depth interviews with students previously enrolled in a master's level course in SRHR at the Faculty of Medicine, Lund University, Sweden. Interviews were recorded, transcribed and analysed using qualitative content analysis, to identify manifest categories and latent themes of meaning.

Results: The analysis showed how the students actively contributed to their own learning environment, and how the challenges faced when learning SRHR contributed to the learning, as illustrated in the quote:

"I think it's a very crucial part of learning, to get challenged like in one way or another. If it's from the teacher or your fellow students or if it's the topic. I think sometimes is a good way of learning because [...] you maybe get more involved in the topic or the course - because you have to."

These results are captured in two sub-themes identified in the data; "Co-creating a safe environment for active learning in SRHR" and "Managing challenges and catching opportunities for active learning in SRHR", and one overarching theme; "Considering self and others when engaging with the uncomfortable dimensions of learning SRHR".

Conclusions: The findings suggest that experiencing discomfort can play a constructive role in promoting active learning and contribute to transformative learning. However, for this to

happen, both educators and students must intentionally shape the classroom into a trust-based environment that supports such engagement.

Analysis of Italian university programmes looking for basics of vaccinology in the education of Italian teachers working in early childhood education and care

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Early childhood education and care (ECEC) is crucial for raising awareness among children and their families about prevention and vaccinology, both of which are essential for a protected life course. As public health agents, teachers and educators in ECEC should be taught core topics related to vaccinology.

We investigated Italian primary education sciences Master's programmes in the academic year 2023-24, examining the inclusion of core topics in prevention and vaccinology. We analysed associations between these main topics and university characteristics (location, public or private status, size).

Only a small proportion of Master's programmes in primary education sciences (n.4-6/12; 33-50%) included the topics of 'Prevention' and 'Primary, secondary and tertiary prevention', respectively. Only two programmes (17%) specifically referred to the Italian National Prevention and Vaccine Prevention Plans, while most (11; 92%) included the topic 'Infectious disease prevention and immunization'. None explicitly included pharmacological safety (i.e. vaccine safety development and monitoring). We found no statistically significant differences in the inclusion of main topics according to university status, size, or location.

The current presence of core topics in prevention and vaccinology in the public health course within the Master's degree in primary education sciences at national level is suboptimal, likely hindering the competencies of ECEC educators and teachers in acting as public health agents within schools and the community. More attention should be paid at national level to the academic education of public health agents, including ECEC educators and teachers.

Knowledg3xchange: A Model for Embedding Language, Diversity and Practice–Science Dialogue in Health Care Curricula

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Demographic ageing, multimorbidity and the growing number of people requiring long-term care across Europe are increasing the complexity of health and social care, while patient populations are becoming more diverse in terms of language, migration background, identity and life situations. At the same time, health professionals and students often report insufficient preparation for communication in an environment of growing linguistic and cultural diversity, for addressing sensitive personal issues, and for working in interprofessional teams. On the other hand, experiential knowledge from everyday practice not often enough informs teaching agendas. This creates an implementation gap between practice, education and science that directly affects quality, safety and equity of care.

To address this gap, we conducted Erasmus+ funded international, multi-stakeholder inquiry into language and diversity in healthcare involving health professionals, researchers and educators, and students from health-related programmes in Germany, Austria and Poland. Three interactive workshop formats were implemented in each country using World Café, Future Workshop and BarCamp with problem-based case studies. Qualitative evaluation was complemented by literature review.

The resulting recommendations translate the combined experience-based and scientific knowledge into concrete requirements for curricula. They define empathy as an organisational and team competence, culturally and linguistically sensitive communication, structured critical reflection on stereotypes and implicit biases, and interprofessional collaboration as core learning outcomes for all health care-related professions. They also specify pedagogical formats that can be directly embedded into programmes, including simulation-based and case-based learning on complex communication situations, research-based learning through student participation in real stakeholder workshops, and mentored reflection on work and private life boundaries and mental hygiene.

By grounding curriculum design in a triadic dialogue between practice, education and science, our results provide a transferable European reference framework for constructing

contemporary healthcare programmes that are diversity-sensitive, practice-driven and dynamically updateable through recurring dialogue cycles.

Institutional Transformation of Public Health Education in Kazakhstan

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The development of public health in Kazakhstan has been closely linked to institutional and educational reforms over the past decades. A significant milestone was the establishment of the Higher School of Public Health in 1997, marking a transition from the predominantly sanitary-hygienic model inherited from the Semashko system toward a modern understanding of public health. In the post-Soviet period, primary attention focused on sanitary-epidemiological control, addressing only part of the broader public health agenda. This emphasis was justified at the time, as combating infectious diseases remained a national priority.

Substantial changes occurred in 2008 when sanitary-hygienic faculties were renamed faculties of public health, reflecting transformed educational approaches and expanded professional competencies. Although public health components as health promotion, prevention, and screening were gradually incorporated into national programs, it was only within the State Health Programs (2011-2015, 2016–2019) that public health development was formally recognized as an independent strategic priority.

Despite positive progress, structural challenges persist. Elements of the previous system remain influential within the professional environment, complicating the implementation of modern educational standards. The COVID-19 pandemic intensified debates regarding the role of public health and led to proposals to reestablish Semashko model, which, according to some experts, may limit the comprehensive development of the field. As a result, the professional community has become divided between advocates of strengthening contemporary public health and supporters of returning to the soviet model.

Amid rising non-communicable diseases, population-level prevention strategies, including lifestyle modification, health literacy and intersectoral health promotion, are increasingly important. At the same time, climate change may contribute to the re-emergence or spread of infectious diseases, particularly in Kazakhstan as an ecologically vulnerable region with limited water resources. Therefore, the preparation of specialists equipped with modern

public health tools and competencies is essential for the sustainable development of the national health system.

Keywords: Public health, education, Kazakhstan

Preparing the Future Public Health Workforce: A Delphi Study on the Integration of Digital Public Health and Artificial Intelligence in Public Health Education

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Background: Digital transformation is reshaping public health practice, governance, and education. While digital tools offer new opportunities for surveillance, communication, and population health interventions, their effective use depends on a workforce equipped with appropriate digital competencies. Existing public health education frameworks, however, only partially address the skills required to design, implement, and critically assess digital public health (DiPH) approaches. This gap risks slowing the adoption of digital solutions and reinforcing structural weaknesses in public health systems. This study aimed to develop a DiPH competency framework that informs formal public health education and continuing professional development.

Methods: We conducted an online Delphi study, followed by a validation workshop. Experts were recruited based on expertise in DiPH and involvement in European public health education. Across three rounds, participants rated the relevance of proposed competencies and suggested additional ones. Consensus was defined as mean ratings of 1–3 (exclusion) and (7–9) on a 9-point Likert scale. A final online workshop was used to validate and refine the framework.

Results: 33 experts participated in the study. Based on the Association of Schools of Public Health in the European Region (ASPHER)'s Public Health Core-Competence Framework, we developed 19 DiPH competencies, an initial set of 19 DiPH competencies spanning multiple public health domains was developed and iteratively refined throughout the study. The agreed competencies related to, amongst others, digital health literacy, digital communication and health promotion, and the use of digital methods. Fifteen experts participated in the validation workshop, contributing to the final structure and prioritization of the competency framework.

Conclusion: The resulting framework highlights the cross-cutting relevance of digital competencies across public health domains and provides a structured foundation for

integrating DiPH into public health education and workforce development. Ongoing discussion with ASPHER members will support its implementation and further refinement.

Acceptability of Vaccine Co-Administration Among Hospitalized Patients: The “Hospital Vaccination Project” in Southern Italy

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Influenza is a major cause of morbidity and mortality worldwide, especially among people with chronic conditions. Vaccination is the most effective preventive strategy, but its coverage remains suboptimal. Co-administration of influenza and other recommended vaccines (COVID-19, pneumococcal, herpes zoster, dTpa, RSV) is safe and can improve overall vaccination coverage. The main purpose of the study is to evaluate the acceptability of vaccine co-administration among hospital admitted patients and to foster patient education and advocacy.

Between November 2025 and February 2026, the “Hospital Vaccination” project was implemented at the Umberto I hospital of Enna. Residents from the School of Public Health at Università Kore of Enna conducted an observational study, administering an anonymous questionnaire to inpatients collecting socio-demographic and clinical characteristics. Furthermore, the Health Action Process Approach (HAPA) model was used to evaluate the acceptability of vaccine co-administration. At the end of the questionnaire, residents offered influenza vaccination to inpatients upon discharge. A descriptive analysis was performed to evaluate the vaccine co-administration acceptance and a logistic multivariate analysis to identify factors associated with higher vaccine co-administration acceptance.

A total of 215 patients were enrolled until the 9th of February 2026. The majority of them were female (51% n=110) and had a median age of 62 (IQR 45-73) years old. Influenza vaccine was administered to 31% (n=67) of patients and 53% (n=115) of them had a higher acceptability of co-administration. At the multivariate analysis, factors associated to higher vaccine co-administration acceptance were: consuming 5 or more servings of fruit and vegetables in a day (OR 17.7 95% CI 1.1-286.5, p=0.043) and to get influenza vaccine previously (OR 3.0 95% CI 1.4-6.3 p=0.004).

The preliminary analysis highlighted high acceptability of influenza vaccine co-administration among inpatients. The improvement of this preventive practice in other hospitals could substantially increase vaccination coverage of all recommended vaccines.

Geopolitics, ethics and public health

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Why have we failed to make real impact on the health damaging impacts of climate change? Why have we seen inequalities in health widen? Why have we failed to address the public apathy and hesitancy about getting children protected against killer diseases? Not because of a lack of knowledge or poor science, but because we are addressing the wrong problems. We have lacked awareness of geopolitical trends, particularly how neoliberalism fuels wealth inequality (fostering the super-rich and oligarchy), which in turn drives populism, culture wars, and performative cruelty, escalating towards conflict and autocracy. We are failing to address geopolitical vested interests, especially big tech, and fossil fuel, that are working against our actions to improve and protect health.

The negative impacts of the information revolution have accelerated neoliberalism and populism, particularly through the control of social media platforms and industrial scale disinformation. All of these harm public physical and mental health, and create division and insecurity in societies.

The second Trump presidency is bringing these threats into stark relief. Global and domestic health is being undermined through cuts to health services, wealth transfer, politicized aid, erosion of international order, and the dismantling of scientific and democratic institutions. These threats are not just to funding and viability- but threats of personal attacks, and actual bodily harm.

To remain relevant and effective, public health professionals must reaffirm their commitment to ethical principles like *solidarity*, *responsibility to act*, and *evidence-based practice*. It is time to reassert why we are doing what we are doing, and why people should listen and heed our advice and support us in our stand. We must show courage and speak out, advocating for the health of the public and a healthy state. The protection of people and planet, and indeed human survival, depends on it.

Growing the voice for academic public health: the work of the Global Network for Academic Public Health

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The Global Network for Academic Public Health (GNAPH) was launched in the 2023 WFPHA Congress in Rome. The organisation comprises 7 regional associations of schools of public health representing over 500 schools of public health.

GNAPH set out its manifesto in 2021 in the context of a global pandemic of COVID19. GNAPH has moved forward projects to improve the quality and quantity and range of public health education.

Key priorities for GNAPH are

1. *Workforce development:* This is our central priority. We have been lead partners, with WHO and IANPHI in agreeing the public health workforce road map in 2022 and in creating the toolkits endorsed at the World Health Assembly 2024.
2. *Climate:* with the Global Consortium for Climate Change and Health Education, we have delivered climate change and health responder courses with 5 regional associations. We are now developing communities of practice in each WHO region.
3. *Law and ethics:* GNAPH has developed a public health ethics and law network (PHELN) and hosts its materials on our website (by May 2026). The JPH supplement on public health ethics and law was compiled by authors from GNAPH member institutions.

The Riegelman GNAPH *This is Public Health*, has now had three rounds of international project in more than 50 academic institutions, We are also developing work on health diplomacy. We are also committed to supporting and developing our regional associations.

The presentation will describe the current work of GNAPH, and present examples of the work of some of our members in the WHO Regions, namely Africa, USA, Europe. There will be opportunities to influence the further development of GNAPH and our 5year strategy to increase the effectiveness of public health education, to protect and improve the health of the people we serve.

Residents' Knowledge of Healthy Nutrition Recommendations and Ambivalence Towards Adopting Healthier and More Sustainable Habits in Nine European Countries

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Background: Residents' knowledge of healthy nutrition recommendations may reflect potential areas where public health specialists require advanced training. Attitudes towards changing nutritional habits play an important role and may create additional competency requirements. These factors may vary across countries. Therefore, the aim of this study was to assess residents' knowledge of healthy nutrition recommendations and ambivalence towards changing nutritional habits into healthier and more sustainable ones in various European countries.

Methods: In June 2025, data were collected in nine countries: Lithuania, Belgium, Greece, Poland, Germany, Sweden, France, Spain, Italy. In each country, representative samples were formed with 500 respondents surveyed per country, resulting in a total sample of 4,500 respondents. Knowledge of nutritional guidelines (NK), ambivalence towards adopting healthier cooking habits (AMB-H), and ambivalence towards adopting more sustainable cooking habits (AMB-SUST) scales were used. Differences in NK, AMB-H, and AMB-SUST scores between countries were assessed using the Kruskal–Wallis test with Bonferroni adjustment.

Results: In the overall sample across all countries, median NK, AMB-H, and AMB-SUST scores respectively were 5.0 (interquartile range 3.0 – 7.0), 3.0 (1.7 – 4.0), and 3.0 (1.3 – 4.0). These scores differed significantly across the countries ($p < 0.001$). Median NK scores in Lithuania, Belgium, Poland, Germany, Sweden, France, Italy, Greece, and Spain respectively were 4.0, 4.2, 4.2, 4.2, 4.2, 4.3, 4.3, 4.5, and 4.5. In Italy, Germany, Lithuania, Greece, Poland, Sweden, Spain, Belgium, and France, median AMB-H scores respectively were 2.3, 2.3, 2.7, 3.0, 3.0, 3.0, 3.0, 3.3, 3.5, median AMB-SUST scores respectively were 2.0, 2.3, 2.3, 3.0, 3.0, 3.0, 3.0, 3.0, 3.3.

Conclusions: Knowledge of healthy nutrition recommendations and ambivalence about changing nutritional habits towards healthier and more sustainable ones differed across European countries, with the lowest knowledge observed in Lithuania and the highest ambivalence in France, suggesting different competency requirements for public health specialists.

An Interprofessional Skills-based Training on Vaccine Hesitancy and Communication

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Background: Vaccine hesitancy remains a critical public health challenge. Traditional information-based or persuasive strategies are often insufficient and may unintentionally reinforce resistance. Effective vaccination counselling requires shifting from pure knowledge transmission to communication skills that foster trust and support patient autonomy.

Approach: We developed a one-day interprofessional training programme on vaccine hesitancy and communication, designed for diverse healthcare professionals — including physicians, pharmacists, nurses, midwives, and medical assistants — as well as students. Grounded in Motivational Interviewing (MI) principles applied to vaccination contexts and developed in collaboration with MI co-founder Stephen Rollnick, the programme prioritises skill acquisition over theoretical knowledge transmission.

The pedagogical design integrates short theoretical inputs with live demonstrations and structured consultation frameworks (e.g. Ask–Offer–Ask). Participants engage in role-play exercises based on realistic clinical scenarios, receiving facilitated feedback in small interprofessional groups. The programme ensures fidelity to MI principles, avoidance of the “righting reflex,” and coherence between professional posture, communication techniques, and clinical practice. A multidisciplinary scientific committee with expertise in medicine, immunology, pharmacy, psychology, and public health oversees the content.

Educational value and transferability: The programme shifts the professional approach from persuasion to partnership, strengthening participants’ ability to explore ambivalence, manage resistance, and support informed, autonomous decision-making. By focusing on shared communication competencies rather than discipline-specific vaccinology expertise, it enhances mutual understanding across professions and reflects real-world vaccination pathways. This modular one-day training model is highly scalable and adaptable for undergraduate, postgraduate, and continuing professional development.

Conclusions: This training demonstrates that effective communication about vaccination relies on an autonomy-supportive posture, and the ability to explore patient ambivalence.

Through this initiative, healthcare professionals will be equipped with skills to respond effectively to vaccine-hesitant patients. By promoting collaboration and shared competencies, the programme provides a robust framework for building a strong vaccination culture across the public health workforce.

Co-Creating Vaccine Competency - A Participatory Design Approach to Interprofessional Vaccinology E-Learning

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Background: Evidence indicates that vaccination training is frequently insufficiently integrated within the curricula of various health professions. To address this gap, the Swiss School of Public Health (SSPH+) initiated E-VACTS (Electronic Vaccine Training Switzerland), an evidence-based, modular e-learning programme developed with the support of the Swiss Federal Office of Public Health. The goal is to equip health professionals with evidence-based knowledge and core competencies to consult patients effectively and strengthen a common vaccination culture.

Approach: A defining feature of E-VACTS is its participatory development path. The curriculum was shaped through four design thinking workshops involving a heterogeneous group of 25 future users with different knowledge and roles related to vaccination, including students and practitioners from medicine, midwifery, medical practice assistance, and pharmacy.

These workshops were instrumental in identifying real-world patient encounters, existing competency gaps, and the diverse learning preferences of the target groups. The obtained insights into knowledge and skill gaps directly informed the definition of learning objectives, which were then mapped to the appropriate cognitive levels of Bloom's Taxonomy. This ensured a pedagogical design that balances foundational knowledge with interactive, problem-oriented tasks and structured self-study. This bottom-up perspective was harmonised with the expertise of a multidisciplinary scientific advisory board to ensure the content is scientifically rigorous and aligned with actual vaccination standards and guidelines.

Educational value and format: The programme's modular architecture allows for flexible integration into undergraduate, postgraduate, and continuing professional development. The curriculum covers six core domains: biomedicine, public health perspectives, the Swiss vaccination schedule, vaccination practice, counselling techniques, and managing vaccine scepticism.

Conclusions: By combining expert knowledge with a participatory design that respects the practical realities and learning needs of diverse health professions, E-VACTS provides a scalable and highly relevant model for interprofessional vaccinology education.

Building Transformational Leadership Capacity for Public Health in Times of Disruption

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This collaborative session addresses a critical question for public health education and workforce development: How can we prepare public health professionals to become transformational leaders in politically challenging and crisis-affected contexts?

In a turbulent and rapidly changing world marked by conflict, shifting value systems, and growing societal fragmentation, the need for judicious, humble, and ethically grounded transformational leadership has never been greater. Public health professionals must be equipped with competencies that enable them to navigate uncertainty, inspire collective action, strengthen institutional resilience, and advance equitable policy and systems transformation. Developing these capacities requires their intentional and systematic integration into public health education, training programmes, and continuous professional development. Transformational leadership can serve as a ray of light bringing about positive change in individuals and systems by strengthening motivation, integrity and performance. However, the challenge remains: how can educational institutions translate leadership theory into context-sensitive learning experiences that reflect diverse geographical, demographic, and health system realities?

Bringing together expertise from research, policy, practice, and education, this session seeks to bridge the gap between leadership frameworks and the educational strategies needed to nurture transformational leaders. Drawing on evidence and lived experience, the panel will

explore how emerging leaders can be empowered to pioneer innovative and ethical solutions in times of adversity. The session will open with a brief presentation of a competency framework for transformational leadership in public health, followed by an interactive panel discussion. Contributions will address:

- (1) Public health systems transformation in the WHO European Region;
- (2) Perspectives from national public health institutes and governmental practice;
- (3) Leadership development within an African Leadership and Management Training for Impact in malaria elimination;
- (4) Ethical dimensions of transformational leadership; and
- (5) Mutual learning through transformative learning journeys.

An interactive exchange with participants will conclude the session, fostering dialogue and practical application.

A New Job Profile of Infection Control Nurses Working in Public Health Services. Development Trajectory and Content

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Background: During the COVID-19 pandemic, the need for clarity regarding the tasks and responsibilities of infection control nurses working in public health in the Netherlands became particularly evident. However, a standardised job profile outlining these responsibilities was lacking. This paper describes the development and content of a national job profile for infection control nurses working in Public Health Services in The Netherlands.

Methods: To gain input for the job profile a mixed-methods approach was used. This involved desk research, a nationwide online survey and interactive platform meetings with infection control nurses and other professionals working in Public Health Services with a regional working area. Continuous feedback was obtained on drafts of the job profile from a steering group and advisory committee composed of infection control nurses and other relevant stakeholders.

Results: This process resulted in the national job profile, that is structured around seven core tasks: controlling infectious diseases and preventing further spread; surveillance; policy advice; prevention activities; networking and coordination; preparation for large-scale infectious disease outbreaks; and contributing to knowledge and research. The profile positions the infection control nurse working in Public Health Services as a community-based coordinating professional, operating at the individual, regional, and population levels. The profile defines the coordinating role of the infection control nurse in situations with large-scale infectious disease outbreaks. During outbreaks, infection control nurses can have roles in coordination and delegation of operational tasks and the development of preparedness plans and work instructions.

Conclusions: This job profile enhances role clarity, professional positioning, and outbreak preparedness of infection control nurses within Public Health Services in the Netherlands. At the same time, it might contribute to a broader role delineation and professional positioning of infection control nurses in public health care. In addition, the transparent, participatory development process may inform similar initiatives internationally.

Training for Public Health Action: A Human-Centered Design Approach to Enhancing HPV Vaccine Demand and Confidence Among University Students in Serbia

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Background: Despite the availability of free HPV vaccination for students in Serbia, uptake is hindered by a complex information environment where 45% of young adults trust peer perspectives over, often inconsistent, advice from healthcare professionals. This project aimed to bridge the "empathy gap" by training student organizations' leaders to design and implement peer-to-peer vaccine promotion campaigns using Human-Centered Design (HCD) methodologies.

Methods: In November 2025 and February 2026, multidisciplinary workshops were organized by the Media Education Centre and supported by the Serbian Public Health Organization in Belgrade for student representatives from four major University centers in Serbia. The training combined plenary sessions on vaccinology and behavioral science with HCD workshops. Participants did formative research in the form of "challenges" better to understand their peers' experience with HPV vaccination, mapped their information ecosystems, and co-created tailored health messages. Following the training, students launched online and offline activities, involving on-campus promotions at various Faculties and social media campaigns using the co-created messages.

Results: The training empowered students to transition from passive learners to active health advocates. Post-intervention activities reached thousands of peers through digital and physical channels. Student-led initiatives successfully promoted the "free dose" availability, directly addressing the barrier of perceived cost. Data post-intervention showed a measurable increase in vaccine engagement; specifically, monitoring of student-led activities during the 2026 Cervical Cancer Prevention Week recorded over 100 immediate responses

for information and a significant rise in the initial dose uptake among the target university population compared to previous months.

Conclusions: Utilizing HCD to involve students in the "participatory design" of health interventions effectively addressed vaccine uptake barriers. Behavior Change and HCD approach empowered students as credible messengers, demonstrating how public health programs can involve peer networks more effectively than traditional communication. The "Training for Public Health Action" model provides a scalable framework for increasing HPV immunization coverage in different settings across the world.

Assessing training impact in health emergencies: applying Kirkpatrick's four levels to risk communication, community engagement and infodemic management education

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Background: Risk communication, community engagement, and infodemic management (RCCE-IM) capacity building equips public health professionals to build trust between communities and responders – key to acceptance and uptake of protective behaviours during emergencies. Given the importance of demonstrating the value of this critical International Health Regulations (IHR 2005, 2024) capacity, coupled with evaluation barriers, this study aimed to assess the results of WHO RCCE-IM training in European Region.

Methods: Training evaluation data were collected between October 2024 and December 2025 from eight training activities delivered to 213 professionals across the European Region, including national and local communication officers, health promotion specialists, epidemiologists, public health, and emergency responders. For the first time in WHO RCCE-IM training, a structured four-level evaluation based on the Kirkpatrick Model was applied. Standardized web-based surveys assessed learning needs (Level 0), reaction (Level 1), learning (Level 2), and workplace behaviour (Level 3). Qualitative synthesis and descriptive review identified barriers and enablers to effectiveness, along with challenges in applying all Kirkpatrick levels.

Results: Of 128 participants completing surveys, 87% reported satisfaction with the training (Level 1); about two-thirds showed increased skill confidence and competence (Level 2); and 60% reported retention of key skills (Level 3). Level 1 was affected by participant fatigue, particularly when training occurred within larger events. Level 2 was constrained by limited training duration (one hour to 2.5 days), reducing skills practice and meaningful assessment of soft skills. Level 3 was challenged by overburdened supervisors unable to support skill application during emergencies, staff turnover disrupting longitudinal tracking, and low response rates to surveys disseminated months after the training event. Level 4 was the most laborious to evaluate due to attribution challenges and resource demands for long-term follow-up.

Conclusions: RCCE-IM training evaluation can be strengthened by needs-based design, early manager engagement, embedded action plans with supervisory check-ins, and reverse-design methodology.

Motivations, expectations, and perceptions of students enrolling in Public Health programmes in Poland

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Background: Public health specialists are essential to the healthcare system, however the Public Health degree programme remains insufficiently recognized among prospective students in Poland.

Aim: To assess whether the Public Health programme was students' first-choice field of study, identify key factors influencing enrolment decisions, and evaluate how students assessed the programme in relation to their expectations.

Methods: All first-year students enrolled in the Bachelor's and Master's degree programmes in Public Health at the Jagiellonian University Medical College, the top-ranked school of public health in Poland, were invited to participate over three consecutive academic years (2022-2025). Data on sources of information, motivations for undertaking studies, and evaluation of the programme were collected in an online survey.

Results: Ninety-two students were included in the analysis (response rate: 61%). In all years, the majority of students indicated Public Health as their first-choice programme, with consistently higher proportions among Master's students (79-89%) than Bachelor's students (40-63%). University prestige was the main motivation for enrolment (57%, 61%, and 74% in consecutive years), followed by the opportunity to study in Kraków (approximately 50%). Field-specific motivations were less frequent: correspondence with personal interests (30%, 39%, 62%) and career prospects (43%, 39%, 44%). Although relatively few students reported that the programme exceeded their expectations, overall it met or exceeded expectations in 70-90% of Bachelor's and 50-85% of Master's students (Fig 1).

Conclusions: While overall student satisfaction is high, strengthening the identity and visibility of Public Health as a clear and attractive field of study appears necessary.

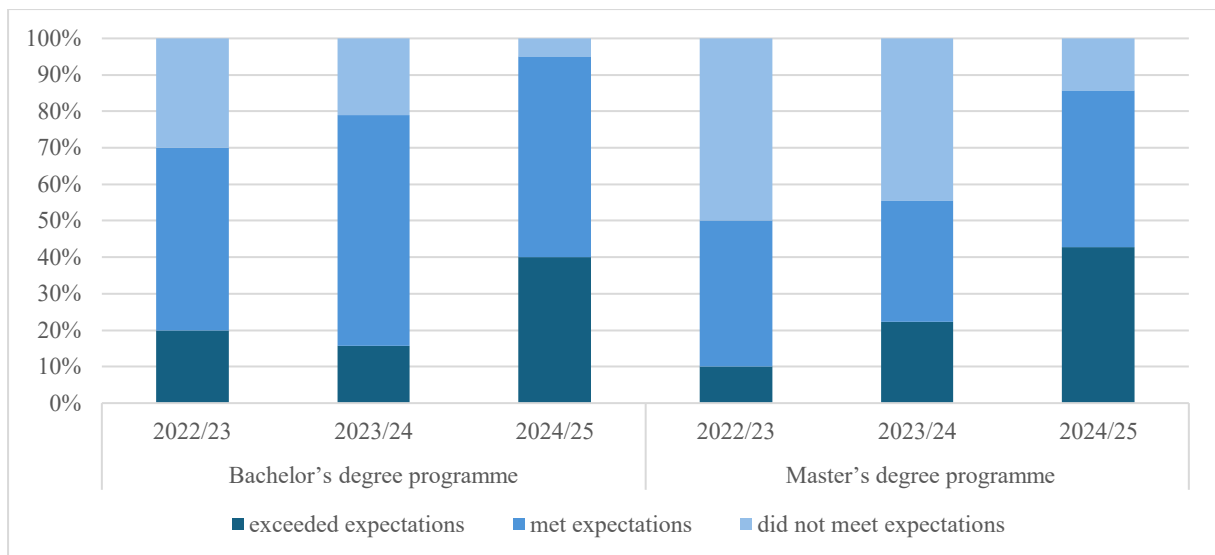


Fig 1. Assessment of the Public Health programme in relation to students' expectations across subsequent academic years

Delivering risk communication, community engagement and infodemic management training for real impact

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Risk communication, community engagement, and infodemic management (RCCE-IM) capacity building equips public health professionals to establish and strengthen trust between communities and responders, a major driver for people's acceptance and uptake of protective behaviours during emergencies like COVID-19 or mpox outbreaks. Yet, evaluating these trainings to demonstrate value under the International Health Regulations (2005) faces steep barriers: resource scarcity, staff turnover, soft skills intangibility, and linking classroom gains to real-world results.

In this 60-minute session, we will take participants through the elements of training evaluation for RCCE-IM. Workshop will present pragmatic, multi-level evaluation approach inspired by the Kirkpatrick Model and WHO RCCE-IM Capability Mapping Tool. Participants will learn how to clarify the real-world changes expected from RCCE-IM training and design a simple evaluation plan (pre-training baselines, post-session checks beyond self-ratings, behaviour tracking, and outcome proxies). Perspectives from evaluators, practitioners, educators, and managers will frame challenges – such as survey fatigue, low follow-up rates, and attribution in crises – and facilitate debate on practical solutions.

Ideal for RCCE-IM practitioners, M&E officers, public health educators, and emergency managers who seek to transform training evaluation from box-ticking to a capacity-building strategy.

Teaching Digital Public Health: Building Competencies for the Future Public Health Workforce

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The rapid integration of digital technologies, artificial intelligence, mobile applications, and data science into public health practice is transforming how public health problems are understood and addressed. To prepare future professionals for this evolving landscape, public health education must move beyond ad hoc digital skills training toward structured, competency-based teaching in Digital Public Health (DPH). However, many existing public health, epidemiology, and medical curricula still lack coherent educational frameworks that systematically embed digital competencies, interdisciplinary learning, and practical application.

This panel places teaching and curriculum development at the center of Digital Public Health capacity building. It presents four short case studies from different universities and institutional contexts, each offering a concrete teaching-focused impulse. The cases demonstrate a range of pedagogical approaches, including the integration of Digital Public Health modules into core curricula, the development of interdisciplinary courses co-taught by public health and data science faculty, and the use of project-based and practice-oriented learning formats. Together, they illustrate how Digital Public Health competencies can be aligned with established public health learning objectives while responding to emerging workforce needs.

Beyond sharing individual teaching experiences, the panel contributes to a broader initiative aimed at strengthening coordination in DPH education across Europe and beyond. Interactive elements will engage participants in reflecting on key teaching challenges, such as faculty capacity, curricular overcrowding, assessment of digital competencies, and institutional infrastructure.

The session aims to initiate a collective process toward developing a shared European approach to Digital Public Health education. Expected outcomes include the identification of core teaching principles, priority competency domains, and essential educational resources. Ultimately, the panel seeks to support the development of a common roadmap for Digital Public Health teaching and training that can guide curriculum design, promote comparability across institutions, and strengthen the preparedness of the future public health workforce.

Public Health Medical Residency in Poland and Workforce Readiness: A Competency Mapping and Analysis of the Operationalisation of ASPHER Core Competences.

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Background: Competency-based education is central to strengthening the public health workforce and ensuring preparedness for complex system-level challenges. The ASPHER Core Competences for Public Health (2024) provide a structured European framework for aligning training programmes with workforce needs. However, limited evidence exists on how medical specialisation programmes in public health operationalise these competencies in practice.

Aim: This study aims to examine how the Polish medical residency programme in public health represents and operationalises ASPHER Core Competences, and to explore implications for workforce readiness.

Methods: A structured qualitative document analysis of the official Polish public health medical specialisation curriculum is underway. Using the ASPHER Core Curriculum Self-Assessment Tool Suite to derive competency domains, the curriculum's components, learning objectives, and modules are being systematically mapped. Competencies will be categorised by their explicit representation and operationalisation (e.g., theory vs practice). Distribution across domains and patterns of operationalisation will be analysed descriptively.

Results: Mapping suggests variability in the representation of ASPHER Core Competence domains, with several system-level areas such as emergency preparedness and crisis management lacking clear focus. Patterns also indicate an imbalance between theoretical instruction and practice-based training, with many competencies described primarily as conceptual knowledge rather than linked to practical application, pointing to potential misalignment with workforce readiness expectations.

Conclusions: By examining both the distribution and operational representation of competencies, this study contributes to ongoing discussions on strengthening competency-based public health medical training and enhancing workforce readiness in Europe.

Teaching Community-Oriented Primary Care in a Sixth-Year Public Health Internship: An 18-Year Experience at Dokuz Eylül University

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Background: Community-Oriented Primary Care (COPC) is a continuous and systematic approach that integrates primary health care practice with public health principles to identify and address the prioritized health needs of a defined community. COPC has been widely incorporated into undergraduate and postgraduate public health training programs.

Aim: This study presents the COPC training experience implemented for intern doctors at the Dokuz Eylül University (DEU) Faculty of Medicine, Department of Public Health.

Methods: Since 2007, COPC training has been a core component of the 8-week Public Health internship at DEU. The program follows the main COPC steps: defining and prioritizing community health problems, conducting detailed assessments, planning interventions, and establishing surveillance and evaluation mechanisms. The face-to-face training includes a field visit, seven interactive lectures, and weekly small-group sessions using real district-level data. Under the supervision of a faculty member and a resident physician, students collect and analyze health data, identify priority problems, and develop intervention plans, completing all stages of the COPC cycle. Each group presents its community health program proposal at the end of the internship. Training effectiveness was assessed through an anonymous self-evaluation form in which interns rated their competencies in COPC steps and various aspects of the program using a 5-point Likert scale.

Results: All components of the COPC training were rated highly, with mean scores of around 4.0 out of 5, and the overall COPC evaluation score was 4.11 ± 0.9 . The highest score was for instructors' approach (4.56 ± 0.8), while the other domains -including community definition, problem identification, intervention development, and theoretical sessions-showed consistently positive evaluations with similar mean scores and moderate variability (Table 1).

Conclusions: The COPC approach appears to be a suitable program for medical students in terms of public health education. Therefore integrating the COPC training program into medical curriculum is recommended.

Table 1. Student Evaluation Scores for COPC Training

	n	Mean Score (1-5)	Std. Deviation
Overall COPC evaluation score	2129	4,11	0,90
Theoretical sessions score	2262	4,05	0,93
Community definition	2258	4,05	0,94
Identifying health problems and detailed assessment of selected health problems	2259	4,07	0,90
Developing interventions	2257	4,06	0,97
Instructors approach	883	4,56	0,80

Developing scenario-based exercises for boundary and interdisciplinary learning for undergraduate and professional education

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Background: The Pandemic and Disaster Preparedness Center (PDPC) has extensive expertise with organizing scenario-based exercises & workshops, from small-scale workshops to large-scale complex exercises, aimed at a wide variety of audiences and including facilitators and digital tools to stimulate and support the discussion. The exercises make use of a wide variety of complex outbreak scenarios developed by the PDPC, including avian influenza, climate-linked vector-borne threats such as Japanese Encephalitis, and unknown emerging pathogens (Disease X). All workshops conclude with a reflection and evaluation session, discussing the experiences of the participants and stimulating the learning and skill-building process of the exercise.

Methods: Insights and results from the PDPC have been gathered through:

- Experience in scenario-based exercise design
- Key literature on the development of scenario-based exercises & boundary and interdisciplinary learning
- Facilitator and participant feedback and reflections during the various scenario-based exercises and workshops

Results: Based on the key literature, PDPC design experience and facilitator and participant feedback, the PDPC has developed an extensive exercise guideline including an overview of lessons learned and do's & don'ts in the planning and design of scenario-based exercises. These results include the importance of clear and achievable learning objectives, the avoidance of information overload, the identification of the right level of knowledge and expertise of participants, the importance of strong facilitation.

Furthermore, from participant and student feedback we observe that epistemic literacy increases following the exercises, and participants become more open to engaging with and integrating other disciplinary perspectives.

Conclusions: In order for simulation exercises to be effective tools in student en professional education, a systematic and structured approach is vital. This entails closely aligning the

learning objectives as driving factor with the scenario & background information, the level of knowledge and expertise of the participants and the reflection session into an integrated whole.

Comparing Community-Based and Community-Oriented Public Health Education Models: Evidence from Student Evaluations in a Turkish Medical School

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Background: Community-Based Medical Education (CBME) involves experiential learning within real community settings, whereas Community-Oriented Medical Education (COME) prioritizes community health needs but is primarily delivered within the medical school environments. At Dokuz Eylül University Faculty of Medicine (DEUFM), CBME was implemented between 2001–2016 through structured home visits within the pediatrics clerkship. In 2017, the program was restructured as COME, based on reflective discussions following the screening of the documentary “*Those in Limbo*”, depicting disadvantaged urban communities living in slum areas. This study compares student feedbacks of these two educational models.

Methods: This cross-sectional study included all fourth-year medical students participating in the public health component between 2001 and 2025 (N=4,867), of whom 3,029 (62%) completed feedback forms. The independent variable was educational model (CBME vs. COME). Outcomes included overall program evaluation, perceived observation of community and environmental/social determinants of health, organization, and evaluation of supervising instructors. Data were collected using a five-point Likert scale and mean scores were compared using Student’s t-test.

Results: Among respondents, 53.9% were male and 46.1% female. The mean overall evaluation score was higher during the COME period compared to CBME (4.20±0.83 vs. 4.01±0.93; p<0.001). Scores for observation of community and environment (4.43±0.78 vs. 4.20±0.87), organization (4.21±0.83 vs. 3.91±0.96), and evaluation of supervising instructors (4.72±0.58 vs. 4.43±0.87) were also significantly higher in the COME period (all p<0.001) (Table 1).

Conclusions: The COME model was associated with modestly higher student feedback scores compared to CBME. Although statistically significant, differences were small, suggesting limited practical magnitude. However, this study demonstrates that the COME model is perceived by medical students as more successful than the CBME model. Therefore, the use of documentary screenings as a teaching method in public health education and integrating these models into medical curriculum at the medical schools is recommended.

Table 1. Comparison of Students' Evaluation Scores for the Components of Community-Based and Community-Oriented Medical Education Practices

<i>Model Years</i>	CBME 2001-16 (n:2233)		COME 2017-25 (n:796)		
	Mean	Std.	Mean	Std.	p*
<i>The overall program evaluation score</i>	4,01	0,93	4,20	0,83	<0,001
<i>Observation of community and environment in terms of social determinants of health</i>	4,20	0,87	4,43	0,78	<0,001
<i>Organization</i>	3,91	0,96	4,21	0,83	<0,001
<i>Students' evaluation of the supervising instructors</i>	4,43	0,87	4,72	0,58	<0,001

*student's t test results

ASPHER's Contribution to the Development of Public Health Education in Latvia

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The development of public health education in Latvia began in the early 1990s. With the support of the Ministry of Health in 1993 the School of Public Health (SPH) was established, and following the model in many Western countries, the first professional master's program was launched in 1996.

In parallel, in 1997, the Faculty of Public Health (FPH) was established at Riga Stradiņš University (RSU) and a four-year professional bachelor's degree program was launched. Since 2000, RSU has offered academic master's degree programs in Public Health. In 2005, the School of Public Health was incorporated into the FPH.

Since 1994, the SPH and the FPH have been members of ASPHER. Cooperation takes place in improving educational programs, increasing the capacity of teachers, and strengthening the institutional structure.

Participation in the ASPHER and OSI (Open Society Institute) program "Developing the Quality of Public Health Curriculums in Central and Eastern Europe" (2002–2006) promoted cooperation with European universities and the further development. We received expertise in improving study programs, provided training opportunities for teachers, and improved the study environment.

Later, several thematically diverse training courses organized by the Salzburg Open Medical Institute with the support of ASPHER, seminars from other projects, such as "Strengthening Public Health Capacity in Europe and Developing Public Health Competencies", etc., developed the competence of teachers and their ability to expand the curriculum in line with international knowledge and approaches.

Participation in European Core Competences programme ensured quality standards for educational programs in Latvia and introduced a European perspective into our study courses.

The Young Researchers Forum during the European Public Health Conference introduce our young researchers to the scientific community.

ASPHER's support has been diverse and present for 30 years. This has helped to shape and strengthen the professional identity of the public health specialty.

Curriculum Reform Under Political and Workforce Pressure: A U.S. Case Informing European Public Health Education

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Background: Despite the heightened visibility of prevention during the COVID-19 pandemic, public health in the United States remains weakly positioned as a primary career pathway for students pursuing health professions. Enrollment instability, political polarization, constrained public funding, and comparatively lower salary trajectories have exposed structural vulnerabilities in public health education. These pressures reveal a misalignment between traditional curricula and evolving workforce, governance, and societal expectations.

Objective: This perspective analyzes how U.S. public health programs are responding to these structural pressures and considers implications for proactive curriculum reform in European schools of public health.

Approach: Using institutional curriculum redesign at both undergraduate and graduate levels as a case example, this analysis examines strategies aimed at strengthening professional identity, workforce alignment, and political literacy within public health training.

Institutional Case: In response to declining visibility and shifting labor market expectations, our institution restructured undergraduate and graduate programs to move beyond discipline-bound training. Curriculum reform integrated coursework in health politics, leadership, policy analysis, and systems thinking alongside epidemiology and biostatistics. Applied competencies—including grant development, policy communication, and intersectoral collaboration—were embedded. Experiential partnerships with practicing professionals and comparative health systems analysis were incorporated to enhance practical relevance and global literacy. These reforms reposition public health not only as a technical field, but as a governance and leadership profession operating within contested political environments.

Conclusions: The U.S. experience illustrates how political and economic pressures can erode professional positioning when curricula remain narrowly technical. Embedding leadership, political analysis, and applied workforce competencies may enhance resilience and legitimacy. European institutions have an opportunity to anticipate similar pressures by integrating structurally informed, workforce-centered reforms that strengthen public health's institutional sustainability and societal impact.

PanFlu Exercise at AREU Lombardia: Evaluation of Tabletop Simulation Effectiveness in Enhancing Regional Preparedness for a Pandemic Scenario

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Background: Pandemic preparedness is a central pillar for contemporary public health systems. WHO and ECDC recommend simulation-based education to test leadership, decision-making, and inter-institutional coordination. Aligned with the ASPHER congress mission, this study evaluates the PanFlu tabletop exercise at Agenzia Regionale Emergenza Urgenza (AREU) Lombardia, the emergency medical authority in Lombardy, Italy. The exercise combined operational testing and learning, aligned with the ASPHER Core Competency Framework, covering:

- preparedness and health protection;
- leadership and systems thinking;
- communication and collaboration;
- governance and policy implementation;
- professionalism and intersectoral practice.

The study assessed the exercise's effectiveness in strengthening pandemic response competencies and identifying training gaps.

Methods: A structured tabletop simulation based on the Regional PanFlu Strategic-Operational Plan involved the main AREU directorate units. The scenario simulated pandemic escalation requiring coordinated decision-making, resource allocation, and communication with regional and external stakeholders. Impact was evaluated through a 1–5 Likert-scale questionnaire across five domains: educational effectiveness; plan clarity and feasibility; identification of critical issues; coordination and communication; perceived preparedness. Scores >4/5 were predefined as effective. Mean scores were calculated overall and by unit, with qualitative feedback.

Results: The exercise scored highly in educational effectiveness (mean 4.9) and plan clarity/feasibility (4.6). Perceived preparedness scored 4.5, coordination and communication 4.1, and identification of critical issues 4.0. Inter-unit variability (range 3.2–5.0) highlighted different readiness perceptions. Strengths included improved interprofessional dialogue and awareness of institutional roles. Weaknesses concerned logistics, supply chain, external information exchange and protocol operationalization.

Conclusions: The PanFlu tabletop simulation functioned as a competency-based learning strategy reinforcing ASPHER domains with measurable evidence of effectiveness (>4/5). Consolidating knowledge of the Regional Plan, it promoted systems thinking and intersectoral alignment. Inter-unit variability underscores the need for tailored training to develop homogeneous competencies. Systematic integration of interprofessional simulations, evaluated with standardized metrics, should be embedded in professional development to translate preparedness planning into sustainable operational capacity.

Comparative Analysis of Hospital Operational Plans and Development of a Standardized Framework for Emergency Department Improvement Plans in the Lombardy Region

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Background: Emergency Department (ED) overcrowding is a systems-level challenge affecting patient care across Europe. In 2025, the Lombardy Region introduced binding ED targets for stretcher off-load and boarding times. Healthcare providers developed operational plans to meet these standards, resulting in heterogeneous approaches. This provided an educational opportunity in public health by analyzing organizational responses, comparing governance models, and developing standardized frameworks. It aligned with the ASPHER Core Competency Framework, particularly leadership and systems thinking, governance and management, performance assessment, and policy implementation. This study analyzed plans, quantified variability, developed a regional framework, and explored educational value for specialist training.

Methods: A descriptive observational study analyzed 10 hospital operational plans using structured document review. Strategies were compared to identify patterns and variability. Plans were classified into five macro-domains:

1. flow governance;
2. structural capacity;
3. human capital;
4. performance monitoring;
5. internal governance.

Actions were coded as present/absent and organized in a comparative matrix. Implementation frequencies were calculated to identify dominant strategies and gaps. This process worked as a training model for organizational assessment and systems evaluation.

Results: Significant heterogeneity emerged. Most plans emphasized discharge/admission management (8/10) and workforce enhancement (8/10); fewer addressed patient intake and

stretcher availability (6/10). Interventions relied mainly on resource- and flow-based strategies; performance monitoring and accountability were less consistently implemented (5/10), with few organizations reporting multidisciplinary coordination. The analysis identified shared minimum requirements and enabled development of a standardized regional operational framework with harmonized reporting criteria.

Conclusions: Comparative analysis converted heterogeneous responses into a structured model, reducing fragmentation and supporting regional governance. From an educational perspective, the methodology provides a replicable training approach to strengthen analytical, managerial, and systems-thinking competencies. Embedding comparative analysis within specialist and continuing professional development enhances future public health leaders' ability to evaluate complex systems, design standardized governance frameworks, and translate performance targets into measurable improvements.

From Global Competencies to Local Action: Implementing IUHPE's Global Framework in National Training and Accreditation Systems

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The field of health promotion is increasingly being recognized as a profession that requires clearly defined competencies, ethical standards and transparent quality assurance processes. Although global standards exist, many countries still struggle to translate competency frameworks into locally relevant policies, curricula, and career paths. This challenge is further compounded by the fact that health promotion is not usually a standalone profession in most countries, but rather an integral part of public health training and accreditation systems.

The International Union for Health Promotion and Education (IUHPE) Global Health Promotion Accreditation System addresses these needs by providing an internationally recognized system for the accreditation of national training and professional practice systems in health promotion. Based on the revised 2024 IUHPE Core Competencies and Professional Standards, the system provides a coherent and adaptable framework that supports workforce mobility, professional identity and high-quality practice in a variety of educational and healthcare contexts.

The aim of this roundtable session is to facilitate structured, interactive dialogue on how IUHPE's global competencies can be translated into local action. Participants will explore the following: (1) the relevance and adaptability of the updated IUHPE competency framework; (2) strategies for integrating competencies into training programmes, professional development and organizational systems; (3) ways of aligning national and institutional accreditation processes with global standards.

Designed as a skills-building and co-creation workshop, the session will combine short expert input, group work and collective reflection. By bringing together participants from multiple countries and professional backgrounds, the session will generate practical recommendations for strengthening health promotion education and practice. Ultimately, the session aims to

support a shared international vision in which globally aligned standards foster locally grounded, equity-driven action to create healthier and more resilient societies.

A scoping review of disaster and emergency response simulation education for medical students

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Introduction: Disaster and emergency preparedness aims to increase capacity for response, management, and recovery during natural and anthropogenic events. Simulation offers immersive and/or interactive activities in a controlled environment for skills-building. Disaster preparedness education is a noted gap in undergraduate medical school curricula, and simulation remain underutilised. This scoping review aimed to describe simulation-based disaster response teaching strategies for medical students and identify successes and challenges.

Methods: The review followed JBI methodology and is reported according to PRISMA-ScR. A comprehensive search of PubMed, Embase, SCOPUS, ERIC, Google Scholar, and Open Access thesis and dissertations was conducted (August 2025). Eligible studies included any design describing simulation-based disaster preparedness education for medical students published between 2001 and 2025. Titles, abstracts, and full texts were screening in duplicate. Data extraction was completed by one reviewer and verified by another. Findings were synthesised descriptively.

Results: From 1,931 abstracts screened, 144 full texts were assessed and 52 studies were included. Studies were conducted across 17 countries, with the majority from the United States (12, 31.6%) followed by Italy (5, 13.2%) and Germany (3, 7.9%). The most common training modalities were tabletop exercises (8, 21.0%), mannequin-based triage or clinical skills training (7, 18.4%), virtual reality/virtual environment (6, 15.8%), and full-scale/moulage exercise (6, 15.8%). Most exercises focused on general Mass Casualty Incident skills (13, 34.2%). Hazard specific training scenarios included Chemical/Biological/Radiological/Nuclear (9, 23.7%), explosion (8, 21.0%), and motor vehicle incident (6, 15.8%). Outcomes were primarily short-term knowledge, confidence or skills assessment with limited standardized evaluation.

Conclusions: This review demonstrates that varied simulation modalities are being used internationally to teach disaster and emergency preparedness to medical students. By mapping current approaches and identifying key gaps, this scoping review offers practical direction for designing an effective, pedagogically informed public health emergency simulation exercise tailored to undergraduate learners.

The Art of Teamwork: Aligning Pedagogy and Practice for Public Health Students at Bordeaux school of public health

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Background: In Public Health, addressing complex health challenges requires seamless collaboration across diverse disciplines. In higher education, group projects aim to foster essential "soft skills" - such as leadership, project management, and co-development - but often encounter difficulties, like interpersonal conflicts and unequal contributions. At the Bordeaux School of Public Health, the diversity of students' profiles (geographical origins, disciplinary backgrounds, initial and continuing education) creates additional coordination challenges that may affect cohort cohesion and faculty management. Traditionally, Master's students were primarily assessed on scientific outputs, without formal evaluation of behavioral competencies. To address this gap, we initiated a process of constructive alignment to better articulate learning objectives, pedagogical activities, and objective assessment methods for tutored projects involving groups of 3–4 students.

Methods: Launched in January 2024, the project followed these methodological steps: (1) redefining learning outcomes to include behavioral competencies; (2) developing targeted pedagogical activities; (3) creating rubric-based assessments; (4) designing guidance materials for the teaching team to ensure a shared understanding of expectations; and (5) evaluating impact in June 2025 through mid-term self-assessment questionnaires, final satisfaction surveys, and qualitative feedback to support continuous improvement.

Results: Two specific learning outcomes targeting group dynamics were identified: "Effective organization with peers and supervisors" and "Active engagement in a collective work environment." In 2025, 5 out of 20 groups required specific mediation (meetings between students and a neutral faculty member) following conflicts identified in mid-term questionnaires. Overall, student satisfaction reached 70%, with particular appreciation for the project management tools provided. For tutors, the new assessment rubrics facilitated grading process, although further calibration is needed to harmonize scoring.

Conclusions: This cyclical process of design, implementation, evaluation, and adjustment supported a responsive pedagogical model for teamwork, evolving in line with students' needs and learning experiences.

Beyond core academic path: Recognizing Civic Engagement and volunteering in Public Health in the Bordeaux Master of Public Health Program

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Background: The University of Bordeaux actively encourages its programs to support student involvement in volunteering (known as "student engagement") and to formalize the acquired competencies through field experience. In response, the Master of Public Health at the Bordeaux School of Public Health has implemented a dedicated "Engagement Unit," distinct from formal internships. This elective unit aims to bridge the gap between civic life and academic recognition by formally acknowledging and valuing the professional competencies developed through volunteer engagement.

Methods: Grounded in the principle of constructive alignment, the module was designed by first defining explicit learning outcomes related to professional integration and public health expertise. Students are expected to contextualize their mission within the broader public health landscape, integrate effectively into a professional team, articulate the competencies developed, and apply project management tools in practice. All components of the module were then aligned with these outcomes. Students complete a minimum of 30 hours of volunteering per year, supported by a structured reflective portfolio that links field experience to the Master's competency framework.

Results: Developed in 2025, the module was implemented from November 2025 to March 2026 and is currently ongoing. Seven students enrolled in this inaugural edition, coming from diverse academic backgrounds—including psychology, management, and biology—with varied professional aspirations in health management, health promotion, and epidemiology. Volunteer activities span multiple contexts, such as promoting access to healthcare and social rights, emergency response, mental health support, and food insecurity initiatives for students in precarious situations.

Conclusions: These experiences provide opportunities to develop transversal professional skills, including teamwork, project management, communication, and reflexive practice, while fostering a professional mindset. A comprehensive evaluation at the end of the academic year will assess the outcomes and guide future pedagogical adjustments.

The History of Public Health Residency Training in Türkiye

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Background: Public health residency training in Türkiye was formally initiated in 1958, reflecting broader state-led efforts to institutionalize preventive medicine and population-based health services. This study aims to explore the historical evolution of public health specialization training within the broader political and institutional transformations of the Turkish health system.

Methods: This qualitative study was designed as an oral history research. In-depth, face-to-face interviews were conducted in 2024 with six emeritus professors of public health who were among the first generation trained by the founders of residency training in Türkiye. Participants completed their training at the Hacettepe Institute of Community Medicine and the Refik Saydam National Public Health Institution, the pioneering institutions of the period. Data were collected using a semi-structured interview guide; all sessions were video-recorded, transcribed, and analyzed independently by two researchers through manual coding and thematic content analysis. A focus group discussion with all participants was also conducted to enhance interpretive depth and triangulation.

Results: Three overarching themes emerged. First, participants emphasized the foundational investments made during the early decades of the Republic (1923–1960) to institutionalize preventive health services, culminating in the establishment of national public health structures. Second, the “socialization of health services” reforms of the 1960s and the creation of university-based Health Training and Research Areas were described as transformative for residency training and field-based practice. Third, a marked policy shift after 1980 was identified, characterized by neoliberal health reforms, including World Bank–supported restructuring, and a gradual move away from nationally oriented, public-sector-centered health policies.

Conclusions: Public health residency training in Türkiye initially developed within a strongly national, public-sector framework aimed at cultivating an idealistic and community-oriented workforce. Over the past five decades, however, market-oriented reforms have redefined

institutional priorities, signaling a paradigmatic shift in both health policy and specialization training.

Teaching Data and Network Visualization to Strengthen Systems Thinking in Public Health

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Public health problems are rarely isolated; they emerge from complex systems of actors, institutions, behaviours, and information flows. For this reason, **teaching data visualization, network science, and network visualization** is not only a technical addition to curricula, but a way to shape systems thinking in future professionals.

This abstract presents the integration of data and network visualization into public health education with a clear pedagogical aim: helping students **understand relationships, structures, and patterns rather than isolated indicators**. Through practical exercises, students learn how health services connect, how collaborations form, how inequalities cluster, or how information spreads within communities. **Visualizing networks makes abstract system-level processes tangible and discussable**.

The teaching approach combines short theoretical inputs with **hands-on analysis of real public health datasets**. Students construct and interpret network graphs, reflect on what becomes visible through visualization, and critically examine how **graphical choices influence interpretation**. Particular attention is paid to responsible data handling and the limits of visual evidence, strengthening evidence integrity in training.

Learning outcomes go beyond technical competence. Students **report improved ability to think relationally, to identify key actors and structural vulnerabilities**, and to **communicate complex findings** in an accessible way. Network-based perspectives also support **interdisciplinary dialogue**, as visualizations provide a shared language across professional backgrounds.

Embedding data and network visualization into public health training contributes directly to pedagogical innovation by fostering analytical clarity, critical interpretation, and **systems-oriented reasoning**. These competencies are essential for addressing contemporary public health challenges in an interconnected and information-rich environment.

Integrating Public Health Training and Refugee Health Education: A 10-Year Service-Learning Collaboration in Türkiye

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Since 2016, the Department of Public Health at Koç University Medical Faculty has collaborated with the Human Resource Development Foundation (IKGV) to implement a structured service-learning model integrating public health training with refugee health education. Within the compulsory public health internship, final-year medical students design and deliver community-based health education seminars for Syrian migrants under temporary protection in Türkiye.

Seminars are conducted for approximately six months each academic year, averaging four sessions per month and reaching around 20 participants per session, predominantly women aged 25–55. Over ten years, 240 seminars have directly reached approximately 4,800 beneficiaries, with an estimated indirect outreach of 20,000–25,000 individuals through intra-household and community-level information sharing.

Sessions are delivered by at least two interns and conducted in Turkish, with professional interpreters providing Arabic translation. Seminar topics are identified collaboratively with IKGV staff in response to evolving community needs. Content has progressed from access to health services, vaccination, reproductive health, and childhood illnesses to COVID-19 prevention during the pandemic, and more recently to non-communicable diseases.

To assess educational impact, two focus group discussions (n=10) and five in-depth interviews were conducted with participating students. Data were analyzed using thematic analysis. Five interrelated themes emerged: (1) translating biomedical knowledge into community-oriented communication; (2) experiential learning and competency development; (3) transformative reflection and critical awareness of bias, particularly regarding vaccine hesitancy; (4) language as a structural determinant of equitable health communication; and (5) reciprocity and professional identity formation through sustained community engagement.

Integrating refugee health education into public health training promotes reflective practice, advanced communication competence, and socially accountable professional identity development. Long-term, community-engaged service-learning models represent a sustainable and impactful approach to preparing future physicians to address health inequities in migration-affected contexts.

From knowledge transfer to salutogenic competence: 35 years of changes in public health and health promotion education within the ETC PHHP

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In recent decades, the focus of public health education has shifted from expert-driven, discipline-specific models to interdisciplinary, participatory and competence-based approaches. The 35-year history of the European Training Consortium in Public Health and Health Promotion (ETC-PHHP) provides a valuable perspective on these paradigm shifts. The Consortium organises annual international summer schools that foster learning environments in which comprehension, manageability and meaningfulness guide competence development. An interdisciplinary team of tutors facilitates learning through practical activities, intercultural dialogue, and the co-creation of knowledge.

Each annual course is organised around a theme selected by the host institution, ensuring responsiveness to emerging public health and health promotion challenges while maintaining a stable pedagogical framework rooted in salutogenic and participatory principles. Participants come from academia, professional practice, non-governmental organisations, public administration and multiple public health sectors, creating a rich basis for interdisciplinary and international collaboration.

This roundtable event will present the evolution of the ETC-PHHP over the past 35 years as a case study, illustrating the major developments in public health and health promotion education.

Expected outcomes:

- Identification of key paradigm shifts in public health education, as reflected in the ETC experience.
- Discussion of how salutogenic and competence-based principles shape the evolving role of public health professionals.

- The session explores the integration of the Intercultural, Interdisciplinary, International Participatory Learning Strategy (3I-PL) into public health education at both undergraduate and postgraduate levels.

Pilot study for the validation of a questionnaire on Planetary Health Literacy among healthcare professionals

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Background: The concept of Planetary Health integrates the protection of human health and the safeguarding of planetary resources, recognizing the interdependent link between the development of human civilization and the integrity of environmental matrices. The objectives of Planetary Health can be applied to healthcare quality, guiding health systems towards greater sustainability and resilience.

Objectives: The study aimed to validate the "Health professionals and environmental competencies" questionnaire for use in surveys of representative samples of healthcare workers in Italy. It was designed to assess competencies (literacy) in the concepts of the Planetary Health model and to identify experiences in the work setting.

Methods: The protocol included a psychometric validation design, with measurement of internal consistency, exploratory factor analysis, and test-retest stability. The non-randomized sample, consisting of 85 participants at the test and 50 at the retest, was recruited on a voluntary basis. The questionnaire, administered online, consists of 46 questions, organized into the following sections: informed consent; socio-demographic data; scientific knowledge and risk perception related to the nine planetary boundaries; and opinions and experiences related to professional experience. The average time for completion was 25 minutes.

Results. The test-retest correlation/agreement values were 'sufficient' or 'good' for almost all items. Knowledge was higher among physicians, particularly those in training, than among other professional categories (e.g., nurses). The survey shows that knowledge is only partly adequate and awareness of the environmental impact on health is limited, highlighting the need for targeted training, awareness initiatives, and sustainable redesigns of healthcare settings.

Conclusions. Correctly detecting the level of environmental literacy enables concrete, targeted strategies to achieve the objectives mentioned above. The Healthcare professionals must be aware to drive the change, so their skills need to be monitored.

Higher Education as a Setting for Mental Health Promotion: Psychosocial Learning Environment and Student Well-Being

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Background: Higher education institutions represent an important but often underutilized setting for mental health promotion, although student stress and emotional difficulties are increasingly recognized as public health concerns.

Aim: To explore how students' perceptions of the psychosocial learning environment can inform the development of health-promoting strategies within higher education institutions.

Methods: The study was conducted in 2020 among students of the Medicine and Physics faculties at Vilnius University ($N = 439$) using self-administered questionnaires. The survey assessed perceived psychosocial characteristics of the learning environment, including academic support, interpersonal climate, and opportunities for participation, alongside indicators of self-rated health, experienced stress, and emotional well-being. Descriptive, factor, and correlational analyses were applied.

Results: The majority of students reported that their opinions and suggestions regarding studies were taken into account (70%), most indicated that they could expect support from lecturers (68%), 41% considered the study schedule to be appropriately organized, and 60% were satisfied with the physical university environment. A substantial proportion of students reported feeling emotionally exhausted due to studies (65%) and perceived their study workload as very high (55%). Experiences of violence were reported by 15% of respondents.

Psychosocial factors within the university environment were significantly associated with experienced stress. Improvements in positive study-related indicators ($r = -0.335$), access to information about available support ($r = -0.168$), positive relationships with fellow students ($r = -0.236$), and completion of study tasks ($r = -0.334$) were associated with lower stress levels ($p < 0.001$). Students who perceived their learning environment as supportive and psychologically safe reported more favorable health perceptions and emotional well-being.

Conclusions: Viewing higher education institutions as health-promoting settings shifts the focus from individual coping to structural and environmental factors. Strengthening psychosocial learning environments may represent a sustainable public health approach to improving student mental well-being and informing higher education policies and practices.

Preparing the nursing workforce for artificial intelligence in public health: predictors of acceptance and training implications from a national survey in Poland

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Background: Artificial intelligence (AI) is increasingly applied to population-facing public health functions that rely on digital data, analytics, and communication. Responsible implementation depends on workforce acceptance amid concerns about trust, ethics, and data governance. Nurses are central to prevention and vaccination delivery, patient support in accessing health information and digital services, and routine documentation that feeds health intelligence. We assessed acceptance of AI use in public health (AIPH) and its determinants among nurses in Poland, and aimed to derive education-oriented implications for public health training.

Methods: A cross-sectional quota-based online survey was conducted among 800 nurses in Poland (quotas for age, sex, and workplace). AIPH was measured as an ad hoc composite of four items on acceptance of AI-supported public health tasks (e.g., population monitoring and epidemic-related analytics). Linear regression modeled AIPH. Predictors included sociodemographics, professional experience, workplace software use, AI attitudes (Professional Impact of AI [PIAI] and Preparedness for AI [PRAI]), and e-health literacy (eHL).

Results: Mean age was 48.9 years (SD=12.0); mean eHL was 31.8 (SD=4.2), PIAI 3.4 (SD=0.7), PRAI 3.2 (SD=0.8), and AIPH 24.7 (SD=7.1). Higher AIPH was independently associated with PIAI (B=2.24; 95% CI: 1.44 to 3.04), PRAI (B=1.05; 95% CI: 0.38 to 1.72), eHL (B=0.15; 95% CI: 0.03 to 0.26), and greater workplace software use (highest vs lowest: B=1.42; 95% CI: 0.12 to 2.72). Nurses with a bachelor's degree reported higher AIPH than those with a master's degree (B=1.19; 95% CI: 0.03 to 2.34); other sociodemographic and experience indicators were not significant.

Conclusions: Nurses' acceptance of AI for public health was shaped mainly by AI perceptions, eHL, and digital readiness at work rather than by tenure. Education and continuing professional development should integrate applied AI literacy with practical digital competencies, emphasizing ethics and accountability to support trustworthy adoption in practice.

Building Capability and Culture for Equity in Learning Health Systems: Using a Co-Creation Approach to Doctoral Training

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Background: Health systems are increasingly called to function as Learning Health Systems (LHS), capable of generating and mobilizing knowledge in ways that are rapid, reflexive, and equity oriented. However, many doctoral and professional training programs continue to address equity primarily as content rather than as a pedagogical and organizational practice, with limited attention to power, community knowledge, and the learning conditions that shape participation. This project examined the co-creation of an equity-oriented doctoral course embedded within the Swiss School of Public Health's LHS program, conceptualized as an effort to build an enabling learning environment rather than solely a new curriculum.

Methods: We applied a transdisciplinary co-creation process integrating instructional design with a modified Delphi approach. Twenty-eight co-creators, including academics, health and social service professionals, policy actors, and patients, developed course competencies, content, and learning activities. The resulting course combined self-paced modules, live virtual sessions, an in-person block, community narrative podcasts, and a group design challenge. Evaluation data were collected from co-creators (n=15) and learners (n=9) using surveys. Thematic analysis of qualitative feedback examined how the course and its development cultivated learner capabilities, learning cultures, and participation conditions.

Results: Findings indicate that the co-created course supported capabilities related to reflexivity, community engagement, and translation of equity concepts into applied to the course's design work. Participants emphasized the value of epistemic plurality, first-hand community perspectives, and facilitated dialogue around positionality and power. Feedback highlighted how institutional conditions such as language, time constraints, hybrid formats, and academic norms shaped participation and consensus-building, revealing both enabling and constraining features of the learning environment

Conclusions: This study demonstrates how curriculum co-creation can function as a strategy for building equity-oriented learning environments within LHS training. By centering community knowledge, power relations, and learning conditions, the project offers a

transferable approach for aligning public health education with the capabilities, cultures, and structures required for equitable health systems.

Development of Public Health education in Moldova

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Background: The development of public health education in the Republic of Moldova reflects the country's political, social, and epidemiological transitions over the last century. Shaped by the legacies of the Soviet public health system and the ongoing process of European integration, public health training evolved from a predominantly sanitary-epidemiological discipline to a multidisciplinary field aligned with modern global health principles.

Aim: A historical overview of public health education and training in Moldova, highlighting major milestones, reforms, and the transition toward competency-based, European-oriented curricula.

Methods: A narrative historical analysis was conducted using institutional archival documents, legislative frameworks, academic curricula from different time periods, and reports from national and international organizations. Key stages were mapped chronologically and analysed in relation to socio-political transformations.

Results. Public health training in Moldova officially began in the mid-20th century, within the sanitary-epidemiological model inherited from the Soviet system, which focused on hygiene, communicable disease control, and environmental health. After the declaration of independence in 1991, major reforms expanded the scope of public health to include health promotion, epidemiology, health policy, management, and health systems strengthening. The establishment of modern bachelor's and master's programs in public health at the *Nicolae Testemitanu* State University of Medicine and Pharmacy marked the transition toward European competency frameworks, problem-based learning, and interdisciplinary approaches. Starting from 2020, modernization has accelerated through digitalization, the strengthening of field practice, and alignment with the ASPHER Core Competencies Framework. Despite these advancements, challenges remain regarding workforce capacity, the integration of digital public health, and the harmonization with European public health standards.

Conclusions: Public health education in Moldova has evolved from a traditional sanitary model to a modern, competency-based, internationally aligned system. Understanding this trajectory is essential to guide future reforms, strengthen workforce preparedness, and support Moldova's integration into the European public health education space.

Assessing Public Health Workforce Competencies in the Republic of Moldova Alignment with the ASPHER European Competency Framework

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Background: Strengthening the public health workforce is essential for developing resilient health systems, particularly in countries undergoing structural reforms, as the Republic of Moldova. The rapid transformation of health challenges, including digitalization, epidemiological transitions, and increasing inequities, requires updated competencies aligned with the ASPHER European Core Competencies Framework. The study aimed to evaluate the current competencies of public health students and early-career professionals in the Republic of Moldova and to identify existing gaps in relation to European requirements for education and training in public health.

Methods: During 2023–2025, an evaluation of professional competencies included in the Public Health curriculum and the National Qualifications Framework was conducted to assess their alignment with the requirements of the ASPHER European Competency Framework. The assessment was carried out among graduates of the Public Health program and young public health specialists employed at the National Agency for Public Health.

Results: The assessment revealed strong competencies in classical public health areas such as epidemiology, disease prevention, and health promotion. However, significant gaps were identified in digital public health, data analytics, health communication, emergency preparedness, and policy advocacy. Curriculum mapping showed partial alignment with the ASPHER Framework, with limited integration of competencies related to leadership, systems thinking, and intersectoral collaboration. Both students and professionals expressed a need for practical training, exposure to real-world public health scenarios, and access to modern digital tools.

Conclusions: Although the public health workforce in the Republic of Moldova demonstrates solid foundational competencies, there is a clear need for modernization and alignment with European standards. Strengthening digital competencies, communication skills, and policy engagement should become a priority area. Development of a national strategy for public health education aligned with ASPHER recommendations and European best practices, contributing to improved workforce readiness and regional integration.

Designing Healthier Future: EUGLOH as a Transversal Competence Model for Interdisciplinary Education in Global, Urban, One Health and Planetary Health

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Creating healthier environments requires more than technical expertise; it demands integrative thinking that connects health, environment, economy and governance. In an era of climate instability and ecological transition, and within the framework of *Health in All Policies*, public health education must evolve toward interdisciplinary, systems-oriented and action-driven models.

EUGLOH (European University Alliance for Global Health) represents a practical model of such interdisciplinary and intersectoral education. Through its transversal competence framework and a diverse portfolio of courses across a network of nine European universities, EUGLOH connects digital, environmental, social and ethical competences with real-world problem solving.

The course *Climate Action for Health* exemplifies this approach, linking public health, climate science, governance and civic engagement. It introduces students to climate-sensitive health risks, nature-based solutions, urban resilience and planetary health ethics. Students engage with real-life scenarios, analyse policy frameworks and use data to inform decision-making, strengthening their capacity to design health-promoting interventions across sectors. The course integrates systems thinking, digital literacy, policy analysis and community perspectives, encouraging students to translate knowledge into action.

By aligning educational content with transversal competence frameworks and labour market needs, EUGLOH operationalises interdisciplinarity beyond rhetoric. It fosters critical thinking, collaboration, digital competence and sustainability literacy as core public health capacities.

EUGLOH thus functions as a “Living Lab” of European public health education, where designing healthy environments becomes both a pedagogical method and a societal responsibility. As a European university alliance that includes the University of Novi Sad, it promotes student and staff mobility, contributes to the development of knowledge networks

and acts as a catalyst for redefining public health education in response to planetary challenges.

This model illustrates how European university alliances can act as platforms for advancing the Health-in-All-Policies agenda through education, highlighting the transformative potential of curriculum design as a determinant of future population health.

The application of artificial intelligence by undergraduate and master's students at the Faculty of Medicine in Skopje, North Macedonia

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Background: Artificial intelligence (AI) is increasingly integrated into medical education, providing students with resources like ChatGPT and Gemini for learning, research, and exam preparation. These platforms help clarify complex concepts and offer interactive feedback across various medical topics. AI adoption mirrors broader healthcare trends, fostering essential skills in evaluating content reliability and supporting traditional teaching methods. Overall, AI serves as both a supplement to traditional teaching methods and a catalyst for transforming medical education.

Methods: A cross-sectional online survey was conducted among undergraduate and master's students at the Faculty of Medicine, University Ss Cyril and Methodius, Skopje, in February 2026

Results: The study included 76 participants from undergraduate and master's programs, of whom 79% were female, with a mean age of 23.2 years. Most students (72%) were in their fifth year, while 24% were second-year students. Regarding the use of AI tools during their academic pursuits, 95% reported utilizing technologies such as ChatGPT or Gemini, primarily for elucidating complex concepts. Additionally, 88% of respondents indicated that AI use improves their academic performance, and 99% consistently verify the accuracy of AI-generated data. When asked about AI's potential to enhance diagnostic processes, 70% agreed, whereas 30% remained skeptical.

Conclusions: The findings demonstrate that artificial intelligence tools are widely adopted by undergraduate and master's students at the Faculty of Medicine, with nearly all respondents integrating AI technologies such as ChatGPT and Gemini into their academic routines. Most students perceive AI as beneficial for enhancing academic performance and are diligent in verifying the generated information for accuracy. While the majority believe AI has the potential to improve diagnostic processes, a notable portion remains cautious about its clinical applicability. Overall, the results suggest a positive attitude toward AI in medical education, coupled with a critical approach to its use in both academic and diagnostic contexts.

Motivational Factors Influencing the Choice of Public Health: A Qualitative Approach

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Background: An increasing proportion of residency positions in Public Health in Portugal have remained unfilled in recent years (38% in 2025). Alongside an unfavorable age distribution among Public Health specialists, this trend raises concerns about a potential workforce shortage in the short term. Evidence on the motivations underlying specialty choice in Public Health remains limited. This study aimed to explore the motivations of physicians who selected Public Health residency positions between 2021 and 2024.

Methods: We conducted a qualitative exploratory study using an online questionnaire distributed to all medical residents (aprox. 200) who chose a Public Health residency position during the study period. Data were collected through Microsoft Forms and included open-ended questions addressing personal and professional motivations, perceptions of the specialty, and the influence of undergraduate training. Responses were analyzed using thematic analysis.

Results: A total of 24 questionnaires were analyzed. Four overarching themes emerged: (1) Impact, (2) Prevention, (3) Work–life balance, and (4) Comparison with other specialties. Participants emphasized the opportunity to generate population-level impact, the central role of prevention-oriented approaches, and the perceived compatibility of the specialty with personal well-being. Notably, one third reported a limited knowledge of Public Health prior to entering residency.

Conclusions: Physicians choosing Public Health reported predominantly intrinsic motivations centered on population-level impact, preventive practice, and work–life balance. Despite the growing proportion of unfilled positions, the specialty continues to attract individuals with a strong vocational orientation toward systemic and community-based health interventions. Strengthening undergraduate education and enhancing the visibility of Public Health’s societal role may enhance its attractiveness and support future workforce sustainability.

Public Health Medical Training in Europe: Professional Roles and Workforce Readiness — Insights from Public Health Medical Residents

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Medical residency in public health occupies a distinctive yet variably defined position within European health systems. While public health education increasingly draws on shared competency frameworks, national pathways for medical specialty training differ in structure, institutional embedding and expected professional trajectories. At the same time, WHO guidance on health system resilience highlights the importance of clearly articulated system functions, coordination and workforce capacities. Against this backdrop, questions remain about how medical residency programmes shape the role of public health physicians and how clearly this role is positioned within health systems.

This panel will explore how different national models influence the positioning of public health physicians in relation to governance, preparedness and implementation. Rather than comparing programmes or assessing quality, the discussion will reflect on how training structures relate to system-level expectations and workforce readiness. The ASPHER Core Curriculum and WHO resilience guidance will serve as shared reference points to frame reflection, without being used as evaluation tools.

The session will begin with a brief real-time polling exercise to explore participants' perspectives on role definition and system positioning. The results will inform moderated discussion among public health medical residents from diverse national contexts, including Maria Kozon (Poland), Cristina Illán Cortadelles (Spain), Marianna Zarro (Italy), Luka Delak (Croatia), Ralph O'Dwyer (Ireland), João Miguel Rocha (Portugal), Nicky Renna (Netherlands), under the moderation of Lorenzo Blandi (Italy). The session is organised by Maria Kozon (Poland).

By linking educational design to workforce and system functions, the panel aims to foster comparative reflection on how professional roles are articulated and aligned with evolving health system needs.

A process of developing core competencies in public health master's programs by the Network of Excellence for the Training of Public Health Specialists in West Africa (REFSAO)

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For many years, master's-level public health programs have been offered in several West African countries, sometimes as a result of close collaboration with the master's program in public health at the Bordeaux School of Health (Isped). In 2020, a network called REFSAO was created to bring together Isped and universities in several West African countries (Benin, Burkina Faso, Mali, Senegal) offering well-established master's degrees in public health.

The objective of REFSAO was to jointly develop a set of core competencies for master's degrees in public health, self-assess existing master's programs in relation to the defined competencies, and engage in continuous program improvement to equip trained professionals with the appropriate skills to meet the specific needs of their countries' health systems.

The purpose of this paper is to describe the various stages of the process we adopted to develop the competency framework: (i) training of around ten public health trainers from West Africa in competency engineering using the integrated competency approach, (ii) defining the different stages of developing a competency framework and its constituent elements, (iii) gathering information from master's degree graduates in the network and the organizations that employ them in order to characterize their professional situations, occupations, work environments, acquired and utilized competencies, and necessary competencies not covered by training programs, (iv) consensus conference to define 12 major areas of public health competencies and list the basic competencies to be acquired in each area.

REFSAO has made it possible to agree on basic public health competencies tailored to the African context, identify areas for improvement in the proposed programs, and promote South-South interactions. The REFSAO is an open network, and other countries in the subregion have already joined the network.

Modern Challenges for Public Health Specialists: The Depiction of Health-Related Factors in Posts by the Most Popular Lithuanian Influencers on Social Networks

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Background: On social networks, influencers often depict various lifestyle factors, many of which can affect their followers' health in different ways. Monitoring these factors can reveal the range and specific nature of the issues that public health specialists face in their health promotion efforts. Additionally, it may provide valuable insights into the potential of using such social listening approaches for public health surveillance. This study aimed to assess the prevalence of health-related factors depicted in posts by the most popular Lithuanian influencers on social networks.

Methods: All publicly available posts (6425 in total) created by 21 most popular Lithuanian influencers on Facebook and Instagram in 2022 were included. The content analysis of the posts was performed and the prevalence of various health-related factors including foods, smoking, alcohol, physical activity, body types, luxury, aesthetic procedures, and bullying was assessed.

Results: Foods were depicted in 22.6% of the posts: cereals were depicted in 10.0%, vegetables – in 14.5%, dairy products – in 8.9%, fruits – in 10.1%, meat – in 6.7%, sea food – in 3.2%, sweets – in 10.7%, fast food – in 2.6% of the posts. Alcohol drinks were depicted in 3.2%, smoking – in 0.5% of the posts. Physical activity was depicted in 14.3% of the posts. Sexuality was depicted in 8.8%, aesthetic procedures – in 24.7%, luxury – in 18.2%, bullying – in 4.1% of analysed posts.

Conclusions: The most frequently depicted health-related factors in influencers' posts are food, physical activity, and various mental health-related factors, such as luxury, sexuality, and aesthetic procedures. Unhealthy foods, such as sweets and fast food, are depicted as frequently as healthy options, such as vegetables and fruits. This highlights a discrepancy with health recommendations. Despite legal restrictions on the commercial promotion of alcoholic beverages and tobacco products, these harmful factors continue to be depicted on social networks.

TLAHUI — Transformation and Leadership in Human Values for Innovation in Public Health Learning

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Schools of public health face a new scenario in which traditional models of training, learning, and value proposition must evolve to contribute to the development of purpose, the improvement of the performance of professionals, health organizations, and the community, and their impact on improving the health of society.

The book's main focus begins at the "first light of dawn." The time is now to drive change and profound transformation, based on five elements:

- Understanding the trends of change and transformation in the health sector, the new needs, new competencies, roles, and profiles, as well as the trends in training, learning, and professional development.
- The development of values-based leadership models to guide this transformation, positioning schools of public health not as course providers, but as architects of ecosystems with social impact, where not only the "what" matters, but also the "why" (purpose) and the "how" (style).
- Promoting cultural and organizational change processes to support technical and academic teams in transitioning to new roles and functions with greater value and impact.
- Transforming pedagogical, training, and learning models to integrate digital strategies, AI, simulation, and active methodologies, while also expanding to an enhanced model of guidance, training, and professional performance support.
- Finally, evaluating initiatives, projects, and programs to support the last mile, transfer learning, measure results, and design strategies to scale experiences and best practices across the entire ecosystem.

The methodologies and process developed have been applied and refined in diverse contexts, demonstrating their intercultural adaptability within Latin American and European institutional frameworks.

The material and conference we would like to present are based on previous work, its development, and its impact beyond the region and country. This international and collaborative work has led to the publication of a book in May 2026.

Medical Students' Attitudes to Ethical Issues in Artificial Intelligence and Their Recognition of Ethical Issues in Mental Health Scenarios: Implications for Public Health Education

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Background: Artificial intelligence (AI) is increasingly integrated into medicine and raises key ethical concerns related to justice, bias, transparency, and privacy. Previous studies showed that medical students express strong support for AI's clinical potential. However, less is known about how their attitudes toward these ethical concerns relate to their ability to recognize ethical issues in concrete mental health contexts. This question is central to public health education, since mental health settings involve vulnerability and structural disparities which emphasizes justice and equity. This study examined the relationship between medical students' attitudes toward core ethical issues in AI and their recognition of corresponding ethical principles (particularly, autonomy and justice) in AI-assisted mental health scenarios.

Methods: 90 medical students in the clinical stage completed anonymous questionnaires. The survey assessed attitudes toward AI's advantages and risks, endorsement of the justice and autonomy principles, and identification of ethical issues embedded in specific mental health case vignettes. Analyses included paired-samples t-tests, effect sizes, and Pearson correlations.

Results: Students rated AI's advantages more strongly than its risks. Greater endorsement of AI's advantages was associated with reduced identification of ethical issues related to the use of AI in the context of mental health contexts ($r = -.514, p < 0.01$). Stronger endorsement of the justice principle was positively correlated with recognition of justice-related concerns in specific mental health scenarios ($r = .315, .341, p < 0.01$). The autonomy dimension showed weaker associations. Only the privacy component of autonomy was significantly correlated with recognition of privacy-related concerns in the scenarios ($r = .239, p < 0.05$).

Conclusions: Medical students tend to privilege the perceived advantages of AI over its ethical risks, which may weaken ethical sensitivity in mental health contexts. Public health education should explicitly address AI-related risks, emphasize justice and inequity, and incorporate structured mental health scenarios to strengthen applied ethical judgement.

Implementing AI-Driven Adaptive Learning in Public Health Data Science Education: The DU PHDS at Isped

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Background & Objectives: To address the growing demand for health data experts, the Bordeaux Public Health School (Isped) launched an online, English-taught University Diploma (DU) in Public Health Data Sciences (PHDS) in 2025. Rooted in the "UB2030-CAP Santé Numérique" project, the DU serves as a foundational prerequisite for the Master PHDS through the acquisition of core skills in various key disciplines involved in public health data stewardship. Currently hosting 35 participants from 23 countries, the program aims to scale to 150 students by 2030, with a French version launching in October 2026.

Curriculum & Innovation: The 180-hour e-learning curriculum covers core topics in biostatistics, epidemiology, and health informatics, alongside transversal modules in data science tools and health data ethics/regulations. Because current remote assessments pose skill-validation challenges in the AI era, and learner profiles are highly heterogeneous, the program will transition to an AI-driven adaptive learning model within three years. With the leverage reinforcement learning, course hour allocation will be dynamically personalized for each student. This shift is operationalized through the European Universities ENLIGHT network's NAI²TURE project, integrating critical AI literacy, peer mentoring, and accessible resources.

Expected Outcomes: Participants acquire targeted skills to manage complex health data, enriched by real-world datasets from industry partners like IQVIA. The structural integration of AI via NAI²TURE guarantees an equitable and customized educational experience. Ultimately, this interdisciplinary approach provides a seamless pathway to the Master PHDS and empowers a resilient workforce ready to lead the digital health revolution.

Keywords : *Public Health Data Sciences, Adaptive Learning, Artificial Intelligence in Education, Digital Health, E-learning*

Changes in Anti-RBD IgG Responses Among Healthcare Workers Over Time During SARS-CoV-2 Variant Waves: A Single-Center Analysis

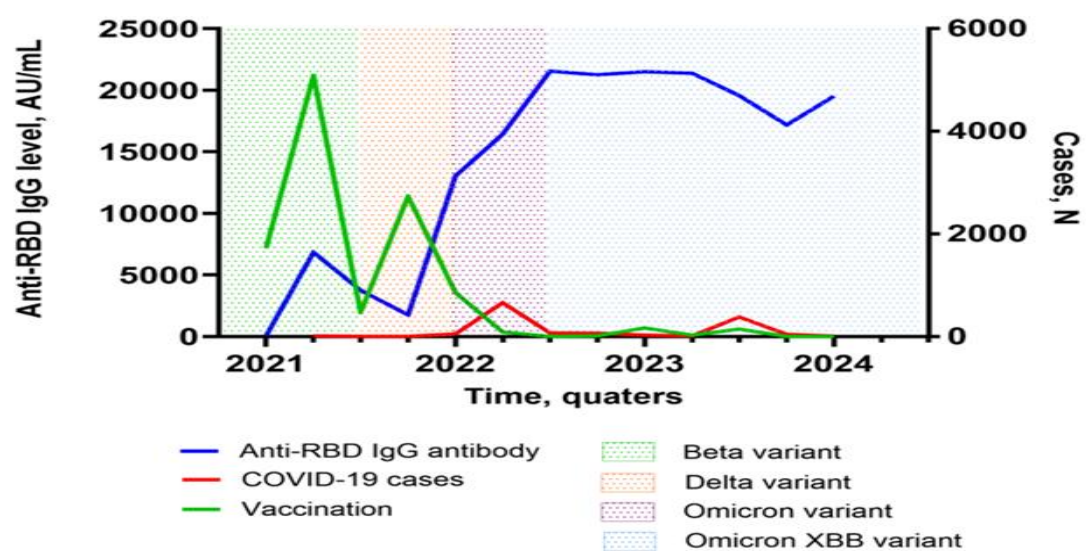
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Background: Healthcare workers (HCWs) have an elevated risk of SARS-CoV-2 exposure. Monitoring post-vaccination antibody kinetics in healthcare settings can help clarify how immunity changes across variant-dominant periods. This study aimed to describe longitudinal dynamics of receptor-binding domain antibodies (anti-RBD IgG) after COVID-19 vaccination during waves driven by different SARS-CoV-2 variants.

Methods: We performed a prospective observational study at Vilnius University Hospital Santaros Clinics (Lithuania). Eligible participants were hospital employees who completed a primary vaccination regimen and provided informed consent. Primary vaccination was defined as: two doses of Pfizer-BioNTech or Moderna mRNA vaccine; one dose of Janssen vaccine; or documented SARS-CoV-2 infection after a single vaccine dose. Blood samples were obtained every three months to quantify anti-RBD IgG. COVID-19 cases were confirmed by PCR, rapid antigen testing, or anti-N IgG positivity (≥ 1.4 S/C).

Results: Across variant periods, both COVID-19 case counts and anti-RBD IgG levels were highest during the Omicron XBB wave ($20,069.36 \pm 13,041.44$ AU/mL), exceeding levels observed during Omicron ($18,458.38 \pm 14,556.41$ AU/mL), Beta ($3,812.01 \pm 6,983.83$ AU/mL), and Delta ($3,921.97 \pm 7,562.29$ AU/mL) periods ($p < 0.001$) (Figure 1). After primary vaccination, anti-RBD IgG declined to a low point of 1,761.2 AU/mL in Q3 2021, followed by increasing titers associated with booster doses and breakthrough infections during Omicron and Omicron XBB circulation. Antibody levels were broadly similar across hospital departments; during the Omicron period, staff from other departments showed the lowest titers compared with therapeutic and surgical units.



Conclusions: In 1,778 HCWs, anti-RBD IgG varied by variant period, peaking during the Omicron XBB wave, while overall differences between departments were small.

Epidemiological stool culture monitoring of patients hospitalized in intensive care units, assessing patient colonization with *Klebsiella pneumoniae* and other multidrug resistant microorganisms

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Background: The World Health Organization recognizes multidrug-resistant (MDR) bacteria as a major global threat. MDR Enterobacterales (MDRE) and MDR Pseudomonadales (MDRP) are frequent causes of hospital-acquired infections (HAIs) and are associated with increased complications. We aimed to monitor ICU patients for intestinal colonization with MDRE/MDRP using serial stool cultures and to compare colonization patterns between surgical and non-surgical admissions.

Methods: We performed a single-center retrospective cohort study (June-August 2023) including 228 ICU patients admitted after elective surgery, emergency surgery, or without surgery. Epidemiological stool cultures were collected every 7 days. Clinical and epidemiological data were reviewed and analyzed to contextualize culture findings.

Results: Overall, 367 stool samples were obtained. Operated patients showed higher colonization with potentially pathogenic bacteria (PPB) than non-operated patients (113 vs 101 positive cultures). Emergency ICU admissions had higher colonization than elective surgery patients (172 vs 73 positive cultures). Predominant organisms were *Enterococcus faecium* and *Klebsiella pneumoniae*. The initial stool culture was negative in 132 patients; however, PPB colonization emerged after an average of 11 ICU days. During hospitalization, 36/228 patients (approximately 16%) became colonized with MDRE or MDRP, and 10 of these developed clinical infections caused by the same microorganism. The most common resistance mechanism detected was OXA-48, followed by CRAB, VIM, and KPC.

Conclusions: After roughly 11 days in the ICU, patients commonly become colonized with PPB. About 16% acquire MDRE/MDRP colonization, and around 10% of colonized patients develop a clinical infection due to the same pathogen.

25 years of Master of Public Health Programme in Estonia

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The development of modern public health in Estonia began in the 1990s, during a period of health system reform with the explicit aim of providing a competent public health workforce urgently needed in the country. Public health courses were gradually integrated into the medical curriculum at the University of Tartu. These developments culminated in the establishment of Estonia's first Master's programme in Public Health in 2000. The two-year programme combines training in epidemiology, biostatistics, health promotion, environmental health, and health systems, together with a substantial research component culminating in a master's thesis. International collaboration played a key role in programme development. The curriculum underwent the ASPHER PEER review process twice, successfully demonstrating alignment with European standards in public health education. A significant proportion of programme's teaching staff have received public health training at universities abroad, while the next generation of faculty is increasingly emerging from among graduates of the programme itself. Continuous curriculum development has responded both to international standards and national workforce needs. A practice module was introduced to strengthen links to real-world public health practice in health sector institutions. In 2023, the micro-credential programme "The Basics of Health Sciences" was developed to provide flexible training for those in employment and to create a pathway to Master's studies for those interested in public health. The programme admits 15 students each year. By 2025, it has produced 261 graduates who contribute to Estonia's public health capacity in multiple sectors. Alumni hold positions in national public institutions, including the Ministry of Social Affairs and National Institute for Health Development, many have continued to doctoral studies and research careers. The 25-year experience of Master's programme demonstrates how sustained curriculum development, international collaboration and strong links with the health system can support the development of public health workforce in a small country.

Assessment of emerging training needs in Planetary Health in Italy: results of a national survey to develop an advanced transdisciplinary postgraduate program

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Background: In the context of global environmental changes, the Planetary Health approach is fundamental to understand and address the interdependence between human health and the integrity of natural systems. Strengthening training in this area is a key priority for developing a skilled workforce, especially in countries such as Italy, which are exposed to health challenges linked to climate change and environmental degradation. In order to develop a course for professionals working in the field of environment and health, a survey was conducted to identify Italian key training needs in this field.

Methods: Between August and September 2024, a cross-sectional survey was conducted involving 21 Italian institutions, including public health authorities, local health authorities, regional agencies, universities and research institutes. Collected data were analysed using descriptive statistical methods.

Results: Fourteen institutions, representing multidisciplinary professional background in environment and health, completed the questionnaire. The main training needs reported included understanding the health impacts of pollution (78.6%), stakeholders and public involvement in decision-making processes (64.3%) and environmental epidemiology (57.1%). Preferred formats include seminars (78.6%), short practice-oriented specialised training programs (71.4%) and distance learning (50%). The variety of target professional profiles identified by the respondents highlighted the need to develop a transdisciplinary training program.

Conclusions: The survey confirmed that Italian institutions recognize the need for training courses to strengthen knowledge and skills in Planetary Health. The results provided fundamental guidelines for the design of a practice-oriented postgraduate program in Planetary Health, aimed at a wide range of professionals working in the fields of public health, health and environment and research. The course, which will be the first advanced postgraduate program in Planetary Health in Italy, will be delivered by Università Cattolica del

Sacro Cuore (Rome) from April to July 2026 in a hybrid format, covering epidemiological, environmental and systemic approaches.

Telehealth Innovation and Capacity Building in Developing Countries: A Pilot Intervention in Yemen

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Background: Telehealth offers a flexible educational tool to address gaps in diagnostic capacity and specialist access in low-resource health systems, yet evidence on sustainable, skills-based training models remains limited. This pilot project aimed to evaluate a low-cost, hybrid telehealth curriculum to strengthen local diagnostic skills and build a train-the-trainer workforce in Yemen.

Methods: A structured telehealth training programme was implemented in two public hospitals in Hadramout, Yemen, involving 18 local physicians. An accredited online platform delivered asynchronous theory modules and weekly live mentored practical sessions, supported by satellite internet to overcome connectivity barriers. Primary outcomes were changes in knowledge and practical skills (pre/post-tests), number and type of patient scans and related clinical impact, and participant satisfaction and intention to train peers as indicators of sustainability.

Results: All 18 physicians completed the curriculum and collectively performed 620 patient scans, leading to 222 life-threatening diagnoses with direct impact on clinical management. Post-training test scores showed a significant improvement in theoretical and practical competencies ($p < 0.01$), and participants reported high satisfaction, with 80% feeling very confident in the new skills and willing to mentor colleagues. Half of the trainees were female, indicating potential for improved gender equity and career progression among female health workers.

Conclusions: The hybrid telehealth curriculum enhanced local diagnostic capacity, provider confidence, and real-time access to international expertise in a severely resource-constrained setting. Its train-the-trainer design and use of digital infrastructure suggest a scalable model for sustainable capacity building in public health education and clinical training in fragile health systems.

Curriculum mapping and modernisation of the undergraduate study course “Public Health”: advancing competency-based learning

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Introduction: Aligning undergraduate public health education with contemporary professional competency frameworks is essential for ensuring workforce preparedness and relevance to modern practice. The ASPHER (2024) competency framework provides structured domains reflecting current professional standards. This initiative aimed to modernise a bachelor-level study programme Public Health study course “Public Health” (6 ECTS) at Riga Stradins University and align it with ASPHER competency framework through a structured curriculum mapping process and modernization.

Methods: Constructive alignment principles guided the redesign to ensure coherence between intended learning outcomes, teaching and learning activities. Course content and learning outcomes were reviewed and refined to enhance clarity and measurability. Each outcome was mapped against relevant ASPHER domains using a competency–outcome matrix. Interactive learning activities were introduced to assess students’ analytical skills and evidence-based decision-making. Assessment components were revised to ensure direct alignment with updated outcomes. New study course materials have been elaborated with the support of Boris and Ināra Teterev Foundation.

Results: Seventeen sessions were reformulated with explicitly defined learning outcomes naming expected knowledge, skills, and competencies. These session-level outcomes were mapped to ASPHER topic areas. The mapping process identified coverage of 23 out of 35 ASPHER topic areas (66%) within the course that were subsequently organised by competency domains to provide a structured overview of competency coverage across the course. Interactive teaching activities were integrated into the course to facilitate competency-based assessment of analytical and decision-making skills. The resulting framework established transparent links between course content, competency domains, and evaluation criteria, supporting coherent progression across the course.

Conclusions: Competency-based curriculum alignment strengthens pedagogical coherence and enhances the professional relevance of undergraduate public health education. Alignment with ASPHER standards strengthens transparency and empowers students to track

their professional competency development. This structured approach contributes to workforce preparedness and positions the course within standards-driven public health training.

Developing the First Transdisciplinary Master's Degree in Planetary Health in Italy: An Educational Response to Environmental and Health Challenges

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Background: Planetary Health has emerged as a critical paradigm to address the interconnected crises of climate change and rising health inequities. Education is a key leverage point to equip professionals with the skills needed to tackle these systemic challenges. In Italy, although several postgraduate programs cover environmental health, no Master's degree currently offers a fully transdisciplinary Planetary Health approach. This project aimed to design a Master's program to address this gap.

Methods: The curriculum was developed through a multi-step process. An exploratory desk review mapped existing Planetary Health programs using keyword searches and international platforms to identify contents. Semi-structured interviews with national and international experts helped define core thematic domains. Contents were organized into modules informed by expert input and the Planetary Health Education Framework. The draft was reviewed by a multidisciplinary panel (medicine, epidemiology, climatology, biology, engineering) and education experts, followed by two rounds of revision before finalization.

Results: The resulting curriculum comprises ten modules: (1) Introduction to Planetary Health; (2) Epidemiology and Research Methods; (3) Principles of Ecology; (4) Planetary Crisis and Health; (5) Applications of Planetary Health; (6) Systemic and Transdisciplinary Approaches; (7) Rethinking Economic and Business Models; (8) Law and Policy for Planetary Health; (9) Ethics and Equity; and (10) Communication and Participation. The program adopts a hybrid, synchronous format and integrates interactive and practical activities, aligning with the solution-oriented nature of Planetary Health. The proposal is currently under Academic Senate approval, with launch planned for February 2027.

Conclusions: This initiative represents the first Italian Master's degree explicitly grounded in a transdisciplinary Planetary Health framework. By combining solid scientific knowledge with systems thinking, communication, and advocacy skills, it aims to train professionals capable of promoting healthy, equitable, and resilient societies within planetary boundaries.

From Immunology to Global Health: Designing an Integrated Vaccinology Training Program

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Background: Vaccinology has evolved from a cornerstone of infectious disease control into a dynamic field of translational research, with expanding applications in oncology, autoimmune disorders, and personalized medicine. Despite its scientific relevance, it remains one of the disciplines most adversely affected by misinformation and limited health literacy. There's also an urgent necessity to tackle a training and informational gap on this matter that Italy has yet to fill. To address this challenge, we set out to design an integrated master's program in vaccinology that combines scientific excellence with a strong focus on communication and global health perspectives.

Methods: The program was structured on the basis of a comprehensive review of the main application areas of vaccinology and of comparable educational initiatives in Europe and worldwide. The resulting curriculum was submitted to a multidisciplinary panel of experts in public health and vaccinology, including professionals from clinical and primary care settings, Health Technology Assessment and health policy. Following a first evaluation round and subsequent revisions, the program underwent a second expert review. The final version of the curriculum integrated all comments and recommendations provided across the two rounds.

Results: The finalized curriculum comprises modules on the following topics: immunology and epidemiology; foundational vaccinology (history, vaccine platforms, composition, and routes of administration); vaccine development, evaluation, regulatory approval, and pharmacovigilance; health policies; immunization strategies for at-risk and target populations; international vaccination programs; Global Health and One Health approaches; scientific communication and vaccine hesitancy; and emerging innovations in vaccinology. The program also integrates practical activities, case study discussions, and simulation exercises.

Conclusions: The resulting Master's program is comprehensive and multidisciplinary, effectively addressing the existing educational gap in Italy. It provides a thorough and

integrated perspective on vaccinology, aligned with expert consensus and responsive to the competencies required to meet current and future immunization challenges.

Integrating Planetary Health into Undergraduate Medical Education: Evaluation of an Elective Course on Green Prescriptions and Climate-Related Mental Health

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Background: Climate-related health challenges require a shift toward Planetary Health approaches in medical training. However, in Italy, these topics remain underrepresented in undergraduate medical curricula. An elective course (ADE) was developed to introduce medical students to green prescriptions, ecological perspectives on health, and climate-related mental health issues, with a focus on eco-anxiety and youth wellbeing.

Methods: A three-session elective course on Planetary Health and Nature-Based Interventions was delivered to medical students. Evaluation included a pre-course mixed-method questionnaire on interests and expectations; post-session questionnaires on satisfaction, perceived relevance for future professional practice and importance of including these topics in the medical curriculum; and a final post-course survey. This abstract presents the preliminary findings from the pre-course survey (n=58) and the first two post-session evaluations (n=55 and n=51).

Results: Participants were mainly first-year (around 90%) and female (≈60%) medical students. Qualitative analysis of the pre-course survey indicated high interest in climate-related health topics and strong expectations regarding practical applications in their future clinical practice. High levels of satisfaction were reported for both sessions, with more than 70% of students rating them as “very” or “extremely” satisfactory. Regarding perceived relevance for future professional practice, 63.6% (first session) and 70.6% (second session) rated the content as “very” or “extremely” stimulating. More than half of respondents supported the integration of Planetary Health topics into the medical curriculum (52.7% and 58.9%, respectively).

Conclusions: These preliminary findings suggest that Planetary Health education is well accepted by medical students and perceived as relevant for their future professional role. Early exposure to these topics may support the development of key public health competencies and foster a more holistic and sustainable vision of healthcare. Ongoing

analyses, including pre- and post-course comparisons and the evaluation of the third session, will further clarify the educational impact of this intervention.

Between Accuracy and Game Play: Findings from Developing the Serious Game EDDi – Epidemic Disease Detective Hamburg

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Since the COVID-19 pandemic, epidemics have significantly shaped our collective understanding of health. Yet historical events like the plague or the Spanish flu already demonstrated the immense complexity of infectious disease outbreaks, extending beyond scientific phenomena into social, economic, and political dimensions. Addressing them requires collaboration across disciplines: from medical diagnostics and epidemiology to the social sciences and health policy. But how can these multifaceted aspects best be conveyed in a digital game?

We use the serious game *EDDi – Epidemic Disease Detectives* (<https://linktr.ee/e.d.d.i>) – as a case study to examine whether (and to what extent) a serious game can represent outbreak events and deliver epidemiological practice, placing players in the role of epidemiologists who investigate and contain an epidemic in the city of Hamburg, Germany. As a single-player gamified learning experience, EDDi combines a real-world case study with reference materials and fictional characters from other disciplines, supporting the application of theoretical principles through game-based learning.

Central to this is the development process as a site of negotiation: scientific accuracy and gameplay are in constant conflict, and every design decision – narrative framing, game mechanics, role representation, and visual communication – reflects a compromise between chaotic real-world practice and the clarity demanded by a learning environment, with direct consequences for what the game can teach.

Yet even a carefully designed game may not be sufficient to fully deliver its learning objectives. Our findings with EDDi confirm what the literature suggests: the delivery of complex phenomena and acquisition of corresponding skills rarely emerges through gameplay alone but requires additional didactic frameworks, such as external moderation. This points to a structural challenge for game design in public health education: didactic scaffolding compensates for what game design has not yet solved.

Preparing a Reflexive European Public Health Workforce through Interdisciplinary Ethics Training

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Background: Public health (PH) professionals face complex ethical challenges requiring interdisciplinary reflexivity. Ethics teaching in PH remains predominantly theoretical and fragmented across specialisation tracks within a Master of PH programme. To address this gap and strengthen ethical skills aligned with European workforce needs, a school of public health, in collaboration with a national public health agency, organised a cross-track educational session.

Objectives: To analyse students' reflective learning outputs from the 2025 interdisciplinary ethics session and identify learning processes and contributions to PH competency development.

Methods: A one-day session brought together final-year students from different specialisation tracks of a Master's degree in PH. The programme combined (1) a flipped classroom co-led by a philosopher and an epidemiologist introducing PH ethics frameworks; (2) interdisciplinary small-group analysis of real ethical dilemmas drawn from PH practice, including mandatory vaccination of healthcare workers, lead poisoning screening among Traveller communities, breast cancer screening, and hospital health data governance; and (3) round-table discussions promoting collective ethical deliberation. Students submitted reflective outputs and evaluation feedback within four weeks, analysed using an inductive thematic approach.

Results: Ninety-seven of 145 students (67%) returned feedback. Most (80%) had previously encountered ethical dilemmas during professional or academic experiences, while one third had independently sought information on PH ethics beyond the curriculum. Interdisciplinary collaboration and flipped classroom preparation emerged as key learning drivers, and

students emphasised the relevance of the practice-based topics. Participants reported increased ethical awareness, greater confidence in managing professional uncertainty, and strengthened understanding of collaborative PH responsibilities. Overall, the initiative was widely perceived as highly valuable and strongly supported for continuation. Suggested improvements included earlier preparation, optimisation of round-table formats, and better alignment with workload.

Conclusions: This model provides a transferable approach for integrating ethics across Master of PH specialisation tracks and strengthening competency-based preparation of the European PH workforce.

50 years of Public Health Training in Ireland: the role of the Faculty of Public Health Medicine, Ireland

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The Faculty of Public Health Medicine of the Royal College of Physicians of Ireland (FPHMI, RCPI) celebrates its 50th anniversary in 2026. The first meeting of the Board of the then Faculty of Community Medicine took place on 18 May 1976.

The first Part I Membership examination was held in 1980, with reciprocity with the UK Faculty of Community Medicine. Eight training posts in Public Health Medicine were established. A Diploma in Public Health at University College Dublin, established in 1905, evolved into a Master of Public Health in 1983, providing education for those pursuing a career in Public Health Medicine.

The FPHMI is now a vibrant professional body for Public Health Medicine in Ireland. Examinations have been developed into a 3-part membership with outcomes-based curriculum review ensuring that training and assessment align with changes in public health practice. The training scheme is one of the Higher Specialist Training programmes of RCPI, with highly competitive entry. A National Specialty Director coordinates training in diverse training sites. Fellows and Honorary Fellows are appointed. A professional competence programme was developed in 2011 in line with Irish Medical Council requirements.

The recent appointment of Consultants in Public Health Medicine resulted from sustained advocacy by FPHMI, resulting in graduates of the training scheme attaining equal footing with graduates of equivalent medical training programmes. Ireland has yet to develop organised programmes of training for non-medical public health practitioners.

Over the last 50 years public health priorities have evolved to include infectious diseases and health protection, health improvement and chronic disease prevention, health services improvement, and global health. FPHMI has increasingly become part of the wider activities of RCPI and is strongly positioned to continue its advocacy to reduce health inequalities and strengthen health systems through the actions of our members and allies.

From curiosity to competence: a practical workshop model to build generative artificial intelligence skills for vaccination communication in public health

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Background: Generative artificial intelligence (AI) and large language models (LLMs) are rapidly entering public health workflows, yet many professionals report limited practical competence. We designed and conducted a training workshop and assessed baseline knowledge, attitudes, and practices (KAP) toward AI among Italian public health professionals.

Methods: During the 57th Italian National Congress of Hygiene and Preventive Medicine (Palermo, October 2024), workshop attendees completed an anonymous, paper-based KAP survey (three 5-point Likert items for AI knowledge, attitudes, and routine use). The 90-minute workshop blended short plenary inputs (LLM fundamentals, prompt engineering, and co-design of task-specific chatbots) with a guided hands-on session where participants collaboratively built a custom generative pre-trained transformer chatbot (customGPT) for vaccination counselling (“VaxSense”) and then tested it in supervised small-group interactions. Descriptive statistics and subgroup comparisons (by gender, age, and profession) were performed.

Results: Of 150 attendees, 87 returned questionnaires (58%); 86 were eligible for KAP analyses (mean age 35.9±8.7; 55.8% female; 43.0% residents/PhD students). Self-rated AI knowledge was moderate (mean 2.74 ± 1.05/5), attitudes were positive (3.87 ± 0.73/5), while routine use remained limited (2.88 ± 1.11/5), suggesting an “attitude-practice gap”. Male participants reported higher knowledge than females (3.08 ± 1.01 vs 2.46 ± 1.01; p=0.020). Residents/PhD students reported the highest routine use (3.19 ± 1.05).

Conclusions: A short, structured, hands-on workshop embedded in a national congress is a viable approach to concurrently conduct a survey to quantify workforce “AI readiness” and identify capability gaps. The observed attitude-practice gap and gender differences

underscore the need to scale inclusive, practice-oriented training that emphasizes safe use, critical appraisal of outputs, and governance principles alongside prompt engineering.

From Outbreak to Classroom: The 2025 Marburg Virus Disease Response in Ethiopia as the First “Public Health Memory Capsule” for ASPHER

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Aims: This presentation aims to offer a case study of the successful containment of the Marburg Virus Disease (MVD) outbreak in Ethiopia in 2025, designed as a good practice learning example for public health (PH) education, with a strong emphasis on transferability across contexts. It is proposed as the first contribution to an open-access ASPHER repository of “public health memory capsules” – real-world case studies documenting responses to emerging PH threats.

The case study aims to strengthen students’ knowledge, skills, and competencies in outbreak preparedness, crisis leadership, intersectoral coordination, and community engagement.

Rationale of the presentation and the case study: The way the outbreak of MVD in Jinka town, the South Ethiopia Regional State, was handled can be considered a success story and an example of highly efficient cooperation among health care system stakeholders, professionals, institutions, and citizens, focused on containing an extremely dangerous infectious disease. The precious lessons from the recent struggle with MVD in Ethiopia can be applied to PH academic teaching not only in Africa but also elsewhere. This is in line with the urgent need to build preparedness for PH and humanitarian emergencies, not limited to potential outbreaks of poorly understood infectious diseases erupting in seemingly distant countries. Moreover, this case study can raise awareness and broaden PH students' perspectives, helping them see contemporary global health problems.

Characteristics and educational values: The presentation will outline the pedagogical design of the case study, including learning objectives, discussion prompts, and competency

mapping. It will highlight universal lessons: the importance of coordinated multilevel response, data-driven monitoring, community education, and alignment between national and international actors.

By embedding real-world complexity into PH curricula, this case study supports experiential learning and strengthens preparedness for future global health and humanitarian emergencies.

Academic Teacher Training for Global Health Education: An International Train-the-Trainer Faculty Development Programme

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Background: Strengthening teaching capacity is essential for improving the quality of health professions education and addressing global health challenges. However, many academic staff in health sciences have limited formal training in educational methods. The Center for International Health (CIH) at Ludwig Maximilian University (LMU) Munich established the Academic Teacher Training Course (ATTC) to develop pedagogical competencies among faculty members from partner institutions and to support sustainable capacity building in health professions education.

Methods: The programme follows a train-the-trainer model designed to prepare participants as multipliers and change agents in their home institutions. The course combines preparatory online learning, an intensive synchronous online training phase, and a structured transfer component supporting the implementation of new teaching approaches locally. Educational components include student-centred learning, formulation of learning objectives, curriculum design, interactive teaching methods, assessment strategies, micro-teaching, simulation exercises, peer feedback, and reflective practice. The programme uses blended learning approaches and leads to an Academic Teacher Training Certificate (120 units).

Results: Since its introduction in 2010, 16 ATTC courses have been conducted. A total of over 500 participants from more than 30 countries have attended the programme. Participants reported improved confidence in designing courses, facilitating interactive learning environments, and applying modern pedagogical methods. The programme has also strengthened international networks of educators and supported the implementation of locally adapted teaching innovations in partner institutions.

Conclusions: International faculty development programmes based on train-the-trainer approaches can effectively strengthen teaching capacity and promote sustainable improvements in health professions education. The CIH Academic Teacher Training programme demonstrates how international collaboration, blended learning, and locally adapted implementation strategies can support the professionalization of teaching and contribute to strengthening health systems globally.

Primary Care Workforce Shortage and Career Intentions among Italian Medical Students: A Cross-Sectional Study

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Background: Primary Health Care (PHC)-oriented health systems are associated with improved population health outcomes and greater system sustainability. However, across Europe, General Practice (GP) is facing a growing workforce shortage. In Italy, despite recent territorial reforms, GP recruitment remains critical. This pilot study explores determinants of postgraduate career intentions among senior medical students, with a focus on GP and the role of university training in shaping future workforce choices.

Methods: A cross-sectional survey was conducted during the 2024/2025 academic year among fifth- and sixth-year medical students at the University of Milan. An anonymous 39-item questionnaire assessed demographics, career intentions, influencing factors, perceptions of GP and internship experience. Associations between career preference and explanatory variables were analysed using regression models.

Results: A total of 359 students participated (response rate 46.8%). Only 2.2% indicated GP as their preferred career path. Just 7.8% and 4.6% of respondents considered the theoretical and practical preparation provided by the university to be definitely adequate to support an informed career choice. Multivariate analysis showed that community-based internship experience increased the likelihood of choosing GP. GP tutors emerged as a key factor in shaping positive perceptions of the discipline, whereas the influence of other specialists, professors, or peers was not statistically significant. Valuing community-based work and professional autonomy were independently associated with choosing this career path.

Conclusions: This pilot study highlights a potential misalignment between the central role of PHC within the health system and its representation in undergraduate medical education. Strengthening community-based training opportunities and increasing the involvement of General Practitioners in academic teaching may help align medical education with primary care workforce needs. A national multicentre study is currently underway to assess the generalisability of these findings across Italian medical schools.

Professional Integration of International Physicians: Educational Approaches to Health Workforce Alignment in Germany

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Background: Many European health systems increasingly rely on internationally trained physicians to address workforce shortages and respond to the growing mobility of health professionals. In Germany, physicians with foreign medical degrees must obtain medical licensure (Approbation) in order to practice. This process typically requires passing a medical language examination (Fachsprachprüfung) and, in many cases, a medical knowledge examination (Kenntnisprüfung). Targeted educational programmes can support internationally trained physicians in navigating these requirements and facilitate their professional integration into national health systems. MED-International LMU was established in 2015 at the Institute for Medical Education (DAM) at LMU Klinikum Munich to address these needs.

Methods: MED-International LMU develops and delivers qualification programmes for physicians and other healthcare professionals with foreign professional degrees. The courses are designed to prepare participants for licensure examinations while strengthening competencies required for clinical practice in the German healthcare system. In regular operation, five different course formats are offered with group sizes of approximately 20 participants. The training focuses on medical language competencies, clinical communication, examination preparation, and understanding of structures and processes within the German healthcare system. Course quality and perceived learning outcomes are evaluated through anonymous online questionnaires administered at course completion using the EvaSys evaluation system, including twelve closed-ended and four open-ended questions.

Results: Participants report high relevance of the training for examination preparation and workplace integration. By addressing both clinical communication and system-specific knowledge, the courses contribute to aligning international professional qualifications with the requirements of the German healthcare labour market.

Conclusions: Educational programmes that support internationally trained physicians during the recognition process can play a key role in strengthening health workforce capacity. Structured qualification programmes such as MED-International LMU contribute to the

professional integration of international health professionals and support sustainable workforce development in the healthcare sector.

Foundations of leadership for early-career public health researchers: integrating transformative leadership into doctoral training

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Background: Leadership is recognised as a core competency for the public health workforce. However, doctoral education in public health remains predominantly research-oriented, offering limited structured opportunities to develop leadership skills beyond academic expertise. While competency frameworks specify the leadership capabilities expected of graduates, their operationalisation within doctoral curricula remains limited worldwide. This gap is particularly relevant for early-career researchers who must learn to lead themselves, their team, and their research, and to act effectively across academic, organisational, and policy interfaces. There is limited empirical evidence on how transformative leadership competencies can be successfully integrated and evaluated within doctoral education.

This project aims to design, implement, and evaluate a competency-based leadership training intervention tailored for doctoral students in public health. The initiative seeks to establish a structured educational model for strengthening participants' capacity to exercise ethical, systems-oriented, and context-responsive leadership within academic and non-academic settings.

Methods: An interdisciplinary international team developed a two-day intensive course implemented within the French Public Health Doctoral Network. The curriculum aligns with the European Public Health Leadership Competency Framework, and builds upon the World Health Organization European Public Health Leadership Course delivered at a school of public health in 2023. The program draws on competency-based education, experiential-learning theory, peer exchange, and reflective practice. Interactive activities include analysis of real-

world situations, policy brief development, stress-management exercises, and facilitated group discussions.

Quantitative pre- and post-course self-assessment, and qualitative analysis will measure levels of reaction, learning, behavior and results according to the Kirkpatrick model.

Results: The course will occur in a French University, April 2026. Results, available by June, will report changes in self-assessed competencies related to self-leadership and research leadership.

Conclusions: Findings may inform evidence-based integration of leadership training within European doctoral education and offers a scalable model to support the next generation of public health leaders.

Exploring country demographic profile data sources: An exercise for students in health-related educational programmes

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Introduction: For public health students, knowledge of the demographic features of populations are crucial to their understanding of population healthcare needs. How countries collect and report demographic information varies as does the availability of, access to, and the quality of population data. The inclusion in healthcare curricula of exercises to explore how demographic data are collected, collated and presented for public consumption in different countries and the value of such data for healthcare policy and planning is important.

Methods: As part of the **ASPHER's Health Data Needs for Research and Policy Taskforce**, we evaluated anonymised student assessments of country demographic profiles assigned in a Master of Public Health class in 2024-25. The assignment involved identifying national demographic data sources; the year in which census data were last collected; population size and structure; annual birth and death rates; and life expectancy, for their own or a country of their choice. Students were asked to comment on how informative the exercise had been for them.

Results: National demographic data compiled by students covered 31 countries with appropriate references to sources, and detailed information as requested. In-class discussion allowed for comparison and contrasting of population pyramids, birth and death rates and life expectancy in different countries. Most importantly, the value of the exercise was appreciated by all students with positive views expressed indicating a new awareness of the wide scope of epidemiological data collected in many countries.

Discussion: This review highlights the value of available population data to promote practical student learning on the subject of country epidemiological profiles. Many students were surprised by the comprehensive and wide-ranging population data freely available for public access. The exercise allowed for data sources by country to be collated and compared, thus enhancing students' understanding of information fundamental to health service planning and delivery.

Assessing Healthcare Providers' Readiness and Competencies in Digital Health Transformation in Low-income countries

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Background: Telemedicine offers transformative potential to bridge geographic healthcare disparities and ensure equitable access in remote regions. The realization of these benefits requires a comprehensive assessment of healthcare providers' competencies. This study assesses healthcare providers' Awareness, Knowledge, Attitudes, and Skills (AKAS) toward digital health platforms, focusing on participation, ethical engagement, and technical readiness.

Materials and methods: A cross-sectional study included 312 healthcare professionals (physicians, nurses, technicians, assistants) at facilities in Hadhramout, Yemen. Sample size was calculated using the finite population correction (FPC) formula, inviting 319 via multistage cluster sampling. Data collection (Jun-Dec 2025) used a self-administered questionnaire adapted from Zayapragassarazan's validated tool, assessing AKAS in digital platforms, ethical considerations, and community involvement. Descriptive statistics reported frequencies/percentages; AKAS scores categorized as low ($\leq 49\%$), average (50–70%), high ($\geq 71\%$). Chi-square, t-tests, and ANOVA compared scores with demographics ($p \leq 0.05$ significant).

Results: Response rate was 97.8% (312/319). Findings showed average awareness (39.4%), high knowledge (47.4%), positive attitudes (71.8% high, emphasizing ethical participation), and average technical skills (41.7%). Attitudes varied significantly by geography ($p=0.002$); skills by sector ($p=0.003$). ANOVA revealed specialist-consultants had highest attitude (46.90 ± 5.065) and skills scores (27.60 ± 11.138) ($p=0.003$, $p=0.001$). Predictors included training (awareness/knowledge, $p=0.004$), prior experience (awareness, $p=0.001$), and computer skills (awareness, $p=0.001$), highlighting needs for platform-specific and ethical training.

Conclusion: Providers show positive intentions for digital health platforms and community participation, but gaps in technical skills and ethical implementation hinder transformation. Targeted training on AI-integrated platforms and social contracts is essential for Yemen's health reforms.

Keywords: Digital health platforms, Telemedicine competencies, AKAS, Ethical participation, Social contracts, Yemen

Deficyty edukacyjne w dziedzinie dawstwa narządów jako bariera systemowa w Polsce – kierunek edukacji zdrowia publicznego

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Organ transplantation is one of the most effective treatments for end-stage organ failure and an important indicator of healthcare system performance. According to the annual report of the Poltransplant Organization and Coordination Center, Poland recorded 16 deceased donors per million population (pmp) in 2023. In comparison, the report of the Organización Nacional de Trasplantes (ONT) indicates that Spain achieved a rate of 49.4 pmp in the same year. Although both countries operate under a presumed consent model, legal regulations alone are insufficient to ensure high transplant activity. Organizational factors, educational initiatives, and the level of preparation of healthcare personnel play a significant role. Lower organ donation rates are associated with higher mortality among patients on transplant waiting lists.

The aim of this study was to identify educational and systemic gaps in organ donation in Poland and to assess their impact on the effectiveness of the transplantation system, with particular emphasis on the competencies of public health professionals.

The study involved an analysis of Poltransplant annual reports for 2023–2024 and the ONT report for 2023, as well as a review of scientific literature addressing public knowledge about brain death and legal regulations related to organ donation.

The findings indicate a lack of systematic inclusion of organ donation topics in health education programs at both school and university levels. Survey data suggest that approximately 30–40% of respondents are uncertain about the criteria for determining brain death and the principles of presumed consent. In contrast, the Spanish model is based on institutionalized training for transplant coordinators and standardized procedures for communication with donor families.

Low transplant activity in Poland may therefore be associated with structural deficiencies in education and professional preparation. Integrating organ donation topics into public health education could strengthen the capacity of the healthcare system.

How to implement the multi-actor approach to deliver a practice-based, workforce-aligned health protection curriculum

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Background: Health Protection is a core function of public health.

- Historically, the focus was on controlling biological agents.
- Now, national strategy has adopted an all-hazards approach, including threats from chemical, radiological, and nuclear agents.

To deliver an 'all hazards' health protection curriculum that is practice-based and market-aligned, I aimed to harness the multi-actor approach. Multidisciplinary experts offer students diverse perspectives into health protection in practice to maximize their preparedness for the workforce.

Methods: Using systems leadership, I engaged stakeholders across organisational and functional boundaries for a common goal, to ensure graduates are fit-for purpose.

I developed a stakeholder engagement process to co-design guest lectures with stakeholders working directly in health protection and indirectly as allied occupations/healthcare workers.

Results: Successful co-production of lecture material and recording of guest lectures with multidisciplinary experts (Figure). Students learned how health risks are managed in multiple settings.



Stakeholder feedback

- *“As an officer of the Defence Forces involved in emergency planning, I had the privilege of collaborating with Julie Arnott on the creation of lectures for the UCC postgraduate certificate in Health Protection.”*
- *[Consultant in Public Health] “It was a pleasure for me to share my learning with both Julie and students on the MPH courses. This process worked well, a virtual educational platform facilitated both myself and the students regarding timing, convenience and obviating the necessity to travel.”*

Student feedback

- *“It has been 17 years since I was last in university so thank you for making it so enjoyable.”*
- *“The real-life examples were very useful.”*
- *“The course content was very well put together and interesting.”*
- *“Very relevant”.*
- *“I really enjoyed this module, it has been my favourite in the MPH so far.”*

Conclusions: The multi-actor approach:

- facilitates the teaching of an all-hazards curriculum,
- supports inter- and trans-disciplinary learning,
- ensures graduates are workforce aligned.

Using a framework to structure postgraduate teaching to align with Ireland's health protection strategy, which has adopted a wider all hazards approach

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Background: Health Protection is a core function of public health.

- Historically, the focus was on controlling biological agents.
- Now, national strategy has adopted an all-hazards approach, including threats from chemical, radiological, and nuclear agents.

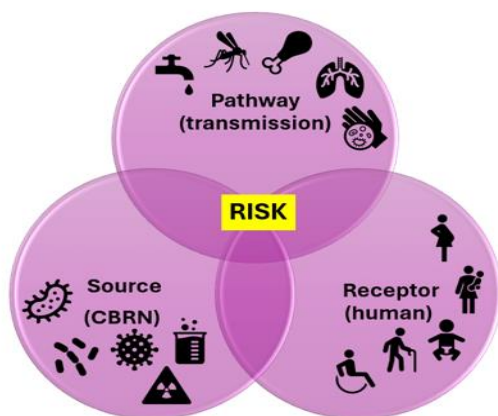
To reflect the all-hazards approach, I aimed to structure my health protection curriculum by using a methodological approach to reduce student overwhelm, informed by student feedback. (*“There’s just so much to health protection”*).

Methods: Using the Universal Design for Learning guidelines, I aimed to build student knowledge by scaffolding learning between two modules with a structured framework:

- EH6150: Introduction to Health Protection
- EH6151: Advanced Health Protection

Results: Modules were re-structured using frameworks that highlight the patterns of risk for any health hazard. Real-world case-studies ground theory in practice.

- For EH6150, the Emergency Preparedness, Resilience and Response (EPRR) framework provided a solid knowledge base underpinned by the source-pathway-receptor model (Figure). Each week focuses on one factor, culminating in the final week with emergencies/outbreaks.
- For EH6151, the EPRR cycle scaffolds prior learning (Figure). Each week focuses on one stage of risk management, showcasing how health protection activities can be proactive (i.e. preparedness, prevention and early detection) or reactive (i.e. emergency response and outbreak management).



EPRR framework



EPRR cycle

Student feedback

“Exploring the application of the EPRR principles to wider environmental hazards introduced an important new dimension to my understanding. The framework helped to put individual concepts with which I was familiar with into an organized, adaptable and structured model”.

“The way the EPRR framework accommodates environmental hazards illustrates its flexibility and robustness as an approach. The teaching has shifted my thinking from a single hazard focus to a more integrated systems view.”

Conclusions: Packaging the health protection curriculum into a framework was time consuming. However, it facilitates students to maximise their knowledge transfer to manage any health hazard, aligning with national strategy.

Teaching philosophy in creativity and innovation in Public Health using statistical software R

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Background: Recent significant changes in technology such as Artificial Intelligence (AI) and big data analysis have a wide impact in many areas of human societies, not least in education. Advances in efficiency of new technologies, with impacts in different public health fields such as renewable energy and transport affected by environmental concerns and climate change. Technological advances enhancing creativity and analytical skills mean people must learn and adapt to a fast-changing economic environment. Therefore, and in focus on Higher Education sector, students and junior's researcher need a new pathway of teaching based on a well evidenced background to facilitate Problem-Based Learning (PBL) courses.

Methods: The main emphasis of PBL is on small group work, peer-to-peer teaching and understanding through analytic skills, setting objectives for learning, and solving problems.

Structured courses for PhD students in addition to the employees of the Institutes of public health research. This is as a regular weekly session of two hours duration and comprised of the specific themes included 10 Introduction, Eight Data Science lectures and 25 statistics with R lectures to Research Intelligence Statistics lectures to the Public Health Research Center team. 12 statistics with R lectures delivered to the statistics team at the Abu Dhabi Health Authority.

Results: This innovative pathway of teaching purpose has enhanced students to participate with an understanding of probability and statistics in public health. It enhanced teaching the critical thinking skills, that are essential to evaluate statistics in public health research and data analysis in addition to statistical approach that would favor one methodology over another.

Major finding and Conclusion: This philosophy of teaching innovation and creativity found over time that student participation and engagement is encouraged through facilitation of learning rather than conventional style teaching. For example, in supporting discussions, group-based work and students' presentations.

Leading Change in European Health Systems: Applying Design Thinking and Disruptive Innovation across Public Health Prevention and Hospitals

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In recent years, innovation frameworks such as design thinking and disruptive innovation have become increasingly integrated into leadership development and health professions education programmes, particularly in North American academic and executive training environments. Their relevance for Europe, however, depends on how they are adapted to health systems shaped by public accountability, regulatory complexity, and multi-level governance.

This reflective contribution explores how concepts learned in international leadership and health professions education programmes may inform professional practice across two complementary operational settings within European health systems: public health prevention services and hospital executive leadership.

Design thinking offers a structured, human-centred approach to complex problem solving. Based on iterative cycles of stakeholder observation, idea generation, rapid prototyping, and feedback, this methodology encourages multidisciplinary teams to explore multiple solutions before converging on feasible organisational improvements.

Within public health prevention services, this approach could inform the review of activities related to hygiene, inter-institutional coordination, and the management of complex population health issues by helping professionals better understand stakeholder perspectives, identify points of organisational friction, and develop feasible process improvements.

In hospital governance, the same framework can support operational challenges, including patient flow management, coordination between clinical units, and the redesign of care pathways. Through iterative experimentation and stakeholder engagement, leadership teams can refine organisational processes, strengthen cross-functional alignment, and support more responsive models of service delivery.

Disruptive innovation complements this perspective by encouraging professionals to identify unmet needs and consider simpler, more accessible service models that can work alongside existing institutional structures.

Together, these frameworks highlight the transversal relevance of innovation-oriented leadership methods across public health prevention and hospital management within European health systems. More broadly, their principles are adaptable across national and institutional contexts, offering useful approaches to organisational learning, management, and system improvement both within and beyond healthcare.

Embedding Planetary Health in Public Health Education: Experiences from Medical and Public Health Training in Europe

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The accelerating impacts of the triple planetary crisis of climate change, biodiversity loss, and global pollution are increasingly recognized as major determinants of population health. These challenges are reshaping the epidemiological landscape and require a public health workforce equipped with new competencies that integrate environmental, social, and health systems perspectives. Despite this urgency, planetary health remains unevenly integrated into public health and medical education across Europe.

Recent initiatives led by the Association of Schools of Public Health in the European Region have highlighted the need to update public health curricula to address emerging global challenges and equip professionals with interdisciplinary competencies aligned with the evolving public health landscape. The development of new competency frameworks reflects that environmental change must be incorporated into the training of public health professionals.

This contribution presents experiences in integrating planetary health into academic training in medical and public health education. We describe the introduction of elective teaching activities on planetary health within medical schools in Italy, aimed at exposing future clinicians to the systemic links between environmental change and health outcomes. We also present the development of a planetary health elective within the Master's programme in Healthcare Management at the Erasmus School of Health Policy & Management, designed to engage future health system leaders with planetary health frameworks, governance challenges, and cross-sectoral policy approaches.

These educational initiatives illustrate how planetary health can be operationalised through interdisciplinary teaching, connecting environmental determinants of health with health systems governance and policy. The experience suggests that planetary health should no longer be considered an optional or emerging topic, but a core component of public health education. Preparing the next generation of public health professionals requires embedding planetary health principles across curricula, fostering systems thinking, and strengthening the capacity of health professionals to respond to complex ecological and societal transformations.

Health in All Policies: Training Local Governments and Civil Society for Healthy Communities in Republic of Moldova

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Background: Non-communicable diseases (NCDs), such as cardiovascular diseases, cancer, and diabetes, are the leading causes of mortality in the Republic of Moldova. As such, NCDs represent an urgent public health priority that the Ministry of Health, in collaboration with local public authorities (LPAs) across the country, seeks to address. The Swiss Moldovan Healthy Life Project aims to reduce the burden of NCDs, particularly in rural areas. In this context, the National School of Public Health Management, together with the project, developed a training course on Health in All Policies (HiAP).

Methods: The HiAP course targets LPAs across all 35 districts, 75 pilot communities, and the two largest municipalities in Moldova. The content is delivered in person using an interactive format based on adult learning methods. Since 2022—against the backdrop of the full-scale invasion of Ukraine and high numbers of refugees entering Moldova—the course has been adapted to include a focus on managing NCDs among people on the move.

Results: The course has been delivered to 800 representatives of LPAs and has been highly appreciated by mayors and local authorities facing multiple challenges and concerned about the health of their communities in the light of high out-migration levels and poorly resourced local health and social systems. In parallel, local coalitions composed of LPAs and civil society organisations were trained to identify local needs and available resources and were encouraged to engage in participatory joint planning processes. As a result, they developed proposals to implement health-promoting initiatives co-funded by the project. These initiatives focused on nutrition and physical activity and involved 9,654 people.

Conclusions: The HiAP course catalysed locally embedded collective action, fostering trust and recognition of health as a cornerstone of community development while strengthening territorial planning and intersectoral coordination—both essential for resilient governance in the context of compound crises.

From Workshop to Curriculum: Operationalising Digital Public Health in European Education

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We maintain that leveraging and governing digital transformation to serve public health is a defining educational challenge for European schools of public health. Digital technologies are reshaping health systems, knowledge production, communication ecosystems, and population-level research, surveillance, and interventions. However, digital public health is still often treated as a technical add-on rather than as a structural evolution of public health itself. One week prior to the ASPHER Conference, a two-day international workshop in Lugano will convene scholars and educators to articulate and operationalise digital public health as the natural evolution of public health in a digitally transformed society, strengthening public health's capacity to interpret, govern, and shape digital transformation at systems level.

This collaborative session will present and critically discuss the workshop's emerging conceptual framework and educational implications. The focus will be on how digital public health can be embedded within curricula in ways that are aligned with essential public health functions, public health values, and inter-professional learning, while remaining future-oriented and equity-sensitive.

The 60-minute session will adopt an interactive innovation format. Following a concise synthesis of the Lugano process and its preliminary outputs (20 minutes), participants will engage in moderated round-table discussions (25 minutes) structured around two guiding questions:

1. What core competencies should define digital public health training in Europe?
2. How can digital public health be integrated into existing curricula without fragmenting public health identity?

A final plenary segment (15 minutes) will synthesise areas of convergence, divergence, and strategic priorities identified by participants. The session aims to foster shared conceptual clarity, stimulate coordinated curriculum development across institutions, and strengthen ASPHER's role in shaping the future educational pathways of digital public health in Europe.

Aspirational Career Pathways versus Labour Market Demand: Comparing Advertised Professional Outlets of European Public Health Master's Programmes with Swiss LinkedIn Job Postings

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(1) Università della Svizzera Italiana – Switzerland

Background: Master's programmes in Public Health widely advertise professional outlets as a strategic lever for student recruitment. However, it remains unclear whether these aspirational career pathways align with empirically observable labour market demand. We compared (i) professional outlets advertised on programme websites across Switzerland and selected European countries with (ii) actual job postings for public health professionals in Switzerland identified through a 2023 LinkedIn scraping exercise.

Methods: We analysed two datasets obtained. First, a competitive analysis of European Public Health Master's programmes systematically extracted advertised professional outlets from official programme websites. Second, LinkedIn job postings in Switzerland (August–September 2023) were scraped using predefined public health-related keywords (3,617 records screened; 104 relevant postings). Job titles, sectors, required qualifications, and competencies were analysed descriptively.

Results: Programme websites consistently advertised broad, leadership-oriented trajectories, including careers in governmental and international organisations, NGOs, academia, health policy, consulting, and the pharmaceutical and biotechnology industries. Senior or managerial roles were frequently emphasised. In contrast, LinkedIn postings in Switzerland showed concentration in specific sectors: government administration (n=21) and pharmaceutical companies (n=18) were the leading employers. The most frequent job titles included Director (n=10), Consultant (n=8), Head of Department (n=8), and Specialist (n=8), suggesting availability of senior roles but within defined institutional contexts. Postings commonly required a Master's degree (n=41), public health training (n=39), project management expertise (n=25), and strong communication skills (n=63).

Conclusions: The comparison reveals partial alignment rather than a marked discrepancy. Both datasets converge on leadership, policy, and pharmaceutical sectors as key destinations. However, programme websites portray a broader and more internationalised spectrum of opportunities, whereas the Swiss job market appears more sector-specific and competence-driven. These findings underscore the importance of grounding curricular positioning not only

in aspirational narratives but also in empirical labour market evidence to ensure coherence between training, student expectations, and employability.

Large Language Models in Public Health Education: Opportunities, Risks, and Governance Challenges. A Narrative Review

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Background: Large language models (LLMs) are increasingly used in health education, but their application in public health training remains insufficiently structured in the literature. Public health education involves text-intensive analysis, uncertainty management, and interdisciplinary decision processes, requiring domain-specific evaluation of LLM-supported instructional use. This review synthesizes and critically examines LLM applications and limitations across public health education domains.

Methods: A structured narrative review was conducted using targeted searches of peer-reviewed and preprint literature in public health, medical education, and artificial intelligence. Sources were selected based on relevance to educational applications and public health competencies. Evidence was thematically grouped by instructional domain and cross-cutting risk categories.

Results: LLM applications in public health education group into several instructional domains: individual learning support, critical appraisal of scientific literature, case-based and simulation training, communication skills development, policy and decision-making education, interdisciplinary learning, and capacity building in resource-limited settings. Reported benefits include accelerated information synthesis, adaptive explanation, scenario generation, and scalable interactive training. Documented constraints include hallucinations, limited source traceability, embedded bias, and automation-related cognitive offloading. These limitations have heightened relevance in public health contexts, where contextual interpretation, equity, and ethical accountability are core training objectives.

Conclusions: This review provides a domain-structured synthesis linking LLM educational use cases with documented technical and pedagogical constraints in public health education.

Effective adoption requires expert oversight, verification practices, and AI literacy training to ensure that LLM use supports analytical reasoning and professional judgment.

Mapping the Swiss Public Health Job Market through LinkedIn Scraping: Implications for Education and Training

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Background: Aligning public health education with labour market needs is essential to ensure relevance, employability, and system responsiveness. We conducted a structured LinkedIn scraping exercise to map profiles, skills, and competencies required for public health positions in Switzerland in 2023.

Methods: Using the Browse AI tool, we scraped LinkedIn job postings in Switzerland between August and September 2023. Keywords included “public health” (n=1891 results), “health administration” (n=302), “health promotion” (n=240), “global health” (n=205), and “epidemiology” (n=133). We sorted and described results across four domains: language, educational background, formal training/experience, and competencies.

Results: The initial scraping yielded 3,617 records; 104 postings were deemed relevant to public health professionals. Most postings were in English (n=63), followed by French (n=19), German (n=15), and Italian (n=7). English was also the most frequently required working language (n=55/150 language mentions), surpassing national languages. Government administration (n=21) and pharmaceutical companies (n=18) were the leading sectors advertising public health roles. A Master’s degree (n=41) and training in public health (n=39) were most required. Frequently requested areas of formal training included project management (n=25), pharmaceutical sector expertise (n=22), public health (n=20), health policy (n=17), and regulatory affairs (n=17). Core competencies emphasised communication skills (n=63), alongside leadership, stakeholder management, teamwork, and organisational skills. The most frequent job titles were Director (n=10), Consultant (n=8), Head of Department (n=8), and Specialist (n=8).

Conclusions: The Swiss public health job market in 2023 prioritised advanced academic training, managerial competencies, and strong communication skills, with a marked predominance of English. These findings provide empirical guidance for curriculum design and support English-medium, competency-oriented public health education aligned with leadership trajectories.

Mapping ASPHER-Aligned Competencies Across Existing Master's Programmes: A Situational Analysis Supporting the Feasibility of a New Public Health Degree

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Background: The establishment of a new Master in Public Health in Southern Switzerland (Ticino) required assessment of institutional feasibility. We conducted a situational analysis to map existing courses and modules at Università della Svizzera italiana (USI) against the WHO–ASPHER competency framework and the ASPHER core competencies for public health professionals.

Methods: In March 2023, we systematically reviewed all Master's programmes offered at USI (n=36) using publicly available curricular information. Courses and modules were screened for alignment with the WHO–ASPHER competency framework and the ASPHER list of core competencies. Identified modules were categorised according to competency domains.

Results: Across 36 Master's programmes—predominantly within the Faculties of Economics, Communication, and Informatics—57 courses were compatible with the WHO–ASPHER framework and 40 with ASPHER core competencies. Strong representation was observed in domains related to *science and practice* (e.g., epidemiology, data analysis, research methods, health informatics), *health promotion* (e.g., social marketing, digital health, health communication), *law, policy and ethics* (e.g., public policy analysis, health policy), and *leadership and governance* (e.g., organizational behavior, corporate strategy, project management, corporate governance). Substantial alignment was also identified in communication, advocacy, and professional development domains. Limited or no coverage was found in areas related to environmental determinants of health and One Health/health security. Importantly, most relevant modules were embedded in programmes not explicitly labelled as “public health,” underscoring the intrinsically multidisciplinary nature of the field.

Conclusions: The situational analysis demonstrates that a comprehensive, ASPHER-compliant Master in Public Health is institutionally feasible even in a university with limited dedicated public health faculty. Public health competencies are already distributed across diverse disciplines. The ASPHER framework provides a robust structuring tool to integrate, coordinate, and monitor these dispersed competencies, transforming existing expertise into a coherent, workforce-oriented public health curriculum aligned with essential public health functions.

Stakeholder Perspectives on the Need for ASPHER-Compliant Public Health Competencies: A Cross sectional study

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Background: The development of a new Master in Digital Public Health in Southern Switzerland (Ticino) was informed by a stakeholder survey exploring perceived needs for public health competencies across diverse work settings. Stakeholders were alumni of Università della Svizzera Italiana (USI) and representatives of organisations operating in public and private sectors.

Methods: A structured survey was disseminated in three waves (September–October 2023) to USI alumni and selected organisations. Respondents represented sectors including pharmaceutical and biotechnology industries, public administration, hospitals and health services, non-profit organisations, long-term care, disability services, finance, and other private industries. The instrument comprised closed-ended items (Likert scales and multiple selection) assessing: (i) perceived organisational need for public health expertise; (ii) priority competence areas aligned with ASPHER domains; (iii) perceived benefit of specialised profiles (e.g., global mental health, science communication); and (iv) willingness to collaborate with the proposed Master through internships, applied theses, projects, and workshops.

Results: Perceived need for public health expertise was high: the majority rated it as “very important” or “important” (categories 4–5). Frequently prioritised competence areas included public health foundations, health promotion, health education, and disease prevention, alongside leadership, strategy, epidemiology, and quantitative methods. Stakeholders also expressed concrete willingness to collaborate in practice-based training activities, particularly field projects and applied theses.

Conclusions: Across heterogeneous sectors, stakeholders consistently endorsed the need for ASPHER-aligned public health competencies, combining analytic, preventive, leadership, and communication skills. These findings provide qualitative evidence supporting the relevance and labour-market legitimacy of a competency-based Master in Digital Public Health in Southern Switzerland, with strong emphasis on applied, practice-integrated training.

Mass Media Campaigns for Vaccination Promotion: Lessons from Italian and Spanish Case Studies

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Background: Mass media campaigns are widely used to promote vaccination and address vaccine hesitancy by reaching large segments of the population. In Europe, Directive 2001/83/EC restricts direct advertising of prescription medicines to the public, meaning vaccination messages broadcast on television are typically framed as institutional public health communication rather than product promotion. In Italy, this framework is implemented through Legislative Decree 219/2006, while in Spain similar restrictions apply under Royal Decree 1416/1994 and Royal Legislative Decree 1/2015. This study explores how vaccination campaigns in Italy and Spain operate within these regulatory constraints.

Methods: A qualitative case-study analysis was conducted on three vaccination campaigns: two Italian campaigns approved by the Ministry of Health focusing on human papillomavirus (HPV) vaccination and herpes zoster vaccination, and one Spanish campaign promoting herpes zoster vaccination. Campaign materials and videos were analyzed in terms of message framing, narrative approach, target population, and communication techniques.

Case materials analyzed include:

HPV Italy: <https://www.youtube.com/watch?v=CElvZLa4Cwc>

Zoster Italy: <https://www.youtube.com/watch?v=HJKOL8WssEI>

Zoster Spain: <https://www.youtube.com/watch?v=xcx3nQOfroU>

Influenza Italy (Ministry of Health): <https://www.raiplay.it/video/2023/01/Spot-di-Comunicazione-Istituzionale-Vaccinazioni-2023-389bd289-299a-4e25-a639-28d05e9a34f2.html>

Results: Across the case studies, campaigns promote vaccination without mentioning specific vaccine brands, consistent with European and national pharmaceutical advertising regulations. Communication is typically delivered through institutional campaigns led by public health authorities. HPV campaigns focus on cancer prevention among adolescents, while herpes zoster campaigns target older adults and emphasize healthy ageing and prevention of complications. Common strategies include institutional framing, preventive messaging, and simplified narratives designed to increase accessibility and public trust.

Conclusions: These campaigns illustrate how vaccination promotion through television can operate within the European regulatory framework while delivering clear public health messages. However, evidence evaluating the real-world impact of these media campaigns on vaccination attitudes or uptake remains limited. Future initiatives should incorporate systematic evaluation frameworks to measure their effects on knowledge, perception, and vaccination behaviours.

Joint associations of physical activity and Mediterranean diet adherence with depressive symptoms among university students: the UniFoodWaste cross-sectional study

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Background: Depressive symptoms are common among university students. Lifestyle factors such as physical activity (PA) and adherence to the Mediterranean diet (MD) may have protective effects, but their combined relationship with mental health in young adults is not well understood. This study examined the independent and joint associations of PA and MD adherence with depressive symptoms in Italian university students.

Methods: The UniFoodWaste study is a cross-sectional survey conducted among students aged ≥ 18 years at the University of Milan. Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9). MD adherence was measured with the Medi-Lite score, and PA was assessed using the International Physical Activity Questionnaire short form (IPAQ-SF). Multivariable linear regression models with robust standard errors were used to estimate associations. Joint exposure categories and predicted margins were also examined.

Results: Among 2,688 students, higher PA levels and greater MD adherence were independently associated with lower PHQ-9 scores. Compared with low PA, both moderate ($\beta -1.73$; 95% CI -2.41 to -1.05 ; $p < 0.001$) and high activity ($\beta -1.48$; 95% CI -2.18 to -0.77 ; $p < 0.001$) were significantly associated with fewer depressive symptoms, with evidence of a linear trend (β for trend -0.43 ; $p = 0.007$). High MD adherence was also inversely associated with depressive symptom severity ($\beta -1.07$; 95% CI -1.49 to -0.64 ; $p < 0.001$). The lowest predicted PHQ-9 scores were observed among students reporting both high PA and high MD adherence ($\beta -1.28$; 95% CI -1.88 to -0.68 ; $p < 0.001$).

Conclusions: Higher PA and stronger adherence to the MD were jointly associated with lower depressive symptom severity among university students. Integrated lifestyle promotion strategies may represent a promising approach for mental health prevention in early adulthood. Prospective and intervention studies are warranted.

The value of the ASPHER Core Curriculum Programme (CCP) to Public Health (PH) Education in a Challenging Context: Revising the Bachelor of Public Health Nutrition (BScPHN) at Al-Quds University

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Background: PH programmes need solid foundations, which is exactly what ASPHER CCP offers to institutions across Europe and beyond. The challenge is how international benchmarks can be applied in regions defined by political instability and tight resources. This situation was faced by Al-Quds University in the current context. A complete overhaul of the Bachelor of Public Health Nutrition (BScPHN) was required to better address immediate, local health realities without losing rigorous standards set by the ASPHER CCP.

Methods: The CCP domains were treated as a benchmark to audit existing classes. By mapping current learning outcomes against curricular subject areas, gaps and overlapping within our curriculum became apparent. Faculty members engaged in curricular workshops to rewrite course descriptions and rethink teaching and grading. To ensure relevance to all stakeholders, we consulted students, alumni and health professionals for feedback. This helped to build stronger components in epidemiology, ethics, systems thinking, and emergency response, anchored around our core focus on nutrition.

Results: The initial audit revealed strengths in delivery of basic nutrition science and health promotion; however leadership, emergency preparedness, and policy analysis needed improvement. The redesigned programme addresses this, by bringing everything into close alignment with ASPHER standards, launching new modules, updating existing modules, and changing student assessment. The result is a more cohesive programme giving graduates a highly specific skillset that meets international benchmarks while remaining highly responsive to the health challenges on our doorstep.

Conclusions: Running a curriculum reform in a complex, under-resourced environment is challenging. The ASPHER CCP provided us the structural blueprint needed. It worked perfectly as a benchmarking tool. It allowed us to adopt global public health standards while still adapting materials to fit our local community's need. Because of this process, the Al-Quds University BSc PHN is now a far more rigorous, relevant, and accountable programme.

The ASPHER CCP as a guide to developments in Public Health programme delivery

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Background: The 1st Edition of the ASPHER Core Curriculum Programme (CCP) (ccp.aspher.org) provides a comprehensive framework for Public Health (PH) education programmes across Europe and beyond. Among the many applications of the ASPHER CCP, this project outlines its effectiveness for enhancing practical skills and behaviour components within a UK MSc PH course. The ASPHER CCP was used to guide the redesign of the current programme to better align with contemporary PH workforce needs, and the need to ensure that graduates have developed required skills, behaviours and knowledge across a breadth of areas.

Methods: A systematic curriculum-mapping exercise was undertaken to determine the extent to which existing modules addressed the competencies outlined within the ASPHER CCP, with particular attention to domains suited to simulation-enhanced learning. Drawing on these findings, potential simulation opportunities were identified and categorised according to CCP domains, allowing the team to embed new scenario-based decision-making, and applied practice activities throughout the curriculum. Examples include outbreak simulations, environmental disasters, mock interview scenarios, historical public health, ethical considerations and wider determinants scenarios.

Results: Following the redesign and mapping process, areas of the curriculum were identified where simulation activities could be distributed across multiple modules rather than confined to isolated sessions. This provides progressive development and increasing complexity. Early evaluation from staff and students indicates enhanced student engagement, improved confidence in applying theoretical knowledge to practice, and greater authenticity in exploring practical situations within PH. With new curriculum planning underway, a practical simulation module is **designed to** run alongside the whole year of the course to enhance this further.

Conclusion: The ASPHER CCP provided a structured and practical framework for identifying where simulation could most effectively enhance competency development. Thus, supporting graduates to apply competencies in a safe environment and develop both technical and non-technical skills for the future workplace.

Training gaps in digital public health education: are European providers, formats, and curricula keeping pace?

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Background: Digital transformation is rapidly reshaping public health (PH) practice, raising urgent questions about whether education and training are keeping pace. Drawing on a recently published study¹, this analysis examines the landscape of digital public health (DPH) training across Europe to identify structural gaps in provider engagement, training formats, and thematic coverage.

Methods: We conducted a mapping review to identify digital public health (DPH) training initiatives targeting the PH workforce in five European OECD countries (Italy, Germany, France, Spain, and the United Kingdom) and major international organizations, delivered between January 2020 and December 2025. Sources included institutional websites, social media, and reports from PH associations, universities, and health organizations. Initiatives were classified by provider type, format, and thematic content using competency domains derived from the ASPHER Core Curriculum.

Results: A total of 367 DPH training initiatives were identified, with 56.7% delivered in 2024-2025. Scientific associations dominated provision (69.5%), while academic institutions represented less than a third of providers (30.5%). Over three quarters of initiatives used short event-based formats, predominantly conference sessions (54.5%) and webinars (22.3%), while structured courses and degree programmes accounted for 18.3% and 3.3% respectively. Across thematic domains, digital tools (66.8%) and leadership for digital transformation (53.1%) accounted for most of the content, while the infosphere domain was addressed by only 2.5% of initiatives.

Conclusions: Despite rapid growth, DPH training in Europe reveals three persistent gaps: academic institutions remain marginal providers, short formats dominate over structured educational pathways, and thematic coverage is skewed toward a narrow set of competency domains. These findings offer a starting point for prioritising where curriculum development and training design efforts are most needed across the region.

1. Gorga, Aldo et al. "Mapping digital public health training: are we preparing the European workforce?." *Frontiers in public health* vol. 14 1778953. 11 Feb. 2026, doi:10.3389/fpubh.2026.1778953

Public Health contents and pedagogical approaches in Portuguese medical schools: findings from a nominal group

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Background: Medical schools have historically been focusing on biomedical models of health, clinical reasoning and disease management. Despite the extensive knowledge about social, environmental, and commercial determinants of health and recommendations for integrating Public Health content into medical education, it remains unclear whether these changes were adopted. This study analysed the scope, depth, and methodologies of Public Health teaching in Portuguese medical schools.

Methods: We combined two qualitative approaches: a nominal group gathering perspectives of ten second-year Public Health residents trained in seven Portuguese Medical Schools between 2013 and 2021, and a content analysis of their curricula. Findings were compared against the World Health Organisation (WHO) Essential Public Health Operations (EPHOs) and the Association of Schools of Public Health in the European Region (ASPHER) Core Competencies.

Results: Despite the diversity of experiences, medical education provided scarce and fragmented content, often disconnected from practice. The WHO EPHOs and the ASPHER Core Competencies were marginally included: social, environmental or commercial determinants of health were seldom addressed, and biostatistics and epidemiology were most applied to clinical contexts. Practical competencies in core areas were overall lacking, with internships in Public Health Units offered compulsorily in a single medical school.

Conclusions: The misalignment between Portuguese medical curricula and the socioecological health models can compromise graduates' capacity to comprehend

population-based approaches, identify and address health inequities, and contribute to the sustainability of health systems. Strengthening Public Health education through comprehensive, structured, and practice-based learning is essential for preparing physicians to work effectively in individual and community settings.

From Needs Assessment to Training: Developing a Standardized Environmental Hygiene Protocol for Healthcare Assistants in a Hospital Setting

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Background: Environmental hygiene is a key component of infection prevention and control (IPC) and essential for reducing healthcare-associated infections (HAIs). Healthcare assistants (HAs) play a crucial role in maintaining safe care environments, but variability in cleaning practices may compromise infection prevention efforts. Following the release of the Lombardy Regional Guidelines for environmental sanitation and healthcare waste management, San Raffaele Hospital (Milan, Italy) launched a quality improvement initiative to improve HAs' environmental hygiene practices. Aligned with the educational perspective of the ASPHER annual congress, this project illustrates workforce training consistent with the **ASPHER Core Competency Framework** in health protection, quality improvement, and professional development.

Methods: A quality improvement project combining observational assessment and educational intervention was conducted in a hospital setting through six phases:

1. review of Lombardy Regional guidelines;
2. establishment of a multidisciplinary working group including physicians and nurses;
3. observational audits of environmental hygiene practices among 10 HAs;
4. semi-structured interviews assessing knowledge and attitudes;
5. development of a standardized environmental hygiene protocol;
6. four training sessions involving 72 HAs.

Results: Initial audits revealed substantial variability in cleaning practices and the absence of standardized procedures for patient room sanitation. Identified critical issues included inappropriate glove use, insufficient hand hygiene, and reuse of cleaning cloths across multiple surfaces, potentially increasing cross-contamination risk. Interviews also highlighted limited awareness of the role of environmental hygiene in preventing HAIs. The training programme was well attended and positively evaluated by participants. Follow-up audits will assess practice improvement and protocol adherence.

Conclusions: Environmental hygiene practices among HAs showed important knowledge and practice gaps. The development of a standardized protocol combined with targeted training represents an effective strategy to strengthen infection prevention culture and operational competencies among frontline healthcare workers. This experience highlights the value of integrating practice-based learning and quality improvement initiatives into public health workforce education.

Teaching Public Health Through People–Space Interaction: An Interdisciplinary Course in Portugal

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Background: Social and environmental factors determine the health of the population. However, professionals in architecture, urban planning, and health promotion often lack awareness of these interrelations. To bridge these areas, the University of Porto supported the development of an interdisciplinary innovative course, joining teaching staff from the Faculties of Medicine and Architecture.

Methods: The course combined theoretical sessions delivered by public health, architecture, landscape architecture, and geography lecturers with field visits to high- and low-density urban areas with varying socioeconomic conditions. These activities were combined with challenge-based learning approaches, encouraging students to engage with real-life contexts, inhabitants, and other stakeholders. The course was offered in three editions between 2021 and 2024.

Results: Sixty-one students actively participated in lectures, field visits, and group projects. Students were asked to perform health, social, and environmental diagnoses, propose multiscale intervention strategies, and, finally, design context-specific solutions for predefined case studies: social neighbourhoods and their surrounding urban area. The resulting proposals were discussed with teaching staff and municipal housing management teams in the first two editions of the course, receiving strong recognition regarding their pertinence and applicability. Students recognized 1) a strong need to understand health determinants, 2) the importance of identifying solutions to mitigate their negative impacts, and 3) the relevance of placing individuals at the center of the design process. The short duration of the course was a commonly reported limitation.

Conclusions: Interdisciplinary courses coupling knowledge on public health, geography, architecture, and landscape architecture are well-received and effectively complement traditional curricula. Person-centered approaches, with active place-based strategies, strengthen students' knowledge, technical skills, and critical thinking about the impact of

architecture and urbanism on health and equity. This experiment demonstrates the relevance of interdisciplinary training and serves as a transferable model for contexts where gaps in education for urban health promotion persist.

The value of the ASPHER Core Curriculum Programme (CCP) in reviewing and revising a Public Health PhD programme

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Background: The first edition of the ASPHER CCP provides a comprehensive framework for Public Health (PH) education programmes across Europe and beyond. Among the many applications of the ASPHER CCP, this project outlines its utility in reviewing and revising the curriculum of the Public Health Doctoral Programme of the Medical University of Vienna (MUV) in Austria.

Methods: The PH Doctoral Programme is the fourth largest doctoral programme at the MUV with topics covering a wide range of disciplines. The programme trains young scientists and professionals for PH scientific work in medical and associated professions by combining PH research experience (80%) with taught elements (20%) for 180 ECTSs. The ongoing review of the curriculum covers 1) the synthesis of thesis topics by CCP subject areas over the past 5 years; 2) the assessment of the different CCP subject areas in terms of their doctoral research relevance; 3) the mapping of current taught elements to the identified most important CCP subject areas; and 4) the development of a revised curriculum.

Results: 31 ECTS equivalent annual taught elements in the form of basic lectures, journal clubs, methodological practice seminars and thesis seminars were assessed. Out of the 37 CCP subject areas, currently 21 are covered by taught elements. Other 8 subject areas deemed relevant but not sufficiently incorporated, while 8 subject areas were seen as not directly relevant in this context. Analysis of the >100 PhD theses is in progress.

Conclusion: The CCP enhanced and catalysed the systematic review of our PH doctoral programme. Despite continuous improvement processes, 20% of the relevant CCP subject areas are currently sub-optimally covered. Core Interdisciplinary Professional Skills in Public Health were found the least relevant in the PH doctoral programme context. Ongoing revision steps are directly informed by these results.

How to apply the Universal Design for Learning guidelines to an online postgraduate health protection curriculum

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Background: The aim was to develop online postgraduate health protection modules that were accessible, engaging, interactive and inclusive by applying the Universal Design for Learning (UDL) core principles:

1. Engagement: motivate students by capturing and maintaining their interest and supporting their self-regulation.
2. Representation: present information in multiple ways to accommodate different learning styles and sensory preferences.
3. Action & Expression: allow students to demonstrate understanding through multiple assessment types.

Methods: To create an inclusive virtual learning environment, I undertook digital badges in UDL, inclusive assessment and problem-based learning.



To apply UDL principles to existing module content, the ADDIE model for instructional design was used (analyse, design, develop, implement, evaluate).

Results:

1. Engagement:
 - To scaffold learning, I used a framework methodology to structure modules.

- To reduce cognitive load, I designed diagrams as visual cues for each module, referring to them at the start of each week.
- I engaged different learning styles:
 - Research-based: students researched discussion topics using interactive data dashboards.
 - Narrative-based: to develop students' empathy and highlight the complexity of health protection in practice, storytelling was used for topics such as sex, gender, race, ethnicity, migration, sexual orientation, etc.
 - Problem-based: students undertook action-orientated learning by promoting the interrogation of available resources to practice critical thinking.
 - Peer-to-peer: weekly discussion boards facilitate supportive and reflective learning.

2. Representation:

- interactive software (Articulate 360) was harnessed to build content with multiple formats such as video lectures, news articles, research papers, podcasts etc.
- multi-actor learning offered diverse perspectives through guest lectures with multidisciplinary experts.

3. Action & Expression:

- multiple assessment formats such as discussion boards, MCQs, and written practical assignments based on real-world scenarios.
- marks for continuous assessment increased from 20% to 40%.
- choice in assessment topics/formats.

Conclusions: Student feedback was very positive, citing enjoyment, easy navigation, good resources, useful real-life examples, interactive, achievable, interesting.

Strengthening Stroke Workforce Competencies: Aligning Continuing Medical Education with European Public Health Frameworks — Evidence from Georgia

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Background: Harmonization of continuing medical education (CME) with European public health competency frameworks is essential for workforce preparedness and patient safety. Effective stroke management requires guideline-based referral pathways and competency-aligned training. This study assessed gaps in stroke-related CME in Georgia and examined implications for alignment with the ASPHER Core Competencies Framework and European stroke care standards.

Methods: A cross-sectional analytic survey was conducted among 250 healthcare professionals in Georgia: state emergency physicians (n=100), private emergency physicians (n=25), and general practitioners (n=125). A structured questionnaire was developed based on European stroke management guidelines and competency domains from the ASPHER Core Competencies Framework. Content validity was assessed by an expert panel, and pilot testing was conducted before nationwide dissemination. The instrument evaluated awareness of stroke units, referral criteria, and participation in stroke-related training. Descriptive and inferential statistical analyses (χ^2 tests) were performed using SPSS to examine differences between professional groups, with $p < 0.05$ considered statistically significant.

Results: 16% of respondents reported no awareness of stroke management units, while 23.7% did not consider referral to such units mandatory. Referral decisions were primarily influenced by territorial accessibility (39.4%), indicating variability in system navigation. Significant differences were observed between professional groups regarding exposure to stroke-related training ($p < 0.05$). Notably, 33.8% had never received structured training in early stroke recognition, and only 14.6% had participated in relevant training within the previous 12 months. These findings indicate fragmentation in CME delivery and limited integration of competency-based learning models.

Conclusions: The findings highlight the need to harmonize national CME systems with European competency-based standards through structured curricula, simulation-enhanced learning, digital modules, and transparent assessment mechanisms. Strengthening alignment

with ASPHER competency domains may improve workforce preparedness and stroke systems of care.

Hospital Command Center Model in the context of the Milan–Cortina 2026 Winter Olympic Games: The experience of Niguarda Hospital

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Background: The Olympic Games represent one of the most significant sporting events globally, and their organization requires a complex system of healthcare planning.

ASST Grande Ospedale Metropolitano Niguarda is a public healthcare organization with 50 operating rooms and more than 1,100 beds, and it serves as a Level II Emergency Department (ED).

Within the context of the Milano–Cortina 2026 Winter Olympic Games, Niguarda has been identified as the “Olympic Hospital” responsible for managing healthcare events involving “Olympic Family” (athletes, staff) and other patients with Olympic accreditation who require hospitalization.

Methods: In this context, the Olympic Command Center (OCC) was established at Niguarda, as a multiprofessional model composed of Operations Management, Bed Management, Nursing and Medical Directorate, Management Control, and Information Systems.

Command Center



Figure 1 - Composition of the OCC

The OCC operated in close synergy with the Regional Agency for Emergency and Urgency (AREU), with the objective of ensuring real-time monitoring of key operational assets (bed occupancy, operating room utilization, ED crowding, and the use of CT and MRI), coordinating patient flows, and providing decision-making support to the leadership.

Results: From February 2 to February 22, a total of 80 ED admissions were managed, of which 58% arrived via AREU transport. 46% of admissions involved Family members, while 54% other accredited personnel or workers.

Twelve patients (15%) were hospitalized, eight of whom were admitted to the Olympic Ward, which was specifically created for the Olympic Games and equipped with 10 beds (ward occupancy during the period: 29.2%).

Conclusions: The model enabled efficient coordination among stakeholders and improved allocation of critical resources, ensuring continuity of care.

The OCC experience doesn't end with the Olympic Games; rather, it leaves a long-term legacy, allowing the development of a replicable model for the management of all patients and to the design of new care pathways, thanks to the working methodology acquired.

Historical Transformations of Public Health Education in Central Europe: The Czech Experience

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Background: Public health education in the Czech lands has undergone profound transformations from nineteenth century “state medicine” to contemporary interdisciplinary public health programmes. Its development reflects political, demographic, and epidemiological changes. Understanding this trajectory provides insight into debates on professional identity and workforce preparedness.

Methods: A historical-analytical approach was applied, drawing on legislative documents, institutional archives, and university records. Key milestones were examined, including the establishment of university hygiene institutes in the nineteenth century, the founding of the State Health Institute in 1925 with a mandate to support preventive medicine education, the creation of the Faculty of Hygiene (Charles University) in 1953 within a centralised socialist health system, and the legislative reform of public health protection in 2000. The analysis focused on changes in educational objectives, institutional structures, and target professional groups.

Results: Public health education evolved from a regulatory model emphasising sanitary supervision to a structured preventive system with dedicated institutions and training pathways. During the interwar period, education focused on controlling infectious diseases and improving living conditions. The socialist era strengthened centralised training in hygiene and epidemiology, ensuring workforce coverage but limiting interdisciplinarity. After 1989, programmes gradually aligned with international standards, incorporating health policy, management, chronic disease prevention, and more recently health literacy. Contemporary curricula reflect a transition from hygienic expertise to competency-based public health education.

Conclusions: The Czech experience illustrates how public health education adapts to political regimes, epidemiological transitions, and global influences. Historical reflection reveals strengths—preventive tradition and institutional continuity—and challenges, including fragmentation and delayed interdisciplinarity. Examining these paradigm shifts contributes to

European discussions on the evolution of public health professional roles and the future direction of education and training.

Key words: history of public health; public health education; professionalisation; preventive medicine; health literacy

Aligning an Undergraduate Public Health Education Curriculum with the ASPHER Core Curriculum Programme- The BSc Public Health Sciences (BSc PHS), University College Cork

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Background: The Bachelor of Science in Public Health Sciences (BSc PHS), the only such degree in Ireland, contributes public health and epidemiology modules to undergraduate and graduate-entry medicine programmes. It prepares students for careers as Public Health practitioners, scientists and activists, with a clear ethical commitment to protecting and promoting population health. It is an APHEA-validated programme with a ‘good’ status on the QQI NFO, evidenced by monitoring, evaluation, recruitment, and external examiner reports. The UG programme is currently under review, using the ASPHER CCP to redesign the course and align it with the core public health competencies, knowledge, and skills required for public health practice today.

Methods: The BSc PHS review is in its early stages. The Core Teaching Team met with CCP leads to discuss applying the CCP framework to ensure a full range of public health competencies for public health professionals and practitioners in today’s world.

Results: *Case Study example* - the Global Public Health UG Module aligned with the 2024 CCP using the Core Cross-Cultural Subject Areas in Public Health, and Subject-Specific areas in Public Health in Conflict, War and Peacebuilding. The realignment of the module content with the CCP ensures an understanding of global public health for addressing Public Health Emergencies, including pandemics, climate change, and the consequences of conflict and war, including mass migration. Another UG module, Public Health in Practice, was redesigned using the CCP framework.

Conclusions: The BSc PHS is at an early stage of review, but the case studies reveal the importance of using the CCP framework as a benchmark and how it can be applied in an undergraduate programme.

Modernising European Training Requirements for Postgraduate Medical Specialist Training in Public Health: Aligning Competencies with Contemporary Public Health Practice

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European Training Requirements (ETRs) are a mechanism through which the European Union of Medical Specialists (UEMS) supports harmonisation of postgraduate medical specialist training across Europe. Public Health Medicine, recognised as a medical specialty under multiple titles across European countries, is governed by standards that provide a shared foundation for specialist training. However, evolving public health practice, increasing health system complexity, and advances in competency-based postgraduate education have necessitated a revision of these standards to ensure continued relevance and alignment with contemporary practices.

Medical specialists in public health contribute a distinctive perspective to population health practice by integrating clinical knowledge with population-level analysis. Training as physicians enables specialists to understand disease processes, patient pathways, and the organisation of healthcare services across system levels, facilitating the balancing of ethical, clinical, economic and political considerations in health policy and system governance.

In 2026, the UEMS Section of Public Health Medicine initiated a formal revision of the ETRs. The Section includes representatives from 21 European countries and a trainee representative delegated by the European Junior Doctors Association (EJD). The revision follows established procedures and templates, and aims to modernise specialist training standards supporting accreditation, professional recognition, and mobility across European jurisdictions.

The development process draws on multiple reference frameworks: national public health residency curricula, existing ETRs, the CanMEDS competency framework, the WHO–ASPHER Competency Framework for the Public Health Workforce in the European Region, alongside relevant scientific literature. Core competencies are being defined across domains including

population health surveillance, health systems governance, prevention and health promotion, leadership, ethics, and intersectoral collaboration.

The revised ETR aims to strengthen coherence of specialist training across Europe while respecting national diversity and reinforcing the professional identity and mobility of Public Health Medicine doctors. Submission to the UEMS Council for adoption is planned once development is completed.

Aligning Bachelor Public Health Education with a European Competency Framework: Comparative Curriculum Analysis in the Czech Republic

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Background: Public health education in the Czech Republic is provided by higher-education institutions offering programmes in Health Protection and Promotion or Public Health. However, curricula, content structure, and staffing vary, resulting in graduates with competencies and levels of preparedness for practice. To support professionalisation and harmonisation of education in Europe, the ASPHER introduces the Core Curriculum Programme (CCP), aligned with WHO essential public health functions. A comparison of Czech bachelor curricula with the CCP has not yet been conducted.

Methods: This study applies a comparative approach. Bachelor curricula in Health Protection and Promotion at the Faculty of Health Sciences, Palacký University Olomouc, and the Faculty of Health Studies, Jan Evangelista Purkyně University in Ústí nad Labem are analysed. Data collection includes analysis of study plans and competency mapping using the CCP Mapping Tool developed by University College Dublin. Thematic comparison focuses on competencies related to health literacy, communication, and risk preparedness.

Results: The study identifies similarities and gaps between accredited national curricula and the CCP competency framework. Differences appear in communication skills, crisis communication, and organisational health literacy. Mapping indicates uneven coverage of competencies related to preparedness for public health emergencies and community engagement. The analysis provides an overview of curricular strengths and areas requiring further development.

Conclusions: The project provides recommendations for curriculum futureand harmonisation of public health education in Czechia. Aligning bachelor programmes with the ASPHER CCP strengthens professional identity, improves workforce preparedness, and supports capacity-building within national public health systems. The results inform a national WHO-related working group on public health education and contribute to European discussions on workforce development. These findings highlight the importance of competency-based

alignment for strengthening public health education and workforce capacity across Central Europe.

Key words: Public health education; competency-based education; curriculum mapping; workforce development.

An International, LLM-Enabled Dictionary and Thesaurus for Artificial Intelligence in Health

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Background: The rapid expansion of artificial intelligence (AI) in health has resulted in a proliferation of specialized terminology, acronyms that are predominantly disseminated in English. This creates a substantial educational and implementation barrier for non-native English speakers as existing glossaries are often static and lack contextual functionality. The aim of this project was to develop an online, international, (English–Polish in the 1st phase) dictionary and thesaurus of AI terminology in health that integrates structured knowledge management, large language model (LLM), and educational tools with user-driven interaction to support learning, standardization, and responsible adoption of AI in healthcare.

Methods: We designed and implemented a web-based dictionary platform developed in Python with a FastAPI framework. The core knowledge base consists of curated AI terms relevant to medical research, clinical practice, and health systems, each provided with concise definitions, and contextual explanations (thesaurus functionality).

Results: We developed digital dictionary platform and an automated module generating learning cards and quizzes. An interactive chat interface, powered by a locally deployed selected Ollama model, delivers responses strictly grounded in validated dictionary content. As of submission, the dictionary contains over 1,700 curated terms, with continuous expansion by an international, multidisciplinary author group. The platform supports real-time querying, structured browsing, educational use cases, and controlled content governance. Its architecture enables local deployment of LLMs, supporting data privacy and institutional use, as well as expansion to other languages.

Summary: We present a novel, scalable, and governance-driven international dictionary for AI in health that combines terminology standardization, education, and LLM-based interaction. It addresses a critical unmet need in interdisciplinary and multilingual contexts and has the potential to improve AI literacy, reproducibility, and responsible implementation in healthcare. Limitations include the need for sustained expert engagement and formal evaluation of educational effectiveness, which are planned in future work.

Building Digital Health Competencies: Predictors of Telenursing Adoption among Nurses in Mother and Child Health Clinics

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The growing integration of digital health technologies is transforming healthcare delivery and creating new competency requirements for healthcare professionals. One important example is telenursing, which enables nurses to provide remote care across the continuum of services, including prevention, triage, treatment, and follow-up. While telenursing can improve access, continuity of care, and healthcare system efficiency, its successful implementation depends not only on technology but also on workforce preparedness, professional development, and supportive organizational environments.

This study examines factors influencing nurses' willingness to adopt telenursing within Mother and Child Health Clinics (MCHCs). MCHCs play a crucial role in health education, disease prevention, and public health, yet telenursing use in these clinics is infrequent. Hence, we focused on implications for nurses' professional development and training. Drawing on the Theory of Planned Behavior, the study investigates how digital literacy, perceived social norms, and self-efficacy shape nurses' intention to use telenursing .

A cross-sectional online survey was distributed to nurses across clinics in the Northern, Central, and Southern districts (n=279). A structural equation model (SEM) was used to test the direct and indirect effects on nurses' intention to use telenursing.

Findings indicate that perceived social norms and self-efficacy significantly predict intention to adopt telenursing, while digital literacy influences intention indirectly through these mechanisms. Attitudes, age, and clinic socioeconomic context were not significantly associated with intention, but nurse education level differed.

The results highlight the importance of targeted professional development initiatives that strengthen digital competencies, build confidence in remote care practices, and foster supportive professional cultures. Such initiatives can enhance workforce readiness for digital healthcare innovation while supporting professional growth and the sustainable delivery of services in maternal and child health systems.

Accreditation as a lever for achieving maturity in public health education institutions

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Public health schools play significant roles in assuring the conditions for healthy populations. The University of Montreal School of Public Health was inaugurated in 2013, gaining autonomy as a faculty by bringing together three departments previously attached to the Faculty of Medicine. Since its creation, the School has been committed to both renewing existing accreditations and obtaining new ones. The School currently has three program accreditations and two institutional accreditations. This presentation will showcase how accreditation provided the School with a set of internationally recognized and evidence-based standards to ensure its development.

We have identified four areas in which accreditation has enabled the School to progress toward maturity:

Pedagogical maturity. Accreditation standards have provided the needed guidance to create an educational ecosystem that supports outstanding teaching, fosters innovation on pedagogy, and builds on novel approaches to improve quality and ensure access to a broad learner community across multiple modalities and educational formats.

Maturity in research. Accreditation standards have been a driving force for building a world-class faculty that is engaged not only in producing high quality research on contemporary health issues but also in translating and communicating that research.

Operational maturity. Accreditation standards served as guidelines for strengthening our governance structures and developing administrative and financial management systems that are fundamental to our mission.

Environmental maturity. Accreditation standards have been catalysts for the implementation of a series of activities aimed at creating a supportive work and study environment, with a positive impact on student experience, social life, equity, diversity and inclusion, health and well-being.

This commitment to accreditation has posed certain challenges, particularly in terms of financial expenditure and staff time. The requirements of accreditation bodies also show a

certain inflationary trend with each new cycle, thereby increasing the burden imposed on institutions.

Smart Tools, Smarter Professionals: Teaching Responsible Generative AI Use in Public Health– a Skills-Building Workshop

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Expansion of artificial intelligence (AI) offers a new human–machine interface in public health (PH) practice and education, large language model-empowered chatbots (LLMs). Unlike earlier interfaces, such as statistical software or search engines, where users define analytic strategies, these tools enable non-expert users to describe problems and receive solutions without structuring the process in advance. Some LLMs also claim to be able to function as an interactive tutor, supporting tailored learning.

However, incorporating LLMs into public health projects requires professional competencies necessary to perform quality assurance on LLM outputs. Public health professionals must be trained to evaluate methodological validity, detect errors, bias, and safeguard transparency, privacy ethical standards when interacting with AI tools in the course of their work. This requires systematic, and guided exposure to these tools during their education and training. Implementing LLM in routine public health practice requires broader decision-making skills. This includes when to use LLMs, identifying, assessing and mitigating potential adverse impacts on population health and health inequalities.

This workshop explores how to accomplish this objective responsibly and aims to strengthen educators' capacity to teach responsible LLM use in public health curricula.

Overview: Scope and current practices regarding AI use in public health education and training across Europe.

Project specific presentation and practice: Facilitators will draw on practical experience with students to guide workshop participants in hands-on exercises exploring the use of LLMs as teaching assistants and cognitive partners across literature, qualitative, and quantitative

public health research, informed by the pedagogical approaches proposed by Mollick and Mollick in “Assigning AI: Seven Approaches for Students with Prompts.”

By the end of the session, participants will gain practical tools and teaching strategies to prepare the next generation of public health professionals to responsibly integrate LLMs and other AI tools into their work.

How comparable are trends in breast cancer incidence and mortality rates between countries?

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Introduction: International comparisons of breast cancer trends are used to benchmark prevention, screening, and treatment performance. Differences in registration completeness, geographic coverage of registries, mortality certification practices, changes in coding, diagnostic intensity, health status and health inequalities limit cross-country comparability. Teaching students to accurately interpret data requires addressing cross-country comparability constraints.

Methods: This study, conducted by **ASPHER's Health Data Needs for Research and Policy Taskforce**, outlines an IARC-aligned approach to comparing trends in breast cancer incidence and mortality across Poland, Portugal, Israel, Czech Republic, Romania, United Kingdom, Sweden, France, Finland, and Slovenia, emphasizing age-specific and age-standardised rates (ASR). Using IARC's Global Cancer Observatory and Cancer Incidence in Five Continents (CI5/CI5plus) concepts, we describe the minimum dataset needed for robust comparisons: (i) age-specific rates in 5-year age group; (ii) ASR (World) correcting for differing population age structures; (iii) registry quality indicators (e.g. morphology, death-certificate-only proportion); and (iv) stable coding of breast cancer (incidence typically ICD-O topography C50; mortality ICD-10 C50). Criteria for assessing the quality of indicators include: relevance, scientific soundness, feasibility, and meaningfulness.

Results: Some countries rely on national registries (e.g. Sweden, Finland, Slovenia, Czech Republic, Israel); others may be modelled from mortality and sub-national incidence sources (e.g. France and Poland); or have 'no data' for incidence in IARC fact sheets (Romania), affecting comparability of incidence trends.

Conclusion: We conclude that trends in breast cancer incidence and mortality are not directly comparable across countries, even when sourced 'from IARC', as outputs often combine observed, sub-national, and modelled estimates. We propose practical guidance for public health professionals on interpreting divergence between incidence and mortality trends by age group, and on documenting data provenance and quality. This guidance may serve as a valuable resource for public health curricula, empowering students and educators to critically appraise data quality and perform robust cross-country comparisons.

Medical education on equality in accessing cancer screening for people with disabilities: a pilot project with medical students and public health trainees

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Background: People with disabilities encounter physical, sensory, and organizational barriers that limit access to cancer screening and diagnostic services. Yet, junior healthcare professionals rarely receive specific training to recognize and address these barriers in clinical settings. We designed a pilot educational activity, to provide medical students and public health trainees with tools to map cancer pathways, identify barriers and collect patient experience data.

Methods: Ten medical students and public health trainees participated in a 20-hour elective course at IRCCS San Raffaele Hospital, Milan, guided by a senior public health physician expert in cancer diagnostic pathways. The training combined theory on disability models with two field activities. First, participants mapped cancer screening journeys aligned with the Design for All A.U.D.I.T., developed by the Politecnico, Milan. Second, they developed a survey and collected data on experiences accessing screening and diagnostic services, including interviews with patients with disabilities (or caregivers) and with a control group without disabilities (1:4 ratio).

Results: Mapping screening and diagnostic pathways changed how students perceived disability. Rather than viewing it as a purely medical issue, they recognized that disability results from the interaction between a health condition and environmental factors, including hospital layout, illumination, noise and signage clarity. Collaboration with architects highlighted the value of cross-disciplinary teamwork. Participants acquired skills in public health methods, by developing a survey protocol and a 30-item questionnaire for collecting patient experiences on barriers to screening. Data collection is ongoing, and findings will be presented at the conference.

Conclusions: This pilot shows that hospital-based experiential learning sharpens awareness of accessibility barriers in cancer pathways among junior healthcare professionals. The small cohort facilitated close mentorship and collaboration between public health trainees and students. The activity fostered skills to identify screening barriers and enhance equity in cancer diagnosis.

The ASPHER Core Curriculum Programme for Public Health: Evolution, Applications, and Contributions to Quality-assured Public Health Education and Training

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Background: The ASPHER Core Curriculum Programme (CCP) for Public Health (ccp.aspher.org), developed over 2.5 years with contributions from 60 schools and programmes of public health (PH), overseen by an Expert Consultative Group and 35 Expert Advisory Groups (one for each Subject Area), is a timely, comprehensive and dynamic framework for PH education and training programme development and evaluation.

Methods: Building on two decades of ASPHER experience in the development of Core Competencies for PH Professionals, through five editions of the ASPHER Core Competences for PH (2006-2018), to the WHO-ASPHER Competency Framework (2020) and ECDC Core Competencies for Applied Infectious Disease Epidemiology (2022), the CCP is a forensic representation of curricular elements required to support the attainment of previously defined competencies, the WHO Essential PH Functions (2024) and subject-specific competency frameworks referenced in the CCP Framework Library.

Results: Subject Areas of the CCP, collated from the real-world experience of contributors, are collated into four domains: i) Core Subject Areas in PH; ii) Subject-specific Areas in PH; iii) Cross-curricular Subject Areas in PH; and iv) Core Interdisciplinary Professional Skills in PH. Since its launch in November 2024 the CCP has been applied in schools, programmes and PH education-related agencies. Applications profiled in this session encompass: a) Development and evaluation of PH undergraduate, master-level and doctoral programme content; b) Development and integration of novel content; c) Consortia, country and context-specific applications; d) Development of innovative delivery methods; e) Use as an educator skills-assessment tool and catalyst for continuous professional development (CPD); and f) Integration into PH education programme accreditation.

Conclusions: The ASPHER CCP is a comprehensive guiding framework underpinning the mission of ASPHER to strengthen PH education and training. Through its governance structure and applications, it must remain functional and dynamic to ensure that the PH workforce is educated and prepared for current and future challenges.

Towards an Integrated Experiential and Peer Learning Model for Public Health Training in Türkiye

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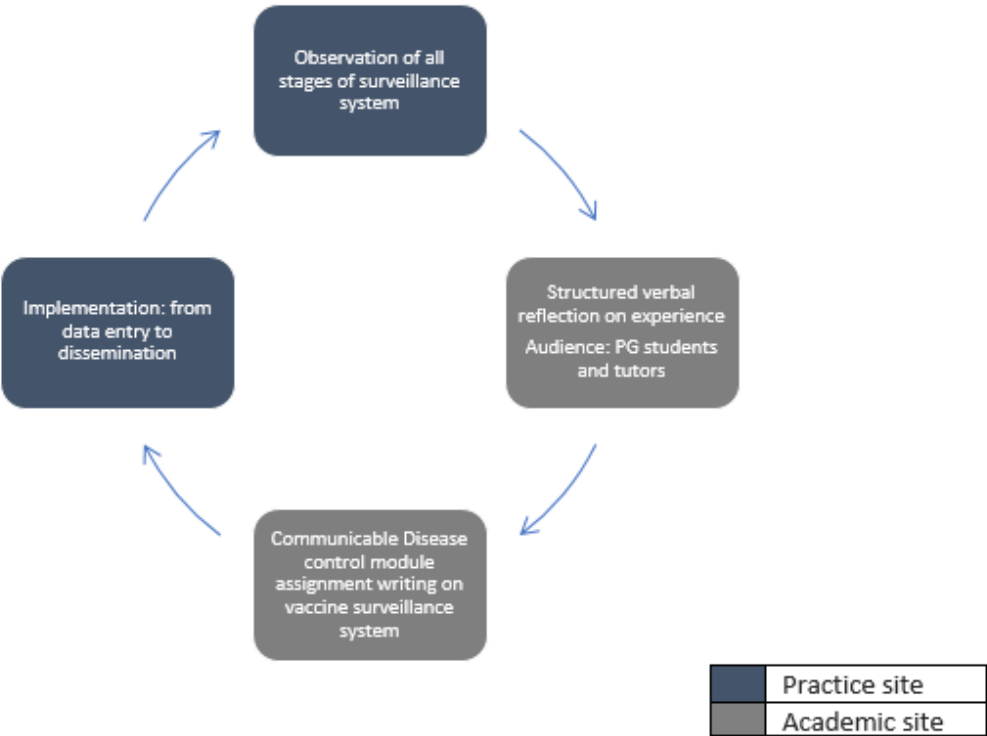
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In the current structure of public health specialty training in Türkiye, the first two years are spent in academic training, focused on theoretical study and research, and the final year is dedicated to dissertation writing. The remaining third year includes placements in service and clinical environments for practical experience. Although the national core curriculum outlines the competencies expected to be acquired during training, it neither specifies a structured learning pathway nor clearly defines methods for assessing practical competency development. As a result, theoretical knowledge and practical experience are not adequately aligned or integrated to support experiential learning, leading to insufficient preparation for practice-based responsibilities.

We propose an approach that engages public health trainees in experiential and peer learning. In this model, theoretical study and practical experience would occur in parallel rather than sequentially, enabling trainees to transform experience into learning. The first step would involve developing a comprehensive list of essential experience aligned with the national core curriculum and workplace competencies required of public health professionals. Each training site would then offer a selected range of these experiences to ensure trainee exposure. Drawing on principles of experiential learning, trainees would engage in *concrete experiences* across various placement sites. Academic placement sites would design their curricula, including assignments, to facilitate *reflective observation* and *abstract conceptualisation* in relation to these experiences. In the subsequent *active experimentation* phase, trainees would apply their learning in practice while assuming mentorship roles for peers engaged in *concrete experiences*. This process would enable trainees to consolidate their own learning while simultaneously fostering peer learning.

The proposed approach would promote the development of higher-order thinking skills and competency-based experiential learning among public health trainees. Furthermore, the model would ensure alignment between theoretical instruction, practical experience, the national core curriculum, and workplace competencies, ultimately strengthening capacity within placement sites.

An example to experiential learning cycle for public health trainees



Piloting a digital and AI-supported skills-building approach to teaching vaccinology for health professionals in Europe

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Rationale: Vaccinology occupies a limited place in many health(care) training curricula despite the central role of vaccination in public health. Post COVID-19 initiatives targeting health care professionals (HCPs) have largely focused on ad hoc training and information resources and needs on effectiveness and safety of vaccines. Emerging research maps HCPs' capabilities, motivation and (lack of) competencies to promote vaccination and reservations of hesitant citizens. These insights need to be translated into training modules and information portals tailored to different HCP profiles, settings and citizens communities.

A scoping review analysed existing best practices initiatives, digital platforms and training initiatives targeting healthcare professionals. A cross-sectional survey in 5 European countries assessed HCPs capabilities, opportunities and motivation to promote vaccination, citizens' readiness and determinants of vaccine acceptance (7c). Findings informed the co-creation of a digital knowledge hub and modular training toolkit designed to be adaptable across professional profiles and national contexts.

The skills building session aims to demonstrate the coOPERATOR digital tool, allow participants to test an AI-supported module, and stimulate critical reflection on usability, feasibility and integration into public health education and CPD.

Session Format

Welcome

Interaction with virtual platform

Participants will work in small groups to navigate the coOPERATOR virtual knowledge hub and interact with its AI-based chatbot. They will be given short case scenarios (vaccine-hesitant patient, healthcare worker with safety concerns) and asked to retrieve and evaluate relevant

information. A brief plenary discussion will follow to reflect on usability and applicability in real-world practice.

Guided by 2 facilitators

Training toolkit

A module of the training toolkit on constructive vaccine communication will be piloted. Participants will engage in a short, structured exercise (message framing, responding to misinformation, motivational interviewing principles) and reflect on how such modules could be embedded into undergraduate or continuing education programmes.

Guided by 2 facilitators

Closing

Future proofing a Master Public Health towards relevant labour market competencies

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Background: The mission of the Master Governance and Leadership in European Public Health at Maastricht University is to educate future public health leaders that can drive transformational change for health and wellbeing in the 21st century. The one-year programme was mandated to a full revision to future proof the pedagogical approach and align learning objectives to current labor market needs.

Methods: First, a market scan was conducted involving a mapping of career profiles of recent alumni and a survey among alumni and employers examining current skill needs. Qualitative interviews, with a selection of survey respondents, provided further insights.

Second, a desk review examined comparable Public Health programmes, relevant competency frameworks including the WHO-ASPHER Competency Framework and Entrustable Professional Tasks), and recent job vacancies for early-career professionals.

Results: Based on the findings, 17 intended learning objectives at programme level were formulated specifying the programme's mission and corresponding to six Entrustable Professional Tasks. These include conducting a Health Impact Assessment and Environmental Health Risk Assessment, developing a health strategy, public health law and ethics, economic assessment for regulating health products and driving change in public health. These were consolidated into first design sketch for the revised programme, later elaborated with teaching and learning, and assessment activities by course development teams. The revised programme also introduces an individual coaching trajectory supporting leadership development and career preparation. Leadership, governance and science aspects are addressed horizontally throughout courses with scaffolded activities guiding students towards more complex skills and task completion. Individual or group-based- assessment tasks cover a mix of written, graphic and oral assessments authentic to professional activities.

Conclusions: The programme is currently implemented. Teaching and learning activities and the assessment programme are intensively monitored to fine-tune teaching in a timely way within courses and across the programme based on mix of evaluation endpoints.

The francophone network of french-speaking schools of public health : opportunities for collaboration

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The Francophone Network of Schools of Public Health (REFESP) was created in 2020. Supported by the Agence Universitaire de la Francophonie (AUF), it has enabled exchanges between the member institutions, notably under the presidency of Dr. H. Chrifi, from 2022 to 2025. Several European institutions (EHESP and ISPED - France, the universities of Liège and Brussel -Belgium and of Lausanne -Switzerland) are active members.

Actions carried out: REFESP has worked to pool the expertise of its different teams, particularly to develop French-language educational content, with special attention to training-of-trainers initiatives. Two e-learning modules available on the ENSP (Morocco) teaching platform have been developed with the support of AUF, respectively on hospital management and on a toolkit for trainers on the One Health approach.

Ambition: REFESP is increasingly structured and has received support from the AFD/Expertise-France group to develop actions specifically targeting the health workforce (workforce planning, development of innovative solutions, evolution of competencies, impact on population health). REFESP offers a series of webinars on key issues related to the health workforce, bringing together academic contributors and high-level experts, and open to the Francophone community. The first webinars have focused on the development of community health workforce in Benin, the role of women in public health, and the contribution of the health workforce to achieving the Sustainable Development Goals.

This support also helps and strengthen the network's governance and establish a permanent secretariat. Our ambition is to create a linguistic community of schools of public health similar to existing geographical communities, such as ASPHER, and to develop partnerships with them as well as with other French-speaking academic health networks.

Interaction between ASPHER and REFESP could help and create valuable opportunities for international collaboration especially in the field of global health.

To learn more about our activities: www.refesp.org

Identifying Educator Skills Needs: How the ASPHER Core Curriculum Programme (CCP) can prompt action on Continuous Professional Development (CPD) for Trainers

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Background: The ASPHER Core Curriculum Programme (CCP) provides a comprehensive framework for public health (PH) education programmes. This project profiles its utility in identifying educator skills needs. While the ASPHER CCP is designed to support the attainment of essential PH competencies for students, its role in identifying the Continuing Professional Development (CPD) needs of the educators is an added bonus. This presentation reflects on how the CCP can serve as a diagnostic tool for educators to identify their own 'competency gaps'.

Case Description: Engaging with political dimensions of health policy and PH advocacy through research and teaching highlighted a personal 'skills gap' in formal political theory. Despite significant experience in PH education, the author realised that to effectively teach the "political determinants of health," one must possess a structured understanding of political science. Consequently, the author enrolled in 'Introduction to Politics' online course, to align personal expertise with the CCP's emphasis on ethics, law, and political science.

Reflection and Discussion: The experience thus far has been educational and enlightening. The advantages of a formal course in enhancing education through preparation and attendance at class, class participation, undertaking and submitting assignments has contributed to both knowledge and confidence to deliver similar material. This 'back-to-the-classroom' journey is an example of how the CCP can act as a prompt for educator CPD.

Conclusion: Educator self-reflection is vital for maintaining quality in PH training. By auditing one's teaching skills against the CCP's domains, educators can identify areas where their foundational knowledge may need refreshing or expansion. The CCP should not only be a syllabus for teaching but a mirror for the teacher. We propose that the ASPHER CCP be utilised systematically by trainers as a self-assessment framework. Identifying and acting upon these needs ensures that educators remain fit-for-purpose in a rapidly changing global context.

Solidarity, ethics and public health practice: teaching through contemporary case studies

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This 60-minute interactive session will explore how solidarity and public health ethics can be embedded meaningfully into public health curricula through the use of contemporary, value-laden case studies. After a brief framing introduction on solidarity as a core principle of public health, and its relationship to justice, responsibility and trust, the facilitators will outline an ethical lens for analysing policy and practice dilemmas with students, e.g. balancing individual rights with the collective good, prioritising vulnerable populations, addressing structural determinants and prioritising the common good as the embodiment of solidarity.

The main part of the session will present and work through three classroom-ready case studies designed for public health students: (1) measles vaccination, focusing on declining coverage, misinformation, mandates and equity gaps; (2) organ donation, introducing solidarity as a better concept than altruism to understand the social dynamics underlying transplant policies; and (3) climate change, highlighting intergenerational justice, loss and damage, and responsibilities across sectors from a One Health perspective. For each case, participants will be introduced to a short narrative scenario and a structured set of guiding questions that link ethical reasoning and the concept of solidarity with the core public health competencies of communication, policy analysis and leadership.

Using small-group discussion and whole-class debrief, the session will model participatory teaching strategies that help students to connect abstract concepts of solidarity and ethics to real-world decision-making in vaccination programmes, transplant systems and climate action. The workshop will close by inviting participants to reflect on assessment options, adaptation of the cases to different cultural and institutional contexts, and integration with existing ASPHER competency frameworks and core curriculum developments for public health education. Led by professionals from public health practice, medical sociology and public health education and curriculum development, the session will contribute to pedagogy and practice in relation to ethical principles and solidarity in public health.

Impact of a Structured Hand Hygiene Workshop on Medical Students' Knowledge and Skills: A Pre–Post Educational Study

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Background: Healthcare-associated infections (HAIs) remain a major public health challenge, with hand hygiene being recognised as the most effective and cost-efficient preventive measure. However, despite theoretical instruction and established international guidelines, adherence to correct hand hygiene practices remains suboptimal among healthcare professionals and students. This persistent gap between knowledge and behaviour highlights a critical educational issue. Within the framework of the ASPHER annual congress, this study examines the effectiveness of a structured, competency-based training intervention designed to strengthen both theoretical knowledge and practical hand hygiene skills in medical students before clinical exposure.

Methods: Between March and April 2026, all fourth-year medical students will participate in a mandatory hand hygiene workshop conducted in the university simulation laboratory. Students will be organised into small groups (approximately 30 participants per session) to support interactive, skills-focused learning. Each 90-minute session will include:

1. A baseline knowledge assessment.
2. Objective evaluation of hand hygiene technique using a fluorescence-based visualisation device.
3. A theory session aligned with current international infection prevention and control guidelines.
4. Supervised hands-on practice with structured feedback.

The knowledge questionnaire will be re-administered immediately after the workshop and at two-month follow-up to assess retention. Practical performance indicators will be compared across time points, and data will be analysed using the Friedman test with post-hoc pairwise comparisons ($\alpha = 0.05$).

Expected Results: The study will evaluate changes in theoretical knowledge and practical hand hygiene performance immediately after the workshop and at two-month follow-up. Based on prior experience, significant improvements in both domains are anticipated, with retention maintained over time.

Conclusions: Simulation-based, skills-oriented hand hygiene training represents a strategic investment in infection prevention. Embedding mandatory workshops before clinical rotations may promote early development of professional behaviours and long-term adherence to infection control standards, aligning with ASPHER's competency-based educational priorities.

Is There a Case for Excellence Accreditation in Countries with Mandatory National Accreditation? The Italian Pilot for Postgraduate Schools of Hygiene and Preventive Medicine

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Background: In several European countries, postgraduate medical specialty schools operate within mandatory national accreditation systems that ensure compliance with structural, organizational and training standards. However, these frameworks primarily verify minimum requirements and rarely assess the qualitative dimensions that distinguish truly outstanding programmes. This raises a strategic question: is there a case for an additional, voluntary Accreditation for Excellence in contexts where national accreditation is already compulsory?

Methods: This paper presents the Italian pilot project developed with the Agency for Public Health Education Accreditation (APHEA) to explore the feasibility and relevance of excellence-oriented accreditation. All forty-one (41) Italian Postgraduate Schools of Hygiene and Preventive Medicine are accredited by the Ministry of University and Research under a national regulatory framework aligned with European directives. The proposed Accreditation for Excellence introduces a complementary evaluation pathway based on APHEA domains and a qualitative scoring grid. The process includes structured document review and a virtual peer-review meeting involving academic leadership and trainees.

Results: Fifteen (15) Italian Schools have expressed interest in participating in the experimental phase of the pilot. The process evaluates dimensions beyond national accreditation standards, including curriculum innovation, faculty scientific profile, international exposure, competency-based assessment, research productivity and outcome monitoring.

Conclusions: The pilot will generate empirical evidence on institutional demand, feasibility and added value of an excellence-oriented accreditation model. Findings may help redefine the role of international accreditation systems in countries where mandatory national accreditation frameworks are already in place.

Disability-focused educational interventions for healthcare professionals: preliminary findings from a systematic review

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Background: One in six people worldwide lives with a disability, yet healthcare professionals often lack adequate training to provide equitable, person-centred care. Persons with disabilities face significant health inequities due to attitudinal, communication, and systemic barriers within healthcare. Despite increased attention to disability as a human rights issue, evidence on the effectiveness of disability education across healthcare professions remains fragmented.

Methods: This systematic review followed PRISMA 2020 guidelines and was registered with PROSPERO. We searched MEDLINE, Embase, and Scopus for peer-reviewed English-language studies (2016–2025) evaluating disability-focused educational interventions for healthcare professionals or students. Eligible studies, included those examining knowledge, attitudes, skills or self-efficacy, as outcomes, and utilizing either a control group or a pre-post within-subject design. Screening and extraction were conducted independently in duplicate using Rayyan. Methodological quality was assessed with the Mixed Methods Appraisal Tool (MMAT).

Results: Based on the first 72 of 125 full-text papers screened, we included 50 studies from 14 countries. The majority originated in the USA (52%) and targeted undergraduate students (70%). Study designs were predominantly uncontrolled pre-post (36%) and mixed-methods (26%); only three were randomised trials. Interventions included simulation and role-play (20%), blended learning (18%), integrated curriculum modules (16%), e-learning and clinical placements (10% each), addressing intellectual, physical, and developmental disabilities most frequently. Knowledge improved in the majority of studies, attitudes improved in most, though not all, and skills and confidence showed positive trends. 60% of interventions involved persons with disabilities as co-educators or standardised patients. Patient- or service-level outcomes were rarely measured.

Conclusions: Preliminary findings suggest that disability-focused educational interventions can improve health-professionals' knowledge, attitudes, and confidence, particularly if co-produced with persons with disabilities.

Public health expertise in health impact assessment: competencies and curriculum development across the European region

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Introduction: Health Impact Assessment (HIA) has a long tradition in health protection across Europe. Yet the degree of institutionalisation and practical use of HIA differs significantly between countries, resulting in uneven involvement of public health experts and variable access to HIA training. Strengthening HIA capacity is increasingly important, as the WHO–ASPHER Competency Framework identifies HIA as a core skill for Master’s-level public health graduates. This study aims to assess the current engagement of public health professionals in national HIA practice, identify key competencies required for meaningful HIA implementation, and inform discussions on future training needs within the European Region.

Methods: The study draws on mixed methods building on scoping review and survey to HIA professionals. Survey findings will be complemented by a benchmarking review of available HIA curricula and learning courses to map current expectations and training opportunities related to HIA competencies. In addition, 8–10 online semi-structured key informant interviews will be conducted with national-level HIA experts to capture practical experiences of applying public health expertise in HIA implementation. All qualitative material will be analysed using framework analysis.

Results: The study is expected to provide a consolidated overview of how public health experts currently contribute to HIA processes across Europe. It will also identify gaps in existing competency frameworks and highlight training needs relevant for strengthening HIA capacity. Combined findings will form the basis for recommendations supporting more coherent and aligned HIA competence development within the Region.

Conclusions: By mapping current practice, competencies, and training provision, this study will contribute to efforts to harmonise and strengthen HIA-related capacity building across Europe. The results will support broader European public health education networks as well as advance more consistent and practice-oriented HIA training for future public health professionals.

Developing Public Speaking skills in Medicine students: A Learn-by-Doing Approach

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Background: Public speaking has a long history as a complementary skill, owing to contributions starting from the Roman Era (ars oratoria). Physicians, Public Health specialists above all, engage in public confrontations, lectures or educational activities, in which a merely theoretical background can be insufficient. The same concept or idea can produce totally different outcomes: basing education **on** the mere exposition of data and analysis alone usually proves insufficient. Traditional frontal lectures in Public Health focus on theoretical contents, leaving aside public speaking capabilities. We addressed the issue prompting for a lecture on public speaking fundamentals and then delving into a “learn-by-doing” approach.

Methods: The intervention utilized a combination of structured debates and public speaking education. Students were organized into autonomous working groups and tasked with selecting a specific topic from a curated list of public health challenges. Each group was required to adhere to strict time constraints for their oral presentations, mirroring the necessities of public speaking. Evaluation criteria were expanded to include not only thematic accuracy but also the quality of the delivery and the effectiveness of the communication.

Results: This approach aims to develop critical communications skills in exposing Public Health topics. To evaluate the impact of this methodology, an ad hoc questionnaire was administered to all participating students at the end of the course. Data collected from these surveys will be presented in detail during the congress.

Conclusion: Public speaking can be addressed and enhanced during students' courses: a theoretical minimum followed by a “learn-by-doing” approach and a self-evaluation scheme. By emphasizing both content mastery and communication skills, this model prepares future medical professionals for the discursive and collaborative demands of the global public health arena.

Strengthening Public Health Education Through Accreditation: Competence, Equity and Workforce Preparedness

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Background: Accreditation plays an important role in shaping the quality and relevance of public health education. Traditionally viewed as a quality assurance mechanism, it is increasingly recognised as a strategic tool to support competency-based education, promote equitable access to high-quality training, and strengthen preparedness of the public health workforce. This is particularly important as public health systems face complex and evolving population health challenges.

Methods: Evidence from peer-reviewed literature, evaluations of public health accreditation systems, and international competency frameworks was reviewed. The analysis included studies examining the influence of accreditation on educational quality, graduate outcomes, and workforce preparedness, alongside competency frameworks developed by international and regional public health organisations. Literature was analysed to identify common mechanisms linking accreditation processes with competence development, equity, and workforce resilience.

Results: Studies consistently associate accreditation with improved curriculum structure, stronger alignment with competency frameworks, and positive perceptions of educational quality among students and graduates. Accreditation standards translate competency frameworks into practical curriculum design, assessment, and quality improvement processes, supporting graduate readiness for diverse public health roles. Public health-specific accreditation systems also enhance comparability across programmes and countries, facilitating academic mobility, professional recognition, and workforce planning. Evidence further suggests that accreditation can contribute to workforce and system resilience by strengthening preparedness, professional identity, and alignment with essential public health functions. Competency-based accreditation approaches may also support equity by establishing shared quality benchmarks while allowing adaptation to diverse institutional and national contexts.

Conclusions: Accreditation represents an important structural mechanism for strengthening competence, equity, and workforce resilience in public health education. By linking competency frameworks with quality assurance and continuous improvement processes, accreditation can support development of a skilled and adaptable public health workforce. A key question for public health education leaders remains how accreditation can best support innovation while maintaining shared standards of quality.

A milestone for public health graduates in Poland: regulating the prevention specialist as a medical profession

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Introduction: Almost half of all deaths in Poland are due to modifiable risk factors, with nearly 90,000 avoidable deaths occurring each year through primary prevention. Therefore, in 2023, the profession of prevention specialist was introduced in Poland as a regulated medical profession that can be practised by public health graduates. Practising the profession requires entry in the Central Register of Persons Practising Certain Medical Professions.

Methods: Analysis of the 2023 Act on Certain Medical Professions and the 2025 Regulation of the Minister of Health on professional activities performed by people practising certain medical professions, taking into account their role in primary health care and the 'My Health' programme.

Results: The main tasks of prevention specialists include the development, implementation and monitoring of prevention programmes with the definition of objectives, budgets and performance measures, as well as the organisation of protective vaccinations and health education. They may cooperate with state institutions, local governments, NGOs and employers in fundraising and integration of activities. Prevention specialists can be employed in healthcare facilities, administration, schools and other organisations. They have access to medical records, are subject to professional liability and are required to undergo continuous professional development. Prevention specialists will be able to play an important role in the primary care team due to the implementation of the 'My Health – Adult Health Assessment' programme, under which they can verify and approve health assessment questionnaires and generate screening orders. The main tasks of prevention specialists also include analysing the health needs of the population based on demographic and epidemiological data.

Conclusions: The professionalisation of preventive specialist education in line with the needs of primary care can relieve the burden on doctors and harness the potential of public health graduates to improve prevention. This is a significant achievement for public health graduates, emphasising their key role in the health care system.

Turning Strategy into Structure: Professionalizing the Public Health Workforce in Europe

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Background: The professionalization of the public health workforce (PHW) in Europe has become increasingly urgent in the context of complex health challenges, including pandemics, climate change, and persistent health inequalities. Although strategic initiatives such as the WHO–ASPHER Roadmap provide guidance for workforce development, implementation across European countries remains uneven. Fragmented governance, inconsistent training standards, and limited recognition of public health professionals continue to hinder the development of a coherent and resilient workforce.

Methods: This analysis draws on a stakeholder study conducted in 2024–2025 within a postdoctoral research project on public health workforce professionalization in the European Region. Qualitative methods included semi-structured interviews with 20 stakeholders from international organizations, EU institutions, professional associations, academia, and national public health authorities. Thematic analysis was complemented by a review of key European and international policy frameworks and informed dialogue with European-level policy stakeholders.

Results: Stakeholders identified several systemic barriers to workforce professionalization, including fragmented role definitions, resource inequities, limited societal recognition of public health, siloed governance structures, and insufficient workforce data. At the same time, strong support emerged for coordinated European action to strengthen competencies, education, and professional recognition. Four interdependent policy pillars were identified: harmonizing competencies through the WHO–ASPHER Competency Framework; modernizing public health education and expanding access to continuing professional development; establishing a European credentialing and workforce registry system; and institutionalizing ethical governance and professional representation. The findings also contributed to strengthening awareness among European decision-makers, including stakeholders from the European Economic and Social Committee and the European Parliament.

Conclusions: Professionalizing the PHW is essential for strengthening Europe's capacity to address current and future health challenges. Translating strategic frameworks into operational structures requires coordinated governance, sustained investment, and collaboration between academic institutions, policymakers, and professional organizations.

Using the ASPHER Core Curriculum Programme (CCP) to Harmonise Curricula in the Erasmus Mundus Joint Master Degree (EMJMD), Europubhealth+

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Harmonising PH education across Europe is essential to prepare graduates with the competencies required to effectively address current and emerging health challenges. The ASPHER Core Curriculum Programme (CCP) represents a major collaborative initiative to define a shared educational framework supporting the attainment of essential PH competencies. Grounded in European and global reference frameworks, including the WHO Essential Public Health Functions, and developed through consultation with academic and practice partners across more than 60 institutions, the CCP outlines structured domains and subject areas reflecting the evolving scope of PH practice.

The Europubhealth+ European Master in Public Health, an Erasmus Mundus Joint Master Degree(EMJMD) delivered by a consortium of eight European universities, has established itself as a leading multidisciplinary programme fostering international mobility, intercultural learning, and professional excellence. The two-year curriculum integrates foundational PH training with specialised pathways and practical experience, culminating in a double degree and structured internships.

This presentation explores how the ASPHER CCP can be operationalised within the Europubhealth+ curriculum to harmonise teaching content, ensure competency alignment, and reinforce a coherent educational framework across partner institutions. Key areas of focus include mapping CCP domains against core and specialised modules of the EMJMD, identifying opportunities for cross-programme synergy, and enhancing student preparedness for complex PH roles. By illustrating a model of curriculum alignment grounded in shared competencies, this work contributes to broader efforts to standardise quality in PH training across Europe and beyond.

This case demonstrates that the ASPHER CCP can serve not as a rigid standard, but as a flexible strategic reference framework that enhances quality assurance, comparability, and curricular transparency in multinational degrees. The experience provides a transferable model for

other joint PH programmes aiming to advance harmonisation while maintaining institutional diversity and academic autonomy across Europe.

Oh Galileo Galileo! Lessons for today's public health schools from the 17th century

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Galileo Galilei—physicist, astronomer, and mathematician—is celebrated as the father of the experimental scientific method. While not a physician - he pivoted from medicine to physics and worked in Padova roughly the same years as William Harvey and Georg Wirsung - Galileo's methodology offers profound insights for contemporary public health.

In his seminal work, *Dialogue Concerning the Two Chief World Systems* (1632), Galileo rejects the "principle of authority" in favour of "sensible experiences" and mathematical demonstrations. This work yields some important lessons for today's health educators.

First of all, by choosing the dialogue format over a rigid treatise, Galileo highlights that science is intrinsically interlocutory. It is a process of questioning and being questioned. In public health, scientific evidence cannot exist in a vacuum; it must integrate political, economic, and sociological dimensions. Moreover, modern health education mirrors this through intergenerational dialogue and the constant transfer of technological skills.

Another relevant point is the accessibility: Galileo's decision to write in the vernacular instead of Latin (the academic *lingua franca*) was an act of democratization. He aimed to make science intelligible to non-specialists, however erudite. For public health, this remains a golden rule: scientific truths must be communicated clearly to the widest possible population to ensure effective prevention and community engagement.

Another key point to consider is that Galileo marvelled at the invention of printing, praising the "combination of twenty little characters" to bridge time and space. He valued the practical work of craftsmen who shaped the characters of the printing press even more than theoretical calculations because of its outstanding implications. This serves as a reminder for future doctors: knowledge is validated by its concrete impact. Theoretical models in health must always be compared with practical realities to remain useful to the community.

Thanks to Professor M. Bresadola for his inspiring insights.

Revalidating the Public Health Curriculum: Decolonisation, Disability Inclusion, and Epistemic Justice in an MPH Programme

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Background: Public health education is expected to prepare graduates for complex global and local health challenges, yet there is a danger that curricula may be shaped by narrow epistemic traditions, limited geographical representation, and insufficient engagement with power, inequity, coloniality, ableism, and lived experience. Within a newly revalidated Master of Public Health (MPH) programme in the United Kingdom, revalidation provides a particularly important opportunity to consider whose voices are centred and how inclusion is enacted across the curriculum.

Methods: Building on previous experience of conducting a systematic review of reading lists in another social science programme, this project involves a structured review of indicative reading lists, as well as module content, assessment design, and curriculum framing across the MPH curriculum. The review examines which perspectives are treated as foundational, which regions and populations are represented or underrepresented, and how structural inequities, colonial legacies, disability, and exclusion are addressed. It also considers whether students encounter diverse methodological, disciplinary, practitioner, and lived-experience perspectives, including disabled voices, and whether Global South, community-based, and critical knowledges are embedded across the programme rather than marginalised within isolated topics.

Results: Emerging outputs include a programme-level map of representation and thematic coverage, recommendations for curriculum enhancement, and a model for embedding decolonising and disability-inclusive principles into ongoing review processes. The project also seeks to develop a practical framework for identifying gaps and opportunities during revalidation, while balancing professional standards, academic requirements, and commitments to equity and inclusion.

Conclusions: This work argues that decolonisation and disability inclusion are not optional additions to public health education, but central to curriculum relevance, pedagogical integrity, and the preparation of critically reflective public health practitioners able to respond meaningfully to global health challenges.

Integrating Podcasts into Postgraduate Assessment: Reflections from an Educator

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Motivated by a need to enhance authenticity, diversity and build public communication skills within assessment this reflective presentation explores the academic experience of integrating podcasts as an assessment component within postgraduate public health teaching. Using educator experience reflection, the presentation reflects on the implementation journey from pedagogic frameworks to the challenges and successes of using podcasts as an assessment tool.

Podcasts are seen as an engaging, and creative way to assess students which develop 'real world' skills as they require students to translate complex theoretical ideas into accessible narratives tailored to non-expert audiences. This process encourages synthesis of evidence, critical thinking, and clarity of expression whilst supporting deeper learning as students are required to make active choices about structure, tone, and the framing of public health messages. However, despite their many advantages their use is not without challenges in relation to ensuring academic rigor and addressing issues with student technical ability and confidence which raises questions about equity and workload.

The presentation provides insight into how to embed podcasts into postgraduate public health assessment strategies by supporting their implementation through building students' confidence and skills and ensuring that assessment criteria balance creativity with academic rigour. It also highlights unexpected outcomes such as enhancement of the marking experience for the academic through additional connection with the student 'voice'.

Machine Learning–Based Prediction of Occupant Symptom Risk Using Indoor and Outdoor Environmental Quality Data in University Dormitories

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Introduction: Indoor air quality plays a crucial role in occupants' health and comfort, as people spend over 90% of their time indoors. This study examines relationships between indoor and outdoor environmental parameters and residents' health symptoms and perceptions in university student accommodations.

Objectives: This study aims to evaluate the feasibility of using machine learning models to predict occupant symptoms based on combined environmental and self-reported data.

Methods: The research involved intermittent fieldwork conducted from May 2024 to June 2025 in two dormitory buildings, using low-cost air sensors and occupant questionnaires. During measurement periods, around 14 bedrooms with different floors and orientations were monitored for two weeks each. Paired indoor and outdoor sensors measured temperature, relative humidity, air pressure, carbon dioxide and particulate matter (PM2.5 and PM10). Questionnaires collected data on demographics, health symptoms, environmental perceptions, and occupancy and window operation patterns.

Results: A total of 71 valid responses were collected. Among 28 listed and 7 reported symptoms, sneezing, dry/sore throat, headache, cough, dry skin, fatigue, and runny nose were the most frequent and selected as target variables for 4 classification models.

Models were trained using data from the first six periods, with the final period for validation. Accuracy ranged from 69.6% to 85.7% in training and, after optimization, from 88.9% to 100% in validation.

A combined multi-symptom model achieved 70.4% full-match accuracy and 27.5% with 3/4 correct across 71 samples, and 33.3% full-match accuracy with 66.7% at 3/4 correct in validation across nine samples.

Conclusions: Integrating indoor and outdoor environmental parameters with self-reported health and behavioural data enables the prediction of multiple common occupant symptoms

with promising accuracy. Despite limitations in sample size, data continuity, and training randomness, the models show strong potential for identifying symptom–environment relationships. With larger datasets and further optimization, this approach can support adaptive and personalized indoor environment control strategies.

Thirty Years of tropEd: A Critical Reflection on the Evolution of a Global Public Health Higher Education Network

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Background: TropEd is an international network of 26 higher education institutions offering postgraduate training in international and global public health. Over three decades, tropEd has developed and implemented a collaborative framework for a post-graduate Masters in International Health (MIH), based on mobility and common standards in education and designed to leverage the diverse expertise of its member institutions. It serves students from health-related disciplines worldwide by offering more than 140 accredited modules.

Methods: This oral presentation provides a descriptive and analytical reflection on thirty years of tropEd, drawing on a review of historical records, annual reports, and network publications. Key structural features of the network are characterised, including its collaborative modular MSc framework, staff and student mobility mechanisms, accreditation and course recognition processes, and its democratic governance model with rotating presidency. The presentation ends with a critical outlook into the network's future.

Results: Established in 1996 with 13 European founding partners, the network has since expanded to an international network currently comprising 26 member institutions in 20 countries across Africa, Asia, Europe and the Americas. Beyond quantitative growth, the network has undergone significant qualitative evolution: from a predominantly European-centred consortium to a genuinely global partnership; from exclusively in-person delivery to hybrid and online modalities accelerated by the COVID-19 pandemic; and from a narrowly biomedical curriculum toward one that increasingly integrates planetary health, health systems strengthening, and equity-focused approaches. Given current geopolitical, sociocultural, environmental and technological transformations affecting students' required competences, mobility, funding, and institutional partnerships, the network needs to demonstrate adaptive governance and consider new directions.

Conclusions: The tropEd network offers a compelling case study in the long-term sustainability and adaptability of collaborative higher education in global health. Its thirty-year trajectory illustrates both the achievements of inter-institutional cooperation and the challenges of remaining responsive to an evolving global health landscape.

Development of healthcare workforce competencies through institutional training programmes: the role of the Medical Directorate in an accredited private hospital

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Background: Continuing education of healthcare professionals is essential to ensure quality of care, patient safety and the development of professional competencies within the healthcare workforce. In hospital settings, the Medical Directorate plays a key role in defining training priorities by aligning organisational needs, quality standards and competencies required by healthcare staff. This study aimed to analyse how the Medical Directorate plans and coordinates staff training in an accredited private hospital and how training activities reflect workforce competency needs.

Methods: A descriptive organisational analysis of training programmes in an accredited private hospital was conducted. The organisational structure, the main functions of the Medical Directorate and the institutional training plans for 2024 and 2025 were examined. Workforce competencies were assessed through the analysis of organisational training needs and clinical governance priorities defined by the Medical Directorate. Training activities were analysed according to course type, competency areas and participation rates. In 2025, the institutional training programme targeted 465 employees, including 209 nurses, 124 healthcare assistants, 50 healthcare technicians and 82 administrative staff.

Results: Training programmes mainly focused on competencies related to emergency management, patient safety, prevention of healthcare-associated infections, specialised technical skills and occupational safety. In 2024, 793 participations in training courses were recorded, while 539 participations were registered in 2025. Training activities were aligned with the core functions of the Medical Directorate, particularly in clinical governance, risk management, patient safety and quality of care processes, supporting the strengthening of workforce competencies.

Conclusions: Institutional training programmes represent an important governance tool for developing healthcare workforce competencies and supporting clinical governance activities. In accredited private hospitals, the Medical Directorate plays a central role in identifying competency needs and promoting training initiatives aimed at improving quality of care, patient safety and continuous professional development.

Integrating mental health and wellbeing into the ASPHER CCP: From recommendation to implementation

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Background: The 1st Edition of the ASPHER CCP provides a comprehensive framework for public health education programmes across Europe and beyond. Among its applications, this project traces the translational pathway for mental health and wellbeing (Domain 3, Chapter 26) from curricular recommendation to internationally delivered practice. An Expert Advisory Group developed this novel domain recognising that mental health literacy, suicide prevention and resilience remain critically absent from public health education. The domain was not developed in isolation; iterative workshop delivery at UCD from 2022 informed the curricular framework, which in turn structured subsequent implementation, creating a bidirectional cycle between recommendation and practice.

Methods: The workshop integrates three pedagogical components aligned with Chapter 26 curriculum: mental health literacy encompassing stigma reduction and suicide prevention; breathwork practice, applied neurophysiology addressing stress regulation, hormonal pathways, sleep science; and mental health economics on resources across competing interventions. The 2024 delivery engaged 64 postgraduate public health students from 28 countries, assessed using the Perceived Stress Scale and WHO-5 Well-being Index pre and post intervention. A second cohort delivery followed in 2025.

Results: The 2024 cohort demonstrated 29% reduction in perceived stress and 35% improvement in wellbeing. The workshop was delivered internationally at the European Public Health Conference 2025, generating cross-institutional interest and engagement with the WHO Mental Health Flagship Team.

Conclusions: This work provides the first documented example of a CCP domain completing the full translational cycle from recommendation to validated, scalable practice. The bidirectional model, where practitioner experience shapes curricular standards and curricular standards refine delivery, offers a replicable pathway for future domain expansions and broader institutional adoption.

Keywords: Mental health, Wellbeing, ASPHER Core Curriculum, implementation, Public Health education.

Surgical Debriefing of Orthopedic Residents: Using Artificial Intelligence and Large Language Models to Improve Training and Education

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Background: The Orthopedic Department at Barzilai Medical Center trains residents through clinical work and surgical training. To enhance learning, a structured post-operative debriefing system was implemented, capturing qualitative textual information on strengths and areas for improvement alongside basic procedural and resident-related information after each operation. This study examined whether AI, particularly large language models, could support systematic analysis of these debriefings and evaluate residents' learning throughout residency.

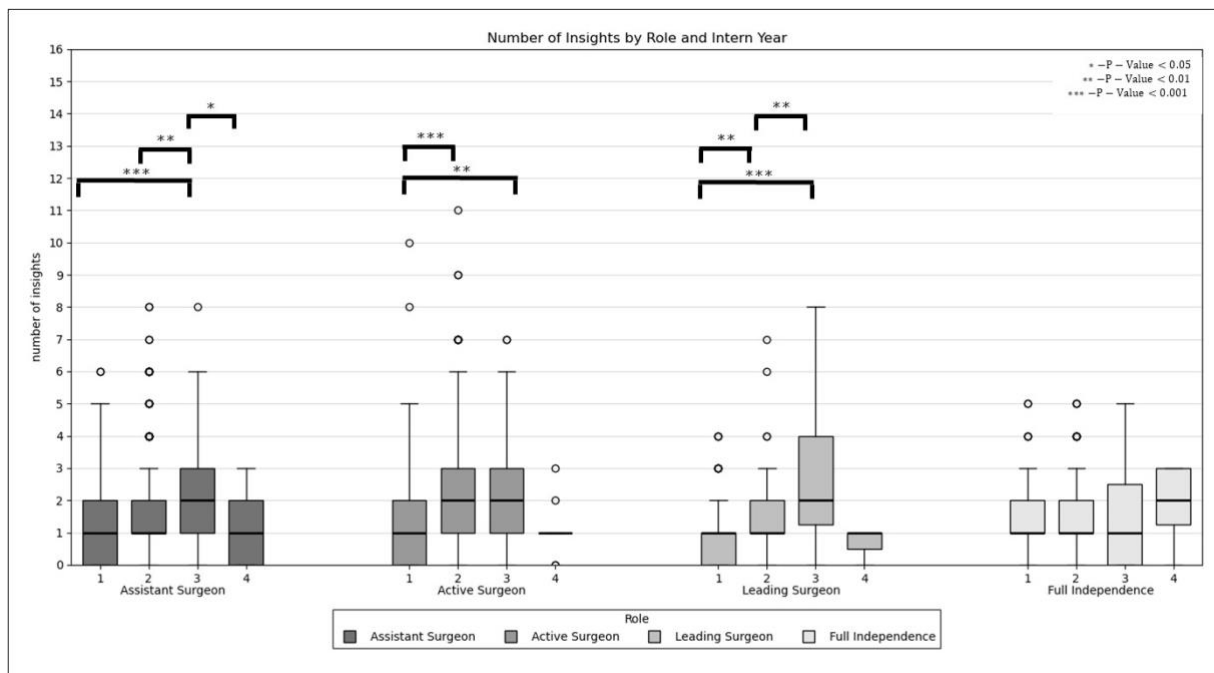
Methods: A quantitative measure was derived from the documented strengths and areas for improvement identified in each debriefing, representing the number of insights, defined as new knowledge gained by the resident from the operation. We hypothesized that more documented insights might indicate a more meaningful learning process during surgical training. A total of 1,639 debriefings were analysed by resident role (assistant surgeon, active surgeon, lead surgeon, and full independence) and years since the start of residency. AlephBERT, an AI-based deep Hebrew language model, was adapted and calibrated against manual annotation of 200 debriefings to identify and count insights in free-text debriefings. Group differences were assessed using Kruskal-Wallis and Dunn post-hoc tests with Holm correction.

Results: Insight counts differed significantly across resident roles ($H=17.24$, $p<0.01$). Active surgeons had the highest insight counts (median 1, IQR 1-3), significantly higher than lead surgeons and assistant surgeons (both median 1, IQR 0-2; $p<0.01$) and residents operating with full independence (median 1, IQR 1-2; $p<0.05$). Across training years, insight counts appeared to peak around year 3 in assistant, active, and lead surgeon roles (Figure 1), with significant year-based differences across these roles.

Conclusions: AlephBERT transformed qualitative textual debriefings into a quantitative measure of documented insights, revealing higher insight counts in assistant, active, and lead

surgeon roles, particularly around the third year of residency, and indicating learning-related patterns that may inform targeted educational interventions in the future.

Figure 1. Number of insights by resident role and training year



The Missing Link in Competency-Based Public Health Workforce Development: Defining the Role of Public Health Specialists in Lithuania

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Public health systems emphasize competency-based workforce development, particularly in the context of global health challenges. In Lithuania, the functions of public health specialists are dispersed across multiple legal acts and institutional regulations. This fragmentation raises questions about whether a coherent national concept of professional functions and responsibilities in public health is clearly defined and aligned with international recommendations. Although public health study programmes comply with international standards, it remains unclear how these competencies are implemented within the health system and applied in practice. Mechanisms for evaluating competency development and their use in professional activities remain limited, complicating evidence-based workforce planning and the positioning of public health specialists within the health system.

A conceptual and policy analysis was conducted to assess the relationship between the ASPHER competency framework and the Lithuanian public health system. National legislation, regulatory documents, and study programme descriptions were reviewed. Public health specialists were surveyed to assess how competencies acquired during their studies are used in professional practice. The ASPHER competency framework served as a reference model.

The analysis shows that ASPHER competencies are generally reflected in national education standards. However, the distribution of professional functions across numerous regulatory documents creates ambiguity about the roles and responsibilities of public health specialists. Competencies related to leadership, systems thinking, and intersectoral collaboration are not systematically incorporated into workforce development mechanisms. Unclear role definitions and limited differentiation between public health specialists and other health professionals may reduce the effective use of competencies and hinder interprofessional collaboration.

Formal alignment with international competency frameworks does not automatically ensure their coherent implementation within national systems. The Lithuanian case highlights the need to strengthen mechanisms for competency evaluation and continuous professional development. Developing a clearer national concept of the public health profession may be

essential for competency-based workforce development and improving public health outcomes.

A Leadership Training Course for the Implementation of the “One Health” Approach: The Results of Collaboration with International Experts

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Background: Ukraine is currently advancing the development of its national public health system. According to the national legislation, state policy must be implemented through the intersectoral “One Health” approach. So, there is an urgent need for professionals with relevant knowledge and competencies. To prepare such specialists in Ukraine, the School of Public Health at the National University of “Kyiv-Mohyla Academy” (NaUKMA) developed a training course “Leadership within the “One Health” Approach.” The initiative was proposed and coordinated by the WHO Country Office in Ukraine, with technical support provided by the WHO Collaborating Centre for Public Health Leadership and Workforce Development at Maastricht University (the Netherlands).

Methods: The methodological foundation of the course is grounded in the integration of competency-based, system-oriented, and interdisciplinary approaches, combining international educational recommendations with the national context of higher education. The development process included: joint expert sessions; a comprehensive review of existing academic programs at NaUKMA; a gap analysis of the curriculum with recommendations for improvement; the alignment of learning outcomes and course content; the design of a modular course structure, and tools for assessing acquired competencies. The conceptual model of “Leadership within the One Health Framework” proposed by Maastricht University was utilized.

Results: The course structure consists of the following modules: “One Health and Leadership,” “Leadership in Safety and Protection,” “Leadership in Governance and Policy,” “Leadership in Prevention and Control,” and “Leadership, Ethics, and Professional Development.” The teaching approach is grounded in problem-based and blended learning methodologies, with use of practical case studies and simulation exercises. The expected learning outcomes include both theoretical knowledge and practical tools.

Conclusions: The proposed course may be used as a scalable and universal platform for higher education institutions to strengthen students' leadership capacity and support the systematic implementation of the "One Health" approach in Ukraine.

Public health competencies in a digitalized society – examples of theory, practice and generic skills

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Eleven years ago, the department of Public Health at the University of Skövde, Sweden, developed a bachelor's program in Public Health, from an earlier two-year program. Over the years, our multidisciplinary group of teachers have developed two master programs in Public Health with the guidance of ASPHER core competencies. Public health in Skövde combines the legacy of public health research and training with a digitally oriented university, that sets the aim to teach our students public health competencies in a digitalized society.

Classic public health problems, together with online distance teaching and learning, contribute to the acquisition of knowledge through collaboration with people from diverse backgrounds, contexts and geographical areas, using digital tools. Digital generic skills are thus developed throughout the education and open possibilities for solutions in health promoting practice. Over the years, society has become increasingly digitalized, and become an important aspect of education which need to be addressed in public health education and practice. This means that students need to learn about public health in a digital society, for public health practice in a digital society and through digital collaboration.

Examples of courses, at the bachelor level and master level, will illustrate various aspects of education. One course presents public health theory on health inequalities as applied to vulnerable groups. Through collaborative work, both online and offline, students develop digital generic skills. Another course explores possibilities for public health work with digital tools and consists of oral and written seminar assignments through cooperative online work. A third course let students use digital tools of their choice for assignment on global health.

In conclusion, although public health core competencies are grounded in the discipline's legacy, our educational programs include digital generic skills so that students gain a lived experience of public health in a digital society.

Public Health Education in Italian Degree Programmes: A National Survey on Essential Public Health Functions and Core Curriculum Development

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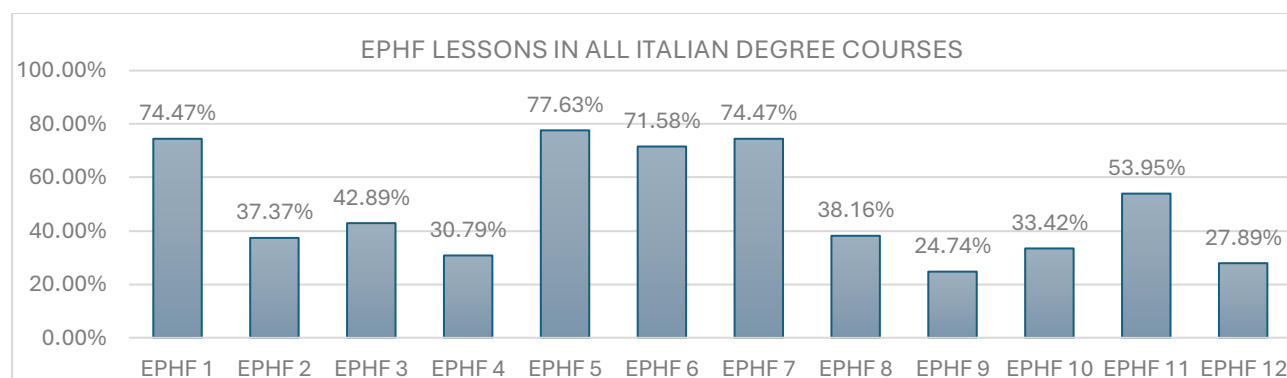
Background: The WHO Global Competency and Outcomes Framework for the Essential Public Health Functions (2024) highlights the need to align academic education with the competencies required to effectively deliver public health services. In Italy, Public Health (MEDS 24/B) courses are present across a wide range of Degree Programmes and Schools. However, variability in credit allocation, content coverage, and teaching methodologies may result in inconsistent competencies among graduates. A systematic mapping of topics, Essential Public Health Functions (EPHFs), and teaching approaches is a key step toward developing a core curriculum for a Greater national harmonisation of public health education

Objectives: To map the content and structure of training in Public Health (MEDS 24/B) across Italian Degree Programmes and Schools. Specifically, it examined the public health topics covered across university macro-areas and generated evidence to support the development of a shared core curriculum.

Methods: A structured closed-ended survey referring to the 2024–2025 academic year was distributed to all MEDS 24/B faculty members through the Italian Society of Hygiene (SItI), and descriptive analyses were conducted overall and by macro-area.

Results: A total of 440 courses were analysed. The majority of these were in the macro-area of Medicine and Surgery, Nursing and Biological Sciences, but there were also some very cross-disciplinary courses, such as Architecture, Engineering, Law, Psychology and Economics. In the more health-related faculties, all 12 EPHFs were addressed, but in an uneven manner: surveillance, prevention, health promotion and protection were dealt with most frequently. There was also variability in the depth of the topics covered and in practical training through exercises.

Conclusions: Training in public health is widespread across many different university and professional training programmes, demonstrating the effectiveness of Italy's multidisciplinary training system. However, the creation of a core curriculum for each macro-area, aligned with international frameworks and workforce needs, could improve the entire training process.



Community engagement and health education for vector control under climate change

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Global warming and altered precipitation patterns have intensified the threat of vector-borne diseases (VBD), reshaping their geographic distribution, seasonal activity, and vector competence. Strengthening community-based adaptation has thus become a global priority. In 2023, Taiwan experienced a major dengue outbreak with 26,429 local cases—the largest since 2015. However, many regions still lack sufficient awareness of climate change and adaptive strategies. To address this gap, health education workshops were conducted in four Taiwanese communities to enhance local capacity for managing VBD risks. The workshops comprised five stages: knowledge pre-test, health promotion, attitude assessment, experience sharing, and feedback. Educational content covered mosquito identification, VBD symptoms, mosquito control, personal protection, and community adaptation strategies. Innovative interactive methods were introduced, including a coin-toss pre-test game to assess knowledge and a sticker-voting activity to gauge adaptation preferences. These gamified approaches, combined with residents' shared experiences, fostered active engagement. Results from the Hualien community highlight the effectiveness of this model: average knowledge accuracy improved from 72.07% in the pre-test to 94.45% in the post-test. Attitude assessments indicated strong preferences for removing mosquito breeding sources and wearing light-colored long-sleeved clothing for protection. These findings demonstrate that interactive workshops can effectively transform awareness into action, empowering communities to strengthen autonomy and resilience against climate-related health risks. This study also provides a strategic framework for future community-based climate adaptation policies.

Professionalization of the prevention specialist profession in Poland: new legal framework and career prospects for public health graduates

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Background: For many years, public health graduates in Poland faced the lack of a clearly defined career path, while prevention activities were scattered among various professional groups without uniform qualification standards. This situation changed with the entry into force of the Act of 17 August 2023 on certain medical professions, which officially sanctioned the "prevention specialist" (*profilaktyk*) as a regulated medical profession as well as other legal acts regulating the scope of competence and rules for practicing this profession.

Methods: An analysis was conducted of new normative acts regulating the healthcare system in Poland and literature on the competencies necessary to conduct professional preventive activities.

Results: The new regulations directly link education in public health (bachelor's or master's level) with the legal right to practice as a prevention specialist. The legislator precisely defined the scope of professional activities, including population health assessment, planning and evaluation of prevention programs, cooperation with government administration, and conducting health education regarding risk factors. This professionalization also imposes new obligations on graduates, such as mandatory registration in the Central Register of Persons Authorized to Practice a Medical Profession and the requirement for continuous professional development, involving the acquisition of 200 educational points every 5 years. Furthermore, graduates are now subject to professional accountability before the Professional Responsibility Commission.

Conclusions: Regulating the prevention profession is a key step towards aligning the public health professionals in Poland aligning competencies with the needs of the labour market. While the new legal rigors increase administrative and educational burdens, they simultaneously enhance the prestige of the degree and may contribute to reducing high rates of preventable mortality in Poland through the systematic strengthening of preventive medicine.

Teaching about war: an essential for today's public health practitioner

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Although war is responsible for significant health harms both directly and indirectly, it is studied little in schools of public health as a preventable threat to health. With the gap identified in recent years, a new space for teaching about war through a public health lens has allowed it to be reframed and to highlight the long-term impacts of war and conflict on a population – physical, mental, environmental, and social. Teaching about War as a social determinant of health is key to equipping learners with an understanding of the structural determinants of conflict and their effects on vulnerable populations.

This presentation will share the experience of teaching about war and conflict in the School of Public Health, UCC. It is taught as part of a global health module on contemporary challenges and perspectives. It will discuss how the material has changed over time due to current geopolitical events, and how information can be shared in a multicultural environment, where some learners may have themselves experienced war and conflict. Since the publication of the ASPHER CCP, it has referred to the framework and the subject-specific guidance of Public Health in Conflict, War and Peacebuilding.

In a time when public health challenges due to war and conflict are more evident than ever, with the urgent health needs emerging in the context of violence, displacement and humanitarian crises, there is a need to understand how we can best train public health practitioners to deal with the consequences of conflict and war on essential health services and populations. Teaching on war as a public health issue will ultimately empower students, practitioners, and policymakers to address the challenges and issues faced and to provide evidence-based advocacy so that war can become a modifiable driver of global mortality and morbidity.

The Ethics of "Never Again": Nazi Medicine's Legacy in Contemporary Mental Health Ethics: A Cross-Cultural Comparison of German and Israeli Perspectives

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Background: Nazi medical atrocities, including the systematic killing of approximately 230,000 patients with mental disorders, forced sterilization of 350,000 individuals, and 30,000 victims of unethical medical experiments, constitute a foundational rupture in modern bioethics. Yet how this legacy actively shapes contemporary mental health ethics debates remains underexplored, particularly in comparative, cross-cultural perspective.

Methods: The LANE (Legacy of Nazi Medicine) project examined how references to Nazi medical crimes are mobilized in German and Israeli mental health ethics discourse from 1990 to 2020. We applied a two-stage mixed qualitative methodology: (1) critical discourse analysis (CDA) of bioethical publications, policies, and professional guidelines in German, English, and Hebrew; and (2) 24 qualitative semi-structured expert interviews (N=13 German, N=11 Israeli) with psychiatrists, bioethicists, legal experts, and psychologists. Interview data were analyzed using thematic content analysis with ATLAS.ti software and interpreted through a controlled comparative empirical bioethics framework.

Results: Despite shared Western psychiatric trends, the two countries show systematically divergent patterns. In Germany, Nazi psychiatry's legacy functions primarily as a moral self-limiting force, shaping restrained, code-based ethics centered on the abstract individual's autonomy, with heightened caution around coercion and assisted suicide. In Israel, Holocaust memory operates as a protective mandate, embedding ethics of vigilance in clinical practice, foregrounding patient rights within collective and familial contexts, and linking state duty of care to historical consciousness. Research ethics cultures also diverge: German experts reflect public mistrust rooted in historical transgression, while Israeli experts emphasize balancing protection with innovation within a framework of public trust.

Conclusions: The legacy of Nazi mental health functions as an active normative reference point, not merely historical memory, in both countries, shaping patient images, professional identities, and regulatory frameworks in distinct yet dynamic ways. These findings have direct

implications for public health education, particularly for teaching the history and ethics of public health, ethics curricula, and cross-cultural professional training in Europe.

Sustaining the Momentum of the ASPHER Core Curriculum Programme (CCP) for Public Health: Developing Functional Assessment Toolkits and Future Editions

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Background: The 1st Edition of the ASPHER Core Competency Programme (CCP) (ccp.aspher.org) provides a comprehensive benchmarking framework for public health (PH) education programmes. It supports curriculum mapping, programme development, and alignment of shared European standards in PH education. PH is a dynamic and evolving field shaped by emerging health threats and changing population needs. PH education programmes must continually assess and adapt curricula to ensure relevance while maintaining alignment with international competency frameworks. In a 'Call to Action' to academic institutions and PH organizations to review and align programme content with the ASPHER CCP, introduces tools designed to support these processes.

Methods: Based on experience of programmes and faculty developing, directing and contributing to PH education programmes two complementary, online self-assessment toolkits based on the ASPHER CCP have been developed. **Toolkit I: PH Education and Training Programme Content Assessment** is designed to identify programme strengths and gaps with a view to facilitating discussion and development. **Toolkit II: PH Educator /Trainer Skills Self-assessment** is designed to map faculty expertise to programme teaching needs, identify gaps in capacity and opportunities for continuous professional development (CPD) among faculty.

Results: Pilot testing of the Toolkits resulted in revisions for clarity and context. Results displayed graphically provide useful visual summaries of programme content and gaps (Toolkit I), and faculty level and individual proficiencies (Toolkit II) as the basis for dialogue, programme revisions and faculty development. The toolkits can be modified as the CCP evolves through future iterations.

Conclusions: The CCP framework is highly valuable for benchmarking PH education programmes, while the faculty self-assessment tool can align curriculum delivery with available expertise. Together, these tools highlight opportunities for strengthening programme design, ensuring that foundational subject areas are supported while enabling the development of specialised and emerging areas within PH education.