



European Health Award 2011

Application form European Health Award 2011

1. Name of policy initiative. *Please give the initiative a name for the purpose of the Award.*

STEPS (Strengthening Public Health Research in Europe)

2. Area of health: What threat to health or problem of health services delivery does the initiative address? (250 words max)

2011 is the European year for Innovation. 'Research and Innovation' formed one of the seven 'flagship' areas for the EU's 'Europe 2020' strategy. For 2014-2020, the European Commission proposes research support, particularly for industry including SMEs, through a 'Common Strategic Framework'. This year, DG Research and Innovation consulted on a Green Paper on future funding for Innovation. In the period 2007-2013, the current Seventh Framework Research programme is spending around €8bn per year on research programmes and capacities, while up to €12bn per year of Structural Funds spending (about 20% of the total) is being directed towards research infrastructures, capacities and industry support.

Member state national research programmes also contribute much of actual spending on research across Europe. However, national research spending is controlled by ministries of science, which in the health field give most of their funding to bio-medical research. The same is true at EU level: of the three pillars for the EU 7th Framework Research Cooperation programme for Health, the first two, for biotechnology and biomedicine, gain almost all the funding, while research in support of health care and public health has received less than 5% of the total (just €26m of €640m in 2011). There are two significant reasons for this gap: ministries of health do not foster support for public health research; and public health researchers, practitioners and civil society are not sufficiently involved the decision-making processes. STEPS (Strengthening Engagement in Public Health Research) addresses these issues.



3. Justify the importance of this initiative in terms of a public health or health care delivery problem addressed (250 words max).

Article 168 of the EU Treaty says "Union action, which shall complement national policies, shall be directed towards improving **public health**, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health". For Research, Article 179 says "The Union shall have the objective of strengthening its scientific and technological bases by ... promoting all the **research** activities deemed necessary **by virtue of other Chapters of the Treaties**".

Although 'health' does not appear directly in the Europe 2020 strategy, 'Grand Challenges' of social significance were recognised: and DG Sanco has emerged from the Europe 2020 process with a 'pilot' Innovation Partnership to meet the 'Grand Challenge' of Healthy and Active Ageing. The implementation details of this are now being developed, but there is a headline target - for European citizens to live independently in good health by increasing the number of healthy life years by 2 (currently called '2 by 9' – ie from 2011 to 2020).

Studies (although there are rather few of them – see evidence list below) in both Europe and USA have shown that the reduction of disease and disability in the recent decades has been achieved more by public health measures than by medical care. Further improvements in health depend on continuing research on the causes of disease, and determining effective (public health) interventions.

The benefits of public health research (From EUPHA Response to Green Paper Consultation, April 2010)

Smoking, unhealthy diet, physical activity and alcohol cause up to 40% of all premature deaths – diseases which could be solved by changes to our daily environments and behaviours

["In both developing and developed regions, alcohol, tobacco, high blood pressure, and high cholesterol were major causes of disease burden." 1]

Studies suggest that in Europe and the USA more than half of improvement in avoidable mortality in recent decades has been due to public health.

["Clinical services, composed of preventive services as well as therapeutic intervention, we credited with ... half of the 7 or 7½ years of increase since 1950." 2]

["Medical care's contribution to improvements in life expectancy in the twentieth century was less than 20%." 3]

And medical care itself causes iatrogenic deaths – estimated up to 100 000 per year in the USA.

["The Institute of Medicine has estimated that 44 000 to 98 000 deaths occur as the result of medical errors." 4]

Heart disease has been reduced by public health measures in European countries by three-quarters,

["Modest reductions in major risk factors led to gains in life-years 4 times higher than did cardiological treatments. Effective policies to promote healthy diets and physical activity might achieve even greater gains": 5]

but in the USA by a half – less than in Europe, because of greater increases in obesity.

["Approximately half the decline in U.S. deaths from coronary heart disease from 1980 through 2000 may be attributable to reductions in major risk factors and approximately half to evidence-based medical therapies." 6]



["Modest reductions in [USA} levels of smoking, cholesterol, blood pressure, and physical inactivity ... accounted for more than twice as many life-years gained as did treatments, but were ... partially offset by substantial increases in obesity and diabetes." 7]

Stroke deaths are much more preventable by achievable salt reduction in diets than by hypertension treatment [8].

["An achievable population-wide reduction in sodium in processed food would prevent 50% more stroke deaths than the successful treatment of every person with hypertension." 9]

Cancer deaths have mainly been reduced through smoking control, not treatment.

["About 146 000 lung cancer deaths were prevented or postponed by the decrease in the age-specific lung cancer death rates in men between 1991 and 2003." 10]

["Two long-standing funding mismatches undermine efforts to achieve a true public health approach to cancer control... Of the National Cancer Institute's only about 11% is allocated for cancer prevention and control ... Second, although 23% of all U.S. deaths in 2002 are attributed to cancer and approximately 5% of all health care dollars are spent on cancer, local health departments spend only ... 1% on cancer programs and tobacco control efforts combined." 10.

1. Ezzati M, Lopez AD, Rodgers A, Vander Hoorn S, Murray CJ. Selected major risk factors and global and regional burden of disease. *Lancet*. 2002; 360: 1347–1360.
2. John P Bunker. The role of medical care in contributing to health improvements within societies. *International Journal of Epidemiology* 2001; 30: 1260-1263.
3. Mackenbach JP. How important have medical advances been? In Sussex J. "Improving population health in industrialised nations." London, Office of Health Economics, 2000 (pp 53-69).
4. Institute of Medicine. *To Err is Human: Building a Safer Health System*. Washington, DC: National Academy of Sciences; 1999.
5. Ford ES, Ajani UA, Croft JB, et al.. Explaining the decrease in U.S. deaths from coronary disease, 1980-2000. *N Engl J Med*. 2007; 356: 2388–2398.
6. Belgin Ünal, Julia A. Critchley, Dogan Fidan, Simon Capewell. Life-Years Gained From Modern Cardiological Treatments and Population Risk Factor Changes in England and Wales, 1981–2000. *American Journal of Public Health* 2005, Vol 95, No. 1 | 103-108.
7. Zubair Kabir, Kathleen Bennett, Emer Shelley, Belgin Unal, Julia Critchley, John Feely, Simon Capewell. Life-years-gained from population risk factor changes and modern cardiology treatments in Ireland. *Eur J Public Health* (2006) 17 (2): 193-198.
8. Thomas A. Farley. Reforming Health Care or Reforming Health? *American Journal of Public Health* 2009; 99: 588-590.
9. Law MR, Frost CD, Wald NJ. By how much does dietary salt reduction lower blood pressure? III–Analysis of data from trials of salt reduction. *BMJ*. 1991;302(6780):819–824.
10. Thun MJ, Jemal A. How much of the decrease in cancer death rates in the United States is attributable to reductions in tobacco smoking? *Tob Control*. 2006;15(5):345–347.

4. In which countries is the initiative already in the implementation phase?

STEPS has been undertaken as a consortium of partners from 14 EU countries – three coordinating countries (UK, Netherlands and Latvia) and the 12 new member states. It has also worked in gathering data across all 27 EU member states, and integration at European level.



5. Is the implementation of the initiative at National or Regional level? *Please state which.*

The implementation is at national level (working with ministries of health and science). In most EU countries science policy and commissioning is implemented through national rather than regional structures.

6. What are the costs of the initiative? Which organisations are responsible for funding initiative? *Please say whether funded by governments (or through national/social health funding mechanisms), international organisations or other donor organisations. (250 words max)*

STEPS is grant-funded to June 2011 by the EU's 7FP Science in Society 'Capacities' Programme through a competitive bid to a call for involving civil society organisations (across all fields). The total budget of €660k was spread over 30 months for 15 partners. The costs were distributed in four ways: holding workshops in each new member state; collecting information on public health research systems in all EU countries; joint European collaboration; and project coordination and dissemination.

7. What are the (expected) outcomes and improvements? What are measurable and at least initial results? *Please say briefly what evidence base has supported the design and implementation of the initiative. (500 words max)*

There is a relative lack of 'research on research'. A conference in Granada, during the 2002 Spanish Presidency discussed the evidence for impact of biomedical research. The EU 6th Framework Research Programme (2002-2006) Life Sciences theme focused on biotechnology and genomics, with policy issues relegated to a general 'eighth' funding strand. The lack of funding for public health research was presented by Hans Stein at the 2002 European Public Health Association meeting in Dresden, and this led to proposal to FP6 policy strand. *SPHERE* (2005-2007), with 17 partners in 13 countries, recorded perceptions on health research by European organisations, national associations and member state ministries, and undertook bibliometry across six public health research fields (health promotion, health services research, health management, infectious disease control, genetic epidemiology, environment and health). The findings included that: neither European institutions nor member states give attention to public health research (broadly defined); public health researchers and health associations have requirements and priorities for research; and that European public health publications per capita are fewer than the USA and particularly (up to 10-fold difference) in countries of East and South Europe.



STEPS was devised to address the difficulties of linking researchers with national policies, with a particular focus on the 12 new member states where infrastructures for research and civil society organisations are weaker. STEPS is multidisciplinary in partners, engaging with citizen organisations, public health researchers and public officials, and uses multi-methods - surveys, internet searches, personal meetings, workshops, conference presentations and use of media. Following *SPHERE*, it has built awareness of the needs for public health research, created knowledge for scientific publications, and successfully informed policy debate.

The measurable outputs from the collaboration include national reports on the situation of public health research in the 12 new member states, in both national and English languages, and follow-up meetings with ministries of health in 2011. The reports are placed on the project web page (www.steps-ph.eu). The process of national engagement has identified civil society organisations interested to work with public health research in each country. Surveys have been made of CSO perceptions of research, with responses from 140 organisations in eight new member states (Knabe & McCarthy 2011) as well as with 13 European level organisations (Beinare & McCarthy 2011).

Data describing structures of health research commissioning have also been collected in each of the 27 EU countries, and verified by national respondents (Conceicao & McCarthy 2011). Data on the use of the Structural Funds for research have been recorded in each of the 12 new member states. These results contributed to formulating EUPHA's response to the consultation on the Green Paper on Innovation (EUPHA 2011), which was shared with European level CSOs through EPHA, and communicated to EU national representations in Brussels, to MEPs and to the Commission in the STEPS Open Event held in Brussels 2-3 May 2011.

Beinare D, McCarthy M. Civil society organisations and health research in Europe. *European Journal of Public Health*, submitted.

Conceição C, McCarthy M. Organisation of health research in European Union countries. *PloS Medicine*, submitted.

Knabe AS, McCarthy M. Civil society and public health research in the European Union new member states. *Scandinavian Journal of Public Health*, submitted.

8. State the key objectives of the initiative. (250 words max)

The purpose of STEPS has been, as its long title indicates 'Strengthening Public Health Research in Europe'. It has addressed geographical inequalities by focusing its initial workshop activities in the 12 EU new member states where health levels and research systems are weaker, and where the best use of EU Structural Funds could significantly improve public health research and practice. It has identified leaders in the 12 new member states and fostered national public health associations and actions for health research. And it has brought these initiatives together at European level, to disseminating findings for policy development



in health research in Europe and to develop awareness of public health research in support for the Innovation Partnership on Active and Healthy Ageing.

9. Description of initiative. *Please give a brief description of the nature of the initiative, its means of implementation and its aims. Include briefly, as appropriate, a description of the context, history and partners within which the initiative has been designed and implemented. Please be specific about the public health problem the initiative aimed to address, in quantitative terms where possible. (500 words max)*

Considering the ‘before’ state, STEPS built on *SPHERE* (also led by UCL with EUPHA among 17 partners), which established the picture of public health research at European level, identified and drew from bibliometric data to prioritise work with the EU new member states, developed contacts and new relationships for public health research across these countries, and established the importance of links with ministries of health in identifying research commissioning.

STEPS, an EU-funded support action, has taken the initiative to work with civil society organisations (including national public health associations) in the 12 EU new member states. It has created networks for support of public health research, bringing together researchers, CSOs and officials. It has crossed disciplinary and status boundaries for common interests, identified issues that were previously under-recognised and set agendas for the future.

STEPS has brought together three coordinating partners: UCL (London) has taken the lead in initiating the project, managing the coordination, supporting academic publication and reporting to the European Commission (DG Research); Skalbes, a mental health CSO in Riga, Latvia, and a previous collaborator with EPHA, has led the coordination of the country partners, identifying lead CSOs in each country, organising the surveys of CSOs, developing the protocols for the national workshops, and coordinating the national reports; EUPHA has led activity at European level, providing discussion and dissemination through presentations at the annual European public health research conferences (Łodz, Amsterdam, Copenhagen), supporting the identification of national public health research systems across EU countries and organising the Open Event in Brussels (May 2011), forming the response to the EU Green Paper on Innovation.

The national partners present a range of CSOs with interests in public health in each new member state. They included social research organisations (Bulgaria, Estonia, Hungary), health promoting organisations (Czech Republic, Lithuania, Malta, Slovenia), public health institutes and units (Cyprus, Poland, Romania,) and public health associations (Latvia, Slovakia) (see list of organisations presenting this application). This diversity is reflected in the range of topics chosen for special consideration in each of the national workshops, ranging from alcohol control and AIDS prevention to health inequalities and raising public health research design and methods.



10. What has changed/will change as a result of the initiative? What direct benefits to population health or health care delivery have/will the initiative demonstrate/d? *Include, as appropriate, issues related to health promotion and protection, disease prevention, access to services and care, quality of care, health inequalities, increased efficiency and cost-effectiveness. Please include details of validated, epidemiological data that demonstrate the (expected) outcomes. (500 words max)*

Public health is an ‘upstream’ activity – and public health research is even more ‘upstream’: the results do not demonstrate immediately as health benefits, but are profoundly important in the longer term. Thus, the interventions from North Karelia are still being analysed and presented for their population health impact; the effects of tobacco control – most recently regulation in public places – are being counted forwards over decades, and we have yet to see how far interventions for healthier eating will roll back the chronic diseases epidemic in Europe and globally. Public health research delivers in the long-run when accompanied by both social and behavioural change (often with greater health benefit than treatment) and also management of efficient and effective healthcare to maintain a healthy national workforce as well as active and healthy ageing. These important messages must be regularly presented to commissioners of health research at national and European levels through actions such as STEPS.

Bibliometric data in *SPHERE* (Clarke et al: A bibliometric overview of public health research in Europe, *EJPH* 2007, 17; Supp 1: 43-49), drawing from two databases (Science Citation Index and Social Science Citation Index), show that EEA countries (then 28) produced about 7000 public health research papers per year out of a world total of 20,000 (in USA 9000). More detail is available for the six chosen public health research fields (McCarthy M, Clarke A eds, *EJPH* 2007: 17, Suppl 1: 1-47); but the impact of research on policy and practice is not revealed by these measurements (nor indeed by citations). It is a critical gap in public health that the research activity, of high quality and importance, is not readily linked to utilisation and implementation; and this is of considerable concern to policy-makers and practitioners who wish to work in an evidence-based framework. STEPS has taken a long-term approach, developing recognition of the need for research across all EU countries, and the need for engagement of practitioners, researchers and citizens in the formulation, implementation and scale-up of research.

STEPS has also had identifiable successes at organisational level. While it is a project funded by the smaller FP7 ‘capacities’ programme (Science in Society) rather than larger ‘cooperation’ (Health) programme, it has created synergies with the Health theme. STEPS has facilitated presenting the EU’s Public Health research programme, and the DG Sanco/EAHC programme, to the research community at the annual EUPHA conferences both in workshop sessions and as stands at the conference; and it has presented the importance of public health research to the FP7 Health National Contact Points and the DG Sanco National Focal Points in each of the new member states, and encouraged them to engage more actively with the research community.

STEPS has had also had multiplier effects:



* It contributed to developing a project FAHRE (Food and Health Research in Europe) in another field of the Cooperation Programme, the 'Knowledge-Based Bio-Economy', which has focused specifically on national structures for food and health research, and contributed to one of the first DG Research Joint Programming Initiatives linking member states in thematic collaboration for commissioning research.

* STEPS partners in the Slovak Public Health Association (SAVEZ) have taken the initiative to hold a regional STEPS meeting for 4 countries in Kosice, Slovakia, in June 2011, and have been successful in gaining a Visegrad funding grant to hold it.

* STEPS has also contributed to the international health agenda, being invited for academic discussion on health research commissioning for the Middle East (EuroMed), Africa (CAAST) and India (LSE/India programme).

* And STEP has worked actively with the Council for Health Research for Development (COHRED), contributing to the Global Forum for Health Research (2009), the Global Symposium on Health Systems Research (2010) and joint work on engaging civil society organisations in research.

Yet perhaps the most immediate impacts have come from the consultation on the Green Paper on Innovation in the Spring of this year. In March, the STEPS coordinator attended the joint Research/Enterprise/Health directorates' conference held in Brussels on Health and Innovation in Brussels. He made the case for more social, not-for-profit research at an open session, and spoke afterwards with the Commissioner for Research to inform her of the low funding in FP7 for health in May 2011, as well as with the (then) Director for Public Health in DG Sanco. STEPS also developed a critical position paper for the Green paper consultation, based on its findings, and shared this with DG Research and DG Sanco. STEPS maintained communication with the Cabinet of the Commissioner for Research and Innovation, and shortly afterwards, the Public Health unit in the Health Directorate of DG Research and Innovation was directed to take on the field of 'social innovation' for health, and for this to be a theme of the Directorate's session at Gastein.

STEPS organised and held its Open Event in Brussels 2-3 May 2011. During the two days, the CSO leads from the 12 member states visited the Research Attaches of their national Permanent Representations, met with MEPs, and discussed support for public health research with the DG Research Director for the European Research Area. The Open Event was held in the Club of the University Foundation, Brussels, with invited participants Dr Antonia Parvanova (Chair), Dr Octavi Quintana (DG Research), Mr Bernado Delogu (DG Sanco), Dr Zuzana Katreniak, PJ Savarik University, Kosice, and Dr Carlos Segovia (Carlos III Institute of Health, Spain). And shortly after these Brussels contacts, a late new Call line (HEALTH.2012.3.2-3: Social innovation for ageing research) was inserted into the FP7 draft Health research programme published on CORDIS in mid May, and specifically mentioning the need for not-for-profit and public sector research to meet the public health needs of Europe's citizens.

11. What is the expected sustainability of the initiative? Will the initiative continue after initial funding has ended? (250 words max)



Sustainability for all European activities is problematic without mainstream funding. STEPS is a short-term project, but has the advantage of being implemented through EUPHA, which has a long-term programme in its annual European Public Health Conference (with ASPHER and EPHA), its Journal, its thematic Sections for researchers, and most importantly its national membership organisations. It is welcome that, as a result of STEPS Brussels Open Event in May, contacts have been developed with the newly appointed adviser on research in DG Sanco, with the WHO EURO office in Brussels, and with the networks of research and health attachés of the national permanent representations. Through EUPHA, STEPS also has links with an EAHC-funded project PHIRE (Public Health Innovation and Research in Europe, 2010-2012) which is assessing the uptake of tracer projects in the DG Sanco Public Health Programme and working with ministries of health in recognition of European public health initiatives.

Moreover, the call for research on ‘social innovation’ for health inserted into the 2012 FP7 Health programme offers a possibility of applying for further short-term support, which is being taken up by the STEPS team. The long term requires recognition by national ministries of health of the significance of supporting research and European collaboration, a challenge for organisational work of ministries of health across three disparate areas – links with ministries of science, links between countries, and internal policy development. Organisational departments often work independently of each other, and cross-boundary working is challenging. But DG Sanco can push forward health research and innovation for its new programme of Active and Healthy Ageing, as it has successfully done in other fields such as tobacco control, patient safety and the Platform for Diet, Nutrition and Physical Activity.

12. Please list publications about the initiative in peer reviewed journals where applicable.

Three submitted papers on CSOs and national research structures are given in Section 7. Further papers relating to the work on European health research as listed below:

McCarthy M. Health research: Europe’s future (letter). *Lancet*, 2011, in press.

Mark McCarthy, Amina Aitsi-Selmi, Diana Banati, Lynn Frewer, Vasant Hirani, Tim Lobstein, Brian McKenna, Zenab Mulla, Giulia Rabozzi, Raluca Sfetcu, Rachel Newton. Research for food and health in Europe: themes, needs and proposals. *Food Policy*, submitted.

McCarthy M. Health and the European Structural Funds in the new member states. *European Journal of Public Health*, 2011. Advanced access 11 March 2011, p1-2.

McCarthy M. Should EUPHA publish a new journal for European health systems research? *European Journal of Public Health* 2011; 21: 141-142.

McCarthy M. European health research and globalisation: is the public-private balance right? *Globalisation and Health* 2011, 7:5 (22 March)

Mark McCarthy. Who supports health research in Europe? *Eur J Public Health* 2010, 20: 3-5; doi:10.1093/eurpub/ckp222.



- McCarthy M. Public-health research – multidisciplinary, high-benefit, undervalued. *Innovation: The European Journal of Social Science Research*, 2010; 23(1): 69-77.
- Mark McCarthy, Dermot Maher, Adama Ly and Agbor Ndir. Health research for non-communicable diseases in Sub-Saharan Africa. *Health Research Policy and Systems* 2010, 8:13.
- La Torre G, Alice Mannocci, Mark McCarthy, Walter Ricciardi, Janko Jankovi. Javnozdravstvenih istraživanja Izmeu zemalja severne, južne I Istocne evrope? Perspektiva nacionalnih udruženja Za javno zdravlje [In Croatian]. (Public-health research: are there differences between northern, southern and eastern european countries? A perspective from national public health associations.) *Medical Data Review* 2010;2(2):101-105.
- McCarthy M, Harvey G, Conceição C, La Torre G, Gulis G. Comparing public health research priorities in Europe. *Health Research Policy and Systems* 2009, 7:17 (14 July 2009)
- Conceição C, Leandro A, McCarthy M. Apoio governamental à investigação em saúde pública - um perfil europeu. [In Portuguese] *Revista Portuguesa de Saúde Pública* 2009; 27 (1): 71-80.
- Conceição C, Leandro A, McCarthy M. National support to public health research: a survey of European ministries. *BMC Public Health*. 2009 Jun 25;9:203.
- La Torre G, Mannocci A, McCarthy M, Ricciardi W, Bes-Rastrollo M. Public health research: are there differences among northern, southern and eastern European countries? A perspective from national associations of public health [Article in Spanish] *Gac Sanit*. 2009 . [Epub ahead of print] DOI:10.1016/j.gaceta.2009.09.019
- Mannocci A, Gualano MR, McCarthy M, Ricciardi W, La Torre G. A survey to evaluate and compare public health research in Northern, Southern and Eastern Europe. *Ig Sanita Pubbl*. 2009 Sep-Oct;65(5):497-506 [In Italian].
- Gulis G, Garrido-Herrero L, Katreniakova Z, Harvey G, McCarthy M. Public health research priorities in Europe seen by non-governmental organizations. *Cent Eur J Public Health*, 2008 Dec;16(4):209-12.
- McCarthy M. Public health research in Europe: SPHERE and the Nordic countries. *Scand J Public Health*, 2008;36:225-226.
- McCarthy M, Clarke A: European public health research literatures – measuring progress. *Eur J Public Health* 2007, 17(Suppl 1):2-5.
- McCarthy M. Competitive markets for European public health research? *Eur J Public Health*. 2007 Jun;17(3):235-6.
- Clarke A, McCarthy M, Álvarez-Dardet C, Sogoric S, Groenewegen P, Groot W, Petticrew M. New Directions in European Public Health Research. *J Epidemiol Community Health*, 2007; 61 194 - 197.
- 15th Annual EUPHA Meeting (M McCarthy organiser). Parallel Session 6.2. Workshop: Results from SPHERE (Strengthening Public Health in Europe), a European collaborative study. *Europ J Public Health* 2007;17(Suppl 2):117.

13. Please state if the initiative has been externally evaluated. If yes, please submit evaluation report (electronically if possible).



While DG Health Public Health Programme applications require an ‘evaluation’ within their proposal, DG Research considers the proposal application process as the ‘evaluation’ and gives no space - or credit - to evaluation (this is also normally the case for research proposals at national level). A reason could be that ‘research’ proposals, in comparison with implementation ‘projects’ are expected to have output ‘results’, yet also are able to fail – the research is after all an hypothesis which may not be upheld. The research final report should contain this critical element itself. [Some would argue that ex-post evaluation for all publicly funded research is indeed needed to raise standards and impacts.] *SPHERE* and *STEPS* were both proposals in response to FP7 calls for ‘Support’ Actions in FP7, a small sub-category of funding for work which is not direct primary research. Nevertheless, the same application proposal is required, without an element of further ‘evaluation’. Instead, FP7 proposal form gives credit for ‘dissemination’ – and it is in this field that *STEPS* has shown its impact, including presentations to researchers and policy-makers at the European Public Health Conferences 2010 and 2011, and European and national recognition through the Brussels Open Event in May 2011. Positive evaluations were received about the meetings with Permanent Representations and MEPS – regarded mostly as informative and welcome. Other positive outcomes at national level, as a result of the Workshops bringing partners together have included: in Latvia, opening of dialogue with the Ministry of Health on a research strategy; Slovakia, first meeting between national public health association and Chief Medical Officer; Romania, increase in membership for national public health association; Bulgaria, creation of a new national association for public health research and practice; and Cyprus, institutional membership by the Research Unit for Behavioural and Social Sciences with EUPHA (there is no national association).

Perhaps the Gastein award process is our evaluation!



14. Contact details.

Please give full contact details of the person/s most appropriate for receiving the Award (in the case that the initiative succeeds in being granted the Award).

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