

# UK PUBLIC HEALTH WEEK

## Discussion paper

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## 1. Background

The idea of a collective conference to unite the UK's public health organisations and agencies emerged from the first public health summit held in October 2014. Attendees at the summit recognised that no single agency is able to change public health by itself. If the public health profession is to take on big industry and be a more powerful influence on government at local, national and UK-wide levels, then it needs to speak with a bolder and more coherent voice.

The development of the UK Public Health Network provides an opportunity to investigate the potential for a UK public health week as one way of focusing collective attention on public health, as well as helping to bring organisations together.

### 1. Survey of UK Public Health Network members

14/18 member organisations responded to a survey asking for their opinions and thoughts on a public health week for the UK. No organisation thought it was an 'excellent idea.' However, 54% thought it was 'worth trying,' and 81% of respondents believed it would provide an opportunity to address public health issues collectively. 72% of respondents expected a UK public health week to raise the collective voice of public health and as well as lead to greater cohesion between organisations.

However, 72% were concerned that a public health week would be too broad to address local issues. Issues of cost and the fact that such it might result in a talking shop that did not achieve anything were also raised as concerns (63% of respondents respectively).

Only one organisation indicated that it used its conference as an income stream, although 36% of respondents thought there was potential for loss of organisational identity.

Although there was some recognition of the potential for a "joined up approach," organisations in Scotland, Wales and Northern Ireland were "not sure that it would help us locally in that it would seem remote and just another conference in England/GB" that was not aligned with their health issues.

## 2. Learning from other models

Although there would seem to be only one other national public health week there are a number of large-scale events around the world that are held jointly by key organisations in several countries that may act as a model. Such events appear to be well supported by their members and there is an appreciation of the profile that they can raise for public health.

**Australia:** <http://www.populationhealthcongress.org.au/>

The 2015 Population Health Congress in Australia is being jointly arranged by four of Australia's national, non-governmental, public health associations. It is a three day conference, held in one location under the title of *One vision, many voices*.

Note: Sydney School of Public Health tweeted during the US National Public Health Week that it would like to see an equivalent week in Australia.

**Canada:** <http://www.cpha.ca/en/conferences/conf2015.aspx>

The Canadian Public Health Association ran its 2015 conference in collaboration with seven organisations. It was a four day conference, based in one location under the title of *Public Health 2015*.

**Europe:** <http://ephconference.eu/>

The European Public Health Association runs a 4 day conference that is organised in collaboration with two or three organisations. It is based in one location but the 2015 conference has a complex, 17 track programme under the title of *Health in Europe: from global to local policies*. 1500 delegates attended the 2014 conference.

### **United Kingdom**

There is currently no 'public health week' in the UK. However, a health promotion week may be a useful model. For example, the [Dietitians week](#) has no central conference but a calendar of events round the UK, including events at all four Parliaments and concentrated social media activity. For the 2015 week, the British Dietetic Association offered a free branded 'merchandise pack' with pens, post-its etc on a first-come first-served basis, to enable local events to promote the week.

**United States:** <http://www.nphw.org/>

The United States appears to be the only country with an organised national public health week. It runs on a distributed model with agencies and organisations being encouraged to run events locally on the theme of the day. Guidance put out by the National Public Health Week central office (under the auspices of the American Public Health Association) provides facts about the topic of the day and suggests different types of events. There is no central conference but National Public Health Week staff report that the effect of collective action across the country is a powerful advocate for public health issues and now attracts Presidential support.

### **3. Discussion: vision for a UK public health week**

A UK public health week could focus attention on public health more effectively than is possible with just the present arrangement of individual organisational conferences. It provides an exciting opportunity for public health research, management, policy and practical interventions to come together across the UK that has not been achieved before.

Table 1 provides some options for the way in which such a public health week might be delivered.

Appendix 1 outlines a potential programme structure. A UK public health week needs to include all four nations with as many public health organisations as possible under one umbrella. Potentially each nation could host one day; for example Northern Ireland might start the week with day one's conference on a theme of "healthy starts, healthy lives."

**Table 1: options for the format of a UK public health week**

Option	Description	For	Against
A	A physical conference located in one venue	<ul style="list-style-type: none"> <li>• More traditional conference structure</li> <li>• Could amplify the conference through use of tools such as social media, live streaming, making presentations etc available online</li> <li>• Individual organisations may be more likely participate</li> </ul>	<ul style="list-style-type: none"> <li>• Very costly</li> <li>• Staff out of office for extended period</li> <li>• Risk of being one country focussed</li> <li>• Difficult to encourage local public health events</li> </ul>
B	A virtual conference with no single venue	<ul style="list-style-type: none"> <li>• Up front cost-savings for participants (travel, etc)</li> <li>• Participants can integrate conference into daily work more easily</li> <li>• Enables wider participation</li> <li>• International speakers are more cost-effective</li> <li>• Every session is available to all attendees, avoiding programme conflicts</li> </ul>	<ul style="list-style-type: none"> <li>• Very high level of technical support would be required</li> <li>• Organisational IT networks may prevent NHS and LA based public health teams from accessing a virtual conference</li> <li>• May be difficult to maintain focus over a whole week and requires personal motivation on part of attendees to login.</li> <li>• May be more difficult to deliver jointly between Network members.</li> <li>• New approach and carries high risk as technical set up fails at any point, the whole audience risks may be lost.</li> <li>• No face to face networking</li> </ul>
C	A hybrid conference, distributed physically between all 4 countries with virtual participation, webinars and local engagement	<ul style="list-style-type: none"> <li>• Potentially cost-effective in financial and staff terms</li> <li>• Network members may be more likely to join in</li> <li>• Inclusive - diffuses the conference across the UK, making it relevant to each country</li> <li>• Potential for opening the conference to a wider audience.</li> <li>• Online audience can drop into sessions and contribute remotely.</li> <li>• Easier to encourage local public health events.</li> </ul>	<ul style="list-style-type: none"> <li>• Would require high level of technical support to ensure reliable delivery.</li> <li>• Organisational IT networks may prevent NHS and LA based public health teams from accessing a virtual conference</li> <li>• New approach and therefore carries some risk in being untested, but technical difficulties would not mean the end of the conference.</li> </ul>

Local events across the four nations would be encouraged to support the day's themes. For example, day one's theme of healthy starts could include activities aimed at children with events in UK schools. The physical conference could start with a daily keynote speech from eye-catching speakers, and highlight the range of local events that day.

Participation could be achieved over a wide section of the UK public health community through webcasting key parts of each day's conference. The conference element of the week would need to be delivered through a variety of formats to encourage learning and sharing and should not be dominated by formal presentations. However, each day would follow the same structure. Assigning participants (physical and online) to learning cohorts for the week would encourage reflection and learning from each day's events.

## **5. Funding**

Funding for a UK public health week would be a significant issue. A business plan would be required to cost the delivery of a Public Health Week as outlined in Appendix 1. However, as a guide, a one day event in central London for around 80 attendees could cost around £3000 while a two day conference for around 500 delegates out of London could cost £80-90,000.

**Option 1:** fund internally from those members of the UK Public Health Network willing and able to hold a joint conference in 2017.

**Option 2:** obtain funding from grant-making bodies. These appear to be few and far between but the following might provide possibilities:

British Academy (via any UK scholar) - annual scheme to hold innovative multidisciplinary event that contributes to public policy debate and to include an evening open to public.. Events to be held at the British Academy with applicants devising the programme and the BA as the organiser. Next call expected November 2015. <http://www.britac.ac.uk/>

ESRC - grants to Networks of up to £100,000 for 12 months to include conferences but must focus on priority area (closest match is Civil Society) Last call was in April 2015 for 2015-16. <http://www.esrc.ac.uk/>

**Option 3:** operate on a full cost-recovery basis so that each day's events are self-financing. This might be achieved through a combination of appropriate sponsorship, exhibitions and registration fees.

To encourage local public health activities in support of the week, it would be ideal if a token grant or a resource/promotional pack could be offered. However, further advice would be required to source appropriate funding for this.

## 6. Conclusions

Although a UK Public Health Week in 2017 would need significant investment in terms of financing, organisational commitment and staffing, it is certainly feasible. It would also be noticed internationally. However, the following conditions would need to be met in order to address concerns raised by Network members.

1. **Planning:** a date would need to be set before the end of 2015 in order to give organisations sufficient notice to work it into planning schedules.
2. **Organisation:** the week would need to be run as a hybrid conference, (option C) with as much virtual as physical attendance encouraged, to help keep upfront costs manageable and enable wide attendance without excessive time out of the office.
3. **Structure:** integrating a daily conference programme of keynote lectures and policy debates with local health promotion events and activities would help ensure the week does not become a 'talking shop.'
4. **Location:** Any formal conference programme would need to be distributed between all four countries in order to address concerns that a conference would be, at best, England, if not London, -centric and of little relevance to Scotland, Wales or Northern Ireland.
5. **Collaboration:** Ideally, public health organisations would be prepared to hold a joint conference in 2017 in order to improve collaboration and to reduce potential competition between conferences. Incorporating 'members time' into the structure of the programme would allow for some direct contact time for organisations to speak to their members / share organisational work on the day's theme as required.

## 7. Next steps

1. Discussion by CEOs oversight group to decide whether or not to recommend consideration by the Network.
2. Arrange a meeting for events staff of Network members to discuss collaboration and the possibilities of at least some public health organisations holding a joint conference for 2017.
3. Produce a business plan for a UK Public Health Week in order to assess potential costs and investigate grant-making organisations.

## Appendix 1: Example structure of a UK Public Health Week

DAY	THEME	SCOPE	CENTRAL CONFERENCE PROGRAMME				CONFERENCE ON THE GROUND
			Venue	AM sessions	Lunch debate	PM sessions	
1	Healthy starts, healthy lives	<ul style="list-style-type: none"> <li>Child health</li> <li>Maternal health</li> <li>Mental health</li> <li>Screening &amp; immunisation</li> </ul>	Northern Ireland	<ul style="list-style-type: none"> <li>Keynote speech*</li> <li>Spotlight: new today<sup>§</sup></li> <li>Evidence / research</li> </ul>	Eye on policy Oxford debate*	<ul style="list-style-type: none"> <li>Public health café: problem-solving projects</li> <li>Members' time</li> <li>Take home lessons*</li> </ul>	<p>Local events &amp; health promotion activities throughout the week</p> <p>(eg Day 1: school or youth group challenges, imms campaign. Day 2: health@work day / public health walk healthy eating / Day 3: travel challenge Day 4: Local public health fair Day 5: Twinning healthy activity – eg Glasgow school with East London School</p>
2	Healthy lives, healthy people	<ul style="list-style-type: none"> <li>Diet &amp; nutrition</li> <li>Tobacco &amp; alcohol</li> <li>Physical activity</li> <li>Sexual health</li> <li>Workplace health</li> </ul>	England	<ul style="list-style-type: none"> <li>Keynote speech*</li> <li>Spotlight: new today<sup>§</sup></li> <li>Evidence / research</li> </ul>	Eye on policy Oxford debate*	<ul style="list-style-type: none"> <li>Public health café: problem-solving projects</li> <li>Members' time</li> <li>Take home lessons*</li> </ul>	
3	Healthy people, healthy places	<ul style="list-style-type: none"> <li>Built environment,</li> <li>Housing</li> <li>Travel &amp; transport</li> <li>Climate change</li> </ul>	Scotland	<ul style="list-style-type: none"> <li>Keynote speech*</li> <li>Spotlight: new today<sup>§</sup></li> <li>Evidence / research</li> </ul>	Eye on policy Oxford debate*	<ul style="list-style-type: none"> <li>Public health café: problem-solving projects</li> <li>Members' time</li> <li>Take home lessons*</li> </ul>	
4	Healthy places, healthy policies	<ul style="list-style-type: none"> <li>Health in all policies</li> <li>Public health legislation</li> </ul>	Wales	<ul style="list-style-type: none"> <li>Keynote speech*</li> <li>Spotlight: new today<sup>§</sup></li> <li>Evidence / research</li> </ul>	Eye on policy Oxford debate*	<ul style="list-style-type: none"> <li>Public health café: problem-solving projects</li> <li>Members' time</li> <li>Take home lessons*</li> </ul>	
5	Healthy policies, healthy countries	<ul style="list-style-type: none"> <li>Learning from other countries</li> <li>Working at international level</li> </ul>	England	<ul style="list-style-type: none"> <li>Keynote speech*</li> <li>Spotlight: new today<sup>§</sup></li> <li>Evidence / research</li> </ul>	Eye on policy Oxford debate*	<ul style="list-style-type: none"> <li>Public health café: problem-solving projects</li> <li>Members' time</li> <li>Take home lessons*</li> </ul>	

\* : Session could be webcast (live if possible)

§ : Session could have a press release to accompany it