

aim of the study was to assess the trends in socioeconomic differences of smoking prevalence and cessation in Lithuania in 1994–2008.

#### Methods

The data were derived from eight cross-sectional surveys conducted every even year within the international Finbalt Health Monitor project during 1994–2008. An independent national random sample of 3000 inhabitants aged 20–64 was taken from National Population Register for every survey. The data were collected through postal surveys. The response rate varied from 53.8% to 74.4%. The odds of daily smoking and smoking cessation according to social factors were calculated using logistic regression analysis.

#### Results

The prevalence of smoking among men was increasing up to the year 2000 (from 44% to 52%); afterwards it started to decline reaching 35% in 2008. The proportion of smoking women increased from 7% in 1994 to 16% in 2000 remaining stable over the last decade. Over the study period, smoking

cessation rate has increased both in men and in women. In 2008, the proportion of quitters was 18.7% in men and 8.2% in women. Smoking was more common among younger and less educated people in both genders. Since 1994, age differences in smoking have decreased, especially among women. Educational inequalities among men have enlarged. The association between education level and smoking among women has reversed over the study period: in 1994 better-educated women smoked more often, while in 2008 smoking was more prevalent among women with lower education. The proportion of quitters was higher among older and better-educated people as well as among married men and urban women.

#### Conclusions

Widening socioeconomic inequalities in smoking prevalence and cessation should be addressed in implementation of tobacco control measures targeting young and lower educated groups of Lithuanian population.

## F.6. PUBLIC HEALTH METHODS

### Development of a tool for quality assessment of abstracts presented to public health conferences: a 2005–2010 Italian survey

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#### Issue/Problem

Scientific literature considering the quality of abstracts presented as oral communications or posters in Public Health conferences is still lacking. Our work was conducted examining all the abstracts published in the Abstract Books of the Italian Public Health Society (SIItI) Conferences from 2005 to 2010, in order to assess the quality of the abstracts.

#### Description of the problem

A checklist grid was realized, evaluating the following eight dimensions: inherency, structure, originality, objectives, design of the study, sources of data, results and conclusions of the abstracts. Each item was scored from 0 to 3 points (max total score for each abstract was 24) and we used 15 as threshold of good quality, corresponding to the average score in our study. A multivariate analysis was then performed with STATA MP 11 in order to investigate potential predictors of lower and higher score of abstracts presented. Level of significance was set at  $p \leq 0.05$ .

#### Results

A total of 4,399 abstracts (1,172 oral communications; 3,227 posters) was examined. Most of abstracts (around 60%) were submitted by Universities and around 40% were from Central Italy. The highest quality was found in the fields of Vaccines (average score 18.9), Epidemiology of Infectious Diseases (18) and in abstracts submitted by Universities (16.4). Through a regression analysis we identified possible predictors of lower quality: for instance geographical area and affiliation ( $p=0.002$ ). In addition, we found that abstracts containing Results, Conclusions and Objectives judged with high scores (3 points) are more likely to be high quality abstracts (OR = 55.6;  $p < 0.001$ , OR = 41.9;  $p < 0.001$ , OR = 157.4;  $p < 0.001$ , respectively).

#### Lessons

Analysis of abstracts' quality is essential for scientific societies aiming at promoting the diffusion of high quality scientific knowledge. A well structured evaluation tool is fundamental to offer a transparent methodology of assessment and to improve the quality of the research. This is the first European study evaluating the quality of abstracts in the field of public

health. The present instrument could be adapted to different Countries in order to create and implement a standardized way to assess quality of abstracts.

### Integrating a Temporal Dimension into Research on Contextual Health Effects

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#### Background

The analysis of contextual effects on health has been of emerging interest during the last decade. Numerous studies showed that health is spatially correlated and that this correlation can partly be explained by certain small-area factors (e.g. air pollution, noise disturbance etc.). However it is still unclear whether these effects accumulate over time or whether there is a period in life which is particularly susceptible to such effects. We present a theoretical model, which integrates this temporal dimension for explaining the relation between place and health.

#### Methods

Based on own empirical studies (Voigtländer et al. 2010) and existing theoretical models that aim to explain the contribution of contextual effects for the production of health inequalities we developed a new theoretical framework for the integration of a temporal dimension in this context. We tested this new theoretical concept in an empirical analysis of data from the German Socioeconomic Panel (SOEP).

#### Results

We estimated the relative distribution of area of residence on health over time by fitting cross-classified models with subjective health, measured by SF-12, as dependent variable. Own empirical analyses and analyses from other countries showed that models which consider area of residence at different time points are more accurate in estimating the area specific variance in health. Theoretical models and empirical results indicate that health effects of area of residence are not only restricted to a single time point but accumulate over the life course and affect health differently at different stages of the life course.

#### Conclusion

Disregarding the temporal dimension could lead to distorted results, possibly underestimating the real effect of place on health. To avoid this phenomenon we suggest a theoretical model that integrates this temporal dimension. There is a need