

are forced into rather classic and passive gender roles that leave little room for change. Yet, in the interviews (n=13), we found that men consider their roles in reproductive health, contraception and family planning as complex and would like to take on more responsibility, be more proactive and engaged. This finding echoes the results of the scoping review (n=24 studies), which shows that a more critical approach to masculinity is possible and can lead to concrete and measurable improvements in health outcomes, especially in the fields of domestic violence, AIDS/HIV, sexual health and general well-being.

Conclusion: Not taking into account masculinities in the design and implementation of healthcare services appears as a missed opportunity that reinforces stereotypes and traditional gender roles. Although transfer from theory to practice on the one hand, and from lived experiences to interventions on the other hand, remains challenging, men themselves and a handful of promising and innovative approaches point toward the potential of gender-transformative healthcare services to improve health for all.

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### Monitoring health in the Brazilian municipalities for the Sustainable Development Goals (SDGs)

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Background and Objective: This study proposes a summary index for monitoring the health-related SDG's indicators in Brazilian municipalities, enabling both the interiorization of the 2030 Agenda in the territory, reducing inequalities in the space, and its effective adoption in policymaking.

Methods: The ecological study comprises 23 SDGs health indicators for the 5570 municipalities of the country analyzed in the period between 2015-2021. The empirical Bayesian rate was adopted to smooth each data series due to the spatial effect previously detected. The annual municipal index and 7 thematic subindexes (maternal health; infant health; non-communicable diseases; infectious diseases; injuries/violence; environmental; coverage) were standardized from 0 (worse performance) to 100 (best performance). Each are weighted by symmetrical regional-level indexes. The municipalities are ranked according to the level of sophistication of the local health equipment.

Results: Four main regional health profiles were identified in the country: (i) the north region is characterized by low technological complexity and huge gaps in most health topics; (ii) the Northeast presents the highest spatial disparities in the country; (iii) the south the highest thematic disparities, with the country's best profile on maternal and child health themes and the worst in some infectious diseases and topics of violence and injuries; finally, (IV) the Southeast and Midwest regions present the best overall infrastructure of health in the country, which reflects on the index.

Conclusion: The evaluation of the health SDGs at disaggregated levels requires the recognition of the spatial dependence of health phenomena. Indeed, both health and disease seem less local than a regional phenomenon in the country's territory. By enabling the continuous monitoring of the indicators over time, the methodology developed opens new paths for the achievement of the SDGs.

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### Post-pandemic health inequalities: global estimates of the evolution of the health-related SDG indicators

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Background and objective: The world has entered a critical period for accelerating the responses to the main global challenges expressed in the Sustainable Development Goals (SDGs), from the elimination of poverty and hunger to improving health to tackling climate change. Much of the previous efforts, however, have been hampered by the direct and indirect impact of the COVID-19 pandemic. Against this backdrop, this study estimates the impact of the COVID-19 pandemic on the health-related indicators, making it possible to size the countermeasures necessary to keep the commitments of the 2030 Agenda.

Methods: We explore the evolution of 40 health-related SDGs indicators, covering seven major health themes, using the information available for 185 countries in the period between 2000 and 2019. A global counterfactual evolution curve is estimated by using panel data models. The curves allow the extrapolation of the impact of revisions of the expected growth of the Gross National Product per capita on the potential evolution of each indicator for all countries.

Results: The disproportionately greater economic losses in the poorest countries may increase global health inequalities in the aftermath of the COVID-19 pandemic. Although the average expected loss in the evolution of the health-related indicators

is around 5', in some countries the damage is five times worse, amplified by the indirect impact of economic losses on maternal and children health indicators. At the same time, the greater fiscal room to accommodate increases of expenditures in the developed world should also contribute to increase global disparities.

Conclusions: The study's findings reveal the importance of incorporating the fight against health inequalities in the global development agendas, which can be oriented by the SDGs.

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### "We've been portrayed as commodities who because of their age are a bit of a nuisance": A qualitative analysis of older people's socio-ecological determinants of health and well-being during the COVID-19 pandemic in Ireland

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Background: Evidence indicates that older people with biological and social vulnerabilities are at high risk of short- and long-term consequences related to the COVID-19 pandemic. However, studies have also highlighted that the crisis may present opportunities for personal growth if individuals are met with appropriate resources and support. This study's aim was to explore the perceptions of older people regarding how individual, social, and environmental factors supported or hindered their well-being and health during COVID-19.

Methods: We analyzed data collected between April-May and October-November 2021 from the Well-being, Interventions, and Support during Epidemics (WISE) study, a qualitative investigation of community-dwellers based in Ireland and aged 65 years or over. Participants (n=57) completed written submissions, narrative interviews, and/or go-along interviews detailing their experiences during the pandemic. Framework analysis was carried out in NVivo 12 to identify determinants, linkages, and explanations within Bronfenbrenner's socio-ecological model.

Results: Mean age of participants was 74.9 years, 57% were female, 45% lived alone, and 88% lived in urban or suburban areas. Our findings highlight the heterogeneous effect of COVID-19 across diverse older individuals who held distinct concerns, capabilities, and roles in society before and during the pandemic. Contextual characteristics such as housing, access to nature and neighbourhood social and built environments had an influential role in participants' well-being and supports. We identified mixed views regarding public health restrictions, but a consensus emerged questioning the suitability of one-size-fits-all approaches based on chronological age. Moreover, respondents suggested that some negative consequences could have been avoided by collaborating with older people and with the provision of clearer communications.

Conclusion: Our analysis identified interdependencies between individual characteristics and socio-ecological factors that influenced participants' development of adaptive strategies, coping mechanisms, and availability of supports. These represent areas of opportunity for the development of age-friendly interventions during and beyond public health crises.

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### Food choices and nutrient intake of workers in the hospital canteen of San Daniele del Friuli, Italy

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Background and Objective: Recently, the awareness of the role that food play in human and planetary health has grown. Although the nutritional and environmental benefits of plant-based diets are widely recognized, little is known about the availability of healthy foods in workplaces. Our aim was to evaluate food choices and nutritional composition of the meals consumed in a hospital canteen in Italy.

Methods: An observational study was conducted in San Daniele del Friuli hospital on 5 working days in September 2022; photos of lunch trays of all workers who agreed to participate were taken before and after the meal. Energy and nutrient intakes were assessed after visual estimation of wastes using the Italian food