

Preventive home visits to elderly people in Denmark

Mikel Vass

M Vass*, K Avlund, C Hendriksen

Department of General Practice and Social Medicine, Institute of Public Health, University of Copenhagen, Denmark

*Contact details: M.Vass@pubhealth.ku.dk

Background

Based on a state law from the Ministry of Social Affairs in 1998 the municipalities in Denmark are obliged to offer home visits twice a year to all citizens 75 years and older. The purpose is to support personal resources and networking and to offer social support aimed at preserving functional ability. How to organize and carry out the programme is handed over to each municipality without guidelines. Visits are primarily carried out by district nurses. An obligatory health check is not included, and general practitioners (GPs) are rarely directly involved.

Method

In a controlled feasibility study conducted over a 3 year period (1999–2001) with randomization and intervention at community level (34 municipalities), and outcome measured at individual level (4060 older people in two age cohorts) during a 5 year follow-up, we investigated the most suitable way to organize the home visitation programme and structure the content of the visits as a part of routine primary care.

Results

The main results showed that introducing simple tools for in-home assessment in coordination with GPs was associated with better functional ability after 3 years among 80 year olds (OR 1.530; 95% CI 1.119–2.094, $P = 0.008$) but not among 75 year olds (OR 1.032; 95% CI 0.834–1.278, $P = 0.769$). The rates of nursing home admissions were insignificantly lowered by intervention in both age groups and significantly lowered in the 80-year-old age group after a 5 year follow-up.

Conclusion

80-year-old people benefited from accepting and receiving in-home assessment with regular follow-up.

References

1. Vass M, Avlund K, Andersen CK, *et al.* Preventive home visits to older people in Denmark. *Aging Clin Exp Res* 2002;14:509–15.
2. Vass M, Avlund K, Lauridsen J, Hendriksen C. Feasible model for prevention of functional decline in older people. Municipality-randomized controlled trial. *J Am Geriatr Soc* 2005;53:563–8.

Active health promotion for independent senior citizens 60+—an overview of some successful experiences in Germany

Ulrike Dapp

U Dapp*, J Anders, W von Renteln-Kruse, HP Meier-Baumgartner

Albertinen-Haus, Zentrum für Geriatrie und Gerontologie, Wissenschaftliche Einrichtung an der Universität Hamburg, Germany

*Contact details:

Background

Disability in old age results from the interaction of physiological, psychological, and social risk factors. Therefore, successful models for prevention in old age are usually based on a multidimensional and interdisciplinary approach. In 2001 an innovative health promotion and prevention programme 'Active health promotion in old age'¹ designed for senior citizens was developed in the research department at the Albertinen-Haus, centre of geriatrics and gerontology. This programme has won the first prize of the German Preventative Award for healthy ageing (Federal Ministry of Health and Social Affairs). Eligible individuals are aged 60 years and older, living in their own homes, independently, i.e. without disabilities or cognitive impairment.

Method

The study is designed as a randomized controlled trial. The intervention consists of health advice, focusing on areas of health behaviour and targeting self-efficacy and empowerment. The interdisciplinary team of health promotion advisers consists of a doctor, a social worker, a physiotherapist, and a nutrition specialist working in group sessions.

Results

Older people very quickly made positive behavioural changes in their individual lifestyles. Six months after the group intervention event, 85.5% of the 503 participants were still keeping to at least one nutrition recommendation and 67.4% to at least one physical activity recommendation. One-year follow-up data show favourable and significant effects ($P < 0.05$) in the intervention group with respect to the control group for a higher fibre intake (85% versus 72%), moderate physical activity (38% versus 31%), and influenza and pneumococcal vaccination (69% versus 57% and 47% versus 24%, respectively).

Conclusion

This approach led to a high acceptance in this target group and to significant and lasting effects on health improvement (self-reported health behaviour, preventive care use, and functional status outcomes). Therefore, a curriculum to train professional members of interdisciplinary geriatric teams was developed.

Reference

1. Dapp U, Anders J, von Renteln-Kruse W, Meier-Baumgartner HP. Active health promotion in old age: methodology of a preventive intervention program provided by an interdisciplinary health advisory team for independent older people. *J Public Health* 2005;13:122–7.

Track C10: Workshop: Strengthening health literacy—a strategic approach

Chairperson: Ilona Kickbusch, Kickbusch Health Consult, Switzerland
Organiser: Therese Stutz Steiger, Swiss Federal Office of Public Health, Berne, Switzerland

Contact details: therese.stutz@bag.admin.ch

Aim

To discuss the strategic relevance of health literacy for the future of public health and the health system

Objectives

- To compare different concepts of health literacy.
- To show the economic relevance.
- To introduce policy approaches.

'The increase of health literacy within the population' is one of the strategic targets of The Swiss Federal Office of Public Health in the near future.

A range of health literacy initiatives in Switzerland as well as the strategic process will be presented:

- Concepts of theoretical work (T. Abel, University of Berne)
- The development of a typology (D. Maag, University of Lugano).
- Analysis of the economic relevance (S. Spycher, Swiss Health Observatory, Neuchâtel).

- The process of sensitization for Health Literacy in the Swiss Federal Office of Public Health (Y. Eckert, Swiss Federal Office of Public Health, Berne).

After the presentations we would like to engage public health professionals, who are active and interested in the area of health literacy, in a discussion on the strategic relevance of health literacy for the future of public health.

Concepts of theoretical work

Thomas Abel

T Abel

Institute for Social and Preventive Medicine, Berne, Switzerland

Different concepts and definitions of health literacy have emerged in recent years. One of the most influential ones is that of WHO: 'Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.' This definition has been modified by dividing it into three different levels (functional, interactive, and critical). Implications of these definitions are discussed in terms of theory and measurement in health literacy research and health promotion practice.

The development of a typology

Daniela Maag

D Maag

University of Lugano Health Care Communication Laboratory

Specific elements for description, explanation, measurement, and improvement of health literacy are shown based on the results of a qualitative study in the field of nutrition and physical activity.

Analysis of the economic relevance

Stefan Spycher

S Spycher

Swiss Health Observatory, Neuchâtel, Switzerland

Economically interesting aspects come up not only by developing health literacy but also in the outcome of this process. A lack of health literacy can bring up serious consequences in the health care system (additional costs), in the economy (more absences) as well as in society (less capacity for unpaid work).

The process of sensitization for health literacy in the Swiss Federal Office of Public Health

Yvonne Eckert

Y Eckert

Swiss Federal Office of Public Health, Berne, Switzerland

Based on different theoretical concepts, research, and an economic working paper as well as on the outcome of the first workshop on health literacy with important stakeholders, the Swiss Federal Office of Public Health is developing a policy towards improving health literacy in Switzerland. An overview of the lessons learned within the strategic reflections will be given.

Commentators

Somani Bertino, Director, Health Promotion Switzerland, Bern, Switzerland

Jen Wang, Principal investigator, Future Patient Project (Switzerland), Institute for Social and Preventive Medicine, University of Zurich, Zurich, Switzerland

Track C11: Workshop: The social patterning of injury and its challenges for injury control and prevention

Chairpersons: Lucie Laflamme (KI) and Johan Lund (Norwegian Safety Forum and Coordinator of the Proposed EUPHA section on Injury Prevention and Safety Promotion)

Organiser: Proposed EUPHA section on Injury prevention and safety promotion, Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Stockholm, Sweden

Contact details: lucie.laflamme@ki.se

Injury is a major threat to life and health in many parts of the world and the European countries are no exception. The burden of injury is unequally distributed between countries and, within countries, between areas and groups of people. For many causes of injuries, both intentional and unintentional ones, it can be expected that the lower the social position, the higher the risk to be injured. Even the benefits of prevention may be biased to better well off areas and groups.

The workshop will start with a state of knowledge about the social distribution of injuries of various types, with a special focus on European countries, and a discussion of the strategies for prevention commonly put forward in injury control and safety promotion contexts from an equity perspective. This will be followed by a review of the various mechanisms susceptible to explain the occurrence of social differences in injury risks, using traffic-related injuries as an example. Thereafter, data will be presented regarding the social distribution of childhood injury risks across European countries (using the WHO data basis). The workshop will end with an expose of WHO-Europe's major concerns and priority areas in order to combat and reduce injury risks for the benefit of all.

The workshop will offer a state of knowledge on social inequality and safety with a broad coverage of injury causes. It will provide good opportunities to discuss causal mechanisms,

preventive strategies, and the role of public health. Research and practice will meet.

Social inequality in injury risks: state of knowledge and challenges for prevention

Lucie Laflamme

L Laflamme, M Hasselberg, S Burrows

Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Stockholm, Sweden

Injuries are not only a major cause of death and morbidity worldwide but they are also one of the causes of death with the steepest social gradient, in particular at young ages. The paper reviews the scientific literature concerning social differences in injuries of various kinds, highlights the current state of knowledge, and draws the main lines of a research and policy agenda.

A review of the literature of the past decades is conducted considering peer-reviewed articles dealing with socioeconomic differences in the risk of injuries of various kinds and for different age strata. Interventions aiming at injury control and safety promotion are considered when attention is paid to the social patterning of their impact. Focus is placed on studies conducted in the European countries.

Preliminary results indicate that, for most types of injuries, mortality and morbidity are often higher among people from lower social positions and in more deprived socioeconomic areas. The magnitude of differences varies from one cause of injury to another (e.g. self-inflicted, violence-related, traffic-related, burns, drowning) and from one country to another. Whether the greater occurrence of injuries in deprived groups