

Hälsofrämjande på systemnivå

– Hur klarar den nordiska välfärdsmodellen nutidens utmaningar?

Health Promotion at the System Level

– How does the Nordic welfare model cope with today's challenges?



Hälsöfrämjande på systemnivå

– hur klarar den nordiska välfärdsmodellen nutidens utmaningar?

Health Promotion at the System Level

- How does the Nordic welfare model cope with today's challenges?

10:e NORDISKA FOLKHÄLSOKONFERENSEN
THE 10TH NORDIC PUBLIC HEALTH CONFERENCE

TURKU / ÅBO, FINLAND 24.-26.8.2011

© THL

Pärmdesign: Recommended Finland
Pärmbild: Åbo stad / Esko Keski-Oja
Layout: Anita Pesola / Juvenes Print

Kirjapaino: Tampereen Yliopistopaino Oy – Juvenes Print
Tampere 2011

Innehåll • Contents

Välkommen	4
Welcome	5
Arrangörer och kommittéer / Organizers and committees	6
Program / Programme	7
Allmän information	16
General information	17
Socialt program	18
Social programme	19
Studiebesök	20
Site visits	21
Huvudtalare / Keynote speakers	22
Sessionprogram / Session programme	26
Poster presentationer / Poster presentations	44
Abstrakter / Abstracts	49
Kartor / Maps	160



Välkommen till Nordiska Folkhälsokonferensen 2011

Vi har glädjen att välkomna Dig till den 10:e nordiska folkhälsokonferensen (NFHK2011).

De nordiska konferenserna har arrangeras vart tredje år för att stimulera och uppmuntra till utbyte av kunskap, idéer och erfarenheter mellan praktiker och experter inom olika sektorer i våra länder.

I år är det Institutet för hälsa och välfärd i Finland som står värd för konferensen i Åbo, en av de europeiska kulturhuvudstäderna 2011.

Den nordiska välfärdsmodellen har vuxit fram ur en gemensam syn på människa och samhälle. Även om de nordiska länderna inte löser sina välfärdsfrågor på samma sätt har den gemensamma grundsynen lett till liknande strukturer och system och till att länderna idag står inför samma slag av utmaningar.

Hälsofrämjande på systemnivå – hur klarar den nordiska välfärdsmodellen nutidens utmaningar är temat för den 10:e nordiska folkhälsokonferensen i Åbo den 24–26 augusti 2011.

Konferensen kommer att belysa folkhälsoarbetet ur perspektiv som delaktighet, jämlikhet och ekonomi, den presenterar metoder och praxis, men är också ett forum för utbyte av erfarenheter och egna presentationer. Vid sidan av plenarsessioner erbjuder vi ett brett utbud av parallellsessioner och studiebesök. Utöver alla de begivenheter en kulturhuvudstad kan stå till tjänst med garanterar vårt program upplevelserika och intressanta dagar.

Välkommen till Åbo!



Pekka Puska
generaldirektör
Institutet för hälsa och välfärd



Welcome to the Nordic Public Health Conference 2011

It is our great pleasure to welcome you to the 10th Nordic Public Health Conference (NFHK2011).

The Nordic Public Health Conference is held every third year and it attempts to stimulate exchange of the latest knowledge and best practices among public health practitioners, experts and researchers in the Nordic countries. We wish to share the lessons learned and participants from the Baltic countries are warmly welcome to attend. The NFHK2011 conference will be hosted by the National Institute for Health and Welfare and held in Turku, one of the European cultural capitals in 2011.

NFHK2011 in Turku addresses the importance and experiences of health promotion activities on various levels of society. The main theme of the conference is “Health Promotion at the system level - How does the Nordic welfare model cope with today’s challenges?” including topics on structures of health promotion in different levels of society, knowledge and good practices, participation and equity.

NFHK2011 looks ahead to better implementation and intersectoral action on health promotion. The conference also analyzes the earlier experience of Nordic welfare states in public health. The conference offers a forum for policy debate, changing ideas for practical activities and their effectiveness.

The scientific and social program of the conference will be enriched by the cultural events and happenings of the host city Turku. We hope that you will have the opportunity for both professional and personal enjoyment at the NFHK2011 conference.

Welcome to Turku!

Pekka Puska
Director General
National Institute for Health and Welfare

ARRANGÖRER OCH KOMMITTÉER / ORGANIZERS AND COMMITTEES

Arrangörer / Organizers

Institutet för hälsa och välfärd (THL), Finland / National Institute for Health and Welfare, Finland
Samfundet Folkhälsan i svenska Finland r.f.

I samarbetet / Co-organizers

Social- och hälsovårdsministeriet, Finland / Ministry of Social Affairs and Health, Finland
Centret för hälsofrämjande, Finland / Finnish Centre for Health Promotion, Finland
Åbo universitet, Finland / University of Turku, Finland
Åbo Akademi, Finland / Åbo Akademi University, Finland
Statens folkhälsoinstitut, Sverige / Swedish National Institute of Public Health, Sweden
Social- og helsedirektoratet, Norge / Norwegian Directorate for Health, Norway
Sundhedsstyrelsen, Danmark / National Board of Health, Denmark
Public Health Institute, Island / Public Health Institute, Iceland
Nordiska högskolan för folkhälsovetenskap, Sverige / Nordic School of Public Health, Sweden

Program kommittén (Nordiska) / Program committee (Nordic)

Antti Uutela (ordförande), Institutet för hälsa och välfärd (THL) / (Chair), National Institute for Health and Welfare (THL), Finland
Heidi Anttila (sekreterare), THL / (Secretary), THL, Finland
Taru Koivisto, Social- och hälsovårdsministeriet / Ministry of Social Affairs and Health, Finland
Kerttu Perttilä, Social- och hälsovårdsministeriet / Ministry of Social Affairs and Health, Finland
Viveca Hagmark, Samfundet Folkhälsan, Finland
Margaretha Wildtgrube, Samfundet Folkhälsan, Finland
Tone Poulsson Torgersen, Helsedirektoratet Norge / Norwegian Directorate of Health, Norway
Bosse Pettersson, Statens folkhälsoinstitut, Sverige / Swedish National Institute of Public Health, Sweden
Elsa Rudsby-Strandberg, Statens folkhälsoinstitut, Sverige / Swedish National Institute of Public Health, Sweden
Bryndis Kristjánsdóttir, Landlaeksemaettid, Island / Directorate of Health, Iceland
Hédinn Svarfdal Björnsson, Landlaeksemaettid, Island / Directorate of Health, Iceland
Jørgen Falk, Sundhedsstyrelsen, Danmark / The National Board of Health, Denmark
Max Petzold, NHV Nordiska högskolan för folkhälsovetenskap, Sverige / Nordic School of Public Health, Sweden

Organisationskommittén (Finland) / Organizing committee (Finland)

Tiina Laatikainen (ordförande), Institutet för hälsa och välfärd (THL) / (Chair), National Institute for Health and Welfare (THL)
Katja Jalava (sekreterare) THL / (Secretary), THL
Sakari Karvonen, THL
Jari Kirsilä, THL
Kristiina Manderbacka, THL
Sanna Vesikansa, THL
Suvi Parikka, THL
Christoffer Tigerstedt, THL
Merja Paimensaari, THL
Sakari Suominen, Åbo universitet / University of Turku
Päivi Rautava, Åbo universitet / University of Turku
Tarja Bergström, Centret för hälsofrämjande / Finnish Centre for Health Promotion
Margaretha Wildtgrube, Samfundet Folkhälsan
Viveca Hagmark, Samfundet Folkhälsan

Partner / Partners

Åbo Europas kulturhuvudstad 2011 / Turku European Capital of Culture 2011

Ekonomiskt stöd / Financial support

Institutet för hälsa och välfärd (THL), Finland
Social- och hälsovårdsministeriet, Finland
Vetenskapliga samfundens delegation / The Federation of Finnish Learned Societies (TSV)

Program Programme

**10:e NORDISKA FOLKHÄLSOKONFERENSEN
ÅBO, FINLAND 24-26.8.2011**

	Onsdag 24.8.	Torsdag 25.8.	Fredag 26.8.
8:00		Registrering	Registrering
8:15			
8:30			
8:45			
9:00	Registrering	Plenarsession 2 Delaktighet och jämlikhet i hälsa	Plenarsession 4 Kunskap och praxis lokalt och regionalt
9:15			
9:30			
9:45			
10:00		Kaffe	Kaffe
10:15			
10:30	Öppnings- ceremoni	Parallellsessioner 8-14	Parallellsessioner 22-27
10:45			
11:00			
11:15			
11:30			
11:45			
12:00			Paus
12:15			
12:30	Lunch	Lunch	Sammanfattning och avslutningsceremoni
12:45			
13:00			
13:15			
13:30			Lunch
13:45			
14:00	Plenarsession 1 Hälsofrämjande på systemnivå	Plenarsession 3 Strukturella insatser för hälsa	
14:15			
14:30			
14:45			
15:00			
15:15	Postersession med kaffe	Postersession med kaffe	
15:30			
15:45			
16:00			
16:15	Parallellsessioner 1 - 7 Studiebesök	Parallellsessioner 15 - 21 Studiebesök	
16:30			
16:45			
17:00			
17:15			
17:30			
17:45			
18:00			
18:15			
18:30			
18:45			
19:00	Välkomstmottagning på Åbo slott 18.30 - 20.30		
19:15			
19:30			
19:45			
20:00		Festmiddag på Brankis 19.00 - 00.30	
20:15			
20:30			
20:45			
21:00			

THE 10TH NORDIC PUBLIC HEALTH CONFERENCE TURKU, FINLAND 24-26.8.2011

	Wednesday 24 August	Thursday 25 August	Friday 26 August
8:00		Registration	Registration
8:15			
8:30			
8:45			
9:00	Registration	Plenary 2 Inclusion and equity in health	Plenary 4 Knowledge and practice - local and regional
9:15			
9:30			
9:45			
10:00	Opening ceremony	<i>Coffee</i>	<i>Coffee</i>
10:15			
10:30		Parallel sessions 8-14	Parallel sessions 22-27
10:45			
11:00			
11:15			
11:30			
11:45			
12:00	<i>Lunch</i>	<i>Lunch</i>	<i>Break</i>
12:15			Conclusions and closing ceremony
12:30			
12:45			
13:00			
13:15			
13:30	Plenary 1 Health promotion at the system level	Plenary 3 Structural investments for health	<i>Lunch</i>
13:45			
14:00			
14:15			
14:30			
14:45			
15:00	<i>Posters and coffee</i>	<i>Posters and coffee</i>	
15:15			
15:30			
15:45	Parallel sessions 1-7 Site visits	Parallel sessions 15-21 Site visits	
16:00			
16:15			
16:30			
16:45			
17:00			
17:15			
17:30			
17:45			
18:00			
18:15			
18:30			
18:45			
19:00	Welcome reception at Turku Castle 18.30 - 20.30		
19:15			
19:30			
19:45			
20:00		Conference dinner at Brankis 19.00 - 00.30	
20:15			
20:30			
20:45			
21:00			
21:15			
21:30			

10:e NORDISKA FOLKHÄLSOKONFERENSEN I ÅBO, ONSDAG 24.8.2011

Time	8:30	10:00	12:00	13:30	15:00	15:45	17:15	18:30
	Registrering	Öppningsceremoni Sal IX & X	Lunch	Plenarsession 1. Hälsöfrämjande på systemnivå Sal IX & X	Postersession med kaffe	Parallelsession 1 Utmaningar av den nordiska välfärdsmodellen från samiskt perspektiv (språk samiska, tolkning till engelska) Sal IX & X Parallelsession 2 Local and regional practices in health promotion (språk engelska) Sal XI Parallelsession 3 Delaktighet och hälsa (språk skandinaviska) Sal XIV Parallelsession 4 Spelproblem - förebyggande och vård (Gambling - prevention and care) Sal XV Parallelsession 5 Northern Dimension Partnership, a tool to reach tangible health and social wellbeing improvements in the Baltic Sea Region (språk engelska) Sal XX Parallelsession 6 Långsiktig samverkan för hållbara resultat - en idé för folkhälsoarbetet i Örebro län, Sverige (språk skandinaviska) Sal XXIII Parallelsession 7 Hälsan i olika faser av livet (Health in different phases of life) Sal XXIV	Studiebesök: Mannerheims Barnskyddsförbunds Familjehuset Heideken Studiebesök: Åbo kulturhuvudstad 2011: KUVVA-projektet	
								Välkomstmottagning på Åbo Slott kl. 18.30 - 20.30

THE 10TH NORDIC PUBLIC HEALTH CONFERENCE, TURKU, WEDNESDAY 24.8.2011

8:30	Registration
10:00	Opening ceremony Conference room IX & X
12:00	Lunch
13:30	Plenary 1. Health promotion at the system level Conference room IX & X
15:00	Posters and coffee
15:45	Parallel session 1 Utmaningar av den nordiska vårdfärdmodellen från samiskt perspektiv (Language Saami, translation to English) Conference room IX & X
17:15	Parallel session 2 Local and regional practices in health promotion (Language English) Conference room XI
17:15	Parallel session 3 Delaktighet och hälsa (Language Scandinavian) Conference room XIV
17:15	Parallel session 4 Gambling - prevention and care (Spelproblem - förebyggande och vård) Conference room XV
17:15	Parallel session 5 Northern Dimension Partnership, a tool to reach tangible health and social wellbeing improvements in the Baltic Sea Region (Language English) Conference room XX
17:15	Parallel session 6 Långsiktig samverkan för hållbara resultat - en idé för folkhälsoarbetet i Örebro län, Sverige (Language Scandinavian) Conference room XXIII
17:15	Parallel session 7 Health in different phases of life (Hälsan i olika faser av livet) Conference room XXIV
18:30	Site visit : Turku European Capital of Culture: KUVA project
18:30	Site visit: The Mannerheim League for Child Welfare: Perhetao Heideken
18:30	Welcome reception at the Turku Castle at 18.30 - 20.30

THE 10TH NORDIC PUBLIC HEALTH CONFERENCE, TURKU, TORSDAG 25.8.2011

Time		Plenarsession 2. Delaktighet och jämlikhet i hälsa				Speciellt symposium	
8:30		Sal IX & X				Finbalt seminar (språk engelska)	
10:00		Kaffe				Sal XX	
10:30		Parallelsession 8 Eierskap til folkehelse - hvordan? Healthy cities (språk skandinaviska)	Parallelsession 9 Strukturelle reformer og helse (Structural reforms and health)	Parallelsession 10 Onödig ohälsa – hälsoläget för personer med funktionsnedsättning (språk skandinaviska)	Parallelsession 11 Droger, tobak, och alkohol (Drugs, smoking and alcohol)	Parallelsession 12 Nordiska erfarenheter av Marmot-kommissionen (språk skandinaviska)	Parallelsession 13 Det goda och trygga föräldraskapet (språk skandinaviska)
		Sal IX&X	Sal XI	Sal XIV	Sal XV	Sal XXIII	Sal XXIV
12:00		Lunch				Sal XXI	
13:30		Plenarsession 3. Strukturella insatser för hälsa					
15:00		Sal IX & X					
15:45		Postersession med kaffe					
		Parallelsession 15 Så blir folkhälsoperspektiv til verklighet og verksamhet - folkhälsa i strategisk regional planering (språk skandinaviska)	Parallelsession 16 Planning of national health statistics for local public health (språk engelska)	Parallelsession 17 Velfærdsteknologi til mennesker med kroniske sygdomme og svage ældre der lever i eget hjem (språk skandinaviska)	Parallelsession 18 Skolinterventioner som fremjar helseosanna levnadsvanor bland yngre skolbarn, erfaringer fra innlandssvenska projekt (språk skandinaviska)	Parallelsession 19 Beframjande av mental helse - stor potensial i folkehelsearbeid (Improving mental health potential)	Parallelsession 20 Ekonomiske aspekter av helse og velfærd (Economic aspects of health care)
		Sal IX&X	Sal XI	Sal XIV	Sal XV	Sal XX	Sal XXIII
17:15		Parallelsession 21 Prevention and treatment of depression and anxiety among children and youth in Nordic countries - FRIENDS-program (språk engelska)				Sal XXIV	
		Studiebesök: Åbo stad: Enheten för hälsofrämjande				Studiebesök: Folkhälsan: Kvarterssklubb	
19:00		Konferensbankett på Brankis kl. 19.00 – 00.30					

10:e NORDISKA FOLKHÄLSOKONFERENSEN I ÅBO, THURSDAY 25.8.2011

Time	Plenary 2. Inclusion and equity in health Conference room IX & X			
8:30	<i>Posters and coffee</i>			
10:00	Parallell session 8 Eierskap til folkehelse - hvordan? Healthy cities (Language Scandinavian) Conference room IX & X	Parallell session 9 Structural reforms and health (Strukturelle reformer och hälsa) Conference room XI	Parallell session 10 Onödig ohälsa - hälsoålaget för personer med funktionsnedsättning (Language Scandinavian) Conference room XIV	Parallell session 11 Drugs, smoking and alcohol (Droger, tobak, och alkohol) Conference room XV
10:30	Parallell session 12 Nordiska erfarenheter av Marmor-kommissionen (Language Scandinavian) Conference room XXIII	Parallell session 13 Det goda och trygga föräldraskapet (Language Scandinavian) Conference room XXIV	Parallell session 14 Hälsöfrämjande över kommunala förvaltningsgränser (Language Scandinavian) Conference room XXI	Special symposium Finbalt seminar (Language English) Conference room XX
12:00	<i>Lunch</i>			
13:30	Plenary 3. Structural investments for health Conference room IX & X			
15:00	<i>Posters and coffee</i>			
15:45	Parallell session 15 Så blir folkhälsoperspektiv till verklighet och verksamhet - folkhälsa i strategisk regional planering (Language Scandinavian) Conference room IX & X	Parallell session 16 Planning of national statistics for local public health (Language English) Conference room XI	Parallell session 17 Velfærdsteknologi til mennesker med kroniske sygdomme og svage ældre der lever i eget hjem (Language Scandinavian) Conference room XIV	Parallell session 18 Skolinterventioner som fremjar halsosamma levnadsvanor bland yngre skolbarn, erfarenheter från finlandssvenska projekt (Language Scandinavian) Conference room XV
17:15	Parallell session 19 Improving mental health - great public health potential (Befrämjande av mental hälsa - stor potential i folkhälsoarbete) Conference room XX	Parallell session 20 Economic aspects of health care (Ekonomiska aspekter av hälsa och välfärd) Conference room XXIII	Parallell session 21 Prevention and treatment of depression and anxiety among children and youth in Nordic countries - FRIENDS-program (Language English) Conference room XXIV	Site visit: City of Turku: Municipal Health Care and Social Services, "Kvartersklubben" Health promotion unit
19:00	Conference dinner in Brankis at 19.00 - 00.30			

THE 10TH NORDIC PUBLIC HEALTH CONFERENCE, TURKU, FREDAG 26.8.2011

Time							
8:30	Plenarsession 4. Kunskap och praxis - lokalt och regionalt Sal IX & X						
10:00	Kaffe						
10:30	<table border="0"> <tr> <td>Parallelsession 22 Nationella strukturer för hälsofrämjande i Finland (språk skandinaviska) Sal XI</td> <td>Parallelsession 23 Folkhälsoekonomi (språk skandinaviska) Sal XIV</td> <td>Parallelsession 24 Livstils-interventioner på olika arenor och i olika befolkningsgrupper (Lifestyle interventions in different settings and population groups) Sal XV</td> <td>Parallelsession 25 Kvalitet i hälsovård (Quality of health care) (språk engelska) Sal XXIII</td> <td>Parallelsession 26 Health promoting schools (språk engelska) Sal XXIV</td> <td>Parallelsession 27 Sociala determinanter för hälsa (Social determinants of health) Sal XXI</td> </tr> </table>	Parallelsession 22 Nationella strukturer för hälsofrämjande i Finland (språk skandinaviska) Sal XI	Parallelsession 23 Folkhälsoekonomi (språk skandinaviska) Sal XIV	Parallelsession 24 Livstils-interventioner på olika arenor och i olika befolkningsgrupper (Lifestyle interventions in different settings and population groups) Sal XV	Parallelsession 25 Kvalitet i hälsovård (Quality of health care) (språk engelska) Sal XXIII	Parallelsession 26 Health promoting schools (språk engelska) Sal XXIV	Parallelsession 27 Sociala determinanter för hälsa (Social determinants of health) Sal XXI
Parallelsession 22 Nationella strukturer för hälsofrämjande i Finland (språk skandinaviska) Sal XI	Parallelsession 23 Folkhälsoekonomi (språk skandinaviska) Sal XIV	Parallelsession 24 Livstils-interventioner på olika arenor och i olika befolkningsgrupper (Lifestyle interventions in different settings and population groups) Sal XV	Parallelsession 25 Kvalitet i hälsovård (Quality of health care) (språk engelska) Sal XXIII	Parallelsession 26 Health promoting schools (språk engelska) Sal XXIV	Parallelsession 27 Sociala determinanter för hälsa (Social determinants of health) Sal XXI		
12:00							
12:15	Sammanfattning och avslutningsceremoni 12.15-13.15 Sal IX & X						
13:15	Lunch						

10:e NORDISKA FOLKHÄLSOKONFERENSEN I ÅBO, FRIDAY 26.8.2011

Time	Plenary 4. Knowledge and practice - local and regional Conference room IX & X				
8:30	<i>Posters and coffee</i>				
10:00	Parallel session 22 Nationella strukturer för hälsofrämjande i Finland (Language Scandinavian) Conference room XI	Parallel session 23 Folkhälsoekonomi (Language Scandinavian) Conference room XIV	Parallel session 24 Lifestyle interventions in different settings and population groups (Livsstils-interventioner på olika arenor och i olika befolk-ningsgrupper) Conference room XV	Parallel session 25 Quality of health care (Kvalitet i hälsovård) Conference room XXIII	Parallel session 26 Health promoting schools (Language English) Conference room XXIV
10:30				Parallel session 27 Social determinants of health (Sosiåla determinanter för hälsa) Conference room XXI	
12:00	Conclusions and closing ceremony				
12:15	12.15-13.15 Conference room IX & X				
13:15	<i>Lunch</i>				

Allmän information

Registrering och informationsdisk

Deltagarna kan avhämta sitt konferensmaterial vid informationsdisken i Åbo universitets huvudentré, Naturvetenskapliga byggnaden (adress: Universitetsbacken, Åbo). Informationsdisken är öppen:

onsdagen den 24 augusti 2011 kl. 8.30–17.15

torsdagen den 25 augusti 2011 kl. 8.00–17.15

fredagen den 26 augusti 2011 kl. 8.00–15.00

Sekretariatet står till din tjänst under konferensen.

Speakers Info – Info för föredragshållare

Vid informationsdisken finns en person som hjälper föredragshållarna att ladda ner sina texter. Föredragshållarna har också tillgång till dator för att slutföra sina texter. Mer information fås vid Speakers Info – Info för föredragshållare.

Språk

Konferensens officiella språk är skandinaviska och engelska. Plenarsessionerna simultantolkas från svenska till engelska och från engelska till svenska. Vid övriga sessioner tolkas föredragen inte.

Namnskylt

Deltagarna ska bära konferensens officiella namnskylt vid alla konferensevenemang. Namnskyltarna fungerar som biljetter till konferensluncherna.

Lunch och förfriskningar

Lunchen ingår i deltagarnas anmälningsavgift. Lunch serveras på två restauranger: Parkkis (150 platser) och Macciavelli (250 platser). Restaurangerna är utmärkta på kartan över universitetsområdet. Det finns också skyltar utomhus som visar var lunchrestaurangerna ligger. All mat som serveras är laktosfri. Specialdieter, som uppgetts på anmälningsblanketten, serveras på restaurang Macciavelli. Var vänlig och kontakta restaurangpersonalen. Kaffe och te serveras i entrén under kaffepauserna på morgonen och eftermiddagen.

Tillgång till internet

Konferensdeltagarna har fri tillgång till internet. Be om dina personliga koder vid informationsdisken.

Deltagarbevis

Deltagarna får ett deltagarbevis tillsammans med konferensmaterialet.

Rökning förbjuden

Det är inte tillåtet att röka i konferens- och utställningslokalerna, utan endast utomhus på markerade rökplatser.

General Information

Registration and information desk

Participants can pick up their personal conference materials at the registration desk, which is situated in the main lobby of the Turku University, Building of Natural Sciences (Address: Yliopistonmäki, Turku) with the following opening times:

Wednesday, 24th August, 2011 at 8.30-17.15

Thursday, 25th August, 2011 at 8.00-17.15

Friday, 26th August, 2011 at 8.00-15.00

The conference secretariat will be available to assist you during the conference.

Speakers Info

At the registration desk there will be a designated person to assist speakers in uploading their presentations. There is also a possibility for speakers to use a computer to make last-minute modifications to their presentations. Please, if you wish to make use of this possibility, ask at the Speakers Info.

Language

The official conference languages are Scandinavian and English. Plenary sessions are simultaneously interpreted from Swedish to English and English to Swedish. Interpretation will not be available in other sessions.

Name badges

Participants are obliged to wear the official conference name badges at all conference events. Name badges serve as tickets to conference lunches.

Lunch and refreshments

Lunch is included in the participants' registration fee. Lunch is served in two restaurants: Parkkis (150 seats) and Macciavelli (250 seats). Please, use both restaurants to avoid congestion. The location of the restaurants can be seen from the map of the University area. There are also signs in the grounds to guide participants to the restaurants. All food served at the conference is lactose free. Special diets as indicated by participants on the registration form are being catered for at the Macciavelli restaurant. The restaurant personnel can further assist you with this. Coffee and tea will be available in the lobby areas during the morning and afternoon coffee breaks.

Internet access

Free internet access is available for conference participants. Please, ask for your personal access codes from the registration desk.

Certificate of attendance

All participants will receive a certificate of attendance during the conference together with the conference materials.

Non-smoking policy

Smoking will be prohibited in the conference and exhibition areas. Smoking is only allowed outside in the designated smoking areas.

Socialt program

Välkomstmottagning på Åbo slott

Datum: Onsdagen den 24 augusti 2011

Tid: 18.30–20.30

Plats: Åbo Slott

Adress: Slottsgatan 80

Pris: Ingår i anmälningsavgiften

Tidtabell för transport till Åbo Slott:

Charterbussar avgår

18.00 från Åbo universitet (Turun yliopisto)

18.00 från hotell Hamburger Börs

18.00 från Centro Hotel

18.00 från Sokos Hotel Seurahuone



Hertigparet på Åbo slott, här gestaltade av Tryggve Forssell och Tuuli Suns

Festmiddag på Brankis

Datum: Torsdagen den 25 augusti 2011

Tid: 19.00–00.30

Plats: Brankis (historiskt brandkårshus)

Adress: Eskilsgatan 5

Pris: 65 € (biljett måste bokas på förhand)

Kulturpromenad i Åbo centrum

Datum och tid: Fredagen den 26 augusti 2011 kl. 14.30–16.30

Registrering: Vid registreringsdisken under konferensen

Till fots från kongresscentret.

Promenera ute och njut av nya upplevelser som förenar kultur och motion! Centralparken för kultur och motion har funktionella konstverk, utomhusaktiviteter och en Drömpark. Centralparken för kultur och motion utgör en del av den europeiska kulturhuvudstaden Åbo 2011. Syftet med parken är att öka medborgarnas fysiska, emotionella och sociala välbefinnande och att utveckla området kring Aura å. Centralparken för kultur och motion kommer att finnas kvar också efter kulturhuvudstadsåret 2011.

Värdar: Centralparken för kultur och motion samt Baltic Region Healthy Cities Association

Välkommen på museum!

Åbo stad erbjuder deltagarna i konferensen NFHK2011 en rabatt på 25 % vid museibesök i Åbo. Koden gäller på följande museer:

Åbo Slott

Wäinö Aaltonens museum

Klosterbackens hantverksmuseum

Biologiska museet i Åbo

Apoteksmuseet och gården Qwensel

Kurala Bybacke – Byn för levande historia

Information om öppettider: www.abomuseicentral.fi

Du får rabatt genom att ange koden *Museo081103* när du löser ut biljetten vid biljettförsäljningen. Koden är i kraft den 21–28 augusti 2011.

Social programme

Welcome reception in Turku Castle

Date: Wednesday, 24th August 2011
Time: 18.30–20.30
Place: Turku Castle
Address: Linnankatu 80
Price: Included in the registration fee

Schedule of the transfers to the Turku Castle:

Charter bus transfers:

18.00 Turku University
18.00 Hotel Hamburger Börs
18.00 Centro Hotel
18.00 Sokos Hotel Seurahuone



Conference dinner at Brankis

Date: Thursday, 25th August 2011
Time: 19.00–00.30
Place: Brankis (historical fire brigade station)
Address: Eskelinkatu 5
Price: 65 € (pre-reserved entry tickets required)

Culture walk around the centre of Turku

Date and time: Friday, 26th August 2011 at 14.30 – 16.30
Registration: At registration desk during the conference
Transportation: Walk starts from the conference venue

Get outside and enjoy yourself! New experiences combining culture and exercise are now available. The Central Park of Culture and Exercise includes functional works of art, exercise routes with a cultural theme, outdoor activities and events, and a Dream Park. The Central Park of Culture and Exercise Project is part of the European Capital of Culture Turku 2011. The aim of the Project is to increase citizens' physical, emotional and social well-being and develop the area around the Aura river. The Central Park of Culture and Exercise will also be visible after Turku's year as a European Capital of Culture.

Hosts: the Central Park of Culture and Exercise Project and the Baltic Region Healthy Cities Association

Welcome to the museum!

The City of Turku offers the participants of the NFHK2011 conference a museum visit in Turku at a 25% discount. The code is valid in the following museums:

Turku Castle	Pharmacy Museum and the Qwensel House
Wäinö Aaltonen Museum of Art	Turku Biological Museum
Luostarinmäki Handicrafts Museum	Kylämäki Village of Living History

Please check the opening hours at www.turunmuseokeskus.fi

To receive your discount, present the code *Museo081103* at the ticket office when purchasing the ticket. The code is valid from 21-28 August 2011.

Studiebesök

Under konferensen ordnas fyra studiebesök. Förhandsanmälan är nödvändig. Ta med biljetten till studiebesöken då du stiger på bussen.

Onsdagen den 24 augusti

Bussarna till onsdagens studiebesök avgår från universitetets zoologiska museum kl. 15.15. Efter studiebesöken kör bussen via stadens centrum till universitetet.

Mannerheims Barnskyddsförbund: Familjehuset Heideken

Tidpunkt: Onsdagen den 24 augusti kl.15.45–17.15

Språk: engelska

Adress: Smedsgatan 3

Åbo kulturhuvudstad 2011: KUVA-projektet

Tid: Onsdagen den 24 augusti, kl. 15.45–17.15

Språk: svenska

Adress: Kaskenlinna sjukhus, Lillheikkilävägen 3, Åbo

Torsdagen den 25 augusti

Bussarna till torsdagens studiebesök avgår från universitetets zoologiska museum kl. 15.15. Bägge studiebesöken äger rum i centrum av Åbo nära konferenshotellen. Returtransport ordnas därför inte.

Åbo stad: Enheten för hälsofrämjande

Tidpunkt: Torsdagen den 25 augusti kl. 15.45–17.30

Språk: engelska

Adress: Kristinegatan 1, 5 vån.

Folkhälsan: Kvartersklubben

Tid: Torsdagen den 25 augusti kl. 15.45–17.30

Språk: svenska

Adress: Slottsgatan 10

Mer information om studiebesöken hittar du på konferensens webbplats: www.thl.fi/nfhk2011

Site visits

Four separate visits will be organized during the conference. Pre-registration is required. Please, have your Site Visit ticket with you when entering the bus.

Wednesday 24th August

Buses to the site visits on Wednesday will depart from the University Zoological Museum at 15.15 prompt. Following the site visits, the bus will drive to the University via the city centre.

The Mannerheim League for Child Welfare: Perhetalo Heideken

Time: Wednesday 24th August at 15.45–17.15

Language: English

Address: Sepänkatu 3

Turku European Capital of Culture: KUVA project

Time: Wednesday, 24th August at 15.45-17.15

Language: English

Address: Kaskenlinna hospital, Vähäheikkiläntie 3, Turku

Thursday 25th August

Buses to the site visits on Thursday will depart from the University Zoological Museum at 15.15 prompt. Both site visits are in the city centre near the conference hotels, so there will be no return transportation.

City of Turku: Municipal Health Care and Social Services, Health promotion unit

Time: Thursday 25th August at 15.45–17.15

Language: English

Address: Kristiinankatu 1, 5th floor

Folkhälsan: Quartier club 'Kvartersklubben'

Time: Thursday 25th August at 15.45-17.15

Language: Swedish

Address: Linnankatu 10

More information on site visits can be found from the conference website: www.thl.fi/nfhk2011

Huvudtalare / Keynote speakers



Ms Zsuzsanna Jakab has been the World Health Organization's Regional Director for Europe since 1st of February 2010.

Before her appointment, Ms Jakab served as the founding Director of the European Union's European Centre for Disease Prevention and Control (ECDC) in Stockholm, Sweden. Between 2005 and 2010, she built ECDC into an internationally respected centre of excellence in the fight against infectious diseases. Prior to her tenure at ECDC, Ms Jakab was State Secretary at the Hungarian Ministry of Health, Social and Family Affairs where she managed

the country's preparations for European Union accession in the area of public health. Between 1991 and 2002, she worked at the WHO Regional Office for Europe in Copenhagen in a range of senior management roles.

Born in 1951 in Hungary, Ms Jakab holds a Master's degree from the Faculty of Humanities, Eötvös Lóránd University, Budapest; a postgraduate degree from the University of Political Sciences, Budapest; a diploma in public health from the Nordic School of Public Health, Gothenburg, Sweden; and a post-graduate diploma from the National Institute of Public Administration and Management, Hungary. She began her career in Hungary's Ministry of Health and Social Welfare in 1975, being responsible for external affairs, including relations with WHO.



Professor Pekka Puska (MD, PhD, MPolSc) is currently the Director General of the National Institute for Health and Welfare (THL) of Finland. Earlier he worked as director at the WHO Headquarters in Geneva. He was the Director of the North Karelia Project (1972-97) and has served as Member of the Parliament of Finland. He is currently also the Chancellor of Turku University.

Professor Puska has, internationally and domestically, been involved in a number of scientific, expert and public health functions, WHO's work, multinational projects etc. Internationally, Professor Puska is the Chair of the Governing Council of the WHO International Agency for Research on Cancer (IARC), the Vice-President of the International Association of National Public Health Institutes (IANPHI) and the Past President of the World Heart Federation.



Bosse Pettersson, former Deputy Director-General of the Swedish National Institute of Public Health (SNIPH) and presently a part time Senior Adviser and Expert for public health policy at the Swedish Ministry of Health and Social Affairs. He also works as an independent Public Health Consultant and a senior guest lecturer in health promotion at Karolinska Institute, Stockholm and other Swedish universities.

He has more than 30 years of experience of working in health promotion and public health at local, regional and national levels in Sweden, as well as internationally with WHO and EU. Bosse Pettersson has been actively involved in all global health promotion conferences from Ottawa and onwards. He was one of the initiators for the Nordic public health conferences, the first held on Hanaholmen outside Helsinki in 1987. He is also active in WHO governing bodies globally and in the European region as a member of the Swedish ministerial delegation. He serves as an

expert on the WHO Expert Advisory Committee for health promotion. Policy development, intersectoral collaboration, prevention of NCD's and chronic diseases, health impact assessments and action to reduce health inequities are his major foci.



Dr Sarah Wamala, Director-General of the Swedish National Institute of Public Health

Dr. Sarah Wamala has a PhD in medicine with focus on public health sciences from Karolinska Institute and is trained in economics, public health and epidemiology at various universities including Makerere University (Uganda), Stockholm University (Sweden), and Karolinska Institute (Sweden), Tufts University (USA) and Cambridge School of Public Health (UK).

Dr. Sarah Wamala, is the Director-General of the Swedish National Institute of Public Health since 1st November 2008. Prior to this appointment she worked as the Head of Department of Health Promotion and Disease Prevention at Stockholm County Council and as associate professor in community medicine at Karolinska Institute.



Mika Kivimäki is Professor of Social Epidemiology in the Department of Epidemiology and Public Health, University College London, UK. He is Co-Director of the prestigious Whitehall II study on social determinants of health and leads with Prof. Vahtera the Finnish Public Sector study at the Finnish Institute of Occupational Health, Finland. Prof. Kivimäki is interested in understanding risk and protective factors for adult-onset diseases, such as cardiovascular diseases, diabetes, and depression. He has been first author in 85 scientific peer-reviewed papers and last author in 100, including articles published in the Lancet, New England Journal of Medicine, British

Medical Journal, Annals of Internal Medicine, and American Journal of Psychiatry. Prof. Kivimäki was elected to the Finnish Academy of Science and Letters in 2006 and the Academy of Europe in 2009.



Finn Diderichsen (MD PhD) is professor at the Department of Public Health at the University of Copenhagen. He is a specialist in social medicine and was in the 1980s and 1990 professor in social epidemiology and health policy research at Karolinska Institutet in Stockholm and in recent years professor in public health prevention in Copenhagen. He has published extensively on social inequalities in health and has recently chaired the Danish review on determinants and policies to tackle social inequalities in health.



Professor **Paula Barrett** is one of Australia's leading scholars in the area child psychology and education. Supported by the World Health Organization Paula's FRIENDS for Life programs for the prevention and treatment of anxiety and prevention are available in 12 languages and used in over 18 countries around the world. Amongst other top-ranking international and peer-review journals, Professor Paula Barrett's research and programs have been recognised by The Cochrane Collaboration, The Cochrane Library, 2007. Paula was the 2010 recipient of The Highly Commended Certificate in the Human Rights Medal, awarded by the Human Rights Commission.



Dr. Geir Gunnlaugsson is the Medical Director of Health at the Directorate of Health in Iceland and Professor of Public Health at Reykjavík University. He graduated with a MD from the University of Iceland with post-graduate training in paediatrics (PhD) and public health (MPH) at the Karolinska Institute, Stockholm, Sweden. In addition to postgraduate training at St. Göran's/Karolinska Hospital in Stockholm, he has worked for eight years in Guinea-Bissau, West-Africa. In 2000-2009, he was the Director for the Centre for Child Health Services in Reykjavík. He is a consultant to the Icelandic International Development Agency (ICEIDA) in health projects in Malawi and Mozambique and sits on the Development Assistance Advisory Committee of the Ministry for Foreign Affairs. Participant in Nordic, European and international working groups on child health indicators (e.g., CHILD, NOMESCO, Arctic Council and RICHE) and breastfeeding. Research and publications within the field of paediatrics, primary health care and public health in Iceland, Guinea-Bissau and Malawi. This work includes, e.g., publications on breastfeeding, infant and child mortality, development, child abuse, measles, cholera, and health systems. First chairman of the Icelandic Public Health Association in 2001-07.



Tone L. Mørk is Director of the Nordic Centre for Welfare and Social Issues which is based in Stockholm. Since May 2009, she has been responsible for the establishment of this centre, which is a new initiative in Nordic cooperation. Earlier she has worked at The Norwegian Labour and Welfare Administration (NAV) in Norway, where she was in charge of the approximately 70 national units involved with specialized services. During more than the past 20 years, she has held different managerial positions at national level in Norway, all related to welfare systems. She holds a master's degree in Public Administration from the Copenhagen Business School with modernization of the public sector as main focus. Her educational background also includes economy, management and psychology.



Matts-Åke Belin is the Director in the The Swedish Transport Administration. Matts-Åke Belin has worked for the Swedish Government since 1990 on road safety issues. His primary focus has been on road safety policies and strategies. Mr Belin has a BA degree in political sciences from the University of Uppsala, Sweden. Since 2001 he has also been a part-time PhD student at the Karolinska Institutet in Stockholm, Sweden, where he is working on a thesis on road safety policies and strategies. During 2006, Mr Belin served as a visiting academic at the Accident Research Centre at Monash University in Melbourne, Australia.

Mr Belin joined the World Health Organization in early 2007, and worked as a Scientist for the Unintentional Injury Prevention Team (UIP). He assisted in coordinating various road safety activities as part of the UN Road Safety Collaboration, promoting capacity building at national and local levels and supporting Regional Advisers in the development of road safety plans.

Mr Belin returned to Sweden in 2009 and now works as a deputy director at the Traffic safety division at the Swedish Transport Administration. He is also the project leader for establishing the Vision Zero Academy.



Mikael Fogelholm, D.Sc. in nutrition, is Director at the Academy of Finland, Health Research. His former positions include director of the UKK Institute for Health Promotion, Post doc researcher at University of Maastricht, Department of Human Biology (1993) and adjunct professor at Department of Nutrition, University of Helsinki, and Department of Biology in Sports, University of Jyväskylä.

His main research interests are assessment of body composition and physical activity. He has conducted epidemiological studies and clinical interventions on obesity and physical activity. Dir. Fogelholm has publications in peer reviewed international journals: 82 research reports, 23 reviews, 3 editorials, as well as textbooks and textbook chapters in Finnish or English, in total 37. He is a chairperson or member of several national and international working groups.



Sven Bremberg, (MD, PhD) is Senior consultant in Child and Adolescent Public Health at the Swedish National Institute of Public Health and Associate professor, Department of Public Health, Karolinska Institute, Stockholm. His major fields of scientific interest is evaluation and development of child and adolescent public health interventions, studies of inequity in child health and analysis of the dissemination process at municipal level of child health policies.

At the National Institute of Public Health, he is responsible for development of child and adolescent public health indicators, based on the national public health targets, for systematic reviews of interventions that are relevant for child and adolescent public health and for a Governmental commission to propose new measures for mental health promotion.



Dr. PhD. Else Smith is Director General of the National Board of Health in Denmark. From 2004-2010 she has been the Director of the National Centre for Health Promotion and Disease Prevention at the National Board of Health. She is an expert on public health with a special competence in epidemiology, infectious diseases and STIs and has held numerous public and scientific lectures and has contributed to and peer-reviewed a number of international journals.

Dr. Else Smith is among others the national contact point for surveillance of infectious diseases for WHO, President of the National Danish Pandemic Group, Member of the Management Board of ECDC and Member of the Board of the Medical Society Copenhagen.



Professor Knut-Inge Klepp, (Ph.D, MPH) is the Director General of the Division of Public Health at the Norwegian Directorate of Health. In this capacity he has responsibilities regarding providing policy advice and also implementing Norwegian public health policies. Klepp has been active in implementing strategies on non-communicable diseases, and he has since 2008 served as the chair of the WHO European member state network on reducing marketing pressure on children.

Klepp is an adjunct professor in medicine at the University of Oslo where he served as a full professor from 1996-2006. Prior to this he was a professor in health promotion at the University of Bergen and an adjunct professor in community health at the Nordic School of Public Health, Gothenburg. Klepp is the current President of the International Society of Behavioural Nutrition and Physical Activity (ISBNPA).

Onsdag, den 24 augusti / Wednesday, August 24th

10.00-12.00

ÖPPNINGSCEREMONI / OPENING OF THE CONFERENCE

Sal / Room IX & X

Ordförande / chair: Antti Uutela

Vice ordförande / co-chair: Elsa Rudsby-Strandberg

Musik / Music

Välkommen / Welcome

Prof. Pekka Puska

Generaldirektör, Institutet för hälsa och välfärd (THL), Finland

Director General, National Institute for Health and Welfare (THL), Finland

Välkommen til Åbo / Welcome to Turku

MSc Aleksí Randell

Åbo stadsdirektör

Mayor, City of Turku

Statsmaktens hälsning / Opening words

Ms Maria Guzenina-Richardson

Omsorgsminister, Social- och hälsovårdsministeriet, Finland

Minister of Health and Social Services, Ministry of Social Affairs and Health, Finland

Norden runt 10 gånger på 25 år – några milstolpar i det nordiska folkhälsoarbetet

Ten times around Nordic countries in 25 years – some milestone in Nordic public health

BSc Bosse Pettersson

Folkhälsoråd, seniorrådgivare och konsult, Sverige

Public health expert, Sweden

Aktuella hälsoutmaningar i Europa: Health 2020 som ett nytt policyinstrument

Today's European health challenges: Health 2020 as a new policy response

Ms Zsuzsanna Jakab

Regiondirektör, WHO-EURO

Regional Director, WHO-EURO

Musik / Music

13.30-15.00

PLENARSESSION 1 / PLENARY SESSION 1

Sal / Room IX & X

**K1 Folkhälsan och dess framtid i Norden – en paneldiskussion med
Public health and future of the Nordic welfare model - panel discussion with**

Dr. Else Smith
Administrativ direktör, Sundhedsstyrelsen, Danmark
Administrative director, National Board of Health, Denmark

Prof. Pekka Puska
Generaldirektör, Institutet för hälsa och välfärd (THL), Finland
Director General, National Institute for Health and Welfare (THL), Finland

Dr. Geir Gunnlaugsson
Medicinaldirektör, Landlaeksemaettid, Island
Medical director, Directorate of Health, Iceland

Prof. Knut-Inge Klepp
Divisionsdirektör, Helsedirektoratet, Norge
Director of division, Norwegian Directorate of Health

Dr. Sarah Wamala
Generaldirektör, Statens folkhälsoinstitut, Sverige
Director General, Swedish National Institute of Public Health, Sweden

Moderator:
Prof. Mats Brommels
Ordförande för Samfundet Folkhälsan, Finland
President of Samfundet Folkhälsan, Finland

15.45-17.15

PARALLELSESSION 1- INBJUDEN SESSION
PARALLEL SESSION 1- INVITED SESSION

Sal / Room IX & X

I1 Challenges of the Nordic Welfare Model from the Sami Perspective

Sammanställare / Convener: Lydia Heikkilä
Ordförande / Chair: Magga Ristenrauna
Språk / Language: Samiska/ Sami (interpretation to English)

I1-1 Culturally adapted health care – why and how?

Dr. Ole Mathis Hetta, Norwegian Directorate of Health

I1-2 Being a young Sami in Sweden, living conditions, mental health and alcohol habits

Specialist in Clinical Psychology, Lotta Omma, Department of Clinical Sciences, Division of Psychiatry, Sweden

I1-3 The influence of welfare state and modernization on the health outcome of Sámi

Dr. Heidi Eriksen, Utsjoki Health Centre, Finland

15.45-17.15

PARALLELSESSION 2 - INBJUDEN SESSION PARALLEL SESSION 2- INVITED SESSION

Sal / Room XI

I2 Local and regional practices in health promotion

Sammankallare / Convener: Vesa Korpelainen
Ordförande / Chair: Vesa Korpelainen
Språk / Language: engelska / English

I2-1 Health promotion on a regional level from a national perspective

Director General Pekka Puska, National Institute for Health and Welfare, Finland

I2-2 Sustained community-based prevention of NCDs: From North Karelia Project to North Karelia Center for Public Health

Executive manager Vesa Korpelainen, North Karelia Center for Public Health, Finland

I2-3 From research into practice: FIN-D2D model in the prevention of type 2 diabetes

Project manager Auli Pölonen, Pirkanmaa Hospital District, Finland

I2-4 Self management support, experiences from Päijät-Häme, Finland

Medical adviser Risto Kuronen, Päijät-Häme Social and Health Care, Finland

15.45-17.15

PARALLELSESSION 3 – INBJUDEN SESSION PARALLEL SESSION 3 - INVITED SESSION

Sal / Room XIV

I3 Delaktighet och hälsa

Sammankallare / Convener: Viveca Hagmark
Ordförande / Chair: Viveca Hagmark
Språk / Language: skandinaviska / Scandinavian

I3-1 Delaktighet och hälsa med ungdomar och beslutsfattare mot hållbara strategier för ökad egenmakt, livskvalitet och jämlikhet i hälsa

Professor Staffan Berglund, Malmö högskola, Sverige

I3-2 Ingen hälsa utan mental hälsa

Projektledare Anna Paldam Folker, Sundhedsstyrelsen, Danmark

I3-3 Hälsöfrämjande och service för långtidsarbetslösa personer

Forskare Peppi Saikku, Institutet för hälsa och välfärd, Finland

15.45-17.15

PARALLELSESSION 4 – ABSTRAKT SESSION
PARALLEL SESSION 4 – ABSTRACT SESSION

Sal / Room XV

O4 Spelproblem – förebyggande och vård
Gambling – prevention and care

Ordförande / Chair: Sakari Suominen
Vice ordförande / Co-chair: Christoffer Tigerstedt

O4-1 Problem gambling, gambling dependency and gambling addiction as described by health and social workers in focus groups interviews

Anette Häggblom, Barbro Gustafsson, Regina Santamäki Fischer, Högskolan på Åland

O4-2 Spel om pengar och spelproblem i Sverige 2008/2009

Jessika Svensson, Ulla Romild, Statens Folkhälsoinstitut, Sverige

O4-3 Peer support and gambling related harms

Jenni Kämppe, Sanni Nuutinen, Sininauhaliitto, Finland

O4-4 Kartläggning över Sveriges kommuners arbete med spelproblem

Carolina Nordlinder, Statens Folkhälsoinstitut, Sverige

15.45-17.15

PARALLELSESSION 5 – INBJUDEN SESSION
PARALLEL SESSION 5- INVITED SESSION

Sal / Room XX

I5 Northern Dimension Partnership, a tool to reach
tangible health and social wellbeing improvements in the Baltic Sea Region

Sammanställare / Convener: Jutta Immanen-Pöyry
Ordförande / Chair: Pauli Leinikki
Språk / Language: engelska / English

I5-1 Northern Dimension Partnership in Health and Social Wellbeing (NDPHS) as strategic means to fight and overcome 'slow-motion NCD-catastrophe' in our Baltic Sea Region

Chairman of Expert Group Mikko Vienonen, NDPHS, Finland

I5-2 What added value can the Northern Dimension cooperation give to public health in the field of alcohol- tobacco- and illicit drugs related harm?

Chairman of Expert Group Bernt Bull, NDPHS, Norway

I5-3 Development of coordination and local ownership for large international HIV programmes in the framework of Northern Dimension

Chairman of Expert Group Ali Arsalo, NDPHS, Finland

15.45-17.15

PARALLELSESSION 6 – INBJUDEN SESSION PARALLEL SESSION 6- INVITED SESSION

Sal / Room XXIII

I6 Långsiktig samverkan för hållbara resultat – en idé för folkhälsoarbetet i Örebro län, Sverige

Sammanställare / Convener: Eva Järliden
Ordförande / Chair: Eva Järliden
Språk / Language: skandinaviska / Scandinavian

I6-1 Samverkansavtal är grunden

Utredningssekreterare Lisbet Omberg, Örebro läns landsting, Sverige

I6-2 Folkhälsoarbetet behöver den ideella sektorn

Folkhälsochef Margareta Johansson, Örebro läns Idrottsförbund, Sverige

I6-3 Barnkonventionen – en viktig ingrediens i utvecklingsarbetet för och med barn och unga

Folkhälsstrateg Cecilia Ljung, Karlskoga o Degerfors kommuner, Sverige

I6-4 Nyfikenhet och kunskap ger utveckling och resultat

Folkhälsstrateg Linnéa Hedkvist, Kommunerna i norra Örebro län, Sverige

15.45-17.15

PARALLELSESSION 7 – ABSTRAKT SESSION PARALLEL SESSION 7 – ABSTRACT SESSION

Sal / Room XXIV

O7 Hälsan i olika faser av livet – Health in different phases of life

Ordförande / Chair: Ari-Pekka Toivari
Vice ordförande / Co-chair: Regina Strandberg

O7-1 Reaching out to young men within a psychosocial support programme – who participates, who drops out?

Kaija Appelqvist-Schmidlechner, Markus Henriksson, Matti Joukamaa, Kai Parkkola, Maila Upanne and Eija Stengård, National Institute for Health and Welfare, Finland

O7-2 Why do young people experience high levels of stress?

Pia Vedel Ankersen, Stine Poulsen, Trine Holm Jensen and Finn Breinholt, Denmark

O7-3 Mind Health - training to promote mental health across the lifespan

Eija Stengård, Gert Lang, Richard Wynne and T-MHP Project Team, National Institute for Health and Welfare, Finland

O7-4 Adaptations to changed life circumstances: The coping process in a group of elderly depressed men

Hanne Voldby Jensen, Svend Aage Madsen and Karen P. Munk, Department of Psychological and Psychosocial Research, Copenhagen, Denmark

O7-5 Äldre personers känsla av trygghet - yttre och inre källor

Lisbeth Fagerström, Norge

8.30-10.00

PLENARSESSION 2
PLENARY SESSION 2

Sal / Room IX & X

K2 Delaktighet och jämlikhet i hälsa / Inclusion and equity in health

Ordförande / chair: Jörgen Falk
Vice ordförande / co-chair: Margaretha Wildtgrube

**K2-1 Bidrar dagens arbetsliv till en ökning eller minskning av de socioekonomiska skillnaderna i hälsan
Does current working life increase or decrease socioeconomic inequalities in health**

Prof. Mika Kivimäki
University College London, Helsingfors universitet, Arbetshälsoinstitutet
University College London; University of Helsinki; Finnish Institute of Occupational Health

K2-2 Faktorer för social ojämlikhet i hälsan i Danmark / Determinants of social inequalities in health in Denmark

Prof. Finn Diderichsen
Köpenhavns universitet, Danmark
University of Copenhagen, Denmark

K2-3 Att skapa resiliens i familjer och skolor / Building Resilience in Families and School Communities

Prof. Paula Barrett
University of Queensland; founder Pathways Health and Research Centre, Australia

10.30-12.00

PARALLELSESSION 8 – INBJUDEN SESSION
PARALLEL SESSION 8 – INVITED SESSION

Sal / Room IX & X

I8 Eierskap til folkehelse – hvordan? – Healthy cities

Samman kallare / Convener: Heidi Fadum
Ordförande / Chair: Kathrine Krüger Østbøll
Språk / Language: skandinaviska / Scandinavian

I8-1 Finland - politiker med fokus på folkehelse

Stadsstyrelsens ordförande Minna Arve, Åbo stad, Finland

I8-2 Sverige - allsidighet og tverrsektoriell interesse

Ordförande i Svenska HealthyCities nätverket Mats Wiking, Utbildningsnämnden i Trollhättan, Sverige

I8-3 Danmark - fagperson og koordinator for Healthy Cities nettverket

Spesial rådgiver/coordinator Christina Krogh, Dansk Sund By, Danmark

I8-4 Norge - satsing på folkehelse en nødvendighet

Varaordfører Kirsten Hasvoll, Bodø commune, Norge

10.30-12.00

PARALLELSESSION 9 – ABSTRAKT SESSION PARALLEL SESSION 9 – ABSTRACT SESSION

Sal / Room XI

O9 Strukturella reformer och hälsa /Structural reforms and health

Ordförande / Chair: Matti Klockars
Vice ordförande / Co-chair: Vesa Korpelainen

O9-1 Evaluation of mental health retail clinic in public library

Hannele Peräköski, Kirsi Riihimäki, Marjo Kurki, Lauri Kuosmanen, Timo Aronkytö, Health and Social Welfare Department City of Vantaa, Finland

O9-2 Own Health Corners support citizens' self care

Eeva Häkkinen and Anneli Luoma-Kuikka, Finland

O9-3 Reforming mental health and substance abuse services in Southern Finland

Marjo Kurki, Päivi Lepistö, Lauri Kuosmanen and Timo Aronkytö, Finland

O9-4 Health Stations as user interfaces project: improving the care of citizens with substance abuse problems

Antti Iivanainen, Auri Lyly, Lauri Kuosmanen, Marjo Kurki, City of Helsinki's Health Centre, Finland

O9-5 National strategies, health promotion policies, programmes and recommendations are ineffective management tools in the local level health promotion planning and implementation contrary to standard expectations

Piia Astila-Ketonen, Tuula Cornu, Mari Hakkala, Ritva Kosklin, Minna Pohjola, Marita Päivärinne, Finland

10.30-12.00

PARALLELSESSION 10 – INBJUDEN SESSION PARALLEL SESSION 10 - INVITED SESSION

Sal / Room IV

I10 Onödig ohälsa – hälsoläget för personer med funktionsnedsättning

Sammanställare / Convener: Kari Guttormsen
Ordförande / Chair: Grete Hjermstad
Språk / Language: skandinaviska / Scandinavian

I10-1 På like vilkår? - Helse og levekår blant personer med nedsatt funksjonsevne i Norge og Sverige

Seniorrådgiver Jorun Ramm, Statistisk sentralbyrå, Norge

I10-2 Aktivitet og deltakelse; en forutsetning for god helse

Analyschef Arvid Lindén, Handisam, Sverige

I10-3 Fysisk træning og botilbud – Afrapportering af undersøgelse om fysisk træning for personer der bor i botilbud pga. et handicap

Sundhedspolitisk konsulent Jeppe Sørensen, Danske Handicaporganisationer (DH), Danmark

10.30-12.00

PARALLELSESSION 11 – ABSTRAKT SESSION
PARALLEL SESSION 11 – ABSTRACT SESSION

Sal / Room XV

O11 Droger, tobak och alkohol / Drugs, smoking and alcohol

Ordförande / Chair: Christoffer Tigerstedt
Vice ordförande / Co-chair: Sakari Suominen

**O11-1 Dialogue between substance abuse services and elderly care.
Too Much Is Always Too Much - Ageing and Alcohol Project 2005-2011**

Maria Viljanen, Sininauhaliitto, Finland

O11-2 Consumption of cigarettes and pipe and hand rolling tobacco in Finland

Lien Nguyen, Markku Pekurinen and Gunnar Rosenqvist, National Institute for Health and Welfare, Finland

O11-3 Is the workplace an effective platform for recruiting to smoking cessation classes?

Jo Coolidge and Niels Them Kjær, Sundhedsafdelingen Herlev Kommune, Denmark

**O11-4 Parental alcohol use and adolescent school adjustment in the general population:
results from the HUNT study**

Fartein Ask Torvik, Kamilla Rognmo, Helga Ask, Espen Røysamb and Kristian Tambs, Norge

**O11-5 Support for Provision of Substance Abuse Services and Mental Health issues f
or Disabled People -Vapa tukipalvelut**

Liisa Jokela and Irene Komu, Sininauhaliitto, Finland

10.30-12.00

PARALLELSESSION 12 – INBJUDEN SESSION
PARALLEL SESSION 12 - INVITED SESSION

Sal / Room XXIII

I12 Nordiska erfarenheter av Marmot-kommissionen

Sammanställare / Convener: Karin Melinder
Ordförande / Chair: Karin Melinder
Språk / Language: skandinaviska / Scandinavian

I12-1 Erfarenheter från Sverige

Dr. Karin Melinder, Socialmedicinsk tidskrift, Sverige

I12-2 Kommission för ett socialt hållbart Malmö

Huvudsekreterare Anna Balkfors, Malmö stad, Sverige

I12-3 Erfarenheter från Danmark

Kst Enhedschef Annemarie Knigge, Sundhedsstyrelsen, Danmark

I12-4 Erfarenheter från Norge

Seniorrådgiver Tone Torgersen, Helsedirektoratet, Norge

10.30-12.00

PARALLELSESSION 13 – INBJUDEN SESSION
PARALLEL SESSION 13 – INVITED SESSION

Sal / Room XXIV

I13 Det goda och trygga föräldraskapet

Sammanställare / Convener: Gun Andersson
 Ordförande / Chair: Gun Andersson
 Språk / Language: skandinaviska / Scandinavian

I13-1 Föräldraskapet Främst-mentaliseringsbaserade familjegrupper som en del av hälsofrämjandet inom hälsovårdscentraler

Generalsekreterare Mirjam Kalland, Mannerheims Barnskyddsförbund, Finland

I13-2 Hälsa Hem! Om parrelationer, strukturer och respekt

Projektledare Barbro Näse, Folkhälsan, Finland

I13-3 Tvärsektoriellt lokalt föräldrastöd i Växjö

Avdelningschef Åsa Mönster, Skol och barnomsorgsförvaltningen Växjö kommun, Sverige

10.30-12.00

PARALLELSESSION 14 – INBJUDEN SESSION
PARALLEL SESSION 14 – INVITED SESSION

Sal / Room XXI

I14 Hälsorämjande över kommunala förvaltningsgränser

Sammanställare / Convener: Viveca Hagmark
 Ordförande / Chair: Siv Sandberg
 Språk / Language: skandinaviska / Scandinavian

I14-1 Sundhet på tvärs af kommunale forvaltninger

Projektleder Maria Koch Aabel, Sundhedsstyrelsen, Danmark

I14-2 Ungdomslagen - ett verktyg för sektorövergripande samarbete på lokal nivå

Direktör Georg Henrik Wrede, Undervisnings- och kulturministriet, Finland

I14-3 Barnhälsa: samarbete mellan barnhälsovården och förskolan

Direktör Geir Gunnlaugsson, Hälssidirektoratet, Island

13.30-15.00

PLENARSESSION 3 PLENARY SESSION 3

Sal / Room IX & X

K3 Strukturella insatser för hälsa / Structural investments for health

Ordförande / chair: Bosse Pettersson
Vice ordförande / co-chair: Hedinn Svarfdal Björnsson

K3-1 Nollvisionen – en systematisk folkhälsopolicy med konkreta resultat? Vision Zero – a systematic public health policy with concrete results?

Direktör Matts-Åke Belin
Trafikverket, Sverige
The Swedish Transport Administration, Sweden

K3-2 Ekonomisk recession och hälsa på Island / Economic Recession and Health in Iceland

Dr. Geir Gunnlaugsson
Medicinaldirektör, Landlaeksemaettid, Island
Medical director, Directorate of Health, Iceland

K3-3 Den nordiska välfärdsmodellen – en model med utvecklingspotential för at möta nutidens utmaningar The Nordic welfare model - a model with development potential to meet tomorrow's challenges?

Direktör Tone Mørk
Nordens välfärdcenter, Sverige
Director, Nordens välfärdcenter, Sweden

15.45-17.15

PARALLELSESSION 15 – INBJUDEN SESSION PARALLEL SESSION 15 – INVITED SESSION

Sal / Room IX & X

I15 Så blir folkhälsoperspektiv till verklighet och verksamhet - folkhälsa i strategisk regional planering

Sammanställare / Convener: Marlen Ljusberg
Ordförande / Chair: Marlen Ljusberg
Språk / Language: skandinaviska / Scandinavian

I15-1 Integrera ett folkhälsoperspektiv för en ökad jämlikhet i hälsa

Produktionsledare Jolanda van Vliet, Landstinget i Östergötland, Sverige

I15-2 Konsekvensbedömning som verktyg för att integrera folkhälsa i planeringsprocessen

Regionplanerare Hans Brattström, Stockholms läns landsting, Sverige

I15-3 Kompanjonskap mellan tredje sektorn och kommuner i folkhälsoarbetet

Vice Direktör för Samfundet Folkhälsan Stefan Mutanen, Samfundet Folkhälsan, Finland

I15-4 Oversikt - virkemidler på lokalt og regionalt nivå

Rådgiver Jan Thyrraug, Østfold fylkeskommune, Norge

15.45-17.15

PARALLELSESSION 16 – INBJUDEN SESSION
PARALLEL SESSION 16 – INVITED SESSION

Sal / Room XI

I16 Planning of national statistics for local public health

Sammanställare / Convener: Jørgen Falk
 Ordförande / Chair: Jørgen Falk
 Språk / Language: engelska / English

I16-1 A National Health Survey in Denmark – an important tool in the prioritizing, planning and monitoring of local health initiatives.

Project Manager Line Raahauge Hvass, National Board of Health, Denmark

I16-2 TEAviisari – Benchmarking system for health promotion capacity building

Researcher Vesa Saaristo, National Institute for Health and Welfare (THL), Finland

I16-3 New Law on Public Health – new need for health statistics and support functions for Norwegian counties and municipalities.

Senior adviser Pål Harald Kippenes, Norwegian Directorate of Health, Norway

I16-4 The use of national health data in the planning process in Sweden.

Saman Rashid, Swedish National Institute of Public Health, Sweden

15.45-17.15

PARALLELSESSION 17 – INBJUDEN SESSION
PARALLEL SESSION 17 – INVITED SESSION

Sal / Room XIV

I17 Velfærdsteknologi til mennesker med kroniske sygdomme og svage ældre der lever i eget hjem

Sammanställare / Convener: Erland Winterberg
 Ordförande / Chair: Erland Winterberg
 Språk / Language: skandinaviska / Scandinavian

I17-1 Generelt om velfærdsteknologi

Project Manager - Welfare Technology Erland Winterberg, nordicwelfare.org, Sverige

I17-2 Information and communication technology (ICT) within elderly care – new possibilities where all are winners

Projektleder Mats Rundkvist, Behovsstyrt IKT-stöd, Sverige

I17-3 "The COPD briefcase". The effect of telemedical nursing consultations for patients with chronic obstructive pulmonary disease (COPD)

MScN Anne Dichmann Sorknæs, University of Southern Denmark, Denmark

I17-4 Forebyggende hjemmemonitorering er en god gevinst for patienter, pårørende og sundhedsprofessionelle

Associate Professor Birthe Dinesen, Aalborg University, Denmark

15.45-17.15

PARALLELSESSION 18 – INBJUDEN SESSION
PARALLEL SESSION 18 – INVITED SESSION

Sal / Room XV

I18 Skolinterventioner som främjar hälsosamma levnadsvanor bland yngre skolbarn, erfarenheter från finlandssvenska project

Sammanställare / Convener: Eva Roos
Ordförande / Chair: Eva Roos
Språk / Language: skandinaviska / Scandinavian

**I18-1 Skolinterventions- och forskningsprojektet Hälsoverkstaden
- rektorsutvärdering, uppföljning av skolarnas insatser samt effekt på elevernas levnadsvanor**

LVM Carola Ray, Samfundet Folkhälsan, Finland

I18-2 Lärarnas upplevelser av kommunikation och delaktighet i en hälsofrämjande skolintervention

Lärare Cia Törnblom, Arcada, Finland

I18-3 Det är GOTT att äta, ROLIGT att röra på sig och SKÖNT att sova -Folkhälsans hälsofrämjande arbete för goda levnadsvanor i skolan. Hur utnyttjar vi forskningsresultaten i praktisk verksamhet?

Projektledare för Hälsoverkstaden Erika Fogelberg, Folkhälsans Förbund, Finland

I18-4 PRO GREENS, främja frukt och grönsakskonsumtion bland skolelever, evaluering av projektet i finlandssvenska skolor

Docent Eva Roos, Samfundet Folkhälsan, Finland

15.45-17.15

PARALLELSESSION 19 – ABSTRAKT SESSION
PARALLEL SESSION 19 – ABSTRACT SESSION

Sal / Room XX

**O19 Befrämjande av mental hälsa – stor potential I folkhälsoarbete
Improving mental health – great public health potential**

Ordförande / Chair: Camilla Westerlund
Vice ordförande / co-chair: Mikko Vienonen

O19-1 Socioeconomic differences in recovery from long-term psychiatric work disability in Finland

Marianna Virtanen, Ichiro Kawachi, Tuula Oksanen, Paula Salo, Katinka Tuisku, Laura Pulkki-Råback, Jaana Pentti, Marko Elovainio, Jussi Vahtera, Mika Kivimäki, Finnish Institute of Occupational Health, Finland

O19-2 Positive Mental Health and First Aid as a Civil Skill

Eila Okkonen, The Finnish Association for Mental Health, Finland

O19-3 The uniqueness of mental health as a health promotion issue

Pia Solin, National Institute for Health and Welfare (THL), Finland

O19-4 Salutgenesis as a system approach to health promotion

Bengt Lindström, Nordic Chapter of IUHPE Global Working group on Salutogenesis, Folkhälsan, Finland

O19-5 Psykisk helse: forebyggende og helsefremmende anbefalinger og tiltak

Ellinor F. Major, Nasjonalt folkehelseinstitutt, Norge

15.45-17.15

PARALLELSESSION 20 – ABSTRAKT SESSION
PARALLEL SESSION 20 – ABSTRACT SESSION

Sal / Room XXIII

O2o Ekonomiska aspekter av hälsa och välfärd/Economic aspects of health care

Ordförande / Chair: Sakari Karvonen
 Vice ordförande / co-chair: Suvi Parikka

O2o-1 Economic assessment of health promotion in Finnish primary health care

Pia Hakamäki, Timo Ståhl, National Institute for Health and Welfare (THL), Finland

O2o-2 Är tillväxt och folkhälsa i konkurrens eller synergi - FRUSAM-projektet

Tommy Aspegren, Region Skåne, Sverige

O2o-3 Practical Economic Evaluation Tool for the Social Welfare Field

Marjo Pulliainen, Aija Kettunen, Diaconia University of Applied Sciences (Diak), Finland

O2o-4 Motives and costs of physical exercise with regard to health production: The DR's EXTRA Study

Virpi Kuvaja-Köllner, Hannu Valtonen, Pirjo Komulainen, Maija Hassinen, Rainer Rauramaa, Diak and Kuopio Research Institute of Exercise Medicine, Finland

O2o-5 Ekonomiska och hälsa inom området Byggd miljö - Litteraturgenomgång

David Berglund, Statens folkhälsoinstitut, Swedish National Institute of Public Health, Sweden

15.45-17.15

PARALLELSESSION 21 – INBJUDEN SESSION
PARALLEL SESSION 21 – INVITED SESSION

Sal / Room XXIV

I21 Prevention and treatment of depression and anxiety among children and youth in Nordic countries - FRIENDS-program

Sammankallare / Convener: Friends-planner Nina Aartokallio
 Ordförande / Chair: Johanna Seppälä
 Språk / Language: engelska / English

I21-1 The development of the friends for life programs - from targeted intervention to universal prevention

Clinical Psychologist & Director of OCD Research Kris Ojala, Pathways Health and Research Centre, Australia

I21-2 Implementation of the FRIENDS-program in Finnish schools - experiences and research

Friends-planner Nina Aartokallio, Aseman Lapset ry, Finland

I21-3 The importance of early interventions for anxiety disorders

Psychologist Johan Åhlén, Stockholms Läns Landsting, Sweden

I21-4 Effectiveness of cognitive behavioral therapy for anxiety disorders in mental health clinics and in schools as indicated prevention

Psychologist Jon Bjåstad, Haukeland University Hospital, Norway

8.30-10.00

PLENARSESSION 4 PLENARY SESSION 4

Sal / Room IX & X

K4 Kunskap och praxis – lokalt och regional Knowledge and practice - local and regional

Ordförande / chair: Max Petzold
Vice ordförande / co-chair: Viveca Hagmark

K4-1 Förbättring av folkhälsan – forskningens roll Improving public health – does research have an influence?

Direktör Mikael Fogelholm
Enheten för hälsoforskning, Finlands Akademi
Health Research Unit, Academy of Finland

K4-2 Universella program för föräldraträning – en svensk nationell strategi för att förbättra folkhälsan Universal programmes for parenting support – a Swedish national strategy for promoting public health

Dr. Sven Bremberg
Statens folkhälsoinstitut, Karolinska Institutet, Sverige
Swedish National Institute of Public Health, Sweden

K4-3 Kommunikation om sjukdomsprevention och evidensbaserade interventioner - informations- spridning från central till lokal nivå Communicating about disease prevention and evidence-based interventions – dissemination from a central to a local level

Dr. Else Smith
Sundhedsstyrelsen, Danmark
National Board of Health, Denmark

10.30-12.00

PARALLELSESSION 22 – INBJUDEN SESSION PARALLEL SESSION 22 – INVITED SESSION

Sal / Room XI

I22 Nationella strukturer för hälsofrämjande i Finland

Sammanställare / Convener: Kerttu Perttilä
Ordförande / Chair: Taru Koivisto
Språk / Language: skandinaviska / Scandinavian

I22-1 Den nya lagen om hälso- och sjukvård stöder strukturerna och processerna i främjandet av välfärd och hälsa

Direktör Taru Koivisto, Social-och hälsovårdsministeriet, Finland

I22-2 Politikprogrammet för hälsofrämjande bygger upp samarbete över förvaltningsgränserna

Socialråd Maija Perho, Finland

I22-3 Hälsofrämjande i det nationella programmet för social- och hälsovården (KASTE) – regionala strukturer och verktyg som förstärker dessa

Konsultativ tjänsteman Kerttu Perttilä, Social-och hälsovårdsministeriet, Finland

10.30-12.00

PARALLELSESSION 23 – INBJUDEN SESSION
PARALLEL SESSION 23 – INVITED SESSION

Sal / Room XIV

I23 Folkhälsoekonomi

Sammanställare / Convener: Ingvor Bjugård
 Ordförande / Chair: Ingvor Bjugård
 Språk / Language: skandinaviska / Scandinavian

I23-1 Mer värde för pengarna

Biträdande avdelningschef Stefan Ackerby, Sveriges Kommuner och Landsting, Sverige

I23-2 Kan vi spara pengar genom att investera tidiga och förebyggande åtgärder för folkhälsa?

Utredare Anita Linel, Statens folkhälsoinstitut, Sverige

I23-3 Systematisk kunnskapsoppbygging som grunnlag for bedring av trafikksikkerheten

Forskningsleder Rune Elvik, Transportøkonomisk institutt, Norge

10.30-12.00

PARALLELSESSION 24 – ABSTRAKT SESSION
PARALLEL SESSION 24 – ABSTRACT SESSION

Sal / Room XV

O24 Livstilsinterventioer på olika arenor och i olika befolkningsgrupper
Lifestyle interventions in different settings and population groups

Ordförande / Chair: Per Lindroos
 Vice ordförande / co-chair: Heikki Heinonen

O24-1 Fra ord til handling – oppstart av helse – og treningstilbud for kvinner i en multietnisk bydel i Oslo

Hanne Isaksen, Anne Robertsen, Oslo kommune, Norge

O24-2 Changing the way of life, a successful campaign to promote health for men

Kinnunen Liisamaria, Malvela Miia, Väisänen Katri, Komulainen Jyrki, Likes, Finland

O24-3 Friska barn - en metod för att främja bra mat- och rörelsevanor i förskolan

Andrea Friedl, Maria Wikland, Karolinska Institutet, Sverige

O24-4 Hospitals Himmerlands model for prevention and health promotion

Malene Wendtland, Danmark

O24-5 ProSkills - promotion of social and personal skills in socially unprivileged persons as basic conditions for lifelong learning

Anne Salovaara-Kero, Cristina Berge, István Bogdándi, Uwe Ch. Fischer, Eva Hegyiné Gombkötö, Claudia Jung, Matej Košir, Thérèse Michaelis, Bernadette Morand-Aymon, Angela Passa, Jan Ries, Irti Huumeista ry, Finland

10.30-12.00

PARALLELSESSION 25 – ABSTRAKT SESSION
PARALLEL SESSION 25 – ABSTRACT SESSION

Sal / Room XXIII

O25 Kvalitet i hälsovård/Quality of health care

Ordförande / Chair: Bertil Nordin
Vice ordförande / co-chair: Auli Pölönen

O25-1 The importance of documentation in school health care while determining a conscript's fitness for military service

Maarit Mäkilä, Harri Pihlajamäki, Mia Mäkinen, Päivi Rautava, Finland

O25-2 Attitudes towards depression treatment in primary care

Lauri Kuosmanen, Heli Hätönen, Mari Liukka, Tarja Melartin, City of Vantaa, Finland

O25-3 Developing counselling practices in physical activity (PA) by tutoring multi-professional teamwork in primary care

Erja Toropainen, Minna Aittasalo, Katriina Kukkonen-Harjula, Marjo Rinne, Tommi Vasankari, The UKK Institute for Health Promotion Research, Finland

O25-4 Mothers' and fathers' perceptions of family-professional partnership in child and school health clinics

Anne Salonen, Nina Halme, Sirpa Nykänen, Marja-Leena Perälä, National Institute for Health and Welfare, Finland

O25-5 Quality of medical treatment after first acute myocardial infarction among native Danes and immigrants from Turkey, Pakistan and the former Yugoslavia

Nana Folman Hempler, F Diderichsen, FB Larsen, S Ladelund, T Jorgensen, Danmark

10.30-12.00

PARALLELSESSION 26 – INBJUDEN SESSION
PARALLEL SESSION 26 – INVITED SESSION

Sal / Room XXIV

I26 Health Promoting Schools

Sammanställare / Convener: Hédinn Svarfdal Björnsson
Ordförande / Chair: Hédinn Svarfdal Björnsson
Språk / Language: engelska / English

I26-1 School health promotion as a strategic mean to improve education and health. Experiences from an action research project in a Swedish secondary school

Katja Gillander-Gådin, Department of Health Sciences, Mid Sweden University, Sweden

I26-2 Modell for helsefremmende skole i Telemark fylke Norge

Mariell Lian, Department of Community Public Health, Norwegian Directorate of Health, Norway

I26-3 Health Promoting Schools in Iceland: Influencing health-related behaviours through networks, policies and practices

Hédinn Svarfdal Björnsson, Directorate of Health, Iceland

I26-4 Well-being at school – how to make it real?

Päivi Nykyri, Finnish Centre for Health Promotion, Finland

10.30-12.00

PARALLELSESSION 27 – ABSTRAKT SESSION PARALLEL SESSION 27 – ABSTRACT SESSION

Sal / Room XXI

O27 Sociala determinanter för hälsa/Social determinants for health

Ordförande / Chair: Torbjörn Stoor
Vice ordförande / co-chair: Ritva Prättälä

O27-1 Long distances and lack of services portray the life in the rural areas

Virpi Kuvaja-Köllner, Anna Karttunen, Aija Kettunen, Diak and Kuopio Research Institute of Exercise Medicine, Finland, Finland

O27-2 Model to promote health and well-being of unemployed person

Salla Seppänen, Marja-Liisa Laitinen, Anne Ulmanen, Minna Männikkö, Finland

O27-3 Mother tongue and risk for hypertension - interplay of social and biomedical determinants

Suominen Sakari, Forsen Tom, Isomaa Bo, Volanen Salla-Maarit, Eriksson Johan, university of Turku, Finland

O27-4 Community empowerment as a tool for tackling health inequalities

Anu Kasmel, Estland

O27-5 Mænds sundhed i Norden

Svend Aage Madsen, Alan White, Rigshospitalet, København, Danmark

12.15-13.15

AVSLUTNINGSCEREMONI CLOSING CEREMONY

Sal / Room IX & X

Ordförande / chair: Tone Poulsson Torgersen
Vice ordförande / co-chair: Antti Uutela

Musik / Music

Hälsofrämjande på systemnivå – hur klarar den nordiska välfärdsmodellen nutidens utmaningar?

How does the Nordic welfare model cope with today's challenges?

Prof. Antti Uutela
Department director, Institutet för hälsa och välfärd (THL), Tampere universitet, Finland
Director of department, National Institute for Health and Welfare (THL), University of Tampere, Finland

Perspektiver mot nästa Nordiska Folkhälsokonferensen i Norge

Perspectives on the next Nordic Public Health Conference in Norway

Prof. Knut-Inge Klepp
Divisionsdirektör, Helsedirektoratet, Norge
Director of division, Norwegian Directorate of Health

Musik / Music

FINBALT SEMINAR

Sal / Room XX

Språk / Language: engelska / English

Finbalt Health Monitor project group organises a special seminar on a subject Role of behavioural monitoring for health policy and promotion. Seminar concentrates on two topics – how to implement health monitoring surveys in population and what are the multiple uses of behavioural monitoring surveys in Finland and the Baltic countries. Seminar is honoured by the presence of two founding members of the Finbalt Health Monitor, Professor, Director General Pekka Puska and Professor, Chancellor Vilius Grabauskas.

Finbalt Health Monitor is a collaborative project for monitoring health behaviours and health in Estonia, Finland, Latvia and Lithuania since 1990. A biannual mail survey for random sample of adult population forms the basis of the project. The 10-year trend report Social Determinants of Health Behaviours. Finbalt Health Monitor 1998–2008 will be published at the end of the seminar.

PROGRAMME:

Chair: Dr Ritva Prättälä, Director of Department, National Institute for Health and Welfare, THL, Finland

- 10.30–11.00 Health monitoring in population – how to get started?**
Prof. Pekka Puska, Director General, THL, Finland
Prof. Vilius Grabauskas, Chancellor, Medical Academy, Lithuanian University of Health Sciences, Lithuania
- 11.00–11.40 Multiple uses of behavioural monitoring surveys**
11.00–11.10 Pap-tests and mammography as examples of locally relevant survey questions
Dr Mare Tekkel, National Institute for Health Development, Estonia
- 11.10–11.20 Tobacco policy**
Dr Satu Helakorpi, THL, Finland
- 11.20–11.30 Policy and research to reduce health inequalities**
Dr Jurate Klumbiene and Dr Janina Petkeviciene, Lithuanian University of Health Sciences, Lithuania
- 11.30–11.40 Public health policy development**
Dr Iveta Pudule, Centre of Health Economics, Latvia and Dr Anita Villerusa, Riga Stradins University, Latvia
- 11.40–12.00 Conclusion and publication of the report:
Social Determinants of Health Behaviours.
Finbalt Health Monitor 1998–2008**

Following poster presentations are related to the Finbalt Health Monitor 10-year report:

P7 Katja Borodulin, Tomi Mäkinen, Noora Sipilä:
Trends and socio-demographic differences in physical activity, overweight and obesity in Estonia, Finland, Latvia and Lithuania in 1998-2008.

P8 Janina Petkeviciene:
Ten-year trends and social differences in some food habits of adult populations in Finland and in the Baltic countries.

P9 Jurate Klumbiene: The trends in social patterning of daily smoking in the Baltic countries and Finland in 1998-2008.

P10 Satu Helakorpi, Pia Mäkelä:
Trends of alcohol consumption in Estonia, Finland, Latvia and Lithuania.

P11 Anita Villerusa, Iveta Pudule, Inese Gobina:
Traffic Safety Related Behavior in FINBALT Monitoring Countries.

Poster presentationer / Poster presentations

Poster nummer / Number	Titel /Title	Författare / Author
P1	Services for Persons with Memory Disorders in Finnish Municipalities - Analysis of the Municipalities' Old-Age Strategies	Elisa Pessi, Helena Leino-Kilpi, Riitta Suhonen, Seija Arve
P2	The Survey of Health Promotion in Municipalities	Arja Hyytiä, Hilpi Linjama
P3	WHO Healthy Cities – Health Equity in all Local Policies	Karolina Mackiewicz
P4	From Shadow into Light: Use of PYLL-indicator (potential years of life lost) as catalyst for health in all policies at local and regional level.	Mikko Vienonen & Ilkka Vohlonen
P5	Implementation and dissemination of Time Out! Getting Life Back on Track programme in Finland - Results of the evaluation study	Kaija Appelqvist-Schmidlechner, Minna Savolainen, Esa Nordling & Eija Stengård
P6	Training as Health Ambassador in a Danish Municipality: An Evaluation	Kirsten Vinther-Jensen and Ellen Aavad Holm
P7	Trends and socio-demographic differences in physical activity, overweight and obesity in Estonia, Finland, Latvia and Lithuania in 1998-2008	Katja Borodulin, Tomi Mäkinen, Noora Sipilä & the Finbalt group
P8	Ten-year trends and social differences in some food habits of adult populations in Finland and in the Baltic countries	Petkeviciene Janina and Finbalt group
P9	The trends in social patterning of daily smoking in the Baltic countries and Finland in 1998-2008	Klumbiene Jurate and Finbalt group
P10	Trends of alcohol consumption in Estonia, Finland, Latvia and Lithuania	Satu Helakorpi, Pia Mäkelä and the Finbalt Group
P11	Traffic Safety Related Behavior in FINBALT Monitoring Countries	Anita Villerusa, Iveta Pudule, Inese Gobina and the Finbalt Group
P12	Social inequalities in the risk of congenital heart malformations in Kaunas, Lithuania	Malinauskiene Vilija, Azaraviciene Ada
P13	Do risk adjusters from the Swedish capitation system have predictive utility for New Zealand's 'Unmet Need' top-slice?	David S. Angelson
P14	Virtual Elderly Care Services on the Baltic Islands	Bodil Julin
P15	Adolescents' self-perceived economical situation and generally unhealthy behaviours	Ulrica Paulsson, Birgitta Edlund och Ragnar Westerling

P16	Open Comparisons Public Health	Karin Berensson
P17	Aging in Minority Contexts	Professor Helena Hurme
P18	MODEL TO PROMOTE HEALTH AND WELL-BEING OF UNEMPLOYED PERSON	Salla Seppänen, Marja-Liisa Laitinen, Anne Ulmanen, Minna Männikkö
P19	Being a double-carer: How family carers with spouse and children with a rare disorder experience their health and well-being	Lise Beate Hoxmark, Grete Hummelvoll, Steffen Torp
P20	Göra jämlikt = göra skillnad	Marianne Granath, Jonas Frykman
P21	Chronic diseases and functional decline – a matter of resources?	Finn Breinholt Larsen, Stine Poulsen, Pia Vedel Ankersen
P22	Exposure to environmental tobacco smoke in Finnish workplaces in 1985-2008 and the impact of legislative measures on the exposure to tobacco smoke at work	Antero Heloma, Satu Helakorpi, Jarkko Honkonen, Petri Danielsson and Antti Uutela
P23	Aktuella skrifter/rapporter inom hälsa och byggd miljö från Statens folkhälsoinstitut (Swe)	David Berglund
P24	Raisio-Rusko's co-operative area daytime service modeling	Anniina Mirja Maria Heininen
P25	A new model to enhance nutrition, physical capacity and social network among aged people at risk of losing their independence; a cooperative approach between public health care sector and third sector	Heikki Heinonen, Pilvikki Absetz, Anu Ritsilä, Pasi Töyli, Risto Raivio, Pekka Mattila, Raija Forström, Tiina Mäkelä, Antti Uutela, Mikael Fogelholm
P26	Regional Programme for Welfare and Health Promotion in South Savo	Kuninkaanniemi Hanna, Aholainen Markku, Häkkinen Eeva, Lipsanen Heino
P27	From early identification of diabetes and cardiovascular disease (d&cvd) risk factors to care pathways and regionally uniform arterial disease treatment guidelines in North Karelia	Tirkkonen Hilikka, Lehmusaho Mervi
P28	Health promotion and cardiovascular disease and diabetes prevention in primary care - Survey in the Kuopio University Hospital Area of Regional Responsibility (KUH-ERVA)	Lehmusaho Mervi and Renfors Timo and the project working group
P29	Trends in morbidity of recurrent myocardial infarction among Kaunas (Lithuania) middle-aged population during 1998-2008	Radisauskas R, Bernotiene G, Baceviciene M, Jancaityte L, Tamosiunas A, Sidlauskienė D
P30	Quality of life (QoL) in paediatric practice; examining the value of QoL assessment and intervention in children and adolescents with diabetes mellitus.	Maarit Lassander

P31	Developing chronic depression care model in primary health care	Jenni Hälvä, Marjo Kurki, Päivi Lepistö, Kirsi Riihimäki City of Vantaa, Health and Social Welfare Department
P32	Prevention of national diseases in Central Finland	Nina Peränen, Tarja Kettunen, Mauno Vanhala
P33	Experienced patients in patient education	Inge Wittrup, Doris Nørgard, Birthe Toft Knudsen
P34	"Promoting mental health through a mental health education mini-intervention; the impact on the perceptions of mental health among Greek adolescents education	Evanthia Sakellari
P35	How an active implementation of a chronic disease management program for patients with Chronic Obstructive Pulmonary Disease influences the use of healthcare resources	Smidth M, Olesen F, Vedsted P
P36	Finnish Attitudes Towards Alcohol 2010	Anna Järvinen and Ritva Varamäki
P37	Peluuri -stöd till personer med spelproblem och deras anhöriga	Mari Pajula
P38	SWELOGS - Swedish Longitudinal Gambling Study	Katarina Paulsson
P39	To prevent gambling problem. Effectiveness of different prevention programmes 1999-2011	Jessika Svensson
P40	Treatment of pathological gambling with pharmacotherapy and brief intervention	Tuuli Lahti
P41	Remember that Song' Using singing and listening to familiar songs in dementia care	Teppo Särkämö, Sari Laitinen, Mari Tervaniemi, Merja Kurki, Ava Numminen
P42	The integration of family services: the viewpoint of managers of the municipal sphere of authorities	Marja-Leena Perälä, Nina Halme
P43	Getting access to culture in health	Morten Deleuran Terkildsen, Inge Wittrup
P44	Predictors of success of lifestyle intervention in individuals at high risk for type 2 diabetes: One-year results from the FIN-D2D project	Nina Rautio, Jari Jokelainen, Timo Saaristo, Heikki Oksa, Markku Peltonen, Mauno Vanhala, Eeva Korpi-Hyövälti, Leena Moilanen, Juha Saltevo, Leo Niskanen, Jaakko Tuomilehto, Matti Uusitupa, Sirkka Keinänen-Kiukaanniemi
P45	Shape Yourself Up Campaign Towards Well-Being	Eeva Häkkinen

P46	Head off memory loss – improving cognitive functional capacity	Kurki Merja, Roliig Kaisa, Ojanen Ville
P47	Motivation för motion bland 40-67 åriga män med nedsatt glukostolerans	Petra Turja, Mikaela Wiik, Camilla Wikström-Grotell
P48	Hyvinvointipolku.fi – to Assist in Supporting Self-Care	Heimo Lajunen, Anu Mutka
P49	Gymnastikk med hjelp av tele-teknologi i Kolari	Aimo Korpilähde
P50	What's in it for me? – Lessons learnt on how to collect data on patient education programmes in diverse settings	Maiken Rose Hjortbak, Kirsten Vinther-Jensen
P51	Hva er det som gjør at gravide fortsetter å røyke?	Ellen Margrethe Carlsen
P52	Secondary prevention of vascular diseases in elderly coronary patients – results of a randomized controlled trial	Mila Gustavsson-Lilius, Juhani Julkunen, Tiina Koskimäki, Risto Sala, Hannu Turunen & Veijo Notkola
P53	Networking is the key in the promotion of healthy lifestyle among adults	Kinnunen Liisamaria, Komulainen Jyrki
P54	Behovet av en föräldratelefonlinje för stöd kring barns mat- och rörelsevanor	Maria Thafvelin, Mats Toftgård
P55	IANPHI - Strengthening national public health capacity through international collaboration	IANPHI Secretariat: Teija Kulmala, Courtenay Dusenbury, Katja Heikkiläinen, Pekka Puska
P56	Daghem utan mobbning	Maria Stoor-Grenner, Laura Kirves
P57	An oral health care model in the acute department.	Sirkka-Liisa Korkeakoski
P58	Survey on anthropometric parameters in children and school environment in Latvia, 2008	Biruta Velika, Iveta Pudule, Daiga Grinberga
P59	Äldre personers känsla av trygghet - yttre och inre källor	Lisbeth Fagerström
P60	Experienced and inexperienced parents' parenting self-efficacy during the immediate postpartum period	Salonen Anne, Kaunonen Marja & Tarkka Marja-Terttu
P61	Increasing service user involvement: mothers' peer support group at maternity and child welfare clinics	Sirpa Kumpuniemi, Marjo Kurki, Lauri Kuosmanen
P62	Hälsa hem! Om parrelationer, strukturer och respekt	Barbro Näse
P63	"Hälsa som håller" Med utgångspunkten att ett hälsosamt åldrande börjar vid födelsen och sträcker sig genom hela livet arbetar Helsingborgs stad strategiskt och processinriktat.	Anna Ristovska

P64	Centre for Injury and Violence Prevention Project	Ilona Nurmi-Lüthje, Kirsi-Marja Karjalainen, Miia Pauna
P65	Fruit and vegetable in schoolchild's menu: dieting and social inequalities during 2002 – 2010 in Lithuania	Apolinaras Zaborskis, Reda Lagūnaitė
P66	The Comphp Project: Developing consensus on competencies and professional standards for health promotion capacity building in Europe	Ms Pirjo Koskinen-Ollonqvist, Professor Margeret Barry and Ms Barbara Battel-Kirk
P67	Det goda åldrandet -värdighet, delaktighet och hälsa för äldre i Kvarkenregionen	Annika Wentjärvi, Tony Pellfolk, Susanne Jungerstam
P68	Pratkvarnen- gruppverksamhet för personer med afasi inom folkbildningen	Victoria Mankki
P69	Accident Prevention Project, 2009–2015	Elina Harju
P70	Folkhälsoarbetet behöver den ideella sektorn	Margareta Johansson
P71	How to evaluate rehabilitation of people with chronic disease in hospital, community and in general practice with a common system and with the same indicators – a pilot study of developing a method.	Kirsten Hald
P72	Kan helsefremmende og forebyggende hjemmebesøk støtte den eldres helseressurser og muligheter til et godt liv i eget hjem?	Mette Tøien, Morten Heggelund, Bjørn Landmark, Ida Torunn Bjørk, Lisbeth Fagerström
P73	Clearing up! The sexual wellbeing development project 2010-2012	Bildjuschkin, Katriina & Susanna Ruuhilahti
P74	What can be learned from coordinating a research project including both reseachers and practisioners?	Brian Linke
P75	Hälsoenkät, men sen då? Om enkäter kring psykisk hälsa bland ungdomar 12-16 år.	Björn Wickström
P76	Bringing up sexual matters / sexuality	Bildjuschkin Katriina
P77	European Health Examination Survey – an information source for evidence based public health policy	Hanna Tolonen and Kari Kuulasmaa for the EHES Reference Centre and EHES Joint Action partners
P78	Photovoice - an opportunity for students' participation but a challenge for the school and the municipality	Maria Warne, Kristen Snyder, Katja Gillander Gådin
P79	Modell för systematisk folkhälsoinventering - teori och empiri	Charlotta Östlund, Johanna Alfredsson, Sven Persson

Abstrakter Abstracts

Plenarsessioner / Plenary sessions

Öppningsceremoni / Opening of the conference

Norden runt 10 gånger på 25 år – några milstolpar i det nordiska folkhälsoarbetet / Ten times around Nordic countries in 25 years – some milestone in Nordic public health

BSc Bosse Pettersson

Folkhälsoråd, seniorrådgivare och konsult, Sverige
Public health expert, Sweden

En personlig betraktelse över några milstolpar i folkhälsoarbete i Norden sedan den första konferensen på Hanaholmen i Esbo 1987. I nuet händer för lite och det går för sakta. Backspegeln kan ge oss ett annat perspektiv. Vilka tillkortakommanden borde vi ha kämpat hårdare för? Och, vilka är de största utmaningarna för framtiden? Listan kan göras väldigt lång och väcka tankar för ytterligare tio nordiska folkhälsokonferenser.

A personal discourse over some milestones in health promotion among Nordic countries since the first conference in 1987 on Hanaholmen in Esbo. In presence there is too little action and too slow. The rear mirror may offer a different perspective. Which shortcomings should we have invested more in to overcome? And, which are the major challenges for the future? The list can be made very long and provide food for thought for ten more Nordic public health conferences.

Plenarsession 2 / Plenary session 2

K2 Delaktighet och jämlikhet i hälsa / Inclusion and equity in health

K2-1 Bidrar dagens arbetsliv till en ökning eller minskning av de socioekonomiska skillnaderna i hälsan / Does current working life increase or decrease socioeconomic inequalities in health

Prof. Mika Kivimäki

University College London, Helsingfors universitet, Arbetshälsoinstitutet
University College London; University of Helsinki; Finnish Institute of Occupational Health

The graded association between socioeconomic disadvantage and poor health is extraordinary robust observed in most countries despite their differing disease prevalence and risk factors. However, we still lack consensus on the causes of social inequality and procedures that would constitute best practice to remove the excess morbidity and mortality in low socioeconomic status (SES) groups. Economists have promoted theories of social selection (or health-related selection) suggesting that childhood health is linked to educational achievements and labour market prospects and thus to adult SES. An alternative or complementary view, called the social causation hypothesis, is that SES affects health, either directly or indirectly, because SES is linked with numerous physical and behavioural risk factors and differential access to material and psychosocial resources that can impact health. Recently, it has been argued that for working populations spending an increasing amount of their time at work, workplace may represent

an important source of social inequalities and thus also a promising target for interventions. By applying a life-course framework, this will keynote provide insights into this question with particular emphasis on recent evidence on the role of work as a determinant of socioeconomic inequalities in three major diseases: coronary heart disease - a leading cause of death -, diabetes mellitus, and depression.

K2-3 Att skapa resiliens i familjer och skolor / Building Resilience in Families and School Communities

Prof. Paula Barrett

University of Queensland; founder Pathways Health and Research Centre, Australia

For over two decades research on preventative mental health interventions has shown an overall long-term positive impact on the lives of thousands of children and adults worldwide. The long-term societal benefits of early intervention and resilience building have been demonstrated by Nobel Laureates for Economics. Nevertheless, models of early intervention and prevention are not readily embraced by mental health or educational professionals; and resistance to positive psychology and empowering philosophies in clinical settings is the norm.

Resilience and preventative evidence-based strategies can be taught both at community/group level, and at an individual level in a clinic setting. It only requires a change in philosophical approach of client work and we can use standard CBT and other evidence-based skills (exercise, diet, mindfulness, healthy sleep education amongst others) for the design of our interventions and relapse prevention plans.

Measurement of intervention outcomes is also increasingly encompassing a multitude of both deficit measures to ascertain levels of psychopathology across a variety of domains, as well as strength-based measures of happiness, coping, peer support, resilience and others. The latter and newer measures are better equipped psychometrically to deal with changes at a population level when we are aiming to produce positive changes in all participants in terms of acquisition of strength-based attributes.

We all know that prevention is better than cure: Why do we not apply this basic principle in our day-to-day practice as mental health professionals? Why do we not incorporate "Resilience and Prevention" as part of the curriculum of our pre, primary and high schools as well as university training courses?

Much needs to be done as there is so much promise in terms of the number of lives we can positively change, from a very young age, using a preventative, resilience building community approach in the next few decades – Quo Vadis?

Plenarsession 3 / Plenary session 3

K3 Strukturella insatser för hälsa / Structural investments for health

K3-1 Nollvisionen – en systematisk folkhälsopolicy med konkreta resultat? / Vision Zero – a systematic public health policy with concrete results?

Direktör Matts-Åke Belin

Trafikverket, Sverige

The Swedish Transport Administration, Sweden

Oktober 1997 ställdes sig den svenska riksdag bakom regeringens förslag till ny inriktning av

trafiksäkerhetsarbete, den s.k. Nollvisionen . Nollvisionen är kontroversiell och vissa forskare och debattörer har ifrågasatt och kritiserat denna policy. Kritiken har främst varit inriktad på Nollvisionens ambition att långsiktig eliminera alla dödsfall och allvarliga skador. Enligt denna kritik finns det en risk att Nollvisionen kan leda till felaktiga samhälliga prioriteringar och till olika samhälleliga oönskade bieffekter som exempelvis att åtgärder som kraftfullt inskränker den personliga friheten skulle kunna motiveras. Oavsett inställning till Nollvisionen så har denna policy fått stor spridning i Sverige och vår omvärld. En sökning på sökmotorn google indikerar 28 300 träffar på det svenska begreppet Nollvisionen och det engelska begreppet Vision Zero ger 9 150 000 träffar. Den svenska trafiksäkerhetspolitiken har därmed inte bara direkt påverkan på den svenska vägtransportsektorn och dess aktörer utan den har även fått en vidare spridning som svårligen kunde förutses vid riksdagsbeslutet 1997. Intresset för Nollvisionen är också stort från olika internationella organisationer. Ett exempel är behandlingen av Nollvisionen i World Health Organization (WHO) och World Banks (WB) första globala rapport om trafikskador i världen år 2004. Nollvisionen som fenomen inom politiken har också spridit sig till hela transportområdet och andra politikerområden som exempelvis självmord. Ett annat exempel där det argumenteras för en nollvision är mobbning. Det har nu gått över 13 år sedan riksdagens beslut om Nollvisionen och frågan är vilka effekter har denna system inriktade policy haft på det konkreta trafiksäkerhetsarbetet och antal dödade och skadade i vägtrafiken. Syftet med min presentation är att presentera resultat från min forskning som rör både analyser av Nollvisionen som ny trafiksäkerhetspolicy samt Nollvisionens policyprocess från idé till implementering av hälsofrämjande åtgärder och slutligen denna policys hälsofrämjande resultat.

K3-2 Ekonomisk recession och hälsa på Island / Economic Recession and Health in Iceland

Dr. Geir Gunnlaugsson

Medicinaldirektör, Landlaeksemaettid, Island
Medical director, Directorate of Health, Iceland

Iceland is currently under-going a profound economic recession, and there is no doubt that families with young children are under the strain of heavy debts. Yet, so far there are no signs that the health of the population has greatly suffered, at least not in the short term. The over-all mortality rates are not increasing, and there are no signs yet of increased morbidity. Mental health is of particular concern especially that of children and young people, but still there are no signs of a deteriorating situation. For example, the suicidal rate is on level with previous years, adolescents report more time with parents in 2009 compared to the year 2006, and the prevalence of their use of tobacco and alcohol continues to decline. Yet, the long-term impact of the historically high unemployment rate of about 8.6% (March 2011) is a serious concern.

In an attempt to improve governmental effectiveness and efficiency, the Ministry of Welfare has been established through the merger of the Ministry of Health and the Ministry of Social Affairs. Further the activities of the National Public Health Institute, established in 2003, have been merged with The Directorate of Health, an organization that celebrated its 250-years of existence last year. These structural changes give opportunities to strengthen and improve public health work in the country with better focus on socially determined risk factors and inequality for the health of the population. With due attention to the needs of the young and their families in the current crisis, foundations are laid for the general wellbeing of the whole population from birth to older age.

K3-3 Den nordiska välfärdsmodellen – en model med utvecklingspotential för at möta nutidens utmaningar / The Nordic welfare model - a model with development potential to meet tomorrow's challenges?

Direktör Tone Mørk

Nordens välfärdcenter, Sverige
Director, Nordens välfärdcenter, Sweden

Nordens Välfärdscenter(NVC) er opprettet på oppdrag fra de nordiske regjeringer. NVC er Nordisk Ministerråds hovedorgan for å fremme utviklingen på det velferdspolitiske området i Norden samt å bidra til en modernisering av den nordiske velferdsmodellen. Oppgaven til NVC er å identifisere og sette på dagsorden velferdspolitiske utfordringer, belyse ulike aspekter ved den nordiske velferdsmodellen og stimulere til utviklingen av denne.

Innlegget vil bygge på Nordens Välfärdscenter sitt arbeid med å bidra til utviklingen av den nordiske velferdsmodellen. Hvordan kan eksempelvis fokus på arbeidsinkludering, bruk av velferdsteknologi og tidlig intervensjon overfor familier virke i retning av å opprettholde et godt velferdssamfunn?

The Nordic Centre for Welfare and Social Issues (NVC) was established at the request of the Nordic governments. NVC is the central organization of the Nordic Council of Ministers with regard to promoting the development within the welfare-political arena in the Nordic countries, as well as being a contributor to modernizing the Nordic welfare model. The task of NVC is to identify and address welfare-political challenges, to shed light on different aspects of the Nordic welfare model and to stimulate the development of this model.

The presentation will be based on the work of the Nordic Centre for Welfare and Social Issues with regard to contributing to the development of the Nordic welfare model. As an example, how can focus on work inclusion, use of welfare technology (Ambient Assisted Living technologies) and early intervention towards families, contribute to maintaining a good welfare society?

Plenarsession 4 / Plenary session 4

K4 Kunskap och praxis – lokalt och regional / Knowledge and practice - local and regional

K4-1 Förbättring av folkhälsan – forskningens roll / Improving public health – does research have an influence?

Prof. Mikael Fogelholm

Enheten för hälsoforskning, Finlands Akademi
Health Research Unit, Academy of Finland

In European science-policy, “Grand Challenges” refer to important societal challenges, whose solutions require knowledge from scientific research. Among the Grand Challenges are health-related issues, like ageing and diet-induced chronic diseases, such as obesity and type 2 diabetes. The above examples of Grand Challenges are complex by nature. Consequently, also the research needed to solve challenges is multidisciplinary and it combines both basic and more applied research. High-impact projects may be large, multinational and multicentre studies. However, impact can also be achieved on smaller

scale. The case study comes from Lahti Region, about 100 km north of Helsinki. The GOAL (Good Ageing in Lahti Region) project has been ongoing from year 2002. GOAL combines data from a large cohort study and several targeted, community-based interventions. The aim is to provide data and knowledge to local communities in order to promote health in ageing individuals. The 10-year cohort study (2002–2012) involves almost 3000 individuals (1). The first intervention studies were targeted to prevent cardiovascular diseases and type 2 diabetes (2). In these studies, lifestyle-counselling was carried out by trained nurses. This was done to make sure that the interventions were also learning processes and that the gained expertise remained in the communities.

1. Fogelholm M, Valve R, Absetz P, et al. Rural-urban differences in health and health behaviour: a baseline description of a community health-promotion program for the elderly. *Scand J Publ Health* 2006;34:632-40.
2. Absetz P, Oldenburg B, Hankonen N, et al. Type 2 diabetes prevention in the real world: three-year results of the GOAL lifestyle implementation trial. *Diabetes Care* 2009;32:1418-20.

K4-2 Universella program för föräldraträning – en svensk nationell strategi för att förbättra folkhälsan / Universal programmes for parenting support – a Swedish national strategy for promoting public health

Dr. Sven Bremberg

Statens folkhälsoinstitut, Karolinska Institutet, Sverige
Swedish National Institute of Public Health, Sweden

Sedan länge är det känt att ett gott samspel mellan föräldrar och barn reducerar risken för ett flertal hälsoproblem, både under uppväxten och senare i livet. En viktig förutsättning för ett gott samspel är välfärdssystem som är inriktade på barnfamiljernas behov. Här ingår föräldraförsäkring, andra transfereringar, skattesubventionerad förskola samt skola; insatser som finns i de flesta nordiska länder. Under 1990-talet har ny kunskap tillkommit som tyder på att ett gott samspel även kan främjas av direkta psykologiska-pedagogiska insatser för föräldrar. Mer än 100 randomiserade kontrollerade studier har publicerats som visar att sådana insatser främjar ett gott samspel mellan barn och föräldrar. Gynnsamma effekter på barnens hälsa har också påvisats. Olika kartläggningar i Sverige tyder på ett betydande intresse bland föräldrar för sådan verksamhet. Grundat på denna kunskap har den svenska regeringen år 2009 lanserat en nationell strategi för ett utvecklat föräldrastöd. Huvudaktör är kommunerna som samarbetar med landstingen och olika frivilligorganisationer. Som stöd för utveckling av strategin har regeringen fördelat 140 miljoner kronor till 16 grupper av kommuner. Hälften av dessa medel avsätts till forskning. Några viktiga drag i den nationella strategin är att stödet ska vara generellt, vara inriktat på föräldrar med barn i olika åldrar, ska nå olika sociala grupper på ett likvärdigt sätt liksom att det ska vara relevant för både män och kvinnor. Insatserna ska vila på vetenskaplig grund. Preliminära resultat kommer att presenteras.

K4-3 Kommunikation om sjukdomsprevension och evidensbaserade interventioner - informations-spridning från central till lokal nivå / Communicating about disease prevention and evidence-based interventions – dissemination from a central to a local level

Dr. Else Smith

Administrativ direktör, Sundhedsstyrelsen, Danmark
Administrative director, National Board of Health, Denmark

One of the core tasks of The Danish National Board of Health is to follow the health conditions of the population. This can be done through many ways, e.g. surveillance, evaluation – and reading the news.

The Danish National Board of Health has developed a number of guidelines and “tools” which can support local evidence-based intervention. The presentation will introduce some of these tools and guidelines such as: “Evidensbasen”, “Videnssøgeren” and “Guide til vurdering af overførbare og anvendelige” (Applicability and transferability of interventions in evidence-based public health).

The Danish National Board of Health initiates different types of interventions which to some extent involve the local level:

- Guidelines and recommendations: e.g. fall prevention, COPD rehabilitation, tracking overweight among children
- “CEN-LOK” (Central-Local) campaigns: e.g. alcohol, physical activity and STD
- Monitoring: e.g. smoking habits of the Danish population
- Overall plan for HIV, STD and unwanted pregnancies; model projects
- Network and co-operation projects
- Large-scale, nationwide campaigns

Ongoing challenges in working with and communicating through the local level are:

- Securing documentation, collection and dissemination of knowledge and methods
- Build upon existing knowledge and experiences
- Little knowledge about effective methods
- Securing the connection between the population-oriented interventions and the patient-oriented interventions – cross-sector collaboration.

Inbjudna sessioner / Invited sessions

I1 Challenges of the Nordic Welfare Model from the Sami Perspective

I1-1 Culturally adapted health care – why and how?

Ole Mathis Hetta

Norwegian Directorate of Health, Norway

The aim of this presentation is to create and enhance a consciousness about cultural adaptation of primary care and intercultural communication. The Sami population in Norway, appr 70.000 people, live scattered in more than 300 of the municipalities and constitute the majority ethnic group in only 6-8 of the Norwegian municipalities. About 20-30% speak Sámi as their first language and many of these would prefer to communicate in Sámi with the health care providers. Sámi culture is distinctively different from the majority culture in Norway when it comes to world view, understanding of health and disease, use of traditional practitioners, expectations to care and confidence in western health care. In this presentation I want to illustrate with examples and cases how cultural differences can create misunderstanding and reduce confidence between patient and provider. I will also present some models for improving intercultural/cross-cultural communication in health care. To render equivalent health care for the Sámi population, it will be necessary that different levels take the responsibility to improve the situation (political, national, regional, local, primary care and specialist-care).

I1-2 Being a young Sami in Sweden, living conditions, mental health and alcohol habit

Lotta Omma

Department of Clinical Sciences, Division of Psychiatry, Sweden

Introduction: The history of the Sami people is a long history of racism, discrimination and a life of conflict. This stressful situation might imply mental health problems. Interestingly there has been no research on mental health related issues on the Swedish Sami population. This is a first study on young Sami in Sweden, their living conditions, mental health, alcohol habits and suicidal problems.

Subject and methods: A questionnaire with questions on socio-demographic conditions, sami identity, experiences of discrimination, mental health, alcohol habits (AUDIT) and experiences of suicidal behaviour was sent to 876 persons aged 18-28 years. They were identified through different Sami organizations as the Sami schools, the Sami parliament and the Sami youth organization. After one reminder 517 (59 %) responded).

Results: A majority of the respondents are proud to be Sami and want to preserve their culture. Nearly half had perceived discrimination or ill-treatment because of their ethnicity. In spite of this a great majority have a positive self-perception and report good health. There were significant gender differences, females less often reported 'feeling healthy', more often reported being sad and anxious. As regards alcohol habits according to AUDIT hazardous use of alcohol was more or less the same in the Sami youth group as a comparison group of young non Sami persons in northern Sweden. Suicidal plans are reported by 13.5 % of the males and 23 % of the females. 3 % of the males and 7 % of the females had made a suicide attempt. This is in line with figures for other Swedish youth.

In conclusion the investigated group is satisfied with their life situation and the health seems to be good compared to other Swedish young adults. As protective factors amongst the Sami we think that the strong family coercion and the cultural pride are the most important.

I 2 Local and regional practices in health promotion

I2-2 Sustained community-based prevention of NCDs: From North Karelia Project to North Karelia Center for Public Health

Vesa Korpelainen

North Karelia Center for Public Health, Finland

Background: In response to the extremely high cardiovascular (CVD) mortality, the North Karelia Project (NKP) was launched in Eastern Finland in the Province of North Karelia in 1972 to carry out a community-based project for CVDs prevention. During 1972-77 the project was a national pilot. Thereafter the work continued to 1997 as national demonstration, while the experiences have actively been transferred for national and international use.

Methods: A theory-based, comprehensive community intervention has been carried out to influence dietary habits (to reduce blood cholesterol and blood pressure levels) and smoking. The aim has been to change physical and social environments through broad health promotion and policy changes. Key stakeholders have been primary health care, schools and other public health sectors in the society, food industry and supermarkets – with great interest from the media.

Results: Carefully standardized population surveys have been conducted every fifth year since 1972. Major reductions have been seen in the population levels of the main CVD risk factors. Since the early 1970s, the CHD mortality rate among the 35-64 year male population in North Karelia has declined by 85 % and by 79 % in all Finland. Mainly due to decreased smoking in males total cancer mortality has decreased by 67 %. Life expectancy at birth has increased from 66.4/74.6 years (males/females) in 1971 to 75.8/82.8 years in 2006. The reduction of CVD mortality has to great extent been due to reduction in the population levels of the target risk factors, while the reduction in risk factors has clearly been due to the lifestyle changes, especially to the dietary changes.

Conclusion: The North Karelia Project provides the long-term experience and shows the potential of sustained population based heart health work. It also demonstrates the usefulness of a major demonstration programme for national prevention. The work in North Karelia continues as a national demonstration coordinated by the North Karelia Center for Public Health. The ongoing activities of the center aim at improving of the infrastructure for prevention and health promotion in collaboration with local communities and in close collaboration with national policy work. The long-term experience from North Karelia and Finland emphasize importance of at least the following issues: good medical and social/behavioural framework, flexible intervention, restricted targets, monitoring of intermediate indicators, innovative work with media, broad collaboration, institutional base and dedicated leadership.

I2-3 From research into practice: FIN-D2D model in the prevention of type 2 diabetes

Pölonen A, Oksa H and Saaristo T on behalf of The FIN-D2D Project Study Group

Pirkanmaa Hospital District, Tampere, Finland

Aims: Diabetes Prevention Study (DPS) showed evidence that the nutrition and physical activity counselling provided by an authorised nutritionist prevents type 2 diabetes (T2D). FIN-D2D project 2003–2007 was established to implement this knowledge in the primary health care. The aim was to create new models of screening and intervention for the prevention of T2D and cardiovascular diseases.

Methods: FIN-D2D project was carried out in 2003-2007 as part of the national diabetes prevention programme in five hospital districts with the population of 1.5 million. Partnership and collaboration was established between municipalities, health care centres, occupational health care units, and actors of

third and private sectors. Multidiscipline support, education and training of life style modification were arranged. Screening and intervention programmes were developed. The self-administrative FINDRISC was the main screening tool. Oral glucose tolerance test (OGTT) was used for detecting undiagnosed diabetes. High risk individuals were referred for life style modification programmes.

Results: Around 200 000 persons were screened. A high-risk cohort (n=10 149, 30% men) was collected for evaluation. Baseline OGTT showed abnormal glucose tolerance in 68.1% of men and 49.4% of women. 5523 high risk individuals participated in the follow-up. 45.4% of men and 42.1% of women had at least one intervention visit. 23.7% of men and 28.4% of women had ≥ 4 intervention visits. During the follow-up of one year the mean weight change was -1.0 kg and waist change -1.1 cm. Individuals with ≥ 4 intervention visits, weight change was -2.7 kg and waist change -2.8 cm. The glucose tolerance improved along with lifestyle changes. The relative risk of T2D was 0.31 in the group of $>5\%$ weight lost, 0.72 in the group of 2.-4.9% weight lost, and 1.10 in the group of $> 2.5\%$ weight gain compared with the group of maintained weight.

Conclusion: Large-scale screening and effective lifestyle interventions for preventing T2D are possible to carry out in a primary health care setting. Plenty of interfering factors are to overcome. A local network and collaboration, and systematically organised multidiscipline life style education and training are prerequisites for the success.

12-4 Self management support, experiences from Päijät-Häme, Finland

Risto Kuronen

Päijät-Häme Social and Health Care, Finland

Future challenge of health care is the increasing number of people who are at high risk of lifestyle related diseases or already have them. Lifestyle change has the key role in management of these conditions and diseases and this takes place in people's everyday life. Models which support self-management are going to be developed and implemented in primary care. GOAL (Good Ageing in Lahti region, IKIHYVÄ) group counselling model has been developed in Päijät-Häme region. This group counselling model is the intervention in the lifestyle counselling process, in where also the identification of those who are at high risk of type 2 diabetes and follow-up and evaluation has been defined. Identification of people at high risk is done by the Findrisk-tool. Task-oriented group counselling based on motivating communication takes place in six sessions during six months. Facilitators of the group counselling are health care professionals who have participated 3+1 day education organized by the local health promotion unit, Hyve-unit. Registration of the data to the medical records is made in same way in every health centre and so information how the process works and its efficacy can be collected for the chief professionals. Lifestyle counselling process is functioning now in every health centre of Päijät-Häme. Coordination and development of the process is done by Hyve-unit in co-operation with the local primary care. Health coaching program TERVA was conducted in Päijät-Häme in years 2007-2009. TERVA was 12-month structured, telephone-based program supported by tailored technology. Aim of the program was to promote patients', who had poor controlled type 2 diabetes, recent myocardial infarct or cardiac insufficiency, motivation, knowledge and skills in disease self-management and to improve their adherence to clinical care. Intervention included two calls for engagement and assessment and a median number of 12 outbound, structured coaching calls under a one-year period. Health coaches who have had four weeks education in coaching also had access to patient records in both primary and secondary care and an opportunity to consult the patients' physician/nurse. All Health coaches worked in one call-centre. Health coaching is now being implemented in the routine care. Results and experiences from the lifestyle counselling process and TERVA-program will be presented.

13 Delaktighet och hälsa

13-1 Delaktighet och hälsa med ungdomar och beslutsfattare mot hållbara strategier för ökad egenmakt, livskvalitet och jämlikhet i hälsa

Staffan Berglund

Malmö högskola, Sverige

Trots att vi lever i ett välfärdssamhälle, där kunskap och resurser inte borde vara något problem, ser vi en bestående ojämlikhet i hälsa och en ökande psykosocial ohälsa bland ungdomar. Hur är detta möjligt? Vad händer egentligen med välfärdssamhällets goda vilja, under det att den om och om igen investeras i på varandra följande och överlappande strategier, projekt och interventioner för att skapa goda förutsättningar för ungas hälsa? Genom vilka sociala interventioner och andra insatser kan unga människors reella delaktighet, egenmakt, välfärd, livskvalitet och hälsa främjas på ett hållbart sätt? Denna rapport från en pilotstudie genomförd i Simrishamn utreder förhållandet mellan delaktighet och hälsa och presenterar de teoretiska och empiriska bevekelsegrunderna för hur och varför en deltagarbaserad aktionsforskningsansats skulle kunna vara ett bra sätt att arbeta för att förbättra villkoren för ungdomars hälsa. Rapporten förespråkar dels ett ökat tvärvetenskapligt och professionsöverskridande samarbete mellan forskare och beslutsfattare, dels ett nära samarbete med ungdomarna själva. Det handlar om att få till stånd ett mer jämlikt utbyte av kunskap målgrupper och makthavare emellan – och därmed förhoppningsvis ett i längden mer jämlikt inflytande över användningen av samhällets resurser.

13-2 Ingen hälsa utan mental hälsa

Anna Paldam Folker

Sundhedsstyrelsen, Danmark

Hvad er mental sundhed? Præsentationen vil give et overblik over indsatsområdet: Fremme af mental sundhed, som den danske Sundhedsstyrelse har arbejdet med siden 2008. Hvad er mental sundhed, og hvordan adskiller det sig fra psykisk sygdom? Hvad er betydningen af mental sundhed for risikoadfærd og for udvikling af sygdom? Hvordan kan man arbejde med at fremme mental sundhed uden at sygeliggøre dårligt humør eller medikalisere legitime reaktioner på stress og høje forventninger? To undersøgelser af danskernes mentale sundhed Data fra to nye danske undersøgelser af forekomsten af mental sundhed blandt voksne og blandt skolebørn i Danmark, vil blive inddraget. Den ene undersøgelse (Mental sundhed blandt voksne danskere, Sundhedsstyrelsen, 2010) viser, at ca. 10 % af den voksne befolkning har dårlig mental sundhed, at der er social ulighed med hensyn til fordelingen af dårlig mental sundhed, og at dårlig mental sundhed hænger sammen med at have det dårligt på en lang række kendte indikatorer for sundhed og sygelighed. Den anden undersøgelse (Psykisk mistrivsel blandt 11-15 årige – bidrag til belysning af skolebørns mentale sundhed, Sundhedsstyrelsen 2011) viser, at danske skolebørn ligger på niveau med skolebørn i de nordiske lande, hvad angår psykisk mistrivsel: To ud af ti skolebørn har tegn på dårlig trivsel, og der er en klar sammenhæng mellem lav livstilfredshed og ophobning af indikatorer på psykisk mistrivsel, som at være ked af det, nervøs, føle sig udenfor og presset af skolearbejdet. Indsatser til fremme af mental sundhed Præsentationen vil slutte med nogle punktnedslag omkring Sundhedsstyrelsens projekter om fremme af mental sundhed i 2011: Fremme af mental sundhed i skolen; Afstigmatisering af psykiske lidelser; Måling af mental sundhed i kommunale indsatser; Udvikling af en landsdækkende patientuddannelse i angst og depression.

I 3-3 Hälsöfrämjande och service för långtidsarbetslösa personer

Peppi Saikku

Institutet för hälsa och välfärd, Finland

Välfärds- och vårdklyftan mellan olika socialgrupper har ytterligare vidgats. Undersökningar tyder på att arbetslöshet och försvagad hälsa förstärker varandra och bildar en ond cirkel. Hälsoproblem och bristande arbetskapacitet leder i många fall till utslagning från arbetsmarknaden. De arbetslösa är missgynnade i jämförelse med andra personer i arbetsför ålder i fråga om tillgång till hälsotjänster, eftersom de står utanför de för kunden avgiftsfria hälsokontroller och andra tjänster som omfattas av företagshälsovården. Projektet för utveckling av långtidsarbetslösas hälsovård (PTT) var en riksomfattande projekthelhet som koordinerades av Institutet för hälsa och välfärd. Under åren 2007–2010 genomfördes programmet i olika etapper av 24 orter och regioner. Inom olika delprojekt förbättrades verksamhetsmodeller som utgick från lokala förhållanden och aktörer i syfte att organisera hälsotjänster för svårssysselsatta personer inom ramen för sysselsättnings- och aktiveringstjänster. Målet för projekthelheten var att integrera hälsovårds- och hälsotjänsterna i andra processer som syftar till att upprätthålla arbetsförmågan och sysselsätta arbetslösa kunder och att etablera goda verksamhetsmodeller på projektorterna. De delprojekt som medverkade i uppföljningsstudien omfattade sammanlagt cirka 6000 kunder av vilka 4200 genomgick en hälsokontroll. Majoriteten av kunderna inom projektet bestod av män. Åren 2009 och 2010 var kundernas ålder 42 år i genomsnitt. Omkring hälften av kunderna hade varit högst två år och hälften över två år utan anställning. Hos 75 procent av dem som genomgått hälsokontrollen konstaterades eller hade redan tidigare konstaterats någon riskfaktor ur ett folkhälsoperspektiv. Omkring 40 procent av kunderna remitterades till läkare vid hälsocentralen. Hos omkring hälften av dem som genomgick hälsokontrollen kunde enligt hälsovårdaren konstateras nedsatt arbetsförmåga. Klienternas respons på hälsokontrollerna var positiv. En stor del av klienter som svarade på enkäten upplevde att hälsokontrollen fått dem att tänka mer på sitt hälsotillstånd och sina hälsovanor. På lokal och regional nivå utföll införandet av hälsokontroller och hälsotjänster för arbetslösa inom ramen för PTT-projektets delprojekt samt samarbetsmodellerna synnerligen väl. Viktiga faktorer för en lyckad etablering av tjänsterna var att få ledningen för hälsovården att engagera sig, handledning för chefer och medarbetare och stöd från deras sida samt att engagera ett samarbetsnätverk som omfattar ett flertal sektorer. Hälsotjänster för arbetslösa förutsätter samarbete, administration och åtgärder som överskrider sektorgränser.

I6 Långsiktig samverkan för hållbara resultat – en idé för folkhälsoarbetet i Örebro län, Sverige

I6-1 Samverkansavtal är grunden

Lisbet Omberg

Örebro läns landsting, samhällsmedicinska enheten, Sverige

Samverkansavtal är inne på sitt nionde år i Örebro län och samtal pågår om förnyade avtal. År 2003 slöt Örebro läns landsting det första fyraåriga överenskommelsen med länets kommuner och med Örebro läns idrottsförbund med syftet att genom långsiktig samverkan främja en god och jämlik hälsa i befolkningen. Avtalen förnyades med ytterligare en fyraårsperiod 2008, då också studieförbunden genom Örebro läns bildningsförbund tecknade en liknande överenskommelse. År 2007 antogs en ny folkhälsoplan i länet som fungerat som underlag för de avtal om samverkan i lokalt folkhälsoarbete som tecknats mellan landsting, kommuner och frivilligorganisationer. Länsmålen i folkhälsoplanen har följts upp i välfärdsbokslut 2009 och 2010 vilka fungerar som viktiga underlag i pågående revidering

av folkhälsoplanen. Folkhälsoplanen är också en viktig del i regionens pågående utvecklingsarbete (Heart of Sweden). Av avtalen framgår att nationella, regionala och kommunala mål för folkhälsan ska styra det gemensamma arbetet. Parternas samverkan ska utgå från hälsans bestämningsfaktorer och inriktas på åtgärder för människors lika villkor till hälsa och livskvalitet. Utgångspunkter för det gemensamma folkhälsoarbetet är att samverka för en god hälsoutveckling, angripa den ojämlika fördelningen av hälsa, verka för en god hälsa hos barn och ungdomar samt stärka det hälsofrämjande och sjukdomsförebyggande arbetet.

16-2 Folkhälsoarbetet behöver den ideella sektorn

Margareta Johansson

Örebro läns Idrottsförbund, folkhälsoenheten, Sverige

I Örebro län finns 560 idrottsföreningar med 90 000 medlemmar varav en stor andel är barn och ungdomar. Verksamheten möjliggörs av att 18 000 ideella ledare viker stor del av sin fritid som tränare och ledare. Folkbildningen med tio studieförbund, fem folkhögskolor, länsbibliotek och amatörteaterverksamhet engagerar också många människor. Mer än 650 000 personer deltar årligen i studiecirkel, föreläsningar och kulturarrangemang. Ideella sektorn erbjuder mötesplatser för delaktighet och gemenskap som bidrar till att stärka det sociala kittet i samhället. Människor som gör ideella insatser uppger en högre självskattad hälsa än de som inte är engagerade och den ideella sektorn har många gånger lättare att nå grupper som inte nås av den offentliga sektorns insatser. Idrottsförbundet och länsbildningsförbundet arbetar med utgångspunkt från de egna föreningarna och medlemsorganisationerna vilka utgör viktiga resurser i det lokalt hälsofrämjande arbetet. Ett framgångsrikt folkhälsoarbete kräver samverkan mellan det civila och offentliga samhället. Barn och unga är en prioriterad grupp i det gemensamma folkhälsoarbetet.

16-3 Barnkonventionen – en viktig ingrediens i utvecklingsarbetet för och med barn och unga

Cecilia Ljung

Karlskoga o Degerfors kommuner, Sverige

FN:s konvention om barnets rättigheter (Barnkonventionen) är en värdegrund av stor betydelse för folkhälsoavtalen. Det lokala arbetet i kommunerna har en tydlig förankring i barnkonventionen. Under avtalsperioden från 2008 har kommunerna genom olika insatser och strategier utvecklat det konkreta arbetet med barnkonventionen. Det betyder att barns och ungas behov, perspektiv och möjligheter till delaktighet står i centrum. För att tillvarata och stärka barnets rättigheter och intressen vill vi främja barns fysiska och psykiska hälsa samt stärka familjerna. Tre av länets kommuner ingår i ett nationellt partnerskap för att utveckla barnkonventionsarbetet inom kommunerna. Synergieffekt uppstår när områdena folkhälsa och barnrätt möts.

16-4 Nyfikenhet och kunskap ger utveckling och resultat

Linnéa Hedkvist

Kommunerna i norra Örebro län, Sverige

Folkhälsoplanen och avtalen är viktiga stöd för strategisk uppbyggnad och långsiktig utveckling av länets folkhälsoarbete. Samarbete mellan parterna har utvecklats från enstaka projekt till kontinuerligt ”teamwork”. Respekten för, och behovet av att ta tillvara, varandras ansvar och kompetens är viktiga delar i samverkan. Under den senare avtalsperioden har den politiska samordningen stärkts och fyra s.k. Dialogfora bildats för samråd och erfarenhetsutbyte mellan kommun- och landstingspolitiker. Länets folkhälsoplan är ett resultat av samarbetet mellan parterna där också organisationernas förtroendevalda medverkar. Målen i folkhälsoplanen följs upp i gemensamma välfärdsbokslut för länet och länets alla kommuner. Samverkan mellan de olika parterna i länet har genererat länsstrategier för skolans hälsofrämjande arbete, för hälsofrämjande arbete på bostadsområdesnivå, för föräldrastöd, för barns fysiska aktivitet, för delaktighet och inflytande och för drogförebyggande arbete. Gemensamt har parterna initierat och bedrivit forskning, metodutveckling och anordnat kunskaps- och kompetensutvecklingsdagar.

18 Eierskap til folkehelse - hvordan?

18-1 Finland - politiker med fokus på folkehelse

Minna Arve

Åbo stad, Finland

Minna vil gjennom sine erfaringer fra Turkuby, og sin forståelse av folkehelse diskutere Finlands kommuners satstinger på folkehelse/sunnhets arbeid. Samtlige av sesjonsdeltakerne vil måtte forberede seg på å snakke om: - hvordan er folkehelse adoptert inn i kommunene/kommunens planstruktur, med eksempler fra sin kommune/arbeidssted - hva må til for å vekke politiske engasjement - redegjør for sin kommunes satsing på folkehelse -kort om; hvordan er folkehelse satsingen nasjonalt og hvordan blir dette praktisert og videreført i kommunene (byen)

18-2 Sverige - allsidighet og tverrsektoriell interesse

Mats Wiking

Utbildningsnämnden i Trollhättan, Sverige

Samtlige av sesjonsdeltakerne vil måtte forberede seg på å snakke om: - hvordan er folkehelse adoptert inn i kommunene/kommunens planstruktur, med eksempler fra sin kommune/arbeidssted - hva må til for å vekke politiske engasjement blant lokal politikere og heve kommunikasjonen mellom praktiker og politiker - redegjør for sin kommunes satsing på folkehelse -kort om; hvordan er folkehelse satsingen nasjonalt og hvordan blir dette praktisert og videreført i kommunene (byen)

18-3 Danmark - fagperson og koordinator for Healthy Cities nettverket

Christina Krogh

Dansk Sund By, Danmark

Samtlige av sesjonsdeltakerne vil måtte forberede seg på å snakke om: - hvordan er folkehelse adoptert inn i kommunene/kommunens planstruktur, med eksempler fra sin kommune/arbeidssted - hva må til for å vekke politiske engasjement blant lokal politikere og heve kommunikasjonen mellom praktiker og politikere - erfaringer/utfordringer - redegjør for sin kommunes satsing på folkehelse -kort om; hvordan er folkehelse satsingen nasjonalt og hvordan blir dette praktisert og videreført i kommunene (byen)

18-4 Norge - satsing på folkehelse en nødvendighet

Kirsten Hasvoll

Bodø kommune, Norge

Samtlige av sesjonsdeltakerne vil måtte forberede seg på å snakke om: - hvordan er folkehelse adoptert inn i kommunene/kommunens planstruktur, med eksempler fra sin kommune/arbeidssted - hva må til for å vekke politiske engasjement blant lokal politikere og heve kommunikasjonen mellom praktiker og politikere - erfaringer/utfordringer - redegjøre for sin kommunes satsing på folkehelse (hvis politikere hvordan ble folkehelseinteressen vekket) -kort om; hvordan er folkehelse satsingen nasjonalt og hvordan blir dette praktisert og videreført i kommunene (byen).

110 Onödig ohälsa – hälsoläget för personer med funktionsnedsättning

110-1 På like vilkår? - Helse og levekår blant personer med nedsatt funksjonsevne i Norge og Sverige

Jorun Ramm

Statistisk sentralbyrå, Norge

Bakgrunn I Norge har anslagsvis 14 prosent av befolkningen nedsatt funksjonsevne. Vi ønsker å rette oppmerksomheten mot denne gruppens helse og levekår. Spørsmålet som søkes belyst er om det er et potensial for helse og levekårsforbedring for denne gruppen som ikke henger sammen med funksjonsevnen. Etter modell av den svenske analysen av Boström, Gunnel (2008): Hälsa på likavillkor., Statens folkhälsoinstitut, Sverige gjør vi en kartlegging av ulike sider ved gruppens levekår i Norge og sammenligner med levekårene i befolkningen generelt. Det blir også trukket paralleller til svenske funn. Resultater Datakilden er Levekårsundersøkelsen 2008, Statistisk sentralbyrå. Enkle bivariate fremstillinger viser at personer med nedsatt funksjonsevne scorer dårligere på en rekke forhold knyttet til helse, livsstil og levekår sammenlignet med befolkningen generelt. Ved hjelp av en flervariabelanalyse forsøker vi å si noe om hvor stor del av risikoen for dårlig helse som skyldes forhold som ikke har direkte sammenheng med funksjonsnedsettelsen. Modellen omfatter variablene alder, utdanning, inntekt, levevaner (fedme, røyking, fysisk aktivitet), diskriminering og sosial deltakelse. Vi finner at personer med nedsatt funksjonsevne har langt høyere risiko for dårlig helse og at denne risikoen tallfestes til å være 7 ganger så høy for menn og 9 ganger så høy for kvinner sammenlignet med øvrig befolkning. Konklusjon Som i Sverige scorer personer med nedsatt funksjonsevne i Norge gjennomgående dårligere på en rekke helse-, livsstils- og levekårsmål. Det er også mange av de samme

dimensjonene som gir forhøyet risiko for dårlig helse i gruppen med nedsatt funksjonsevne i Sverige og Norge. Det å være i arbeid, føle seg trygg og likeverdig med andre gir sterkest utslag. I neste omgang kan det virke som om det handler om graden av fysisk aktivitet.

110-2 Aktivitet og deltakelse; en forutsetning for god helse

Arvid Lindén

Handisam, Sverige

A good health for all - Unnecessary ill-health

The report Unnecessary Ill-health states that persons with disability find their health status inferior to that of the population at large. This of course makes it immensely important – and it goes without saying – that everyone should be able to benefit from the general initiatives taken, for example in the public health sector. This calls for a cogent strategy for making such inputs universally accessible. Targets and wordings of disability policy can perfectly well be used for achieving this in a salutary manner. Disability policy aims to make everyone a participating member of the community according to their individual capabilities and circumstances.

This project is a Government remit and is based on the findings represented by the Swedish National Institute of Public Health in its report Unnecessary Ill-health (Swedish title: Onödig ohälsa).

One of the aims of the project has been to disseminate knowledge of the high preventability of ill-health among persons with disability. To many people, the findings presented in the report have come as a revelation of the public health impact of accessibility shortcomings.

Another aim has been to create and develop interaction between those working with public health and those addressing disability issues. Joint meetings of public servants with various qualifications, politicians and representatives of disabled persons organisations (DPOs) have helped to enhance understanding of the interplay between different policy fields. Through four training programmes, Handisam has disseminated knowledge of unnecessary illness to policy-makers in both fields, highlighting the interaction between the two.

Five counties have received funding support for this work, numerous contacts have taken place and a learning process is underway. Some headway has been made, and many activities in the counties were accomplished during the autumn of 2010.

As part of the project, work has also started on canvassing further knowledge concerning the impact of physical activity on persons with disability. A body of input documentation now exists which can be developed and made a part of a new FYSS.

Project work has been based on a successful partnership between Handisam, the National Institute of Public Health and the DPOs and has yielded results which the participating organisations could not have achieved separately. It is important that this co-operation should be further developed in future.

110-3 Fysisk trening og botilbud – Afrapportering af undersøgelse om fysisk træning for personer der bor i botilbud pga. et handicap

Jeppe Sørensen

Danske Handicaporganisationer (DH), Danmark

Baggrund: Baggrunden for undersøgelsen er en mangel på viden om adgangen til og kvaliteten i fysisk træning (genoptræning, vedligeholdende træning og såkaldt vederlagsfri fysioterapi) for personer, der bor i botilbud pga. en funktionsnedsættelse.

Formål: at få viden om tilbudene om fysisk træning for mennesker, der bor i botilbud efter serviceloven eller almen boliglovgivning på grund af en betydelig og varigt nedsat fysisk eller psykisk funktionsevne. Metode: Undersøgelsen er en spørgeskemaundersøgelse rundsendt til alle botilbud i

Danmark, hvor der bor personer med en varig fysisk eller psykisk funktionsnedsættelse. Undersøgelsen omfatter i alt 565 botilbud og har en svarprocent på 52,8 %.

Resultat: Undersøgelsens hovedresultater er, at

- mange mennesker, der bor i botilbud, ikke får den fysiske træning, de har behov for.
- mange borgere ikke får vurderet deres behov for træning, og hvis det sker, bliver behovet sjældent revurderet.
- inddragelse af fysioterapeuter i vurderingen eller varetagelsen af træningen øger sandsynligheden for at borgerne får den træning de har behov for.
- mange borgere der bor i botilbud selv må betale for træningen.

Konklusion: Undersøgelsens hovedkonklusion er, mange personer der bor i botilbud pga. et handicap ikke får den fysiske træning de har behov for – og ret til. Undersøgelsen viser et behov for øget inddragelse af relevante sundhedspersoner i vurderingen af behovet for og varetagelsen af træningen for borgere, der bor i botilbud pga. et handicap.

I12 Nordiska erfarenheter av Marmot-kommissionen

I12-1 Erfarenheter från Sverige

Karin Melinder

Socialmedicinsk tidskrift, Sverige

I Sverige har Statens folkhälsoinstitut på uppdrag av Socialdepartementet genomfört en svensk applikation av Marmot-utredningen. En redovisning ges av utredningen och vad som hänt därefter. På nationell nivå har inget hänt, däremot har Sveriges Kommuner och Landsting inbjudit kommuner, landsting och regioner till Samling för social hållbarhet -minska skillnader i hälsa. I samlingen ingår de kommuner, landsting och regioner som har tagit beslut att arbeta utifrån kommissionens intentioner. Socialmedicinsk tidskrift presenterar en fristående fortsättning av den svenska utredningen.

I12-2 Kommission för ett socialt hållbart Malmö

Anna Balkfors

Malmö stad, Sverige

Kommunstyrelsen i Malmö beslutade i november 2010 att tillsätta en kommission för ett socialt hållbart Malmö. Kommissionens uppgift är att fördjupa analysen av orsaker till de stora skillnader i livsvillkor (förutsättningar för god hälsa) som råder i Malmö och arbeta fram förslag till strategier för att minska skillnader i hälsa.

I12-3 Erfarenheter från Danmark

Annemarie Knigge

Sundhedsstyrelsen, Danmark

I Danmark har man offentliggjort en rapport som indeholder en analyse af uligheden i sundhed i Danmark. Formålet med analysen er dels at tilvejebringe velunderbygget dokumentation om årsager til og mekanismer bag social ulighed i sundhed og dødelighed, dels at frembringe viden om midler

til at imødegå uligheden og dermed medvirke til at hæve middellevetiden yderligere. Utredningen presenteres specielt i plenar. Här presenteres processen omkring utredningen, hvordan den er blevet modtaget i det faglige og politiske miljø og hvordan Sundhedsstyrelsen føler op den.

I12-4 Erfarenheter från Norge

Tone Torgersen

Helsedirektoratet, Norge

Presentasjon i fyra hovedpunkter 1. kort om norsk politikk på området (stortingsmelding om utjevning av sosiale helseforskjeller) 2. prosesser for å følge opp den norske politikken (folkehelsepolitisk rapport) 3. hvordan ny folkehelselov som implementerer health inequalities og social determinants 4. om initiativ til ny gjennomgang av sosiale determinanter nasjonalt.

I13 Det goda och trygga föräldraskapet

I13-1 Föräldraskapet Främst-mentaliseringsbaserade familjegrupper som en del av hälsofrämjandet inom hälsovårdscentraler

Mirjam Kalland ¹, Malin von Koskull ²

1 Mannerheims Barnskyddsförbund, 2 Folkhälsan, Finland

Utvecklings- och forskningsprojektet Föräldraskapet främst baserar sig på grundtanken att det förnämsta vi kan göra för att på sikt stöda folkhälsan som helhet är att arbeta för en trygg barndom, eftersom forskning visar på hur barndomsförhållanden påverkar fysisk och psykisk hälsa senare i livet. Projektet Föräldraskapet främst stöder sig också på teoribildning om hur föräldrarnas mentaliseringsförmåga kan utgöra en skyddande faktor och möjliggöra trygghet hos barn också i närvaro av försvarande levnadsomständigheter. I föräldraskapet är den reflektiva kapaciteten särskilt betydelsefull. En förälder med hög mentaliseringsförmåga kan observera, ta emot och bearbeta barnets känslor och behov utan att själv gripas av ångest eller frustration. Barnet ses som en separat individ, och föräldern förmår länka samman barnets känslor med barnets beteende. Familjeprogrammet omfattar 12 gruppträffar med teman som berör föräldraskapet och vardagen med en liten baby. I grupperna deltar båda föräldrarna tillsammans med sina barn som vid inledningen av processen är 3-4 månader gamla. Grupperna leds av två gruppledare som har gått en Föräldraskapet främst gruppledarutbildning och som har en grundutbildning inom vård, omsorg eller det sociala området. Grupperna erbjuder ett forum för föräldrarna att diskutera föräldraskap och familjeliv och att lära sig att bättre förstå sina barn och stöda deras utveckling. Samtidigt erbjuder dessa ett socialt stöd för föräldrarna. Familjerna rekryteras främst från familjeförberedelsekurser avsedda för föräldrar som väntar sitt första barn. Efter avslutade familjegrupper uppmuntras föräldrarna att anlita familjecaféer och annan öppen verksamhet. Folkhälsan och Mannerheims Barnskyddsförbund utbildar gruppledare både på svenska och finska. Till utvecklingsprojektet har kopplats ett forskningsprojekt vars syfte är att utreda om man med

I13-2 Hälsa Hem! Om parrelationer, strukturer och respekt

Barbro Näse

Folkhälsan, Finland

Folkhälsans projekt Parrelationskraft - stöd för par och enskilda i deras parrelationer. Syftet med projektet är att stöda par och enskilda i ett så tidigt skede som möjligt, så att de kan reflektera över sina parrelationer, leva, komma till rätta och växa i tillräckligt goda parrelationer. Strävan är också att kunna ta frågan om våld till tals för att på så sätt minska våld i parrelationer och familjer. En målsättning är att ge nya redskap för professionella inom olika sektorer att föra dialoger om respekt inom parrelation och ta frågan om våld till tals. Parrelationen - två liv ihop I en hälsofrämjande förankring tar projektet genomgående frågan om respekt till tals för att förebygga och minska respektlöshet och våld i parrelationer och därmed befrämja trygghet och hälsa i parrelationer och familjer. Projektet strävar efter att stöda par och enskilda ifråga om parrelationer i ett så tidigt skede som möjligt i deras liv så att de kan reflektera över sina parrelationer och leva, komma till att rätta och växa i tillräckligt goda parrelationer. Projektet ger alternativ till underhållningsvärldens och massmediernas bilder av parrelationer och synliggör också samhälleliga och omgivande faktorer som åstadkommer stress i parrelationer. Därtill ger projektet nya redskap för professionella inom olika sektorer att i sina yrkesverksamma sammanhang föra dialoger och stöda reflektion kring parrelationer. Projektet förverkligas med RAY-medel i samverkan med övriga projekt inom avdelningen för familjer och relationer vid Folkhälsans förbund. Projektledare är TM, familjerådgivare, psykoterapeut (TEO) och familjeterapeut Barbro Näse. Projektet presenteras med en inledning av utvecklingschef Helena Ewalds från Institutet för hälsa och välfärd om det strukturella våldet som en hälsorisk i parrelationer. Utvecklingschef Helena Ewalds Institutet för hälsa och välfärd PB 3000271, Helsingfors helena.ewalds@thl.fi tel. +358504662854

I13-3 Tvärsektoriellt lokalt föräldrastöd i Växjö

Åsa Mönster

Skol och barnomsorgsförvaltningen Växjö kommun, Sverige

Syfte och mål Projektet Det goda föräldraskapet har beviljats 8,5 miljoner av Statens Folkhälsoinstitut för att utveckla föräldrastöd i Kronobergs län i enlighet med definitionen av föräldrastöd i "Nationell strategi för ett utvecklat föräldrastöd - En vinst för alla". Det övergripande syftet är att erbjuda föräldrastöd till alla föräldrar i länet. Ett utökat föräldrastöd syftar till att utveckla samspelet mellan barn och föräldrar och därigenom främja ungas hälsa. Övergripande mål: Alla föräldrar ska erbjudas föräldrastöd under barnets uppväxttid (0-17 år). Delmål: Ökad samverkan kring föräldrastöd mellan aktörer vars verksamhet riktar sig till föräldrar. Ökat antal hälsobefrämjande arenor och mötesplatser för föräldrar. Ökat antal föräldrastödsaktörer med utbildning i hälsobefrämjande och universella evidensbaserade föräldrastödsprogram. Projektet Det goda föräldraskapet genomförs av Växjö kommun tillsammans med Örebro universitet i samverkan med samtliga kommuner i Kronobergs län, Landstinget Kronoberg, Regionförbundet södra Småland, Länsstyrelsen i Kronobergs län samt IOGT-NTO, Sensus, Bilda, Studieförbundet Vuxenskolan, Svenska Kyrkan och Smålands Idrottsförbund. Organisation Styrgruppen består av representanter från Växjö kommun, Örebro universitet, Landstinget Kronoberg, Länsstyrelsen i Kronobergs län samt Regionförbundet södra Småland. Samtliga kommuner och landstinget har en kontaktperson som är delfinansierad av projektmedel för att utveckla föräldrastöd i sin organisation. I referensgruppen finns företrädare för samtliga aktörer i projektet. Projektet leds av en projektledare. På plats i Växjö finns även en dokumenterare från Örebro universitet som utför utvärderingar. Värdegrund för Det goda föräldraskapet i Kronoberg Styrgruppen för projektet har beslutat att inrikta verksamheten till att gälla föräldrastöd som: är främjande för föräldraskapet, snarare än att de utgår från att föräldrarna har problem i sitt föräldraskap, riktar sig till

alla föräldrar, snarare än fokus på riskgrupper, syftar till att stärka föräldra – barn relationer, snarare än att fokusera på belöning-/bestraffning för att styra barnets beteende, syftar till eftertanke och reflektion i föräldraskapet, har en genomtänkt plan för att nå ut till alla föräldrar. Det finns många program som uppfyller dessa kriterier. Projektet ”Det goda föräldraskapet”, har valt att arbeta med följande program: Aktivt föräldraskap, Connect, Familjeverkstan, Samtalsbaserade tematiska föräldramöten, Spädbarnsmassage, Ömsesidig respekt, Örebro.

114 Hälsöfrämjande över kommunala förvaltningsgränser

114-1 Sundhet på tvärs af kommunale forvaltninger

Maria Koch Aabel

Sundhedsstyrelsen/enhed for borgerrettet forebyggelse, Danmark

Det er nødvendigt at arbejdet med sundhed ses som en tværgående indsats i kommunen. En stor udfordring er, hvordan andre kommunale forvaltninger kan motiveres til at prioritere og indarbejde sundhedsindsatser i opgaveudførelsen. Sundhedsstyrelsen igangsatte derfor en undersøgelse af hvilke lovbundne opgaver og generel praksis på andre kommunale forvaltningsområder end sundhedsområdet, der giver mulighed for at indarbejde sundhed. International viden og danske erfaringer med organisering og effekt af sundhedsfremmende strukturelle tiltag på tvärs af kommunen. Der blev foretaget en gennemgang af lovgivningen inden for en række områder væsentlig for kommunens drift. Herudover blev der gennemført et litteraturstudie med fokus på danske og udenlandske erfaringer med og effekten af at arbejde på tvärs. Der blev gennemført kvalitative interviews med en række kommunale forvaltningschefer.

Undersøgelsen peger på: * Nødvendigheden af at arbejde med strukturel forebyggelse på kommunalt niveau. * En stigende interesse for at tænke sundhed ind i andre kommunale sektorer. * Flere kommuner har sundhedspolitikker, som kan danne udgangspunkt for at indarbejde sundhed på tvärs. * Inden for alle forvaltningsområder er der muligheder for at integrere sundhed i driften, med udgangspunkt i den lovgivning og praksis, som er gældende for det enkelte område. * Sundhed kan ses som et middel til at opnå forvaltningsområdernes egne målsætninger, hvilket er motiverende for at integrere sundhed i forvaltningsområdernes kerneopgaver. Sundhedsindsatser bør derfor tænkes ind i driften som et middel til at nå egne mål, frem for at sundhed præsenteres som et mål i sig selv for forvaltningerne. * En stor udfordring er at binde kommunale styringsniveauer sammen * Målsætninger i sundhedspolitikker udgør ikke altid en aktiv ramme for forvaltningens drift, da der på forvaltningsniveau er fokus på at sikre kerneydelser. Samtidig igangsættes sundhedsindsatser på det operationelle niveau uden at det nødvendigvis sker med udgangspunkt i sundhedspolitikken. * Der er behov for at udarbejde præcise og målbare sundhedspolitikker og handleplaner, samt sikre løbende tilbagemeldinger til direktion og kommunalbestyrelse. Det er et nødvendigt udgangspunkt, men ikke i sig selv tilstrækkeligt til at sikre implementering. Hertil kræves en høj grad af politisk og ledelsesmæssig fokus og prioritering. * En udfordring er at placere ansvar og sikre faglige kompetencer på tvärs af sektorer.

114-2 Ungdomslagen - ett verktyg för sektorövergripande samarbete på lokal nivå

Georg Henrik Wrede

Undervisnings- og kulturministriet/Ungdomsenheten, Finland

Från och med 2011 har ungdomslagen i Finland stadganden om sektorövergripande samarbete på lokal nivå. Enligt ungdomslagen skall kommunen, eller flera kommuner tillsammans bilda ett koordinerande nätverk för vägledning av och tjänster för unga. Nätverket har till uppgift att svara för allmän planering

och utvecklande av verkställigheten av det sektorövergripande samarbetet mellan myndigheter på lokal nivå. I lagen nämns följande kommunala sektorer; undervisnings-, social-, hälsovårds- och ungdomsväsendet. Bland de statliga myndigheterna nämns arbets- och polisförvaltningen. Utöver dessa kan företrädare för försvarsmakten och för övriga myndigheter höra till nätverket. Nätverket skall också fungera i växelverkan med sammanslutningar, dvs föreningar, församlingar och motsvarande, som producerar tjänster för unga. Nätverkets uppgifter är att: 1) samla in information om de ungas uppväxt- och levnadsförhållanden och utifrån detta bedöma de ungas situation till stöd för beslutsfattande och planer på lokal nivå, 2) främja samordningen av och effektiviteten i tjänster som riktar sig till unga i syfte att dessa ska vara tillräckliga, kvalitativt högtstående och lätt tillgängliga, 3) planera och effektivisera gemensamma förfaringssätt för att vägleda unga till tjänsterna och vid behov från en tjänst till annan, 4) främja smidigt utbyte av information som ansluter sig till anordnandet av tjänster för unga genom att ta fram gemensamma förfaringssätt myndigheterna emellan. Nätverket behandlar inte enskilda ungas ärenden.

I14-3 Barnhälsa: samarbete mellan barnhälsovården och förskolan

Geir Gunnlaugsson

Hälsidirektoratet, Island

The primary health care approach as laid out in the Alma Ata Declaration (1978) puts among other issues emphasis on community and intersectoral collaboration. In the preventive health services of children in Iceland, for decades parents have been offered to attend the health centre for regular surveillance of the growth and development of their children conducted by medical practitioners and nurses. These services are state-run and free of charge, and despite not being obligatory most parents attend with their children at the recommended age. During the same time period, parents increasingly pay for their children to attend pre-schools with well trained staff, and run by the municipality; currently most 3-5 years old children attend. Thus, in this setting there are unique opportunities to observe the growth and development of the young children and their day-to-day interaction with peers. Within the health care setting, the evaluation of children occurs during a short visit in the clinic setting not so conducive for the child to show his/her full capacity. To improve the evaluation, the PEDS and Brigance screening tools have been in use since autumn 2009. Thus, they are used at the age of 18 months (PEDS) and both tools at the age of 2½- and 4 years of age. The results are registered in the electronic child health record that has been designed to facilitate the evaluation of the results and decision on referral, if needed. Work is now underway to standardize the tools for Icelandic children. The Brigance screening tools were developed in the USA for use within the pre-schools and to be implemented by teachers. Thus, it has the potential to become integrated within the services of pre-schools in Iceland. If the experience of using the Brigance screening tools is positive within the health care setting the next step is to find ways to apply them in pre-schools that currently use a myriad of screening tools that are not standardized for Icelandic children. Thus, the on-going work aims to improve and streamline the services for early childhood where intersectoral collaboration is crucial for success.

I15 SÅ BLIR FOLKHÄLSOPERSPEKTIV TILL VERKLIGHET OCH VERKSAMHET - folkhälsa i strategisk regional planering

I15-1 Integrera ett folkhälsoperspektiv för en ökad jämlikhet i hälsa

Jolanda van Vliet

Landstinget i Östergötland, Sverige

Även i Östergötland, Sverige, visade sig hälsan vara ojämnt fördelad mellan och inom olika grupper i samhället, enligt bl.a. resultaten från Öppna Jämförelser 2009. Dessa resultat samt de presenterade i Marmot-rapporten bidrog till en aktiv dialog mellan olika aktörer i länet i folkhälsoprocessen som nyligen hade påbörjats utifrån behovet av revidering av länets folkhälsopolitiska program för 2001-2010. Syfte med folkhälsoprocessen i länet var att ta fram en systematisk och långsiktig strategi i regionen som bidrar till en förbättrad folkhälsa.

Resultatet av folkhälsoprocessen i Östergötland blev en regional folkhälsopolicy istället för ett nytt folkhälsopolitiskt program, utifrån tanken och förståelsen att en policy, baserad på bestämningsfaktorer för hälsa:

- Ger förutsättningar att integrera ett folkhälsoperspektiv på alla nivåer i samhället;
- Lämnar de prioriteringar och metoder som används för att uppnå jämlikhet i hälsa till lokalt och regionalt ansvariga organisationer inom en strategisk ram;
- Säkerställer en länk mellan regional och lokal planering.

Redan under folkhälsoprocessens gång kopplades ett folkhälsoperspektiv till lokala översiktliga planeringar som har lett till aktiva diskussioner om hälsa i den lokala samhällsplaneringen. I slutfasen av folkhälsoprocessen var det dags för revideringen av det regionala utvecklingsprogrammet (RUP) i Östergötland. Som följd av bl.a. folkhälsoprocessen kommer i RUP-processen den lokala planeringen länkas till den regionala, diskuteras ett tydligt folkhälsoperspektiv och den sociala dimensionen för att skapa mer jämlika förutsättningar för hälsa i befolkningen och en hållbar utveckling i regionen.

För att folkhälsopolicyn ska bli verksamhet och verklighet kommer det att finnas en regional samordningsfunktion och inrättas även en multiprofessionell och tvärssektoriell Östgötakommission.

I15-2 Folkhälsoperspektivet i arbetet med en ny regional utvecklingsplan för Stockholmsregionen, RUF 2010

Hans Brattström

Stockholms läns landsting, Tillväxt, miljö och regionplanering, Sverige

I Stockholms län har landstinget förutom ansvaret för hälso- och sjukvård och kollektivtrafik även ansvar för den regionala planeringen. Stockholms läns landsting antog i maj 2010 en ny regional utvecklingsplan för Stockholmsregionen, RUF 2010.

I det inledande arbetet med den nya regionala utvecklingsplanen, som resulterade i formulering av vision, mål och strategier för regionens utveckling och ett program för det fortsatta arbetet, diskuterades innebörden av hållbar utveckling för den regionala utvecklingsplaneringen. Helhetsyn, långsiktighet, systemperspektiv och frågornas regionala relevans framhölls som centrala utgångspunkter för det förhållningssätt i den regionala planeringen som utmärker hållbar utveckling. Detta innebar att ett tvärssektoriellt arbetssätt där olika samband uppmärksammas prioriterades i arbetet. Folkhälsa som ett horisontellt perspektiv uppmärksammas och relevanta folkhälsoaspekter i planeringen angavs i programmet.

Mot den bakgrunden utvecklades ett samarbete mellan Regionplanekontoret och landstingets Centrum för Folkhälsa i arbetet med den regionala utvecklingsplanen. Detta samarbete startade

med en analys av sambanden mellan bestämningsfaktorer för folkhälsa och fysiska, miljömässiga, ekonomiska och sociala faktorer i den regionala planeringen. När arbetet med miljöbedömning för den nya regionala utvecklingsplanen programmerades beslutade Regionplanekontoret och Centrum för folkhälsa att gemensamt genomföra en särskild hälsokonsekvensbedömning. Arbetet kom att drivas som ett utvecklingsprojekt med det dubbla syftet att dels utveckla metod och arbetsform dels att göra en hälsokonsekvensbedömning av ett preliminärt planförslag som skulle kunna påverka det fortsatta planarbetet.

Arbetet inleddes med en analys av för vilka av de nationella folkhälsomålen som den regionala utvecklingsplanen hade särskild relevans. I nästa steg prövades vi om hälsokonsekvensbedömningen lämpligen skulle göra utifrån planförslagets strategier eller utifrån de utvalda målområdena. Vi valde att göra bedömningen utifrån de valda målområdena. Verktygsmallar togs fram och en bedömningsworkshop med ett brett expertdeltagande genomfördes.

Resultatet från workshopen sammanfattades och användes som input i planarbetet och utvecklingsarbetet redovisades i en rapport.

I15-3 Kompanjonskap mellan tredje sektorn och kommuner i folkhälsoarbetet

Stefan Mutanen

Samfundet Folkhälsan, Finland

Presentationen om kompanjonskap mellan tredje sektorn och kommuner i folkhälsoarbetet utgår från en utveckling från ett traditionellt samarbete mellan några parter till konkurrensutsättning och upphandling i enlighet med EU-direktiven. Anförandet handlar främst om mina erfarenheter från min tid som socialchef i Karis stad under åren 1988 -1995 och som VD för en stor tredje sektor organisation, Folkhälsan från år 2002. Utgångspunkten för presentationen är de konkreta förändringarna i folkhälsoarbetet i Finland under en 20-års period som belyses med några praktiska exempel.

I Finland är förväntningarna på vår nya Folkhälsolag stora. Lagen innehåller tydliga förpliktelser för kommunerna att aktivera folkhälsoarbetet. Denna aktivering omfattar förutom social- och hälsovården även de andra sektorerna i kommunen. Den nya lagen ställer också krav på uppföljning av folkhälsoarbetet och min förhoppning är att denna uppföljning kommer att peka på att det är en lönsam investering att satsa på hälsofrämjande verksamhet.

Samfundet Folkhälsan har i 90 års tid jobbat för bättre hälsa i Svenskfinland. Idag har vi ca 1.600 anställda, som bidrar till bättre hälsa genom forskning, medborgaraktivitet och service-produktion. I våra 101 lokalföreningar med över 17.000 medlemmar är huvudtemat medmänniskans hälsa och välmående.

Idag behövs en ny arbetsfördelning av insatserna inom folkhälsoarbetet och i den nya arbetsfördelningen har hela kommunen en mycket central roll. Min övertygelse är att ett kompanjonskap mellan kommunen och tredje sektorn inom folkhälsoarbetet leder till framgång. Denna framgång kan mätas i både bättre hälsa för kommuninvånarna och lägre kostnader för sjukvård.

I15-4 Oversikt - virkemidler på lokalt og regionalt nivå

Rådgiver Jan Thyraug

Østfold fylkeskommune, folkehelseseksjone, Norge

I 2007 lanserte den norske regjeringen en Nasjonal strategi for å utjevne sosiale helseforskjeller (St.meld.nr.20 2006-2007). Et av hovedbudskapene i strategien er at man må fokusere på hele årsakskjeden og ikke bare på levevanene for å forstå hvordan helsen formes og fordeles. Strategien fokuserer på de sosiale helsedeterminantene og hvordan disse er fordelt i befolkningen. For å

redusere de sosiale helseforskjeller må man først og fremst sørge for en jevnere fordeling av ressurser og levekår i befolkningen. De mest sentrale virkemidlene for en jevnere fordeling ligger utenfor helsesektoren, derfor må strategier for en mer rettferdig helse være tverrsektoriell og helhetlig. I 2010 ba Helsedirektoratet Østfold Fylkeskommune om å lage en oversikt over sentrale virkemidler på regionalt og kommunalt nivå med tanke på å sette fylker og kommuner bedre i stand til å utvikle sektorovergrepene tiltak for bidra til å redusere helseforskjeller. Hensikten med en slik oversikt var 1) å øke kompetansen om hvordan sosiale ulikheter i helse oppstår gjennom å fokusere på sammenhengen mellom levekår (sosiale helsedeterminanter) og helse 2) skape en bevisstgjøring omkring hvilke muligheter for tverrsektorielle strategier som ligger innenfor fylket/kommunens virkeområde og 3) inspirere og motivere til en helhetlig innsats for å bidra til å redusere sosiale helseforskjeller. Prosjektet ledes i dag av Jan Thyraug og er organisatorisk forankret i Østfoldhelse – det regionale partnerskapet for folkehelse i Østfold. Prosjektet har knyttet til seg flere kommuner og fylkeskommuner - som følger prosessen underveis med nyttige innspill og refleksjoner. Prosjektet skal resultere i en veileder som retter seg mot både politisk og administrativ ledelse på hhv fylkes- og kommunenivå. Veilederen vil inneholde en oversikt og eksempler på virkemidler som er sentrale i en lokalt forankret utjevningstrategi - fra lokale og fylkekommunale tjenester slik som skoler, barnehage, vei- og transport, bolig og miljø, til virkemidler knyttet til organisatoriske prosesser; planarbeid, ledelse og personalpolitikk. Videre vil den inneholde konkrete forslag og eksempler på mulige tiltak. Veilederen skal etter planen ferdigstilles høsten 2011.

I16 Planning of national statistics for local public health

I16-1 A National Health Survey in Denmark – an important tool in the prioritizing, planning and monitoring of local health initiatives

Line Raahauge Hvass

National Board of Health, Denmark

In 2007 the responsibility of Primary Prevention and Health Promotion surpasses from the regions to the municipalities. This was a big challenge for the municipalities. In order to prioritize the prevention initiatives information on the burden of unhealthy behaviour, health, obesity and chronic diseases were needed. Therefore, the administrative units: The Ministry of Health, the Danish Regions, and the Local Government Denmark agreed on initiate ongoing National Health Surveys covering all 98 municipalities. Each of the five regions was responsible of carrying out the National Health Survey (NHS) using identical methods, hence comparison within and between municipalities is possible. The NHS is a continuing process which is planned to be carried out every fourth year. These surveys are important in the planning of future health promotion and primary prevention strategies and give an important opportunity to examine temporal changes across Denmark. In 2010 the historic and one of the most extensive NHS (“Hvordan har du det 2010 ?” “How are you 2010 ?”) was carried out in Denmark. Almost 300.000 (comprising 6.7 % of the entire population) inhabitants randomly selected but stratified by municipality received an identical 52 items questionnaire on health behaviour, health, and morbidity. The response rate was 59.5 % and with its nearly 180.000 respondents probably one of the biggest health surveys ever conducted. The dissemination of the results were performed in different ways. The regions published regional reports based on local data, and a national online database including the most important indicators and a national report was also published.

I16-2 TEAviisari – Benchmarking system for health promotion capacity building

Vesa Saaristo

National Institute for Health and Welfare, Finland

The basic principle of health in all policies, integrating health consideration in all policies, is a challenging task requiring systematic management and implementation. So far there has not been any nationwide comparable information available on health promoting activities in different fields of Finnish municipalities. A national development project was started in 2006 in order to create a benchmarking tool for management, planning and evaluating of health promotion. A nationwide benchmarking system called TEAviisari, consisting of a database of indicators depicting health promotion capacity (HPC) of municipalities and a user-friendly visual interface, was launched in March 2010. The database is organised according to a HPC framework consisting of seven dimensions: commitment, management, monitoring and needs assessment, resources, common practices, participation and other core functions. The framework is generic (applicable to all municipal fields) and based on international literature on health promotion capacity building and quality management.

At www.thl.fi/teaviisari anyone (e.g. inhabitants, officials or decision-makers of the municipality) may consider HPC indicators of one or more municipalities or regions. Data have been collected straight from municipalities and from national registers. Aiming to cover all relevant sectors, at the moment the system consists of data from primary health care, comprehensive schools and physical activity. New data are being collected from municipal managers in 2011. All data are updated biennially. TEAviisari shows that it is possible to create a tool which assesses organisational health promotion capacity. It is a tool for supporting local governments' planning, management and evaluation of health promotion work. However, there is a clear need for further research for developing the indicators.

I16-3 New Law on Public Health – new need for health statistics and support functions for Norwegian counties and municipalities

Pål Harald Kippenes

Norwegian Directorate of Health, Norway

In the proposal for a new Law on Public Health, the Ministry of Health and Care Services suggests that municipalities and counties be given the task of maintaining an overview of the general state of health and factors influencing health. To ensure that the counties/municipalities are able to fulfil the law, the Ministry wishes to legislate on the supporting tasks of the central health authorities' towards the municipalities and counties.

The Norwegian Institute of Public Health will make available information as basis for the overviews of the municipalities and counties. The information will be founded on statistics from central health registers, as well as other relevant statistics. A set of key data from national sources has been proposed. Within December 1st 2011 these data are to be made available for the municipalities.

In cooperation the Norwegian Institute of Public Health and the Norwegian Directorate of Health will define and develop support functions for the municipalities and counties, contributing to describing the health challenges according to the new law.

117 Velfærdsteknologi til mennesker med kroniske sygdomme og svage ældre der lever i eget hjem

117-1 Generelt om velfærdsteknologi

Erland Winterberg

Sweden

Generelt om velfærdsteknologi: Hvad er velfærdsteknologi? Velfærdsteknologi, herunder hjælpemidler, er brugerorienterede teknologier, der forsyner eller assisterer brugerne med én eller flere offentlige eller private velfærdsydelse og -produkter. De tjener til understøttelse og styrkelse af fx. tryghed, sikkerhed, daglige gøremål, inkludering på arbejdsmarkedet og mobilitet i den daglige færden i og uden for boligen, og er især rettet mod ældre mennesker, personer med kroniske sygdomme samt borgere med funktionsnedsættelser. Velfærdsteknologi er endvidere et vigtigt redskab for pårørende og de personalegrupper, der yder velfærdsydelser til borgerne. Velfærdssamfundet udfordres. Den stigende globalisering og den demografiske udvikling udfordrer den nordiske velfærdsmodel og dermed rammebetingelserne for de velfærdsydelser, der leveres nu og i fremtiden. Denne udvikling bevirker et tvingende behov for at de nordiske lande anvender nye og mere effektive arbejdsmetoder og ny teknologi indenfor velfærdsområdet for at sikre, at stadig færre ansatte fortsat skal kunne levere kvalitetsydelser til stadig flere brugere. Derfor er velfærdsteknologi et prioriteret arbejdsområde for NVC, og et vigtigt element i mange af de opgaver, NVC løser på nordisk plan. Nordisk samarbejde om velfærdsteknologi. Det er en nordisk spidskompetence at anvende teknologi på velfærdsområdet. Derfor er det et vigtigt satsningsområde for de nordiske lande, både når det gælder anvendelse i de enkelte lande, og i forhold til udviklingen af nye eksportmuligheder. Et effektivt og innovativt nordisk samarbejde indenfor dette område vil i en globaliseret verden medvirke til at fastholde og videreudvikle de nordiske landes førerposition på området, og medvirke til at videreudvikle og fastholde den nordiske velfærdsmodel. Dette sker ved at opbygge og drive et dynamisk samarbejde imellem innovative nordiske miljøer på forskellige nøgleområder, hvor de nye teknologiske muligheder har størst effekt og betydning.

117-2 Information and communication technology (ICT) within elderly care – new possibilities where all are winners

Mats Rundkvist

Behovsstyrt IKT-stöd, Sverige

Needsdriven ICT-support is a project run by Municipality of Västerås with the goal of implementing adapted ICT-solutions for contact with users of home help service (hemtjänstbrukare). Modern technology such as sms, mms, e-mail and videophone can be very beneficial for frail elderly who often are restricted to their homes and have decreasing social networks. But mainstream technology such as computers and cell phones are often to difficult to use since they are small and/or have difficult user interfaces. However, the market offers several different solutions developed for and together with elderly that offer the same possibilities but in a much easier way. In the project we use ippi - a message handler for the TV, Joice - a videophone for the TV; and Giraff – a mobile remotely controlled videophone. Individually customized solutions depending on the needs and abilities of the user are set up after being granted by a case manager (biståndshandläggare). Friends and relatives are invited to take part of the opportunities created. The presentation will deal with issues as target groups, criteria for receiving the support, areas of use, involved technologies, engagement of staff, ethics, economy and information. Final evaluation is still to be done but experiences up till now will be presented and these point to this

being a win-win-win situation where the senior individual, the relatives and the Municipality all benefit from the introduction of adapted ICT solutions in elderly care as long as it is done voluntarily and on based on individual needs and conditions.

I17-3 "The COPD briefcase". The effect of telemedical nursing consultations for patients with chronic obstructive pulmonary disease (COPD)

Anne Dichmann Sorknæs

Institute of Clinical Research, Faculty of Health Sciences, University of Southern Denmark, Denmark

Background: Exacerbation in chronic obstructive pulmonary disease (COPD) is the most common reason for admission and readmission to medical departments in Denmark and worldwide. COPD exacerbations thus constitute a heavy patient and societal burden.

Purpose: The aim of the study is to investigate the effect of telemedical nursing video consultations as a supplement to conventional treatment compared to conventional treatment for COPD patients with focus on readmission and mortality rates. Furthermore the study aims to investigate how the use of technology in nurse consultations is experienced by the patients and specialist nurses who take part in the consultations. **Materials and methods:** The Ph.D. study is a mixed study concerning telemedical nurse consultations with discharged COPD patients. The Ph.D. study is split up in three different phases, each phase consist of one study. The first phase is a controlled interventions study with 100 COPD patients included, the second is a randomised controlled multicentre trial with 222 COPD patients included and the third is a postphenomenological qualitative felt study with observation, video recording and interview with some of the COPD patients participating in the RCT and the nurses who are responsible for the telemedicine consultation. Trial locations are the acute admissions department and lung department, Odense University hospital (OUH), Odense & Svendborg Hospital, Denmark. The video consultations takes place between specialist respiratory nurses at the hospital and the COPD patients in their own home after a discharge from the hospital, caused by exacerbations of chronic obstructive pulmonary disease (ECOPD). The COPD patients are consecutively included in the RCT studies. The control group receive conventional treatment. The intervention group receive in addition to conventional treatment one week's telemonitoring in the form of nursing video consultations and patient readings after discharge, followed by one telephone call. The telemedicine equipment consisted of a computer with web camera hidden in a briefcase, microphone and measurement equipment.

Results: The trial is expected to give new knowledge about the extent to which telemedical nursing consultations can reliably (mortality) reduce the number of readmission among patients with COPD and how the users experience the consultations.

I17-4 Forebyggende hjemmemonitorering er en god gevinst for patienter, pårørende og sundhedsprofessionelle

Birthe Dinesen

Department of Health Science and Technology, Aalborg University, Denmark

Baggrund: Region Nordjylland, Danmark arbejder der med et forsknings- og innovationsprojektet, "Telekat", der har fokus på at udvikle nye forebyggende pleje- og behandlingsmetoder til borgere med kronisk obstruktiv lungelidelse (KOL) i eget hjem ved brug af et telerehabiliteringsteknologier. Formål med forsøget er at forebygge genindlæggelser af borgere med KOL ved at fremme hjælp til selvhjælp til rehabilitering i eget hjem.

Metode: Der er gennemført et randomiseret studie med KOL-borgere (n=104), hvor forsøgsgruppen har anvendt telerehabiliteringsteknologier (n=57) og kontrolgruppen har fulgt et traditionelt rehabiliteringsforløb (n= 51). Der er samtidig gennemført kvalitative interviews med borgere (n=22)

og sundhedsprofessionelle (n=32).

Resultater/fund: Genindlæggelseshyppigheden falder markant for borgere, som har lært at håndtere egen sygdom. KOL-patienter som har foretaget hjemmemonitorering har fået øget livskvalitet og lært at håndtere egen sygdom bedre. Telerehabiliterings teknologier har vist sig at være et effektivt værktøj for de sundhedsprofessionelle i kommuner og regioner til at give patienterne en oplevelse af et mere sammenhængende behandlingsforløb.

Indlæg: Her uddybes resultater/fund, der er opnået i studiet og de perspektiver, der er i forhold til fremtidens indsats overfor kronikerne.

I18 Skolinterventioner som främjar hälsosamma levnadsvanor bland yngre skolbarn, erfarenheter från finlandssvenska projekt

I18-1 Skolinterventions- och forskningsprojektet Hälsoverkstaden- rektorsutvärdering, uppföljning av skolarnas insatser samt effekt på elevernas levnadsvanor

Carola Ray

Samfundet Folkhälsan, Folkhälsans forskningscentrum, Finland

Bakgrund och syfte: Kost, fysisk aktivitet och sömnlängd har enligt flera studier samband med viktstatus hos barn. Enligt studier har andelen överviktiga och feta barn ökat i Finland. Syftet med skolinterventionsprojektet Hälsoverkstaden var att utveckla metoder att användas i skolor med vilkas hjälp man kan främja hälsosamma kostvanor, öka den fysiska aktiviteten samt öka sömnlängden hos elever i årskurs 1-6. Inom varje levnadsvana fanns konkreta målsättningar såsom att öka andelen barn vars konsumtion av frukt- och grönsaker överskred 400 per dag, öka andelen barn som var fysiskt aktiva minst en timme per dag och sov ca 10 timmar per natt.

Metoder: Skolinterventions- och forskningsprojektet Hälsoverkstaden genomfördes under åren 2006-2009 i 27 finlandssvenska skolor i Helsingfors regionen. Skolorna var slumpmässigt enligt storlek lottade till interventions- eller kontrollskolor, 13 respektive 14 skolor. Interventionen pågick under två läsår 2006-2008. I interventionen ingick verkstäder för lärare (workshops), temadagar för elever samt det producerades material som användes i skolorna. Forskningsprojektet undersökte genom enkäter levnadsvanorna hos elever i interventions- och kontrollskolor i årskurs 3-4 år 2006 och genomförde en uppföljning av samma elever då de gick på årskurs 5-6. Inom forskningsprojektet genomfördes också under våren 2008 en enkätundersökning hur rektorerna i både interventions- och kontrollskolor hade upplevt projektets målsättningar och policyn kring dessa frågor.

Resultat: Under presentationen diskuteras rektorernas/ skolföreståndarnas upplevelser och erfarenheter av att delta i projektet. Ytterligare presenteras interventionsredskap som användes i skolorna, hur aktivt skolorna hade jobbat med ämnena kost, fysisk aktivitet och sömn samt möjliga förändringar i levnadsvanorna hos eleverna.

I18-2 Lärarnas upplevelser av kommunikation och delaktighet i en hälsofrämjande skolintervention

Cia Törnblom

Arcada, Finland

Bakgrund: Skolan har visat sig vara en viktig arena för hälsofrämjande arbete. Skolor kan ha olika utgångspunkter för att delta i hälsofrämjande projekt. Hälsoarbetet kan vara ett verktyg för

skolutveckling och övning i att skapa en dialog mellan olika nivåer i skolan. Det hälsofrämjande projektet Hälsoverkstaden genomfördes i 13 interventionsskolor i Helsingfors med omnejd under åren 2006-2008. Interventionernas teman var fysisk aktivitet, kost och sömn.

Syftet: Syftet med studien var att undersöka lärarnas erfarenheter och upplevelser av engagemang och deltagande i Hälsoverkstadsprojektet. Genom studien ökar förståelsen för organisering och förverkligande av hälsofrämjande projekt i skolor.

Metod: Studien hade en kvalitativ ansats med fokusgrupper som datainsamlingsmetod. Fyra fokusgrupper med sammanlagt 20 lärare från interventionsskolorna genomfördes. Materialet analyserades med innehållsanalys.

Resultat: En god kommunikation och samverkan inom skolan och med projektorganisatören avgjorde hur fruktbart projektet i skolan var. Faktorer som påverkade engagemanget var: hur skolan förband sig till projektet, om kollegiet stödde projektprocessen, ledarskapet, kommunikationen och informationsflödet. Ledarskapet i skolan inverkade på organiseringen av projektarbetet i skolan, vilket i sin tur inverkade på hanterbarheten och lärarnas engagemang. Lärarna önskade välutarbetade verktyg som utgick från skolans behov och kunde integreras i undervisningen. Skolan upplevdes som en bra arena för att arbeta med hälsofrämjande och de valda levnadsvanorna upplevdes som meningsfulla. Projektprocessen upplevdes både som fragmenterad och som logiskt uppbyggt.

Slutsatser: En god kommunikation och dialog mellan alla berörda parter stöder engagemang och delaktighet i ett hälsofrämjande projekt i skolan. Ändamålsenligt utarbetade verktyg, ett gott ledarskap och god organisering av projektet gör det hanterbart och begripligt för lärarna i skolan.

I18-3 Det är GOTT att äta, ROLIGT att röra på sig och SKÖNT att sova -Folkhälsans hälsofrämjande arbete för goda levnadsvanor i skolan. Hur utnyttjar vi forskningsresultaten i praktisk verksamhet?

Erika Fogelberg

Folkhälsans Förbund, Finland

Hälsoverkstaden i Österbotten och Åboland (2009-2011) fungerar som ett utvecklingsprojekt där goda modeller för hur man kan jobba med hälsa i skolan lyfts fram. Utvalda skolor deltar i Hälsoverkstaden och jobbar för en bättre hälsa bland skolbarn och personal genom återkommande teman som; frukt&grönt, rörelse&idrott och sömn&vila. Projektet är en naturlig fortsättning av skolinterventions- och forskningsprojektet Hälsoverkstaden i Nyland (2006-2008). Goda delar har tagits tillvara och andra delar har utvecklats i samråd med skolorna. Målet har varit att på ett hälsofrämjande sätt utnyttja de forskningsresultat Hälsoverkstadens forskning, samt ProGreens, har gett och praktiskt jobba vidare med goda levnadsvanor i skolor. Parallellt med Hälsoverkstaden har även Gimme5, smakskola med alla sinnen (2010-2012), startat upp i Österbotten och tillsammans har vi arbetet fram tips och verktyg för satsningar på ett ökat intresse för frukt, bär och grönsaker. Genom projekten vill vi visa att hälsa är kul! Det är alltid fråga om att lägga till goda vanor istället för att fokusera på det som är dåligt. Vi vill inte skuldbelägga eller ge dåligt samvete utan istället berömma och uppmuntra. Hur fungerar projekten i skolorna? - Kort översikt av vad som gjorts i skolorna. Vad önskar lärarna? - Presentation av lärarnas utvärderingar efter varje termin. Hur kan dylika projekt utvecklas och vilka är utmaningarna? - Projektledarens egna reflektioner.

I18-4 PRO GREENS, främja frukt och grönsakskonsumtion bland skolelever, evaluering av projektet i finlandssvenska skolor

Eva Roos

Samfundet Folkhälsan, Folkhälsans forskningscentrum, Finland

Frukt och grönsaksintaget når sällan rekommenderat intag bland skolbarn i Europa. Frukt och grönsaksintaget bland skolbarn i Finland ligger också under rekommendationerna. Det är flera faktorer som påverkar skolbarns frukt och grönsaksintag, bl.a. tillgänglighet, attityder och normer och också kunskap om hur mycket frukter och grönsaker en balanserad kost skall innehålla. Skolan är en utmärkt arena att påverka dessa faktorer när det gäller barn i skolåldern. Via skolan kan man också nå föräldrarna som också mycket långt påverkar skolbarns frukt- och grönsaksintag. PRO GREENS är ett europeiskt samarbetsprojekt vars mål har varit att kartlägga frukt och grönsakskonsumtionen bland skolelever samt att utveckla effektiva strategier för att främja frukt och grönsakskonsumtionen bland skolbarn i åldern 10-11 år. I Finland har 19 svenskspråkiga skolor utanför huvudstadsregionen deltagit i projektet, 9 interventionsskolor och 10 kontrollskolor. Skolbarnens frukt och grönsakskonsumtion kartlades bland ca 900 elever både före och efter interventionen i kontroll och interventionskolorna. Interventionen, som utfördes av klasslärarna under 6-7 månader skolåret 2008-2009, hade som mål att utöka barnens smakupplevelser gällande frukt och grönsaker och att skapa möjligheter för skolbarnen att smaka på nya frukter och grönsaker, ge barnen ökade kunskaper om hur mycket frukt och grönsaker man skall äta för att ha en balanserad kost och lära dem att själv uppskatta ifall de äter tillräckligt med frukt och grönsaker. Dessutom ville man öka tillgängligheten av frukt och grönsaker i skolan genom att ta med frukt och grönsaker som mellanmål hemifrån och genom gemensamma frukt- och grönsaks knytkalas i klassen. I den här presentationen kommer erfarenheter av att genomföra en hälsofrämjande skolintervention i finlandssvenska skolor presenteras. Interventionsredskap som användes för att främja grönsaks- och fruktkonsumtionen kommer att beskrivas. Hur skolornas rektorer tog emot projektet, hur lärarna tog emot interventionen, i vilken mån lärarna utförde planerade uppdrag inom projektet kommer att diskuteras samt hur lärarna evaluerade interventionsprojektet. Preliminära resultat från kartläggningen kommer att visas, samt vilken effekt interventionen hade på eleverna frukt och grönsakskonsumtion.

I21 Prevention and treatment of depression and anxiety among children and youth in Nordic countries - FRIENDS-program

I21-1 The development of the friends for life programs - from targeted intervention to universal prevention

Kris Ojala

Pathways Health and Research Centre, Australia

The development of the friends for life programs- from targeted intervention to universal prevention Family-based clinical early interventions for children to promote resilience and well being and to prevent the onset of behavioural and emotional disorders are the future of both psychology and psychiatry. We now have evidence-based and proven effective techniques that teach children, their parents, their siblings and their teachers to be happy and healthy and to stay that way throughout their development for very little cost. The FRIENDS for Life programs have been supported by the World Health Organisation and are currently used in 21 countries for the prevention of anxiety and depression in children, and for the promotion of social-emotional and positive coping skills across the lifespan. The Friends for Life programs developed in Brisbane Australia have over 15 years of research

evidence backing its efficacy and has made the transition from a targeted intervention to universal prevention, and are now commonly used within the school curriculum in many countries.

I21-2 Implementation of the FRIENDS-program in Finnish schools - experiences and research

Nina Aartokallio

Aseman Lapset ry, Finland

“Implementation of the FRIENDS-program in Finnish schools - experiences and research“ Increasing anxiety and depression problems among children and youth are a growing issue in Finland. About 20% of school-aged children suffer from some kind of mental problem. Anxiety- and depression-preventing Friends-program for children has been implemented in Finnish schools since 2006 starting with a pilot in co-operation with the non-governmental organization Children of the Station (Aseman Lapset ry) and the National Institute of Health and Welfare. The aim of the pilot study was to test, whether the Friends-program fits well into Finnish schools and measure the prevalence of children's anxiety and depression symptoms before and after implementing the program. Fifth-grade pupils from 3 comprehensive schools participated in the pilot; 4 classes as experimental group and 2 as control group. Pupils' pre- and post- measurements were made and feedback from teachers and parents was collected. Based on the results the Friends-program was well accepted in Finnish schools. Pupils, teachers and parents found the program very important and needed. Another intervention study made in 2009 by Tiippana examines the effect of the Friends-program to depression, anxiety and self-esteem experienced by pupils. 610 secondary school pupils in 6 schools participated in the study (nint.=425 and ncontr.=185). It was found that in the control group, experiences of depression had increased between the pre- and post-tests, whereas experiences of depression had decreased in the intervention group. Findings in this study support the use of the Friends-program. More research is needed to further examine the effects of the Friends-program in Finland. Currently there are Friends-programs for children (also in Swedish) and for youth available in Finnish. We have good experiences from using the program for immigrant children and for pupils, who are continuing secondary school with an extra year. Children of the Station has trained about 1 850 professionals working in schools and with youth to use the program. The number of pupils who have participated in the Friends-program in Finland has increased explosively from 120 pupils in the first year to about 17 000 pupils until spring 2011. The goal is to implement Friends-program to all schools in Finland and make it a part of the school culture.

I21-3 The importance of early interventions for anxiety disorders

Johan Åhlén

Stockholms Läns Landsting, Sweden

Anxiety disorders are among the most common psychiatric problems in children. The risk that a child at some point between nine and sixteen years of age meets the criteria for an anxiety disorder is about 10% according to one large american study. In Sweden, very little is known about the prevalence of anxiety disorders among young people, and screening methods for anxiety disorders are not well developed. Anxiety disorders begin early in life, involve great suffering and predict psychiatric problems later in life. Early interventions for anxiety disorders are important because few children with these problems get in contact with treatment. “FRIENDS for life” is the most frequently evaluated prevention program for anxiety disorders and has recently been translated into Swedish. In 2010 the lecturer did a pilot study in a Swedish school. Fifty nineyear-old children were given the FRIENDS program. Children's anxiety symptoms, depressive symptoms and general mental health were measured

on three occasions with the forms/scales SCAS, CDI and SDQ. Measurements were made ten weeks before the intervention, the week before and the week after the intervention.

The results showed decreases in depressive symptoms and decreased anxiety in children with increased risk of anxiety problems. Teachers reported lower prevalence of problems among the children. The evaluation showed that the children and parents appreciated the FRIENDS program. In conclusion, the study shows that FRIENDS is a promising intervention in the Swedish context.

I21-4 Effectiveness of cognitive behavioral therapy for anxiety disorders in mental health clinics and in schools as indicated prevention

Jon Bjåstad¹; Janne Gro Wergeland²; Anja Høyve³; Krister Fjermestad²; Bente Haugland⁴; Kristin Oeding¹; Lars Göran Öst⁵; Odd Havik² and Einar Heiervang⁶

1Anxiety Disorders Network, Haukeland University Hospital; 2University of Bergen; 3Fjell Municipality; 4Uni Research, Norway; 5Stockholm University, Sweden; 6University of Oslo, Norway.

This study is a part of the project “Assessment and Treatment – Anxiety in Children and Adults (ATACA). Child Part” and has received support from the Western Norway Regional Health Authority, through project no. 911366 and project no. 911253.

Background and aims: Efficacy studies of CBT for childhood anxiety disorders have found clinical improvement for up to 70% of the patients, but little is known about the effect in routine clinical care. These two studies investigated the effectiveness of the FRIENDS for life program in seven child and adolescent mental health outpatient clinics in Western Norway, and as an indicated prevention program in 3 schools and 1 youth health center.

Methods and materials: In the treatment study 182 subjects aged 8-15 years who met criteria for separation anxiety, generalized anxiety or social anxiety disorder were randomized to group or individual treatment, and a wait-list control group was employed. In the indicated prevention study 36 subjects aged 8-15 years were included in an open non-randomization study. Pre and post follow-up assessment in both studies included the Spence Children’s Anxiety Scale and the Short Mood and Feelings Questionnaire. In the treatment study the Anxiety Disorder Interview Schedule for children and parents was employed and the indicated prevention study also included the Strengths and Difficulties Questionnaire (SDQ).

Results: Significant improvement was observed after active treatment both for diagnostic status, anxiety symptoms and depressive symptoms, with no significant change after the wait-list period. Post treatment around half of the patients no longer met criteria for their principal diagnosis. The treatment had a moderate effect size(d) on anxiety and depressive symptoms. There was no significant difference between group and individual treatment. The indicative prevention study found a significant decrease in the measures of anxiety and depression at post-measurement and anxiety reduction was sustained at three-months follow-up. **Discussion:** The treatment study is one of the largest studies of CBT for anxiety in children carried out in ordinary clinical settings. The Friends for life CBT program seems to be an effective treatment when delivered in ordinary clinical settings, with equal effects for individual and group formats. The indicative prevention study suggests that the program is effective in reducing anxiety and depression in at-risk school samples.

Conclusion: Manualized CBT is effective for childhood anxiety disorders in ordinary clinical care and may be recommended for clinical use, and as an indicative prevention for anxiety and depression for children and adolescents.

123 Folkhälsoekonomi

123-1 Mer värde för pengarna

Stefan Ackerby

Sveriges Kommuner och Landsting, Sverige

Ökad effektivitet kommer att krävas för att möta de utmaningar vi står inför. Men vad innebär det egentligen? Hur får vi ett långsiktigt perspektiv som omfattar förebyggande, vårdande och rehabiliterande insatser? Förebyggande insatser har svårt att finna plats i kommunernas och landstingens resursprioritering. Insatser för dem som blivit sjuka har alltid företrädde framför insatser för att förhindra sjukdom. Det som får effekt idag har företrädde framför det som får effekt på sikt. Inom vården finns en uttalad skepsis från den medicinska professionen, till betydande del för att förebyggande folkhälsoarbete handlar om att påverka psykologiska och sociala processer snarare än medicinska. Det är en helt annan form av evidens än medicinska insatser. En invändning har länge varit att kunskaperna om effekter av förebyggande insatser varit små. Grundproblemet är att det förflyter en lång tid mellan insatser och effekt. Det finns dock en hel del kunskap. Mycket kan byggas på kausalitetskedjor – en kortsiktig beteendeförändring i en population leder till åtminstone för en del en varaktig förändring som i sin tur minskar risken sjukdom. Förebyggande insatser, likväl som vårdande, kan bedömas i flera olika perspektiv: hälsoekonomiskt, samhällsekonomiskt, offentligfinansiellt och landstings- eller kommunalekonomiskt. Ju snävare perspektiv desto större krav ställs på en insats. Oftast anläggs ett närmast kameralt perspektiv på förebyggande insatser, dvs. de måste löna sig för den beslutande aktören landstinget eller kommunen. Tiden mellan å ena sidan insats och därmed kostnad och å andra sidan effekter i termer av minskad ohälsa gör det ibland svårt att hantera förebyggande insatser i budgetprocess som är inriktad på ett år. Det har väckt funderingar om att betrakta kostnader för t.ex. folkhälsoinsatser som ”investeringar” vars kostnader kan spridas ut på flera år. Det finns emellertid mycket som talar för att detta inte är någon framkomlig väg. Istället bör dessa insatser värderas på samma skala som andra aktiviteter.

123-2 Kan vi spara pengar genom att investera tidiga och förebyggande åtgärder för folkhälsa?

Anita Linel

Statens folkhälsoinstitut, Sverige

Kan vi spara pengar genom att investera tidiga och förebyggande åtgärder för folkhälsa? Presentation av exempel som visar att det är billigare med tidiga och förebyggande åtgärder. I själva samhällsstrukturen finns idag hinder som gör att tidiga och förebyggande åtgärder inte blir ett förstahandsval. Vilka är dessa hinder och vad kan vi göra för att ta oss förbi dem? Genom tidiga och förebyggande åtgärder ökar förutsättningarna för att alla ska få förutsättningar till en god hälsa. För ett barn med adhd eller psykisk ohälsa kan sena eller inga åtgärder leda till att barnet i vuxen ålder blir marginaliserad. Detta leder till ohälsa och stora och onödiga samhälls kostnader. Investeringar i tidiga och förebyggande åtgärder kan ofta vara lönsamma på sikt. Med lönsamhet menar vi att samhällskostnaderna minskar. Åtgärder för att förbättra folkhälsan kostar pengar. På sikt kan den åtgärden leda till bättre hälsa och därmed även minskade samhällskostnader. Exempelberäkningar visar att sena åtgärder för ett barn med adhd kan leda till att barnet under sitt vuxna liv (ålder 19-65 år) kostar samhället mellan 12-27 miljoner kronor mer är då tidiga åtgärder sätts in. Tidiga åtgärder kan även handla om förebyggande hälsoundersökningar där personer med riskfaktorer identifieras och får motiverande samtal för förändring av levnadsvanorna. Varför sätts inte tidiga och förebyggande åtgärder in? I själva samhällsstrukturen finns dock hinder

som gör att tidiga och förebyggande åtgärder inte blir ett förstahandsval. I Folkhälsopolitisk rapport 2010 har Statens folkhälsoinstitut identifierat och analyserat några av dessa hinder: den gällande strukturen i Sverige är sektoriserad och främjar inte samverkan mellan olika organisationer: när till exempel kommuner satsar på tidiga förebyggande insatser så är det ofta andra organisationer (främst statliga myndigheter) som får minskade kostnader. gällande budgetsystem tenderar vara för kortsiktiga och avgränsade till så små organisatoriska enheter att det blir omöjligt att se vilka handlingsalternativ som är bäst för hälsan och mest samhällsekonomiskt fördelaktiga. Resultatet kan bli att beslutsfattare ibland prioriterar så att konsekvenserna blir ohälsa samt stora och onödiga samhällskostnader. gällande budgetsystem kan normalt inte hantera de kostnadspucklar som uppstår då ett förebyggande arbete ska påbörjas, vilket kan resultera i att insatserna uteblir. Det finns vägar förbi hindren och på en del platser i Sverige prövas redan nya lösningar. Statens folkhälsoinstitut presenteras nedan några av dessa vägar förbi hindren: - Ett styr-, budget- och uppföljningssystem som skapar möjlighet till långsiktighet. - Göra samhällsekonomiska analyser för olika handlingsalternativ. - Utveckla och tillämpa ekonomiska system som ger möjlighet till investeringar och samverkan. Folkhälsoinvesteringar är en fråga som berör många olika politiska områden. Det är därför viktigt att skapa plattformar för samverkan, långsiktighet och helhetssyn. Att skapa förutsättningar för en god hälsa på lika villkor för hela befolkningen är ett ansvar för alla samhällets aktörer.

I23-3 Systematisk kunnskapsoppbygging som grunnlag for bedring av trafikksikkerheten

Rune Elvik

Transportøkonomisk institutt, Stiftelsen Norsk senter for samferdselsforskning, Norge

Trafikkulykker er et viktig folkehelseproblem. I de rike vestlige land har man etter ca 1970 klart å redusere dette problemet. I fattige land fortsetter problemet å øke. Verdens Helseorganisasjon forventer at antallet drepte i trafikkulykker i verden vil øke i tiden som kommer. Systematisk oppbygging av kunnskap om tiltak som kan bedre trafikksikkerheten gjennom lengre tid er trolig en viktig grunn til at man i de rike land har lyktes med å bedre trafikksikkerheten. Trafikksikkerhetshåndboken, en katalog over trafikksikkerhetstiltak utviklet ved Transportøkonomisk institutt, oppsummerer i en konsis form mye kunnskap om virkninger av trafikksikkerhetstiltak. I innlegget vil hovedinnholdet i Trafikksikkerhetshåndboken bli presentert og viktigheten av en kontinuerlig utvikling og oppdatering av kunnskaper på området vil bli understreket.

I26 Health Promoting Schools

I26-1 School health promotion as a strategic mean to improve education and health. Experiences from an action research project in a Swedish secondary school

Katja Gillander-Gådin

Mid Sweden University, Sweden

A school health promotion project was carried out in a secondary school where genuine participation and empowerment for all pupils were leading principles. The initial position taken in the project was that awareness of school gender relations is important for school health promotion, for teachers as well as pupils. The school health promotion program was seen as a strategic mean to improve education and health for students and to acknowledge that the curriculum defines what is taught but also has a specific

organisational structure and ethos. The overall aim with this presentation is to describe a model for genuine participation and empowerment from a gender perspective. The model was developed together with teachers and students in an action research project. A specific aim is to describe challenges and opportunities for such a project. The program started with education of all teachers in school health promotion and gender issues. All pupils in grade 6-8 in a school in the north of Sweden participated in the project. On four occasions, ordinary school work was replaced by pupil-centred group-work on health, classmate-relations, gender and influence at school. During two days the pupils worked with prioritizing proposals for change in their school environment, which they presented as an exhibition. Obstacles and opportunities for the change process will be analysed through focus group interviews with pupils from all three grades and the teachers. Preliminary results show that the model made it possible to engage the whole school in a school health promotion project and start changing processes through genuine participation. However, there also seemed to be several obstacles of which one was the barrier to include a gender perspective and gender awareness in the process.

I26-2 Modell for helsefremmende skole i Telemark fylke Norge

Mariell Lian

Norwegian Directorate of Health, Norway

Sammendrag av presentasjon til parallellsesjon 'Health Promoting Schools' Telemark fylkeskommune har via Folkehelseprogrammet hovedsatsing på barn og unge. Den største satsinga har vært "Helsefremmende barnehager og skoler" med hel stillingsressurs. Det som startet opp som et prosjekt våren 2006 med fokus på ungdomskoler og videregående skole og er etterhvert utvidet til helhetsgrepet Helsefremmende barnehager og skoler (barnehage, SFO/barneskole, ungdomsskole, videregående skole). De viktigste tiltaksområdene har vært kosthold, fysisk aktivitet og psykisk helse/skolehelsetjeneste og i noe mindre grad tobakksbruk/rus. Der det finnes nasjonale tiltak, har vi koblet oss opp mot disse, eksempelvis Fiskesprell hvor vi er nasjonal pilot for andre gang. Erfaringene fra fire års arbeid har gitt grunnlag for utvikling av det vi kaller "Telemarksmodellen" som er utgitt i egen rapport. Modellen kan brukes av fylker og kommuner for forankring av folkehelsearbeid i barnehage- og skolesektoren. Rapporten gir et mangfold av tips til tiltak med utfyllende beskrivelser. Hovedvekt i rapporten er på selve modellen: Hva er blitt gjort og hvordan? Forankring: Telemarksmodellen er forankret i Målstrukturen for folkehelsearbeidet i fylkeskommunen og i målstrukturen for de videregående skolene. Evaluering: Folkehelseprogram for Telemark 2006-2009 ble evaluert av Telemarksforskning høsten 2009 som oppsummerer slik "Det programområdet som synes å ha vært mest vellykket, er Helsefremmende skoler, noe som også har vært prioritert i programperioden. Dette inneholder flere prosjekter og retter seg mot alt fra barnehager til videregående skoler. Barnehager og skoler synes generelt å være en god arena å drive folkehelsearbeid på, bl.a. fordi man her treffer mange i målgruppen. Skolearenaen har imidlertid også sine begrensninger i den forstand at det er grenser for hvor mye plass folkehelse kan få i skolehverdagen. Samtidig er dette et godt eksempel på hvordan man har nådd ut og integrert folkehelse i en annen sektor, dvs. utdanningssektoren".

I26-3 Health Promoting Schools in Iceland: Influencing health-related behaviours through networks, policies and practices

Hedinn Svarfdal Bjornsson

Directorate of Health, Iceland

Health Promoting Secondary Schools (HPSS) is a project developed in Iceland by the Public Health Institute of Iceland (PHI) with the support of the Ministry of Health and Ministry of Education,

Science and Culture. The basic premise of the HPSS project is the Health Promoting Schools model that has been applied successfully, particularly in primary schools, in various countries. HPSS is a long-term project currently being undertaken by 25 out of 32 secondary schools in Iceland and is largely based on the World Health Organisation definition of a Health Promoting Schools, where: "... all members of the school community work together to provide pupils with integrated and positive experiences and structures, which promote and protect their health. This includes both the formal and the informal curriculum in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health."

The HPSS-project is broken down into four main themes: Nutrition, Exercise, Mental Health & Lifestyle, with the major, visible emphasis being placed on a single theme each school-year. In collaboration with the PHI, schools develop their own criteria to measure the success of their work in each theme and then, accordingly, receive recognition (bronze, silver or gold) at the end of each school-year for that particular theme. The majority of the schools (24) are still in their preparatory year, but early indications suggest that the HPSS approach sits very well with administrators, teachers, staff, parents and, most importantly, students, which augurs well for the future success of the project.

The overall success is being scientifically evaluated by researchers at the University of Iceland, who have commenced a long-term evaluation of the effects and outcomes of the project with one pilot school (which is one year ahead of the others) and one comparison school (which has agreed to delay participation).

I26-4 Well-being at school – how to make it real? A standard of activity for the development and implementation of a health plan in the Finnish Health Promoting Schools

Päivi Nykyri

National Coordinator Schools for Health in Europe (SHE) Network;
Finnish Centre for Health Promotion, Finland

Finland has been a member of Schools for Health in Europe (SHE) Network since 1993.

Finnish Centre for Health Promotion coordinates the network at a national level and about 40 primary and comprehensive schools around Finland work locally. In these schools The Health and Social Welfare Programme has been implemented and within the programme each school is developing their own health plan. The aim of the programme has been that health promotion in schools is systematic, holistic, long durational and integrated to normal activities in the school. The plan gathers up and specifies health promotion practices more precisely than the curriculum and sets goals for future work. The school health plan development and implementation is based on factors affecting health and well-being at school, these are: school ethos and values, learning environment, content of teaching and support for learning. To support the development work criteria have been drawn up based on factors mentioned above. In the school there is a special health promotion team, which is responsible for making sure that the entirety of the health plan will be implemented. The process of developing school health plan goes step by step beginning from providing settings for development and ending in school health plan.

Experience has shown that a systematic process of planning, developing and implementing the programme, providing technical support and the support of the headmaster are the key components for success. The main focus is in creating health promotion opportunities for pupils and all people in the school setting, however the prevention of risk factors is also needed.

Muntliga presentationer / Oral presentations

O4-1 Problem gambling, gambling dependency and gambling addiction as described by health and social workers in focus groups interviews

Anette Häggblom, Barbro Gustafsson, Regina Santamäki Fischer

Högskolan på Åland, Mariehamn, Finland

Gambling is now a worldwide and widespread accepted social activity. In many countries do both governmental and non-governmental organizations rely on gambling revenues for a substantial portion of their financial support. It is predicted that problem gambling would become one of the fastest growing areas of psychological help over the next decade. Consequently, both social and health costs of problem gambling are large on both an individual and societal level. The aim of this study was to provide an overview of health professionals' and social workers experiences of treating persons with gambling problems, gambling dependency and gambling addiction. Yet, another aim was to describe the theoretical basis they used including definitions of gambling problems and the evidence supporting current treatment activities. Collection of data was made through focus groups interviews. Through the focus group interviews, a useful insight of participants' attitudes, beliefs and opinions on the specific theme was provided. The data were analyzed using content analysis technique. The analysis and description of the data produced four key categories, which form an emerging theory of vague orientation towards gambling problems and addiction. The categories are 'conception of gambling problems, dependency and addiction', 'experiences of gambling', 'treatment and care', and 'need for education and training'. The results showed that professionals have a uncertain concept of definitions of gambling, they are uncertain of their roles and responsibilities, they are reluctant to intervene in gambling problems being deficient in responsibility, competency and interest. Obviously the interviewed portrayed a loss of knowledge simultaneously as they expressed shortcomings due to attitudes and beliefs about gambling problems, dependency and addiction. In this study a lack of management strategies was underlying reasons for deficient interactions. The intolerable situation forces the health- and social services in an immediate future to develop policy programs including strategies and educational programs.

O4-2 Spel om pengar och spelproblem i Sverige 2008/2009

Ulla Romild

Statens Folkhälsoinstitut, Östersund, Sverige

SWELOGS, Swedish Longitudinal Gambling Study, är ett forskningsprogram som leds och finansieras av Statens folkhälsoinstitut. Projektets övergripande mål är att utveckla kunskap och metoder som kan förebygga spelproblem. En del i studien är en befolkningsstudie med fyra planerade mättillfällen. SWELOGS befolkningsstudie har tio delsyften, vari ingår att mäta förekomsten av spelproblem och spelberoende i Sverige och att undersöka hur dessa samvarierar med spelmönster samt med sociala, hälsomässiga och ekonomiska förhållanden. I den föreliggande rapporten presenteras resultaten av den första mätningen som genomfördes mellan november 2008 och augusti 2009. Urvalet i mätningen består av ett stratifierat urval av 15 000 slumpmässigt utvalda personer mellan 16 och 84 år. Datainsamlingen gjordes i huvudsak genom telefonintervjuer. De som inte gick att nå via telefon fick en postenkät med två påminnelser. Svarsdata kompletterades med registerdata från Statistiska Centralbyrån (SCB).

Huvudresultaten från studien är: - Färre personer spelar för alltmer pengar - Andelen problemspelare i befolkningen ligger på två procent och ytterligare fem procent av befolkningen har viss risk för spelproblem - Spelproblemen finns i hela befolkningen men det finns stora skillnader mellan olika

befolkningsgrupper - Spelproblemen i befolkningen har omfördelats. Bland annat har andelen problemspelare ökat bland unga män (18-24 år) och bland kvinnor 25-44 år. - Det finns tydliga sociala skillnader mellan problemspelare och personer som inte har problem med sitt spelande - Minderårigt spelande förekommer i alla spelformer - Psykisk ohälsa är vanligare bland problemspelare än bland spelare utan spelproblem och icke-spelare

Vi drar följande slutsatser: - De spelproblem vi har i Sverige är ett folkhälsoproblem som bidrar till en ojämlik folkhälsa - Förebyggande åtgärder för att minska spelproblemet i samhället behöver utvecklas, utvärderas och implementeras - Den befintliga spelregleringen behöver stärkas och utvecklas så att allt spel om pengar regleras och kan bli föremål för tillsyn - Långsiktiga medel behöver avsättas för fortsatt kunskapsuppbyggnad i form av årliga mätningar av spelande och spelproblem på befolkningsnivå, utvärderingar kopplade till spelansvarsåtgärder, utvärderingar kopplade till tillståndsgivning och grundforskning om spel om pengar.

O4-3 Peer support and gambling related harms

Jenni Kämppi and Sanni Nuutinen

Helsinki, Finland

Tiltti is a development project of The Finnish Blue Ribbon (NGO). Project is funded by The Finnish Slot Machine Association. Project started on April 2010. Tiltti is a place where you can get information and support about gambling related harms and it situates next to Gambling Clinic in Helsinki, Kaisaniemi. Tiltti can be described as something between a day center and an information point. We collaborate with several other Finnish NGOs and develop treatment interventions together with Gambling Clinic personnel: our aim is to help and support people before or after the treatment period or during it. Drawing on the expertise of academics and practitioners in social sciences as well as service users and trained volunteers we develop and provide various activities for gamblers, significant others and professionals. In the core of our development work is peer support. We believe that it is important to receive and give peer support. In this presentation we describe the main outcomes and challenges of our work this far, presenting some of our weekly activities and focusing especially on our peer support groups.

O4-4 Kartläggning över Sveriges kommuners arbete med spelproblem

Carolina Nordlinder

Statens folkhälsoinstitut, Östersund, Sverige

Bakgrund: Kunskapen om hur Sveriges kommuner arbetar med spelproblem är begränsad. För att öka kunskapen om hur arbetet med spelproblem hanteras på lokal nivå har en nationell kartläggning genomförts. För att öka kunskapen i vilken utsträckning och hur kommunerna arbetar med problem i samband med datorspelade ingick även frågor om datorspel.

Syfte: Kartläggningens syfte har varit att insamla kunskap om kommunernas arbete om spelproblem för att möjliggöra riktade insatser, dels inom vård och behandling men även inom det förebyggande arbetet, bland Sveriges kommuner. Kartläggningen syftade även till att öka kunskapen kring kommunernas arbete med problematiskt datorspelade. Material och metod: En webbenkät skickades ut till Sveriges 290 kommuner. Datainsamlingen skedde under juni-oktober 2008. Enkäten riktade sig till personer som i sitt arbete kommer eller kan komma i kontakt med en spelproblematik samt personer som har ett ansvar över policyarbete inom kommunen.

Resultat: Sveriges kommuner arbetar med spelproblem i liten utsträckning och i de allra flesta kommunerna saknas en åtgärds- eller handlingsplan för att arbeta med frågan. Ungefär en tredjedel av kommunerna kan erbjuda någon form av stöd för behandling av spelberoende och var tionde kommun

ger stöd till frivilligorganisationer som arbetar med spelproblem. Personer som har ett ansvar över policyarbetet inom kommunen ansåg att kunskapen om spelproblematik skulle kunna ökas genom att tydliggöra ansvarsfördelningen av frågan. Ungefär hälften av kommunerna uppger att de har arbetat med datorspelrelaterade frågor under det senaste året.

Slutsatser: Stöd och vård till personer med spelberoende och deras anhöriga skiljer sig mellan olika delar av landet. Förslag till åtgärder är att kommunerna ska ha möjlighet att söka öronmärkta pengar för att utveckla stöd och vård till spelberoende. Utökade resurser skulle kunna innebära ökad kunskap, stärkt policyarbete inom förebyggande insatser samt implementering av evidensbaserade metoder inom behandling. Kunskapen om problematiskt datorspelande behöver öka.

O7-1 Reaching out to young men within a psychosocial support programme – who participates, who drops out?

Kaija Appelqvist-Schmidlechner, Markus Henriksson, Matti Joukamaa, Kai Parkkola, Maila Upanne and Eija Stengård

National Institute for Health and Welfare, Helsinki, Finland

Previous studies have shown that men are less likely than women to seek professional help for problems such as depression, substance abuse, and stressful life events. In particular, young men with a wide range of psychosocial problems are often beyond the reach of health and social services. The purpose of this study was to examine how an identified risk group of young men can be reached by a psychosocial support programme. Further, the study aimed to investigate if the amount of psychosocial problems is associated with reaching out and adhering to the support programme. The study involved a total of 170 young Finnish men exempted from compulsory military or civilian service. This study is part of the Time Out! Getting Life Back on Track project, which aimed at developing a psychosocial support programme for the prevention of psychosocial problems as well as at promoting general well-being among young men. The study employed a randomized controlled trial design that showed the programme to be effective. Data were collected using questionnaires and official registers. Of the 170 participants in the intervention group, the counsellors providing the support programme were able to reach 121 participants (71%). The counsellors met 85 participants (50%) and altogether 52 men (31%) were in contact with the counsellor after the first meeting. The support programme specifically reached out to young men who had psychological distress and suffered from an accumulation of psychosocial problems. However, men with the most problems could not be reached at all. The study highlights the complexity of adherence to psychosocial interventions. Young men who do not adhere to preventive interventions form a heterogeneous group of men. The findings indicated that - even in an identified risk group - the need for support can vary a great deal. The call ups for compulsory military or civilian service provide a unique opportunity for early intervention providers to reach out to young men.

O7-2 Why do young people experience high levels of stress?

Pia Vedel Ankersen, Stine Poulsen, Trine Holm Jensen and Finn Breinholt

Aarhus, Denmark

Background: In line with other studies of young people's wellbeing, studies based on the health survey "How are you?", conducted in the Central Region of Denmark, shows that young people experience high levels of stress. The question is why?

Aim: The purpose of this study is to describe and explain why young people experience high levels of stress. Data and methods: Center of Public Health, Central Region of Denmark conducted a health survey based on the questionnaire "How are you?" in 2010. The design was a random sample of 2.500

respondents in the 19 municipalities in the region (except for Aarhus and Samsøe with 8.500 and 1400 respondents respectively). 34.584 answered the questionnaire, which is equivalent to a response rate of 65 pct. Two questionnaires were developed; one for people above 25 years, and another for people aged between 16 and 24 years. Beside questions with relevance for all age groups, the focus in the questionnaire for young people was on the life conditions associated with the development and transformation processes that young people are going through. To understand the life situation of young people, and why young people experience high levels of stress, the quantitative data is supplemented with individual- and group-interviews with respondents in different life situations. The interviews are open structured with the aim of letting the young people describe with their own words how they feel, and in relation to that, why they experience high levels of stress.

Results: The conclusion, that young people experience high levels of stress, is based on different age groups rating on Cohen's Perceived Stress Scale. To support the conclusion it is also demonstrated that young people in general have a lower score on the mental dimensions based on the questions from The Short Form 12 Health Survey version 2 (SF-12). Using the quantitative data it is also shown that women between 16 and 20 years are experiencing the highest levels of stress in comparison with older women and men. Based on the qualitative data it is shown that external pressure and high ambitions can lead to high levels of stress. In relation to that it is shown that there is a great variation in what young people consider stressful. This must be seen in relation to the fact that young people is living very different lives.

Conclusions: Young people between 16 years and 24 years experience a more stressful life than older people. The stress that the young people feel is associated with their personal ambitions and external pressure.

O7-3 Mind Health - training to promote mental health across the lifespan

Eija Stengård, Gert Lang, Richard Wynne and T-MHP Project Team

Helsinki, Finland

Background: Mental health is an essential part of health and wellbeing. It is strongly connected with the structure and functions of our psychosocial and physical environment and thus can be promoted by improving these factors. However, mental health promotion activities are not widely implemented in many communities. One reason for this might be a lack of relevant knowledge and skills. The Mind Health project aims to develop a training course in mental health promotion in three settings which cover the entire lifespan of individuals.

Methods: Project partners from Austria, Estonia, Finland, Germany, and Ireland conducted a quantitative study on organizations' knowledge in mental health promotion. A convenience sample of 106 managers of schools, workplaces and residential homes for older people were asked to fill in a standardized questionnaire. The respondents' level of knowledge and skills in mental health promotion was measured on a Likert scale (1=not at all, 2=little, 3=some, 4=a lot) comprised of 37 items. The results were analyzed by factor analysis to determine the structure and topics for future training.

Results: In the exploratory factor analysis (principle axis factoring, direct oblimin) with a reduced number of items, three factors were extracted which account for 58.8% of the variance and high scale reliability (Cronbach's α , inter-item correlation r_i). Factor 1 subsumes nine items about knowledge and skills in planning and managing MHP projects ($\alpha=0.913$, $r_i>0.643$). Factor 2 includes five items about MH services and interventions ($\alpha=0.854$, $r_i>0.582$). Factor 3 comprises six items about the possibilities to detect MH problems and symptoms ($\alpha=0.910$, $r_i>0.673$).

Conclusion: Based on the results of the study, a training course (e-learning and face-to face) has been designed. The e-learning material includes information on the theoretical background of mental health promotion, interventions and practical exercises. The aim of the face-to-face training is to support the implementation of mental health promotion activities in participating organizations. The training course is presently in a piloting phase and the final version will be available in November 2011 in several languages. The training for older people's residences will be described in more detail in the presentation.

O7-4 Adaptations to changed life circumstances: The coping process in a group of elderly depressed men

Hanne Voldby Jensen, Svend Aage Madsen and Karen P. Munk

Dep.of Psychological and Psychosocial Research, Denmark

Adaptations to changed life circumstances: The coping process in a group of elderly depressed men. According to the last updated numbers of WHO it seems almost universal that more men than women of all ages commit suicide. In the Nordic countries even an increase among elderly men is seen lately in spite of an overall fall in suicidal rates in these countries in the same period (WHO, 2010).

Men are 3-5 times as likely as women to die from suicide, and depression is the most common condition associated with suicide (Grigoradis, S. & Robinson, G. E., 2007; Lucht, M. et al., 2003). Thus despite the lower depression rate in men than in women, they appear to be more determined to die from suicidal behaviour judged from their choice of methods and success rate (Grek, A., 2007).

It follows from this that there must be a number of men, who do not seek or receive help and therefore remain, undiagnosed and untreated for their depression. This seems particularly true of the elderly male, as the male suicide rates increase dramatically with increasing old age, and males aged 80+ have the highest suicide risk compared to any other age groups. It is also known that elderly men have a higher prevalence of depression than younger men. Especially elderly widowers have a higher risk of suicide after the death of a spouse, and particular men are vulnerable; thus a period which you for good reasons could call life threatening for elderly men (Djernes, J. K., 2006).

Researchers on mental health have in recent years begun to focus particularly on men's problems and the whole ecology around them such as their social relations and their (lack of) interplay with the health system, and there is an increasing suspicion that men in distress or suffering from a depression often react in ways not expected by the health system or by their social surroundings (WHO, 2010). This presentation/poster will focus on the discussion in the literature on this topic, concentrating on elderly men, and present an in depth study on elderly, distressed men's coping strategies in order to explore how they interpret the threats and losses of their current lives and how it affects their mental health. The question is whether they are able to adapt to changed life conditions or if they continue with strategies of the past at the cost of their mental health? (Jensen, Madsen og Munk, 2010).

O7-5 Äldre personers känsla av trygghet - yttre och inre källor

Lisbeth Fagerström

Vasa, Finland

Bakgrund: Inom ramen för GERDA projektet, ett samarbetsprojekt mellan högskolor/universitet i Kvarkenregionen i Sverige och Finland, genomfördes under 2005 en omfattande enkätstudie bland 65- och 75-åringar i Österbotten och Västerbotten. GERDA projektets övergripande målsättning var att studera vad ett gott åldrande innebär.

Syftet: Den aktuella delstudiens syfte var att studera äldre personers känsla av trygghet samt faktorer som har samband med deras känsla av trygghet.

Metoder: Totalt 3370 äldre personer svarade på den 15-sidiga enkäten (svarsprocent 68,4%). Undersökningsgruppen bestod av rikssvenskar, finlandssvenskar och finskatalande finländare. Materialet analyserades statistiskt med SPSS-program, inklusive tre-steps nominala regressionsanalyser. Eventuella skillnader mellan språkgrupper analyserades. Resultat: Personer som upplevde sig mera trygga upplevde livet meningsfullt och ansåg sig kunna hantera sina livskriser. Ett klart samband fanns mellan känsla av trygghet i livet och ekonomisk trygghet. Personer med svagare känsla av trygghet hade en svagare tillit till sociala nätverk och hade en försämrad funktionsförmåga.

Konklusioner: Sammanfattningsvis kunde konstateras att källor till trygghet är olika för personer

med en stark känsla av trygghet respektive för personer som uppgav att livet kändes otryggt. Trygghet definierades som en inre hälsoresurs. Vår kunskap om människans inre och yttre hälsoresurser samt hur dessa påverkas när människan åldras är relativt outforskade områden. Studien visade på intressanta samband som bör utredas närmare i fortsatt forskning.

Og-1 Evaluation of mental health retail clinic in public library

Hannele Peräköski, Kirsi Riihimäki, Marjo Kurki, Lauri Kuosmanen, Timo Aronkylä

Vantaa, Finland

Background: Based on the national plan for mental health and substance abuse work (Mieli 2009), there is clear need for development of low-threshold and single entry point services for persons seeking help for mental health and substance abuse problems. In order to pilot this suggestion in practice, Mental Well-being in Vantaa project has developed a mental health retail clinic (Miepä Service Center) operating in public library. The Miepä Service Center offers information and supervision to all citizens with no referral practices or costs to the clients. In addition to supervision, a one-appointment intervention is developed and will be tested as part of this innovative service.

Aim: To evaluate service use, service users needs and functionality of one-appointment intervention in mental health retail clinic operating in public library.

Material and methods: Amount of service users, data on mental health and substance abuse needs and clinical experiences on the functionality of one-appointment intervention will be collected between January and June 2011.

Results: The results will be reported in the conference in August 2011.

Conclusions: Increasing early-stage community care and low-threshold single entry point in mental health and substance abuse services it is possible to both enhance mental health promotion and reduce mental health and substance abuse problems. People with mental health problems and substance abuse should be treated equally to all other service users. Furthermore, community based mental health and substance abuse single entry point services will strengthen the status of service users and reduce stigma and discrimination experienced by people with mental health problems and substance abuse.

Og-2 Own Health Corners support citizens' self care

Eeva Häkkinen and Anneli Luoma-Kuikka

Mikkeli, Finland

The Hyvis Own Health Centre opened in Mikkeli Central Hospital and Moisio Hospital in 2009. The network of Own Health Corners has been expanded as part of the Kanerva-KASTE project by establishing 15 Own Health Corners in the Etelä-Savo Hospital District area. The Hyvis Own Health Centre and the Own Health Corners were developed as a response to a number of challenges. The most essential one was the need to provide the population with reliable health information. In addition, the increase in outpatient services and shorter courses of treatment in hospitals have formed the background of the development work.

The mission of Own Health services is to combine health promotion, prevention, availability of reliable information and easy access to the Corners. The Own Health Corners are based on self service. Service users can measure their blood pressure, weight, height, waist circumference and take a variety of health-related tests. The Corners also offer health-related written materials and most of them also provide a computer for accessing the Hyvis-portal. The Internet service is available at all hours at <http://www.hyvis.fi>. Additionally, health-related written materials maintained by patient and public health

organisations are available at the Hyvis Own Health Centres.

The Centre premises provide the space for citizens, patient organisations, professionals and students of health care to develop new types of networks and approaches. For example, during the National Heart Week and the Substance Abuse Prevention Week, exhibitions and events were organised in the Hyvis Own Health Centers. The challenges for further development include expanding the Hyvis portal so it can be used as a tool for professionals, and guiding clients to use the Own Health Corners more widely. Service users' feedback and new ideas for development are to be collected during 2011.

O9-3 Reforming mental health and substance abuse services in Southern Finland

Marjo Kurki, Päivi Lepistö, Lauri Kuosmanen and Timo Aronkytö

Vantaa, Finland

Project process description: The Key to the Mind project for developing mental health and substance abuse services in Southern Finland constitutes part of the Kaste program for 2010-2012. The project has been granted a government aid of €7 500 000 and the project is administered by the City of Vantaa. The project is based on the objectives of the Kaste program and recommendations of the national mental health services. The 37 municipalities involved in the project and 13 thematic entities are committed to the following measures: 1) strengthening the status of services users; 2) providing flexible services to mental health and substance abuse through a low-threshold single entry point principle; and 3) enhancing competence in mental health and substance abuse among those working in primary level.

Target population: The project area consists of Uusimaa, Kymenlaakso and South Karelia with a combined population basis of 1 800 000.

Implementation: The project is implemented on three levels: 1) joint activities within the entire project area; 2) joint activities by different thematic entities; as well as 3) activities by individual thematic entities.

Effectiveness: To enhance the inhabitants' mental health and abstinence, as well as to make it easier for people with mental health and substance abuse problems to get help. The anticipated results of the project are seen in positive changes in the citizens' lives. As the project's service promise realizes, access to help becomes faster and there is no bouncing from one service point to another. The essential indicators of the Kaste program move into a more positive direction. Furthermore, indicators depicting cooperation between basic and special services show improvements in flexibility, efficiency and successful division of labor.

Conclusions: The project will produce new ways of working in mental health and substance abuse both primary care and secondary care level and third sector. All this is based on national and international recommendations.

O9-4 Health Stations as user interfaces project: improving the care of citizens with substance abuse problems

Antti Iivanainen, Auri Lyly, Lauri Kuosmanen and Marjo Kurki

City of Helsinki, Finland

Project process description: The Helsinki Health Station project is a part of the Key to the Mind project and it constitutes part of the Kaste program headed and funded by the Ministry of Social Affairs and Health. The aim of the Health Station project is to develop multidisciplinary work in primary care by integrating substance abuse workers and social services advisors to Health Stations (n = 26). In addition, the aim is to increase collaboration between professionals and thus make it easier for people to get help. It is known that alcohol consumption is related to a number of health problems, and there

is often need for advice about the social services available. In Helsinki, health services are provided by the Health Centre and substance abuse services by the Social Services Department, which can be seen as different user interfaces. Although these departments cooperate, patients with both mental health and substance abuse problems do not get sufficient care. As the project is run by both the organisations, integration of these services is expected.

Target population: Target population are the primary care Health Station service users in City of Helsinki (population of 584 000). In 2009, 37% of the population visited GPs and 39% visited public health nurses at Health Stations. **Implementation:** The project was piloted in autumn 2009 at two Health Stations in eastern Helsinki with one substance abuse worker and one social services advisor. The area has a higher prevalence of both social and health problems compared to the average. It was found that this new way of working is necessary and it benefits both the patients and the staff. Based on the pilot study, the project is now being implemented to all Health Stations.

Effectiveness: After this project there will be a multidisciplinary team consisting of mental health, substance abuse and social work professionals. The effects of this new collaboration need to be evaluated in more detail. The results should be realised in service users' reality as getting better access to services.

Conclusions: The need for new and innovative model is evident in the light of prevalence rates of substance abuse and mental health problems. It is also clear that information about and access to the social services should be easily available within the primary health care services. In the future, integrated care should form the basis of primary care services.

O9-5 National strategies, health promotion policies, programmes and recommendations are ineffective management tools in the local level health promotion planning and implementation contrary to conventional expectations

Astila-Ketonen Piia, Cornu Tuula, Hakkala Mari, Kosklin Ritva, Pohjola Minna, Päivärinne Marita

Turku, Finland

The National Development Programme for Social Welfare and Health Care (KASTE) is the statutory social and health policy and the strategic steering tool for health care and health promotion development. Its implementation is based on the established information steering methods. Health and Well-being by Nursing Management (VeTeTH), 2008 – 2011, is a KASTE sub-project in the Hospital Districts of Southwest Finland and Satakunta. The VeTeTH integrates health promotion in nursing management structures and practices. Finnish municipalities are responsible for organizing primary health care and social services. The main steering mechanisms on the state level are steering by legislation and by information. Municipalities have used their self-government in a way which seems to focus on treatment. Among other results, widening health gaps between regions and populations have ensued. The VeTeTH project made a first survey of the steering information, national and regional programmes and recommendations known to, and used by, superior nursing and social services managers in Southwest Finland and in Satakunta. The project produces a concrete planning tool to assist nursing managers in scheduling, monitoring, assessing and co-ordinating health promotion work in all their practices.

The survey indicated that national steering documents were used only in some 10 % of the municipalities. Between 17 – 20 % had not considered them at all. The ministry created HP action plans, health reporting systems, strategies and health accounting for the local level, but few municipalities adopted them (4,4% - 33%). Of the interviewed executives, 11% did not know whether their organizations were using these methods or not. National level steering is not very effective on the local level. The respondents knew best specific risk and disease related programs. Decreasing health inequality was not a target in most municipalities despite the national policy. Also, only some 20 % followed up national

statistics on population health and health determinants.

The tool will be a Flow Charter planning system, and it will be integrated in the existing clinical pathways. It facilitates health promotion decision-making and activities and brings the international, national and regional steering documents easily within the local health promotion managers' reach.

O11-1 Dialogue between substance abuse services and elderly care. Too Much Is Always Too Much - Ageing and Alcohol Project 2005-2011

Maria Viljanen

Helsinki

The reasons for starting a project focusing on substance abuse problems among the elderly, that is, of Finns over the age of 60, were threefold: 1) the share of the elderly in the Finnish population is increasing rapidly; 2) the consumption of alcohol in Finland has increased in all age groups; 3) there are no substance abuse services targeted at those over the age of 60, and on the other hand, professionals working in the field of elderly care do not have expertise in substance abuse issues.

The four key organisations of the project (The Finnish Blue Ribbon (2005-11), Helsinki Deaconess Institute (HDI) (2005-11), Church Resources Agency (2005-11), Blue Ribbon Foundation (2005-08) operate in the field of addiction issues, and one of them also has extensive experience in elderly care (HDI). The fifth key partner (Age Institute Kuntokallio Foundation (2005-08) has focused on the research and development of services for the elderly. In addition to these organisations, municipalities in the metropolitan area (Espoo, Helsinki, Vantaa) and in the more sparsely populated Eastern Finland (Kainuu, Kuopio, Pieksämäki, Savonlinna) have also taken part in the development work.

The client work undertaken during the project has involved 129 clients over the age of 60 who have a recognised drinking problem. With the help of these clients, new ways of carrying out addiction work in the homes as well as peer group activities have been developed.

The changes in the clients' situation have been assessed and evaluated comprehensively, in co-operation with the client and professionals in the service network, using process descriptions. The processes and quality of peer group activities have also been examined with the help of process descriptions and discussed in the project steering group.

Our project workers have managed to make small but long-lasting changes that help the clients to get back to a more normal daily life. Thus the main result of the project is that it is important to put the life of the elderly problem drinker in order before changes in alcohol use can occur. When the client has e.g. found new social contacts, a change in alcohol use is possible.

The project is supported by Finland's Slot Machine Association (RAY).

O11-2 Consumption of cigarettes and pipe and hand rolling tobacco in Finland

Lien Nguyen, Markku Pekurinen and Gunnar Rosenqvist

National Institute for Health and Welfare (THL), Helsinki, Finland

Tobacco consumption is considered addictive and harmful to people's health. Smoking reduction would reduce premature mortality, morbidity and incidence of smoking-related diseases. The present paper examines consumption of cigarettes and pipe and hand rolling tobacco in Finland, using annual time series data on consumption of each tobacco product over a 50-year period. We applied different econometric models to explain relationships between tobacco consumption, price and anti-smoking measures.

Pipe and hand rolling tobacco appeared to be a substitute for cigarettes. Demand for pipe and hand rolling tobacco is more responsive to a change in the price of cigarettes than to its own price. We found

evidence that consumption of each tobacco product per capita in the previous period influenced its consumption in the current period. A 10 percent increase in real cigarette prices decreased cigarette consumption by 2.1 to 4.3 percent in the short term but by 3.5 to 4.5 percent in the long term, leading at the same time to a 15 to 17.5 percent increase in consumption of pipe and hand rolling tobacco. A 10 percent increase in real prices of pipe and hand rolling tobacco reduced its consumption by 2.5 to 3.6 percent in the short term but by approximately 5 percent in the long term. Real household disposable income was significantly and positively related only to cigarette consumption.

Anti-smoking measures had a differing influence on tobacco consumption. Health information year 1964 and the 1976 Tobacco Act were negatively associated with cigarette consumption but positively associated with pipe and hand rolling tobacco consumption, whereas the 1995 smoking ban in public places was negatively associated with both tobacco products' consumption. The findings suggest that to achieve the objectives of reducing the consumption of tobacco products and promoting health more effectively, the taxation instrument would be better applied in parallel with extensive anti-smoking measures.

This study is part of PPACTE (Pricing Policies and Control of Tobacco in Europe) project, which investigates the impacts of pricing policies on demand for tobacco products in eleven EU countries.

O11-3 Is the workplace an effective platform for recruiting to smoking cessation classes?

Jo Coolidge and Niels Them Kjær

Sundhedsafdelingen Herlev Kommune, Denmark

Background: The majority of Danish smokers express interest in receiving support in their efforts to quit cigarette smoking however the enrollment in smoking cessation courses has been falling. The aim of this study was to address this paradox.

Objective: The purpose of the study was to examine whether a brief introduction to smoking cessation at work would be an effective method to recruit smokers to cessation classes.

Material and methods: The study had a cluster randomized design where a company constitutes a cluster. 66 private and public companies in the town of Herlev, a suburb of Copenhagen, agreed to participate out of 218 companies contacted. Inclusion criteria: Company size of minimum 10 employees of whom at least 2 were smokers. An external source, Copenhagen Trial Unit, conducted the randomization of companies after stratification by company size and smoking prevalence. 33 companies were randomized to the intervention group and 33 to the control group. Both groups were offered smoking cessation classes free of charge to their employees. The intervention group were in addition offered a 45 minute motivational presentation as an introduction to smoking cessation. This presentation constituted the intervention. It was held for employees, smokers as well as nonsmokers, during regular work hours, primarily in conjunction with an other scheduled meeting e.g. a staff meeting. A smoking cessation class was scheduled a few days following the presentation and involved a standard method of five weekly two hour sessions. The majority of the smoking cessation classes were offered during regular workhours as a health benefit to the employees.

Results: Motivational presentations were held at 23 of the 33 intervention companies. The remaining 10 companies in the intervention group did not participate after having originally agreed to take part in the study, either due to financial difficulties, or because they were excluded due to having only one or no smokers remaining among their employees. In the intervention group 12 smoking cessation classes were established. All twelve were among the 23 companies where introductory presentation had been held. In the control group one smoking cessation class was held among the 33 companies. The difference in numbers of smoking cessation classes among the intervention and control groups was significant (P value < 0.001). The rate of continued six-month abstinence from cigarette smoking among the participants in the smoking cessation classes was similar to that of the regular smoking cessation classes offered

in the same town during the same period, 23 % and 24 % cessation rates respectively for the study population and town of Herlev as a whole. This smoking cessation rate is a conservative estimate based on a standardized method of contacting participants in smoking cessation classes. If it is not possible to contact a participant that person is considered a continued smoker. 18% of the participants were not successfully contacted and thus considered continued smokers.

Conclusion: This study supports the theory that the workplace is an effective arena to help smokers quit. Though there was some resistance, companies and employees were motivated to add smoking cessation to the work agenda. An motivational presentation on smoking cessation was followed by a significant increase in smoking cessation classes compared to a control group of companies. Easy access to smoking cessation classes seems to increase attendance. The method of contacting companies and offering motivational presentations to their employees is thus considered effective and is in the process of being implemented in other parts of Denmark.

O11-4 Parental alcohol use and adolescent school adjustment in the general population: results from the HUNT study

Fartein Ask Torvik, Kamilla Rognmo, Helga Ask, Espen Røysamb and Kristian Tambs

Oslo, Norway

Background: As a group, children of alcohol abusers exhibit lowered academic achievement. Few studies address which parts of school adjustment that may be impaired in children of alcohol abusers. Previous research has had limitations such as only recruiting cases from clinics, relying on single responders for all measures, or incomplete control for comorbid psychopathology.

Aims: To investigate the associations between adolescent school adjustment and maternal and paternal alcohol use in the general population.

Materials and methods: Multivariate analysis of covariance was applied to investigate group differences. In a Norwegian county, 88% of the population aged 13-19 years participated in a health survey (N=8984). Mothers and fathers were also invited. Based on exploratory factor analysis, school adjustment was found to consist of four dimensions: attention problems, satisfaction with academic results, conduct problems, and satisfaction with school in general. Parental alcohol use was categorized as abstemious, light, at risk, or abuse. Mental distress and other control variables were adjusted for. Results: Children of alcohol abusers had moderately elevated attention and conduct problem scores. Maternal alcohol abuse was particularly predictive of such problems. Children of abstainers did significantly better than children of light drinkers. Controlling for adolescent mental distress reduced the association between maternal abuse and attention problems, and removed the difference between maternal and paternal effects. Controlling for parental mental distress did not reduce the effects.

Conclusions: While this study is cross-sectional, the sample seems to be fairly representative. Parental alcohol abuse, particularly maternal, is a risk factor for attention and conduct problems at school. Some of the additional effect of mothers compared to fathers is likely to be mediated through adolescent mental distress. Despite this, children of alcohol abusers report that they enjoy being at school as much as other children.

O11-5 Support for provision of substance abuse services and mental health issues for disabled people -Vapa tukipalvelut

Liisa Jokela

Helsinki, Finland

Background: The new VAPA work was launched in May 2005 (The Finnish Blue Ribbon). The work is funded by RAY (Finland's Slot Machine Association). Continues the work of VAPA-Project (2001-2004) (Developing substance abuse services for people with disabilities). In 2010 mental health issues were attached within. VAPA work based on fact that disabled people have equal rights:

- use substances
- have problems with substance abuse (as non-disabled people) and
- have substance abuse services which includes the special needs of the disabled

The objectives: Increase the facility and approach of the disability workers to work with client with a substance abuse or/and mental health problems and vice versa. Increase the network of substance abuse, mental health services and services for the disabled. Promote accessibility of substance abuse and mental health services.

Main lines of action: Promoting co-work of substance, mental health co-operation and abuse services and services for the disabled and produce accessible information and material for the disabled people. The goal is to learn from others good practices and get support from each other and promote integration of services - chain of services. In addition our websites www.vapa.info promotes easy access of information about disability, mental health issues and substance abuse. At the moment part of the websites are in sign language and in the future also in plain language. VAPA coordinating the network promotes the awareness and positive attitudes of substance abuse and mental health problems and disability issues among the professionals in health and social area. The vision is that substance abuse and mental health problems of disabled people are no more a taboo but taken into account. Focus shouldn't stand on disability but instead on issues that affect the quality of life for those same individuals, such as accessible transportation, housing, affordable health care, employment opportunities and discrimination.

O19-1 Socioeconomic differences in recovery from long-term psychiatric work disability in Finland

Marianna Virtanen, Ichiro Kawachi, Tuula Oksanen, Paula Salo, Katinka Tuisku, Laura Pulkki-Råback, Jaana Pentti, Marko Elovainio, Jussi Vahtera and Mika Kivimäki

Helsinki, Finland

Objective: This study examined the associations between socioeconomic position (SEP) and recovery from a period of long-term psychiatric work disability.

Methods: Prospective observational cohort study (1997 to 2005) including register data on 141,917 public-sector employees in Finland. Information on ICD-10 diagnosis-specific psychiatric work disability (≥ 90 days) was obtained from national registers.

Results: During a mean follow-up of 6.3 years, 3,938 (2.8%) participants experienced long-term psychiatric work disability. Of these, 2,418 (61%) returned to work. High SEP was associated with greater likelihood of return to work following depressive disorders, personality disorders, schizophrenia, and substance use disorders, but not bipolar disorders, anxiety disorders, or reaction to severe stress and adjustment disorders.

Conclusions: High SEP is associated with return to work after an episode of work disability due to a majority of psychiatric diagnoses. However, SEP did not predict recovery from disability due to bipolar

disorders and reaction to severe stress and adjustment disorders, or anxiety disorders. SEP should be taken into account in the attempts to reduce prolonged work disability due to mental disorders.

O19-2 Positive Mental Health and First Aid as a Civil Skill

Eila Okkonen

Helsinki, Finland

The goal of the concept of the Mental Health First Aid is to promote citizens' skills in mental health. Participants in the training will enhance their knowledge, their resources and their coping abilities. The participant will get practice in discussing mental health issues, and will be encouraged to raise issues and to help. In addition, the participants will become equipped to assess whether their own resources suffice, or if professional help is needed. It should be obvious that the promotion of health is cheaper for, and fewer resources are consumed by, individuals, families, work communities and society, than to treat and care for illness, and to dismantle piled-up problems. The responsibility for health promotion lies with citizens themselves, as some problems can be avoided by one's own actions, with the help of close ones, and through the choices one makes. To support action and choices, one needs reliable information, and trustworthy companions for deliberation and discussion. One needs the skills to discuss mental health issues, gently and openly, and one needs civil training delving deeply into mental health issues. Bringing about health awareness and a change in attitudes may be difficult, so it is necessary to use new methods and to strengthen the grasp of participants in training. Mental Health First Aid Courses enhance the skills that fall under general knowledge. Every one of us needs these skills, because a major part of mental health work is carried out in daily life at home, at work and at school. MHFA courses offer an opportunity to enhance one's abilities, and to reduce negative attitudes with regard to mental health issues. Unnecessary fears and sensitivity can gradually be changed to a positive consideration of mental health issues, making them daily issues, to taking care of one's self and supporting close ones.

O19-3 The uniqueness of mental health as a health promotion issue

Pia Solin

University of Tampere, Finland

Background: By improving public mental health, mental health policy has significant potential to enhance economic, social and human capital. However, mental health policy has not been very popular research area, although recognition of the neglect of mental health is evident in health promotion and public health documents.

The aim: The aim of the research was to scrutinise mental health and its role in health promotion policy with inductive perspective. Materials and methods: National health promotion strategy and programme documents from 1986 to 2002 from several European countries have been qualitatively analysed in order to describe and analyse the role and nature of mental health in the area of health promotion and policy.

The results: It is learned so far that in health policy documents mental health is seen as a serious issue, which should not be overlooked. Analysis has shown that there are various reasons for mental health to be preserved. It is a problematic issue not only by definition, measurement or care, but also because of them it is a problem in policy-making. When compared to somatic health, similar problems do not exist. The determinants of mental health in comparison with those of somatic health have also indicated that mental health promotion and policy has to operate differently in order to be successful. Furthermore, as a health promotion target, mental health needs careful consideration, as their evaluation

has proved to be difficult due to lack of time, ambiguous definitions and inadequate monitoring system.

The conclusions: Even though mental health can be raised to the policy agenda, it is not necessarily simple to transfer it into the policy-making. Mental health problems are defined in totally different level when compared to physical health. Because of this, the utilization of the same policy action is not possible. Aim of this presentation is to discuss these distinctive qualities of mental health and mental health policy.

O19-4 Salutogenesis as a system approach to health promotion

corresponding author: Bengt Lindstrom, see complete list in abstract

Nordic Chapter of IUHPE Global Working group on Salutogenesis, Finland

An ongoing systematic analysis of the global evidence on the overall impact and effectiveness of a salutogenic approach to health promotion proves that people and systems that develop the ability to implement a salutogenic approach strengthening the Sense of Coherence, will create systems where people not only live longer but perceive they are in good health, enjoy a better quality of life and mental wellbeing. In addition, they can withstand stress better than the average and are inclined to more constructive health behaviours. Even if they become acutely ill or develop a chronic disease such as an NCD they will manage better than the average. Overall the approach responds positively as a system to the action areas and policies of the Ottawa Charter.

Reference: The Hitchhikers Guide to Salutogenesis, Folkhälsan Research Report 2, 2010 The IUHPE Global Working Group on Salutogenesis formed a core group of 10 research centers in December 2010. Here the Nordic Representatives covering 4 Nordic Countries will speak to the issue healthy public policy implications, mental health and quality of life, health behaviours, chronic disease (NCDs), healthy learning and empowerment, community action. Further describing how the contemporary evidence is collected, documented and analyzed.

Authors: Prof Maurice Mittelmark, HEMIL Senter, NO, Prof Geir A.ASpnes, Health Promotion and Resouces, NTNU, NO, Prof. Bjarne Bruun Jensen, STENO HP Research CEnter, DK, Prof Mima Cattan, Folkhälsan,FI, PhD Monica Eriksson, Högskoan Väst, SE, Prof Bengt Lindström, Folkhälsan, FI

Emails: bengt.lindstrom@folkhalsan.fi;maurice.mittelmark@uib.no, monica.eriksson@hv.se, mima.cattan@northumbria.ac.uk, Geir.Arild.Espnes@SVT.NTNU.NO, bjbj@steno.dk

O19-5 Psykisk helse: forebyggende og helsefremmende anbefalinger og tiltak

Ellinor F. Major

Nasjonalt folkehelseinstitutt, Oslo, Norge

Psykisk helse: forebyggende og helsefremmende anbefalinger og tiltak Nasjonalt folkehelseinstitutt har i 2011 utgitt en samlet fremstilling av kunnskapsgrunnlaget på feltet og tiltak som kan fremme psykisk helse og forebygge psykiske plager og lidelser. Tiltakene er så langt mulig bygget på forskningsbasert kunnskap, med vekt på norske og nordiske undersøkelser. Tiltakene er rangert i henhold til kunnskapsgrunnlaget i fire ulike kategorier - fra tiltak basert på studier med sterke design til tiltak basert på erfaringsbasert kunnskap og helsepolitiske føringer. I rapporten fremmes 50 ulike tiltak knyttet til de ulike arenaer hvor forebygging kan finne sted. Befolkningens helse blir i stor grad påvirket av forhold som ligger utenfor helsetjenestens kontroll. Rapporten har derfor gjennomgått forskningen og presenterer tiltak knyttet til arenaer utenfor helsetjenesten: familie- og oppvekstmiljø, barnehager, skoler, arbeidsplasser og eldrecentre. Eksempelvis presenteres tiltak som kan forebygge mobbing i skolen, atferdsproblemer hos barn og unge, styrke foreldreferdigheter, og mestring av angst og depresjon.

Foredraget vil presentere kunnskapsgrunnlaget og de viktigste tiltakene på de ulike arenaene. Viktig i denne sammenheng er både dokumentasjon av den forskning som finnes på forebyggingsområdet, og synliggjøring av områder hvor vi ikke har god nok kunnskap.

O2o-1 Economic assessment of health promotion in Finnish primary health care

Pia Hakamäki and Timo Ståhl

National Institute for Health and Welfare (THL), Tampere, Finland

Issue: Health promotion belongs to the work of every administrative field of the Finnish municipalities. However, little is known about the cost-effectiveness of health promotion activities carried out as normal procedures of the everyday work of organisations. Information on health promotion activities is needed in each sector in order to support planning and decision-making in municipalities.

Project description: The aim is to create an overall framework for the economic assessment of health promotion in municipalities and to develop practical tools for measuring costs, outputs and effects of health promotion. In this paper the focus is on primary health care, but the economic evaluation has been started also in social welfare and the education sector. The focus is on services for children, young people and families with children. Development work within four municipalities is co-ordinated by THL (2008–2012).

Results: As a first step, health promotion measures were operationalised in primary health care. Maternal and child health clinics, school health care, preventive visits of general practice, oral health care, rehabilitation services and other public health care functions was included in the assessment. The operationalisation was made with awareness of the fact that professionals do a lot of health promotion and preventive work that cannot be quantified e.g. in sickness visits which were not included in the assessment. Based on the operationalisation, the time used for health promotion was measured by monitoring working hours (appointment books), client visits, group activities or procedures. The work in maternal and child health clinics was mainly health promotion (95–98 %). But in school health care, 24–38 % of the work input of public health nurses and 8–9 % of school doctors was allocated in sickness visits. In oral health care, the work input of 41–45 % of orthodontic therapists and 2–3 % of dentists and dental nurses was allocated to health promotion. In rehabilitation services it was 7–11 %. According to preliminary results, 11–17 % of the primary health care costs and 3–4 % of the total health care costs were allocated to health promotion work. The cost of the health promotion work was EUR 243–331 per 0–16-year-old child per year.

Conclusions: Preliminary results show that operationalising and quantifying health promotion work, i.e. the staff involved and the time used for it in municipal services, while being a challenge is possible. The calculation was based on utilizing data from existing information systems. The development process showed that data management must be taken into account beforehand.

O2o-2 Är tillväxt och folkhälsa i konkurrens eller synergi - FRUSAM-projektet

Tommy Aspegren

Region Skåne, Sverige

FRUSAM står för folkhälsa och regional utveckling i samverkan och är beteckningen för ett projekt som bedrevs 2009-2010 med sju svenska regioner/regionförbund, landsting och två statliga aktörer som deltagare. Projektet har en egen hemsida www.frusam.se. Undertecknad var projektledare under 2010. Såväl tillväxt- som folkhälsoarbetet har som övergripande mål att befolkningen skall få och uppleva ett bättre liv, ett ökat välbefinnande och/eller en ökad välfärd – även om man gör det ur delvis olika perspektiv. Med ett sådant synsätt blir tillväxtarbetet ett medel medan befolkningens välbefinnande och välfärd är

målet. Allt fler studier pekar dock på att det senare även är ett kraftfullt medel för att uppnå tillväxt. Det finns således ett påverkbart cirkulärt samband.

Rapporter som på olika sätt rör frågan om hur tillväxt och folkhälsa förhåller sig till varandra har duggat tätt på senare år. Suhrcke et al (EU) "The contribution of health to the economy in the European Union", Stiglitz-Sen-Fitoussi: Measuring and fostering the progress of societies och Marmot – Closing the Gap, är väl kända. Även OECD bedriver ett par projekt som berör samma ämnesområde. Ur dessa rapporter kan man dra olika slutsatser men tillsammans ger de en bild av hur hälsa och tillväxt samverkar och ömsesidigt kan stödja, eller underminera, varandra.

Tillväxten i våra länder leder inte automatiskt till ökad välfärd eller hälsa i befolkningen. Det krävs ett medvetet handlande och återinvesteringar i adekvata områden. Projektet har lagt en teoretisk ram för hur man kan arbeta och tänka på en strategisk nivå och även skapat ett kunskaps- och metodmaterial som finns samlat och tillgängligt på projektets hemsida www.frusam.se

Föredragningen ger en kort beskrivning av projektets utformning och syfte men lägger huvudvikten vid att förmedla de tankar som låg till grund för att projektet startade samt vad projektet sedan lämnat ifrån sig.

O2o-3 Practical economic evaluation tool for the social welfare field

Marjo Pulliainen and Aija Kettunen

Pieksämäki, Finland

Background: In Finland, municipalities are the most important organizers of social and health care services. Many municipalities struggle with limited resources because social and health care services costs so much. The special challenge in the social welfare field is the lack of practical tools for evaluating efficiency, the costs, outcomes and effectiveness. Creating the tools is extremely challenging because effectiveness is difficult to define even theoretically in the social welfare field. The aim of social care is concerned with managing and reducing the effect of impairment on people's daily living. Health-related outcome measures that evaluate changes in function or ability are often inappropriate to social care services. Old people do not come younger or healthier even home care works well, for example.

Aims: Existing health-related well-being indicators describe inadequately outcomes of social care. The objective of our project, 'Efficient and effective welfare service production', is to develop practical evaluation tools for that purpose. We are carrying out the developing project together with two municipalities, Pieksämäki and Mikkeli, in South Savo in Finland. The funding comes mostly from the European Social Fund. We started to develop the evaluating tools to pilot services, home care and sheltered housing for the elderly. Pilot services were selected by the municipalities. Comparable costs will be defined, as well as relevant and measurable outcomes indicating efficiency. In this presentation we concentrate on the effectiveness of the social care, especially in elderly home care.

Material and methods: To measure home care effectiveness we have developed further a method that is based on English Ascot tool (SCT4) which is four level self-completion questionnaires for adult social care outcomes. Questions encompass nine domains of Social care-related quality of life (SCRQOL). Questionnaire has been translated into Finnish and in January 2011, its usability was tested in practice with 20 elderly people in home care, and their relatives and nurses. On April 2011 survey will be conducted for 200 elderly people in home care in Pieksämäki and Mikkeli. Results: In Nordic Public Health Conference in August 2011 we will introduce the first results of home care effectiveness in Pieksämäki and Mikkeli and we evaluate usability of our method for Finnish context.

Key worlds: Economic evaluation, evaluation tool, social welfare field

O2o-4 Motives and costs of physical exercise with regard to health production: The DR's EXTRA Study

Virpi Kuvaja-Köllner¹, Hannu Valtonen¹, Pirjo Komulainen², Maija Hassinen² and Rainer Rauramaa²

1 Department of Health and Social Management, University of Eastern Finland, 2Kuopio Research Institute of Exercise Medicine, Kuopio, Finland

Background: Physical exercise has positive effects on health. If the motivation for physical exercise is high, people may do more exercise compared to the case with low motivation level.

Aim: The aim was to study the relationship between motivational factors on physical exercise and to health outcomes.

Material and methods: We used the baseline and 2-year follow up data (N = 1292) of the Dose Responses to Exercise Training (DR's EXTRA) Study (ISRCTN45977199). In the statistical analysis physical exercise was assumed to be an endogenous variable. The statistical modeling was done by panel data instrumental variable (2sls, random effects) regressions using STATA. Health-related quality of life was evaluated by Rand 36-item survey and motives for exercise using a questionnaire. Metabolic sdr was defined by the National Cholesterol Education Program criteria. Results: Joy as the motivation for physical exercise increases the amount of physical exercise per week significantly (p<0.001). Higher amount of physical exercise associated significantly with self-rated health (p<0.001) and physical functionality (p<0.001) key components of quality of life. Moreover, higher amount of physical exercise decreased metabolic syndrome risk score (p<0.001).

Conclusion: The motivation has significant impact on the time spent in physical exercise. Low motivation increases and high motivation lowers the time cost of physical exercise. The situation where the formal exercise and other physical exercise are done with joy, the time cost is low, and people have more adherence or interest to do it more hours. The increased physical exercise is individual's own effort in health production function. This information emphasizes the importance of motivational factors for physical exercise in health promotion.

O2o-5 Ekonomiska och hälsa inom området Byggd miljö - Litteraturgenomgång

David Berglund

Statens folkhälsoinstitut, Sweden

Bakgrund: Det finns många studier som beskriver den byggda miljöns effekter på hälsan. Mitträcken på vägar minskar risken för att dödas eller skadas allvarligt i trafiken. Storleken på riskminskningen beror på vägbredd och hastighet, men det handlar om mellan 50-70 procent lägre risk att dödas eller skadas svårt. Otrygghet i exempelvis gångtunnlar kan leda till att tunneln undviks och att fotgängaren i stället väljer att ta den större risken att korsa vägen. Vid nivåskillnader kan en hiss eller en ramp kan vara avgörande för att en person som använder rullstol ska kunna komma in i en byggnad. Buller är ett annat miljö- och folkhälsoproblem. Buller kan bland annat leda till sämre läsförståelse, störd koncentration och sömn. Detta kan leda till stressrelaterade symptom som påverkar hälsan och välbefinnandet. En bra bostad och boendemiljö är en viktig förutsättning för god hälsa. Tillgänglighet, känsla av trygghet och närhet till parker, grönområden och anläggningar är viktiga faktorer för lust till ett fysiskt aktivt liv. Vinsterna med ökad fysisk aktivitet är ”positiva effekter på hälsa och välbefinnande – fysiskt, mentalt, funktionellt och socialt” Den byggda miljön har som vi ser tydliga effekter på hälsan, men är det värt att satsa samhällets resurser på förbättrad byggd miljö? Vilka satsningar är kostnadseffektiva? Kan resurserna göra bättre nytta på annat håll? Ska exempelvis pengar satsas på mitträcken på vägarna eller grömområden? En vanlig uppfattning är att det ena inte utesluter det andra. Resurser som människor, tid, utrustning, lokaler, kunskap och pengar är dock begränsade i förhållande till önsksningar och behov.

Prioriteringar måste göras. Ekonomi är läran om att hushålla med knappa resurser. Samtidigt är det viktigt att hålla i minnet att ekonomiska utvärderingar endast utgör en del av ett beslutsunderlag.

Syfte: Denna litteraturstudie syftar till att ge en samlad bild av vilka ekonomiska analyser som finns inom området hälsa och Byggd miljö.

Metod: En genomgång av vetenskaplig litteratur och utredningar inom området kommer att göras.

Resultat: Rapporten kommer att ge en samlad bild av vilka ekonomiska analyser som finns tillgängliga inom hälsa och byggd miljö. Färdig rapport planeras till augusti 2011.

O24-1 Fra ord til handling – oppstart av helse – og treningstilbud for kvinner i en multietnisk bydel i Oslo

Hanne Isaksen og Anne Robertsen

Oslo kommune, Norge

Bydel Alna har 46 603 innbyggere (per 1.1.2010) og er den nest største av Oslos 15 bydeler. 44,4 % av befolkningen i bydelen har innvandrerbakgrunn med røtter i 148 forskjellige land. De største innvandregruppene har røtter i Pakistan, Tyrkia, Sri Lanka, Marokko, Iran, Vietnam, Somalia og Irak. Ni av ti innbyggere i Bydel Alna er norske statsborgere. Bydel Alna skårer lavt på levekårsindeksen og har flere personer med dårlig helse i alle befolkningsgrupper. Overordnet mål med folkehelsearbeidet er å utjevne helseforskjellene i befolkningen. Bydelen har i mange år arbeidet med folkehelse, mangfold og inkludering og i dette arbeidet bl.a. fanget opp kvinner med minoritetsbakgrunns store behov for kunnskap om egen kropp og helse, behov for fysisk aktivitet og tilrettelagte kostholdskurs. Kvinnene representerer flere kulturer og språk og har ingen eller lav utdanning fra hjemlandet. De snakker ikke, eller svært dårlig, norsk. Brukerundersøkelser viste behov for tilbud til bydelens kvinner og en av utfordringene var at kvinner ønsket å trene kun med kvinner. Bydelen har med relativt enkle grep og implementert helse – og treningstilbud innenfor bydelens eksisterende struktur av tjenestesteder og møteplasser. Det er bl.a disse grepene vi ønsker å presentere. Den beskjedne oppstarten har gitt mange positive signaler som er fanget opp av politikere og administrasjon og vært døråpner for videre arbeid innen folkehelse og frisklivstiltak. Arbeidet startet i november 2007 med vanngymnastikk for kvinner med 60 deltagere. Resultatene er svært gode. Rundt 160 kvinner, både eldre over 50 år og yngre 25 – 35 år, deltar pr i dag. Ca 60 % har minoritetsbakgrunn. Det ble også laget Folkesti og våren 2011 settes det opp utendørs treningsstasjon til allmenn benyttelse. Helseundervisning og fysisk aktivitet er fokusområder i bydelens språkkurs for kvinner. Arbeidet er politisk forankret i Bydel Alnas Lokal Folkehelseplan 2010 – 2012. Tiltakene og formidling av helseinformasjon er basert på aktuell forskning og anbefalinger fra Helsedirektoratet. Arbeidet har gitt verdifulle erfaringer og kan avsløre noen suksesskriterier som brukermedvirkning, oppstart i det små, markedsføring og systematisk utvidelse inn mot kretser hvor kvinner møtes. Språk har vært en viktig faktor i arbeidet. Bydelen registrerer at kvinner som har bodd i Norge lenge eller er født her også ønsker å trene i grupper kun med kvinner.

O24-2 Changing the way of life, a successful campaign to promote health for men

Liisamaria Kinnunen, Miia Malvela, Katri Väisänen and Jyrki Komulainen

Fit for Life Program (KKI), Helsinki, Finland

Campaign process description: A small local project, Adventures of Joe Finn, was further developed by Fit for Life Program (KKI) into a nationwide campaign. The focus is enhancing well-being of sedentary men in Finland. Information on target population: The target group, sedentary middle-aged men, is over one million men (aged 30 - 60 y). Approx. 60 % (nearly 650,000) of men should improve their physical activity or eating habits.

Implementation: Since 2006 a network was created for designing activities for sedentary men, such as physical activity trialing courses, cooking and physical activity courses, a guide booklet, and a web page. In 2007- 2008 two lorry road tours including totally of 18 local events were organised together with regional offices of Finnish Sport Federation (SLU-areas) and local municipalities. The main partner was Etera, a mutual employment pension insurance company. Two surveys were accomplished to learn about life-style profiles, media behavior and motivational factors of men. In 2010, altogether 19 seminars were organised for health, physical activity, and nutrition professionals. In 2011 about 20 events will be organised during two lorry tours providing tests for men in a mobile test laboratory. In each event several local organizations provide services, such as cholesterol, blood pressure and microspirometry tests as well as trials of sport, and advices connected to healthy eating.

Effectiveness: In 2007 – 2008 during the lorry tours, a total of 6,100 men were tested showing the campaign reached the target group. Since then, the tests used at the mobile test laboratory have been widely used, and approximately 28,000 tests have been made for men by SLU-areas and LIKES Research center. Many physical activity projects for men have been established since 2006 by the economical funding of KKI.

Conclusions: A strong commitment from partners involved in the campaign is essential. Understanding of motivational factors of the target group is needed. The biggest challenge is to get the man to enter the mobile test laboratory. In a local level the aim is to create and strengthen professional networking, and create easy-going recruitment and physical activity services for the sharply specified target group to awaken their interest in well-being. Personal support has to be available in a process of changing a way of life.

O24-3 Friska barn - en metod för att främja bra mat- och rörelsevanor i förskolan

Andrea Friedl och Maria Wikland

Stockholm, Sverige

Svensk förskola är en unik arena för att främja bra mat- och rörelsevanor. Den når 86 procent av alla 1-5 åringar i kombination med att den dagligen serverar en varm måltid mitt på dagen, ofta även både frukost och mellanmål. Måltiderna är starkt skattesubventionerade och pedagogerna äter subventionerade måltider på arbetstid med barnen.

Metoden: Friska barn är framtagen för att stödja förskolans arbete med mat och fysisk aktivitet och fokuserar på pedagogernas agerande som hälsofrämjande förebilder. Den baseras på forskning kring hur barn utvecklar mat- och rörelsevanor samt organisationsforskning. Metoden är utvärderad med en enkel före- efter mätning vid 25 kommunala förskolor i en resurssvag stockholmsförort. Stadsdelen utmärker sig för hög andel invånare med utländsk bakgrund samt länets högsta andel 4-åringar med fetma.

Syftet med metoden är att stödja ett systematiskt förändringsarbete kring hälsosamma mat- och rörelsevanor och därmed förebygga övervikt bland förskolebarn. Metoden går ut på att all personal träffas vid nio tillfällen och diskuterar utifrån olika teman i en metodbok. Inför varje träff läser all personal ett tema och följer därefter ett trestegsschema. I steg 1 besvarar gruppen en checklista med styrkor och svagheter. I steg 2 tar gruppen beslut om vilka delar man ska arbeta vidare med, tidsplan och ansvarig. I steg 3 fattar man beslut om vilka delar som årligen ska följas upp i verksamhetsplanen. Målgruppen är all personal i förskolan; chef, pedagoger och måltidspersonal.

Slutsatsen är att Friska barn kan vara en lämplig metod för att främja bra mat- och rörelsevanor i förskolan eftersom den visat på positiva effekter vad gäller pedagogernas agerande som förebilder i måltiden liksom den serverade maten samt mängden utevistelse. En större nationell utvärdering med kontrollförskolor föreslås för att få bättre kunskap om metodens evidens kring effekter på den serverade maten, tillgång till utevistelse och pedagogernas agerande som hälsofrämjande förebilder.

O24-4 Hospitals Himmerlands model for prevention and health promotion

Malene Wendtland

Hobro, Denmark

Sammandragstexten: Hospital Himmerland focuses on prevention and health promotion Low socio-factors (DIET - SMOKING - ALCOHOL - MOTION) Lifestyle diseases are a major problem in Denmark. Most admissions are relatively led to lifestyle. Hospital Himmerland will ensure early intervention to prevent lifestyle diseases in general. The paper will address the model hospital choice. The model should ensure that prevention side continued with treatment. Hospital Himmerland have each department: KRAM - advisors (trained through the 3 day course. -Monitoring/upgrading 2 x annual v / Health Coordinator) Main task: to ensure lifestyle intervention with ALL patients regardless of diagnosis. ALCOHOL - advisors (trained through the 3 day course. - Monitoring / upgrading 2xannual v / Health Coordinator) Main task: to ensure a focus on alcohol in a family perspective, providing advice / guidance and further searches for deals outside of hospitals. SMOKE STOP - advisors (trained through fighting cancer. -Monitoring/upgrading 2 x annual v / Health Coordinator) Main task: to speak change in smoking habits and low smoking cessation intervention. Motion - advisors (trained in November 2012 through the 3 day course with 2x annual monitoring / upgrading v / Health Coordinator). Main task is to ensure all patients regardless of diagnosis are phsyical active during their allegiance to the hospital.

KRAM conversation v / Health Coordinator Malene Wendtland Interview advice / guidance for patients and caregivers who want to change their lifestyle within diet-smoking-alkohol/drugs and exercise. Patients and relatives may themselves apply or department's doctors and plenary personale can refer to Health Coordinator 'Curious on Alcohol' Open offer to patients, and relatives every Monday v / Health Coordinator Malene Wendtland Purpose is to focus on Alcohol and Physique - Alcohol and Psyche - Alcohol and Family - Alcohol and Children - Alcohol and changing habits - Alcohol and treatment as well as creating reflections and desire, determination and courage to change among participants Open seminars for patients - relatives and staff 4 times a year focuses on prevention, health promotion and health at open seminars. <http://personalenet.rn.dk/organisation/organisationssider/sundhed/SygehusHimmerland/Projekter/Sider/KRAM.aspx>

O24-5 ProSkills, (promotion of social and personal skills in socially unprivileged persons as basic conditions for lifelong learning)

Anne Salovaara-Kero, Cristina Bergo, István Bogdándi, Uwe Ch. Fischer, Eva Hegyiné Gombkötö, Claudia Jung, Matej Košir, Thérèse Michaelis, Bernadette Morand-Aymon, Angela Passa and Jan Ries

Vaasa, Finland

ProSkills2 The number of people with a difficult social background who don't have any kind of formation or who hardly find a job in their first profession increases more and more. Adult education shall give a chance to these people to get further training and thus further qualification. However, the experiences show that offers of adult education and life-long learning are predominantly used by adults who already have a certain level of education. Especially socially unprivileged persons have rarely access to these offers and often have difficulties to successfully accomplish it. For this target group, the lack of social and personal competences can be a barrier. Beside technical and methodological skills, social and personal skills are basic key competences of adults and important pre-conditions for the access and the successful accomplishment of any kind of formal and informal education. Furthermore they are essential for the development and consolidation of an own social and cultural identity and they are seen as important protectors against harmful and addictive behaviour. Particularly socially disadvantaged

persons take rarely part in adult education offerings. Few offers exist that give adults the opportunity to get trained in basic skills within a protected environment. Furthermore there's a lack of knowledge on the part of staff how to support these skills. The ProSkills2 team examines the life situation of socially disadvantaged persons at a systemic level, with health promotion as one of the many outcomes and benefits from working with these basic skills.

Pro-Skills2 project aims on the sensitisation and qualification of staff in the fields of adult education, Lifelong Learning and social work. Based on the former Grundtvig project "Pro-Skills", the train-the-trainer concept will be upgraded that sensitizes and qualifies professionals in the promotion of basic skills. In order to reach a broad and lasting dissemination of the concept, Pro-Skills2 specially addresses leading staff and institutions who take responsibility for the first and advanced education of staff from the field of adult education and Lifelong Learning who work with the final target group (snow-ball system). The Pro-Skills concept involves innovative approaches like self-regulated, productive, co-operative and experience-based learning into adult education. The project is expected to reach a broad and lasting implementation of the concept into the education of professionals and thus indirectly in offers of adult education. The training concept and all materials will be published on the projects website in nine languages and will be available beyond the projects duration. The project is part of the European Lifelong Learning program (Grundtvig) and is co-financed by the European Commission. The ten project partners come from eight European countries. Duration of project: December 2010 – May 2013
Project number: 509958-LLP-1-2010-1-DE-GRUNDTVIG-GMP

O25-1 The importance of documentation in school health care while determining a conscript's fitness for military service

Maarit Mäkilä, Harri Pihlajamäki, Mia Mäkinen and Päivi Rautava

Turku, Finland

Background: In primary health care children and adolescents undergo several medical examinations that require numerous electronic medical record (EMR) entries. Swedish research show, that 50% of school nurses reported difficulties with documenting mental and social health problems in family relationships, schoolchildren's behaviour and school situations. This is despite its importance for children's wellbeing in later life. This research focuses on Finnish national service conscripts' fitness for military service which are determined by physicians mostly in school health care. Despite this examination up to 10-15% of those entering military service have to interrupt their service due to health problems. The vast majority of the problems that lead to the interruption could have been detected in earlier examinations.

Aim: The aim was to find out whether from the school physician's perspective the documentation used in school health care is sufficient to support a reliable examination of suitability for military service at the age of 18.

Material and methods: In this retrospective register-based study the EMR entries of men in Turku eligible for military service in 2006 were examined. Information was collected manually from each man's EMR and stored in a summary table. The data collected included information about the advance health examination situation and from entries prior that examination.

Results: A total of 806 evaluations by 88 physicians (range between 1-197) were made in municipal health care. The advance health examination in the EMR included body mass index in 83%, concurrent information on smoking 38%, alcohol use 45%, and hobbies 46% of the cases. Prior the advance health examination, information from the EMR about specialized psychiatric care 8%, bullying 8%, family problems 5% and problems in school 10% of the cases were recorded.

Conclusions: Overall documentation was scarce, especially that of the physician's examinations, which were often only a couple of words. It was difficult to find and collect longitudinally the risk factors even when they were documented. Especially in the preventive health care the current system

for gathering information is insufficient and needs improvement. In addition more guidance about documentation needs to be given to medical staff in school health care.

O25-2 Attitudes towards depression treatment in primary care

Lauri Kuosmanen, Heli Hätönen, Mari Liukka, Tarja Melartin

Vantaan kaupunki, mielenterveys- ja päihdekeskus, Vantaa, Finland

Background: Depression is a common mental health problem in Finland. Recognition and treatment of depression often takes place in primary health care. Personnel's positive attitudes towards depression form the basis for good and high quality care.

Aims: To collect information about social and health care personnels' attitudes towards depression and its treatment, and to test the functionality of a simple and easy to fill attitude questionnaire. **Material and methods:** In the Health and Social Welfare Department of the City of Vantaa, Finland, attitudes of 155 health and social care professionals (general practitioners, public health nurses, social instructors and home health care workers) were screened with the Depression Attitude Questionnaire (DAQ).

Results: Respondents have a generally positive attitude towards depression and their role in its treatment. Staff still needs support in the recognition of depression. There is a tendency to refer depressive patients to specialists and attitudes towards medication are partly suspicious. Respondents experienced the treatment of depressed patients sometimes heavy going but at the same time rewarding. The functionality of DAQ was found promising, although there were some problems with the internal validity of the questionnaire.

Conclusions: In primary care there is potential for the good treatment of depression. Psychological treatment methods suitable for primary care settings are needed. In addition, consultation related to medication and support of staff need to be arranged, preferably in collaboration with primary care and specialised medical care.

O25-3 Developing counselling practices in physical activity (PA) by tutoring multi-professional teamwork in primary care

Erja Toropainen, Minna Aittasalo, Katriina Kukkonen-Harjula, Marjo Rinne, Tommi Vasankari

The UKK Institute for Health Promotion Research, Tampere, Finland

Background: In previous studies Physical Activity Prescription (PAP) has been proven feasible and effective in routine health care practices. However, local efforts are needed to facilitate its adoption in primary health care services.

Aims: The intervention aimed to 1) increase knowledge about PA, counselling and PAP, 2) improve counselling practices and adoption of PAP, 3) enhance counselling collaboration among health care and exercise professionals and 4) develop electronic documentation of PA counselling in patient records.

Implementation: The intervention is implemented in four municipal health centres in Pirkanmaa region. A multi-professional team selected in each health centre is responsible for carrying out the 6-month study. The actions of the responsible teams are tutored with four goal-oriented meetings by the researcher. After tutoring process a conclusive meeting will be held. The study will last until November 2011.

Evaluation: The evaluation is conducted at baseline and after the intervention. Questionnaire for professionals is used to evaluate changes in the level of knowledge, use of written PAP and documentation of PA counselling. Patient questionnaire and professionals' 5-day logbook about counselling evaluate the contents of counselling and use of PAP during patient appointments. Telephone interviews to most

important collaborators in exercise sector are used to evaluate collaboration with health care. Process evaluation is based on the meeting minutes of the responsible teams and tutor meetings to explain underlying factors promoting or preventing the process of change.

Conclusion: The intervention produces one approach to improve volume and quality of PA counselling in primary health care. If the results are positive, they may be applied to other similar kind of processes, e.g. nutrition.

O25-4 Mothers' and fathers' perceptions of family-professional partnership in child and school health clinics

Anne Salonen, Nina Halme, Sirpa Nykänen, Marja-Leena Perälä

National Institute for Health and Welfare, Finland,

Empowering parents through partnership seem to be crucial in developing care. Partnership is associated with quality of care, safety and satisfaction. Shared knowledge, shared power, autonomy and decision-making are attributes of partnership. Father's role as an equal partner in child care has been accepted, but current caring practices still favor mothers. Previous research also indicates that women have been overrepresented in nursing research. The aims are to clarify how mothers and fathers perceive family-professional partnership in child and school health clinics, and what are the parent, child and caring practice related attributes contributing to parents' perceptions of partnership. The data were collected at year 2009 through a nationwide survey for parents with 0-8-year-old children. The context for partnership included child and school health clinics. Family-professional partnership was measured with a previously validated instrument. It comprised of two factors: child-focused relationships and family-focused relationships. Several parent, child and caring practice related attributes were also included. Responses were received from 571 mothers and 384 fathers. The data were analyzed using statistical methods.

Mothers' health and parents' experience of parenting were the most significant parent related attributes contributing family-professional partnership. Child's gender and problems related to child's development, growth or disability did not contribute significantly. Noticing family's social network contributed positively to family-professional partnership. Fathers also experienced better partnership when caring practices included assigning named care provider and when the information about child/family care were gathered together. Individual care plan indicated better family-focused relationship among mothers. Selecting appropriate caring practices seem to have a potential to develop good partnership among parents, and especially among fathers.

O25-5 Quality of medical treatment after first acute myocardial infarction among native Danes and immigrants from Turkey, Pakistan and the former Yugoslavia

NF Hempler, F Diderichsen, FB Larsen, S Ladelund and T Jorgensen

Denmark

Background: Immigrants from Turkey, Pakistan and the former Yugoslavia are vulnerable groups in relation to cardiovascular disease, according to a national report published by the Danish National Board of Health. We examined whether immigrants from Turkey, Pakistan and the former Yugoslavia received adequate medical treatment with beta-blockers and statins after first acute myocardial infarction (AMI), compared with native Danes, and explored, whether potential differences were influenced by socioeconomic factors.

Methods: This registry-based follow-up study consisted of individuals admitted to hospital with

first AMI during 2001-2005 and stemmed from two regions in Denmark (N= 25 443). Individuals were identified by civil registration number, and data were obtained through linkage to the national registries of hospitalisations and drug prescriptions. Quality of care was measured as initiation of treatment and continuation of medical treatment in relation to national guidelines. Socioeconomic indicators included income and employment.

Results: Regarding initiation of medical treatment, no systematic differences were observed between native Danes and immigrants. Regarding continuation of medical treatment, immigrants were more likely to terminate treatment before recommended compared with native Danes; however, only significant in immigrants from Turkey (HR=1.36; 95% CI 1.07-1.73) and Pakistan (HR=1.59; 95% CI 1.21-2.08) in terms of beta-blockers. Differences were not reduced markedly when income and employment were taken into account.

Conclusions: This study suggests that immigrants received poorer medical treatment in terms of continuation of treatment, compared with Danish-born residents. Lower socioeconomic position in immigrants, communication problems between doctor and patient, and doctors' attitudes towards immigrants might explain differences in quality of care.

O27-1 Long distances and lack of services portray the life in the rural areas

Virpi Kuvaja-Köllner¹, Anna Karttunen² and Aija Kettunen¹

¹Diaconia of Applied Sciences, Research Center for Social Economics, ²Department of Health and Social Management, University of Eastern Finland, Kuopio, Finland.

Background: Rural and remote areas in different countries face the same problems: low population density, long distances and the lack of daily and health services. Transport services are not equally good in all places. This dilemma puts people from rural areas in an unequal situation compared with people in city centers. This survey was done as part of the EmotionAAL Village project. The aim of the project is to improve the quality of life of elderly people in rural areas with the help of information- and communication technology. The main points are: the prevention of chronic disease and self care.

Aim: The aim of the survey was to get information from rural areas about four main themes: distances to services and care, computer using and Internet connections, interests for doing shopping or health measurements via computer and interests for health corners in village shops or schools. This presentation will focus on the problems of long distances and the lack of services in the rural areas.

Data and methods: The questionnaires were sent randomized to 586 people living in Pieksämäki rural areas. The target group was people over 64-years of age living in their homes. The response rate was 50 % (N=291). The data was analyzed with SPSS 17.

Results: The average distance to health services was 15 km, and 12 km to daily services, but even 30 to 40 km distances were reported. In the free comments, the importances of transport services turned up. The public transport services were considered unsatisfactory, especially during the summer time. Lot of services is not offered to remote populated areas.

Discussion: The public transport or an own car and a driving license are essential for people to cope at home. The need for transport was mentioned in both daily things but also in possibilities to get to hobbies. The citizens in rural area felt that they are worse off (unfortunate) than the citizens in city centres.

O27-2 Model to promote health and well-being of unemployed person

Salla Seppänen, Marja-Liisa Laitinen, Anne Ulmanen and Minna Männikkö

Mikkeli, Finland

Purpose and Relevance: The number of unemployed persons has increased in Eastern Finland after the economical regression. In EU project “Years for Empowerment – Back to labour market” Mikkeli University of Applied Sciences developed model to promote health and well-being of unemployed persons. The project was supported by European Social Funding and lasted 04/2008 – 03/2011. The aim of the project was to prevent social exclusion, increase social activities and promote health of unemployed persons. The project focused especially to 45 + -years old unemployed persons. The project was implemented in co-operation with the regional employment authorities.

Description of project activities: The developed model bases on Transtheoretical Stages of Change – model and includes five interventions, which last 1-11/2 hours and have special objectives and content: 1. General Health Assessment, 2. Physical Condition and Living Habits, 3. Supportive Social Relations and Social Network, 4. Feedback and Further Plans for Self Care including supervision to use an electronic self care service (www.hyvis.fi), 5. Follow up and Evaluation after 6-12 months of the fourth appointment. The model was tested with 122 unemployed persons by nurse students under the supervision of the nurse teacher and the occupational nurse.

Evaluation: From 122 unemployed persons 95% had all five appointments, 19,5 % had 4 appointments and 34% three or less appointments. Most of the clients had long history of being unemployed. They had poor physical condition and a lot of risk factors related to health, like alcohol abuse, smoking and depression. The feedback from the clients was positive. They reported that the developed process model increased their self-care skills and self-esteem. The students reported that the project enabled them to learn client centered health and well-being assessment and supportive interventions. The students also reported that they had learned communication, supervising and project management skills.

Conclusions and Implications: The developed model is a process with five interventions to assess and support health and wellbeing of unemployed persons. The developed model to promote health and wellbeing of unemployed persons is possible to adapt to other clients groups like senior citizens and caregivers. Beside this the model gives an excellent option for nurse students to learn preventive care.

O27-3 Mother tongue and risk for hypertension - interplay of social and biomedical determinants

Sakari Suominen, Tom Forsen, Bo Isomaa, Salla-Maarit Volanen and Johan Eriksson

University of Turku, Finland

According to previous mortality and disability pension studies and some studies on perceived health of school aged children the Swedish speaking minority (approx 6%) seems healthier than the corresponding Finnish speaking majority. The causes for these differences are largely unknown but at least social capital or its determinants, health behaviour and genetic factors have been proposed as potential explanations.

The Helsinki Birth Cohort comprises 13 345 men and women who were born in Helsinki University Central Hospital from 1934 to 1944 and attended child welfare clinics in the city. Birth records, child welfare clinic records, and school health records of these individuals constitute the basic data. A postal survey was directed to all living cohort members in 2001. The clinical and survey records were linked with register data of the Social Insurance Institution from the 1971 to 2002 on medication from the special reimbursement category by using the unique Social Security Number from Finland. Also linkage to census data on socioeconomic status, and household income in 1980 and to mortality data provided by Statistics Finland was carried out. The linkage was performed with the appropriate authority consent and made anonymous.

The aim of the study was to explore whether the incidence of hypertension varies between the adult Swedish and Finnish speaking population in Finland and to explore whether parameters related to birth weight as well as social determinants describing childhood and adulthood might mediate these differences. The statistical analysis was performed with proportional hazard models with SAS software for Windows. In a model adjusted for sex and age being offspring of a Swedish speaking mother was statistically significantly ($p=0.01$) associated with a decreased risk of entitlement to anti-hypertensive medication in the special reimbursement category. The association remained significant ($p=0.03$) even when adjusted for ponderal index at birth and socioeconomic status of father at birth. The association was also robust ($p=0.03$) to adjustment for socioeconomic status in 1970 of the individual studied. When only new cases of anti-hypertensive medication since 1981 were included in the outcome variable of the full model and socioeconomic status in 1970 was replaced with corresponding data from 1980 the association was not significant anymore.

Both social and biomedical factors play a role in shaping the risk of hypertension of Swedish and Finnish speakers.

O27-4 Community empowerment as a tool for tackling health inequalities

Anu Kasmel

Tallinn, Estonia

Community empowerment approaches have been proven to be powerful tools for solving inequalities in health. However, the methods of measuring empowerment in the community remain unclear and open to dispute. This study aims to describe how the context specific community empowerment measurement tool was developed and the changes made to three health promotion programs in Rapla, Estonia. An empowerment expansion model was compiled and applied to Safe Community, Drug/HIV prevention and Elderly Quality of Life programs. The consensus workshop method was used to create the measurement tool and collect data on organizational domains of community empowerment (ODCE). The study demonstrated considerable increases in the ODCE among the community workgroup, which was initiated by community members and the municipality's decision-makers. The increase was within the workgroup, which had strong political and financial support on a national level but was not the community's priority. The program, which was initiated and implemented by the local community members, and continuous development still occurred, though at a reduced pace. The use of the empowerment expansion model has proven to be an applicable, relevant, simple and inexpensive tool for the empowerment of the vulnerable groups and also for evaluation of community empowerment.

O27-5 Mænds sundhed i Norden

Svend Aage Madsen, Alan White et al.

Rigshospitalet, København, Danmark

Baggrund: I de senere år er der kommet mere fokus på mænds sundhed. I flere lande, bl.a. i Danmark, er der lavet redegørelser for mænds sundhed, ligesom der i Europa er organisationer, tidsskrifter og nationale politikker, der har mænds sundhed som hovedemne. I 2010 igangsatte EU-kommissionen projektet: "The First State of Men's Health in Europe Report", som præsenteres i Bruxelles i juni 2011.

Syfte: Det er formålet med udgangspunkt i data fra "The First State of Men's Health in Europe Report" at præsentere de data, der vedrører mænds sundhed i Norden. Det er samtidig formålet at sammenligne de nordiske lande indbyrdes og se de nordiske lande i et europæisk perspektiv. Material og metod: Den vigtigste kilde til de data, der analyseres er, Eurostat. Tallene omfatter 34 europæiske

lande. I præsentationen fremlægges data vedrørende hovedårsagerne til for tidlig død relateret til livsstil mv. med mulighed for en forebyggende indsats. Præsentationen vil omfatte forskelle og ligheder vedrørende middellevetid, livsstilsfaktorer og bl.a. Hjerte-kar-sygdomme, Kræft og Psykiske lidelser, samt selvoplevet helbred.

Resultat och slutsatser: Der er markante forskelle mellem mænds og kvinders sundhed – også i Norden. Samtidig er der visse forskelle i sundhed mellem mænd i de forskellige nordiske lande. I den mandlige befolkning i det enkelte land kan der være endog meget store forskelle i sundhed. Denne variation viser, at mænds sundhed først og fremmest er et spørgsmål om ulighed og ikke noget rent biologisk.

Derfor er et vigtigt resultat, at der i høj grad er muligheder for forebyggelse af mænds sygelighed og tidlige død. Til det formål er der behov for udvikling af nationale og tværnationale udredninger af og politikker for mænds sundhed. Disse skal bla inkorporere det forhold, at selvom mænd har en større forekomst og overdødelighed af stor set alle sygdomme, og lever kortere end kvinder, oplever de gennemgående deres helbred bedre, end kvinder oplever deres.

Poster presentationer / Poster presentations

P1 Services for Persons with Memory Disorders in Finnish Municipalities - Analysis of the Municipalities' Old-Age Strategies

Elisa Pessi, Helena Leino-Kilpi, Riitta Suhonen, Seija Arve

Department of Nursing Science, University of Turku, Finland

The Department of Nursing Science at the University of Turku is taking part in an EU -project RightTimePlaceCare which will develop the scientific evidence base that supports the Member States to organise their dementia health care. As a part of this project it will be analysed what types of strategies municipalities have in recognizing and treating persons with memory disorders. The aim of this study was to analyse how the Finnish municipalities' old-age strategies took into account the recognition of memory disorders, the treatment of persons with memory disorders and the actions for maintaining cognitive functions. It was also analysed how the treatment of persons with moderate and severe memory disorders was taken into account in the old-age strategies. 40 municipalities' old-age strategies around Finland were selected using stratified sampling so that the selected municipalities correlated with the Finnish population. Data was analysed with deductive content analysis. It was found that 34 strategies included service-descriptions for persons with memory disorders. Recognizing memory disorders was named to be every health professionals' task but only few municipalities had had actions for professionals' education about memory disorders. Treatment was mostly concentrated to the memory clinics and especially for memory nurses. A possibility for rehabilitation was in day centers specialized in memory disorders. Most of the municipalities offered long term care especially for persons with moderate or severe memory disorders. It is clear that Finnish municipalities should focus more on preventing memory disorders and supporting home care for persons with memory disorders. Professionalism in every aspect of care and services should also be supported to meet the needs of persons with memory disorders for best possible treatment.

P2 The Survey of Health Promotion in Municipalities

Arja Hyytiä, Hilpi Linjama

Seinäjoki, Finland

Background: The new Finnish Health Care Act underlines the promotion of health and well-being and the prevention of health problems. It is proposed that municipalities, or several municipalities together, must draw up a plan concerning the actions and services needed in order to promote health and well-being of the municipalities' inhabitants and to prevent health problems. The resources reserved for these actions and services must also be reported in the plan. Implementation must be connected as a part of the preparation of the municipalities' strategy and economic plan.

Methods: The Health Promotion Unit of the Hospital District, introduced municipal well-being profiles to both leading and elected officials of each municipality in South Ostrobothnia. The occasions were interactive. The available municipality-specific statistic was linked to the possibilities the preventive work has in decreasing morbidity amongst the inhabitants and in promoting health. An inquiry about health promoting contemporary conventions and decision-making was sent to the municipal administration as well as to the leading officials of different municipal sectors. The answers received were introduced at a provincial work seminar. The aim of the survey was that the results could be utilised in the planning and decision-making of municipal activities. Children, the young, and families with children were chosen as the strategic focus area for the Health Promotion Unit for the years 2010-2011. Focus area was defined on the grounds of the work seminar that discussed the results of the survey and according to the definitions of policy in our unit's guidance group.

Results: According to the survey, health promotion is not sufficiently organised or coordinated in

the municipalities of South Ostrobothnia. Management teams had not been appointed, and co-operation between different municipal sectors was minor. Municipal decision-makers hoped for easily exploitable information about their own municipality's and the entire area's situation of well-being as well as about the possibilities of preventive work. Health Promotion Unit carried out 6 social and health area specific trainings for parties operating in multiple sectors. Specialists in the hospital district as well as local multiprofessional experts related to the theme acted as experts in the trainings. In addition, the Smart-Family guidance method of the Finnish Heart Association was utilised.

Conclusions: The municipalities have a more concrete perception about health promotion, and on the grounds of the survey the procedures can be more precisely targeted according to the inhabitants and parties concerned. Working groups for health promotion have started operating in the area. The expertise of special health care and that of the own area is utilised in the development operations of municipalities and federations of municipalities.

P3 WHO Healthy Cities – Health Equity in all Local Policies

Karolina Mackiewicz

Baltic Region Healthy Cities Association, Turku, Finland

Health inequalities and public health concerns are significant global challenges nowadays. According to the statistics, the general health situation has increased during the last 20 years measured for ex-ample with life expectancy. On the other side, however, the inequalities in health between the socio-economic groups have increased. Most countries especially in Europe have national policies and pro-programmes to tackle the inequities. However, in order to ensure the successful implementation of those strategies, the local action is needed. The WHO Healthy Cities programme acknowledges municipalities as key drivers of city health development and engages local governments through a process of political commitment, institutional change, capacity building, partnership-based planning and innovative projects. It promotes comprehensive and systematic policy and planning with a special emphasis on health inequalities and urban poverty, the needs of vulnerable groups, participatory governance and the social, economic and environmental determinants of health. It also strives to include health considerations in economic, regeneration and urban development efforts. Over 1200 cities and towns from over 30 countries in the WHO European Region are healthy cities. The programme is particularly popular in Nordic Countries, with many cities involved on the national and international level. There is no doubt that Healthy Cities has generated a wealth of knowledge on the application locally of a wide range of modern public health concepts, while at the same time it has maintained and strengthened its political dynamism and drive. Currently, Health and Health Equity in All Local Policies is the overarching goal of the network. This means health as a core value in city policies. Cities address systematically the health impacts of policies and strategies as well as health inequalities, social inclusion and the needs of vulnerable groups. Baltic Region Healthy Cities Association based in Turku, Finland, works as WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region. It aims at increasing awareness of the local governments to take health as a central part in the decision making process.

P4 From Shadow into Light: Use of PYLL-indicator (potential years of life lost) as catalyst for health in all policies at local and regional level

Mikko Vienonen and Ilkka Vohlonen

Helsinki, Finland

Background: The potential years of life lost (PYLL) rate describes the number of potential years of life lost due to premature death in a population. From a social point of view, this is equal to loss of human capital.

Methods: The rate is calculated on the basis of the difference between the age at death and the expected length of life, and it is determined by the cause of death according to the ICD-10. The method reviews the time of death in relation to pre-defined life expectancy. The rate is age-standardized and expressed as a sum of all deaths per 100,000 person- years.

Results: The analyses of Potential Years of Life Lost (PYLL) in target populations have been systematically used in Finland for the last 10 years at municipal and regional levels, through process that aims at facilitating the “management of change” and monitoring of progress. Although the population of a Finnish municipality is often small, the PYLL rates mainly turned out to be statistically reliable according to the 95 % confidence intervals for all causes of death.

Conclusions: The PYLL rate provides comparable information about the wellbeing of a population concerning all death causes. It provides supplementary information for planning and decision-making for health policies. The potential years of life lost rate is one of the most used indicators for the wellbeing of the population. The differences in wellbeing between countries and regions are affected by various different factors: genes, living habits and environment, catastrophes, health policies in a country or region, various functions of different sectors of the society and practiced social and health policies. What was learned from this research: The potential years of life lost rate offers the possibility to compare, monitor and evaluate the wellbeing of population internationally between municipalities, sub-regions, regions and countries. It has proven to be a practical and effective tool to motivate local decision makers to better implement health in all their policies. Practical real life examples will be given in the conference presentation and/or the poster.

P5 Implementation and dissemination of Time Out! Getting Life Back on Track programme in Finland - Results of the evaluation study

Kaija Appelqvist-Schmidlechner, Minna Savolainen, Esa Nordling and Eija Stengård

National Institute for Health and Welfare, Helsinki, Finland

Time Out! Getting Life Back on Track is an evidence-based programme aiming to prevent psychosocial exclusion among young men. The programme is delivered as a part of the health and social services organized by the municipalities. The implementation and dissemination process of the program comprised of four phases between 2004 and 2010. First, the intervention was developed in 2004 together with experts, program providers and key stakeholders from the social and health care services and the Finnish Defense Forces. A written manual was produced, including a detailed program description. In the second phase, a randomized controlled trial and a process evaluation were conducted to assess the effects of the program as well as the process of delivering the program. In 2006-2007, the program was piloted and evaluated in several municipalities. In the fourth phase, nationwide dissemination of the program was introduced including program evaluation. Data for program evaluation were gathered by questionnaires among key stakeholders and intervention providers. The evaluation studies showed that based on the assessments of the intervention providers, the program had an impact on the client's life in 56 per cent of cases in the RCT, in 65 per cent of cases in the piloting phase and in 71 per cent of cases in the national implementation phase. High level of motivation of the stakeholders and intervention providers, active co-operation, support from management and training provided by programme developers were seen as the key factors enhancing the success in the implementation process. The program is currently in use in more than one third of the municipalities in Finland. Nearly 400 program providers and 24 trainers were trained during the dissemination process. In addition, the program developers aimed to influence policymaking in order to enable the institutionalization of the program nationwide. Time Out! Getting Life Back on Track is now included in seven national policy programmes in the field of health and social welfare in Finland. The process of implementation and dissemination required continuous work at three levels: in research, at a practical level in municipalities, and at policy level.

P6 Training as Health Ambassador in a Danish Municipality: An Evaluation

Kirsten Vinther-Jensen and Ellen Aavad Holm

Region Midtjylland / Central Denmark Region, Aarhus, Denmark

Background: Training as health ambassador was offered to a broad range of employees in a Danish municipality. The training consisted of six modules of three days with education and learning alternating with periods of practical work. The course took place over a period of ten months and was sanctioned and recommended by the municipal board of directors. A survey amongst the 40 participants was carried through at the end of the course and focus group interviews with the participants and their leaders were held one year after. Purpose of the training - To integrate health thinking and diffusion of the Municipal Health Policy into all administrations and institutions - To strengthen health competencies among employees and in the organization.

Method: Analysis based on the self-administered questionnaire, the interviews and the notes gathered during the ten months course with the purpose of discovering whether or not the aim was fulfilled and to get information on how to improve the training.

Results: 1. Distribution of participants in the course: The administration of Health and Elderly 70%, Children and School 23% and the four remaining administrations between 2,5 and 0% 2. Health promotion as competence and a way of thinking was highly appreciated among all participants. The municipal Health Policy prioritizes prevention and lifestyle 3. Support from the health ambassador's leader is mandatory in creating a platform for the health ambassador, involving of colleagues and integrating health thinking in the organization 4. Introducing a new and informal role as health ambassador may create a blurred and impenetrable decision making and hierarchy system 5. Collaboration across different institutions, administrations and professions are valued and necessary. The introduction of mutual projects is one method to meeting this. In the health ambassador's everyday work possibilities are scarce and possibly in conflict with the role as health ambassador at the workplace.

P7 Trends and socio-demographic differences in physical activity, overweight and obesity in Estonia, Finland, Latvia and Lithuania in 1998-2008

Katja Borodulin, Tomi Mäkinen, Noora Sipilä & the Finbalt group

National Institute for Health and Welfare, Helsinki, Finland

BACKGROUND: Physical inactivity, overweight and obesity are risk factors to many non-communicable diseases. As they are all associated with socio-demographic factors they contribute also to inequalities in health.

THE AIM OF THE STUDY was to analyse the changes in prevalence of physical activity, overweight and obesity and their socio-demographic differences in Finland and the Baltic countries in 1998-2008.

MATERIAL AND METHODS: The Finbalt Health Monitor data were used. The analyses included 20-64-years-old respondents of the nationally representative cross-sectional postal surveys carried out every second year between 1998 and 2008 in Finland and the Baltic countries. Overweight was defined as a Body Mass Index (kg/m^2) of 25-29.9 and obesity as a BMI of 30 or higher. The analysis of leisure time physical activity included those respondents, who participated two times a week or more in exercise for at least 30 minutes. Commuting physical activity was defined as a daily participation in walking or

riding a bicycle to and from work.

RESULTS: Trends in leisure-time and commuting physical activity prevalence were relatively stable in every country during 1998-2008. Finns were physically more active in leisure-time physical activity than Balts. In the Baltic countries, however, the commuting physical activity was more common than in Finland. The higher educated respondents reported more leisure-time and commuting physical activity. In addition, leisure-time physical activity was associated with living outside a capital area, but only in Finnish and Lithuanian women. By contrast, living in a capital area was associated with higher level of commuting physical activity in Finnish and Latvian women. In most countries the direction of change was towards higher prevalence of overweight and obesity in both genders. During 1998-2008 Finnish men and Latvian women were most often overweight, whereas Estonian men and Latvian women reported most often obesity. Older age was consistently associated with higher prevalence of overweight and obesity in all countries and both genders. Lower overweight and obesity rates were seen in the higher educated and people living in a capital area, but only in women and Finnish men. Instead, within Lithuanian and Latvian men the prevalence of overweight by education was observed in an opposite direction, as the lower educated reported less often overweight.

CONCLUSION: Public health initiatives preventing further weight gain and promoting leisure-time and commuting physical activity should be targeted to all age and educational groups in every country

P8 Ten-year trends and social differences in some food habits of adult populations in Finland and in the Baltic countries

Petkeviciene Janina and Finbalt group

Kaunas, Lithuania

Background: Monitoring of nutrition habits is extremely important for evaluation of implementation of the Food and Nutrition Strategies aiming to decrease the prevalence of diet-related diseases. The aim of the study was to assess the changes in some food habits in Finland and in the Baltic countries in 1998-2008.

Material and methods: The data from the Finbalt Health Monitor project are presented. In 1998 -2008 six postal surveys have been conducted in representative random samples of adult population in Finland and in the Baltic countries. Altogether about 52000 persons aged 25-64 participated in the surveys. The survey instrument included the questions about food habits. Daily consumption of fresh vegetables and use of vegetable oil for cooking was chosen as examples of healthy dietary habits. Using butter on bread and daily consumption of meat and meats products was considered as unhealthy food habits.

Results: Food habits in Finland were healthier than in the Baltic countries. Finnish people consumed fresh vegetables more often whereas they used butter on bread and eat meat products less frequently than people in Estonia, Latvia and Lithuania. The use of vegetable oil was more common in the Baltic countries. During ten years food habits remained relatively stable in Finland. Frequency of consumption of vegetables showed tendency of increase in the Baltic countries. Proportion of Estonians spreading butter on bread decreased, while the same proportion in Latvia and Lithuania increased. Frequent consumption of meat and meat products increased in all Baltic countries. The associations between food habits and social factors were quite stable over the ten years period. Women's food habits were healthier than men's. Highly educated people consumed fresh vegetables daily and used vegetable oil for cooking more often than less-educated. In Finland highly educated people were less prone to use butter on bread, however, the opposite was the case in the Baltic countries. People living in capital area have healthier diet than living in other places.

Conclusions: Despite some positive changes in food habits the substantial part of population especially in the Baltic countries does not meet the recommendations on healthy nutrition. Socio-economic differences in food habits still persist in the countries therefore health promotion strategies should be tailored for different socio-economic groups

P9 The trends in social patterning of daily smoking in the Baltic countries and Finland in 1998-2008

Klumbiene Jurate and Finbalt group

Kaunas, Lithuania

Background: Smoking is strongly related to socio-economic status. The size of the inequalities and the trends in social differences of smoking varies between the countries. The aim of the study was to assess the changes in socio-demographic differences of daily smoking in the Baltic countries and Finland in 1998-2008.

Material and methods: The data were gathered from cross-sectional postal surveys of the Finbalt Health Monitor project, conducted every second year since 1998 on adult populations aged 25-64 in Estonia (n=11780), Finland (n=18360), Latvia (n=10402), and Lithuania (n=11215). The analysis of daily smoking involved the respondents who had smoked daily for at least one year and who indicated having smoked during the day of filling the questionnaire or day before it.

Results: In 2008, the age standardized prevalence of daily smoking among men was the highest in Latvia (50.8%; 95% CI: 46.6-55) and the lowest in Finland (25.9%; 95% CI: 23.4-28.5). Smoking prevalence among women varied from 15.1% (95% CI: 12.8-17.4) in Lithuania to 19.7% (95% CI 17.7-21.6) in Estonia. The prevalence of smoking decreased over ten years among men in Lithuania and in Finland remaining stable among women in all countries. The proportion of daily smokers was higher among younger participants compared to the older in both genders. During ten years the age differences in the smoking decreased among men in Estonia and Finland, while among women - in all countries. The best educated men and women smoked less than those with low education. Over the period of ten years the educational inequalities in smoking among men and women remained similar in all countries. The largest educational gradient in daily smoking among women was observed in Finland, and among men in Estonia and Latvia. No consistent differences were observed between smoking prevalence in urban and rural areas.

Conclusions: Comprehensive tobacco control measures targeting young and lower educated groups should be implemented aiming to reduce social inequalities in smoking.

P10 Trends of alcohol consumption in Estonia, Finland, Latvia and Lithuania

Satu Helakorpi, Pia Mäkelä and the Finbalt Group

National Institute for Health and Welfare, Helsinki, Finland

Aim: The aim of this study was to examine trends in adult alcohol consumption by gender and educational level in Estonia, Finland, Latvia and Lithuania.

Material and methods: The study data come from the 20-64-years-old respondents in the surveys carried out every even year between 1998 and 2008. The main measurements used for trend examinations were the prevalences of respondents who had drunk at least 10 (men) or 4 (women) drinks in the previous week ("moderate to heavy drinking"), and prevalences of those who at least once a week (men) or at least once a month (women) drank 6 or more drinks on a single occasion ("heavy episodic drinking").

Results: In all four countries, alcohol consumption was much more common among men than among women. This gender difference applies to both volume of weekly alcohol consumption and to frequency of drinking large amounts of alcohol on a single occasion. The gender gap was the smallest in Finland. In the proportion of moderate to heavy 7-day alcohol drinkers, among men there were hardly any systematic educational differences. The exception was Finland, where in the beginning of the study period moderate to heavy drinking was more common in the higher educational group. However, towards the end of the study period the difference vanished and was even reversed in 2008.

Among women, moderate to heavy drinking was generally more often reported among those with a higher education in all countries except in Latvia, but the increase was typically stronger in the lower educational group. Heavy episodic drinking was generally more common among those with a lower level of education, both among men and women.

Conclusion: With respect to temporal change in alcohol use, the situation according to the estimates used in this study has worsened particularly in Estonia and Latvia. Among women, it was particularly the lower educational group whose weekly alcohol consumption has been on the increase in all countries except in Latvia.

P11 Traffic Safety Related Behavior in FINBALT Monitoring Countries

Anita Villerusa, Iveta Pudule, Inese Gobina and the Finbalt Group

Riga, Latvia

Background: The traffic accidents are one of the common external reason of death, while external causes altogether are the third leading cause of death in the Baltic countries and Finland. The information on the traffic safety related behavior in the population is important issue for creating preventive programs on traffic safety.

The aim: To analyze behavior related to traffic safety from 1998 to 2008 in Finland and the Baltic countries in different demographic and socioeconomic groups.

Methods: The data from FINBALT Health Monitoring Surveys 1998 – 2008 were analyzed. The mailed questionnaire has been used to a randomly selected representative population sample of each country. The data on reflector and seat belt usage and drunk driving were analyzed among the adults aged 20 – 64.

Results: During the study period a stable increase of the reflector usage in all age groups and both genders has been noticed in Estonia but in Latvia only since 2004. No significant changes have been observed in Lithuania. In all countries the percentage of reflector usage is the highest among women and people in older age groups and among adults living outside the capital cities. The prevalence of seat belt use in front and rear seats has been sustainable and the highest in Finland but there has been a tendency towards increasing prevalence also in the Baltic countries. In Finland and Estonia the seat belt usage is more prevalent among respondents with higher level of education than those with lower level of education but the differences are not significant in Latvia and Lithuania. The seat belt usage in the back seat is more prevalent among older respondents in all countries and for both genders. The trends of the proportion of persons knowing somebody who had driven under the influence of alcohol in all of the countries have decreased, especially since 2002. The largest decline has occurred in Latvia and Estonia. In all of the countries respondents in younger age groups (20 – 34 years) and also living outside the capital or big cities reported more drunk driving cases.

Conclusions: In all of the countries during the study period the traffic safety behavior has been improved. The improvement has been least pronounced in Lithuania. The overall improvement can be explained by traffic safety enhancement through Traffic Safety programs on a national level.

P12 Social inequalities in the risk of congenital heart malformations in Kaunas, Lithuania

Malinauskiene Vilija, Azaraviciene Ada

Lithuanian University of Health Sciences, Kaunas, Lithuania

Introduction: In Western societies social inequalities in health are determined by the occupational

position. The objective of our study was to investigate the differences in congenital heart malformations' risk among women according to their occupational position in Lithuania, the country after transition.

Methods: We conducted a population-based case-control study of newborns in Kaunas in 1999-2005. We compared 198 cases of congenital heart malformations with 643 controls with regard to information on socioeconomic characteristics, reproductive and medical history, etc. obtained by questionnaire. We performed the logistic regression analysis for the calculations of OR for women in different occupational position adjusting for age, marital status, medical history, residential air pollution exposure.

Results: Our results indicated that blue-collar workers and housewives had an increased risk for the development of congenital heart malformations (OR=3.67; 95% CI 2.27-5.93 and OR=1.81; 95% CI 1.20-2.71, respectively) as compared to white-collar workers. The analysis of women in different occupational categories indicated that non - manual and manual workers had increased risk for congenital heart malformations (OR=2.49; 95% PI 1.74-3.57 and OR=4.23; 95% PI 1.61-11.11, respectively) as compared to professionals.

Conclusions: The variances in congenital heart malformations' risk among women in different occupational position might be explained by attitudes, life style and psychosocial factors, occupational exposures, work and rest balance.

P13 Do risk adjusters from the Swedish capitation system have predictive utility for New Zealand's 'Unmet Need' top-slice?

David S. Angelson

University of Auckland, School of Population Health, New Zealand

For countries which utilise capitated health funding, special care must be taken to accurately appraise unmet need to ensure that efficiency is not achieved at the expense of equity, and that historical use patterns do not merely cyclically reproduce inequity. New Zealand utilises an 'unmet need' top-slice to supplement its capitation health funding allocation system. This top-slice utilises four risk adjusters: age, sex, ethnicity, and socio-economic status. An obvious question arises about whether additional adjusters might have utility. Sweden is a particularly fruitful comparison country for this research because of the amount of detail used in calculating its capitation formula. Rice and Smith referred to Sweden's formula as the 'apotheosis' of such schemes. Sweden is demographically and politically a good comparison for New Zealand, and the similarities between the two nations' health funding allocation schemes are even more important. Analyses were performed on three waves of the New Zealand Health Survey (NZHS), a nationally-representative survey which is undertaken roughly every four years by the New Zealand Ministry of Health. Five separate regression models were constructed for each NZHS wave, across five utilisation types: General Practitioner [GP], Specialist, Hospital, Oral Care, and 'Total' [an aggregate of the first four types, plus all other health service utilisation such as phone hotline contacts, nurse-practitioner contacts, etc.]. Utilisation by contact type and self-reported unmet need served as the dependent variables; independent variables included: self-reported health status [SF-36 GH], age, sex, rurality, household size, marital status, length of time in current domicile, home ownership status, 11 chronic health conditions [e.g. diabetes, COPD], level of education, self-reported health transition in the last year [SF-36 HT], ethnicity, NZDep quintile [a composite index of population-level deprivation across nine census measures of socio-economic status, calculated by the Ministry of Health], disability status, employment status, and whether or not the respondent lives alone. Using stepwise regression, predictors of unmet need or health service utilisation were assessed and ranked. Analyses with the complement of risk adjusters from Sweden showed that some Swedish risk adjusters are more strongly predictive of unmet need and/or health service utilisation than the existing adjusters utilised in New Zealand.

P14 Virtual Elderly Care Services on the Baltic Islands

Bodil Julin

Yrkeshögskolan Novia, Åbo, Finland

Virtual Elderly Care Services on the Baltic Islands. Projektid: 5/2010 – 4/2013. Finansiering: Central Baltic: 2 185 369 €. Syftet med projektet Virtual Elderly Care Services on the Baltic Islands är att utveckla en ny service för äldreomsorgen i skärgården. Målsättningen är att stödja hemmaboende äldre i deras sociala växelverkan, förbättra deras livskvalitet och ge dem en ökad trygghet. Den nya servicen kallas Virtu-kanalen och förverkligas på distans genom s.k. interaktiv TV.

Tillämpning: 1. Virtuellt teknologi testas och utvecklas De kommuner som deltar i projektet tar i bruk en ny service som baserar sig på videokonferensteknologi. Teknologin gör det möjligt att audiovisuellt vara i kontakt med flere personer samtidigt. 2. Servicen produceras och utvecklas Yrkeshögskolor och kommuner ansvarar för verksamheten på Virtu-kanalen t.ex. hembesök, handledning, aktiviteter och fri samvaro. Servicen utvecklas i samarbetet med privat, offentlig och tredje sektor. 3. Forskningen omfattar projektets alla faser. Forskningens syfte är att påvisa kostnadseffektivitet, inverkan på de äldre deltagarnas livskvalitet och servicens användbarhet. Effektivitet: För den äldre befolkningen betyder det ökad livskvalitet genom hälsofrämjande åtgärder, trygghet, socialt stöd och möjligheten att bo kvar hemma. Slutsatser: Genom ett innovativt förhållningssätt i projektet skapas en ny resursförstärkande service som förverkligas via virtuell teknologi och som kommer till nytta för de äldre, deras anhöriga, kommunerna och kan bli ett virtuellt arbetsredskap/metod för professionella inom social- och hälsovård i skärgården.

Utbildningsorganisationer ansvariga för forskning och produktion av servicen på Virtu-kanalen 1. Yrkeshögskolan i Åbo, huvudansvarig 2. Yrkeshögskolan Novia 3. Yrkeshögskolan Laurea 4. Högskolan på Åland 5. Stiftelsen Tuuru, Dagö, Estland Kommuner ansvariga för engagemang av klienter och personal inom social- hälsovård och produktion av innehåll på Virtu-kanalen: 6. Sibbo, Finland 7. Nädendal, Finland 8. Eckerö, Åland 9. Saltvik, Åland 10. Kurressare, Ösel, Estland 11. Ösel utvecklingsenhet som representerar Ösel kommuner Projektet förverkligas också i samarbete med bl.a. äldre omsorgen i Kimitoön och Väståbolands stad.

P15 Adolescents' self-perceived economical situation and generally unhealthy behaviours

Ulrica Paulsson, Birgitta Edlund, Ragnar Westerling

Uppsala universitet, Sweden

Background: Earlier studies have found that socioeconomic status has an impact on unhealthy behaviours among adolescents. However, adolescents own perception of their socioeconomic situation and its association with unhealthy behaviours has not been in focus for study. An earlier study has found that having a generally unhealthy behaviour can be treated as a single factor, a generally unhealthy behaviour factor (GUBF).

Aim: The aim was to find whether adolescents' self-perceived economical situation were associated with unhealthy behaviors and in this case, how strong the association would be compared with regularly used socioeconomic indicators. Further, the associations of self-perceived economical situation and generally unhealthy behaviours (GUBF) were tested.

Material and methods: In 2008 and 2009, 1742 postal self-report questionnaires which assessed socio-economic status and unhealthy behaviors was distributed to 8 geographically spread schools (school grades 7, 8, and 9, ages 13-16 years) in Sweden. Polychoric correlation analyses and structural equation analysis using LISREL 8.80 was applied for the statistical analysis. The correlations were made to find how strong the associations were between the seven different socio-economic variables in the

questionnaire and the four different unhealthy behaviours included in the questionnaire. The structural equation analysis of the second order latent variable 'GUBF' (with the indicator variables irregular meal habits, low engagement in physical activity, smoking and alcohol consumption) and self-perceived economic situation, were made to find whether self-perceived economical situation, was associated with adolescents who has a generally unhealthy behaviour.

Results: Of the seven socioeconomic variables, self-perceived economic situation was the variable that had the strongest connection with the unhealthy behaviours included in the study. The structural equation analysis found that low self-perceived economical situation is associated with a generally unhealthy behaviour in adolescents.

Conclusions: How adolescents own perception of their economical situation is an as important factor as other normally used socioeconomic variables. The perception of economical situation might even be more important than the actual socioeconomic situation. To change adolescents' unhealthy behaviours it could be important to target adolescents' own perception of their economical situation.

P16 Open Comparisons Public Health

Karin Berensson

Sveriges Kommuner och Landsting, Stockholm, Sweden

The Swedish Association of Local Authorities and Regions has in cooperation with the National Board of Health and Welfare and the Swedish National Public Health Institute published a report on Local and Regional Comparisons on Public Health. The overarching aim of Sweden's national public health policy is to create social conditions that will ensure good health, on equal terms, for the entire population. The objectives of publishing comparative data are twofold. 1. Comparisons are a way informing and stimulating public debate on quality and efficiency. 2. Comparisons stimulate and support local and regional efforts to improve public health.

The knowledge base has been the scientific evidence of the health determinants. Statistics are based on Registers (National Board of Health and Welfare, Statistics, Sweden and Swedish Institute for Infectious Disease Control) and Surveys, the National Public Health Survey (Swedish National Public Health Institute) and Regional surveys on health-related habits of life. The statistics are used to mirror the indicators on local and regional levels.

A set of indicators related to the health determinants are published. 21 of those are used for the regional level and 14 for the local level. The indicators cover Living Conditions as participation in society, Living Habits as physical activity and Outcomes as heart attacks. The ambition was to present all indicators from an equity perspective; however all data does not allow such a division. Each indicator is supplemented by a text describing the indicator, the authorities' responsibility for the indicator and the data.

A report is published in which the local authorities and regions/county councils are ranked from better outcomes to less good ones. The report includes tables, maps for the local authorities and diagrams for the regions. Quite big differences are observed between the local authorities and regions and also between different socioeconomic groups.

P17 Aging in Minority Contexts

Professor Helena Hurme

Åbo Akademi University, Vasa, Finland

Aging in Minority Contexts is an interdisciplinary research project coordinated by Åbo Akademi University, consisting of scholars from several disciplines (e.g. developmental psychology, social,

political and economical sciences), with the aim of exploring aging from different conceptual, theoretical and methodological perspectives by using a wide range of empirical data. Aging is here analyzed on an individual level as well as on social and socio-economical levels. As Finnish society is experiencing major demographic transformations in that the older population (with ages 65 and over) is constantly increasing, both labor markets and welfare programs are put under pressure, in addition to tangibly affecting individuals belonging to that older population. The ageing population is, however, a heterogeneous group with different needs and life situations. Consequently, the issue of aging is relevant and crucial to examine in more depth, particularly in Finland. Aging (whether personal or structural) has different implications depending on gender, language, social class, ethnicity, and sexual orientation, and the project looks at those aspects in terms of minority contexts. The project thus scrutinizes differences between majority and minority contexts, more specifically how these influence aspects of inclusion (belonging) and exclusion. Questions posed include: Are there differences between Finnish and Swedish speaking Finns in terms of social networks, social services and organizations for the elderly, but also in terms of individuals' health and well-being? How do people in later life without children experience aging compared to those with children? What about elderly sexual or ethnic minorities, who face up to majority bias in health care systems? Who or which groups have the possibility to "healthy" or "successful" aging? The research project has just recently been initiated and research cooperation will be carried out both nationally and internationally.

P18 Model to promote health and well-being of unemployed person

Salla Seppänen, Marja-Liisa Laitinen, Anne Ulmanen, Minna Männikkö

Mikkeli, Finland

Purpose and Relevance: The number of unemployed persons has increased in Eastern Finland after the economical regression. In EU project "Years for Empowerment – Back to labour market" Mikkeli University of Applied Sciences developed model to promote health and wellbeing of unemployed persons. The project was supported by European Social Funding and lasted 04/2008 – 03/2011. The aim of project was to prevent social exclusion, increase social activities and promote health of unemployed persons. The project focused especially to 45 + -years old unemployed persons. The project was implemented in co-operation with the regional employment authorities.

Description of project activities: The developed model bases on Transtheoretical Stages of Change – model and includes five interventions, which last 1-11/2 hours and have special objectives and content: 1. General Health Assessment, 2. Physical Condition and Living Habits, 3. Supportive Social Relations and Social Network, 4. Feedback and Further Plans for Self-Care including supervision to use an electronic self-care service (www.hyvis.fi), 5. Follow up and Evaluation after 6-12 months of the fourth appointment. The model was tested with 122 unemployed persons by nurse students under the supervision of the nurse teacher and the occupational nurse.

Evaluation: From 122 unemployed persons 64% had all five appointments, 13 % had 4 ap-ointments and 23% three or less appointments. Most of the clients had long history of being unemployed. They had poor physical condition and a lot of risk factors related to health, like alcohol abuse, smoking and depression. The feedback from the clients was positive. They re-ported that the developed process model increased their self-care skills and self-esteem. The students reported that the project enabled them to learn client-centered health and wellbeing assessment and supportive interventions. The students also reported that they had learned communication, supervising and project management skills.

Conclusions and Implications: The developed model is a process with five interventions to assess and support health and wellbeing of unemployed persons. The developed model to promote health and wellbeing of unemployed persons is possible to adapt to other clients groups like senior citizens and caregivers. Beside this the model gives an excellent option for nurse students to learn health promotion.

P19 Being a double-carer: How family carers with spouse and children with a rare disorder experience their health and well-being

Lise Beate Hoxmark, Grete Hummelvoll, Steffen Torp

Frambu senter for sjeldne funksjonshemninger, Norge

Aim: The aim of this study was to increase the understanding of what factors influence how family carers of more than one person, here called double-carers, experience their health and well-being. **Method** Through a qualitative approach, four spouses of persons with the rare and complex diagnosis of Neurofibromatosis type 1 (NF 1), who also had children with NF 1, were interviewed individually. Four main categories that express what factors the double-carers experienced influencing their health and well-being, were identified: the core family, the diagnosis, the social network and the social services.

Results: The double-carers described an everyday life challenging their health and well-being. Nevertheless, none of them regarded themselves as having an illness. They expressed that they were doing fairly well under the circumstances. The monitoring of, and concern for, the children with NF 1 was undoubtedly most challenging. Their working spouses with NF 1, seldom caused any concern and represented in different areas rather more of a support. Providing information about NF 1 and its consequences was presented as a challenge. The unpredictability of and the large differences within NF 1, created uncertainty and was perceived as a burden. The double-carers approached one day at a time and emphasized the positive aspects of their everyday lives. The double-carers who had an active relationship with their social network, benefited considerably from this. All the families took part in activities offered by the Norwegian Association for Neurofibromatosis. The positive effects of sharing experience and being part of a community was emphasized, and the benefit for the children with NF 1 was particularly mentioned. All the double-carers expressed dependence on functioning social services. The most common situation was striving to achieve necessary assistance, but one family was surrounded by professionals providing proactive information and services at the right time. The results will be discussed within the framework of public health, focusing on health inequalities related to care within a social justice perspective. The relationship between participation and equality for people with disabilities and family carers' health and well-being will be included in the discussion.

Conclusions: This study indicates that double-carers of people with NF1 have strenuous lives. The insight provided into their everyday experience implies that clinicians, service providers and politicians need to show interest in the health and well-being of the double-carers and treat them as an end in themselves and not merely a means.

P20 Göra jämlikt = göra skillnad

Marianne Granath, Jonas Frykman

Projektledare, Sveriges kommuner och landsting, Sverige

Alla människor – oavsett kön, ålder, etnisk bakgrund, utbildningslängd, inkomst, bostadsort, funktionshinder etc. ska uppleva att de bemöts och behandlas på ett likvärdigt sätt och får likvärdig tillgång till välfärdstjänsterna. Men "lika till alla" leder inte till jämlikhet. Att göra jämlikt innebär att göra skillnad, det vill säga erbjuda generella insatser till alla, men anpassade på ett sådant sätt att de motsvarar olika människors olika behov och förutsättningar. Samhällets välfärdstjänster inom till exempel skolan, omsorgen och hälso- och sjukvården når inte alla medborgare på ett likvärdigt sätt. Det är till och med så att välfärdsektorns utbud ibland bidrar till att öka skillnaderna mellan olika socioekonomiska grupper. En mer jämlik distribution av välfärdstjänsterna bidrar till en mer jämlik hälsa. Sveriges Kommuner och Landsting, SKL, har Jämlik hälsa och välfärd som en prioriterad fråga under 2011 och har tydligt fokus på mångfalds- och socioekonomiska aspekter. Projektet ska verka

för att sektorns välfärdstjänster blir mer jämlika, genom att utveckla kunskap, metoder och strategier. Inom projektet bedrivs bl.a. följande aktiviteter: Nationell plattform för jämlik hälsa och vård En nationell, myndighets- och organisationsövergripande plattform för jämlik hälsa och vård etableras. Plattformen ska verka mobiliserande och markera frågans betydelse. En bättre KOL-vård Projektet ska utveckla en modell för en komplett vårdkedja, från förebyggande till behandling, genom insatser från flera perspektiv (jämlikhet, förebyggande och användande av kvalitetsregister för förbättringsåtgärder). Samling för social hållbarhet och minskade skillnader i hälsa Ett tidsbegränsat forum etableras för kunskaps- och erfarenhetsutbyte, som ska tydliggöra vad som krävs på lokal, regional och nationell nivå för att minska skillnader i hälsa. Deltagare i forumet är kommuner, landsting, regioner, som beslutat att arbeta i linje med rekommendationer i Marmotrapporten. Handbok för jämlikhetsintegrering Handboken ska presentera en modell för jämlikhetsintegrering som kommuner, landsting och regioner kan använda vid planering, genomförande och utveckling av insatser för ökad jämlikhet inom olika verksamheter.

P21 Chronic diseases and functional decline – a matter of resources?

Finn Breinholt Larsen, Stine Poulsen, Pia Vedel Ankersen

Denmark

Background: Chronic diseases are a major cause of functional decline among people in all age groups. But there is no one-to-one relation between disease and the loss of abilities. People with the same diagnosis may experience quite different consequences of their disease ranging from almost no consequences to a server decline in functional ability. How much do a person's own resources matter for the ability to cope with disease?

Aims: The aim of this study is to present new research results on the association between chronic diseases, functional decline and resources.

Material and methods: The study is based on a health survey conducted in Central Region Denmark in 2010. The study population includes 34.000 respondents who completed a paper-and-pencil questionnaire on a number of social and health related issues. Functional status was assessed by means of Short Form Health Survey 12 version 2.0. A resource index was constructed as a measure of commonly valued resources available to the individual for fulfillment of personal needs and goals. The connection between disease and loss of physical, mental and social abilities was analyzed dependent on the score on the resource index.

Results: The relation between disease and functional decline is strongly moderated by resource availability. Among people without chronic diseases, on average, a high level of functional ability was observed independently of the score on the resource index. Among people with one or more chronic diseases, however, there was a marked gradient in functional ability. Socioeconomically advantaged persons with chronic conditions tended to experience only a minor functional decline, while a growing level of deprivation was accompanied by a growing discrepancy in functional ability between persons with and without chronic conditions.

Conclusion: An Old Danish saying claims that 'disease is the master of everyone,' expressing the idea that disease treats all persons as equals. A truth of the past perhaps, but in the contemporary world with a disease pattern dominated by non-communicable diseases, it does not hold up to empirical scrutiny. Consequences of disease when it comes to physical, mental and social functioning are distinctly socially patterned. This should have implications for the future organisation of health care.

P22 Exposure to environmental tobacco smoke in Finnish workplaces in 1985-2008 and the impact of legislative measures on the exposure to tobacco smoke at work

Antero Heloma, Satu Helakorpi, Jarkko Honkonen, Petri Danielsson and Antti Uutela

National Institute for Health and Welfare (THL), Helsinki, Finland

Background: Finland has had smoke-free workplace legislation since 1995, but the law allows designated smoking areas. Although passive smoking has declined, people are still exposed to tobacco smoke at work.

Aims: The current study investigated time trends and associations in exposure to environmental tobacco smoke (ETS) among non-smokers at Finnish workplaces of various sizes. We also examined whether the change in the national tobacco control legislation had an effect on these trends.

Methods: The study population comprised respondents from nationally representative annual postal surveys carried out between 1985 and 2008. The annual sample size was 5000 persons between 15 and 64 years of age. Exposure to ETS among non-smokers was measured with particular reference to workplace size and workplace smoking arrangements.

Results: From 1985 to 2008 the daily exposure to ETS at work has decreased continuously. The reduction was most profound between 1994 and 1995 when the smoke-free workplace legislation was enacted. The proportion of workplaces where smoking is allowed in designated smoking rooms has remained unchanged at 48% after the new legislation. Exposure to tobacco smoke was two-fold among employees in workplaces with designated smoking rooms compared to workplaces where no one smoked indoors throughout the period between 1995 and 2008. Workplace size was associated with exposure to ETS. Employees in small workplaces were more likely to get exposed than employees in the larger workplaces.

Conclusions: Exposure to ETS at work declined between 1985 and 2008. Enforcement of the smoke-free legislation in 1995 caused an additional reduction in employee exposure to ETS. The proportion of designated smoking rooms has not declined after 1995. Employees of small workplaces are most vulnerable to ETS exposure. Totally smoke-free workplaces should be preferred to workplaces with designated smoking areas to minimize the number of exposed employees.

P23 Aktuella skrifter/rapporter inom hälsa och byggd miljö från Statens folkhälsoinstitut (Swe)

David Berglund

Statens folkhälsoinstitut, Swedish National Institute of Public Health, Sverige

Poster: Postern kommer att presentera Aktuella skrifter/rapporter inom hälsa och byggd miljö från Statens folkhälsoinstitut (Swe). Det gäller bland annat korta presentationer om skrifterna: Samhällsplanering för ett aktivt liv Aktivt liv i byggda miljöer Den byggda miljöns påverkan på fysisk aktivitet Grönområden för fler Barns miljöer för fysisk aktivitet Äldres miljöer för fysisk aktivitet Bostadsområdet - en hälsofrämjande arena Bostadsnära natur Den byggda miljöns betydelse för fysisk aktivitet för personer med vissa former funktionsnedsättning. Den byggda miljöns betydelse för fysisk aktivitet i glesbygd.

P24 Raisio-Rusko's co-operative area daytime service modeling

Anniina Mirja Maria Heininen

Laitila, Finland

Finland's population structure is facing major changes. Increase in the number of older people creates challenges for the entire service structure. Spending pressures management must be urgently brought

under control and the practical steps should be taken effectively on wide range. Health services have to invest in older people's wellbeing and health-promoting activities as well as preventive and rehabilitative services. Social interaction and active participation in club activities are producing a sense of community and relieving loneliness. At the best, when the loneliness is relieving, the need for assistance will reduce, ability to function will improve, being ill will reduce, the transition to residential care will postpone and lifetime will increase. If the elderly's social network is weak or missing altogether, the network should be build and expand to meet the needs of older people and their expectations. Quantity of the elderly people (over 75-years of age) will double in Raisio, Finland by year 2025 The service structure must be able to change so that the need for the expensive round-the-clock treatment and care from the proportion of elderly services will reduce.

Purpose of the development project is to model the co-operative area of Raisio-Rusko's daytime service. Social and Health Services should find criterions of the choosing correct customer. The main objective is that every elderly person should live as long as possible in their own homes.

The project is linked with Raisio-Rusko's care and nursing services program. For the project we will establish a formal steering group and a specific working group as well as a multi-professional team which includes doctor, director of services for elderly, nurse evaluator, memory nurse, home care nurse and a day care center's staff. Using of qualitative research method, we will find out the experts point of view about the day care center operations, the customers which are directed to these operations as well as day care center participation criteria. With the set criteria, the customer can be guided to the service system. This is the way to develop a useful tool for screening out the right customers into the service, so that the benefit from activities will be maximized. In addition, concrete approach will be developed from various rehabilitative elements of the daily activities.

P25 A new model to enhance nutrition, physical capacity and social network among aged people at risk of losing their independence; a cooperative approach between public health care sector and third sector

Heikki Heinonen, Pilvikki Absetz, Anu Ritsilä, Pasi Töyli, Risto Raivio, Pekka Mattila, Raija Forström, Tiina Mäkelä, Antti Uutela, Mikael Fogelholm

Finland

In the recent years has woken up to the fact that physiology does not inevitably lead to poor functional performance, but lifestyle plays a major role in the functioning of elderly people. In Finland there is not a systematic model across social and health care sectors how to identify older people at risk of losing their functional capacity. Ikihyvä Päijät-Häme, research and development project is developing and testing such a model in cooperation with health centers and third sector.

Objectives: At the system level, the goal is to develop and instill into the existing structures a preventive approach regarding functional capacity ageing people, and promote and monitor cooperation between public and third sector. At the individual level to improve physical performance, nutrition, and strengthen the social network of ageing people.

Methods: The starting point is in the health care centers accomplished comprehensive measurement of functional status and data recording of personal health information. The impact of the project will be evaluated in a trial where participants (n = 300) are randomized into the intervention group and information group. Intervention includes both controlled balance and strength training as well as discussion groups with structured and goal-directed activities. The groups meet for 12 weeks twice a week. The follow-up time will be two years.

P26 Regional Programme for Welfare and Health Promotion in South Savo

Kuninkaanniemi Hanna¹, Aholainen Markku², Häkkinen Eeva³, Lipsanen Heino⁴

2 Regional Council of South Savo, 3 South Savo hospital district, 4 Southern Savo Sports Federation Mikkeli, Finland

Background and project Description: Many of the Finnish national diseases, such as Diabetes, Psychosis and Arterial hypertension are more common in South Savo than in the other parts of Finland. Also high rates of disability pensions and use of special coverable medication are having negative influences on the South Savo region and its people. The ageing population structure is burdening and challenging the service system especially in the field of social affairs and health while the population forecast in total is showing a downward trend. The Regional Council of South Savo has addressed health and welfare as one of the four main areas of focus for 2011-2014. The emphasis is e.g. on health promotion on a population level as well as on building welfare services of a good quality. The project Regional Intervention on Health Promotion was launched as a respond to the necessity for co-operational, coordinated health promotion in South Savo.

Implementation: The project was implemented during 2010 by Southern Savo Sports Federation. The funding came from the public regional development aid via the Regional Council of South Savo. The supervisory board of the project was representing the whole region extensively with representatives from e.g. private and third sector actors, municipalities of South Savo, South Savo and East Savo hospital districts, Mikkeli University of Applied Sciences, and Diaconia University of Applied Sciences. The whole South Savo region was in focus at the project.

The main aim of the project was to create a regional programme for health promotion. In addition, a cooperative and interactive network with public, private and third sector actors was build.

Effectiveness and Conclusion: As a result of the project, the first Regional Programme for Welfare and Health Promotion in South Savo was published in the beginning of 2011. The program suggests that the Regional Council of South Savo takes responsibility for coordinating the cooperative health promotion network in South Savo. An advisory committee with representatives from public, private and third sector parties would be established to reinforce the regional health promotion with the main purpose of e.g. prepare proposals for action. The areas of focus would be agreed cooperatively in the network. Coordinated health promotion on a regional level would come into action officially from 2012.

P27 From early identification of diabetes and cardiovascular disease (D&CVD) risk factors to care pathways and regionally uniform arterial disease treatment guidelines in North Karelia.

Tirkkonen Hilikka¹, Lehmusaho Mervi²

1Outokumpu Health Center, 2The Hospital district of Northern Savo, FINLAND

Background, aims and methods: North Karelia was not part of the FIN-D2D project, but the area had identified the need to standardise the methods of diabetes and arterial disease risk identification and review the Current Care recommendations. In 2009-2010, primary care diabetes education was organised in health centres and occupational health services as part of the Kanerva-KASTE project. The training was targeted at the entire outpatient staff from reception assistants to senior physicians. The unit-specific training was mainly carried out in North Karelia, but some events were also held in Northern Savo and Southern Savo.

Work units were given the opportunity to request training from the Kanerva-KASTE project. The most popular training topic was the early identification of diabetes and cardiovascular disease risk factors. In addition, the Current Care of arterial disease was an often discussed topic. The Finnish Diabetes Risk Score (FINDRISC) and the FINRISK calculator were recommended as tools of early

identification. A simple user's guide, Guide to FINRISK, was drawn up as part of the project. The Care Pathway of a Person with High Risk of Diabetes and Cardiovascular Diseases in Primary Health Care and unit-specific care pathways for high risk individuals compliant with the Siiliset FIN-D2D Heart Game were drawn up in the project.

Results and conclusions: The training was well received in health centres and occupational health services. During the period of 5/2009-12/2010, over 50 D&CVD training events were held, of which over 30 were on the topic of early risk identification. Approximately 1300 health care staff members participated in the events, out of which more than 200 were physicians, more than 500 medical or public health nurses and the rest other health care professionals. Training feedback was excellent.

Organising the training events at health centres and occupational health services allowed the members of a number of different occupational groups to attend simultaneously. Training events gave rise to discussion on 'How would we do it?' as regards, for example, drawing up local care pathways.

P28 Health promotion and cardiovascular disease and diabetes prevention in primary care - Survey in the Kuopio University Hospital Area of Regional Responsibility (KUH-ERVA)

Lehmusaho Mervi¹ and Renfors Timo², and the project working group

1The Hospital District of Northern Savo, 2North Karelia Center for Public Health; Pohjois-Karjalan kansanterveyden keskus, FINLAND

Background and aims for the survey: One of the objectives of the Kanerva-KASTE project was to standardise chronic national disease prevention, identification and treatment in the KUH-ERVA-area, and it was begun by disseminating tried and true FIN-D2D heart practices. The municipal baseline was surveyed in autumn 2009. Among other things, the situation of health promotion working groups, care pathways, tools (FINDRISC, FINRISK calculator, SCORE), group interventions, and the use of glucose tolerance test was assessed. 75 percent of the municipalities in the project area took the survey.

Results: Previous FIN-D2D municipalities were more likely to have a health promotion working group or equivalent, and a separate D&CVD working group. They were also more likely to have a diabetes prevention care pathway than other municipalities. There were no differences between municipalities regarding other care pathways (diabetes, arterial disease, cardiovascular disease prevention, obesity, childhood obesity). The tests and calculators were most commonly used during nurse's appointment. The most common group interventions were TULPPA-groups, after which came first hand diabetes information groups and other arterial disease groups. There were a total of 88 active groups (average of 1.6 groups/municipality) in the municipalities that took the survey.

Conclusions: Cardiovascular disease prevention and diabetes treatment care pathways affected work practices the most, while obesity treatment pathway had the least effect. Tests and calculators were used for risk assessment more often and in more work units (occupational health services, doctor's appointment, maternity clinic, physiotherapy) in previous FIN-D2D municipalities than elsewhere. If the municipality had an active health promotion working group or equivalent, or if the work unit had its own D&CVD working group, care pathways had a greater effect on everyday work. In addition, FINDRISC results were recorded more frequently in these municipalities.

The D&CVD survey will be repeated in 2011, which will provide information on the changes in the supporting structures and operational practices of preventive work in the area.

P29 Trends in morbidity of recurrent myocardial infarction among Kaunas (Lithuania) middle-aged population during 1998-2008

Radisauskas R, Bernotiene G, Baceviciene M, Jancaityte L, Tamosiunas A, Sidlauskiene D

Kaunas, Lithuania

Background: Over the past 20 years an increasing trends of morbidity of myocardial infarction (MI) were observed in some of Eastern European countries. The aim of the study was to evaluate the trends in morbidity of recurrent MI in Kaunas (Lithuania) population aged 25-64 years during 1998 to 2008.

Methods: The source of the data is Kaunas population-based ischemic heart disease (IHD) register. The methods used for the data collection were those applied by the WHO MONICA project. The object – all permanent residents of Kaunas aged 25-64 years who had recurrent MI and died from IHD in 1998-2008. The age-standardized rates were calculated by the direct method and using the Segi's world population as a standard. The trends were analyzed using the method of linear regression on logarithms of the age-standardized annual rates.

Results: According to the data of IHD register, among Kaunas men aged 25-64 years the average rate in morbidity of recurrent MI was 132.3, among women – 20.6/100,000 persons in 1998-2008. The biggest morbidity of recurrent MI rate among men was in 2002 and accounted 158.9/100000 men, for women in 2006 and was 31.3/100,000 women. The lowest rate among men was in 2004 and accounted 103.0/100000 men, for women in 2003 and was 13.6/100,000 women. From 1998 to 2008 the morbidity of recurrent MI rates among both Kaunas men and women was without significant changes among men (+0.1% per year, $p=0.9$) and among women tended to decrease in averaged by 4.5% per year ($p=0.1$).

Conclusions: The morbidity of recurrent myocardial infarction during the past ten years was without significantly changes among middle-aged Kaunas men and tended to decrease among women.

P30 Quality of life (QoL) in paediatric practice; examining the value of QoL assessment and intervention in children and adolescents with diabetes mellitus

Maarit Lassander

Helsinki, Finland

Objectives: Measuring and promoting the quality of life (QoL) of children and adolescents with diabetes is of foremost importance, considering that early adjustment to diabetes may be predictive of positive longer-term outcomes.

Methods: The questionnaires were completed by 125 children and their parents in three University Hospital clinics in 4 different geographical areas/hospital districts, Oulu (north), Kuopio (east), Turku (west) and Helsinki (south) in two separate occasions. Study participants were 6 to 16 years old children who had been diagnosed with insulin-requiring diabetes mellitus (type 1 or type 2) for more than one year. Participants were divided into intervention and control groups. Data collection was conducted using two generic QoL measures with separate forms for children and their parents, KINDL-R with diabetes module and PedsQL. Intervention groups received a brief intervention based on the questionnaire results. The purpose of the study was to find out if measuring and considering QoL as a part of treatment for diabetes will have significant impact on treatment outcomes. Secondly, to explore how QoL measures can be incorporated into paediatric practice and how the perceived barriers to QoL measurement can be overcome. New diabetes- and age-specific questionnaires for measuring QoL in the Finnish language were also developed.

Conclusions: The preliminary results show that QoL measures in routine paediatric practice can provide unique information that can have positive effect on child's quality of life and parental treatment

satisfaction as well as provide a relevant tool for clinical decision-making. It was also found that QoL measures can be effectively incorporated into routine paediatric practice when experiences in using these instruments are carefully examined, perceived barriers identified and appropriate guidelines introduced.

P31 Developing chronic depression care model in primary health care

Jeni Hälvä¹, Marjo Kurki², Päivi Lepistö², Kirsi Riihimäki¹

1 Mental Well-being in Vantaa / City of Vantaa, Health and Social Welfare, 2 Key to the Mind project for developing mental health and substance abuse services in Southern Finland / City of Vantaa, Health and Social Welfare Department
City of Vantaa, Finland

Process description: The Chronic depression care model for chronically depressed patients is ongoing development project that is piloted in Vantaa primary health care system as a part of Mental Well-being in Vantaa project. Mental Well-being in Vantaa project is part of a larger Key to the Mind project, which is a national development plan for 2010-2012 headed by the Ministry of Social Affairs and Health (Kaste programme). The aim of the chronic depression care model is two-folded. First, control appointments with GP and nurse in primary health care once a year will be arranged. Second, strengthening the self-help methods in the primary health care and collaborating with Third sector will increase chronically depressed patient's empowerment. The support includes the self-help group and technology based support tools.

Target population: In our pilot project the target group is a chronically depressed patient who has been treated in a secondary health care unit and the treatment of the patient is finishing. The patients in the target group are treated in the primary health care units and they use additional health care services. Implementation: The self-help care is arranged in the way it is possible to implement in any health care centre unit in Finland. Our care model follows the care models for other chronic diseases like diabetes and asthma.

Effectiveness: The support for self-care starts in the secondary health care and the change to primary health care services is more flexible and cost-effective. In our care model the collaboration with the secondary health care is strengthened and the responsibilities of different units are clearly arranged.

Conclusions: The quality of life and functional capacities of the depressed can be improved by paying attention to patients' empowerment and status of the service users.

P32 Prevention of national diseases in Central Finland

Nina Peränen, Tarja Kettunen, Mauno Vanhala

Jyväskylä, Finland

Introduction: Benefits of prevention and early diagnosis of national diseases are indisputable. Great majority of the main Finnish national diseases (DM II, artery diseases) can be prevented through lifestyle changes. Even a brief intervention can initiate positive life-style changes and therefore life-style counseling should reach the general public in all stages of life. To handle the increasing requirements of life-style counseling the professionals are in need for additional expertise, new methods and increased cooperation between municipal actors.

Methods: The Primary Health Care Unit of Central Finland Health Care District offers expert services to professionals of specialized and primary health care and other municipal actors. The unit lowers interface barriers, initiates cooperation and supports health promotion by strengthening professional skills and developing new methods for addressing lifestyle factors. The goal is to make

early risk recognition an initial part of every health care contact. At municipal level health promotion is coordinated by multiprofessional working group together with the unit.

Results: Annually hundreds of health care professional are being educated by the unit of primary health care. The most extensive education programs are the resourceful-family program organized by the Child and Maternity Health Clinic and the user training of SAPERE method for food and nutrition education. In addition to these lifestyle group counselors have been trained for nine municipalities using the case-training. To support the decision-making and counseling the municipalities have been provided with specially designed, easy access treatment maps. Conclusions: The Unit of Primary Health Care functions as a link between specialized and primary health care, allowing development of regionally standardized guidance material and methods. The municipal working groups have gathered multiprofessional actors to participate in comprehensive health promotion planning. The groups have contributed action proposals for municipal policymakers concerning e.g. school catering and communication. During 2011 the goal is to enhance the work of the working groups and to support municipal policymakers in matters related to health care law.

Comments: More detailed results will be available at the poster show.

P33 Experienced patients in patient education?

Inge Wittrup, Doris Nørgard, Birthe Toft Knudsen

Aarhus, Norway

Background: The understanding of how to learn more about people's experiences with a chronic disease can be taken one step further by incorporating experienced patients into patient education programmes. The introduction of patient experience as knowledge on equal terms with health professional knowledge fills in part of the gap between discrepancies in understanding what coping is. In 2007, Central Denmark Region initiated a health education programme in cooperation with six municipalities and one of the hospitals in the region. The new method focuses on integrating practical knowledge in the planning, implementation and evaluation of the programme. A notion of experienced patients is introduced as a fundamental principle of the concept learning and coping for people suffering from a chronic disease.

Purpose: This presentation investigates how patient experiences are meaningfully transformed and incorporates participant concerns into learning and coping for the participants in the programme.

Method: The analysis of the meaning of introducing experienced patients is based on an anthropological research design, consisting of participant observation in the 'learning room' and on interviews conducted with experienced patients, health professionals and 'ordinary' patients during the project. This research is part of an overall evaluation of the implementation of the programme. Results: The research shows that to transform experienced patients' experiences into reflections, knowledge and action by the participants depends on how the experienced patients are positioned in the programme: • Recruitment and categorisation of experienced patients • Their cooperation with health professionals • Roles and position in the learning room The success of the use of experienced patients lies in the extent of making new ways of living with a chronic disease available.

Conclusion: This process should be supported by a simultaneous transformation of health care categorisation and labelling. The 'patient' category needs to be reformulated if health care systems are to be successful in the overall transformation of health care from being a public domain to being the individual person's private responsibility. Neither experienced patients nor participants in patient education programmes want to be addressed as patients, let alone as chronic patients. So we need to invent a whole new terminology – and perhaps a more sexy one than 'citizens'.

P34 Promoting mental health through a mental health education mini-intervention; the impact on the perceptions of mental health among Greek adolescents

Evanthia Sakellari

University of Turku, Visiting, Technological Educational Institute of Athens, Greece

Background: Mental health is fundamental to quality of life, enabling people to experience life as meaningful, and to be creative and active citizens.

Aim: Our aim was to explore the perceptions of mental health among Greek adolescents and to examine the impact of an educational mental health mini-intervention. Our ultimate aim is to increase awareness among health professionals and provide valuable insights for health professionals who design and implement mental health promotion programmes.

Methods: The study took place in two randomly selected public secondary schools in the area of Athens. Data was collected twice, before and after the mental health educational mini-intervention by interviews with open ended questions. Fifty nine pupils were interviewed aged 13-17 years old (experimental group-28 pupils and control group-31 participants).

Findings: Participants have described mental health in terms of; to be or not to be something, to have or not to have, the ability to do, to feel or not to feel, to think or not to think, to understand, being loved and loving others, to live and enjoy, to communicate and to behave normally or logically. Additionally, there were some who confused mental health and mental illness. The findings among the experimental group, after the intervention, show that there are positive aspects which remained in their answers after the intervention, and there were negative aspects which appear less or not at all. Furthermore, there are elements which appear only after the intervention, such as to talk about problems, face problems, express feelings, to perform one's activities normally.

Conclusions: The findings of this study show that mental health education can have a positive impact on mental health perceptions among adolescents. The findings of our study highlight the importance of understanding the perceptions of mental health among adolescents for the implementation of proper mental health interventions for the promotion of mental health.

P35 How an active implementation of a chronic disease management program for patients with Chronic Obstructive Pulmonary Disease influences the use of healthcare resources

Smidth Margrethe, Olesen F, Vedsted P

Aarhus, Denmark

Background: Health systems will manage more people with chronic diseases as life expectancy increases and treatment options improve. Need for resources increases and it will be vital that a targeted strategy for healthcare to this growing group is developed so all are offered professional and efficient treatment and that resources are used equitable. A proactive strategy will secure the need of the whole population is served and not only the acute needs of patients. The study concentrates on the process of implementation and effects of Central Denmark Regions programme for patients with Chronic Obstructive Pulmonary Disease (COPD). An active implementation strategy for the chronic disease management programme is designed based on literature and methods proven effective in implementing new ways of working with different stakeholders.

Aim: To evaluate the effect of an active, structured implementation of a health care management guideline for patients with COPD on the use of health care resources.

Methods and Materials: A cluster- and bloc-randomized controlled trial with two arms and an additional control group. In the intervention arm with patients from half of the general practices in

Ringkoebing-Skjern municipality, the general practices received an active, structured implementation of a disease management program for COPD. The other half of the practices continued as usual and their patients formed the control arm. To control for Hawthorne (bias) effect a comparable municipality's practices and patients formed an external control group. At baseline, questionnaires were sent to patients identified by a COPD algorithm based on administrative data. One year after the intervention start, follow-up questionnaires were sent to patients who had responded that they had COPD at baseline. Data from health care registries for the patients who returned the second questionnaire were collected.

Results: A total of 2917 patients were sent a baseline questionnaire and 1998 (68.4%) answered. Of these 1446 (73%) verified their diagnosis of COPD. Follow-up questionnaires were sent to 1395 patients (59 had died or sought research protection) and 83% answered. On-going analyzes of data from registries for use of on-call doctor, emergency room and hospital admissions, use of medication, general practice and out-patients visits and use of homecare of 1166 patients are being compared for the three groups to describe the effects of the disease management program on the use of health care resources for COPD.

Conclusion: The preliminary results suggest that implementing a structured health care management program for COPD in general practice optimize the use of health care resources. We will present the results and discuss the implications regarding optimizing the proactive, patient-centered, planned and collaborative care for patients with chronic disease.

P36 Finnish Attitudes Towards Alcohol 2010

Anna Järvinen and Ritva Varamäki

Helsinki, Finland

The Finnish Centre for health Promotion published 2010 a survey on Finnish attitudes toward alcohol for the third time. The poster introduces results of four questions from that survey. Results include comparison between years 2006, 2008 and 2010. Results are introduced in a bar chart. Questions: Should image marketing of alcohol be banned? Should the alcohol industry advertisement and sponsorship in sports events be banned? Should the blood alcohol content level (BAC) be brought down from 0,5 % to 0,2 %? Should alcohol taxation be raised in order to reduce the harms caused by alcohol?

P37 Peluuri -stöd till personer med spelproblem och deras anhöriga

Mari Pajula

Helsinki, Finland

Peluuri är en servicehelhet riktad för dem som spelar för mycket, deras anhöriga och dem som stöter på spelproblem via sitt arbete. Peluuri erbjuder stödtjänster, information om både nackdelar med spelandet och om spelrelaterade vård- och stödtjänster, samt information om andra vård-, stöd- och rehabiliteringstjänster. Alla Peluuris tjänster är nationella, avgiftsfria och anonyma. Peluuri började på 2004 som en projekt och servicen blev permanent under året 2007. Till Peluuris tjänster hör hjälplinjen, eRådgivningen, webbplatsen, diskussionsforumen Valtti och Tuuletin, textmeddelandetjänsten Pelivoimapiiri (i samarbete med A-klinikstiftelsens avdelning för kommunikation) samt Peli Poikki-programmet, som är en internetbaserad hjälptjänst som kombinerar självstudier, professionell hjälp och kamratstöd. Servicen drivs av A-klinikstiftelsen och Sininauhaliitto rf. Servicen finansieras av Fintoto Ab, Penningautomatföreningen (RAY), Veikkaus Ab och Institutet för hälsa och välfärd (THL). Social- och hälsovårdsministeriet och THL är med i samarbetet och ansvarar för utvärderingen av servicen. Den nya utvärderingen publiceras under våren 2011. Under året 2010 kom Peluuri

att bli en del av den nya helheten Spelkliniken. Spelkliniken samlar olika statliga, kommunala och föreningsbundna aktörer under samma tak för att kombinera olika servicekällor och projekt och på detta sätt förminska och förebygga spelrelaterade skador.

P38 SWELOGS - Swedish Longitudinal Gambling Study

Katarina Paulsson, Thomas Jacobsson

Swedish National Institute of Public Health, Östersund, Sweden

Swedish Longitudinal Gambling Study (SWELOGS) is a long-term research program on gambling and health in Sweden. The program will follow developments pertaining to the adverse effects of excessive gambling when gambling for money. One objective is to identify risk and protective factors of significance for the development of gambling problems in order to generate knowledge to develop preventive measures against gambling problems in society. The design contains three components; an epidemiological study with a representative sample of 15 000 individuals aged 16-84 and an in-depth study approximately 1 800 individuals with gambling problems of varying severity. The primary method of data collection is computer supported telephone interviews. Response rate for the baseline prevalence study was 62 percent.

Results show that the proportion of Swedes who gamble for money has declined from 88 percent to 70 percent during the past decade. Gambling participation has declined in all age groups and for both sexes and the largest decline is seen among those aged 16-17 years. Despite the decline, the prevalence of problem gambling in Sweden remains unchanged. Approximately two percent of the population has gambling problems and another five per cent are at risk of developing gambling problems.

Problem gambling has increased significantly among young men aged 18-24, from five to nine percent during the past decade. Gambling on the Internet is most frequent among men aged 18-24 and is probably one cause of the increase. The proportion of persons having gambling problems is doubled among women aged 45-64 while it has declined among younger women and elderly men.

The results also show that problem gambling is unevenly distributed in the population with a higher proportion of problem gamblers among those who has a low educational level and/or a low income. In order to improve health equity in Sweden, problem gambling is one – of several - important areas to work with. One challenge is to provide care and support which can meet different needs in different target groups. One implication is that SWELOGS, within a few years, will be able to provide a unique body of knowledge which can inform the development of evidence-based methods in the field of problem gambling. I certify that the study comply with the guiding policies and principles for experimental procedures of the World Medical Association of Helsinki.

P39 To prevent gambling problem. Effectiveness of different prevention programmes 1999-2011

Jessika Svensson

Östersund, Sweden

Gambling is based on complex social actions and behaviours that are difficult to reduce to simple theories on outcomes and individual risk factors. We must therefore put the prevention of gambling problem in a public health framework and develop evidence based methods and measures. In 2010 the Swedish National Institute of Public Health published a systematic review of the effectiveness of preventive methods in the field of problem gambling prevention. The review, “To prevent gambling problems”, was based on scientific reviewed articles published 1999-2009. The systematic searches resulted in 38 approved studies, which were divided into three different areas: • Accessibility and

legislation (policy). • Gambling environment and game design. • Educational and information efforts that affect the gambler's or the surroundings' attitudes to gambling, as well as knowledge and awareness of gambling and gambling problems. The report will be updated during 2011, through an identical search for reviewed articles in various scientific databases. The poster/presentation will present the merged results from the first report and the follow up study. The results will be discussed in relation to policy, gambling industry/consumer protection and programmes of education and information.

P40 Treatment of pathological gambling with pharmacotherapy and brief intervention

Tuuli Lahti

Helsinki, Finland

National Institute for Health and Welfare has studied the treatment of pathological gambling (PG) since 2009. In Finland approximately 1% of the adult population is estimated to be pathological gamblers. Untreated PG can impair normal function at many levels. Validated, effective treatments are, therefore, needed. Psychosocial treatment options are usually the first choice when treating PG's. Alongside with the psychosocial methods, pharmacological treatment options may benefit the patient. Although PG is a relatively common disorder, only limited information on pharmacotherapy for PG exists. Changes in opioid, noradrenalin, serotonin, dopamine and glutamate neural systems seem to be related to PG. Most pharmacological approaches so far have been based on the hypothesis that balancing dysfunctional neurotransmission especially during the withdrawal process will reduce the urge to gamble.

P41 Remember that Song' Using singing and listening to familiar songs in dementia care

**Teppo Särkämö ^{1,3}, Sari Laitinen ², Mari Tervaniemi ^{1,3}, Merja Kurki ²,
Ava Numminen ⁴**

1 Institute of Behavioral Sciences, University of Helsinki, 2 Miina Sillanpää Foundation, 3 Finnish Centre of Excellence in Interdisciplinary Music Research, University of Jyväskylä, 4 Department of Music Education, Sibelius Academy, Finland
Helsinki, Finland

Key words: music singing, music listening, dementia diseases

Introduction: Familiar music can often evoke strong emotions and memories in patients with moderate to severe Alzheimer's disease (AD).¹ Music can also temporarily enhance memory recall as well as reduce anxiety, depression and other neuropsychiatric symptoms in AD patients.²⁻⁵ Also caregiver singing can have a positive cognitive, emotional and social impact.⁶ However, there is no evidence for the long-term effectiveness of music listening or singing in dementia patients. The study is a 3-year (2009-2011) research project. It is financed by the Miina Sillanpää Foundation and the Finnish Slot Machine Association. Patient recruitment started in Feb 2009. Data collection will be completed by Jun 2011. In total, there will be 177 participants (89 patients) from five nursing homes, service centers and day activity units in the Helsinki metropolitan area. Material and method The aims of the present randomized controlled trial (RCT) are 1) to assess the long-term cognitive, emotional, and social impact of a group-based music intervention for persons with dementia and 2) to train their family members and nurses in utilizing music in everyday care.

Study design: 90 patients with mild-to-moderate level dementia (AD or vascular) as well as their family members or nurses (n = 90, one for each patient) are recruited and randomly assigned to one of three groups: a music singing group, a music listening group or a control group. In the music singing and

music listening groups, each patient and his/her family member or nurse will participate in 10 weekly group sessions (1.5 h) held at the patients' own care unit by a music teacher or a music therapist. In addition, they will also perform music-related homework assignments between sessions. The common therapeutic elements in both groups are the use of music that is familiar and personally meaningful to the patients as well as the social interaction provided by the group sessions. No intervention is provided for the control group. All patients are given neuropsychological assessments and questionnaires prior to the intervention, immediately after the intervention, and 6 months later. Neuropsychological assessments (1.5 h each) consist of standard clinical tests of cognitive functioning (MMSE), reasoning (WAIS-III Similarities, Block Design), memory (CERAD Word list learning; WMS-III Digit span & Logical memory), attention and executive functions (Trail Making Test, FAB), and verbal functions (BNT, WAB Sequential commands, fluency). Questionnaires are used to assess the mood and quality of life of the patients (VAMS, Cornell-Brown Scale, QOL-AD), psychological well-being and burden of the family members (GHQ-12, ZBI-12) and the psychological well-being and job satisfaction of the nurses (GHQ-12, Inventory of Geriatric Nursing Self-Efficacy, Inventory of Work welfare).

Result and conclusion: The number of people affected by dementia is increasing, which places a great challenge for their care. Currently, there is a need for non-medical rehabilitation methods that can support the cognitive, emotional and social functioning of dementia patients as well as ease the burden of their everyday care. The present study will provide new and important information about the potential effectiveness of singing and music listening in dementia patients and their caregivers. The overall goal of the project is to develop an evidence-based rehabilitation model about the therapeutic use of music in dementia, which is applicable for caregivers working at home or in a care unit.

Bibliography 1 Cuddy LL, Duffin J (2005). *Med Hypotheses*, 64, 229–235. 2 Foster NA, Valentine ER (2001). *Exp Aging Res*, 27, 215–228. 3 Irish M et al. (2006). *Dement Geriatr Cogn Disord*, 22, 108–120. 4 Raglio A et al. (2008). *Alzheimer Dis Assoc Disord*, 22, 158–162. 5 Guétin S et al. (2009). *Dement Geriatr Cogn Disord*, 28, 36–46. 6 Vink AC et al. (2004). *Cochrane Database Syst Rev*, 4, CD003477.

P42 The integration of family services: the viewpoint of managers of the municipal sphere of authorities

Marja-Leena Perälä, Nina Halme

National Institute for Health and Welfare, Helsinki, Finland

Background: Child and family services (= family services) are fragmented, and do not picture an integrated entirety from families viewpoint, in Finland. Many service providers have little or no reciprocal co-operation and shared objectives.

Aim: This study focus on horizontal integration of family services (maternity / child welfare clinics; school health care; day care; preschool education; schools), from the viewpoint of managers of the municipal sphere of authorities (health care, social care and education). The research questions are 1) do there exist structures that integrate services and 2) how integrated are practices within and between the municipal sphere of authorities, municipalities, private and third sector services. The data were collected (in 2009) by a survey sent to managers in the sphere of health care, social care and education; 490 managers participated. The structures that integrate services (reorganisation of services, allocation of resources, agreements that harmonize practices) were studied by instrument with 19 items. The level of integration (shared/consistent practices; commitment to objectives; client-centeredness; added value of integration) was studied by the instrument with seven items. Both instruments were developed for the study. Descriptive statistics, ANOVA and t-test were used in the data analysis.

Results: Most restructuring of services, allocation of resources and agreements that support integration were within the sphere of authorities, least between municipalities. Services were most integrated in the sphere of authorities, then between the sectors and municipalities, least between private and third sector services. It was most typical for integration in every sector to have reciprocal

collaboration between the spheres of authorities but to set own aims. The more restructuring of services, allocation of resources and agreements on practices the more integrated were practices in and between the sphere of authorities, and between municipalities. In this case, also family services pictured the solid multiprofessional entity including own budget and data system.

Conclusion: The integration of practices requires certain support structures, recourses and agreements.

P43 Getting access to culture in health

Morten Deleuran Terkildsen, Inge Wittrup

Centre for Public Health, Denmark

Background: Studies have shown that ethnic minorities have a worse health profile compared to the majority of the population. This deteriorating health profile is often strengthened by a different cultural and social understanding of disease patterns and symptoms. "Getting access" to understanding culture and individual perceptions of health among ethnic minorities is crucial for healthcare professionals, when trying to provide adequate health services.

Aim: This project provides and documents the effects of using a narrative interview approach to meetings between health practitioners and ethnic minority patients. The aim is to increase the knowledge about cultural, social and psychological predictors, when dealing with health problems among ethnic minorities.

Method: Developing a narrative or "lifestory" interview and using it in a clarifying patient conversation is crucial in the intervention. The narrative interview consists of five questions framing the patients lifestory in future, present and past. By using questions situated in an explicit "lifestory timeframe", patients interconnect concepts from wishes for the future concerning health with their present day life situation and experiences from the past, bringing hidden cultural values & norms out in the open for healthcare professionals to dive into. Narratives from the conversation are being analyzed using an anthropological approach focusing on identifying the construction of individual and social concepts.

Results: Our research shows that using narratives as an interview method framed around time gives a unique access to individual and social cultural perceptions pertaining to health, giving vital knowledge when providing care. Our research has shown, that using narratives in healthcare:

- Helps to incorporate individual concerns when providing healthcare
- Gives access to a broader perspective on the position of culture in the health system
- Provides a new methodological approach to healthcare services

Conclusion: By incorporating patient narratives in healthcare services we are taking a profound step away from the world of preconceptions between patient and healthcare professionals. More attention in the future should be focused on this need and necessity of understanding individual lifeconditions when providing healthcare.

P44 Predictors of success of lifestyle intervention in individuals at high risk for type 2 diabetes: One-year results from the FIN-D2D project

Nina Rautio, Jari Jokelainen, Timo Saaristo, Heikki Oksa, Markku Peltonen, Mauno Vanhala, Eeva Korpi-Hyövälti, Leena Moilanen, Juha Saltevo, Leo Niskanen, Jaakko Tuomilehto, Matti Uusitupa, Sirkka Keinänen-Kiukaanniemi

Kastelli Research Centre, University of Oulu, Finland

Background: Information of the predictors of success of lifestyle intervention in the prevention of

diabetes is important in order to develop implementation strategies. Aim: To examine which factors predict the success of lifestyle intervention (weight loss $\geq 5\%$) in individuals at high risk for type 2 diabetes (T2D) in the one-year follow-up. Material and methods: High-risk individuals for T2D were identified by opportunistic screening in the implementation program of National Diabetes Prevention Program (FIN-D2D). Altogether, 3880 individuals participated in the intervention programme with one-year follow-up. Lifestyle intervention included individual counseling visits (topics were e.g. weight, healthy diet, exercise, alcohol, smoking) or groups sessions (weight maintenance and exercise groups and lectures on lifestyle changes). In this study, socio-demographic, health and health behavior related and clinical factors and health care provider (primary health care centers or occupational health care clinics) were considered as predictors of success of lifestyle intervention.

Results: Altogether 19.3 % of individuals lost weight $\geq 5\%$ (mean weight loss was 8.5 kg). Women were more successful in losing weight than men. Individuals, who were not currently working and who had worse glucose tolerance status were more successful compared to individuals, who were employed and had normal glucose tolerance. In addition, individuals with higher initial weight and higher attendance at lifestyle interventions were also more successful in losing weight. Conclusions: Lifestyle intervention was effective in weight loss in primary health care, but gender, employment status, glucose tolerance status, initial weight and number of intervention visits affected the success of lifestyle intervention. It is important to pay attention to these factors in order to target interventions for those, who may benefit the most from them.

P45 Shape Yourself Up Campaign Towards Well-Being

Eeva Häkkinen

Mikkeli, Finland

Background: The objective of the Shape Yourself Up campaign was to motivate health care personnel to review their own eating habits, physical activity and lifestyle. The second objective was to provide experiences, information and methods which employees can utilise in their work directing and advising patients and customers. The methods are suitable, for example, for screening and prevention of type 2 diabetes and arterial disease. The campaign was developed based on the central message of the Kanerva-KASTE programme implemented in five hospital districts, which challenges people to focus on health. The campaign was designed and piloted in the Hospital District of Etelä-Savo.

Practices: The campaign began with measuring days, where participating employees completed diabetes risk tests, waist circumference measurements and Inbody body composition analyses. Each participant received a hard copy of the measurements and oral feedback providing information on interpreting the results. During measuring days, material containing additional information regarding healthy eating, weight management, exercise and rest was available to the participants. The same material is suitable for patient counselling in health care. Before the end of the campaign, all willing participants underwent the same measurements again. After the first measurements were taken, the participants began a training period of more than six months which included various indoor and outdoor sports. The training was provided by a provincial sports organisation. The campaign was concluded by organising an athletic and playful Shape Up Olympics event.

Results: 586 participants took part in the preliminary measurements, 311 underwent the second measurements, and nearly a hundred actively exercising people took part in the Shape Up Olympics during the pilot campaign. Many employees became interested in promoting their personal well-being and fitness. The campaign inspired a number of hospital work communities to set up exercise and weight management groups. Preliminary support and advice was available at physical education guidance or from nutritionists. Three work communities received awards at the Olympics. The awards were given based on activity in taking part in the measurements and training exercises. The approach is well suited for a population intervention. The model can be used and applied freely depending on local resources.

P46 Head off memory loss – improving cognitive functional capacity

Kurki Merja¹, Rolig Kaisa², Ojanen Ville³

1 Miina Sillanpää Foundation, 2 The School of Science and Technology, Aivokunto Ltd, The Alzheimer Society of Finland 3 Helsinki, Finland

Introduction: As the population ages, the number of people with dementia diseases increases. Moreover, stress during the final years of people's working lives and the aim to lengthen careers challenge professionals in the field to develop coaching models to prevent memory disorders. Memory disorders and dementia diseases can be prevented by health promoting lifestyle. The goal is to develop a coaching model to improve brain health in the elderly which is suitable for course-based activities in organisations as well as in community colleges and adult education centres and which can be disseminated nationally.

Material and method: A study was carried out in 2008–2010. It was financed by the Miina Sillanpää Foundation and the Finnish Slot Machine Association. The coaching was carried out in groups of 10 which met once a week for 8 weeks. The course sessions included information and exercises relating to memory functions, mental well-being, sleep and relaxation, and lifestyles promoting memory health. A total of 70 people of working age between 55 and 65 (younger age group) and 120 retirees between 65 and 75 (older age group) participated in the coaching. The course was run by a physiotherapist and an occupational therapist familiar with brain health and memory functions. Measurements were made by means of Mindex software installed in a mobile phone at the start of the course, at the end of the course and six months after the course. The measurements included neuropsychological reaction time tests, a memory questionnaire (PRMQ) and a health-related quality-of-life questionnaire (RAND-36).

Results:

- The participants' own estimates of memory function improved significantly during the course. In the younger group, the change was maintained six months after the course ended, too.
- In the memory and recall subtests the results of the younger group improved significantly, and the change was sustained until the follow-up measurement.
- The estimates of self-rated general health and physical functioning of the younger group were higher, while there were no changes in the older group and the estimates of the control group were lower in the follow-up.

Conclusion: Group coaching has positive effects, specially in age between 55 and 65, on memory functions, both when measured by means of reaction time testing and when self-assessed. Participation in coaching has been enthusiastic in both age groups. The coaching model will be piloted in senior citizen activities.

Bibliography: Alagiakrishnan, K., McCracken, P. & Feldman, H. 2006. Treating vascular risk factors and maintaining vascular health: Is this the way towards successful cognitive ageing and pre-venting cognitive decline? *Postgrad. Med. J.* 82; 101-105. Deslandes A, Moraes H, Ferreira C, Veiga H, Silveira H, Mouta R, Pompeu FA, Coutinho ES, Laks J. 2009. Exercise and mental health: many reasons to move. *Neuropsychobiology* 59(4):191-8. Gates N, Valenzuela M, 2010. Cognitive exercise and its role in cognitive function in older adults, *Curr Psychiatry Rep.* Feb;12(1):20-7. Lista I, Sorrentino G, 2010. Biological mechanisms of physical activity in preventing cognitive decline. *Cell Mol Neurobiol.* 30(4):493-503.

P47 Motivation för motion bland 40-67 åriga män med nedsatt glukostolerans

Petra Turja, Mikaela Wiik, Camilla Wikström-Grotell

Folkhälsans Förbund rf., Helsingfors, Finland

Bakgrund: Antalet personer med risk för att insjukna i diabetes 2 har ständigt ökat. De viktigaste livsstilsrelaterade riskfaktorerna är övervikt, låg fysisk aktivitetsnivå samt ohälsosamma kostvanor.

Endast 30-40% av finländarna uppfyller rekommendationerna för hälsotion, som är en viktig förebyggande faktor. Att öka motivationen för motion är därför en central uppgift inom hälsofrämjande arbete. Tidigare studier påvisar könsskillnader när det gäller motivation för motion. Syftet med studien var att öka förståelsen för motivation och att hitta de viktigaste motivationshöjande faktorerna till regelbunden fysisk aktivitet hos medelålders män med nedsatt glukostolerans.

Material och metod: Studien har en salutogen ansats. I studien ingick 12 strategiskt valda medelålders män med nedsatt glukostolerans, som deltog i gruppträning i konditionssal eller ledd stavgångsgrupp i 12 veckor, tre gånger per vecka. Datainsamlingen gjordes med hjälp av temaintervjuer, som bandades och transkriberades för att sedan analyseras genom innehållsanalys med ett kvalitativt angreppssätt. De meningsbärande elementen i materialet tolkades även i relation till motivationsmodellerna i den teoretiska referensramen, som var den transteoretiska modellen (TTM, Prochaska & DiClemente, 1986), självbestämmande teorin (SDT, Deci & Ryan, 1985) och den sociala kognitiva teorin (Bandura, 1997).

Resultat: De faktorer som påverkar motivationen klassades i fem övergripande kategorier; hälsorelaterade faktorer, inre faktorer, yttre faktorer, sociala faktorer och faktorer för livskvalitet. Med utgångspunkt i den transteoretiska modellen för motivation bedömdes nästan hälften av respondenterna vara i handlingsstadiet eller i aktivitetsstadiet. Respondenternas uttalanden tolkades vidare i relation till självbestämmande teorins nivåer; över hälften bedömdes agera enligt identifierad eller integrerad reglering. Resultaten bekräftade också betydelsen av självtillit, följdförväntningar och självvärderad tillfredsställelse eller otillfredsställelse i enlighet med den sociala kognitiva teorin.

Slutsats: Positiva erfarenheter av fysisk aktivitet, gynnsamma omständigheter och rutinskapande utgör de viktigaste motivationshöjande faktorerna. Dessa bör beaktas individuellt. Dessutom är det centralt att beakta omgivning och livsstil som helhet inom hälsofrämjande verksamhet med målet att öka motivation för motion.

P48 Hyvinvointipolku.fi – to Assist in Supporting Self-Care

Heimo Lajunen and Anu Mutka

Jyväskylä, Finland

The most relevant issues in diabetes prevention and treatment are often very simple. The key influences on health are the basics of life: physical exercise, active social life, healthy food and adequate rest afterwards. In order to make a commitment to care and monitoring one's health, tools are needed. Hyvinvointipolku.fi is a tool that allows one to apply the basics to one's own life, and provides a storage place to record the available results for health monitoring. Hyvinvointipolku (path to well-being) is thus a safe and reliable path, which offers self-care support to everyone - but each person needs to take the first step themselves. The content of Hyvinvointipolku.fi is divided into six sections:

- Health information and statistics: access, eg., to Health Library, which provides up-to-date, reliable information.
- Tests: the users can get valuable information on their lifestyle and its impact on their health and on identifying which changes should be strived for.

- Service Directory: A listing and search function of health service providers and their services in the area.
- Well-being folder: the opportunity to register as a folder administrator and record medical information, test results and write health diary entries. Health card (one A4 sheet), a compilation of personal health records, can be printed out during a doctor's appointment or when abroad.
- Seize Your Health: A listing of the available health information rooms in the area, and health prescriptions to assess one's own situation.
- Young People's Corner: In order to promote young people's health, they have a corner of their own, designed from their perspective.

Hyvinvointipolku.fi-portal is developed by the Kanerva-KASTE project. It is intended mainly for the population of Eastern and Central Finland, but it can also be used as a client intervention tool for professionals and students of different areas of wellness and well-being. Many sections are ideal for

national use as well.

Development is on-going, and the content is improved in cooperation with Duodecim.

Best things are free – let's step on the path – Path to well-being!!

P49 Gymnastikk med hjelp av tele-teknologi i Kolari

Aimo Korpilähde

Rovaniemi, Finland

Det finns undersøkelser som viser at ukentlig ledet gymnastikk i gruppen av eldre personer reduserer ulykker som kommer seg av falle. I Kurtakko-skolen i Kolari møtte regelmessig en aktiv gruppe av eldre personer som blei øved med hjelp av en fysioterapeut fra helsesentral. I begynnelsen trenade fysioterapeuten gruppen en gang i måned i Kurtakko-skolen som ligger ca 40 km fra Kolari helsesentral. Deretter man ville prøve hvis det var mulig å trene gruppen med hjelp av tele-teknologi. Så fysioterapeuten øvade gruppen en gang i uke før fire måneder med hjelp av tele-teknologi. Eksperimentet er støttet av PaKaste Terve Lappi –prosjekt som prøver å fremme helsevesen sammen med alle kommuner i Lappland. Vurdering av eksperimentet blir ferdig nå i våren.

P50 What's in it for me? – Lessons learnt on how to collect data on patient education programmes in diverse settings

Maiken Rose Hjortbak, Kirsten Vinther-Jensen

Aarhus, Denmark

Background: Patient education (PE) is gaining ground in Denmark. The purpose of PE programs is for patients to acquire knowledge and competencies which enable them to manage their chronic disease. However, the evidence of PE is deficient and the quality and effect of different approaches need to be monitored through standardized evaluation tools applicable for multiple types of PE programs.

Purpose: Centre for Public Health in Central Denmark Region has developed a generic and voluntary statistical tool for monitoring and evaluating PE programs. The long term purpose is to assess the evidence of PE. The short term challenge is to implement the tool in a local setting.

Method: To collect data on PE programs it is necessary to motivate very diverse municipalities and hospital wards to use the same tool. In Central Denmark Region data collection is assured through a method of 1) flexibility 2) local data access and 3) pedagogic instruction. Flexibility is achieved by combining a mandatory module (self-rated health/SF-12 and socioeconomic background) with a range of optional modules (diet, smoking, alcohol, physical activity, weight, self-management and coping). This allows for a degree of local variation. All modules consist of survey data. Local data access implies that a municipality or hospital ward can automatically access its own results through the Internet. Pedagogic instruction ensures a unified understanding of the tool's purpose and potentials as well as its methodological principles.

Conclusions: Through the use of standardized evaluation tools it is possible to collect sufficient amounts of data to assess the evidence of PE programs. However, data access requires that municipalities and hospitals have a clear understanding of the benefits and implications of using a joint system for evaluation. Making data and results applicable in local contexts is crucial, and important lessons have been learnt: 1) The process of introducing statistical tools in institutions with no prior tradition of systematic evaluation is difficult. This challenge should not be underestimated 2) Pedagogic instruction can counter cultural and educational differences 3) Easy access to local data makes the tool interesting to front line staff 4) Flexibility in combining mandatory and optional modules lowers the barrier for participating 5) Successes have a contagious effect and can stimulate others to join in.

P51 Hva er det som gjør at gravide fortsetter å røyke?

Ellen Margrethe Carlsen

Oslo, Norge

Bakgrunn: Det er gjort mye forskning om skadevirkninger av røyking i svangerskapet for både mor og barn. I Norge var det i 2008 ca 9 % av de gravide som røykte ved svangerskapets slutt. Nasjonal strategi for det tobakksforbyggende arbeidet (2006-2010) har som et av sine mål å redusere andelen gravide som røyker i svangerskaper til 5 %. For å kunne arbeide med atferdsendring må en ha kunnskap om hva som opprettholder og endrer gravidens røykevaner. Målsetning: Denne studien har en målsetning om å fremskaffe kunnskap om hvilken funksjon røyking har for gravide, og hva som kan bidra til at gravide endrer sine røykevaner. Problemstillingen for studien er: "Hva er det som gjør at gravide fortsetter å røyke?" Følgene forskningsspørsmål er stilt: • Hva betyr røyken for den gravide? • Hvordan opplever den gravide å være røyker? • Hvilke tanker har den gravide om å slutte å røyke? • Hvilke forventninger og erfaringer har den gravide i forhold til helsepersonell og myndighetene?

Metode: Det er valgt en kvalitativ metode med semistrukturert dybdeintervju med en fenomenologisk-hermeneutisk tilnærming. Utvalget utgjør syv kvinner i alderen 21 - 37 år som var gravide i 7 - 37 uke, og som røykte fra 1 - 20 sigaretter daglig. Fire av kvinnene var gravide med sitt første barn, to med sitt andre og en med sitt tredje. Intervjuene ble tatt opp på bånd for så å bli transkribert. I arbeidet med å bearbeide dataene fra intervjuene er empirisk fenomenologisk analyse valgt som metode for å finne meningsfortetning.

Resultat: Kvinnene hadde mange ulike beskrivelser av det å være røykende gravid. De framstod som ulike individer med individuelle behov, og ikke som en enhetlig gruppe. De ble revet mellom det å ville slutte og ikke ville slutte å røyke, og opplevde å bli stigmatisert for å være røykende gravid både av familie, venner og ukjente. Bakgrunnen for kvinnenes røykevaner var knyttet til avhengighet, sosial aktivitet og vane. Opplevelsen av det å røyke ble beskrevet som et eget valg som delvis var knyttet til den sosiale arven. Ikke alle kvinnene hadde fått informasjon på svangerskapskonsultasjonene om skadevirkninger av sin røyking for barnet, og temaet ble bare delvis fulgt opp i svangerskapskonsultasjonene. Helsepersonell hadde ikke spurt kvinnene om deres motivasjon for å slutte å røyke, og ingen av kvinnene hadde fått hjelp med hensyn til sin avhengighet. Kvinnene beskrev at de var avhengig av sosial støtte spesielt fra partner, og hjelp fra helsepersonell til å arbeide med motivasjonen, for å bli røykfrie. De mente at nikotinavhengighet måtte sidestilles med avhengighet av narkotika, og ønsket gratis røykeslutttilbud.

Konklusjon: Det er behov for en helsefremmende tilnærming der det legges til rette for at det er lett å gjøre helsefremmende valg. Studien viser at det er behov for en konsultasjon i 1. trimester der en har en holistisk tilnærming til levevaner i svangerskapet. Det må være personell i kommunene til å gjennomføre disse konsultasjonene, og de må ha kunnskap om atferdsendring. Den maktfrie dialogen mellom helsepersonell og gravide er en forutsetning for endring av røykevaner. Kvinnene må få gratis røykeslutttilbud og hjelp til å håndtere nikotinavhengighet. Partnere bør inkluderes i konsultasjonene og røykeslutttilbud for å gi kvinnene sosial støtte. For å hindre rekruttering til røykestart, og at røykevaner ikke går i arv, bør myndighetene vurdere å utvide lovverket slik at oppvekstsettinger blir røykfrie.

Nøkkelord: Helsefremmende arbeid, gravide, røykevaner, røykeslutt, atferdsendring, empowerment, avhengighet, motivasjon, røykeslutttilbud, sosial økologisk forståelse og helsepersonell.

P52 Secondary prevention of vascular diseases in elderly coronary patients – results of a randomized controlled trial

Mila Gustavsson-Lilius, Juhani Julkunen, Tiina Koskimäki, Risto Sala, Hannu Turunen and Veijo Notkola

Helsinki, Finland

Background: While vascular morbidity is most prevalent in older age-cohorts the majority of rehabilitation services and related research is focused on cohorts of working age. In this study efficacy

of a secondary prevention programme developed for elderly CHD patients was evaluated. Methods: A prospective randomized design was used. Participants were 316 CHD patients over 60 years of age recruited from the primary health care centres. The intervention was carried out at Rehabilitation Foundation. The data consisting of established risk indicators of CHD (BMI, cholesterol levels, blood pressure, smoking, exercise activity) were collected at baseline and six months later as well as indicators of psychological well-being and health-related quality of life (HRQL).

Findings: The intervention group showed statistically significant decrease in most the CHD risk indicators, and a significant increase in HRQL as compared to the control group. Discussion: A ten-session, group-based intervention provided by a multidisciplinary team seems to produce beneficial health behaviour changes and decrease in the risk factors of CHD in senior citizens.

P53 Networking is the key in the promotion of healthy lifestyle among adults

Kinnunen Liisamaria, Komulainen Jyrki

Helsinki, Finland

Information of target group: In Finland nearly one million adults are not physically active enough for their health. Annually insufficient physical activity (PA) costs approximately 400 million euros to the state budget. About half of the amount is due to sick leaves and weakening of work productivity, the other half are straight costs for health and social sector. It is estimated that every 100,000 new physically active people would save about 20 million per year. According to WHO for health physical inactivity is the fourth leading cause of chronic disease mortality. PA is an important factor in the prevention in musculoskeletal, metabolic and cardiovascular diseases, cancer, and depression. At health care, PA should be used more efficiently in the promotion of health as well as in the prevention of diseases.

Goal: Fit for Life (KKI) is a government funded health enhancing PA programme in Finland. Goal of KKI is to support establishment of local, permanent and easily accessible physical activity services for adults who are not physically active enough for their health. All actions aim to improve healthy lifestyle among sedentary adults.

Implementation: Main segments for KKI, based on Finnish government resolutions, include promotion of PA and healthy diet, development of PA services for sedentary middle-aged men, and take part into development of supportive environment for daily PA. The role of KKI is to provide financial support, create development projects, establish campaigns for specified target groups, and produce material.

Effectiveness: There are over 800 local KKI projects organising actions for target groups. KKI is a coordinator for a group involving several ministries and other experts in the environmental work. KKI has established several nets among professionals in the creation of PA services, including two big campaigns 'Take the chance' in promotion of PA and healthy diet, of which KKI has received the WHO counteracting obesity award, and 'Adventures of Joe Finn' for sedentary middle-aged men. All actions require strong cooperation with governmental, regional and municipality authorities, non-governmental organisations, and public and private sector.

Conclusions: Close cooperation, especially in municipalities between different sectors, is important to increase awareness, knowledge and inspiration, to deliver specific information, to improve actions towards shared goals, and to improve services for adult population in promotion of healthy lifestyle.

P54 Behovet av en föräldratelefonlinje för stöd kring barns mat- och rörelsevanor

Maria Thafvelin, Mats Toftgård, Andrea Friedl

Stockholm, Sverige

Bakgrund: Bra mat- och rörelsevanor är avgörande för att främja hälsa och för att förebygga livsstilsrelaterade sjukdomar. Svenska barns konsumtion av energitäta livsmedel, exempelvis sötsaker och snacks bör minskas med hälften och frukt- och grönsakskonsumtionen fördubblas. Barns ofta mer fysiskt aktiva lek utomhus har fått konkurrens av stillasittande aktiviteter inomhus. Kunskap finns om betydelsen av tillräckligt med fysisk aktivitet för att förebygga ohälsa. Andelen barn med övervikt och fetma är betydande, särskilt bland socioekonomiskt utsatta grupper. Flera välfungerande telefonlinjer inriktade på att ge föräldrastöd är verksamma, men ingen med specifikt stöd kring barns mat- och rörelsevanor.

Syfte: Studien syftar till att undersöka föräldrars och BVC-sjuksköterskors intresse av en telefonlinje riktad till föräldrar för stöd kring barns mat- och rörelsevanor.

Metod: I Stockholms län telefonintervjuades 880 slumpmässigt utvalda föräldrar med barn 2-15 år. I en totalundersökning besvarade 258 BVC-sjuksköterskor en webbenkät. Resultat: Tre av 10 föräldrar tror att de skulle ringa en telefonlinje där de kan få stöd kring sina barns mat- och rörelsevanor. Intresset är lika stort bland föräldrar med lång som med kort utbildning. Hälften av sjuksköterskorna i barnhälsovården var positiva till att kunna informera föräldrar om en sådan telefonlinje.

Konsekvenser: Det föreslås att en försöksverksamhet inrättas med en telefonlinje riktad till föräldrar för stöd kring barns mat- och rörelsevanor.

P55 IANPHI - Strengthening national public health capacity through international collaboration

IANPHI Secretariat: Teija Kulmala, Courtenay Dusenbury, Katja Heikkiläinen, Pekka Puska

IANPHI Secretariat, National Institute for Health and Welfare, Helsinki, Finland

Background: National public health institutes (NPHIs) work in close collaboration with their national ministries in planning, guiding and implementing public health activities and policies. International collaboration among NPHIs is of great importance in order to ensure sustainable public health policies globally and avail NPHIs with peer assistance. International Association of Public Health Institutes (IANPHI) has nearly 80 member institutes representing more than 60% of the world's population. IANPHI is coordinated by secretariats at Finland's National Institute for Public Health and Welfare (THL) and Emory University's Global Health Institute. Aims: IANPHI works as a platform for member countries for knowledge sharing and finding partnerships through the network. Currently IANPHI is working to strengthen public health systems in nine low-resource countries by creating National Public Health Institutes (NPHIs) or substantially strengthening existing ones. IANPHI projects aim to improve long-term health outcomes by identifying and funding comprehensive national priorities such as disease surveillance networks, outbreak investigation teams, laboratory diagnosis and quality control, research, programs, and policy development.

Methods: IANPHI organizes regular meetings for member countries for exchanging information on current public health issues and national policy trends. Amongst IANPHI member countries, informal regional groups are encouraged to interact about more geographically defined public health issues. IANPHI provides its members a website and electronic newsletter for information dissemination, and the secretariat support for joint member activities. Collaboration with low-resource countries is done

in four steps: undertaking strategic planning linked to national goals, implementing the policy changes necessary to create or expand the NPHI, developing a funding plan, and executing a project plan that brings together funds and technical assistance from national governments, IANPHI, and other partners.

Results: Collaboration amongst European NPHIs has gained a regular form through annual meetings in conjunction to EU Presidency, enabling European NPHIs to discuss its topical public health subjects and policy. IANPHI serves as a forum for finding partnerships for high and low resource countries (North-South collaboration) in NPHI creation and capacity building projects. IANPHI's long term projects have increased technical and strategic capacity of several low-resource countries. Shorter projects have responded to low-resource countries' more acute research and capacity building needs.

Conclusion: IANPHI is helping countries to identify current and future needs, and to plan for a sustainable national public health system, and capacitating countries for its execution. IANPHI strengthens NPHIs and overall public health capacity for the long term.

P56 Daghem utan mobbning

Maria Stoor-Grenner, Laura Kirves

Helsingfors, Finland

Under 2009-2010 utförde Folkhälsan och Mannerheims Barnskyddsförbund tillsammans projektet mobbningsförebyggande arbete bland barn under skolåldern. En kvalitativ utredning gjordes för skapa en bild av mobbning som fenomen bland barn i daghemsåldern. Daghemspersonal och föräldrar lyfter fram behovet av att börja prata om mobbning redan i daghemsåldern och önskar mera redskap för att ingripa i och förebygga mobbning. Enligt planen för säkerhetsplanering inom småbarnsfostran ska mobbning räknas till en krissituation som personalen behöver ha beredskap i att hantera. Behovet av stöd för personalen i denna process är stort. Det finns mycket forskning om mobbning bland barn i skolåldern men bristfälligt kunskap om mobbning bland barn i daghemsåldern. Genom att inleda det mobbningsförebyggande arbetet innan barnen börjar skolan kan destruktiva mönster och roller i ett tidigt skede brytas och utvecklas till mera positiva samspelsmönster. Forskning i daghemsåldern har visat att barn med bristande samspelsfärdigheter, ensamma och tillbakadragna barn och barn som beter sig aggressivt har risk att senast i skolåldern mera permanent hamna utanför gruppen av jämnåriga. Intervention och ingrepp är här nödvändiga från de vuxnas sida. Det finns få utvecklade och beprövade modeller och metoder för att förebygga mobbning bland små barn. Vänelevsverksamhet har redan länge varit en del av skolornas förebyggande arbete mot mobbning. I daghem finns inte motsvarande verksamhet som stöder barns eget deltagande i att bygga upp kamratskap. Projektet stöder målsättningarna för Social- och hälsovårdsministeriets Program för tidigt ingripande (VARPU). Genom att verksamheten riktas till hela åldersgrupper och i tidigt skede har den också en klar effekt för att förebygga skillnader i hälsa. Vi kommer också att angripa strukturella frågor 'orsakernas orsaker' som WHO lyfter fram i sitt program 'Social determinants of health'.

P57 An oral health care model in the acute department

Sirkka-Liisa Korkeakoski

Ilmarinen, Turku University of Applied Sciences (Polytechnic), Finland

Project starting point: The oral health care has challenges today and also in the future. The fact is that Edentulousness decline among older people. It increases the challenges for the elderly themselves and their staff dealing with the elderly in different health care systems. Oral infections have been found to be associated with cardio - vascular disease, arthritis and diabetes in the development or pre-existing condition has deteriorated. Patients' diseases and medications also affect oral health, therefore, the daily

oral treatment should be seen as an important part of the individual's total daily treatment.

This project aim and objective: This development project aims to develop the department of Harkatie's federation of municipalities with the nursing staff for patients in the acute department an oral health care model. The research material is used evidence-based literature. The project aims to identify with the thematic interview what nursing staff knows of the patients' daily oral health care and how patients with oral treatment is carried out at the at the department. Long-term objective is to change the elderly oral health care activities to develop a consistent way that allows the patient to an individual a good oral care in each care situation. Furthermore, the aim is to develop multi-professional interaction activities. Co-operation is regularly evaluated.

Investigations: The development will result in creating an oral health care model, which allows a good oral health for each individual elderly.

P58 Survey on anthropometric parameters in children and school environment in Latvia, 2008

Biruta Velika, Iveta Pudule, Daiga Grīnberga

Riga, Latvia

Objective: The aim of the study was to obtain information on the prevalence of overweight and obesity among 7 years' old children and the adequacy of school environment for promoting healthy behaviour.

Methods: The WHO European Childhood Obesity Surveillance Initiative (COSI) methodology developed by WHO for all Member States was applied. The sampling frame of the study consisted of grade 1 children attending Latvian comprehensive schools during school year 2007/2008. The study focused on collecting anthropometric indicators: body height, body mass, waist and hip circumference measurements and data on provision of food at schools, as well as enablement of physical activities. The body mass indexes (BMI) of children were assessed on the basis of the WHO growth standards of 2007, defining excess body mass in the range of the 85th to the 94th percentiles and obesity – above the 97th percentile.

Results: In Latvia 21.5 % of children aged seven (24.5 % boys and 18.4 % girls) had excess body mass including obesity. In total, 8.2 % of grade 1 children had obesity. Riga and the larger towns had the highest prevalence of children with excess body mass. At 51 % of schools, there were cafeterias and shops, and at 11 % of schools – food and beverage vending machines. In the school cafeterias and shops, mostly candies and sugar-containing drinks were on sale. Only 43 % of the schools offered fresh fruit and 34 % – vegetables on sale. Free fruit or vegetables were available only in 10 % of the schools, mostly in the rural area. Free milk was available to schoolchildren at 19 % of the schools. The food offered at school differed from urban to rural schools and also between schools with Latvian or Russian as the language of tuition. The schools located in Riga and the larger towns, as well as the schools with Russian as the language of tuition usually offered food richer in calories at school cafeterias and shops. Healthy nutrition classes were included in the curricula of 87 % of the schools.

Conclusion: Implementation of a simple, efficient and sustainable surveillance system is important to address and control the epidemic of obesity among children, reduce the prevalence of childhood obesity, identify risk groups and assess the impact of obesity prevention measures.

P59 Äldre personers känsla av trygghet - yttre och inre källor

Lisbeth Fagerström

Vasa, Finland

Bakgrund: Inom ramen för GERDA projektet, ett samarbetsprojekt mellan högskolor/universitet i Kvarkenregionen i Sverige och Finland, genomfördes under 2005 en omfattande enkätstudie bland 65- och 75-åringar i Österbotten och Västerbotten. GERDA projektets övergripande målsättning var att studera vad ett gott åldrande innebär. Syftet: Den aktuella delstudiens syfte var att studera äldre personers känsla av trygghet samt faktorer som har samband med deras känsla av trygghet. Metoder: Totalt 3370 äldre personer svarade på den 15-sidiga enkäten (svarsprocent 68,4%). Undersökningsgruppen bestod av rikssvenskar, finlandssvenskar och finskatalande finländare. Materialet analyserades statistiskt med SPSS-program, inklusive tre-steps nominala regressionsanalyser. Eventuella skillnader mellan språkgrupper analyserades.

Resultat: Personer som upplevde sig mera trygga upplevde livet meningsfullt och ansåg sig kunna hantera sina livskriser. Ett klart samband fanns mellan känsla av trygghet i livet och ekonomisk trygghet. Personer med svagare känsla av trygghet hade en svagare tillit till sociala nätverk och hade en försämrad funktionsförmåga.

Konklusioner: Sammanfattningsvis kunde konstateras att källor till trygghet är olika för personer med en stark känsla av trygghet respektive för personer som uppgav att livet kändes otryggt. Trygghet definierades som en inre hälsoresurs. Vår kunskap om människans inre och yttre hälsoresurser samt hur dessa påverkas när människan åldras är relativt outforskade områden. Studien visade på intressanta samband som bör utredas närmare i fortsatt forskning.

P60 Experienced and inexperienced parents' parenting self-efficacy during the immediate postpartum period

Salonen Anne, Kaunonen Marja and Tarkka Marja-Terttu

Helsinki and Tampere, Finland

Parenting self-efficacy (PSE) is important for parents' sense of well-being, is a potential predictor of parenting practices and might be an indicator of risk. Any factors that impact parenting also affect the infant and have public health significance. To evaluate experienced and inexperienced mothers' and fathers' PSE during the immediate postpartum period and factors associated with parents' perceptions. The data were collected with a cross-sectional design in two maternity hospitals in Finland. The questionnaires were handed out to parents within one week of discharge in 2006-2007. PSE instrument measured cognitive, affective and behavioral skills related to infant care. Several parent, infant and environment related attributes were also included. Responses were received from 863 mothers (66%) and 525 fathers (40%). The data were analyzed statistically. Experienced parents' perceptions of PSE were significantly more optimistic than inexperienced parents'. Emotional skills were experienced the weakest. Self-concept, depressive symptoms and parenting attitude during pregnancy were associated with PSE. Academic parents scored the lowest, but the difference was statistically significant only among inexperienced parents. Parent's perception of infant was the most significant infant attribute. Infant birth weight and infant health were associated with PSE, but the differences were statistically significant only among specific groups of mothers. Family functioning, family health, advice and social support from nursing professionals correlated strongly with PSE. Attention must be paid to parents with negative perception of themselves, upcoming parenthood, the infant or the family. Postpartum care should be developed more family-focused way. Parents seem to benefit from sound advice and social support from nursing professionals. Interventions supporting parents' emotional infant care skills are recommended.

P61 Increasing service user involvement: mothers' peer support group at maternity and child welfare clinics

Sirpa Kumpuniemi¹, Marjo Kurki², Lauri Kuosmanen²

¹Mental Well-being in Vantaa / City of Vantaa, Health and Social Welfare, ²Key to the Mind project for developing mental health and substance abuse services in Southern Finland / City of Vantaa, Health and Social Welfare Department
Vantaa, Finland

Background: Increasing service user involvement is highlighted in the Mieli 2009 plan. Mental Well-being in Vantaa project has implemented peer support groups for mothers with the risk of depression at maternity and child welfare clinics. The project is part of a larger Key to the Mind project, which is a national development plan for 2010-2012 funded by the Ministry of Social Affairs and Health (Kaste program).

Aim: To describe mothers' experiences of peer support group at maternity and child welfare clinics. Methods: Mothers' mood-related symptoms were screened with EPDS (Edinburgh Postnatal Depression Scale)-scale. Those scoring 13 or more were offered a possibility to participate preventive peer support group guided by mental health nurse. Each group consisted of 4 - 7 mothers with babies, meeting for 8 - 10 times at one-week intervals. The interaction between mothers and baby was supported. After three months to three years those mothers (n=49) who participated peer support group were phone interviewed. The data were analysed using inductive content analysis.

Results: Participants reported strong peer support when collaborating and reflecting experiences with other mothers in same situation. Mothers received help for possible marital problems and depressive emotions. For many of the mothers, social relationships were increased, and most of the mothers stayed in contact with other mothers after the group. Majority of the mothers found the groups sufficient help in managing with their depression.

Conclusions: Participating in the peer support group for mothers with the risk of depression can easily provide support. This kind of early intervention is needed in primary health care and maternity clinics. Furthermore, peer support group is an effective way to increase service user involvement.

P62 Hälsa hem! Om parrelationer, strukturer och respekt

Barbro Näse

Folkhälsans förbund, Helsingfors, Finland

Hälsa hem! Om parrelationer, strukturer och respekt Folkhälsans projekt Parrelationskraft stöder par och enskilda i deras parrelationer. Målsättningen är att stöda par och enskilda ifråga om parrelationer i ett så tidigt skede som möjligt i deras liv, så att de kan reflektera över sina parrelationer, leva, komma till rätta och växa i tillräckligt goda parrelationer. Strävan är också att kunna ta frågan om våld till tals för att på så sätt minska våld i parrelationer och familjer. En målsättning är att ge nya redskap för professionella inom olika sektorer att föra dialoger om respekt inom parrelation och ta frågan om våld till tals. Parrelationen - två liv ihop I en hälsofrämjande förankring tar projektet genomgående frågan om respekt till tals för att förebygga och minska respektlöshet och våld i parrelationer och därmed befrämja trygghet och hälsa i parrelationer och familjer. Projektet ger alternativ till underhållningsvärldens och massmediernas bilder av parrelationer och synliggör också samhälleliga och omgivande faktorer som åstadkommer stress i parrelationer. Därtill ger projektet nya redskap för professionella inom olika sektorer att i sina yrkesverksamma sammanhang föra dialoger och stöda reflektion kring parrelationer. Projektet förverkligas med RAY-medel i samverkan med övriga projekt inom avdelningen för familjer och relationer vid Folkhälsans förbund. Projektledare är TM, familjerådgivare, psykoterapeut (TEO) och familjeterapeut Barbro Näse.

P63 "Hälsa som håller" Med utgångspunkten att ett hälsosamt åldrande börjar vid födelsen och sträcker sig genom hela livet arbetar Helsingborgs stad strategiskt och processinriktat

Anna Ristovska

Helsingborg, Sweden

Hälsosamt åldrande är en viktig framtidsfråga! Ett samhälle med allt fler äldre beskrivs oftast ur ett problemperspektiv och debatten domineras av hur samhället ska klara den ökade vårdtyngd som den förväntas medföra. Det är därför viktigt att betona att äldre människor är värdefulla och utgör en resurs för samhället. Med utgångspunkten att ett hälsosamt åldrande börjar vid födelsen och sträcker sig genom hela livet arbetar Helsingborgs stad strategiskt och processinriktat. Arbetet utgår från ett nätverk med medverkande från stadens förvaltningar och kommunala pensionärsrådet. Fokus för arbetet är att helsingborgarna ska åldras hälsosamt genom hela livet. Därför är det viktigt att arbetet sker i en bred samverkan över sektorsgränserna och tillsammans med föreningslivet. För att lyfta fram viktiga aspekter av ett hälsosamt åldrande och att beskriva äldres livssituation ur ett brett perspektiv har nätverket tagit fram skriften "Hälsa som håller". Skriften är ett kunskapsunderlag för politiker, tjänstemän, föreningar och organisationer. Bakgrunden är att den lokala politiken ville öka kunskapen om hälsosamt åldrande, ett av stadens sju förbättringsområden, och en av förutsättning för hållbar utveckling. Framtagandeprocessen har skett i samverkan med stadens förvaltningar och kommunala pensionärsrådet. Processen inleddes med att belysa hur aktörernas olika verksamheter skapar möjligheter för medborgarna att åldras hälsosamt. Ett viktigt moment i arbetet var också att hitta ambassadörer för det ofta missuppfattade begreppet hälsosamt åldrande. Presentationen beskriver processen med att arbeta strategiskt med hälsosamt åldrande utifrån hela livsperspektiv och kopplingen till hållbar utveckling och dess sociala, miljömässiga och sociala perspektiv. Skriften "Hälsa som håller" presenteras och finns tillgänglig på svenska och engelska.

Skriften innehåller följande teman:

- Hälsosamt åldrande – introduktion
- Förbättringsområdena hänger ihop
- Äldres hälsa och levnadsvanor
- Allt fler äldre - en global utmaning
- Den ojämlika hälsan i ett internationellt perspektiv
- Ekonomiska aspekter på hälsosamt åldrande
- Lev livet hela livet
- Anhörigstöd - en insats med dubbla vinstchanser
- Åldrandet i ett varmare och regnigare klimat
- Långsiktigt hållbart arbetsliv
- Äldre invandrare – många myter och lite vetande
- Trygghet och tillgänglighet - en demokratiaspekt
- Äldres funderingar och behov
- Kulturens betydelse för ett hälsosamt åldrande

P64 Centre for Injury and Violence Prevention Project

Ilona Nurmi-Lüthje, Kirsi-Marja Karjalainen, Miia Pauna

Kouvola, Finland

Centre for Injury and Violence Prevention (Start) project Ilona Nurmi-Lüthje^{1,2}, Kirsi-Marja Karjalainen¹, Miia Pauna¹ ¹ Centre for Injury and Violence Prevention (Start), Kouvola, Finland ²University of Helsinki, Hjelt Institute, Department of Public Health, Helsinki, Finland. Introduction:

The main idea behind the Start Centre project is continuous compilation and monitoring of statistics on injuries, including assaults, self-sustained injuries and suicide attempts, and on the relationship between alcohol abuse and injuries, as well as the use of these data in prevention.

Methods: Injuries are recorded and monitored 1. Via patient data system: -in the emergency rooms of health centres and hospitals, including dental care, using the injury database developed at the Start Centre 2. Via the Internet-based TAPE software -in daycare centres for children, schools and in hospital and health centre departments and in home care, residential care and institutional care of the elderly. The data compiled are detailed and the units are able to see their injury data in real time as graphs and figures.

Results: The data are used in identifying the risk groups and in implementing preventative interventions among the risk groups and the area's population, in monitoring risk behaviour such as alcohol abuse and violence, in monitoring the use of protective equipment, in monitoring treatment practices, and in monitoring and promoting health and well-being. The TAPE data are also used to improve safety management in the units. The intervention work has commenced with preventative interventions targeted at injuries involving motorcycles and bicycles and falls involving senior citizens.

Conclusions: The injury follow-up system as well as the preventative methods that are proven to be effective, may be introduced anywhere. Health centres and hospitals may use the injury view solution. The TAPE software is a purchasable product. Continuous, systematic follow-up is a good representation not only of injuries but also of risk behaviour in a population and, on the other hand, a population's health and well-being and changes in them over a period of time.

P65 Fruit and vegetable in schoolchild's menu: Dieting and social inequalities during 2002 – 2010 in lithuania

Apolinaras Zaborskis, Reda Lagūnaitė

Kaunas, Lithuania

Aim of work – To explore fruit and vegetable consumption among 11-15-year-old schoolchildren in context of socio-economic changes during 2002 – 2010 in Lithuania. Materials and methods. The present paper analyzes data from three countrywide surveys in 2002, 2006 and 2010 among 11-, 13- and 15-year-old children surveyed according to the WHO cross-national study on Health Behaviour in School-aged Children (HBSC). Anonymous questionnaire was used to collect data on daily fruit and vegetable eating and social determinants. In total, 17189 pupils were surveyed. Results. Girls consumed fruit and vegetable more often and regularly comparing with boys: 21.1% of boys and 27.1% of girls eat fruits and 24.9% of boys and 29.6% of girls eat vegetable daily. Younger pupils consumed these products more often. Comparing respondents by place of residence a more prevalent daily consumption of fruit was found among both boys and girls who live in rural area, while a more prevalent consumption of vegetable was found only among rural boys. Fruit and vegetable consumption increased with family social-economic status and family material wealth (children living in high socioeconomic/rich families were 2 times more likely to eat fruit and vegetables daily than children living in low socioeconomic/poor families). The trends of fruit and vegetable consumption among schoolchildren were associated with changes of social inequalities over past years. Adjusting data for social determinants, a significant decreases in odds of daily eating of fruit (OR=0.86) and vegetable (OR=0.66) were revealed among boys, whereas no significant trends were detected among girls since 2002 to 2010.

Conclusions: In Lithuania, schoolchildren underuse fruit and vegetable. Daily consumption of these products is significantly associated with social inequalities of children families that are becoming increasingly common in our country.

Key words: schoolchildren, adolescents, fruit, vegetable, nutrition, social inequalities.

P66 The COMPHP project: Developing consensus on competencies and professional standards for health promotion capacity building in Europe

Pirjo Koskinen-Ollonqvist, Margeret Barry and Barbara Battel-Kirk

Helsinki, Finland

This poster reports on the CompHP Project, which seeks to develop consensus on core competencies, professional standards and accreditation mechanisms for health promotion capacity building in the European region. The project commenced in 2009 and will be completed in September 2012. Funded by the European Agency for Health and Consumers, the CompHP Project takes a consensus building approach and aims to work in collaboration with practitioners, policymakers and education providers across the geographical spread in Europe. The 24 project partners represent a wide geographic spread across EU member states and candidate countries and therefore reflect the diversity of health systems and levels of development of health promotion in Europe. The project involves a detailed consultation process, which will assist in developing competencies, standards and an accreditation framework for health promotion, which will be designed to be adaptable to varying contexts and needs across the European region. The first publication produced by the project – The CompHP Core Competencies for Health Promotion Framework Handbook- will be introduced to the conference participants. Information shared on the ongoing work of the project on developing Professional Standards and a Pan European Accreditation Framework for Health Promotion will also be discussed, together with information on how participants can become involved in this innovative project

Objective(s): To share information on the development and progress of the CompHP Project to date and to generate discussion with conference participants to inform future developments.

P67 Det goda åldrandet -värdighet, delaktighet och hälsa för äldre i Kvarkenregionen

Annika Wentjärvi, Tony Pellfolk, Susanne Jungerstam

Yrkeshögskolan Novia, Vasa, Finland

GERDA Botnia DET GODA ÅLDRANDET – Världighet, Delaktighet och Hälsa för Äldre i Kvarkenregionen GERDA Botnia projektet är ett tvärvetenskapligt samarbetsprojekt mellan Yrkeshögskolan Novia, Umeå Universitet och Åbo Akademi. Det finansieras genom Interreg-programmet Botnia-Atlantica, Österbottens förbund, Umeå kommun samt projektparterna. Projekttiden är 1.1 2009-31.7 2011. Samarbetet bygger på en ökande andel av äldre i regionen, samtidigt som möjligheterna att kunna erbjuda den äldre befolkningen service och omsorg i framtiden antas bli begränsade. Projektet avser bland annat att bedriva utvecklingsarbete som främjar äldres livsvillkor och utvecklingen av äldreomsorg i Kvarkenregionen, dessutom skapas en databas genom enkätförfrågan och hembesök. GERDA Botnia kan ses som en fortsättning på det samarbete som år 2000 etablerades inom ramen för Kvarkenprojektet 'Äldre i Botnia' (2000-2004) samt GERDA-Gerontologisk Regional Databas och Resurscentrum (2005-2007). Under perioden 2004-2007 byggdes ett fungerande nätverk inom äldreområdet upp mellan högskolor och universitet i Kvarkenregionen, som nu har fortsatt. Gerda Botnia projektets syfte är att fortsätta uppbyggnaden av den regionala databasen med data från båda sidor om Kvarken, för att möjliggöra studier om hur medicinska, sociala och sociomateriella förutsättningar påverkar äldres möjligheter till ett gott liv. I ett längre perspektiv bidrar projektet till att åstadkomma nya och bättre lösningar för äldreomsorgen. En fortsättning på 2005 års datainsamling inleddes år 2010 i Österbotten, Finland och Västerbotten, Sverige bland åldersgrupperna 65, 70, 75, 80 år med enkäter. Totalurvalet var 5271 personer i Österbotten och 5435 personer i Västerbotten. Sammanlagt sändes GERDA Botnia enkäten ut till 10706 personer år 2010. Till personer födda 1925, 1920 och till alla som är födda år 1915 eller tidigare görs hembesök. Totalurvalet består av ca 600

personer i Österbotten och ca 600 personer i Västerbotten. Databasen (enkät + hembesök) innehåller information om bl.a. följande: * Bakgrundsvariabler * Livsstil, hälsa och välbefinnande * Identitet * Social förändring och samhällsservice * Sysselsättning och aktivitet * Sociala relationer * Ekonomi * Autonomi och beroende * Existentiell mening och ensamhet Projektets hemsida är <http://gerda.novia.fi>

P68 Pratkvarnen- gruppverksamhet för personer med afasi inom folkbildningen

Victoria Mankki

Hjärnförbundet rf, Helsingfors, Finland

Bakgrund: Årligen insjuknar 14 000 personer i Finland i hjärnblödning eller hjärninfarkt. En tredjedel av dem som insjuknar får bestående språkliga svårigheter, det vill säga afasi. Pga afasin har dessa personer svårt att uttrycka sig, svårt att förstå vad andra säger samt ofta också svårt att läsa och skriva. De språkliga svårigheterna leder till att personerna blir socialt isolerade och deras delaktighet i samhället minskar.

Projektprocessen: För att minska på den sociala isoleringen av personer med afasi och öka deras delaktighet utvecklade Hjärnförbundet rf under åren 2006-2009 Pratkvarnen gruppverksamhet för personer med afasi som befrämjar delaktighet och minskar på social isolering. Under projektet utvecklades en modell för verksamheten och söktes alternativ för fortsättande av verksamheten. Gruppverksamheten överfördes till arbetar- och medborgarinstitut. Hjärnförbundet sökte därefter finansiering för att sprida och förankra verksamheten ytterligare. Målpopulation Personer som på grund av stroke har afasi men är självständiga beträffande ADL-funktion Tillämpning Grupperna varierar i storlek från 4 personer till 10. Idealstorleken på gruppen är 6 personer. Grupperna är idag en del av arbetar- och medborgarinstitutens kursverksamhet i samarbete med Hjärnförbundet. Grupperna träffas en gång i veckan under terminerna och följer alla samma schema. De enskilda grupperna har möjlighet att anpassa innehållet i gruppverksamheten inom de gemensamma ramarna. En sammankomst omfattar tre olika teman, inledningsvis diskuteras nyheter och aktualiteter, sedan följer temagrupp och slutligen kommunikationsgrupp. Som röd tråd genom verksamheten står stödjande av kommunikation. Varje gruppdeltagare stöds i kommunikationen och ges jämlika möjligheter att vara delaktig i verksamheten. Verksamheten dras av en person som som fått utbildning i bemötande och handledande av talhandikappade. Hjärnförbundet har utvecklat utbildningsmodulen som varje gruppdragare genomgår.

Slutsatser: Personer med afasi anser att Pratkvarnengrupperna är viktiga för dem och att de fungerar som en bro tillbaka i samhället. Miljön i arbetar- och vuxeninstituten upplevs som stimulerande och personerna med afasi känner sig åter som en del av de "friskas" samhälle, när de får möjlighet att delta i en anpassad kurs inom instituten.

P69 Accident Prevention Project, 2009–2015

Elina Harju¹, Anne Heikkilä²

¹The Hospital District of South Ostrobothnia, ²Municipalities of South Kymenlaakso Seinäjoki, Finland

Background and purpose: Accidents are a national health problem that concerns all age groups. Nearly one million accidents take place each year in Finland and cause the death of ca 3,000 people. On the grounds of the preliminary report on healthier traffic by Mattila & Roine (Liikenne terveeksi, 2008), a significantly wide project for prevention of accidents was launched during spring 2009. The purpose of the project is to support national well-being, health and safety programmes as well as development at local level. The project approaches accident prevention from a communal point of view. The purpose

is to create an operational model where in addition to health care also different municipal sectors and different regional organisations carry out accident preventative work. The project is carried out in co-operation with The Technical Research Centre of Finland (VTT), The National Institute for Health and Welfare (THL) and with two pilot regions, South Ostrobothnia and South Kymenlaakso. The young, traffic and intoxicants were selected as the focus area of South Ostrobothnia. Along the project, research and development work on promoting juvenile traffic safety and decreasing juvenile intoxication have been set in motion in the region. For South Kymenlaakso, prevention and good treatment of intoxication-related accidents were selected as the focus area. In the region, research is made about the occurrence of alcohol-related accidents and problematic alcohol consumption amongst accident patients at open welfare. Implementation of the interventions that were developed in the project is also under research in the region. Wide-ranging objectives, 15th May 2009–31st Dec 2015 - Developing and testing an efficient, community-related operational model in order to prevent accidents. - Assuring efficient prevention of accidents. - Treating accidents more efficiently. - Controlling the consequences of accidents. - Decreasing work load in health care. - Evolving the interadministrative co-operation between social, health and safety fields. Methods - Identifying regional needs. - Utilizing regional, functional conventions. - Utilizing the existing information more efficiently in the regional safety work and in developing, targeting and evaluating the work. - Unifying the accident registration conventions into a follow-up system. - Networking and interadministrative co-operation. - Research and development work. The project is anticipated to produce the following results: decrease in accidents, decrease in alcohol-related risk behaviour, improvement in safety culture, and extensive and permanent co-operation with various actors.

P70 Folkhälsoarbetet behöver den ideella sektorn

Margareta Johansson

Örebro läns idrottsförbund, Örebro, Sverige

I Örebro län finns 560 idrottsföreningar med 90 000 medlemmar varav en stor andel är barn och ungdomar. Verksamheten möjliggörs av att 18 000 ideella ledare viker stor del av sin fritid som tränare och ledare. Folkbildningen med tio studieförbund, fem folkhögskolor, länsbibliotek och amatörteaterverksamhet engagerar också många människor. Mer än 650 000 personer deltar årligen i studiecirklar, föreläsningar och kulturarrangemang. Ideella sektorn erbjuder mötesplatser för delaktighet och gemenskap som bidrar till att stärka det sociala kittet i samhället. Människor som gör ideella insatser uppger en högre självskattad hälsa än de som inte är engagerade och den ideella sektorn har många gånger lättare att nå grupper i som inte nås av den offentliga sektorns insatser. Örebro läns landsting har i mer än 30 år haft samverkansavtal om folkhälsoinriktat arbete med Örebro läns idrottsförbund och sedan 2009 har man även skrivit samverkansavtal med Örebro läns bildningsförbund. Örebro läns idrottsförbund har åtagit sig att:

- Främja ökad fysisk aktivitet och goda matvanor i befolkningen
- Särskilt prioritera barns och ungdomars behov av rörelse, lek och idrott
- Samverka med hälso- och sjukvården i arbetet med fysisk aktivitet på recept (FaR®)
- Medverka i stöd till beteendeförändring till överviktiga
- Stödja idrottsföreningar i sitt hälsofrämjande arbete
- Lyfta fram idrottsföreningar som en resurs i det lokala folkhälsoarbetet

Örebro läns bildningsförbund har åtagit sig att:

- Sprida kunskap om faktorer som medverkar till en jämlikare hälsa och vad var och en kan göra för att påverka sin hälsa
- Verka för att integrera kunskap om hälsan, och dess fördelning, i folkbildningens ordinarie arbete
- Stärka folkbildningens roll som aktör och resurs i det lokala folkhälsoarbetet
- Utveckla metoder med natur- och kulturinslag för att nå dem med störst risk för ohälsa
- Utarbeta en modell för hälsofrämjande folkhögskola

Exempel på insatser som genomförs i länet:

- Familjeverkstan – föräldrastöd i studiecirkel
- Naturen som kraftkälla – studiecirkel för långtidssjukskrivna om naturens inverkan på människors hälsa
- Vild, Vacker, Vuxen - kultur- och naturaktiviteter för ungdomar med funktionshinder
- Ett vinnande koncept – ANDT policy och stärka

det sociala ledarskapet i idrottsföreningar • Enjoying Life – gruppverksamhet för barn med fetma • FaR® på gymnasiet – samverkan mellan skolhälsovården och idrotten för ökad fysisk aktivitet hos ungdomar med hälsoproblem • Cafeteriapolicy – bra utbud på cafeterior i skolor, fritidsgårdar och idrottsanläggningar • Sätt barnen i centrum – nätverk för hälsofrämjande föreningsutveckling med barnkonventionen som utgångspunkt.

P71 How to evaluate rehabilitation of people with chronic disease in hospital, community and in general practice with a common system and with the same indicators – a pilot study of developing a method

Kirsten Hald

Danmark

Goal: The goal of the pilot-study is to develop a method for systematic data-registration, data-collection and data-analysis for evaluating health effects of rehabilitation of people with chronic disease. The parameters for evaluation are • health-promoting health-behavior • compliance with medical treatment and health-controls • coping successfully with a life with chronic disease Target-groups: Hospital doctors, general practitioners, nurses, physio- and occupationaltherapists, dieticians and others in multidisciplinary teams, who practice rehabilitation.

Implementing: In the pilot-study the method will be implemented and tested in three communities, one hospital and at least four general practices. After the project the intention is to implement the method in all eleven communities, four hospitals and general practices in the Region Northern Jutland.

Effect: The target is that all three health sectors, hospital, community and general practice use and register at the same indicators for evaluation and monitoring health effects of rehabilitation. Endpoint: The endpoint will be the possibility of benchmarking between communities and hospitals and general practice and a knowledge-based development of quality of rehabilitation in a network-organisation producing best healthcare at lowest cost.

P72 Kan helsefremmende og forebyggende hjemmebesøk støtte den eldres helseressurser og muligheter til et godt liv i eget hjem?

Mette Tøien, Morten Heggelund, Bjørg Landmark, Ida Torunn Bjørk, Lisbeth Fagerström

Norge

Bakgrunn: Helsefremmende og forebyggende hjemmebesøk (Preventive home visits, PVH) har sin opprinnelse i Danmark for nærmere 60år siden. Tjenesten er siden implementert i en rekke land som tiltak for å opprettholde helse og utsette eller avverge funksjonstap hos eldre. På bakgrunn av forventede demografiske endringer har PVH fått økende fokus i hele den industrialiserte verden. Drammen kommune har praktisert PVH har i ti år, og er blant kommunene med lengst erfaring med tjenesten i Norge. Tjenesten er imidlertid ikke evaluert. Forskning på området er nødvendig for å sikre at tiltak som iverksettes er effektive og sikrer god ressursutnyttelse. Det er ikke funnet norske studier på PVH. Gjennomgang av internasjonal forskning viser at det er gjort en rekke randomiserte kliniske studier i ulike land for å se på effekt av slike hjemmebesøk. Selv om nyere kunnskapsoppsummeringer konkluderer med at slike tiltak kan ha positive effekter, er denne typen studier lite egnet til å gi svar på hva som bidrar til gode resultater. Kvalitative studier som belyser de implisertes opplevelser, holdninger og oppfatninger, samt ulike prosesser vedrørende virksomhetens organisering og hjemmebesøketets innhold, etterlyses derfor.

Hensikt: Studiens hensikt er å gjennomføre en utforskende casestudie av helsefremmende og forebyggende hjemmebesøk til eldre i en kommune, for å fremskaffe kunnskap om innhold, erfaringer

med og opplevd nytte av intervensjonen fra et brukerperspektiv og fra ulike grupper av fagpersonells perspektiv. Det vil også bli samlet kunnskap om hvordan tjenestetilbudet er organisert og hvordan samhandling og samarbeid med andre tjenester i kommunen foregår. Prosjektet vil avdekke kunnskap og innsikt av generell karakter og bidra i den samlede kunnskapsbasen om PVH til eldre. Slik kunnskap vil kunne brukes i å videreutvikle og kvalitetssikre denne typen tjenester. Metoder: Kunnskap om de eldres erfaringer med PVH skal først innhentes via individuelle intervjuer av 20 eldre. Disse danner så grunnlag for utforming av et spørreskjema for å innhente mange eldres erfaringer gjennom strukturerte intervjuer. (n=250) Ansattes perspektiv vil innhentes ved fokusgruppeintervjuer og individuelle intervjuer av ca en times varighet. Her inngår 10 ansatte i forebyggende team, tre fokusgrupper m andre ansatte i kommunehelsetjenesten, og fem intervjuer m ledere i kommunehelsetjenesten. Kvalitative data vil bli analysert i tråd med hermeneutisk innholdsanalyse, og kvantitative data ved hjelp av SPSS (deskriptiv statistikk, korrelasjonsanalyser og regresjonsanalyser). Data fra alle utvalgene vil først bli analysert hver for seg, så sett i sammenheng for å gi et samlet bilde av tjenesten og besvare studiens problemstilling.

Resultater: Preliminære resultater fra intervjudelen av studien vil bli presentert på konferansen.

P73 Clearing up! The sexual well-being development project 2010-2012

Bildjuschkin, Katriina & Susanna Ruuhilahti

Åbo, Finland

Clearing Up! The Sexual Wellbeing Development Project 2010-2012 has been funded by a national health promotion grant. The Turku Municipal Health Care and Social Services Health Promotion Unit is responsible for carrying out the project. The Clearing Up! is targeted at promoting sexual wellbeing of young persons during their vocational training. Sexual education may occupy a minor position in vocational training even if the young student would benefit from support to his or her own sexual maturation and development especially during this phase of life. Project provides continuation training to Vocational Institution staff. The training process emphasizes supervision of work. The adults develop their abilities to bring up sexuality related issues in discussions with their students in everyday contexts or in teaching their subjects and when the students broach this theme. Central concerns in the process are the staff's individual reflection on sexual and gender issues, encouragement to a mutual, open dialogue as well as listening, and responding, to the needs and hopes of young persons.

Targets: Teachers' own capacities and individual reflection on sexuality and gender are strengthened. Young, vocational students' expectations and needs regarding sex education are clarified and information, skills and support are provided. Strengthening the young person's development toward his or her individual and comfortable sexual and gender identity. Promotion of skills to enhance one's sexual health and wellbeing among both the students and the teachers. Strengthening of emotional skills to prevent non-violence and promote equality. Promotion of sexual rights.

P74 What can be learned from coordinating a research project including both researchers and practitioners?

Brian Linke

Denmark

When adolescents reach the age of 12 a lot of them stop being physically active. This has great implications for themselves as well as for a society that can barely keep up with the growing expenditures of the health care system. The research project 'Space - rum til fysisk aktivitet' ('Space - possibilities/room/space for physical activity') has the following objectives:

- to investigate the impact of structural interventions

- to promote physical activity among children and adolescents
- to develop, document and assess a comprehensive intervention in local districts

The project consists of four main areas of intervention: 1. the school yard 2. active transportation 3. playspots (area for exertainment for the 11-15 years old) 4. teenfitness. The project follows 1.350 pupils from 14 schools in five municipalities in Southern Denmark. In the spring of 2010 the pupils were tested for strength, physical condition and more, and will be tested again in the spring of 2012. The means to measure the pupils consist of objective physical activity (7 days accelerometer), physical tests, a questionnaire and a transport diary. Furthermore the project includes anthropological observations and process and health economic analysis.

The project has wider learning possibilities than the obvious 'what motivates adolescents to become more physically active?'. When 14 schools from five municipalities endeavour on a project with researchers from different institutions, coordination becomes vital in order to meet deadlines and keep all involved parties up to date. The latter is a necessary factor in order to secure ownership of the project. The Region of South Denmark employs a coordinator to facilitate the cooperation between researchers and practitioners in the project. Knowledge from this role of coordination will be discussed in the presentation as well as the project itself.

P75 Hälsoenkät, men sen då? Om enkäter kring psykisk hälsa bland ungdomar 12-16 år

Björn Wickström

Östersund, Sverige

Beskrivning projektprocess: Svenska Folkhälsoinstitutet tilldelade i dec 2008 Östersunds kommun 7 miljoner kronor till ett 3-årigt hälsoprojekt. Fokus ligger på psykisk hälsa och med ett klart genusperspektiv. Projektet gavs namnet Ungas Hälsosamma Utveckling (UHU). Denna projektrapport kommer huvudsakligen att inriktas på de två punkterna nedan. Projektet som sådant har dock ett vidare fokus.

1. Hur kan man få enkätresultat att användas som underlag i ett kvalitetsarbete.

2. Vad händer i en organisation när den deltar i ett aktionsforskningsprojekt. Målpopulation Primärt elever 12-18 år Sekundärt politiker och tjänstemän i Östersunds kommun Tillämpning Vid önskemål om en ökad medvetenhet kring hälsofrågor och ökade hälsoaktiviteter främst i skolan. Här ges en beskrivning på upplevda konsekvenser och effekter - Dels av enkätundersökningar. - Dels av samverkan mellan forskare och verksamhet. - Dels av fokusering av hälsofrågor genom ett projekt Effektivitet Det görs många undersökningar/enkäter kring hälsofrågor, men undersökningarna används inte som underlag för åtgärder i den utsträckning som skulle vara önskvärt. Tämmligen små insatser har här visat sig kunna göra stor skillnad.

Slutsatser: Genom att återföring av enkätresultat skett som genomgångar specifikt för varje deltagande skola har det varit möjligt att få verksamheten att fokusera de resultat som framkommit i enkäterna. Detta kan synas som en enkel lösning, vår erfarenhet är att den trots det ofta tappas bort. Särskilt när enkäter många gånger genomförs av med mix av olika syften. Elevernas delaktighet vid tolkningen av enkätresultaten är av avgörande betydelse. Effekten av den enkla åtgärden har varit något överraskande även för oss vi har därför försökt oss på en förklaring: Förväntningarna på skolsystemet är stora det finns alltid utvecklingsbehov som inte kan mötas. Verksamheten har visserligen en beredskap för och medvetenhet om behovet av utveckling/förbättring, men då allt inte kan lösas uppstår en sorts konkurrens mellan olika utvecklingsbehov. Om ett behov, i en sådan miljö, tydliggörs utifrån kan behovet komma att ges en ökad tyngd och därmed företräde framför de andra behov som inte fått motsvarande "draghjälp". Denna effekt förstärks naturligtvis avsevärt om den utifrån kommande insatsen även kan erbjuda ett visst ekonomiskt stöd vid genomförande av åtgärderna. Effekter av denna art skulle behöva beläggas/belysas forskningsmässigt, men intill dess detta sker bör de beaktas och hanteras ansvarsfullt.

P76 Bringing up sexual matters / Sexuality

Bildjuschkin Katriina

Turku, Finland

Sexual well-being has a significant role in people's lives, which health care professionals should not fail to remember and support. The obtaining of information on sexuality belongs to humans' sexual rights and is therefore a human right. According to research, people who live in relationships live longer and are healthier than those who live alone. Taking care of sexual health motivates also other health-enhancing behaviour, for example decreasing smoking and alcohol drinking. Sex education and coun-selling mean interaction with people in different phases of their life cycles. According to research, nursing staff and students consider sex counselling important. Generally nurses regard sex counselling as part of their work. Therefore it is surprising that some nurses avoid discussing sexual health matters with patients.

Gynecologist, Doctor Anneli Kivijärvi (2005) states that "all doctors/nurses can help patients considerably merely by listening and taking the matters seriously". The main points in bringing up sexual matters are summarised below in accordance with the model of the Hospital District of Southwest Finland: First reflect and discuss together how diseases and special situations affect the total well-being and health of the clients and patients in this unit/ward (based on diagnoses, treatments or symptoms). Ask clients direct questions about sexuality, sex, and relationships. Make sure that there is enough time also for discussion. Tell about the effects of the disease and treatments on sexual health. Provide guidance in an appropriate way. Respect the client's privacy, self-determination, and bodily integrity. Use the kind of language that suits you and that the client can understand. Check that you understand the words and discussion topics in the same way. Remember your professional role and relationship with the client or patient. Reflect on your own values regularly and discuss sexual questions with your colleagues, share information and knowledge and reflect together! Make sure that there is a job counselling available for you.

P77 European Health Examination Survey – an information source for evidence based public health policy

Hanna Tolonen and Kari Kuulasmaa for the EHES Reference Centre and EHES Joint Action partners

National Institute for Health and Welfare (THL), Helsinki, Finland

Evidence based planning and evaluation of public health policies and health promotion require information on health and health risks of the population. Such information can be obtained from administrative registers and health surveys.

European Health Examination Survey (EHES) is an initiative to collect valid, representative and comparable information about the adult population. EHES focuses on health indicators which cannot be obtained from other data sources. The core measurements, which should be taken in all countries, are anthropometric measurements, blood pressure, blood lipids and fasting glucose. Countries can add other measurements based on national interests and availability of resources and experience.

During the pilot phase (2009-2011), a EHES Reference Centre (RC) has been established jointly by Finland, Italy and Norway. It is responsible for the coordination of the EHES and it prepares the EHES Manual for the European standard survey procedures and guidelines for conducting a national health examination survey (HES). Furthermore, the EHES RC, together with national experts, prepares a national manual for all EU and EFTA/EEA countries, provides support in planning a national HES, implements a training programme, coordinates external quality assessment, sets up a data transfer, management and reporting system, and evaluates pilot surveys in 13 countries. The piloting countries

are Czech Republic, Finland, Greece, Germany, Italy, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Spain and UK/England. Four countries have already started a full-size national HES. Others plan and prepare for their full-size HES and carry out a field work pilot. The EHES pilot project is funded jointly by the countries and the European Commission/DG Sanco. It is the first step towards a sustainable system of national HESs in Europe.

P78 Photovoice - an opportunity for students' participation but a challenge for the school and the municipality

Maria Warne, Kristen Snyder, Katja Gillander Gådin

Östersund, Sverige

Background: Twenty years ago Convention on the Rights of the Children (CRC) gave attention to the right of all children to be heard and taken seriously, a crucial element of a participatory process. In health promotion it has been highlighted that youth empowerment and participation are important principals for school health promotion. Despite this fact children and youth are rarely given instruments to participate or to influence their situation and environments in their school. Photovoice is a method for increased empowerment and participation developed by Wang and Burris (1997) in the middle of nineties. Originally it was created as a community action research method based on Freire's critical pedagogy and feminist theory.

Aim: The purpose of this study was to explore challenges and opportunities for applying photovoice in a school setting to support genuine participation.

Method: Together with researchers from Mid Sweden University, teachers and students in an upper secondary school field tested the photovoice method. The method was modified to a class room situation during the project. All students took photographs on topics they considered important to their health and school achievement. The students also included settings outside school, because they felt it influenced their health and school achievement. During the workshops themes emerged and from these the students made proposals. The proposals were presented by the students to policy makers in meetings and by e-mails. The teachers and the students were interviewed about their experiences of the method. The results were interpreted by content analysis.

Results: Major themes that emerged from the analysis were: the teachers' capability to be facilitators, the students' trusts to their ability and possibilities for students to make a difference for the school or community. Photovoice let the teachers take a step from being an expert to being a facilitator and stimulated the students' critical thinking and knowledge about the society. It also increased the teachers' confidence to the students' ability, challenged the school organization by the idea of critical theory and learning through authentic problems.

Conclusion: Photovoice challenge school and society to have a better structure for genuine participation if it is considered valuable with youth as a resource.

P79 Modell för systematisk folkhälsorapportering - teori och empiri

Charlotta Östlund, Johanna Alfredsson, Sven Persson

Samhällsmedicin Gävleborg, Gävle, Sverige

Presentation av en modell för systematisk folkhälsorapportering. Teoretisk bas har tagits fram inom ramen för ett samarbetsprojekt, se länk nedan. Begreppen spridning, användning, sändare, mottagare, kanal, budskap, presentationsform, folkhälsorapportering beskrivs. Systematisk folkhälsorapportering innefattar även epidemiologisk bevakning, analysutfall och rekommenderade åtgärder, dialog med användare, olika typer av användning, regelbundna utbildningsträffar, anpassning till lokala

folkhälsomål, ständig dialog och stöd till lokalt folkhälsoarbete, identifiering av lokala behov och analys av community readiness.

Ett antal empiriska arbeten presenteras i anslutning till modellen, bl.a. uppföljning av spridning och användning av epidemiologiska uppgifter samt spridning, användning, utbildning, mobilisering, mediestrategi och uppföljning kring datainsamling av skolevers alkohol- och drogvapor.

Syftet med modellen för systematisk folkhälsoberapporterung är att öka användningen av epidemiologiska underlag. I detta ligger även att utvecklå användbarheten, dialogen med användarna, fånga upp behov, ge breddat stöd kring epidemiologiska data, möjlighet till erfarenhetsutbyte för användarna, tekniskt stöd i att presentera data lokalt m.m. En utförligare beskrivning kan ges om så önskas inför bedömning av bidraget. Länk till teoretisk bas: http://www.lg.se/Global/Jobba_med_oss/Landstinget_A-O/samhallsmedicin/publicerat/ovriga_publicationer/Om%20folkh%c3%a4lsorapporterung%20-%20Ett%20bidrag%20till%20en%20f%c3%b6rb%c3%a4ttrad%20spridning%20och%20anv%c3%a4ndning%20av%20kunskap%20om%20befolkningens%20h%c3%a4lsa%20-%20kortversion.pdf

Åbo universitet / University of Turku

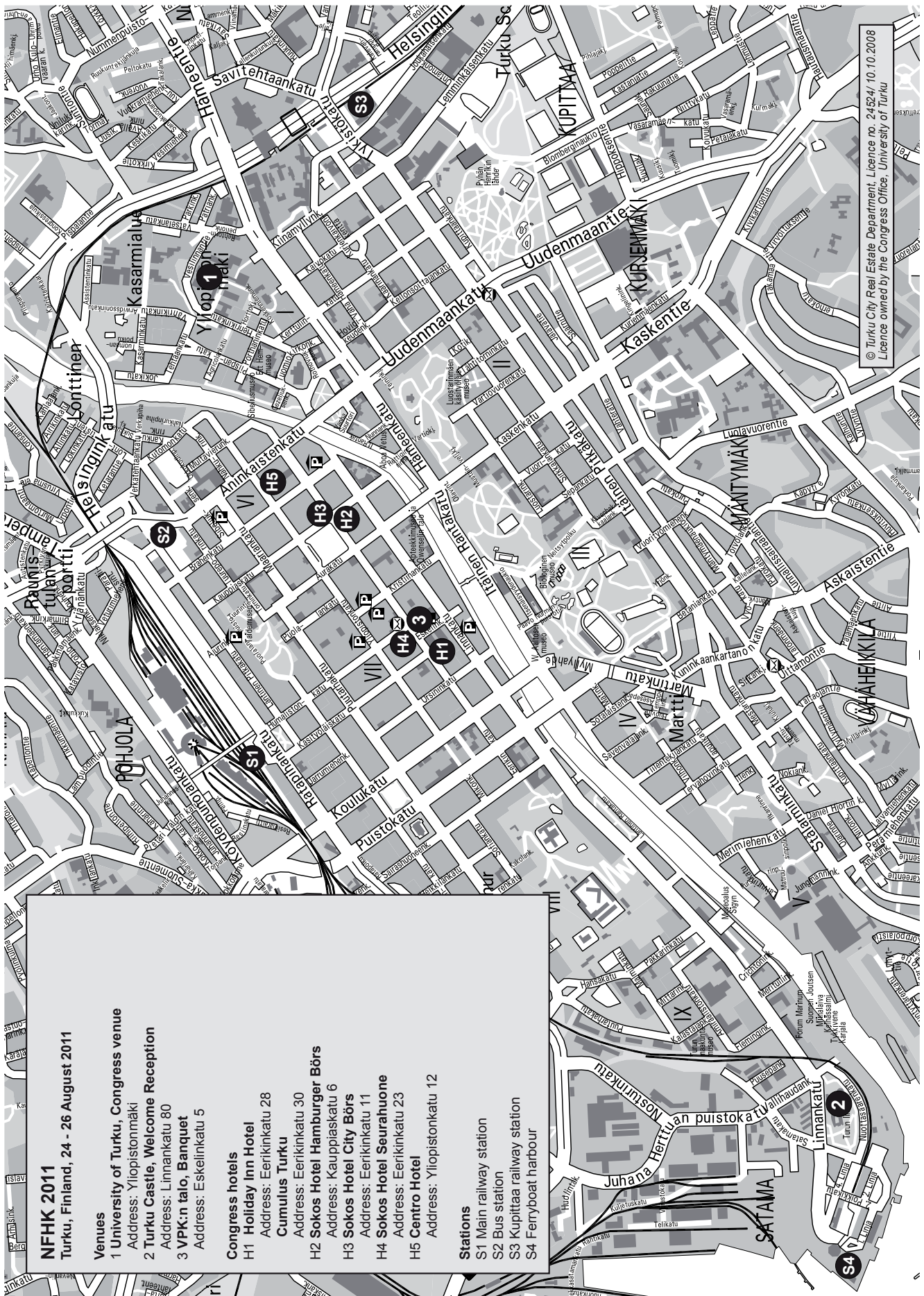
Konferenslokal och restauranger Congress venue and restaurants

**Restaurant Macchiavelli
Building T23
Lunch - 250 person**

**Conference venue
Building T5, "Luonnontieteiden talo"**

**Restaurant Parkkis
Building behind the conference venue building
Lunch - 150 person**





NFHK 2011

Turku, Finland, 24 - 26 August 2011

Venues

- 1 University of Turku, Congress venue
Address: Yliopistonmäki
- 2 Turku Castle, Welcome Reception
Address: Linnaankatu 80
- 3 VPK:n talo, Banquet
Address: Eskelinkatu 5

Congress hotels

- H1 Holiday Inn Hotel
Address: Eerikinkatu 28
- Cumululus Turku
Address: Eerikinkatu 30
- H2 Sokos Hotel Hamburger Börs
Address: Kauppiaskatu 6
- H3 Sokos Hotel City Börs
Address: Eerikinkatu 11
- H4 Sokos Hotel Seurahuone
Address: Eerikinkatu 23
- H5 Centro Hotel
Address: Yliopistonkatu 12

Stations

- S1 Main railway station
- S2 Bus station
- S3 Kupittaa railway station
- S4 Ferryboat harbour

© Turku City Real Estate Department, Licence no. 24524/10.10.2008
Licence owned by the Congress Office, University of Turku



Hälsöfrämjande på systemnivå

– Hur klarar den nordiska välfärdsmodellen nutidens utmaningar?

Health Promotion at the System Level

– How does the Nordic welfare model cope with today's challenges?

10:e NORDISKA FOLKHÄLSOKONFERENSEN
THE 10TH NORDIC PUBLIC HEALTH CONFERENCE

TURKU · ÅBO, FINLAND · 24–26.8.2011

I samarbetet / Co-organizers:



Institutet för hälsa och välfärd
PB 30 (Mannerheimvägen 166)
00271 Helsingfors
tfn 020 610 6000
www.thl.fi