Effect of hospital volume on short- and long-term survival after Acute Myocardial Infarction in Lazio region, Italy

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Background

The complex relation between volume of hospital activity and health care outcomes after Acute Myocardial Infarction (AMI) has not been completely explained.

Aim

To evaluate the effect of hospital volume on short- and long-term survival after AMI taking into account structural and organizational characteristics.

Methods

From the regional Hospital Information System data base we selected a cohort of 7,585 AMI patients (68.4% males, aged 218 years) (principal diagnosis=410 ICD-9-CM code), hospitalised from January 1, 1997 to June 30, 1998. Information on vital status 30 days and 6 months after admission was obtained from the Municipal Registry of residents’ residence. Hospital characteristics were: annualised volume of AMI patients (quantiles; V less than 70 AMI cases/year; I more than 330 AMI cases/year), teaching status (TS), availability of emergency department (ED), of cardiology department (CD) / cardiologic care unit (CCU), and of invasive cardiology technology (ICT). Logistic regression was performed to evaluate the effect of hospital volume on outcome adjusting for gender, age, residence (rural, urban, metropolitan), admission source, illness severity (Charlson-Deyo’s comorbidity index).

Results

Overall 30-day mortality was 16.3% and 6-month mortality was 21.7%. Patients admitted at low volume hospitals were more likely to die within 30 days (V vs I quintile: OR= 1.42, 95% CI: 1.13–1.78). This effect persisted after adjusting for TS and ED, but it lowered after adjusting for CD/CCU (V vs I quintile: OR= 1.23, 95% CI: 0.91–1.68) and for ICT (V vs I quintile: OR= 1.29, 95% CI: 1.01–1.67). The presence of both CD/CCU and ICT was associated with better outcomes, taking into account the case-mix (OR=0.77, 95% CI: 0.65–0.91 and OR=0.83, 95% CI: 0.71–0.96, respectively). The observed results persisted at 6 months.

Conclusions

Patients with AMI have a better chance of survival if initially treated in high volume. Physician experience seems to play an important role. Our results suggest the need for expansion of field triage to transfer patients with coronary “angor” to high-volume and specialized centres.


The impact of the introduction of DRGs on the German health care system

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Background

The impact of the introduction of DRGs on the German health care system has dramatically increased the awareness of all involved parties to initiate reforms. One of the prevailing opinion on the non-sustainable structure and quality of the German health care system has dramatically increased the awareness of all involved parties to initiate reforms. The expected conclusions are to identify potential “winners” and “losers” of this reform and to derive very pragmatic, implementable action steps for the involved parties by taking the German specifics into account. Hospitals will probably need to optimize their current patient-treatment mix and might initiate possible mergers with other institutes as reaction to increased cost pressure. Health insurances will have to adjust their prevailing benefits portfolio and will have to introduce monitoring processes of hospitals medical quality and billing policy.

References

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Background

Research on work disability suggests that socio-economic inequalities in full capability to participate in work-life may be even greater than socio-economic inequalities in health. Research on work ability irrespective of preconditions to disability pension has been very limited.

Aim

The objective of this study was to investigate socio-economic inequalities in work ability in municipal employees, and the contribution of working conditions to these inequalities.

Methods

Subjects were employees of the City of Helsinki aged over 40 years. Data (n=1820) were collected in age group based medical check ups by the occupational health care. Work ability was measured with a work ability index. The association of work ability with socio-economic status was examined by fitting logistic regression models.

Results

There was a consistent socio-economic gradient in work ability, with lower groups having lower work ability. Adjusting for physical stress accounted for a substantial part of the inequalities between all socio-economic groups. Adjusting for possibilities for influence and development at work accounted for some of the difference between white collar and blue-collar employees, but not for differences between white-collar subgroups in women. Mental stress and problems in the social environment did not contribute to the inequalities.

Conclusions

Socio-economic inequalities in work ability among municipal employees correspond to inequalities in ill health found in general populations. Physical stress at work accounted for large part of inequalities. Poor possibilities for influence at work were unexpectedly unrelated to inequalities between white-collar subgroups in women. Apart from physical work load, working conditions did not explain socio-economic inequalities in work ability between white-collar subgroups in women.

How often are patients receiving advice about alcohol and other lifestyle habits in primary care in Sweden?

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Background

Advice given by the general practitioner (GP) concerning lifestyle habits may be a cost-effective means to health promotion in primary care in Sweden.
care. However, it is unclear to what degree this has been put into routine practice.

**Aim**
The aim was to explore to what extent patients in primary care are expecting and receiving advice concerning alcohol, tobacco, exercise and diet, with special emphasis on sociodemographic factors and consequences for patient satisfaction.

**Method**
A postal questionnaire was sent to a representative sample (n=9750) of those patients who called on GPs during six weeks at 39 out of the 41 health centres in a county in Sweden. The response rate was 69% (n=6734). The questionnaire included sex, age, type of call, health status, satisfaction with the call and whether the patient expected and received advice concerning alcohol, tobacco, exercise and diet.

**Results**
There was an almost 4-fold variation between the most frequently (exercise 16.3%) and the least frequently (alcohol 4.7%) reported concerns. Concerning alcohol that the patients reported the highest rate of unfulfilled advice expectation (38%) as well as the lowest rate of unexpected advice (1.7%). The first-mentioned group reported significantly lower satisfaction with the GP visit than those who expected and received alcohol advice.

**Conclusions**
The lifestyle intervention potentialities in primary care seem to be far from optimally developed. That is especially true of alcohol habits which are still embarrassing to the extent that the available advice is less pronounced than for men, especially in lifestyle areas in which their habits are not generally supposed to be better than those of men.

**Evaluation of Clinical Charts Quality using Factorial Analysis**

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**Background**
Because the quantity and quality of the data that a clinical folder contains, it constitutes a fundamental tool of the sanitary intelligence of the hospital. An examination of the clinical folders can show the quality of the assistance provided.

**Aim**
To analyse the links between the characteristic features of the clinical folder in order to suggest logical systems for weighing up each feature, to evaluate and improve its quality.

**Methods**
Sample: A random sample of clinical folders (N=1036) produced by the various departments of Siena Hospital in 1998. Variables: We analysed 21 variables, dichotomous to which categorical (0.1.2), founded in the literature as most important in order to judge their quality (description of hospitalisation’s reason, anamnesis, initial medical examination, clinical diary, letter of release, presence of a comprehensive summary, etc.). Factorial analysis: An analysis of the main components was performed using the Scree Test, which selected eight factors. These main factors were rotated towards the simple structure using Direct Oblimin. We considered that all the variables correlating significantly (>0.30) to a factor are discriminating for that factor.

**Results**
The KMO Test demonstrates (0.66) that the sample was adequate and the Bartlett Test (t(8)=4637.18, DF=210, p<0.0001) demonstrates the correspondence between the data provided by the model and the estimated data. We report synthetically here only the results obtained by analysing the first factor. The discriminating variables were highly revealing; the highest correlating items were “Presence of a comprehensive summary” (r=0.85), “Diagnostic/therapeutic choices” (r=0.51), “Therapeutic indication on release” (r=0.79) and “Periodical summary of the therapy” (r=0.39). There are other variables which correlate to more than one factor, thus demonstrating their importance as indicators of quality in the clinical folder, such as: “Degree of completion of the Hospital Release Form” (HRF) which correlates to the sixth factor (r=0.35) and on the seventh (r=0.66).

**Conclusions**
Our analysis shows that in order to judge whether a clinical folder is of “good quality”, one needs to pay more attention to four characteristic features: detailed reasons for hospitalisation must be shown; there must be an HRF with all its important sections filled in, the therapy should be updated and, finally, the laboratory results must be there.

**Can we interpret the Patient Migrations using the Game Theory?**

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**Background**
The Patient Migration (PM) is an important phenomenon in the Italian Health System (IHS). In the year 2000 roughly 11% of Italian patients travelled to reach a hospital in a different region from their own. Besides the effects caused by this phenomenon (PM), which go beyond the financial side and sometimes threaten the right of access to the services, it also creates problems of rationing and discrimination. The Italian State, to guarantee an equal possibility of access and the freedom of choice for all patients, uses mainly yardstick competition. In this form the price of its services is fixed and identical for all the suppliers (Local Health Organisations – LHOs) so that the latter use quality to compete in attracting the patients, who are then free to choose and have free access to the market for the largest number of suppliers. This means adopting competitive methods among the LHOs belonging to the various regions and also among the LHOs of the same region. The aim of this study is aimed at creating a kind of game for the PM for analysing the strategic interaction between the adversaries (LHO) in order to produce an equilibrium for the game. “Equilibrium” is defined as the combination of the best strategies available for each of the agents taking part in the game.

**Methods**
Assumption: each competitor (LHO) must have the same skills and possibilities as its adversaries and the aim of each player (LHO) is to maximise its own final result (expressed here in terms of the utility found by the patient). Description of the game: 14 LHOs from the Piedmont Region were involved in the game. The competition between them follows the logic of a variable-sum game, since not all the Piedmontese LHOs have been taken into consideration owing to lack of data. Each LHO has three strategies available to it; therefore the game is 3x3=9. The aim of the players is to improve the quality of the LHO by increasing the utility for each patient visiting “good quality”, one needs to pay more attention to four characteristic features: detailed reasons for hospitalisation must be shown; there must be an HRF with all its important sections filled in, the therapy should be updated and, finally, the laboratory results must be there.

**Table O. Al Farraj**

<table>
<thead>
<tr>
<th>LHO 18 (Novara)</th>
<th>S1</th>
<th>S2</th>
<th>S3</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>–1.11</td>
<td>(–0.89)</td>
<td>(–0.61)</td>
</tr>
<tr>
<td>(Monovari)</td>
<td>–1.08</td>
<td>(–0.27)</td>
<td>(–0.59)</td>
</tr>
<tr>
<td>S3</td>
<td>–1.18</td>
<td>(0.02)</td>
<td>(–0.66)</td>
</tr>
</tbody>
</table>

The only choices which ensure the equilibrium of the game (with the maximum utility expected for each player) are: S2 for LHO16 with a result of 0.59 and S2 for ASL18 with a result of 0.96. Therefore, the reduction of the waiting times should be adopted by both players.
equal to the minimum negative value and considered a new matrix derived from the first one. This was obtained by adding the positive constant to each term.

Conclusions

The LHOs solve their problem of maximisation, which is linked to the fact that their adversaries, too, pursue a restricted optimisation. With this study we have singled out the criteria to suggest to each agent and have analysed the compatibility of the decisions taken by the various LHOs.

The successful collaboration between research and practice by the health and education sectors, as demonstrated by health goals for children and adolescents in Germany

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Issue/Problem

Up until now, health goals in German health policy have been discussed and partially implemented only on the state level. As a result all health reform initiatives suffer from a legitimazation deficit, because short-term cost cutting has been a higher priority than long-term health goals.

Description of the Project

Since the year 2000, the Federal Health Ministry has initiated and financed projects, lead by the Society for Insurance Sciences and Organization, to define specific national health goals, and to create an inter-carrier consensus to make the implementation of these goals possible. It is the goal of Gesundheitsziele.de to show how, in Germany’s hierarchically structured health care system, health goals can be defined and implemented into concrete programs. This is only possible with the cooperation of all involved parties, i.e. federal government, states, communities, health insurance companies and other service carriers in the health sector, patient and self help organizations, the science sector and other institutions. As of yet, five goal areas have materialized. For example, the health goals for the target group of children and adolescents, presents the procedure and results of the goal process.

Lessons learned

Inter-carrier consensus concerning concrete goals can be achieved through third party mediation. This can be more easily attained with goals which do not always question the distribution of work between cost carriers and service providers in the health organizations, than for goals with divergent interests. A clear layout of defined areas of responsibility involving all participants is necessary in order to set health goals into motion. The German health care system must, today as in the past, orient itself to long-term health goals.

Conclusions

In health goal definition, collaboration can occur between health research and practical health care maintenance and promotion. Furthermore, a networking of different societal sub-sectors, i.e. education, free-time and health is made possible. To come to a consensus, goal discussions must be carried out, and these discussions must be mediated by a neutral third party.

The course of chronic musculoskeletal pain: a 12-year follow-up of a cohort from the general population

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Background

Chronic pain (duration > three months) has been shown to be a public health problem in several western countries in view of the high prevalence and the great impact on the functioning of the individual and the health care system. The course of chronic pain symptoms has been incompletely described hitherto.

Aim

To study the long-term course of chronic pain among adult individuals in a general population and to analyse possible predictive factors for persistence of chronic pain and survival.

Methods

Three groups of individuals initially reporting widespread pain (n=70), neck-shoulder pain (n=71) or being pain-free (n=73), from a survey of a general rural population aged 25–74, replied to questionnaires after six and 24 months and after 12 years. The questionnaires focused on pain experience and function, as well as lifestyle, socio-economic and working conditions. Complete data were obtained from 141 individuals. Logistic regression analysis was used to calculate odds ratios of predictive factors.

Results

Total mortality during the 12 years was 11% but tended to be higher in the group of widespread pain compared to groups with located pain and no pain (p<0.07). A predictive factor for permanent pain was a high number of painful body areas (OR 8.6, for widespread vs. located pain). Mechanical workplace strain was the strongest factor for developing chronic pain during the study period (OR 7.9).

Conclusions

The poor prognosis of widespread chronic pain could be related to mechanisms of central sensitisation in the nervous system and support early and intense intervention among individuals with located pain. The association of widespread pain and increased mortality needs further investigation but may deepen the view of chronic pain as a public health problem.

Bright waters, dark moods – explaining regional differences in early retirement with psychiatric disorders

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Background

Social insurance costs have increased dramatically in Sweden and are now higher than the total costs for all health care in the country.

Aim

The aim of this study was to describe the regional differences in early retirement with psychiatric disorders over the last 20 years and to analyse these differences in relation to the socio demographic distribution of the population in different regions.

Method

The study was performed as an ecological study comparing the rates of early retirement in Sweden, in the city of Göteborg and the county of Bohuslän, both located on the Swedish west coast. The study population was all sickness insured individuals aged 16–64 years. Data on early retirement was collected from the National Social Insurance register. Population data were collected from Statistics Sweden. Diagnoses were classified according to ICD. Longitudinal data covering the last 20 years was used.

Results

We found that the regional differences in early retirement with psychiatric disorders were consistent over the studied years. In 1980 the proportion of early retirement with psychiatric disorders was 25% of all early retirements in the city of Göteborg to be compared with 17% in the county of Bohuslän and 15% in Sweden overall. This proportion changed over the years and was in 1998 37% in Göteborg, 25% in Bohuslän and 24% in Sweden. These data also show the large increase of early retirement with psychiatric disorders in relation to other diagnostic groups. Standard mortality ratio 1993 with Sweden as reference was 1.14 in Bohuslän and 2.55 in Göteborg. Corresponding figures for women were 1.30 and 2.29.

Conclusion

Regional differences remained after controlling for age and sex distribution of the population. From a preliminarily analysis it appears as the high rate in Göteborg cannot be explained as an effect of urbanity. More knowledge is needed to understand why regional differences exist.

Global Quality of Life measured by Visual Analogue Scale: Validity and feasibility in a population study

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Background

There is a demand for a short and economic measure of global quality of life for population studies.

Aim

The aim was to investigate the validity and feasibility of the Visual Analogue Scale (VAS) for Global Quality of Life (QOL) in a population study.
Asadi-Lari, M.*, Gray D.

**Methods**
The subjects were a sample of Finns (n=4613, age 25–74) of the FINRISK-97 postal survey. Socio-demographic information included age, marital status, education, income level and work status. VAS was used as a 10 cm horizontal bar. Emotional well-being was measured by Beck Depression Inventory and State Anxiety Inventory, functional well-being by Activities of Daily Living Scale, life satisfaction, physical well-being, and social well-being were measured by single items.

**Results**
The study showed significant relationships between the VAS-scores and indicators of well-being. The VAS revealed significant differences between the groups stratified according to work and marital status. Unemployed and unmarried persons indicated worse QOL than employed and married ones. Furthermore, the VAS showed sensitivity indicating that quality of family relations as a factor of QOL had importance over the marital status. The impact of various well-being domains on global QOL differed across age and gender groups. Varies of the VAS-scores explained with hierarchical analyses regression varied from 24% to 45% depending on the group studied. The results indicated that global QOL judgements made by the VAS are likely to be based on current emotional state.

**Conclusions**
The study gave evidence of the validity, sensitivity, and interpret-ability of the VAS for global quality of life. As a short and easy-to-complete measure it is also feasible in population surveys.

**Do patients with suspected myocardial infarction have any unmet health needs?**
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**Background**
‘Health care needs’ analysis identifies specific requirements such as specific medical treatment while ‘health needs’ is much broader, encompassing personal and social issues, transport, occupation, leisure, finance, accommodation and education. These needs have not been assessed among patients with symptoms suggestive of myocardial infarction.

We developed a comprehensive instrument to ascertain ‘health needs’ and ‘health care needs’ of these patients, comprising 45 questions in 5 domains: health care services, carers, information, social, and domestic needs.

**Setting and Main outcomes**
A random sample of patients with suspected MI admitted to the coronary care unit Nottingham University hospital during 2001 who agreed to take part were recruited in the study (N=122). Personal and social issues in patients were compared with scores from generic ‘quality of life’ questionnaires.

**Results**
Data (86% response rate) indicate that one fourth of patients had problems with their housing, 38% had difficulty accessing their health centre (mainly due to transportation) and up to 53% wanted problems with their housing, 38% had difficulty accessing their health information regarding their illness. Patients with poor health markedly restricted access to health centre (p=0.01), were less likely to be able to undertake a favourite activity (p<0.01), and felt more dissatisfied with transport (p<0.01). Poor health markedly restricted access to health centre (p<0.001). Financial concerns and home help were strongly correlated with QOL scores (Spearman rho= 0.45 p<0.001). In contrast, changes in employment status did not correlate with perception of health.

**Conclusion**
Identifying health needs concomitant to clinical investigation is essential in a comprehensive plan of management. The majority of patients in this study complained about their mobility, social care, health information and accessibility to health care services, however other issues of health needs warrant further investigation.

Appropriate QOL tools can be considered as reliable surrogates for this purpose.

**EUROHEIS (European Health and Environment Information System) – applications and case studies**

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**Issue/Problem**
Public health professionals are becoming increasingly involved with the assessment of the risk to the health of the population from environmental factors. Often an initial risk assessment has to be undertaken quickly to respond to alerts from the public and the media.

**Description**
This EU funded project aims to develop integrated information systems for rapid assessment of relationships between the environment and health at a geographical level with 7 partner countries: Denmark, Ireland, Finland, Italy, Spain, Sweden and the UK. A one-year feasibility study to assess the possibilities of implementing systems developed in the UK, for point source investigations and disease and exposure mapping, within the participating countries was carried out. We report on the second stage of the project, which involved, where feasible, implementation of the UK system in the partner countries. Case studies have been developed within each country to demonstrate the utility of the system including in the UK, a study to investigate cancer incidence in areas exposed to high levels of bromate in drinking water in the UK.

**Lessons learned**
We have developed the Rapid Inquiry Facility (RIF) which can rapidly generate indirectly standardised rate ratios and directly standardised rates for any disease/end point held on the database (including mortality, cancer and congenital anomalies), for specified age and year ranges, for any geographical area (based on EDepostcodes) in Great Britain. It will also automatically generate contextual maps and statistics for the study area and smoothed maps of disease risk. The system has also been implemented in Spain and Sweden.

**Conclusions**
Rapid assessment of disease risk within specified geographical areas is possible using the Rapid Inquiry Facility. We have demonstrated the exportability of the system to other units in other countries within Europe. The usefulness of the system is being evaluated in the final stage of this project.

**Review of utilisation of in-patients beds at St. Luke’s Hospital in preparation for migration to the Mater Dei Hospital**

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**Issue/Problem**
There are currently 890 in-patient beds at St. Luke’s Hospital. The number of occupied beds is often exceeded due to seasonal variations and due to inappropriate use of such beds. Occupancy rates vary from 85% during lean periods to over 110% in times of high demand. The new Mater Dei Hospital has been planned to accommodate not more than 825 beds.

**Description of Project**
A review of the utilisation of beds was required to determine the appropriate allocation and number of beds for each specialty once services move to the new site. The following aims were identified:

- To carry out an analysis that highlights the differences between current practices in our hospital and best practice.
- To examine factors that act as barriers within our process to performing better
- To develop strategies and action plans for change to achieve best practice.

The review took the form of a benchmarking retrospective exercise using routinely collected data.

The following indicators were measured and compared with performance indicators of a number of international benchmarking partners:
Bed occupancy rates per month: Number of occupied beds by ward and specialty.
Discharges per year (discharging ward not the admitting ward): i) Total number of discharges by ward, ii) Discharges by specialty, iii) Discharges by Consultant, iv) Deaths by ward admitting ward, v) % of deaths in overall of discharges by ward and specialty, vi) Deaths by specialty.
Length of Stay per year: i) LOS by ward, ii) LOS by Consultant, iii) LOS by specialty, iv) LOS by procedures (for local purposes).
Admissions per year: i) Total number of patient admissions by ward (Elective, emergency, day cases, separately), ii) Total number of admissions by specialty (Elective, emergency, day cases, separately), iii) Total number of hospital admissions, iv) Age composition for all admissions.
Lessons Learned
■ In order to carry out an appropriate benchmarking exercise, a robust health information management system needs to be in place to generate the necessary data to be able to carry out meaningful comparisons.
■ The benchmarking partners must be comparable in size, complexity and case mix.
■ A benchmarking exercise should always be followed with an analysis of the processes and a commitment by all for change.

Patient-Centred Care: What it is and why we need it

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The power of modern medicine to cure and prevent illness is undeniable. However, the reduced morbidity and mortality rates among the European population are due in large part to socioeconomic factors amenable to health promotion. If medical care is unavoidable it should be conceived of practitioners and patients as jointly engaged in the production of care which
■ empowers patients,
■ offers different treatment options,
■ protects patients from unnecessary care and low quality.

“In part, the performance of patients depends on what practitioners have permitted them to do and how well they have prepared them for the task” (Donabedian 1992). In the years to come we may expect considerable changes in the relationship between consumers or patients and the providers of care. The concept of patient-centred care provides a framework for the future design of health care processes and health care systems from the point of view of citizens and patients as the ultimate customers of health care – in addition and sometimes perhaps in contradiction to the routines, interests and imperatives of those who are engaged in the provision and financing of health care.

Implementation of patient-centred health care needs shared decision-making on all levels of our health care systems: on the level and imperatives of those who are engaged in the provision and care and on the level of health policy-making. “Patient orientation” must become a property of systems of care.

Ethnicity and access to primary care in British general practice

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Aims
To compare access to primary care between ethnic groups and to measure its association with general practitioner consultation.

Methods
A self completion questionnaire The General Practice Assessment Survey (GPAS) was used to measure respondent's experience and evaluation of accessibility to the general practitioner and frequency of consultation. Stratified random sampling was used to distribute the questionnaire to registered patients in 81 practices in 21 Health Authorities in England. Respondents were categorized into one of three ethnic groups: white (6818 patients), black (176 patients) and South Asian (187 patients). Hierarchical regression modelling tested the independent association of ethnic group membership with experience and evaluation of access, treating socio-economic and demographic characteristics as first level mediators and practice characteristics as second level mediators. The association between access and frequency of consultation was examined for each ethnic group using logistic regression.

Results
South Asian respondents experienced poorer access to care than white respondents, most particularly in the convenience of the practice location, treatment by receptionists, convenience of surgery hours, availability of same day appointments, waiting time in the surgery, ability to speak with the doctor on the phone and ability to see their usual doctor. This did not constitute a barrier to general practitioner consultation, since South Asian respondents were significantly more likely to have consulted the doctor more frequently than white respondents, even after adjusting for differences in socioeconomic and demographic characteristics and health status.

Conclusions
Ethnicity is a source of social disadvantage that affects access to and use of primary care services independently of material deprivation. Our findings suggest that dissatisfaction for members of South Asian ethnic minority groups extends across a number of different aspects of access and will not be resolved by policies that focus on improving a single aspect of provision such as waiting times. Our ability to understand the relation between poorer access and more frequent consultation for South Asians is currently circumscribed by assumptions about access to services that have been built from studies of the white majority population.

Epidemiology of tobacco consumption in Georgia

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Introduction/method
In the years 1999–2000, the Academy of Healthy Life Style has conducted epidemiological research in the whole of Georgia. The research group was the general population from 10 to 74 years old.

Results
The research has shown that in Georgia, the smoking rate is nearly 52,1% in men and 14,7% in women population. Around 1.200.000 men and 500.000 women (the population of Georgia are 4.500.000 persons) are using tobacco in Georgia. Earlier epidemiological studies showed that in the year 1985, the smoking rate in Georgia was 42,8% men and 4,1% women. In 1998 in Tbilisi, 28% of 1725 year old women used tobacco, while in 1995, this rate was 14,3%. In 1997, 1.100 smokers had lung cancer, 1.300 had other location cancers, 9.000 bronchitis, emphyzemes and asthma: 130.000 suffered from respiratory diseases, and 155.000 heart diseases. In 2001, 8.000 people died in Georgia because of smoking, which is 21% of total mortality.

Conclusions
In Georgia, we see a steady increase in the number of people who are smoking. Georgia should develop an effective anti-tobacco strategy in the near future.

Users' Satisfaction with Health Care System

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Background
The users' satisfaction with health care is a feedback for professionals' and policy makers' activity. In the same time, the literature shows that the users' satisfaction is determined by socio-demographic characteristics of some groups and their health status. Moreover, in Romanian context of 11 years of changes in health care, it is expected that peoples' assessment of these changes to be related to their satisfaction.

Aim
The study responds two questions:
■ What peoples' socio-demographic characteristics and health status may influence their satisfaction with the health care system?
■ Are there associations between users' satisfaction with health care and their opinions on changes?

Method
After the stratification of GP to rural and urban area, the Sample Random Selected was used two times to select GP from each area and then to select adult patients from their list. 379 interviews in the urban area and 240 in the rural area were carried out (N=619). The response rate was 67.8. The data were collected by face-to-face interviews in the Dolj region in Romania (720000 inhabitants) in 2000.
The relevance of price in a customer's choice of statutory health insurance providers in Germany

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Background
The German Market for Health Care Insurance has undergone significant changes since the introduction of a free choice of statutory health insurance providers in 1996. Some providers have lost more than 10% of their customers, while others have tripled their customer base. Among many influencing factors, the difference in price levels is often highlighted as the key motivation of choice.

Aim
We conclude that (1) strong self-efficacy predicts the maximum benefit in QOL after STP and (2) suitable HBET in patients with stable COPD can maintain short-term improvements in exercise capacity and QOL irrespective of the mode of monitoring.

The relevance of price in a customer's choice of statutory health insurance providers in Germany

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Background
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Aim
This article analyses the historic relevance of the price level and price changes for a customer's choice of providers.

Methods
The customer development of the most relevant providers was described via a function based, among other factors, on price level and change in price. Respective time series for the years 1996–1998 were provided by the German Federal Ministry for Health. A multiple regression method was applied to determine relevance and significance of the variables.

Results
The regression shows with an R² of 81.8% that the price level highly impacts a customer's choice, whereas a change of price has a very low relevance for the selection of a provider. The assumption of a high relevance of the price level for a customer's choice therefore proves correct. It follows basic economic principles as well as the development in comparably deregulated markets like telecommunications. Although the second finding appears less convincing at first glance, a more in depth discussion shows that this was true only for the first years following the deregulation. Since then, customers have become more mature and might react faster and more sensitively now.

Conclusion
Health care insurance providers are forced to not only offer their services at an adequate level of quality, but also at a highly competitive price.

Is sickness absence an valid indicator of morbidity?

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Background
Sickness absence data are widely used for epidemiological research. However it is well known, that sickness absence serves as an indicator for a part of morbidity only, because treatment of a number of diseases does not include rest from work.

Aim
Aim of this study was to relate sickness absence to other data sources of morbidity and to emphasize which diseases are covered well by sickness absence data.

Methods
Sickness absence data from approx. 7,000 employees were linked to data of drug prescriptions and visits to general practitioners (GP), which in Germany are a precondition for both. On the one hand the percentage of diagnosis-specific sickness spells was considered and on the other hand rate ratios for different job types and work load with respect to the three data sources were calculated.

Results
Preliminary results show that sickness absence data are a poor indicator for incidence and prevalence of diseases. Only about 45% of all contacts to GPs were followed by sickness absence from work. With respect to back disorders e.g. about one third of the patients showed up at GP could be identified in sickness absence data. However, concerning the relative risks no difference could be observed so far. E.g. relative risk for back disorders was about 1.8 for employees with high work load compared to those with low workload. This rate ratio occurred for sickness absence data as well as for visits to GPs (and drug prescriptions when identified by certain analogies).

Conclusions
We conclude that the validity of sickness absence data as a morbidity indicator depends on the diseases studied as well as on the epidemiological parameters used. The data serve well with respect to relative risks but should be carefully used when estimation of incidence or prevalence is intended.

Specific health promotion for immigrant women why and how?

German and Turkish-speaking women in the hospital – results of a survey

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Objective
Knowledge and understanding are basic preconditions for health related behaviour and chances to participate in therapeutic processes. Despite the fact, that in Germany immigrant women...
account for up to 30% of the patients in some gynecological hospitals, their access to health relevant information is severely limited. In order to enhance participation and health chances, it is substantial to know their needs and to create adequate information and health promotion concepts.

Methods
To explore the quality of health care for in-patients and to identify specific needs of immigrant women, we compared 320 German and 256 Turkish speaking patients (age: 15–75) in the same gynaecological ward. Bilingual questionnaires focused also on patient’s socio-cultural background, expectations and satisfaction in the clinic, aspects of information, communication and comprehension and their knowledge about the female body (level of significance p=0.05).

Results
Comparison of patient collectives showed significant differences in socio-economic status, education, literacy, knowledge of German language and health knowledge. Both, immigrant and German women expect a thorough, honest and understandable information. However the Turkish sample was notably less satisfied in the clinic, aspects of information, communication and comprehension and less informed about their diagnosis and therapy. 35% of the immigrant vs. 5% of the German women admitted not having understood the information. Besides unresolved language problems, the lack of recognition of socio-cultural differences in basic health knowledge lead to these obvious deficiencies. 62% of the immigrant patients and 15% of the German patients had only little knowledge about anatomy and functions of the female body.

Conclusion
To reach immigrants in health promotion programmes and to enlarge their participation chances, it is necessary to develop health information and promotion concepts and practices tailored to immigrant’s specific needs (e.g. different mother tongues, education, basic knowledge). Specific communication patterns and networks of immigrant communities can be useful in conveying health relevant information.

Self-Help Initiatives and their Contribution to the Health Care System
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Health related self-help groups and organisations receive increasingly financial support by the German social security system and become more and more part of the health care system. Thus, the Federal Ministry of Health supports and finances an expertise of the Department of Medical Sociology of the University of Freiburg regarding the Research in Germany in this field. The foundation of this expertise is an inventory of all research projects conducted in Germany related to self-help groups and self help organisations. In order to achieve this inventory, a questionnaire was sent to all relevant faculties and departments of universities, universities of applied sciences, private research institutes and to self-help organisations (n=880). Additionally an investigation in data banks and libraries was carried out.

The results of this review show, that health related self-help groups and organisations make an important contribution to the health care system in Germany. Especially self-help groups increase mutual aid and social support, knowledge about the disease and its consequences as well as possibilities for changing attitudes of the group members and their social environment. They disburden the primary social networks and families of the afflicted persons and reinforce the ‘intelligent’ utilisation of the professional services of the health care system. There has been almost no systematic investigation of the activities of self-help organisations yet, except from counselling services. The co-operation between self-help initiatives and the professional health care system is characterised by an imbalance between medical laymen and experts.

It turned out, that research in this area is fragmented. Further investigations should address the question, how greater parts of the population can be involved in self-help activities and how the relevance of self-help differs in various diagnosis groups.

Mortality amongst migrants in the Netherlands
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Background
Evidence about mortality amongst migrants in the Netherlands is still highly fragmentary.

Aim
The key objective of this study is to describe patterns of mortality by sex, age-group, cause of death and duration of stay for inhabitants of the Netherlands who originate from Turkey, Morocco, Surinam and the Dutch Antilles and Aruba.

Data and methods
Data were obtained from the Municipal Population Registers (GBA) for the years 1995 to 2000. An open cohort design was used. For each inhabitant of the Netherlands the survival status and the amount of person time was determined. Directly standardised mortality rates were calculated and relative risks were estimated by Poisson regression analyses.

Results
As compared to native Dutch, Moroccans and Turkish women have a lower level of total mortality, while Surinamese, Antilleans and Turkish men have a higher level of total mortality. Mortality of neoplasms is lower among all studied migrant-groups than among Dutch. This remains low, also in migrants who have been in the Netherlands for a long period. Mortality from cardiovascular diseases is equal to that of Dutch for Turkish men and Antilleans, much lower for Moroccan men and higher for Surinamese. While the disadvantage of Surinamese and the advantage of Moroccan men does not vary systematically according to duration of stay in the Netherlands, cardiovascular mortality among Turks does: those who migrated long ago have higher levels of cardiovascular mortality than those who migrated more recently. Suicide is less common among Turks and Moroccans and more common among Surinamese and Antilleans. All migrants die more often from homicide than Dutch do.

Conclusions
Ethnic differences in mortality in the Netherlands are substantial. Some of these differences vary systematically with duration of stay. Others don’t. These association possibly reflect health selection and acculturation effects.

Laparoscopic versus conventional cholecystectomy: a comparison of costs and further criteria
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Background
In the ’90s, there was a change of operational method applied to patients admitted to the hospital for elective cholecystectomy with symptoms of cholecystolithiasis, that promised to bring a reduction of expenses at the Hospital.

Aim
The aim of this retrospective study is the examination and review of the effects of a change introduced at the University of Dresden away from the conventional operative technique in cases of cholecystectomy upon expenses of treatment.

Methods
Data were gathered from patients who had been admitted to the hospital for purposes of elective cholecystectomy with accompanying symptomatic cholecystolithiasis and who were subsequently operated on in the period between 1 JAN 91 and 31 DEC 96. In order to guarantee the comparability of both operative methods, certain exclusion criteria were defined such that in the final analysis standardized conversional cholecystectomy with a „standardized laparoscopic cholecystectomy“ might be compared. The data resulting from the 153 conventional and the 222 laparoscopic cholecystectomized patients were collated in the final evaluation.

Results
A conventional cholecystectomy can be expected on the average to elicit a fee of 4 922.74 DM (deutschmarks). A breakdown of the expenses is as follows: hospital stay: 3 217.24 DM; operation: 1 157.26 DM; examinations, including admittance check-up and anaesthesia procedures with examination: 420.03 DM; and medicaments: 128.21 DM. The total expense for a laparoscopic cholecystectomy amounted to 4 025.38 DM, of which the hospital stay accounted for 1 718.39 DM; the operation: 1 697.35 DM; examinations: 497.27 DM; and medicaments: 112.37 DM. Consequently, the laparoscopic cholecystectomy resulted in a 897.36 DM lower cost.

In addition, post-operative hospital stay of a laparoscopically con-
ISIS: applying knowledge technology to a National System for Infectious Disease Surveillance

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**Issue/problem**
ISIS is the Dutch National Electronic Surveillance Network for Infectious Diseases. ISIS consists of obligatory notifiable diseases and laboratory surveillance. Traditionally, laboratory surveillance systems collect data on cases of infectious diseases by applying case definitions within the laboratories before sending the data. Bias due to differences in interpretation of case definitions between laboratories can play a role in these systems. Applying case definitions in the laboratory also is time consuming. We perceived a need for improving the surveillance process using Information Technology.

**Description of the project**
Laboratories for microbiology are connected electronically with their databases to ISIS. Each night, all new test results (positives and negatives) are sent to RIVM. Data are stored in standardised form, and each night, the system applies formalised case definitions to the database, in order to classify cases and non-cases. All data are anonymised. From the central laboratory database, each night 5 different standard internet reports for each pathogen are generated. An electronic algorithm analyses data daily for anomalies in trends, and early warning reports are sent to the national outbreak response team.

**Lessons-learned**
Consensus on the case definitions is necessary. Case definitions for public health surveillance are allowed to be less specific than clinical of microbiological diagnosis. Applying knowledge technology on surveillance data reduces the workload. Changing case definitions within ISIS will usually not lead to ‘surveillance gaps’ or artefacts.

**Conclusion**
The ISIS system is being developed by the National Institute of Public Health and Environment (RIVM) by order of the Ministry of Public Health, Welfare and Sports. ISIS is a collaboration by RIVM, the Dutch Society for Medical Microbiology and the National Society for Regional Public Health Services.

**Managed Clinical Networks in NHS Lothian, Scotland: a development tool**

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**Issue**
Managed Clinical Networks (MCNs) are seen as key to the development of acute services in Scotland (Acute Services Review, 1998), and all NHS Boards are encouraged to develop MCNs. The Scottish Executive has adopted an evolutionary approach to the development of MCNs providing additional investment to establish demonstration pilots (such as Cancer, Coronary Heart Disease, Stroke, Vascular Services and Diabetes) and national “formal” networks throughout Scotland, as well as guidance to help NHS Boards develop local MCNs. Local activity had yet to be formally recorded in Lothian; this paper details the process.

**Description of the project**
Lothian NHS Board Public Health and Health Policy Department undertook a stock-take of network activity using a checklist devised to document progress against essential and desirable criteria in incorporated in national guidance (MEL (1999) 10).

**Lessons-learned**
1. This work has increased local understanding about the national requirements which must be fulfilled in order to achieve full MCN status
2. Development of specific criteria to measure MCN activity has allowed progress in local activities to be documented.
3. This in turn has identified the key areas for successful development: i) Defined management structures, ii) Named lead clinician, iii) Investment to support the network (particularly in establishing management systems, audit and educational programmes).
4. The findings are now being used by Senior Management to prioritise the specialties in which to develop specific MCNs.

**Conclusions**
MCNs have the ability to deliver better quality of care for patients by providing agreed standards of care, defined referral and follow-up guidelines and care which is delivered in the appropriate setting. They can also strengthen both audit and clinical governance and enable the system to overcome shortages in specialist staff. The ability to identify areas in which criteria for MCN status are being met is valuable, enabling identification of specialties requiring additional effort to acquire full MCN status. This work has been used to effectively prioritise resource allocation.

**The use of a new ICF instrument for self-assessment of function in rehabilitation of sick-listed persons**

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**Background**
A description of individual function is essential in the rehabilitation of sick-listed persons to suggest work replacement, adaptation of work sites, or other measures. In the Norwegian social insurance system, more emphasis is placed on claimants’ active participation in the rehabilitation process.

**Aim**
To construct, test, and evaluate a standardized instrument for self-assessed function among persons sick-listed for more than 6 weeks. The instrument should be compatible with the new WHO classification for functioning, disability and health – ICF.

**Methods**
Derived from ICF, a 39-item form for self-assessment of function (SAF) was constructed and tested among 386 persons, sick-listed for six weeks. In a second phase, the utility of the SAF was evaluated by including it in standard rehabilitation work for 286 sick-listed persons in 5 local insurance offices.

**Results**
In phase 1, the form was well accepted (3.9% missing answers). The form demonstrated considerable loss of function in 79% of the sick-listed, mostly in lifting and communication with others. Factor analysis revealed four physical and three psychological dimensions of function that were important to describe work disability. These dimensions differed substantially from the nine domains in the ICF. Reliability was satisfactory (Cronbach’s alpha 0.76–0.89 for the seven dimensions). The form showed good construct validity and good convergent/divergent validity when tested against SF-36 and COOP/WONCA charts.

In phase 2, the information on individual function was utilized in 51% of cases, mostly to give guidelines for individually adapted rehabilitation plans.

**Conclusions**
A standardized form for self-assessment of function was reliable, valid, demonstrated considerable loss of function in many sick-listed persons, and was useful for the design of rehabilitation efforts in the Norwegian social insurance system. The SAF form can easily be adapted for assessment of disability pension claimants.

**Does the form of financing gerontopsychiatric care influence the availability of adequate services? A study of gerontopsychiatric services in six European countries**

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**Background**
The practice of service provision for depression in late life varies considerably between European countries. The majority of elderly depressed persons is treated in the primary health care field. However, the availability of specialised gerontopsychiatric services is important for setting standards, treating severe cases and educating practitioners. To provide adequate care, gerontopsychiatric services have to be community oriented, countrywide available and also treat depressed persons.
Cultural differences and subjective evaluation criteria: findings from a European multi-centre study

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Over the last forty years mental health reforms across Europe have promoted the autonomy and social reintegration of individuals with severe mental health problems. Within this context of deinstitutionalisation, community based concepts of care have been developed and acute day hospitals have emerged as an alternative to conventional inpatient psychiatric treatment. Tentative research findings have suggested that day hospital treatment may be as effective and less costly than inpatient care, but there remains a lack of methodologically sound empirical research to corroborate the efficacy of this treatment setting.

This randomised controlled trial aims to evaluate the efficacy day hospital versus inpatient psychiatric treatment for voluntary patients aged 18 to 65. The same study design was employed in five centres in five European countries: Dresden (Germany); London (UK); Wroclaw (Poland); Michalovce (Slovak Republic); and Prague (Czech Republic) to allow transnational analytical comparisons. All new patients admitted to acute psychiatric inpatient care in the five catchment areas were assessed for eligibility for inclusion in the study. Eligible patients who gave informed consent were randomised to day hospital or inpatient treatment. Data was collected on admission and at 4 weeks and at discharge.

In the total sample recruited in the first year of the study (December 2002 to November 2001), no statistically significant difference was found between the two treatment settings on subjective evaluation criteria (quality of life, needs, satisfaction with treatment). This initially suggests that day hospital treatment may be a suitable, but not superior, alternative to inpatient treatment. However, there was a statistically significant centre interaction effect on the subjective evaluation criteria. Therefore, it may be that it is not just the treatment type that is important, but also the cultural context of that treatment.

Family history of venous diseases in patients with varicosis: results of a population-based cross-sectional study


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Background and aim

Diseases of the venous system belong to the most frequent diseases in the German population. However, the last comprehensive population-based German data stem from a study conducted in Tübingen in 1979. Since then, diagnostic methods have improved substantially. Practical experience and scientific studies indicate a familial predisposition to this disease. We examined this issue using actual epidemiologic data.

Methods

We conducted a population-based cross-sectional study in Bonn and its surrounding rural area (Recruitment period: 11/2000–12/2001; response: 59%; study participants: n=3072 subjects, 18 to 80 years of age: investigation: standardized medical history, physical examination, duplex sonography of veins of the legs). The definition of varicosis of the leg is based upon the CEAP-Classification. Participants were defined as having varicosis if the clinical classification was at least C3, excluding those showing spider-bursts exclusively. Risk factors examined were family history of varicosis (VV), thrombophlebitis of the legs (TL), deep venous thrombosis of the leg (VT), and crural ulcer (CU). Logistic regression, adjusted for age, sex and family size was used for calculation of odds ratios (OR) and 95% confidence intervals (95%-CI).

Results

There were 304 study participants (10%) showing a varicosis as defined above. Prevalences of family history (parents and siblings) were as follows: VV: 52%, TL: 14%, VT: 13%, CU: 8%. Results of the logistic regression were as follows: VV: OR=1.7 (95%-CI: 1.3–2.11), TL: OR=1.5 (95%-CI: 1.1–2.0); VT: OR=1.4 (95%-CI: 1.0–1.9), CU: OR=1.7 (95%-CI: 1.2–2.4). Including the information on grandparents did not lead to relevant changes in results.
Conclusions
The association between family history of various forms of venous diseases and varicosis was confirmed by the results of this study.

Strengthening the focus on consumers in health care: the quality of care from the patient’s perspective questionnaire
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Background
The general population can be viewed as a set of stakeholders that can influence change in health care just as in other areas. This seems to be especially true when the reforms being implemented lead, as they have in Poland, to a growing conflict between social and market values. Public views also temper the ways in which quality assurance policy in the health care sector can be established. For these and other reasons consumer involvement in defining and delivering information about their need is a crucial point of the reform process.

Methods
Surveys and feedback from consumers are the methods to accomplish this goal in the Wielkopolska Region. Consumer surveys are administered frequently to provide ongoing feedback to various units of service organizations. So far in Wielkopolska over 12,000 people have been surveyed on their level of satisfaction and their expectations regarding health care providers, especially in primary health care. It also means in practice: a representative sample of Wielkopolska population was asked to rank, in order of importance to them, a set of items that a priori survey of health care professionals had shown to be important quality issues.

Results
Most answers to the main question: “What does high quality of medical services mean?”, concerned: care provided by well-educated staff (45%), patient-oriented attitude (43%), accessibility of care (40%), efficiency of care (36%) and time spent with patient (19%). Such was decreasing with high frequency of social relations face to face (ExpB=0,38). Such factors like living with non-relative (ExpB=2,45) and lack of church activity (ExpB=2,46) have been found to increase significantly death risk.

Multivariate regression model defining independent predictors of mortality demonstrated that low level of social ties had significant effect on mortality risk in old-old males (ExpB=17,49).

Univariate analysis performed for females confirmed that risk of death decreased with higher level of education (ExpB=0,54), high level of independence in (ADL) daily living activities (ExpB=0,77). The risk of death increased with age (ExpB=1,33), instrumental support from family (ExpB=3,66), lack of church activity (ExpB=2,69) and living with non-relative (ExpB=2,45).

Multivariate analysis showed that risk of death increased in females independent in daily living activities during I base-line study but needed instrumental support from the family during the II base-line study (ExpB=3,31).

Conclusions
Study confirmed that predictors of mortality independently affecting mortality of old-old males and females have been found to be directly related to social ties.

Winners and losers on flexible labour markets: the fate of women with chronic illness in Britain and Sweden
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Introduction
Flexible labour markets are once again being advocated among European leaders as a remedy for ailing economies and the persistently high rates of unemployment in many parts of Europe. Britain and Sweden could be considered to be at opposite ends of the spectrum in this respect, with Britain having the most flexible labour market in Europe, while Sweden has one of the most tightly regulated. Together, they therefore serve as a natural policy experiment to study who are the winners and who the losers under the different approaches, particularly among the more vulnerable groups in society, including those who have a chronic illness. This study aimed to analyse whether one approach protected the vulnerable and sick more than the other and what the impacts were for women in different social groups compared with their male counterparts.

Methods

Results
Overall employment rates were higher and rates of unemployment and economic inactivity were lower in Sweden than in Britain in all periods. The socioeconomic differences in these rates among women with and without limiting longstanding illness were smaller in Sweden than in Britain.

Conclusions
Our results lend support to the hypothesis that active labour market policies and employment protection, rather than deregulation, may increase the opportunities for women with chronic illness (as well as men), to remain in work.

Relationships between environmental health and mental health disorders: results from the Belgian health interview survey
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Introduction
The possible link between environmental health and mental health aspects is currently drawing much attention in public health research. This study examines the relationship between the (perception of) environmental noise and mental disorders (depression, anxiety, sleeping disorders and somatization).

Methods
Data from the Belgian Health Interview Survey 2001 have been used. Household members were asked whether they were annoyed by environmental noise. Interviews were performed in a face-to-face setting. All selected members of 15 years or older were asked to...
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Doctor’s care or self-care? Expectations of doctor’s care in case of common self-limiting health ailments

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Background
According to the Health Belief Model, the patient’s expectation of the benefit of medical care is an important factor influencing medical help seeking and satisfaction with care. Given developments in Western society, health care, and Dutch general practice, up-to-date information about patients’ expectations is of importance for practice management and health care policy.

Aim
The aim of this study is to gain insight in the expectations of the benefits of general practice care as compared to self-care in case of common self-limiting symptoms, as well as to evaluate to what extent patients’ expectations have changed over the last 14 years.

Methods
The Nijmegen Expectation Questionnaire (NEQ) was used to assess patients’ expectations with regard to medical treatment as compared to self-care given non-severe health complaints. In the NEQ patients’ expectations are operationalized in 12 items concerning possible benefits of consulting the general practitioner for various common symptoms. The NEQ was administered in 1987 and 2001 as a part of two Dutch national surveys of general practice. Both study samples were representative with regard to the general practices (1987: n=101, 2001: n=104) and patient population (1987: n=13,014, 2001: n=12,514).

Results
Preliminary findings show that patients’ expectations of doctor’s care are significantly lower than 14 years ago (mean scores ±SD: 36.8 ± 8.6 versus 41.2 ± 7.7). Expectations and changes in expectations differ between symptoms. Compared to 14 years ago, people would consult the practitioner less to seek relief for a cold or sore throat, but equal or more in case of nervous complaints. Furthermore, expectations vary according to social and demographic variables.

Conclusions
Patients’ expectations vary between symptoms and have changed accordingly over time. The question will be addressed how the results of this study relate to increased (access to) medical knowledge, self-care, and past policy measures.

Socio-economic differentials in acute hospitalisation in Rome, 1996–2000

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Background
Many studies reported higher hospitalisation rates among people of low socio-economic status (SES). It is known that the gap between upper and lower SES groups in mortality is widening, but not much is known about hospitalisation.

Aim
To investigate the variation of socio-economic differentials in hospitalisation rates in Rome during the period 1996–2000.

Design
Rome has a population of 2,840,000 inhabitants, in 5585 census tracts (CTs). During the study period 2,041,050 acute hospitalisations occurred among residents.

A record linkage with the Registry Office data to assign a CT index (four levels defined) of SES to the 92.8% discharges. Direct age standardised overall hospitalisation rates (SHR) by SES were calculated. SHRs were compared across SES levels and calendar years. RR and 95%CI were computed with highest level of SES as reference.

Results
As expected the introduction of a hospital payment system based on DRGs in 1995, generated an increase of the overall SHRs in 1997, followed by a decrease afterwards. Comparing SES specific SHRs between 1996 and 2000 we observed: for males a slight decrease for the upper SES, and an increase for the lowest SES, and for females an increase in the lowest SES and stability in the upper SES. This contributes to widening of the gap in SHR between the highest and the lowest SES, particularly among males (Males: RR = 1.42, 95%CI: 1.40–1.44 in 1996; RR = 1.51, 95%CI: 1.48–1.53 in 2000. Females: RR = 1.39, 95%CI: 1.37–1.41 in 1996; RR = 1.44, 95%CI: 1.41–1.46 in 2000).

DRG specific analysis showed that the excess hospitalisation of low SES population is mainly attributable to treatments characterised by high probability of inappropriateness.

Conclusions
These findings show that gap between high and low SES in hospitalisation rates, in Rome, appear to be widening from 1996 to 2000. This results suggest the hypothesis of an increasing higher vulnerability of low SES population to inappropriate hospital care.

Targeted Fetal Anomaly Scanning in Edinburgh – Implications for Policy Change

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Issue/Problem
Ultrasound has a number of valuable functions in obstetrics including dating, confirming viability, counting the number of fetuses and the exclusion of certain fetal anomalies.

The most recent report “Ultrasound screening for fetal abnormalities” from the Royal College of Obstetricians and Gynaecologists (RCOG) recommends that a two scan regime (i.e. a booking scan at 10–14 weeks followed by a fetal anomaly scan at 18–20 weeks) should by routine offered to all pregnant women. Substantial literature exists on the benefits of routine versus targeted scanning, including a number of key trials under randomised controlled conditions.

Edinburgh currently has a policy of targeted scanning which this piece of work sought to review.

Description of Project
During September – November 2000 a working group with representation from across Edinburgh was convened to provide an informed view as to future local policy with regards to fetal anomaly screening. The agreed remit of the working group was as follows:

i) To establish the evidence base for routine fetal anomaly screening by a critical review of the key literature, ii) To describe current practice relating to fetal anomaly scanning in Edinburgh and calculate screening parameters and prevalence of fetal anomaly in the local population, iii) To document practice elsewhere in Scotland.

To consider the implications of introducing routine fetal anomaly screening in Edinburgh.

Lessons learned
The evidence surrounding targeted and routine fetal anomaly scanning is inconclusive with regards to whether a routine or targeted fetal anomaly screening policy is superior in terms of health outcomes for the mother and child and this is reflected in the variability of policy across Scotland.

Conclusions
The decision to change policy, in this case moving from targeted to routine fetal anomaly screening, is not always based on the most robust evidence, and has to take into account organisational and political constraints.

Evaluation of national and regional health reports at the European level (EVA-PHR)

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3) London School of Hygiene & Tropical Medicine, London, UK
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Issue/Problem
As part of a research project co-funded by the European Union under the Health Monitoring Programme the “policy impact” of health reports carried out to date in the European Union is being analysed at the national and regional level to find out how the European Public Health Information Network (EUPHIN) should be designed and configured.

Description of the project
150 regional and 50 national health reports have been analysed. This included documentary work as well as a formal analysis of structures and a qualitative political analysis in terms of relevance (responsibilities of the decision-making levels in charge) to the corresponding health system. In an attempt to discover the existence
and form of the conceptual framework for each report the back- 
ground material was analysed and semi-structured interviews were 
conducted. Examples illustrating ‘Best Practice Models’ are quoted. 

Lessons-learned 
In most cases the analysed reports follow no explicitly defined 
‘conceptual framework’ but are a mixture of commented medical 
statistics, institutional achievements or policy-related account-
ability reports. From the heterogeneity of the present reports in 
terms of policy impact it can be concluded that the function of health 
reporting is perceived differently at the national and particularly at 
the regional level. 

Conclusion 
For the selection of issues and indicators as part of the further 
development of the European Public Health Information Network 
(EUPHIN) special consideration should be given to political 
responsibilities prevailing at the regional and national level in the 
EU Member States.

Development of influenza surveillance activity in Italy 
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Background 
Influenza is currently one of the major burdens on Public Health, due to the high morbidity rate and its complications. 

Aims 
To develop a system to establish in real time the trend of morbidity 
and the types of viruses circulating in Italy. 

Methods 
A network of sentinel practitioners has been set up, coordinated by 
Regions and the Ministry of Health. Nearly 700 doctors of the NHS 
(pediatricians and general practitioners) each week notify the 
number of cases of Influenza-like illness (ILI) observed among 
their patients directly to the two centres for data collection and processing 
(CIRI and ISS). Knowing the number, the age and the vaccinal 
status of each doctor’s patients, it is possible to establish the weekly 
morbidity rate x 1000 subjects and per age group. The Italian 
population sample, 35%, is over 2% of the general population. Virological 
surveillance is carried out for each Region through a network of 
local specific labs. 

Results 
During the 1999–2000 season, the epidemic period (caused mainly by A/H3N2 strains) lasted 9 weeks with an average aggregate 
morbidity equal to 7.87/1000 (peak equal to 12.66/1000 in January). 
During the 2000–2001 and 2001–2002 seasons the epidemic periods 
lasted 6 and 9 weeks respectively, with an overriding circulation of 
A/H1N1 virus in the first season and type B virus in the second. 

Conclusions 
The surveillance activity showed the high annual burden of ILI 
victims of Influenza during the latter two seasons. Children were the major 

Lessons-learned 
In many countries there is a lack of insight into the effectiveness of 
measures was compared across six countries (Denmark, Germany, 
Israel, Netherlands, Sweden and United States). 

Aim 
The project aimed to learn how work resumption of work in-
capacitated persons can be improved. To that end for a similar 
category of sick listed employees medical interventions (treatment, 
medication rehabilitation) and non-medical interventions (as applied 
by employer, social security agency, vocational rehabilitation agency) 
as well as the role of (dis-)incentives were to be compared and 
evaluated. 

Method 
In each participating country a research team created a cohort 
consisting of employees who were fully work incapacitated for 3 
months, due to low back disorders (in the period end 1994 – mid 
1995). The cohort size varied from 245 in Germany to 441 in Denmark. The employees were interviewed at 3, 12 and 24 months 
after their first day of sickness absence. Uniform cohort creation 
criteria and standardized measurement instruments were used to 
guarantee comparability across cohorts. 

Results 
Cohorts showed considerable variations in patterns and rates of work 
resumption. Return to work rates after one year varied from 32% 
(Danish cohort) to 73% (in the Netherlands). Medical inter-
ventions (treatment, medical rehabilitation) varied across countries, 
but also showed not to be significantly related to return to work. Also 

References 

A comparative appraisal of the relationship of income, 
education and housing tenure with poor health among the 
elderly in Europe 
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Background 
Former research did not always show a relation between socio-
economic status and health among the elderly. One explanation for this 
could be that there are some important problems when using the 
core socio-economic indicators (education, income and occupa-
tional class) among the elderly. This indicates that there is a need 
to systematically assess the usefulness of different socio-economic 
indicators and to explore alternative socio-economic indicators, like 
housing tenure.

Aim 
The objective of this paper is therefore to determine the power of 
different socio-economic indicators in predicting poor health among 
the elderly.

Methods 

Data from national health surveys from 10 European countries was 
used. Education, income and housing tenure were used as socio-

lessons-learned 
In many countries there is a lack of insight into the effectiveness of 
measures (e.g. dismissal) were found to be applied differently across 
cohorts. 

Conclusions 

"conceptual framework" but are a mixture of commented medical 
statistics, institutional achievements or policy-related account-
ability reports. From the heterogeneity of the present reports in 
terms of policy impact it can be concluded that the function of health 
reporting is perceived differently at the national and particularly at 
the regional level. 

For the selection of issues and indicators as part of the further 
development of the European Public Health Information Network 
(EUPHIN) special consideration should be given to political 
responsibilities prevailing at the regional and national level in the 
EU Member States.

Development of influenza surveillance activity in Italy 
Crovari, P.*, Lai, P., De Stefano Garaffa, D., Prete, A., Donatelli, I., Bella, A., Salmaso, S. 
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status of each doctor’s patients, it is possible to establish the weekly 
morbidity rate x 1000 subjects and per age group. The Italian 
population sample, 35%, is over 2% of the general population. Virological 
surveillance is carried out for each Region through a network of 
local specific labs. 

Results 
During the 1999–2000 season, the epidemic period (caused mainly by A/H3N2 strains) lasted 9 weeks with an average aggregate 
morbidity equal to 7.87/1000 (peak equal to 12.66/1000 in January). 
During the 2000–2001 and 2001–2002 seasons the epidemic periods 
lasted 6 and 9 weeks respectively, with an overriding circulation of 
A/H1N1 virus in the first season and type B virus in the second. 
Average aggregate morbidity rates were equal to 4.40/1000 (peak 

equal to 5.53/1000 in February) and 6.05/1000 (peak equal to 
8.76/1000 in February) respectively. Children were the major 

Conclusions 
The surveillance activity showed the high annual burden of ILI 
among the overall population. Virological surveillance was useful 
in suggesting the composition of vaccines, and to increase the knowledge of molecular epidemiology of the infection.

Who returns to work and why? Outcomes from a six country study 
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Background 
In many countries there is a lack of insight into the effectiveness of 
measures and incentives aiming to increase work resumption after sickness absence. Under the auspices of the International Social 
Security Association (Geneva) the repertoire of work resumption 
measures was compared across six countries (Denmark, Germany, 
Israel, Netherlands, Sweden and United States). 

Aim 
The project aimed to learn how work resumption of work in-
capacitated persons can be improved. To that end for a similar
Recent advances in stress management and prevention programs: a cumulative meta-analysis study

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Background
A recent systematic review in managing and preventing work-related stress (van der Klink et al.) found that cognitive-behavioral interventions were more effective than organizational ones. This meta-analysis, which was carried out using 48 articles published between 1977 and 1996, showed that the former had a higher effectiveness with Cohen’s d = 0.51 (95% CI: 0.39, 0.63), thus cognitive-behavioral programs gave evidence of a moderate effectiveness with Cohen’s d = 0.03 (95% CI: –0.05, 0.11); on the other hand, organizational interventions were shown to be ineffective with Cohen’s d = 0.00 (95% CI: –0.05, 0.05).

Aim
The aim of our study was to evaluate whether recently published trials (1997–2002) significantly improved the knowledge about the effectiveness of the different intervention programs.

Methods
We carried out a cumulative meta-analysis of the literature about stress management and prevention programs for each of the two intervention types considered. We searched electronic bibliographical databases (PubMed, Blackwell Synergy, SWETSNET) using the following keywords: work stress, stress management, work-site stressor, job stress, distress at work, stress therapy, stress re-duction, occupational stress, absenteeism, sickness leave. Inclusion criteria were the following: intervention aimed at reducing stress in a working population and experimental design. We computed Cohen’s d in order to estimate the effect size of an intervention.

Results
We found 653 articles searching for the chosen keywords; 4 trials meeting inclusion criteria were added to those considered in van der Klink’s meta-analysis. We studied 15 outcome variables in these studies. Organizational interventions were shown to be ineffective with Cohen’s d = 0.00 (95% CI: –0.05, 0.05); on the other hand, cognitive-behavioral programs gave evidence of a moderate effectiveness with Cohen’s d = 0.51 (95% CI: 0.39, 0.63), thus lowering the estimate of the effect size computed in the previous systematic review.

Conclusions
Our findings confirm the different impact in terms of effectiveness of the two types of intervention considered and sharpen the precision of the estimates. Further considerations about an economic evaluation of different stress management and prevention programs are needed.

Spatial Patterns of Cancer Mortality in Europe

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Background
Previous research in cancer mortality has revealed large spatial variations within and between countries and that factors associated with the aetiology of most cancers include diet, socio-economic status, smoking and genetic predisposition. Without detailed data on individual mortality and exposure to risk factors it is still possible to explore the geographical variations in cancer mortality and their relationships with population characteristics.

Data and Methods
Cancer mortality data and population data are available for 187 regions in 11 EU countries by age and sex. All deaths from neoplasms are examined for 1991 and standardised mortality rates have been calculated. Other data available are consumption (per head) of fresh fruit, vegetables, animal fats, alcohol and cigarettes for each country and GNP per head at a regional level. Spatial multilevel models were used to examine the distribution of cancer mortality. Mapping the mortality rates from these models allows visual exploration of patterns across Europe. The addition of covariates in the models allows the associations with causal factors to be examined.

Results
After taking into account the spatial structure of the data and adjusting for significant causal factors, France has the highest mortality rates and Greece and Finland have the lowest, with mortality appearing highest in the West. Univariate analyses of the two types of intervention considered and sharpen the precision of the estimates. Further considerations about an economic evaluation of different stress management and prevention programs are needed.

Physicians working in different hospitals: variation in what they do?

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1) Nivel - Netherlands institute of health services research
2) RVNM - National Institute of Public Health and the Environment

Background
A persistent finding in health services research is that hospital utilization varies widely between small areas. These differences do not disappear when differences in need, as measured by age, gender, and socioeconomic variables between patient populations have been controlled for. Explanations for the variation between and similarities within units have been sought in different directions. Most were based on individual practice style, leaving the behavioural mechanisms that produce different practice styles unclear. We search for an explanation in the social conditions that influence the behaviour of physicians.

Aim
The aim of the study is to examine whether medical practice variation is related to the work-environment of physicians. Two questions are asked, first: Is variation in length of stay for comparable patients within hospitals small compared to variation between hospitals? Second: Does the length of stay chosen by physicians working in different hospitals vary in the direction of the average stay in the hospital where the procedure was performed? We hypothesise that the combination of similar institutional restrictions and the tendency of physicians to conform to the usual practice in the hospital, results in small length of stay variation between physicians treating similar patients within hospitals. Furthermore, we...
hypothesize that physicians working in more than one hospital conform to the usual practice in each of these hospitals.

Methods
We used the 1999 data from different hospitals in the state of New York (USA), originating from the Statewide Planning and Research Cooperative System (SPARCS) Data on the surgical interventions hysterectomy, cesarean section, total hip replacement were used. Other medical conditions used in the analysis were Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). We examined hospital length of stay concerning patients with these interventions and illnesses.

The total data set consists of 240 hospitals, 17,238 different physicians, and 211,477 cases.

Multi-level analyses were used to find out whether variation in length of stay for specific procedures within hospitals was small, compared to the variation between hospitals. Furthermore, it was analysed whether physicians working in different hospitals chose a length of stay comparable to the usual practice in the hospital.

Results

Findings show that there is more variation between than within hospitals. Furthermore, it was found that physicians working in different hospitals choose different lengths of stay in the hospitals where the procedure is performed. As yet, no statistical evidence was found that these physicians conformed to the usual practice in the hospital, but indications have been found and these are further explored.

Conclusion

We hypothesize that physicians working in more than one hospital conform to the usual practice in each of these hospitals.

The study population consists of a cohort of 12,781 incident cases derived from the Health discharge register of Lazio Region Italy.

Methods

In-hospital mortality for stroke and misclassification in a cohort derived from the Health discharge register of Lazio Region Italy

De Luca, A.*, Tancioni, V., Salvatori, R., Baglio, G., Agnardi, N., Picconi, O., Guastitchi, G., Splendori, F.

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Background

In health outcomes research the evaluation of co morbidity data is essential. Some studies have criticized co morbidity data, derived from administrative databases, for lacking the accuracy required for clinical research.

Aim

To detect misclassification in discharge records of stroke hospitalisation. To analyse the association between the outcome, death or at home discharge, and misclassification for some co morbidities.

Methods

We hypothesize that physicians working in more than one hospital conform to the usual practice in each of these hospitals.

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Aim

To detect misclassification in discharge records of stroke hospitalisation. To analyse the association between the outcome, death or at home discharge, and misclassification for some co morbidities.

Methods

The study population consists of a cohort of 12,781 incident cases with a diagnosis of acute stroke (ICD9CM 430–431–434–436), resident in Lazio region, aged ≥ 21 years, occurred during the two years period 1999–2000 and selected from the hospital discharge register of Lazio region (Italy).

We looked for all diseases known to be risk factors for stroke mortality in previous hospitalisation of the cohort population: we define patient as misclassified when discharge record do not report a chronic disease diagnosis notified in previous hospitalisation.

Results

The risk of death for stroke associated with Diabetes Mellitus (DM) is OR 0.76 (IC95% 0.68–0.84), after reclassification the OR is 0.94 (IC95% 0.85–1.03); dropping the incidence episodes without previous hospital discharge, the OR becomes 1.03 (IC95% 0.91–1.17).

We obtain similar results for the following co morbidities: peripheral vascular disease, obesity, psychiatric diseases, degenerative nervous system.

Conclusions

Reclassification of patients based on previous discharge eliminate the paradox effect of protective OR for some chronic diseases. The residual not differential misclassification introduces a bias toward the null. Anyway, misclassification limits the utility of administrative data for risk adjustment in stroke mortality.

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Background

Because of nursing shortages some Dutch health care organizations want to recruit nurses outside Europe (e.g. Indonesia, South Africa). The Dutch government, however, does not stimulate this policy and prefers recruitment within the European Union. This study concerns the experiences of nurses from other European countries in The Netherlands.

Aim

Research questions are:

1. To what extent and for which reasons do nurses qualified in other EU-(candidate) states want to work in The Netherlands?
2. How do they prepare working in The Netherlands?
3. What problems do they encounter when searching for a job?
4. How do they experience working in The Netherlands?

Methods

A questionnaire has been send to all registered nurses educated in another EU-(candidate) state (response is 987 or 67%).

Results

Until now approximately 1,500 nurses from other EU-(candidate) states came to The Netherlands. Private reasons, such as marriage, are the most important reasons for coming. Half of the nurses followed one or more courses before starting to work as a nurse, often Dutch language courses. The nurses had a number of adjustments to make. The foremost problem was to get acquainted with the Dutch laws and procedures (such as taxes, social security), the recognition of diplomas, and the application for permits. When searching for a job it is difficult to know what is customary (e.g. how to write a letter). Language and unfamiliarity with the Dutch health care system caused them problems finding a job. Once working as a nurse those remain the most important problems.

Conclusions

International nurse mobility towards The Netherlands is rather low. If the Dutch government decides to import nurses from other countries, several measurements can be taken to make working in The Netherlands more attractive.

The Use of a Household Survey in the Community Assessment Process in Armavir Marz, Armenia

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Issue

A US-Armenia community health partnership desired population-based information to guide its development of a multi-year strategic plan on improving primary health care in Armavir Marz, Armenia. The partnership needed information on health status, knowledge, attitudes, beliefs, and practices of the target population. The limited extant health information system could not address these needs.

Description of the Project

In April 2001, a baseline household health survey was conducted among the residents of Armavir Marz, Armenia. The study utilized a multi-stage cluster sample, probability proportional to size, cross sectional, hybrid (combination of interviewer-administered and self-administered) design. All women 18 years old and older living in a selected household were considered eligible for the survey.

Respondents orally consented to participate after having the project explained to them. Responses were confidential. Trained nurses from the local clinics conducted the fieldwork. A total of 1,219 households from 59 populated areas participated in the survey.

Lessons Learned

The results suggested a high prevalence of both probable depression (55.4%) and perceived chronic health conditions (high blood pressure 27.2%; cardiac diseases 23.5%; gastro-intestinal pathology 19.3%; kidney problems 17.1%) negatively affecting the quality of life of the target population. Low accessibility of medical services, poor practice and knowledge of preventive medical care, childcare, and reproductive health were among the other important findings.

The survey revealed difficult socio-economic status as the primary causal factor for low accessibility to health care services and as one
of the key risk factors for unsatisfactory health status of the target population.

Conclusion

The survey served as a good source of data, both quantitative (bureaucratic) and qualitative (perceived priorities) for the partnership in identifying areas of concern needing immediate intervention and valued by the community. In the absence of health information systems, rapid survey techniques can be used to guide community-based prioritization of health needs.

Equal access for equal needs: role of cultural differences and language proficiency

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Background

With the increased migration in Western countries, health care is more and more confronted with people form various ethnic backgrounds. Special issues are often bound and thus partly responsible for ethnic specific utilization patterns.

Aim

To assess the relative importance of cultural differences and language proficiency on differences in health care utilization in addition to the known contribution of socio-economic factors.

Method

We used data of a large national survey among the largest ethnic minority groups and a Dutch comparison group in the Netherlands. In 1998 1562 Turks, 1353 Moroccans, 179 Surinamese, 1032 Antilleans and 1433 Dutch people were interviewed in their preferred language. The interview contained questions about health status (subjective self rating), health care use, ethnic background, cultural norms and values, language proficiency in Dutch and mother tongue and socio-economic indicators as education, profession and income.

Results

Turkish and Moroccan people experienced their health more often as worse than Dutch and Antillen people (21%, 23%, 8%, 8%). Turkish people visited their GP most often in the past two months (1.6 times), followed by Moroccans (1.2), Surinamese (1.1), Antilleans (0.9) and Dutch people (0.8). Adjusted for health status, Turkish and Surinamese people visit their GP most often.

Based on several questions, Turkish and Moroccan people have the most traditional norms and values and the Dutch the most modern views. Turkish and Moroccan people have the most language difficulties, as well in Dutch as in their mother tongue. Also, the same groups have the lowest socio-economic position.

Results form multivariate analyses will be presented.

Conclusion

Differences in health care utilization between ethnic groups exist regardless of health differences. The relative importance of socio-economic factors versus cultural factors will be discussed.

Modern social marketing can increase the effect of traditional preventive measures in hypertension. Results of the Polish Four-Cities Project

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Background

In the last years, lots of papers have analysed the extreme temperature over the total population or in the elderly, but few of

Extreme temperature effects over daily mortality on children under 10 years of age in Madrid, 1986–1997

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Background

In the last years, lots of papers have analysed the extreme temperature over the total population or in the elderly, but few of
Results and efficiency of treatment in children with early childhood caries (ECC)

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Early childhood caries (ECC) is a public health problem in many European countries. The aim of our study was the assessment of the results of dental treatment for children with ECC. Between 1992 and 1999 418 children with ECC got comprehensive dental care at the university department of paedodontics. Now they were invited for check-up. 99 children had moved unknown. 149 of the remaining 319 children (47%) could be examined. Data were obtained by clinical examination and a questionnaire, filled in by parents. Statistical analyses were performed by Chi-square test (p<0.05).

Mean age at the beginning of dental treatment was 3.3 (± 1.3) years, mean dmft-score was 10.0 (± 4.1). The first comprehensive treatment lasted 3.9 (± 3.0) months. The costs of this treatment were 343 (± 153) Euro per child. 48% of children had been treated under general anaesthesia. At check-up 64% of the mothers confirmed an improvement of the oral health status of their child. But only 41% of all children had complete treated teeth: 56% of children, who had been treated conventionally, but only 35% of children after treatment under general anaesthesia. Children, attending after treatment paedodontic department at the university, more often had healthy or treated permanent teeth than children, referred back to their own dentists (p<0.05). Because dental treatment of children with ECC is high expensive, we concluded, that intensive preventive care is required after oral rehabilitation to certain results and to increase compliance of children and parents. Competent advices are important.

Quality of life one year after acute brain damage in patients and their spouses: preliminary results

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Background

Brain injury is one major cause of long-term disabling conditions in society. Many studies have investigated the psychological adaptation of patients and the burden and health of family caregivers. Only in the recent years there have been studies which focused more closely on the issue of quality of life in patients and family member, most of them being cross-sectional.

Methods

We conducted a prospective study on the role of social factors in adaptation after traumatic brain injury (TBI) and subarachnoidal haemorrhage (SAH), respectively. The first assessment took place as short as possible after the incident. One year later, patients and spouses were administrated, among other instruments, the WHOQOL-BREF which is designed to measure quality of life in four domains. Additionally, a global score can be computed.

Results

So far, data for N=35 couples who completed the 12-month follow-up are available; twenty-five patients were able to provide data on the WHOQOL. Mean age of patients and spouses at time of injury was about 44 years. 53.4% of patients had sustained a moderate and 45.7% a severe brain injury. The comparison with the normative data on the WHOQOL revealed that neither the group of patients nor the spouses showed a marked reduction of their quality of life. Cross-sectional analyses showed significant associations primarily between anxiety and depression and the quality of life. Furthermore, longitudinal analyses predicted that couples and family functioning probably are of additional importance. These conclusions are limited by the small sample size, missing data and attrition and thus have to be considered preliminary.

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Background

The Diagnosis Related Groups (DRGs) are a patient classification system designed to group inpatients according with the diagnosis and resource use. Beginning in 1983, the United States of America (US) introduced DRGs as a prospective payment for inpatient services. Based on the US experience, most Western countries have initiated the incorporation of a DRG system as a part of their national hospital financing system. Following the Western model, Eastern European countries are in the process of DRGs system design and implementation. DRGs as a system of hospital financing has major influence on the rest of the health care system and thus the public health situation.

Objectives of the study

1. To predict the impact on hospital performance of the introduction of a DRGs financing system in Eastern European countries,
2. To make recommendations for the measures to be taken at policy level for an effective implementation of a DRGs financing system in Eastern European countries.

Methods

First, an extensive literature review was carried out to assess the impact of DRGs and other health system attributes on hospital performance in four case-study countries (US, Portugal, Hungary and Italy).

Hospital performance was defined through seven performance indicators: Length of stay, Case-Mix Index, Hospital admission Rate, Mortality in selected DRGs, Patient status at discharge, Type and volume of services provided and Readmission rates. Second, based on the international overview and specific local circumstances, a prediction for the impact on hospital performance of the DRGs system in an Eastern European country is made, taking Romania as a case study. Further on, predictions for Eastern European countries in general are provided.

Results

1) The impact of DRGs on hospital performance in Eastern European countries will depend on: Quality assurance measures adopted, the type of DRGs payment (per case or case mix adjusted model), the use of the DRGs as a unique payment method for inpatient care or in combination with other methods, payment method for outpatient and primary care services, medical advances in health care.
2) In principal, DRGs will have the following impact on hospital performance in the actual Eastern European context: LOS will
3) A consistent training program in clinical coding has to be a quality assurance program.

4) Strict legislative measures have to be established to prevent coding fraud.

A gradual programme for alternative care development (home care, social care and nursing homes facilities) has to be carefully considered prior to and during the system implementation.

Method

A prospective study with average follow-up of 11.97 ± 0.07 years of 2,788 women who had participated in risk factors survey within the framework of the WHO MONICA Project either in 1983–1984, 1987 or 1992–1993, was conducted. The end points used in the present study were the incidence of MI or death from coronary heart disease (CHD) in the middle aged women.

Results

In the univariate analysis an increase by 1 mm Hg in systolic and diastolic blood pressure (BP) was associated with increased risk of CHD by 1.4% and 2.7%, respectively. An increase of high density lipoprotein cholesterol (HDL Chol) level by 1 mmol/l was associated with 3-fold decreased risk of CHD. Presence of diabetes was associated with more than 5-fold increased risk of CHD. The main risk factors for MI or death from CHD among women aged 35–64 years appeared to be diabetes, HDL Chol and systolic BP. The effective means of prevention are available for all risk factors mentioned above.

Conclusion

The main risk factors for MI or death from CHD among women aged 35–64 years appeared to be diabetes, HDL Chol and systolic BP. The effective measures of prevention are available for all risk factors mentioned above.

Comparison between self-reported symptoms and GP records in the aftermath of an airplane disaster

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Background

On October 4th, 1992, an El Al Boeing 747-F cargo crashed on two apartment buildings in Amsterdam. Thirty nine residents on the ground and the four crew members of the plane died. In the years after more and more people, attributed physical signs and symptoms to their presence at the disaster scene.

Aim

To investigate the consistency between patient's symptoms attributed to the crash, and GP's diagnoses and perception of the association with the crash.
The health impacts of new roads: a systematic review

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**Background**

Road building is an emotive and controversial issue. Any attempt to assess the costs and benefits of new roads must take into account human health, particularly considering the growing use of Health Impact Assessments.

**Objective**

To review the available evidence on the positive and negative impacts of new roads on human health and wellbeing, focusing on developed countries.

**Method**

Systematic literature review; published and unpublished studies in any language eligible for inclusion.

**Results**

Following evaluation for methodological quality, studies from Europe, North America and Australasia were selected for synthesis. The majority of those synthesised were before and after studies with some controlling for confounders.

According to these studies, introducing new bypasses significantly decreases road injuries. New urban arterial roads do not appear to have a significant impact on injury rates. Annoyance caused by noise, dirt, and ambient pollution is related to traffic density. New urban arterial roads increase annoyance, whilst bypasses decrease annoyance in towns and villages. In both cases the impacts are long-term.

Residents’ perceptions of community severance also correspond to changes in traffic density. Behavioural adaptations to such changes can take several years to manifest themselves.

**Conclusion**

Many primary studies investigate environmental impacts of new roads, but relatively few attempts to measure human health outcomes. This review shows that bypasses have positive impacts on health, whilst arterials have negligible or negative impacts in terms of road injury, annoyance and annoyance. More research is needed on health inequalities, specific health impacts of pollution and induced traffic.

**Predictors of good quality of life in school children: a population-based Swedish study using a new concept, Positive Odds Ratio**

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**Background**

The health and well-being of school children have come into focus in recent decades. In conjunction with the family, the school is an important setting for children, where different health issues can be addressed. Health-promotion activities are being run in two schools in a rural district in Sweden. The results of the baseline measures in 2000 are used for this study.

**Aim**

The purpose was to analyse predictors of positive quality of life among school children.

**Methods**

The study group consisted of 206 children, 114 boys and 92 girls, aged 8–12 years. The participation rate was 99.5%. A questionnaire was used to collect the data, with special attention to the youngest children’s ability. Quality of life is referred to here as the child’s own evaluation of his/her life contents, i.e. global quality of life. A logistic regression model was used to analyse the data, including various aspects of health, attitudes, behaviours, self-confidence, relations and habits. In keeping with the salutogenic perspective of the study, a new concept, Positive Odds Ratio (POR), was used as an outcome of the analysis instead of the odds ratio, which is commonly used in epidemiological studies with a pathogenic approach.

**Results**

Variables found to be significantly related to good quality of life were good subjective health (POR=3.0), feeling comfortable with the classmates (POR=4.4) and teachers (POR=3.0), self-reported skills in physical education (POR=3.1), feeling popular among the opposite sex (POR=3.2), good self-reported condition (POR=2.9), exercise in a sports association (POR=3.0), feeling appreciated by friends (POR=2.5), and having at least five friends (POR=2.5).

**Conclusions**

In conclusion it seems that variables constituting good quality of life in children are principally related to friends and self-reported fitness. Positive odds ratio is a concept well adapted to theories of health promotion, which can be used when talking about positive outcomes instead of risks.
Methodological problems in health care research among Moroccan migrants in the Netherlands

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Introduction
In many European countries, research on health (care) of migrants is increasing. In the Netherlands, Moroccan migrants seem to generate more difficulties than other groups. Response rates are often lowest. Although this is one of the largest groups, for this reason, researchers every now and then decide to exclude them from their research. Aim is to get insight in the problems encountered in data collection among Moroccans, in order to provide recommendations for improvement.

Methods
Data are based on experience in 3 studies. The 1st study deals with experiences and opinions of Moroccan women with Dutch maternity care. For this study 90 in-depth interviews were conducted among women who recently gave birth. The 2nd study concerns the development of the approach to dealing with the quality of care as experienced by migrants. In this study focus group discussions were conducted, followed by face-to-face interviews among 151 migrants. The 3rd study concerns the prevention of cardiovascular diseases in different migrant groups by means of intensified care provided by peer health educators and practice nurses. For this study an existing instrument, the EQ-SD, measuring health related quality of life, has been adapted for use among migrant groups.

Results
In the different stages of data collection, language brings about difficulties. First, the usual procedure to approach respondents for participation, is sending a letter. Even when bilingual-, this not succeed in providing information on the project, because of the high rate of analphabets in even the mother tongue. Next, translation of questionnaires, especially measuring instruments, in written language is difficult or even impossible. Indeed, Moroccans' mother tongue is either Moroccan Arab (MA), either Berber which are non-written languages. Even so, written questionnaires are often not appropriate, considering the high rates of analphabets. But then again, face-to-face interviewing requires recruitment of interviewers able to communicate both in Dutch and in MA or Berber. Unfortunately, such interviewers are extremely scarce.

Conclusion
The problems in research among Moroccan immigrants in the Netherlands are attributable to a combination of specific characteristics of the native languages (non-written) and the low educational level of the majority, especially women from first generation migrants. Therefore it is important to carefully describe the target population before starting fieldwork, especially with respect to age, sex, generation and education.

Building public health knowledge into local and national decision-making – Wales as a case study

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Issue
There is growing recognition of the importance of the physical, economic and social environment in determining the health of individuals and communities. With this has come an acknowledged that impacts on health need to be considered as a part of the policy and decision making process outside the health service. Health impact assessment is a tool that can build health knowledge and awareness into policy areas, such as regeneration, transport and economic development, that do have a major affect on health and on the unequal distribution of ill health.

Description of Project
The Welsh Health Impact Assessment Support Unit, funded by the Welsh Assembly Government, aims to develop this approach across Wales. Local Authorities are currently the main focus of attention as they are responsible for many of the major public developments that affect people’s lives and their health. The unit will help to develop screening tools, provide ad-hoc advice, a web-based resource for accessing evidence and training.

Lessons Learned
Early experiences have suggested that providing tools, information and training is not enough. If health impact assessment is to be embedded into organisational processes in a way that is sustainable it will require both a cultural shift by policy makers and accommodation for such assessments within existing organisational processes.

Conclusions
Embedding health impact assessment within local government to ensure healthy policy-making requires an organisational development approach. Wales is a small nation and the potential to gain from such learning is considerable given the tight policy context. This approach may also provide lessons for developing health impact assessment at a regional level throughout Europe.

Substance use, problem behaviour and leisure activities among youths from families with low socio-economic statuses in the periphery of Brussels

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Background
As a follow-up on epidemiological research carried out in 1994 and 1998 in the Brussels Capital Region, this study examines the prevalence of licit and illicit substance use, problem behaviour and leisure activities among 2,068 adolescents between the age of 12 and 22 living in the periphery of Brussels.

Aim
Data were collected by a structured questionnaire in March 2001. The sample was representative of school going adolescents from the periphery of Brussels. Under supervision of a researcher, the pupils completed the anonymous questionnaire in class. Lifetime prevalence and past year frequency of use of alcohol, tobacco, pharmaceutical and illicit substances were enquired after, together with the incidence of leisure activities and several forms of problem behaviour. Information about socio-economic background, such as parental educational level and employment, and parental, sibling and peer substance use, was also collected.

Results
The results indicate clear variations concerning drug use, problem behaviour and leisure activities in relation to socio-economic background, of which differences between adolescents from the two lowest groups (on a 5-point scale) are of particular interest. Statistical analysis comparing both groups points out prevalence and frequency of use of tobacco, tranquillizers and stimulants was significantly higher with very low status groups, whereas low status groups reported higher levels of alcohol use. Also, more very low status pupils were involved in vandalism and petty crime and they reported far less involvement in sport events and clubs.

Conclusions
Prevention and family support programs targeting underprivileged youths which are set up in the region of Brussels should take into account this behavioural disparity.

Aging and Health Policy: Demographic change – How can we save solidarity?

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Issue/Problem
The ageing society and its implications on health care policy were widely discussed. Some calculations of prospective health care expenses forecast huge contribution rates and ask for fundamental reforms of the health care system. The development of the ageing structure in Germany and possible reform measures have to be considered.

Description
The ageing structure of the German society is characterised by a growing number of elderly people (60 years and older) and a shrinking of the entire population from about 81 million people in 2000 to about 65 million people in 2050. Three factors are responsible for this development: Firstly, life expectancy is growing continuously from about 59 years in 1924 to about 80 years in 1997 for women and from 56 to 74 years for men. Secondly, the baby boom in the 1950s and 1960s lead to a high amount of people who will retire from 2010 onwards. Thirdly, fertility rates have been fallen in the last 10 years. Confronted with this development all social security systems are faced with a decreasing amount of payers and an increasing amount of consumers. On the other side of the coin there are several factors which moderate the described situation and
reduce the forecasted disparity between contributions and health care expenses. For example, the currently increasing number of working women which could be promoted further by a family friendly policy leads to increasing rates of women in the labour-market and to growing contributions into the health care system. Other possible measures of health care policy are prevention programs to reduce the burden of disease, especially chronic diseases. The actual health policy in Germany tries to find new ways of improving quality and efficiency with combined elements of solidarity and competition. Examples are the reform of the risk equalisation scheme and the introduction of a new reimbursement scheme (Diagnosis Related Groups, DRG’s) for hospitals. Further reform measures to avoid over-, under- and misuse in health care delivery must be discussed taking into account the actual analysis of the Advisory council for the Concerned Action in health care.

Introduction
Over the past decades most West European countries became immigrant societies. Immigrants meet another culture, inducing a so-called process of acculturation. They often end up in a situation of disadvantage also with respect to health. It is often suggested that acculturation fulfills a role in the relationship between migration and health, but research results are very conflicting.

Aim
Therefore we conducted a literature review, in order to assess the ways in which acculturation is defined and measured.

Method
The review is based on searches in Medline, Psychinfo and SSCI, using ‘acculturation’ and ‘cultural adaptation’, as main key words. We combined these keywords with ‘measuring instruments’ and with ‘health’, ‘disease’, ‘illness’ and ‘morbidity’. App. 100 references (1990–2001) are included.

Results
No unambiguous definition of acculturation exists. In most epidemiological research, acculturation is not or only vaguely circumscribed, assuming implicitly that the reader understands the meaning of the concept. Actual definitions, merely by cultural psychologists, include various aspects, viz. changes in behavioural functioning (e.g. customs, food and music choice), in affective functioning (emotions) and in social integration. Value changes are seldom mentioned, implying that little attention is paid to the antecedent concept of ‘culture’.

Notwithstanding this lack of consensus, general agreement exists that acquiring of the host culture does not involve a corresponding loss of the culture of origin. Therefore some scholars present a two-dimensional model of acculturation. Acculturation still often is measured by single indices, such as year of residence, generational status (1st, 2nd generation). Also composite models have been developed, including several aspects, of which the choice is seldom motivated. The more fundamental level of values and norms is frequently ignored, as well as the bi-dimensional character of the concept.

Conclusion
The concept of acculturation offers the opportunity to make relevant distinctions within ethnic minority groups when studying differences in health status. Indeed, often only ethnic background is included in research, assuming cultural homogeneity within each ethnic group. However, it is impossible to take advantage of this opportunity, as long as the conceptual and measurement problems as described above are not solved.

EURO-MED-STAT: Monitoring Expenditure and Utilisation of Medicinal Products in the European Union Countries. A Public Health Approach
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Description of the project
EURO-MED-STAT is a project funded by the European Commission (D-G Health and Consumer Protection) within the Health Monitoring Programme. It is aimed to develop a set of indicators, to be integrated into the EU Public Health Information Network (EU/THIN), for monitoring price, expenditure and utilisation of medicinal products in the EU member states.
Representatives from fourteen Member States, Norway and WHO-Europe participate to EURO-MED-STAT whose objectives are: performing an inventory of data sources and a survey of available data; assessing data reliability and comparability between countries; developing Standard Operating Procedure (SOPs) for data management (collection, validation and comparison); pooling and comparing the validated data with special reference to cardiovascular medicines.

Results
EUROMED-STAT will produce a better knowledge of the European pharmaceutical policies, it will increase the transparency of the medicine market, and by producing comparable data for indicators will promote both a more rational use of medicines and a better cost-effective utilisation.

Benefit-cost evaluation of influenza vaccination in elderly people in Liguria, Italy
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Background
Influenza disease causes great damage to society. The allocation of resources for the protection of health cannot disregard the facts on the cost-benefits of feasible interventions. One of the highest impact measures by Public Health in the prevention of influenza is vaccination.

Aims
The objectives of this study were: first, to evaluate, during the whole winter, in the Ligurian population, the weekly incidence of influenza and to isolate, or at least identify, prominent viral strains during the epidemics; secondly, to assess the costs of the disease and the efficacy of a preventive vaccination program.

Methods
During the winter 2000–2001 we carried out a study to assess the costs of the disease and the benefits of vaccination. We did a clinical-virological surveillance study, through 46 doctors and paediatricians, on a population of 55,984 subjects that included 14,818 individuals older than 65 years. Furthermore, we carried out a perspective study on 512 elderly individuals, arranged according to the vaccination strategy (304 vaccinated and 208 non-vaccinated). Finally, in order to assess with a good degree of accuracy the percentage of vaccinated elderly individuals, we carried out a telephone survey on 500 subjects.

Results
Our clinical surveillance study enabled us to establish that morbidity was particularly low in elderly individuals, even in relation to higher rates of incidence in other age groups (6th week of 2001). During this period we had the highest number of viral identifications and isolations (the isolated strains were similar to the A/New Caledonia/ 20/99). The results of the perspective study allowed us to estimate the benefit/costs ratio at 8.22, with a saving of 242,835 lire (Euro 125.41) for each vaccinated subject. We were also able to establish that the vaccine coverage among elderly individuals was 63%.

Conclusions
Our study, though carried out during a low epidemic year, confirms the economic advantage of vaccination in the elderly.

Socio-economic inequalities in health among Slovak adolescents
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Background
Based on the most of the prevailing European literature, absence of socio-economic health differences among adolescents might be presumed, but several recent findings from Nordic countries, USA, Hungary and Slovakia did not support this hypothesis. Particularly in Central European countries, due to transformation crisis, we can expect deeper inequalities in health.

Conclusions
The main aim of this paper is to explore socio-economic health differences among Slovak adolescent.

Methods
Using occupation and education of mother, father, and highest one of parents as an SES indicator, the socio-economic differences in experienced health complaints and self-reported health were explored among Slovak adolescents (1370 boys, 1246 girls, mean age 13 years, sample stratified according to the gender and type of school, data collected in autumn 1997). Analyses were done using GLM methods separately in male and female and for each indicator of SES and health.

Results
With some exceptions (mostly when father’s characteristic were used as an indicator of SES) the socio-economic differences in experienced health complaints and self reported health among adolescents unfavourable for lower SES groups were confirmed. Adolescents from lower SES reported more frequently to feel dizzy, get tired sooner, get shortness of breath easily, feel headache more often. Our findings confirmed poorer health of girls in comparison to boys. There are no gender differences with regard to socio-economic differences in health. It seems to be that mother’s characteristics are a better indicator of SES than father’s ones in inequality research among adolescent.

Conclusions
Substantial inequalities in health according to socio-economic status can be found among Slovak adolescents unfavourable for lower SES groups.

Promotion of Family Planning Services in Armenia
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Issue
Previous evaluations found extensive reliance on abortion as means of limiting spacing births. In 1999, USAID funded Johns Hopkins University Population Communication Services (JHU/PCS) to implement Information-Education-Communication (IEC) Campaign to promote the Family Planning Cabinets and modern contraceptives as alternatives to abortion. This 6-month campaign was the first large-scale, multi-media health campaign conducted in Armenia.

Project Description
The objective of the Campaign was to increase demand for modern contraceptives and increase attendance by 20% at family planning cabinets in pilot regions by the end of 2000. The Campaign promoted modern contraceptives and family planning services using national and local media, and community events. Campaign materials included television and radio spots, brochures, posters and promotional materials. Community-based activities included women’s seminars, concerts, sports events, and clinic open houses.

To prepare Family Planning Cabinet staff for the potential rise in demand for services, JHU/PCS and Ministry of Health conducted seminars in counseling and client-provider interaction for health personnel.

Lessons learned
The Campaign was implemented during a difficult period in Armenia marked by a plummeting birth rate, high rate of emigration, and growing deprivation. Important lessons were learned that could be used in the future by groups planning to implement family planning campaigns in similar settings. These lessons include:
- alternatives to mass media for IEC campaigns should be explored for promotion of family planning;
- advocacy with government should be conducted at the highest levels to build support for public campaigns;
- materials’ pretesting with stakeholder groups is crucial for anticipating negative public reaction;
- collaborative network of partners is essential for gaining support for program activities.

Conclusions
Despite some negative criticism, the campaign accomplished its objectives. Contraceptive prevalence rate increased by 4.6%, and visits to Family Planning Cabinets increased (84%). Women responded positively to the campaign with increased knowledge and improved attitudes.
Measuring the burden of road accidents injuries using an emergency-based surveillance system

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Background
Road accidents are one of the most relevant causes of mortality and morbidity in the entire world. The surveillance of road accidents is, in Italy, delegated to the police, now in Lazio region a new surveillance system based on emergency permits to estimate the health consequences of the phenomenon.

Aims
To quantify the incidence and hospitalisation of injuries due to road accidents; to describe the characteristics and the severity of injuries reported.

Methods
The sources of data are the emergency information system, collecting all the admissions to emergency wards and the hospital discharge register. We selected all the emergency admissions for traumas occurred in the road, except for intentional injuries. We looked for the patients in the hospital discharge register and we considered hospitalisations consequent to road accident the admissions in the same day or in the day after the emergency admission. Triage, an operative scale of urgency, was used as an indicator of severity.

Results
We observed an incidence of 2769/100000 emergency admissions, and a hospitalisation rate of 244/10000. The incidence was higher for children in the age group 0–9 years with an incidence of 3387/100000 emergency admissions and 251/100000 hospitalisations. The most affected body region was the limbs, 29% the neck, most of them whiplash, 17% affected the head and 3% the thorax and abdomen. The proportion of severe cases was higher in head, thorax and abdomen injuries.

Conclusions
The police based surveillance reports 433/100000 injuries in our region in 2000, we observed an incidence six times higher, the most part of the cases reported are not severe and probably are affected by underreporting by the police.

Register-Based Monitoring Shows Decreasing Socio-economic Differences in Finnish Perinatal Health

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Background
Several studies have shown the influence of the organizational conjunctures. The gender difference for cohorts born 1920–1939 might be explained with political shifts and economical effects could be explained with political shifts and economical conjunctures.

Methods
Since October 1990, the Finnish Medical Birth Register (later: MBR) has included data on maternal occupation. A special computer programme was prepared that converted the occupation name into an occupational code and into a socio-economic position. The Finnish MBR data for years 1991 to 1999 (N=565,863 newborns) were utilised.

Results
An occupational code was derived for 95% of women, but we could not define a socio-economic position for 22% of women, including for example students. For the rest, our data showed socio-economic differences in all perinatal health indicators. Maternal smoking explained up to half of the excess risk for adverse perinatal outcome in the lowest socio-economic group. The socio-economic differences narrowed during the 1990s: infant outcome improved in the lowest socio-economic group, but remained at the same level or even deteriorated in other groups. When comparing the lowest group with the highest group, the odds ratios (OR) adjusted for maternal background characteristics at least halved for prematurity (from 1.32 [95 % confidence interval 1.24–1.43] in 1991–1993 to 1.16 [1.08–1.25] in 1997–1999), for low-birth weight (from 1.49 [1.36–1.63] to 1.25 [1.17–1.40]), and for perinatal mortality (from 1.79 [1.44–2.21] to 1.33 [1.07–1.66]).

Conclusions
Social inequality in perinatal health outcomes exist in Finland, but they seem to have diminished in the 1990s. Our data showed that routinely collected register data provide a good data source for studies on socio-economic health differences in the perinatal period, but that uncertainty, mainly due to the large group of women in the group ‘Others’, remains.

Variations in risk for disability pension in Norway 1970–1999: period or cohort effects?

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Background
A universal scheme for disability pension was introduced in Norway in 1967. The aim of the study was to investigate whether specific cohort or period effects could explain varying incidence of new disability cases.

Methods
The data set included all new cases of disability pension in age group 16–59 years according to age and gender for each year from 1970–1999. 252 198 cases were reported. Population at risk was defined for each year from census data and number of individuals already on disability pension. The data were organised in 5-year age groups, 5-year time periods and corresponding, overlapping 9-year age-cohorts. Age-specific rates were displayed graphically for periods and cohorts. Following a strategy proposed by Clayton and Schifflers, separate statistical models were then fitted for age-period and age-cohort and analysed by means of Poisson regression.

Results
Age adjusted annual incidence rates for women varied between 4.9/1000 non-disabled (1975–79) and 10.2/1000 (1995–99). Corresponding figures for men were 4.6/1000 and 6.5/1000. Statistical analysis showed an increasing trend (‘drift’) for both genders in all models, more pronounced for women than men. All time-periods significantly deviated from the trend, either upwards or downwards. In age-cohort models women born 1920–1939 contributed most to the increased incidence. Women born in 1940–59 significantly lowered the trend. For cohorts born 1970–1984 increasing incidence of disability pension, significantly exceeding the general trend, was found among both genders.

Conclusions
Both cohort- and period-effects were identified. Significant period-effects could be explained with political shifts and economical conjunctures. The gender difference forcohorts born 1920–39 might be caused by the fact that this was the generation where women, on a large scale, took up paid work in addition to domestic responsibilities. Increasing incidence among younger cohorts are still based on relatively few observations.

Perceived health and organizational climate in the workplace

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Introduction
Several studies have shown the influence of the organizational climate in an institution on the level of the workers' health. In this line, the objective of this study is to obtain a measure of the organizational climate for ten Basic Areas of Health in Jaén (Spain) and to analyze its influence on the perceived health by the workers.

Methods
A cross section descriptive study was designed including all the workers of 10 Basic Areas of Health in Jaén (Spain). For each worker...
Aim

The questionnaire used in the investigation were responded by 179 (63.13%) workers of the Basic Areas studied. The average age were 41.06 years (typical deviation: 6.60 years). 59.2% of the participants were men and 40.8% were women. The measure of organizational climate obtained achieved 63.92 points in a scale of 1–90 points (with a typical deviation of 12.44 points). Globally, the perception of health of the workers in the Basic Areas studied is very positive: 86.03% of them consider that their health, as minimum, is good. Concretely, 45.6% consider that their health is good, 24.6% that is very good and 12.8% consider that it is excellent. On the other hand, 13.97% consider that its health is bad or passable. A significant statistical association was revealed between the organisational climate and the perceived health (p=0.008).

Conclusions

In agreement with the contributions of other authors, the organisational climate in an organization is related with the health perceived by its workers. Therefore the preventive efforts should go guided toward the promotion of a policy based on the improvement of the organisational climate in the workplace.

An inquiry into the community approach to safety promotion: a study of safety measures for children and adolescents in Swedish municipalities

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Background

There are two major aspects that might explain the extent of safety measures in a community, the way safety promotion is organised and the relative affluence of the municipality.

Aim

To investigate two aspects of the community approach to safety promotion for children and adolescents. Firstly, if there is any correlation between safety promoting measures in different municipal settings, and secondly, if municipal affluence, measured as socio-economic characteristics, affects the level of safety promoting measures.

Method

A cross-sectional study comprising 25 municipalities in Stockholm County was carried out. The extent of safety promotion measures in four settings were studied; the municipality setting in general, the traffic, the pre-school and the school-leisure activity settings. Eleven demographic, political, economical and social characteristics of the municipalities were collected from public statistics.

Results

There were four main findings. Firstly, environment orientated safety promotion measures in the municipality setting in general, the pre-school setting and the school-leisure activity setting correlated with the total municipal safety promotion measures. Safety promotion measures in the traffic setting, however, were not correlated with measures in other settings. Secondly, an individual orientated activity, bicycle helmet campaigns, seemed to be negatively correlated with the environmental measures that were focused in this study. Thirdly, socio-economic characteristics of the population did not predict the amount of safety promotion measures. Fourthly, growing municipalities with large fractions of children reported less safety promoting measures.

Conclusions

The study gives some support to the community approach to safety promotion. In Sweden, with an extensive system for equalising municipal resources, the level of municipal safety promotion seem to be independent of socio-economic factors.

Computerised Child Health Record in Iceland

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Issue

Children health services in Iceland are available to all free of charge, and are universally accepted. It includes home visitations after birth and regular follow-up visits at the health centres. Nurses play a pivotal role, supported by medical practitioners. All information concerning the family and the development of the child has been hand-written in the child health record, kept at the health centre. These records have proved to be useful in daily work but less so for epidemiological surveillance, quality management or research.

Description of the project

The child health record was in 1997 incorporated into the general computerised health record Saga in use at most health centres. Yet it has proved to be inefficient for data analysis. Consequently, since 2001 an interdisciplinary team of people has been working on a new child health record in Saga, to be in introduced in late 2002. It addresses key aspects of child health such as the family situation, pregnancy and birth experience, breastfeeding and nutrition, development of the child, immunisation and health promotion. Further, it incorporates as appropriate new indicators of child health in line with those recommended by CHILD—the EC-funded project on Child Health Indicators of Life and Development. National guidelines for the services will also be easily accessible.

Lessons learned

The development process has been an excellent opportunity to radically reconsider the registration routines within the child health services and to redefine key concepts such as breastfeeding status and current nutrition as well as health promotion. Still it is a time consuming effort with many potential stakeholders.

Conclusions

The new record combines ease of use, rapid access to key information on individual children while being flexible for data analysis. It will generate new knowledge on child health and contribute to evidence based practices by combining research and policy.

Preadolescent children’s concepts of their own psychiatric illness and hospitalisation

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Background

According to Piaget are 7 to 11 years old children in the "concrete operational stage". Operational thinking develops (mental actions that are reversible). Children start to distinguish between body and mind. Stainberg and Weller found, that mental ill children described personal problems, but they did not relate them to hospitalisation (1989).

Aim

There are not many existing studies about illness concepts of children. But the child’s understanding of the nature of psychiatric hospitalisation is important for developing of treatment strategies.

Methods

50 preadolescent children (6–12 years old) hospitalised in a child- and youth-psychiatry in Schleswig/Germany were investigated between 1996 and 1998 with special conceptuated short stories (Hach/Ruhl, 1995) about animals suffering from typical child- and youth- psychiatric illnesses. They were asked the reasons of animals problems and solutions. A semi structured interview evaluated their understanding of reasons for their own hospitalisation and possible treatment-profits.

Results

Children held main the family, internal faults and fatalistic reasons responsible for the animal’s problems. They answered, that mostly the family or things nobody can influence (e.g. time, getting older) could help. Although 78% answered, that actual hospitalisation would help themselves, only 42% were on “their own free will” in hospital. Only 20% affirmed to be ill, 50% to have problems before hospitalisation. It was very difficult for the children to decide what or who in hospital could help them most.

Conclusions

It seems to be that children recognize to have problems, but not to be ill. They think hospitalisation is helpful, but they do not want it. So for successful treatment it is important to try to make children understand, what a mental illness is and how important their own role during recovery will be.
Changes in health care systems and their impact on mental health care

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In European history mental illness became distinguished from socially unacceptable behaviour considerably later than physical diseases were given illness status and provided care for. Even today persons with mental illness are faced with ignorance, prejudice and discrimination in many countries. In its extreme consequence social stigmatization led to the killing of some 200,000 mentally ill people in the National Socialist era in 1939 to 1945.

Long underestimated in medicine, the media and politics, the enormous public-health relevance of mental disorders became recognized only in the past few years. The widespread diseases of depression, alcoholism and schizophrenia figure among the ten illnesses with the highest DALY values worldwide. In Europe we have the know-how, tools and resources to recognize and treat the major mental disorders. However, only a minority of mental patients receive timely and adequate treatment. In most of the serious mental disorders severe social and personal consequences occur before the first treatment contact.

With the revival of human and civil rights after World War II the mental health care system has undergone sweeping changes. The focus of treatment has shifted from the mental hospital and the family doctor and the burden of care from intramural institutions to complementary services in the community, the patients and their families. Besides the need for treatment, the manifold social needs of the seriously mentally ill have to be met. Problems of cooperation between sectors of care and of responsibility and financing will be discussed. As part of the general health care system mental health care in many countries is still struggling with remnants of legal and practical discrimination. Especially the need of the seriously mentally ill for long-term multi-disciplinary care is associated with considerable economic and social costs. Society in principle bears the responsibility for guaranteeing fairness and providing good medical and social care not only to the physically, but also to the mentally ill and for protecting them against the financial costs and consequences of illness.

Cost-effectiveness analysis method for diagnostic procedures in the course of 30 years at the medical university hospital

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Background

This paper draws on results of a study by W. Kirch and C. Schaffi, "Misdiagnosis at a University Hospital in 4 Medical Eras". In this study, 400 randomly selected medical records of deceased patients who were subsequently autopsied in the years 1959 (= 100 persons), 1969 (= 100 p.), 1979 (= 100 p.) and 1989 (= 100 p.) were examined to determine whether a misdiagnosis had been made. In the three decades scrutinized, the misdiagnosis rate remained nearly constant to approximately 10%.

Aim

The goal of the present study was to investigate the development and application of a public health cost-effectiveness analysis to evaluate on a comparative basis the diagnostic procedures over a period of 30 years. Methods

This present study examines the expenses arising from the particular diagnostic treatment applied, whereby use was made of the same group of patients. In addition, the frequency of application of the methods utilized was also analysed. The study classified and financially evaluated a total of 22,648 diagnostic examinations according to 210 distinct DK-G-NI ciphers.

Results

In the period 1959 through 1989, both the number of examinations (+314%) as well as their total expenses (+580%) increased exponentially. The comparatively steep rise in costs can be traced to a trend towards more expensive diagnostic procedures. The costs of diagnoses per patient rose for persons with cardiovascular and pulmonary illnesses by 966% and 486% respectively, and were thus considerably more significant than for other illnesses. No age-related increase in diagnostic expense could be determined.

Conclusions

The economic principle of attaining a set goal through application of minimal means appears increasingly to have been lost sight of in the medical diagnosis sector over last years in the study.
Adults aged 45–59 years, with serum total blood cholesterol greater than 5.7 mmol/L or a systolic blood pressure greater than 130 mmHg, or both, were identified through screening. Consenting participants were randomised to receive fortified bread rolls, cereal bars and biscuit-like crackers providing 2 grams of docosahexaenoic acid (LCn-3), or 25 grams of soya-protein (30 milligrams of isoflavonoids), or DHA and soya-protein, or no added nutrients. Cholesterol and blood pressure were measured after five weeks.

**Results**

Of the 213 randomised participants, 159 (74.6%) completed follow-up. Univariate analysis found no important effect on blood pressure or total cholesterol in any groups. However, high-density lipoprotein cholesterol increased by 5.8% in those given foods only containing LCn-3 (DHA) (p<0.01 for the differences between groups).

**Conclusions**

The beneficial effect on HDL-C from fish-oil supplemented foods is similar to some fibrate pharmacological preparations. The value of LCn-3 (DHA) in reducing elevated risk factors for coronary heart disease?

**Previous assessments documented a need in Armenia for quality reproductive health services**. American University of Armenia, 40 Marshal Baghramian, Yerevan 375019, Armenia

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**Background**

Previous assessments documented a need in Armenia for quality family planning (FP) services in conjunction with a public education campaign. The Green Path campaign, funded by USAID and implemented by Johns Hopkins University Population Communication Services, was launched in June 2000. It included television and radio spots, community events, and print materials. The Center for Health Services Research and Development of the American University of Armenia evaluated the campaign.

**Aim**

The evaluation tested the overall impact of the campaign. An outcome of interest was the relationship between change in demand for FP services and use of modern contraceptives as a result of exposure to the campaign.

**Methods**

A modified cluster sample, representative of Armenia was drawn. A panel of 1,088 married women (18–35) completed a survey prior to and following the campaign.

**Results**

The campaign reached its audience, with over 90% exposed to the campaign logo and 65% recalling the slogan. Exposure to TV spots ranged from 65–92%, with exposure to posters, radio spots, and brochures ranging from 15–50%. Women exposed to the campaign liked it. Use of FP services was positively and significantly associated with exposure to the campaign. Most (61.4%) women were prompted to visit FP cabinets by media messages. Exposure to campaign was associated with frequent spousal communication and search for information about modern contraceptives.

**Women exposed to TV and radio advertisements were more likely to adopt modern contraceptives.**

**Conclusions**

The first large-scale health promotion media campaign in Armenia succeeded in shifting women’s health behaviour. The campaign reached its target audience. The audience liked the messages and improved their attitudes towards modern contraceptives. The messages were designed and delivered in conformity with the needs of women. The observed positive shift in the behaviour is attributable to exposure to the campaign.

**Post-stroke depression – a limiting factor of quality of life after stroke in young patients**

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**Purpose of study and Background**

Stroke is the leading cause of long term disability in western countries causing major individual, social and economic burdens. Improving quality of life of stroke patients has received increasing attention. Mood disorders are common, but often unrecognized outcomes of stroke. Post-stroke depression (PDS) is known to have an influence on activities of daily living and the severity of neurological deficit – decreases the motivation for life-style changes and rehabilitation.

**Methods**

We studied 92 patients admitted to Neurological Clinic with stroke (55 with ischemic stroke, 22 with intracerebral hemorrhage and 13 with subarachnoid hemorrhage; aged 45–65), eighteen patients were diagnosed as depressive, over 4 months after initiation of antidepressants. Patients underwent evaluation of neurological deficit (Barthel index) and depression symptoms (SDDS – Self-rating Depression Scale, CGI – Clinical Global Impression) at week 2, 4, 6, 8 and 12.

**Results**

At second week of antidepressant therapy we observed 10 points Barthel index difference in depressed group compared to non depressive group. At week 4 we found significant improvement of Barthel index scores in depressed patients, nearly approaching to the value in non-depressed group. We also observed adjustment of depressive signs and symptoms (CGI improvement for 2,6 points, SDDS for 11 points).

**Conclusion**

PDS is relatively common in occurrence. Patients with PDS have lower functional status, increased cognitive impairment and higher mortality rate. Identification and treatment of depression after stroke can help patients take better advantage of rehabilitation opportunities. Early initiation of antidepressive treatment facilitate the recovery from stroke and thus improves the quality of life after stroke.

**Social position and gender differences in quitting smoking**

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**Background**

A number of studies have found that there are gender differences in quitting smoking in particular age groups. Younger women tend to have higher quit rates than younger men, middle aged and older men have higher quit rates than younger men.

**Aim**

To examine the role of social position at different stages of the life course in explaining gender and age differences in quitting smoking.

**Methods**

Survival analysis of quitting smoking using data from nine waves (1991–1999) of the British Household Panel Study, a nationally representative panel survey of adults aged 16 and over, with interviewer administered questionnaires. Current smoking of cigarettes was asked at each wave; quitting smoking was defined as smokers who in a later wave reported that they did not smoke cigarettes. Measures of social position include education level, household income, occupational class and general social advantage (Cambridge scale). Covariates included number of cigarettes smoked, other smokers in household, number of children in household, marital status and employment status.

**Results**

There were clear age and gender differences in quitting smoking in...
Helminen, S.K.J. 1, Vehkalati, M.M. 2

**SUPPLEMENT**

10th Annual EUPHA Meeting

19- to 36-year-old patients to their check-up intervals, number of visits, and the time used for repeated dental prevention, periodontics and filling therapy in subsidized public dental care.

Methods

Data on dental status, proposed check-up interval, visits and dental treatments were taken from municipal ADP files.

**Results**

Mean DT was 1.6 (SD 2.4); 6% of patients had deepened periodontal pockets, 70% calculus and 14% gingivitis. The patients made, on average 3.4 (SD 2.7) visits and their check-up interval was proposed to be 17.8 (SD 5.5) months on average. Per patient, mean time used for repeated dental prevention was 3.6 (SD 9.0), for periodontics 11.1 (SD 16.3), and for filling therapy 48.1 (SD 63.9) minutes. The length of check-up intervals and time used for repeated dental prevention accurately reflected DT and CPITN indices. For patients with DT=0, an average of 14 minutes was used for filling therapy. On the other hand, 29% of patients with CPITN 2 did not receive any periodontics.

**Conclusions**

The proposed check-up intervals best reflected dental indices, indicating optimal allocation of resources. DT index can lead to underestimated allocation of filling resources among adults.

**Self medication and the role of general practitioners**

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**Background**

The Janus head of self medication – more patient autonomy vs. control. The proposed check-up intervals best reflected dental indices, indicating optimal allocation of resources. DT index can lead to underestimated allocation of filling resources among adults.

**Method**

A telephone survey was conducted with a representative sample of households in Germany, based on random digits provided by ZUMA, a scientific centre for survey research in Mannheim. Members of households were selected following the 'birthday method'.

**Results**

The response rate was 59% (412/737). More than one-third had practised self medication within the last four weeks; 81 informants could not remember to have ever taken an over the counter (OTC) drug. Most often self medication was used for minor complaints (44%), but 19% used OTC products also to treat a chronic disease. Only 9% had talked with their GP about self medication within the last 12 months, half of them had initiated this conversation. About 40% of the informants had the feeling their GP would feel bothered by such a conversation; 71% would like their GP to give a recommendation for self medication.

**Conclusion**

Consumers use most frequently pharmacists and the media, and not their doctor, as sources of information on self medication. A broader involvement of family doctors in self medication counselling is welcomed and does not seem to conflict with patients' wish for more autonomy in health care.

**Sex-specific health related behaviour and Quality of Life in chronically ill patients after a behavioural intervention in an integrative medicine clinic**

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**Background**

Integrative medicine (standard internal medicine combined with intensified life-style modification) aims to help patients with chronic illness to cope with their condition more effectively and to achieve a health promoting life style, trying to increase health related quality of life (QoL) and reduce morbidity in later life. It includes instructions on nutrition, exercise, the elicitation of the relaxation response, cognitive restructuring and stress coping.

**AIM**

This study describes the effects of a two week hospital stay in an integrative medicine clinic in chronically ill patients on health related behaviour and QoL 3 and 6 months after completion of the hospital stay.

**Methods**

Observational, uncontrolled study with consecutive in-patients, who were referred to the clinic between January and August 2001 for treatment of a chronic illness. Patients filled out a questionnaire including questions on QoL (SF36), anxiety and depression (HADS-D), and daily health related behaviour (nutrition, exercise, relaxation) before (t1), directly after (t2), as well as 3 (t3) and 6 (t4) months after the medical intervention. Sex specific means and confidence limits (CI) were calculated. Differences between times and sexes were tested for significance with the t-test or chi-square-test.

**Results**

326 patients were treated within the mentioned time period. The return of the questionnaires was 87% (t1), 80% (t2), 62% (t3) and 45% (t4). Mean age was 53 years (median 55), 76% were female. Musculoskeletal diseases were most common (39%), followed by chronic pain conditions (headache, migraine, other, 17%), and chronic obstructive lung disease (9%). 6 months after hospital stay, women had increased their frequency of physical exercise (1.89/week, 95%CI 0.92;2.48) and their intake of healthy food (0.94 servings per week, 95%CI 0.88;0.98), while men had decreased their consumption of unhealthy food (~2.2 servings per week; 95%CI 0.83;0.98). Both sexes increased their regular use of relaxation exercises (97% to 60%, p<0.05) and improved on the physical sum scale of the SF36 by 15% (4.95, 95%CI 2.49;7.41). There were no qualitative differences between t3 and t4.

**Conclusions**

Lasting effects on health related life-style and QoL can be achieved in chronically ill patients through a behavioural intervention. Furthermore, sex-specific programmes are needed to achieve this goal most effectively.

**Evaluation of a quality improvement programme for allied health professionals**

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**Background**

From 1997 to 2000 the allied health professionals in the Netherlands participated in a quality improvement programme (QIP programme) initiated by the Dutch Ministry of Health. Professional groups were physiotherapists, dieticians, dental hygienists, exercise therapists, occupational therapists, orthopists, podiatrists, speech therapists and radiology assistants. For reasons of monitoring efficiency
Diabetes Mellitus type 2: How to identify in GP information systems?

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Background Diabetes mellitus type 2 (DM2) is a common chronic disease among adults. DM2 is supposed to be DM2 patients instead of "juvenile" diabetes (DM1). However the prevalence of DM2 is also rising in children and adolescence. In this study we focus on the selection of DM2 patients in a computerized health information system.

Aim/Methods

When using GP information systems (GPIS) like the Integrated Primary Care Information (IPI) database (containing approx. 500000 patients) to identify DM2 patients in a population, ICPC coding, medication, measurements and markers for DM2 patients are relevant indicators. However using this method, problems occur due to wrong coding of the GP or of lack of information on type.

Results

An example of wrong coding is that, if DM2 is detected in a 70 years patient, the patient started immediately on insulin instead of oral medication by the specialist. The specialist reports it as insulin dependent diabetes to the GP, which is then wrongly coded as DM1 by the GP.

As a result of wrong coding you find unexpected results. Based on the ICPC-coding (T90.0, T90.1 and T90.2), medication, measurements and markers, the relation DM1 and DM2 patients in a population are distorted. According to the literature the relation DM1 and DM2 should be approximately 10:90. Without manual adjustments the relation is almost 22:78.

A further limitation of GPIS is that GPIS contains information only on a small portion of a patients' life. This can complicate classification of for example a 50 year old.

Conclusions

This study shows that to identify DM2 patients based on patient information from a GPIS one should be cautious relying on registration and coding of GPs. Without the use of additional information and manual verification of the type of diabetes, incidence and prevalence estimates are biased.

Prevalence of varicocele in 1200 Bulgarian boys


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Aim: To be found out the prevalence of varicocele in children and adolescents.

Methods

A population-based cross-sectional study of 1200 healthy boys from Sofia, chosen at random. The age of the subjects varied from birth up to 19 years. They were divided into 3 groups: group 1 (few months after birth to 6 years), group 2 (7 to 12 years) and group 3 (from 13 to 19). Ph. K. examined all boys. Examination for varicocele included for scrotal palpation and Valsalva maneuver.

Results

A left-sided varicocele was found in 5.6% in the boys. In group 1, only 1 six year old boy had varicocele–0.2% compared to 6.1% in group 2 and 10.3% in group 3 (p<0.0001). The median (25% and 75% interquartile range) age of boys with varicocele was 14 (12, 18).

Logistic regression analysis indicated that the age of the subject was a significant factor for diagnosis of varicocele (odds ratio=1.61 at 95% confidence interval, p<0.0001).

Conclusion

This first report of the prevalence of varicocele in young Bulgarian males shows that varicocele can be detected as early as the age of 6 years and that its prevalence increases progressively with age. In addition, our study indicates that varicocele had no impact on testicular volume yet, probably because the period of influence of varicocele on testicular volume is short.

Objective and subjective health in persons with diabetes mellitus

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Ghent University, Department of Public Health, De Pintelaan 185, 9000 Ghent, Belgium

Aim: To be found out the prevalence of varicocele in children and adolescents.

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Objective and subjective health in persons with diabetes mellitus

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Aim: To be found out the prevalence of varicocele in children and adolescents.

Methods

A population-based cross-sectional study of 1200 healthy boys from Sofia, chosen at random. The age of the subjects varied from birth up to 19 years. They were divided into 3 groups: group 1 (few months after birth to 6 years), group 2 (7 to 12 years) and group 3 (from 13 to 19). Ph. K. examined all boys. Examination for varicocele included for scrotal palpation and Valsalva maneuver.

Results

A left-sided varicocele was found in 5.6% in the boys. In group 1, only 1 six year old boy had varicocele–0.2% compared to 6.1% in group 2 and 10.3% in group 3 (p<0.0001). The median (25% and 75% interquartile range) age of boys with varicocele was 14 (12, 18).

Logistic regression analysis indicated that the age of the subject was a significant factor for diagnosis of varicocele (odds ratio=1.61 at 95% confidence interval, p<0.0001).

Conclusion

This first report of the prevalence of varicocele in young Bulgarian males shows that varicocele can be detected as early as the age of 6 years and that its prevalence increases progressively with age. In addition, our study indicates that varicocele had no impact on testicular volume yet, probably because the period of influence of varicocele on testicular volume is short.

Objective and subjective health in persons with diabetes mellitus

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Aim: To be found out the prevalence of varicocele in children and adolescents.

Methods

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Conclusions
Working people with diabetes have a poorer objective and subjective health compared with working people without diabetes. In the group of diabetics, persons taking medication have a poorer objective health than persons not taking medication, but they don’t differ on the subjective health indicators. Insulin-dependent diabetics have more health and depression complaints and have higher blood-pressure but they are less obese and have a lower cholesterol-ratio than diabetics taking oral medication.

Socio-economic inequalities in mortality in 10 European countries: the case of the elderly

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Background
Some Northern European studies reported that relative educational and income inequalities in mortality among middle-aged people are much larger than among elderly people. It is not clear whether this pattern is also observed (a) in other parts of Europe, (b) according to other socio-economic indicators, and (c) when absolute measures of socio-economic mortality inequalities are used.

Aim
This study aims to describe mortality inequalities related to education and housing tenure in ten European countries. It describes the age-pattern of relative and absolute socio-economic mortality inequalities over the adult population.

Methods
Mortality data were acquired from ten European national and urban longitudinal mortality studies. Indicators of socio-economic status were education and housing tenure. We determined relative inequalities with rate ratios. Differences in age-standardised mortality rates between socio-economic strata were used as indicators of absolute inequalities. Age-specific socio-economic inequalities were described for the ages 30 to 90+ by ten-year age group. Analyses were performed on total pooled European data, and on the data sets for specific countries/cities.

Results
Among men, relative mortality inequalities mostly decreased with increasing age. Among women relative educational inequalities remained of equal size until age 80–89. Absolute differences continued rising with age. Socio-economic mortality inequalities were still present at the oldest ages (90+) in Europe. While inequalities related to housing tenure were higher at middle-age, they decreased more strongly with age than educational mortality inequalities. In Denmark, France, Belgium and Austria relative socio-economic inequalities remained of equal size until age 80–89. Absolute differences continued rising with age. Socio-economic mortality inequalities were still present at the oldest ages (90+) in Europe. While inequalities related to housing tenure were higher at middle-age, they decreased more strongly with age than educational mortality inequalities.

Conclusions
The results of this study indicate that mortality inequalities among elderly people may certainly not be dismissed. Housing tenure can be used as a complementary indicator of socio-economic status. Based on the variations in age-pattern between countries it can be concluded that mortality inequalities are not irremediable and may be further reduced.

Opioid prescriptions in a representative regional health insurance survey

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Background
Facing the amount of opioids prescribed, physicians in Germany were often blamed for not treating pain adequately (Radbruch et al. 2000, Sabatowski et al. 2001). Since 1999 an increase of opioid prescriptions could be observed (Rüger/Schmidt 2001). In order to find out whether this development indicates an improvement in pain management patient-related data is necessary to analyse details of prescription prevalence and patterns of prescribing for different diagnosis groups.

Aim
To calculate the opioid prevalence and to describe prescribing patterns for opioids

Methods
Secondary analysis of person related health care data (prescription and diagnoses of a 18.75% random sample of the 1.9 million patients insured by the Local Health Care Fund (AOK). Diagnoses were coded with the ICD-10 classification, prescription data with the ATC/DDD-classification. The year 2000 was used as evaluation period.

Results
5.8% of the patients (males 4.8%, females 6.8%) were treated with opioids in the year 2000. 10.5% of these patients had a cancer diagnosis. Opioids were mainly prescribed by GPs and internal specialists (84.6%). Most patients (57.6%) received opioids only once, 11.9% got long-term treatment throughout the year. The latter increases with age (22% in the age group 80 years and older). WHO-step 2 opioids were given more frequently (87.7% of the prescriptions) than morphine (8.1%) or other WHO-step 3 opioids (4.2%). 73.9% of the prescriptions were issued for opioids with non-modified release, 22.7% for slow release opioids (4%) for very slow release forms, with cancer patients receiving slow-release opioids more frequently than patients with non-cancer.

Conclusions
The percentage of patients treated with opioids in the evaluation period was higher than expected. However, predominantly WHO-step 2 opioids and opioids with non-modified release were prescribed, and most patients received opioids for short periods of time. Continuous therapy with WHO-step 3 opioids was rare.

Generalized Anxiety and Depression in Primary Care: Prevalence, Recognition and Management

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Objective
To develop a comprehensive clinical-epidemiological description of the prevalence of generalized anxiety disorder (GAD) and depression among (MDE) primary care patients along with an assessment of physicians recognition rates and prescription behaviour.

Methods
The study was carried out in Germany based on a nationally representative sample of 558 primary care physicians and over 22,000 patients, who attended physicians’ offices on the target day. Survey data were collected in three stages: (1) a comprehensive description of the physicians characteristics in terms of psychosocial qualification, and provider aspects as well as attitudes towards GAD and depression, (2) a diagnostic screening questionnaire for GAD and depression filled in by the patients, and (3) a physicians characterization of the patients in terms of diagnostic status as well as past and current interventions.

Results
Conservatively estimated, 5.3% of all primary care patients met criteria for GAD. Only one third of all GAD patients met criteria for depression cross-sectionally. Physicians recognized a mental disorder (case recognition) in more than two thirds of cases with GAD; rates were even higher in patients with co morbid anxiety and depression (65.4%). Recognition of the specific disorder (diagnostic recognition) was conspicuously worse in patients with GAD (34.4%; MDE: 64.3%). This has significant implications for treatment. 44% of patients with GAD (MDE: 37%) receive no intervention; the rate of prescribed first line treatment can be estimated 46% in GAD (MDE: 55.5%).

Conclusions
The majority of primary care doctors viewed GAD as a prevalent, independent disorder with special treatment needs. The findings at the target day highlight the significance of GAD in primary care as a condition that occurs at about the same frequency as major depression. Further, the relatively high proportion of pure GAD suggests that the frequency of depression-co morbidity of GAD has previously been overestimated. In primary care, GAD is often recognized as a mental disorder but seldom as the specific diagnosis. Suggestions for a better recognition are discussed in the light of specific treatment demands. Overall, the findings reveal an unsatisfactory picture of current treatment strategies for GAD patients in primary care.

Bridging the gap between research, policy and daily practice: Towards an improved infrastructure for infectious disease control in the Netherlands: The VISI Project

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The distribution of the acute myocardial infarction in patients aged 25–64 according to the Kaunas population-based ischemic heart disease register data in 1983–1992

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Objective
The aim of the present study was to evaluate the distribution for the Kaunas men and women aged 25–64 years, who experienced acute myocardial infarction (AMI) in 1983–1992, who survived more then 28 days and had electrocardiograms.

Methods
The Kaunas community-based ischemic heart disease (IHD) register was the source of data. The methods used for the data collection were those applied by the WHO "MONICA" Project. Electrocardiograms were standardised by Minnesota codes.

Results
During 1983–1992 in the Kaunas city hospitals were 3320 patients, who experienced AMI, diagnosed by clinical, electrocardiological, laboratory findings. The first AMI was diagnosed for 2449 patients – 1853 men (75.7%) and 596 women (24.3%). AMI morbidity rates among age groups 50–59 and 60–64 both men and women aged 25–64 yrs were thrice as high as among those aged 25–29, 30–39, 40–49. The transmural AMI was diagnosed for 935 patients (771 men and 164 women (17.5%)). The nontransmural AMI rates among both men and women were twice as high as among those with the transmural AMI. The transmural AMI distribution by the lesion localisation was anterior in 535 patients, posterior in 375 patients, lateral in 25 patients. The nontransmural AMI distribution by the lesion localisation was anterior in 650 patients, posterior in 540 patients, lateral in 502 patients. The complications of AMI were those: with the blocus of AV node – 89 patients, premaature beats – 508, with atrial fibrillation and undallation – 149, ventricular arrhythmias – 16, theaneuryzma of the heart – 29, the rupture oh the heart – 1 patient.

The pharmacist, a professional resource: pharmaceutical care for migraine and headache patients

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Background
Pharmaceutical Care is of increasing importance for pharmacy practice in Germany but currently only a few disease or target group specific concepts have been systematically evaluated. Especially because of high prevalences of chronic headaches and of self-medication among these patients, often combined with insufficient knowledge about the disease and therapeutic options a particular benefit from Pharmaceutical Care can be expected for migraine and headache patients.

Aim
Aim of the PharMiko-Project is to evaluate benefit and expenditure for pharmaceutical care for migraine and headache patients. In addition prevalences of major headache types and different therapeutic strategies will be investigated.

Methods
About 90 out of a total of 435 pharmacies in the study region (Bremen and adjacent regions of Lower Saxony) participate in the project. They were randomised to an intervention and a control group. After an intensive 2-day training course, intervention group pharmacists started to implement pharmaceutical care for patients of the target group. Patient-based information was acquired before and after intervention. Time expenditure was documented weekly in the pharmacies. Training courses and implementation of pharmaceutical care were offered to control group pharmacies after completion of the intervention. Intervention outcome will be measured as changes of headache specific parameters and by changes of indices e.g. quality of life. Economic aspects e.g. lost workdays will also be considered.

Results and Conclusions
Data acquisition has been completed and analyses are in progress. Results and conclusions are expected in September and will be presented.

Predicting adult smoking: tobacco consumption and social circumstances

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Aim
To investigate the effect of cigarette consumption level and social circumstances during adolescence on adult smoking habit.

Methods
1958 British birth cohort (all births 3rd–9th March 1958). Logistic regression models were used to predict (i) smoking at 41 years and (ii) persistent smoking (23, 33 and 41 years) from cigarette consumption and social circumstances at 16 years, as indicated by social class and educational qualifications. An interaction term was also tested, between 16-year consumption level and social circumstances.

Results
Of 6537 subjects with full smoking history data, 31% smoked at 16 years. Of these, 50% were smokers at 41 years and 42% were persistent smokers at 23, 33 and 41 years. Adolescent cigarette consumption predicted smoking and consumption level in adulthood. The effect of adolescent social circumstances was robust to adjustment for consumption: both consumption and social circumstances independently predicted subsequent adult smoking (adjusted OR 1.44 95% CI:1.27, 1.64) social circumstances, (adjusted OR 1.67 95% CI:1.26, 2.22) consumption for women. For men there was a significant interaction between adolescent consumption and social class: the association between adolescent cigarette consumption and adult smoking was weaker among men from manual class backgrounds than those from non-manual classes. A similar interaction was seen with educational achievements.

Conclusions
Tobacco dependence is an influence on future smoking behaviour, but this does not account for an effect of social circumstances. Our
results also suggest that at least among men, the effect of early cigarette consumption is modified by social and educational background.

**Post-Soviet therapists’ attitudes in interpreting public mental health**

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**Background**

During 1998/2001, two hundred therapists (Age 22–78, 52 M/48 F; professionals in Psychotherapy, Psychiatry, Clinical Psychology; Seven Doctorates, 56 Kandidats Nauk, 137 University Graduates) from fourteen clinical and psychological institutions in Russian Federation, Armenia, Azerbaijan, and Georgia were interviewed by 3 Questionnaires measuring Generalized Self-Efficacy (Jerusalem, Schwarzer), Social, Political, and Religious Attitudes (Jeshmaridian, Takoschian), Moral Judgment (Gibbs, Basinger) to find out what attitudes post-Soviet therapists have in understanding what the impact of various factors are on the population’s mental health.

**Results**

Post-Soviet therapists try to overestimate the role of psychological factors (71% of therapists put “psychological factors” in the first place when answering the question: “Arrange, please, biological, psychological and social factors according to their significance to a person’s mental health”) in public mental health. Their attitudes of overestimation of the role of psychological factors as well as the mystification of psychological mechanisms can be explained by the social psychological defense mechanisms of rationalization and responsibility denial. Ninety-one percent of the interviewed professionals believe that praying is useful and beneficial for a person’s mental health, and sixty-one percent of them believe that praying positively influences patient’s well-being. Religion and religious activity are mostly viewed as a societal phenomenon and social activity. Conclusions

The investigation has shown that post-Soviet therapists believe: 1. They will serve the patients better and the results of their work can be much better if their own social/financial conditions are bettered; 2. PTSD can be minimized if the ex-combats have better conditions morally, socially. (All the respondents have mentioned, “Post-Soviet therapists put ‘psychological factors’ in the first place when answering the question ‘What should be done to help ex-combats’ mentally and morally?’); 3. The mental condition of any mentally disordered person can improve if the latter’s social, economical, moral conditions are bettered.

Post-Soviet therapists actualize some kind of “therapeutic” philosophy, which is thought to be the best but which, in fact, leads to false interpretations in understanding public mental health and sane society. At the same time, they are in search of “a magic wand,” which can/sought to/will solve all the therapeutic problems in public mental health. These fallacies characterize post-Soviet therapists’ thought orientation: division of the world into We versus they, Therapists versus patients, Insiders versus outsiders. It can be assumed that these fallacies are more or less common to any post-socialist society.

**Interrelationships between smoking and deviant alcohol consumption in medical care patients and the population**

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**Background**

There is only little evidence about the particular factors of interrelations between smoking and alcohol risk drinking from studies using population and clinical samples although high synergy effects of both health risk behaviors are known for some diseases.

**Aim**

To analyze smoker rates among different groups of deviant alcohol drinking (DAD) in medical care patients and a population sample.

**Methods**

Three samples were drawn in northern Germany: (1) 1167 patients consecutively admitted to a municipal general hospital, (2) 696 patients who consecutively showed up in 12 general practices which had been drawn at random, (3) randomized population sample of 4075 adults. In sum, there were 5938 individuals aged 18 to 64 years. Internationally standardized instruments (SCAN, CIDII) were used for the collection of the data about smoking behavior and DAD which includes risk drinking as well as alcohol abuse or dependence according to DSM, the American classification system for psychiatric diseases.

**Results**

The rate of DAD is highest among the daily cigarette smoking hospital patients (47.1 %), medium among the general practice patients (32.1 %) and lowest in the population (18.4 %). For the currently smoking general hospital patients the odds of being actually alcohol dependent is 11.7 compared to the population. In all three samples taken together there is a linear progression in the odds for having a DAD with the number of cigarettes smoked per day.

**Conclusions**

The data reveals that there are subgroups of comborbid tobacco and alcohol users with an ordinarily high risk of alcohol- as well as tobacco-attributable morbidity and mortality. The results show special needs of prevention which are not yet sufficiently met.

**Free choice of sickness funds and selection: First results from the KORA-survey “Living and Health in the Region of Augsburg”**

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**Background**

Traditionally, the majority of people covered by the German statutory health insurance scheme had no choice over their sickness fund and were assigned to a given fund according to geographical and/or job characteristics. Since 1996 almost every insured person has the right to choose a sickness fund freely and to switch funds. Free choice of sickness funds has been introduced in order to strengthen the competition between the funds and eventually to improve the quality and efficiency of health care. There is, however, the fear that these aims cannot be reached: As the risk adjusters in the current risk structure compensation mechanism include only age, gender, and disability, changes between the funds might result in increasing morbidity-risk segmentation.

**Aim**

The study aimed at (1) providing a detailed picture of how the insured persons made use of their new right between the years 1996 and 2000 and (2) exploring whether and to what extent morbidity-related risk differentials do exist between persons switching funds and persons sticking with their funds.

**Data and Methods**

The study is based on the KORA (Kooperative Gesundheits-forschung in der Region Augsburg) survey “Living and health in the Region of Augsburg” which was conducted from October 1999 to April 2001. 4269 German residents (= 66.8 percent of a random sample stratified by age and sex) of the study region (city of Augsburg and 2 adjacent counties) at 25 to 74 years participated in the survey. The data were collected in computer-based, standardized oral interviews and analyzed by use of standard statistical techniques.

**Results**

12.2 percent of all persons insured in a statutory sickness fund changed their funds between 1996 and the time of the interview. The large majority among those who switched made their choice in favour of a fund with a lower contribution rate. The propensity to switch correlates with age: 27.1 percent of the persons at the age of 25–34 and only 0.1 percent of the persons at 65–74 years changed their fund. After adjusting for age and sex the prevalence of chronic diseases was higher among the persons sticking with their funds compared to the persons switching funds (OR = 1.27; 95%CI [1.02–1.61]).

**Conclusions**

The results support the supposition that free choice of the sickness funds has resulted in an increase in the morbidity-risk segmentation between the sickness funds with low and with high contribution.
rates. As morbidity differentials are not appropriately reflected in the current risk adjustment mechanism, differences in the contribution rates still do not indicate differences in efficiency, but diverging risk structures as well. In order to weaken the incentives for cream-skimming by the sickness funds, morbidity indicators should be included in the risk structure compensation scheme.

Health needs assessment of men living in Sefton, Merseyside, England, UK
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Background
There are few specific health services directed especially towards the health needs of men. However, a number of UK health plans focus on diseases for which men fare worse than women in terms of either morbidity or mortality or both. In situations of corresponding levels of ill health, men are known to use services less than women and, when they do, they present much later in the course of illness. This presentation will review men’s health status across the borough of Sefton, will examine men’s attitudes, beliefs and health-related behaviour, and will consider all the implications in the context of both health promotion and health service provision aimed at men.

Aim
Firstly, to describe the health status of men in Sefton, secondly, to review the evidence base for health promotion interventions aimed at men, and thirdly to study the attitudes, beliefs and behaviour of men concerning matters relating to health.

Methods
These include a review of the literature, collection and analysis of routine health data, semi-structured interviews with representatives of service providers, and a survey (by postal questionnaire) of men selected from a population-based register and stratified according to age and residence.

Results
Health status will be demonstrated using morbidity and mortality data, along with risk factor indicators such as smoking rates, alcohol and dietary intake, and levels of physical activity. Results from the survey, local health service contact and lifestyle data, supplemented by findings in the literature, will together be used to draw conclusions concerning local male beliefs, attitudes and behaviour about health.

Conclusions
This study should inform the development of more sensitive and accessible services for men and advise on the need for male specific interventions.

Conclusions concerning local male beliefs, attitudes and behaviour of men concerning matters relating to health.

Direct costs of handling patients with thyroid diseases in areas with mild and moderate iodine deficiency
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Background and aim
A mild is to moderate iodine deficiency area. Iodine supplementation has not been mandatory until 2000. Urinary excretion of iodine has been measured to 40–85 microgr./day in the western part of Denmark and 70–105 microgr./day in the eastern part of Denmark.

Aim
- to access treatment of thyroid disease in the two areas of Denmark with different degree of iodine deficiency.
- to compare the direct cost of handling patients with thyroid disease in the two areas.

Methods
A number of central registers are used:
- Hospital Discharge Register, where all admissions and operations are registered.
- Institute of Radiation Hygiene, where all scintigraphies and 131 iodine treatments are registered.
- Danish Medicines Agency where all prescribed thyroid medicine is registered.
- Local laboratory registers for TSH T3 and T4.

Results
As regards anti-thyroid drugs defined as DDD an excess of 60% was seen in the western part of Denmark compared to the eastern part, whereas only a marginal effect was seen on thyroxin. There was 20% more people treated with 131 iodine therapy in the western part than eastern part. Surgery was performed 25% more often in west- than east-Denmark. The direct costs including GP-visits were calculated to 4700 EUR/1000 inhabitants in west and 4380 EUR/1000 in east. If the iodine level in the western part of Denmark was increased to the same level as in the eastern part of Denmark there would be a reduction in direct costs of about 1 million EUR/year.

Conclusion
There are substantial differences in treatment activity in areas with mild and moderate iodine deficiency. Iodine supplementation to a certain level will reduce costs. As iodine supplementation was introduced in Denmark in June 2000, the effect of health economics and treatment will be monitored during the next 10 years.

Periopd of socio-economic transition and inequalities in health of urban and rural populations in Lithuania
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Aim
The aim of the study was to assess inequalities in mortality from major causes of death in Lithuanian urban and rural populations during the period of socio-economic transition in the country.

Methods
Information about the population and the deceased was obtained from the Lithuanian Department of Statistics. Mortality rates were age-standardized. Trends in mortality from major causes of death and average annual changes for the period of 1990–2000 were based on logarithmic regression analysis.

Results
The age-standardized overall mortality rates of the rural populations exceeded those of the urban in 1990–2000. This difference increased from 20.5% in 1990 to 29.5% in 2000 (in males from 21.9% to 30.4%, and in females from 13.7% to 23.7%). The most pronounced inequalities were observed in mortality of young and middle-aged populations. Cardiovascular diseases made the most considerable contribution to these inequalities (37.9% in males and 74.0% in females respectively, in 2000). Through the whole period of investigation overall mortality in urban areas was decreasing statistically significantly by 1.74% per year, while in rural areas only insignificant tendency of decline was observed (average annual change –0.48%). The greatest inequalities between urban and rural areas were noted in mortality trends from cancer and external causes of death. In urban populations mortality from external causes was decreasing by 0.37%, and from cancer – by 0.73%, while in rural areas – increasing by 0.98% and 0.79% per year respectively. Both in urban and rural populations age-standardized mortality increased until 1994, the period of the major social and economic changes, and started to decline since 1995, more significantly in urban areas.

Conclusions
Inequalities in mortality of urban and rural populations increased during the period of transition to a market economy, especially in males, mainly due to more rapidly improving health of urban populations.

Standardised assessment of mental health service systems in 5 Eastern and Western European regions
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Effects of the Mental Health Promoting Program in Slovakia on mental health of boys and girls

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Background

"Promoting Mental and Emotional Health in the ENHPS" is the international comparative research of WHO's Health Promoting Schools project oriented on the effects evaluation of a teachers' training on mental health of children. It is hypothesised that teachers' training would result in improved children's mental health.

Aim

The main aim is to explore the effects of the teachers' training on mental health of children by gender.

Methods

40 teachers of experimental schools and 519 pupils (mean age 11.5 years) were participants of the project. The pupils came from 4 experimental (N=207) and 4 control (N=312) schools in Kosice. The data collection was carried out within one school year (1999–2000) – before the training (T1), 5 months (T2) and 9 months (T3) later. The subjective (GHQ-12), emotional (ABS) well-being and self-esteem (SeS) of experimental and control groups were compared in T1, T2 and T3 separately using unpaired t-tests.

Results

At T1 the control schools had a better subjective and emotional well-being, and self-esteem at all measurements than boys from the experimental schools. Girls from the control schools had a better self-esteem than girls from the experimental schools at T1, T2 and T3, but they had a better subjective and emotional well-being only at T1. All differences were not significant.

Conclusion

Our findings confirmed a positive effect of the teacher's training on mental health of pupils coming from experimental schools. The comparison by gender indicates that this preventive activity influenced a mental health of girls more than boys.

Intensified Counselling of Patients as a Prerequisite to implementing Pharmaceutical Care: Results of a Databased Quality Circle of Pharmacists in Saxony

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Background

As in many other countries, pharmacists in Germany are obliged to inform and counsel patients. To have occupational regulations does not mean that this task is always fulfilled. Consumer organisations criticise pharmacists for not counselling patients sufficiently.

Aim

To improve the counselling abilities of the pharmacy team by establishing a quality circle of pharmacists and show its effect compared to a control group. Patients with pain have been chosen as a target group due to the fact that pain-relievers are one of the most widely used drug groups and due to the interest of the pharmacist to implement pharmaceutical care for patients with chronic pain.

Method

Controlled Intervention Study (intervention group: 18 pharmacists; 10 controls). The circle met 10 times (3/1998 – 3/2000). Data was gained on the pharmacist's individual choice of drug (computer-aided) and on counselling activities (assessment by special short documentation). For evaluation, the baseline documentation was repeated and a process evaluation has been conducted.

Results

The participating pharmacists developed recommendations for the counselling process of patients with headache, migraine, back pain and opioids. A further guideline deals with continuing education within the pharmacy. The guidelines were judged as helpful and encouraging to change practice in 12 of 18 pharmacies. The pre-post-comparison of the counselling activities of the intervention group shows a significant increase from 44,3% to 61,7% (p<0,01, χ2).

Psychosomatic Performance of Population In Armenia

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Background

It is commonly considered, that a numerous of social factors as well as health trouble may influence mental state, which must be considered in a health care practice.

Aim

The main aim of the study is to investigate the impact of socio-demographic characteristics and subjective evaluation of health performance on the mental state of population in Armenia.

Methods

Specially elaborated conformably to the objectives of this study unified questionnaire alongside with SCL-90R, RM, HADS and...
Impairments and quality of life in single living patients with myasthenia gravis


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Myasthenia gravis (MG) is a common neuromuscular disease. Progress in medical therapy has continuously increased life expectancy in M.g. patients. Despite this and due to the social problems of single living persons, until now no comprehensive study investigated the situation of MG patients living alone.

Aims
The study tried to analyse impairments and quality of life in single living patients with myasthenia gravis in Germany.

Methods
In collaboration with the German Myasthenia gravis Association, the self-help organization for patients, 2150 patients were asked to work on a mailed questionnaire on health care situation. The questions were related to demographical data, impairments, therapeutic course, use of complementary therapies, illness related costs and quality of life (SF-36). Around 71% responded and altogether 313 of these MG patients reported living alone (proportion females: 82.7%, average age: 61.8 years).

Results
In average, the single living MG patients were significantly six years older than those not living alone, they lived significantly more in bigger towns and this sample included more females. These MG patients suffered longer from MG, showed increased impairments, especially in mobility, and used significantly more often complementary medicine. Additionally, quality of life was reduced in six dimension of the SF-36.

Conclusions
It becomes obvious, that impaired quality of life results from the constellation of living alone, higher age, female gender and longer lasting course of MG. Therefore these MG patients living alone need more attention by health care providers and measures for improving living situation of these patients are still required.

Varicella vaccination in Germany: an analysis with focus on the impact of coverage on age-shifts and the elimination of the disease


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Varicella is a highly prevalent, vaccine-preventable disease. The aim of this study was to examine the potential clinical and epidemiological effects of different varicella vaccination strategies in Germany with a focus on elimination and the possibility of age-shifts.

Methods
The simulation model EVITA (Economic Varicella Vaccination Tool for Analysis) was developed to analyse clinical, epidemiological and economic effects of varicella and varicella vaccination. It combines an established infectious disease model which describes spread of varicella infection in a population over time with a decision tree describing the course of disease and health care utilisation in case of infection. Data for the German situation were mainly derived from two large epidemiological surveys. The following vaccination strategies were analysed: 1. children strategy (age of vaccination: 15 months, maximum coverage (to be reached within 5 years): 85%), 2. adolescents strategy (11–12 years, 30% coverage), 3. combined strategy. The analytic time horizon was 30 years.

Results
Without universal vaccination 739,000 cases, 40,000 complications, and 5,700 major complications requiring hospitalisation occur each year in Germany. The children strategy prevents more than 82% of these events. Elimination is possible within 18 years and can also be achieved with coverage rates of only 75% due to effects of herd immunity and vaccination at a very young age. For coverage levels higher than 50% age-shifts occur. The adolescents strategy prevents only 5% of the cases, but 8% of major complications. The combined strategy is slightly more effective than the children strategy alone.

Conclusions
Varicella vaccination of children and adolescents is very effective in reducing the high burden of disease. By targeting on young children, it is possible to eliminate varicella within an acceptable timeframe. Based on experiences from the USA such coverage rates of 75% and more appear to be achievable. Then, no age-shift occurs.

Perceived health in relation to social and behavioural factors among Lithuanian adult population

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Background
Perceived health is one of the principal indicators for monitoring the health and quality of life of the population. It is associated with a variety of factors, objective and subjective.

Aim
The aim of the study was to assess the relationship between self-perceived health and social and behavioral factors among Lithuanian adult population.

Methods
The study was carried out within the international Finbalt Health Monitor project. Since 1994 four surveys have been conducted. A self-administered questionnaire on health perception, health behaviors and sociodemographic factors was mailed to random samples (3,000 in every survey) of population aged 20–69. Response rates varied between 74.4% and 63.8%. Logistic regression was used to assess the effect of social and behavioral factors on perceived health.

Results
The proportion of persons rating their health as “good” or “reasonable good” has increased from 42.4% in men and 30.1% in women in 1994 to 47.5% and 40.2% in 2000 respectively. With increasing age, the number of people assessing their health positively decreased from 76.2% in age 20–24 to 20.9% in age 55–64 in men and from 69.1% to 16.1% in women. Health perception was related to the level of education: the higher the educational level, the better the assessment of health. The number of men rating the health as “good” or “reasonable good” was the lowest among the inhabitants of regional centers. There was no relation between perception of health and place of residence among women.

The higher level of physical activity was associated with better assessment of health. Nonsmoking men rated their health as good more often than smokers did. No association was estimated between smoking and perceived health in women. Overweight women...
The influence of nocturia on the quality of life
Kooij, D.G.*, van Dijk, L., Schellevis, F.

Nocturia is not a symptom that stands on its own. It is accompanied by poorer sleep and consequently by poorer quality of life. Patients with nocturia will probably already be known by their doctor because of other symptoms. It is worthwhile for doctors to routinely check whether or not patients who contact them for sleeping disorders have nocturia. In the Netherlands, this is especially true for older women with a poor health status since they are the most likely to suffer from nocturia.

Conclusions

Nocturia is a symptom that stands on its own. It is accompanied by poorer sleep and consequently by poorer quality of life. Patients with nocturia will probably already be known by their doctor because of other symptoms. It is worthwhile for doctors to routinely check whether or not patients who contact them for sleeping disorders have nocturia. In the Netherlands, this is especially true for older women with a poor health status since they are the most likely to suffer from nocturia.

Level of care decision making in emergency psychiatry departments: a comparative study
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Aims

To study the process and the outcome of decision making in emergency psychiatry departments and to compare this process in two urban regions.

Methods

A total of 720 emergency psychiatry patients were assessed, using a standardized instrument to assess the severity of psychiatric illness. In addition, information was collected regarding (1) demographics, (2) availability of the mental health care system (3) family variables and (4) clinical variables. Finally, the level of care that was (theoretically) indicated, as well as executed in practice were registered. Using regression analyses, we will describe the associations between the predictor variables and the levels of care and compare the two regions for their decision making process.

Results

The indicated level of care was mainly predicted by severity of psychopathology, suicide risk, and danger for others. A history of psychiatric admissions was also predictive. Regions were comparable in their weighting of most criteria, but differed in weighting psychotic and depressive disorders. Actual admission was mainly associated with indicated level of care. Previous admissions are rising the chance of admission, alcohol or drug abuse work in the opposite direction. Involuntary admission is partly dependent on indicated level of care, but mainly on a perceived lack of motivation for treatment.

Conclusions

The decision making process in emergency psychiatry departments can be better studied by making a distinction between indicated and actual levels of care.
Krause, P.1, Wittchen, H.-U.1, Küpper, B.1, Sharma, A.M.2, and 125 patients (condition al response rate: 87.3%) were enrolled in the HYDRA study. A total of 1,986 (response rate 71.6%) primary care doctors and nurses were assessed as part of the HYDRA program.

Stage 2 consisted of point prevalence estimates of HYP and DM in Germany, (b) to examine the frequency of important cardiovascular risk factors among German patients, (c) to evaluate the associated burden in terms of ability, quality of life, and severity and associated risk constellations of these patients in primary care, nor about the quality of care they receive or the degree of met and unmet needs of patients. HYDRA is designed to (a) obtain nationally representative prevalence estimates of HYP and DM in primary care, (b) to examine the frequency of high risk constellations in terms of associated co morbid disorders and (c) to evaluate the associated burden in terms of ability, management and treatment and (d) the extent of met and unmet needs. HYDRA is a large-scale epidemiological research program in primary care, designed to (a) obtain nationally representative prevalence estimates of HYP and DM in Germany, (b) to examine the frequency of high risk constellations in terms of associated co morbid disorders and (c) to evaluate the associated burden in terms of ability, management and treatment and (d) the extent of met and unmet needs. HYDRA is a large-scale epidemiological research program in primary care, designed to (a) obtain nationally representative prevalence estimates of HYP and DM in Germany, (b) to examine the frequency of high risk constellations in terms of associated comorbid disorders and (c) to evaluate the associated burden in terms of ability, management and treatment and (d) the extent of met and unmet needs of patients. HYDRA is intended to close this gap.

The Hypertension and Diabetes Screening and Awareness Study (HYDRA): Aims, design and methods of an innovative epidemiological approach

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Background and aim
Recent reviews have a number of remarkable deficits with regard to a comprehensive epidemiological characterization of hypertension (HTP) and diabetes mellitus (DM) in primary care. So far there are no sufficiently sound estimates available about the prevalence, severity and associated risk constellations of these patients in primary care, nor about the quality of care they receive or the degree of met and unmet needs of patients. HYDRA is intended to close this gap.

Methods
HYDRA is a large-scale epidemiological research program in primary care, designed to (a) obtain nationally representative prevalence estimates of hypertension (HTP) and diabetes mellitus (DM) in primary care. So far there are no sufficiently sound estimates available about the prevalence, severity and associated risk constellations of these patients in primary care, nor about the quality of care they receive or the degree of met and unmet needs of patients. HYDRA is intended to close this gap. HYDRA is a large-scale epidemiological research program in primary care, designed to (a) obtain nationally representative prevalence estimates of hypertension (HTP) and diabetes mellitus (DM) in primary care, (b) to examine the frequency of high risk constellations in terms of associated co morbid disorders and (c) to evaluate the associated burden in terms of ability, management and treatment and (d) the extent of met and unmet needs. HYDRA is based on a representative nationwide random sample of 1,986 (response rate 71.6%) primary care doctors and uses a 2-stage design. Stage 1 consisted of a pre-study characterization of the participating doctors (qualifications, attitudes, knowledge about diagnosis and treatment etc). Stage 2 consisted of point prevalence assessment of all patients attending their doctors' offices. A total of 85,125 patients (conditional response rate: 87.3%) were enrolled and completed the study questionnaire (reason for visiting, medical history, health and illness behavior, disability and functioning measures). Doctors completed for each patient a standardized clinical appraisal form (diagnoses, severity, current and past interventions and problems, lab test findings from charts), supplemented by lab tests (blood pressure assessment, urine glucose, microalbuminuria screening).

Conclusion
The poster presents details of the design and assessment strategy of HYDRA and discusses limitations in terms of representativeness, effect of cluster effects and estimates of prevalence.

Influenza-vaccination: an inventory of strategies to reach the target population and optimise vaccination uptake

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Background
Influenza continues to be a considerable health problem of the populations in Europe. Complications of influenza are especially present in elderly patients and patients with chronic conditions such as cardiovascular disorders and respiratory disorders. Vaccination is an effective intervention, however, there is despite the evidence on effectiveness, considerable variation among European countries uptake rates for vaccination. For future pandemic planning at European level, it will be useful to be able to identify the countries ability to reach the patients at risk.

Aim
So far, no information is available about how countries inform and recruit the target population for the influenza-vaccination. Also the vaccination distribution methods are unknown. To gain insight, the following research questions have been formulated:

- Do countries monitor the vaccination rates of the different groups at risk? If yes, how do they monitor and what is the vaccination rate for each group?
- By which methods are the target population informed and recruited and which distribution channels are used for which target groups?

Methods
A questionnaire was sent to key figures in 27 European countries (spring 2002). From the literature, different groups of patients are distinguished that qualify for immunisation based on health status or social position. Based on this information the questionnaire was composed, dealing with practical organization of administration of vaccinations, target group recruitment and vaccination uptake.

Results
Only few countries monitor vaccination rates. Those countries that do monitor vaccination rates can provide age specific rates, but hardly any group specific rates. The GP is the most important person in administering vaccinations. Some countries provide extra remuneration for GPs for each vaccination provided. Most countries use mass-media to inform the target population.

Conclusions
A problem in monitoring vaccination rates is the lack of knowledge of population denominators. When the vaccinations of those at risk are monitored and the number of persons belonging to this group is unknown, no rates can be computed.

Illness-related costs and quality of life in patients with osteoporosis

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Background
Osteoporosis is the most common bone disease in elderly people, with fractures of the femur neck and vertebral bones. Despite the increasing prevalence of osteoporosis in Western countries, comprehensive studies evaluating medical care, quality of life and illness-related costs in patients with osteoporosis are still lacking.

Aim
The study tried to analyse illness-related costs and quality of life in patients with osteoporosis in Germany.
Methods
In collaboration with the German Osteoporosis Association, the self-help organization for patients, anonymous questionnaires on health care situation and quality of life were mailed to all members. 1223 patients (average age: 67 years; 96% females) returned their questionnaires.

Results
In average, the responding patients suffered since 10 years from osteoporosis. Less than 50% reported having no fractures. In more than 80% of the patients the diagnosis was confirmed by x-ray and analysis of bone density. Around 53% reported being treated by a specialist in orthopedics, more than 40% mentioned additional treatment by a general practitioner, and 30% received treatment from physicians and gynecologists. Approximately 60% took calcium and vitamin D3, 50% were taking vitamin D and only 24% got pyrophosphates. Around 33% of the patients reported to spend more than 25 EURO monthly due to osteoporosis. A negative correlation between the amount of money spent to ease illness-related problems and general quality of life was found.

Conclusion
The results point to the problem, that medical care for patients with osteoporosis, even in a country like Germany, has to be improved and standardized. Major goal should be reduction of fractures and illness-related costs in patients with osteoporosis, finally to increase their quality of life.

Defining ethnicity in health(care) research
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Introduction
The relationship between ethnicity and health(care) has been drawing growing attention in international research. Different indicators, such as nationality, country of birth and self-identification have been used to define ethnicity. These indicators however have definition/methodological problems. For example, “nationality” is not a good indicator anymore in some European countries, as the immigrants can take the nationality of the host country. Country of birth fails to identify different ethnic groups originating from the same country, and self-identification is subjective and may change according to context and time. Lack of a uniform definition and interchangeable use of different concepts make the comparison of results from research problematic. This is also the case in the Netherlands.

Aim
To develop additional/complementary indicators for measuring ethnicity in health(care) research.

Methods
Based on an international literature survey from different data bases (e.g. Medline, Psych-Info, Sociological Abstracts) different concepts related to ethnicity, its indicators and their definition/methodological problems are reviewed. On the basis of this literature study, a theoretical framework is developed whereby different dimensions of ethnicity and the mechanisms behind the relationship between ethnicity and health(care) are identified. Specific for the Dutch situation, individual proposals are made for the operationalization of ethnic groups for the four biggest immigrant populations in the Netherlands (Turkish, Moroccan, Surinamese and Antilleans).

Results
The concepts of ethnicity and culture are often used interchangeably. Different immigrant groups are defined on the basis of their cultural characteristics as different “ethnic” groups (e.g. self-identification questions), although there are cultural differences also among the host population. This study takes a neutral concept “ethnic origin” as the initial concept to define ethnicity in health(care) research. Ethnic origin refers to one’s “roots” and is also a neutral concept in identifying different ethnic (immigrant) groups originating from the same country (e.g. Hindus’, Creols, Javanese immigrants from Surinam). Based on this concept, we give an overview of why and which population groups from Turkey, Morocco, Surinam and Dutch Antilles should be considered as different ethnic groups. In this approach culture is considered as one of the contextual mechanisms (together with ethnic identity, genetic factors, discrimination and outsider defined ethnicity, migration history) which is influenced by ethnic origin. Proposals for operationalization are made for these contextual mechanisms.

Conclusion
Ethnic origin is proposed as the most neutral definition of ethnicity. A definition of ethnic groups in terms of (inevitably disputable) cultural characteristics is problematic. We propose to see these factors as intermediary between ethnic origin and health(care) behaviour.

Age related policy in cardiology: comparison of health care provision in UK and Italy
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Background
There is evidence that several procedures are frequently provided only in relation to age, older people with coronary heart disease are often not considered for intervention by general practitioners and there is a not favourable tendency in using diagnostic techniques in that age.

Aim
To investigate the influence of age of patient on the appropriate clinical management of cardiovascular diseases in UK and Italy.

Methods
Retrospective analysis of patients’ medical case notes (1790 in UK and 2576 in Italy) in cardiology, internal medicine and elderly clinics during the period 1995-1999, considering: exercise tolerance test (ETC), coronary angiography (CA) and coronary artery bypass grafting (CABG).

Results
Older patients and women, independently, were less likely to undergo ETC; particularly for people older than 75 in Italy (OR = 0.161), and for women in UK (OR = 0.61).

Similar trends for age and access to CA achieved significance, with older people in Italy less likely to undergo this procedure (OR = 0.062). Differences by sex were found only in UK (OR = 0.187 for women). In Italy clinical conditions were independent influential factors for having CA (OR = 0.482 for patients with poor Parsonnet score).

Trends for age and sex did not achieve significance for CABG (OR = 0.815 for older patient in Italy; OR = 0.515 for British women). In Italy clinical conditions were influential factors for having CABG (OR = 4.032 for patients with very high Parsonnet score).

Conclusions
Clinical management of older patients with cardiac disease in both nations, and of women in UK, may be different from that of younger patients, and of men in UK. One possible explanation would be that these patients are being discriminated against principally because of their age and sex.

Income and health behaviour
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Background
Socio-economic position can be measured with several indicators, which each reflect both the persons general ranking in society and the specific nature of each socio-economic measure. In health behaviour research income has been rarely used socio-economic indicator.

Aim
This study examined the association of income with various forms of health behaviour, before and after controlling for two other socio-economic indicators, social class and educational attainment.
Results

Smoking showed an inverse income gradient which was steeper in men than in women. Adjusting for occupational class and education weakened the gradient among men and removed it among women. An inverse income gradient was equally found for being overweight in men and halved it in women. Non-daily use of vegetables showed a clear inverse income gradient in both genders, but it was removed by the adjustments in men. Use of saturated fat showed an inverse gradient in men only. Heavy alcohol use and physical inactivity showed a modest positive income gradient before and after adjustments.

Conclusions

The association of income with health behaviours was inverse expect for heavy alcohol use and physical inactivity. However, adjusting for occupational class and education explained most of the gradients. The adjusted inverse income gradient was steepest for smoking and non-daily vegetable use. Income differences in health behaviours seem to be directly related to the costs of these behaviours but are likely to be similar to those for other indicators of socio-economic position.

The shape and magnitude of occupational class inequalities in health across key domains of health: the Helsinki health study

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Background

Although socioeconomic health inequalities are found in working populations, it remains an open question whether the nature of inequalities is similar across various domains of health, and whether these inequalities can be attributed to work related strain.

Aim

We analyse the shape and magnitude of occupational social class inequalities across the medical, functional and subjective domain of health, taking into account the physical and mental strain of work.

Methods

The data derive from the Helsinki Health Study baseline surveys in 2000 and 2001. Each year employees from the City of Helsinki reaching 40, 45, 50, 55 and 60 years received a questionnaire. The pooled data included 6243 respondents (80% women, response rate 70%). Age, occupational social class, and physical and mental strain of work were included as independent variables. Health outcome variables included nine indicators within the medical, functional and subjective domain of health. Odds ratios and their 95% confidence intervals were calculated.

Results

Occupational class inequalities were found for both women and men for global and physical health indicators. Statistically significant age-adjusted odds ratios for manual women (as compared to managers) varied from 1.39 (pain) to 2.14 (self rated health), and for men from 1.91 (limiting long-standing illness) to 2.93 (SF-36 physical functioning). Adjusting for physical and mental work strain had but negligible impacts on the age-adjusted odds ratios. For mental health (GHQ-12, SF-36 mental functioning, medically confirmed mental problems) inequalities were non-existent.

Conclusions

Hierarchical occupational class inequalities were found for global and physical health indicators, but not for mental health. Systematic differences in inequalities across the key domains of health could not be found. In this employee cohort occupational class inequalities in health were not due to work related strain.

Trends in adolescent substance use in Flanders-Belgium

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Background

This paper presents the final results of the third survey on adolescent substance use in Flanders-Belgium. The figures are based on self reported data (2.103 respondents in 1994; 2.626 respondents in 1998 and 2.068 respondents in 2001), collected in the capital of Belgium – Brussels and in the province Flemish-Brabant.

Aim

The aim of this report is not only to give an outline of substance use prevalence and incidence of adolescents (age 12–22) but also to explore developments in patterns of substance use and to assess whether the perceived use of parents do influence adolescent substance use. While the survey of 1994 studied the relationship between leisure activities and adolescent substance use, correlation of substance use was carried out in 1998 with psychological factors. The relationship of adolescent substance use with (perceived) parental skills and communication with their youngsters, is investigated in 2001.

Methods

A total of 6,797 adolescents of secondary (age 12–18) and higher (age 18–22) education were surveyed via self-reported questionnaire by project personnel during a school activity period. Students were assured for confidentiality. Data was collected in class by a self reporting questionnaire.

Results

Substance use changes during adolescence. Alcohol remains the most consumed substance. While the prevalence rates of illicit drugs increased during the ‘90s, the prevalence and frequency of pharmaceutical drugs and the frequency of illicit substances is increasing now. The mean age of onset for the substances is mostly situated in early and middle adolescence. Alcohol is early initiated than tobacco. Cannabis and other illicit substance are later initiated than alcohol and pharmaceutical drugs. The mean age is quite stable for most illicit drugs.

Conclusions

If substance use changes during adolescence and increased since the ‘90s, prevention programs has to be develop in co-operation with parents.

The use of skin-lightening products among foreign women in the Netherlands: prevalence and side-effects

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Background

The use of skin-lightening products is a common though hazardous practice in many African countries that increased over the last three decades. Components such as hydroquinone, corticoids, and mercury are found in OTC products. A previous study showed that it became a common phenomenon in the Netherlands as well.

Aim

The aim of this research was to get to the prevalence figures of the use of those products among women from the main immigrated population groups in the Netherlands, i.e. the Turkish, Moroccan, Surinamese, Indonesian, Antillian, Ghanaian and Somali population.

Methods

For fulfilling this triple goal researchers made use of the data from a previous survey on the Migrant health behaviour in the Netherlands (2001), of which scope was a representative sample of 1400 respondents from the four main represented ethnic groups in the Netherlands. Besides, a more focused questionnaire was submitted to both users and non-users of all groups in order to find out about the social factors influencing the use of skin-lightening products as well as to get to know more about possible diseases caused by those agents. Respondents were approached via local organizations in a systematic, snow-ball method. The approach adopted for the data analysis was a case-control analysis. Cases and controls were
matched on age and ethnicity, and the determinants of use were estimated with a logistic regression analysis.

Results
This brought results in terms of a “model-user” whose social and cultural profile was most likely to be matched with the characteristics of using skin-lightening products. Conclusions could also be drawn as to the kinds of products used in the Netherlands, their availability on legal and illegal markets and as to the most common diseases affecting the users of those products. Prevalence figures could also be estimated for all populations.

This research helped digging up the evidence of a real health issue of which importance has been underestimated in the past years.

Explaining socio-economic differences in old-age mortality

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Conclusions
Since age 70 were drawn using product-limit estimation. The effects was obtained from the Berlin City Registry office. Survivor functions variations in health related behaviour and social support. Among disadvantaged persons in terms of social class, years of education, exponential models.

Methods
The empirical analyses were based on data from the multidisciplinary Berlin Aging Study (BAS) and were representative for the 70 years old and older population of Berlin (N=516). Mortality information was obtained from the Berlin City Registry office. Survivor functions since age 70 were drawn using product-limit estimation. The effects of independent variables were estimated with piecewise constant exponential models.

Results
Distinguishing extreme groups of socio-economic advantaged and disadvantaged persons in terms of social class, years of education, income, and house ownership, we found a significantly higher rate of mortality among disadvantaged women compared to advantaged women. A small part of these differences can be explained by variations in health related behaviour and social support. Among men, the advantage showed somewhat lower mortality before age 80 but clearly higher mortality after this age. This pattern cannot be explained by the considered social and psychosocial mechanisms.

Conclusions
The results suggest that socio-economic mortality differences persist into old age. The mortality crossover observed by older men supports the hypothesis of selective survival.

Assessing the medium and long term consequences of an industrial catastrophe: the explosion of a chemical plant (AZF) in Toulouse (France)

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Conclusions
These first results suggest that the impact as measured by a comprehensive epidemiological program will be much larger than that reflected by the initial assessment based on deaths and injuries.

Risk factors of incidence of arterial hypertension in a French working population. The IHPAF study

Lang, T.*1, Raci, S.1, de Gaudemaris, R.2, Chatellier, G.3, Hamici, L.2, the worksite physicians of the IHPAF group

Conclusions
Arterial hypertension is one leading cause of morbidity, its prevalence is high and strategies based on therapeutic control have shown the limits of their effectiveness. Primary prevention has thus become a challenge in our countries.

Aim
The goal of the study was to assess the one year incidence of arterial hypertension in a working population and identify risk behavioural as well as occupational risk factors.

Methods
A total of 30,000 workings persons were included in a one year cohort study. They were enrolled by 52 worksite physicians during the annual medical mandatory examination. Data on socio-economic, occupational and cardiovascular risk factors were collected by the occupational physician. Blood pressure (BP) was measured with an automated device (OMRON CP705). If BP was over 140/90 mmHg, subjects were invited for a second visit one month later (participation rate: 79%).

Results
The current analysis concerns 17,430 subjects who were normotensive at the initial visits and were assessed one year later. The incidence rate was 3,12/1000 persons-years in men and 1,37/1000 in women. Risk factors for a higher incidence rate were age, male sex, obesity, alcohol consumption, a low educational level and night, irregular or shift working hours. Those factors were related to incidence in a multivariate analysis including initial BP levels.

Conclusions
Data on incidence in a working population in France have not yet been published. They emphasize possible targets for primary prevention: alcohol consumption, obesity and working conditions. In addition, the social distribution of alcohol intake and obesity in this population suggest to analyse these behavioural factors in their social context.
Health Reports Focussing on Specific Population Groups: a Prerequisite for Target Group Oriented Health Policy

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**Issue/Problem**

Health status and health care are varying according to population group. Different parts of the population may differ in respect to health behaviour, to social background, disease frequency, health care utilisation and health care need. A concept for a comprehensive Health Reporting for Germany (Gesundheitsberichterstattung des Bundes, GBE) on federal level has to consider these differences. By looking into different population groups (age groups, Gender, ethnicity, social status etc) German health reporting provides a detailed analyses of risk factors and health care needs including recommendations for health policy.

**Description of the project**

The following reports on specific population groups have either been published already, or will be released shortly by the German Health Reporting on national level: Poverty among children and adolescents, Child and Youth Health, Health and Aging, Unemployment and Health, Health of Single Parents, Migration and Health. These reports should be introduced and discussed under the following aspects: data used, specific methodological problems, particular health concerns of the groups studied in comparison to the general population, prevention-relevant results, Gender Mainstreaming as a cross-sectoral task.

**Lessons learned**

Group-specific health reporting facilitates the participation of those who are concerned. Potential for prevention can be identified by analysing the specific health needs and risk profiles of different groups of the population.

**Conclusions**

Health reporting in specific population groups should not be restricted to one-off reports, follow-up reports are needed. Gender and social stratification must be taken into consideration when interpreting the results.

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### Manifestation of socio-economic gradients in overweight in prepubertal children from birth to the age of 5–7 years: Interaction with parental overweight

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**Background**

There is an inverse SES (socio-economic status) gradient in overweight children and adults but its onset is unknown.

**Aim**

To assess the onset of the SES-gradient in overweight in children from birth to the age of 5 to 7 years.

**Methods**

Cross-sectional and retrospective data analysis of birth weight, BMI at 1 year, at 2 years, at 5–7 years of 1326 children (681 boys and 678 girls, median age: 6.3 years, interquartile range (IQR): 0.4 years), SES, parental BMI (fathers’ median age: 37.0 years, IQR: 8.0 years; mothers’ median age: 34.0 years, IQR: 6.5 years) and BMI of mothers before pregnancy.

**Results**

In children there is a positive SES-gradient in birth weight, which is further enhanced by parental overweight. SES-gradients in BMI disappear at the age of 1 and 2 years. By contrast in 5–7-year old children there is an inverse SES-gradient in BMI and overweight, which is further enhanced by parental overweight. Tracking children from birth to the age of 5–7 years show that the distribution of BMI-quantiles at 5–7 years differed from distribution of quartiles of birth weight. This is most pronounced in children from high SES families where parental BMI also had a significant effect.

**Conclusions**

- SES-gradients in nutritional status show considerable changes during the first years of life.
- The inverse SES-gradient in overweight becomes manifest between the 2nd and the 6th year of life.
- Parental BMI enhances SES-gradients in birth weight and BMI at 5–7 years of age.

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Life conditions and health status of the isolated immigrants older than 50

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**Issue/Problem**

In France, the growing old population is a major public health problem. However the growing old immigrant population is not well known matter. What is the situation of old migrants living in housing centres for migrants that show that their health status may be altered by specific topics in link with migration. These points have not yet been explored for population living in social centres.

**Aim**

To set up a life conditions inventory, state of health, and access to health care for growing old immigrants population.

**Methods**

Counting from Social security of isolated foreign nationality person born before 1950. Population survey including 395 persons selected by quotas and questioned by billings investigators on their health conditions, their health care access and their own feeling.

**Lessons-learned**

This population is estimated at about 11 500 persons in Languedoc-Roussillon. It was assessed that this population was rather young, masculine and from Maghreb. Indeed the population is very old, feminine and rather Spanish.

The population survey analysis provide a description: i) felt morbidity, ii) health care need, iii) health care access problems, iv) health and housing conditions, v) isolation of old persons.

**Conclusions**

This study highlights the a priori discrepancies between this population and the regional situation. Likewise, this study shows that it is possible to study this population in respect of the currently confidentiality rules. Because of the mistrust and difficulties to meet the target population, the more complex survey set up allowed to achieve a precise description of this population, and it constitutes the basis of well adapted public health actions.

The Hypertension Screening and Awareness Study (HYDRA): Do the approaches for the treatment of hypertension and diabetes mellitus differ between former East and West Germany?

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**Background**

Recent data from HYDRA indicated relevant differences in the recognition and diagnosis of patients with hypertension (HYP) and/or diabetes mellitus (DM).

**Aims**

On the basis of the HYDRA database, we sought to determine differences in pharmaceutical and non-pharmacological treatment of these patients.

**Methods**

Analysis of data of the cross-sectional epidemiological HYDRA study (1.986 primary care doctors seeing 45,125 patients on a target day in September 2001). Data presented were adjusted for cluster and response bias effects as well as for age and gender.

**Results**

93% of all patients with the diagnosis of hypertension receive pharmaceutical treatment. The following groups are most...
frequently used (odds ratios in brackets indicate likelihood of significantly increased prescription rates in East as compared to West): ACE inhibitors 45.3% (OR: 1.1), beta blockers 40.0% (OR: 1.3), diuretics 35.2% (OR: 0.8), calcium antagonists 24.8% (1.4), AT1 blockers 15.7%, alpha blockers 3.1% (OR: 1.3), others 4.9%. Most frequently prescribed medications for DM were (OR: significantly increased use in East vs. West): sulfonylureas 30.9%, insulin 26.8% (OR: 0.8), biguanides 23.9% (OR: 0.7), glucosidase inhibitors 11.2%, glitazones 4.6%, others 11.6. Important non-pharmacological measures were used in 72.2%, nutritional advice 63.0% (OR: 1.2), nutritional training 27.4%, and physiotherapy 7.1 (OR: 1.8).

Conclusions

Mostly, only minor differences between former East and West Germany were found.

Measurement of rural deprivation in health care research

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Background

 Rural health is a growing concern to health service providers. Investigation of socio-economic factors associated with rural health has proved difficult as commonly used deprivation measures such as car ownership have been criticised for being biased towards urban areas.

Aims

To identify factors associated with rural health in Scotland using Long Standing Illness as a health indicator.

Methods

The Scottish Household Survey dataset (1999, 2000) was split by rurality using the SHS rurality indicator. Several variables were investigated using logistic regression for each rurality, with Long Standing Illness as the dependent variable.

Results

When an identical set of variables are modelled for each data subset the factors found to be significant vary depending on rurality. In remote and rural areas the odds of illness for those who reported no bus service are significantly higher than those who live within 3 minutes of a bus stop (OR = 1.50). Those who rate the area as a “bad” place to live are more likely to be ill than those who rate it as “good” (OR = 2.30). The odds of illness for those with financial worries is twice that of those without (OR = 2.23). People who have lived in their property for more than 5 years are less likely to be ill than those who have moved in the last 2 years (OR = 0.62). These factors are not significant in urban areas. Instead car ownership, educational qualifications and overcrowding are found to be significantly associated with long standing illness.

Conclusions

Factors associated with poor health in rural areas are different to those in urban areas, reflecting a difference in lifestyle, culture and economy. This study shows that financial hardship, lack of public health education and training is offered to institutions likely to comply with other European schools of public health.

Economic inequalities in avoidable mortality in Scotland

Standing Illness as the dependent variable.

Aim

To examine the extent to which the decrease in avoidable mortality includes death due to e.g. tuberculosis, appendicitis and asthma between the ages of 5 and 44.) It also considers the extent to which inequalities in premature mortality and, recent increases in these inequalities, are attributable to avoidable causes.

Methods

Multilevel Poisson modelling of 270691 deaths under 65 years in Scotland over 20 years between 1979 and 1998. Analysis was at the level of the 56 local government districts (average population in 1998 approximately 99000). Mortality rates were standardised to take account of population age and sex structure.

Results

Between 1979 and 1998 the relative risk of mortality from avoidable causes fell by 52% whilst that for other causes fell by 16%. This meant that whereas 43% of deaths in 1979 could be termed ‘avoidable’, the same could be said of just 32% of deaths by 1998. There was more variation between districts in the relative risk of mortality from avoidable causes than from other causes, and there was a strong positive correlation between the two (r=0.74). Inequalities in avoidable mortality were unchanged whilst those from other causes increased (69% increase in variance from 1979 to 1998), as did the correlation between mortality from avoidable and other causes.

Conclusions

Although there are geographical inequalities in avoidable mortality, these have not changed whilst inequalities in other causes increased. This means that increasing inequalities in premature mortality are not due to those conditions regarded as being amenable to medical care.

The Global Burden of Disease attributable to low fruit and vegetable intake – What does this mean for public health policy in Europe?

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Introduction

The WHO Global Burden of Disease Comparative Risk Assessment (CRA) Project set out to compare the attributable burden of disease due to major risk factors using common methods. Among the risk factors included were lack of fruit and vegetable consumption, obesity, physical inactivity, smoking, alcohol, cholesterol plus environmental risk factors. The results of these analyses are published in the WHO World Health Report (October 2002).

Methods

This paper will comment upon the methodology of the CRA project for calculating the disease burden due to inadequate fruit and vegetable consumption. This involved systematic reviews and meta-analyses of the impact of low fruit and vegetable intake on 6 main disease outcomes, and calculation of dietary intake for each world region by age and sex based on intake survey data and FAO Food balance sheet data. The difficulties of this approach will be discussed including the scarcity of exposure data, the challenges with identifying interactions with other risk factors especially tobacco, and the lack of knowledge about ‘an effect plateau’ which could identify the theoretical maximum intake of fruit and vegetables for greatest protection.

Results

The results of these analyses show that inadequate consumption of fruit and vegetables in Europe and world wide contributes to a significant burden of disease. This disease burden is greater than that reported for other major risk factors including physical inactivity and shows that effect of diet reaches the significance of smoking, obesity and alcohol in population health terms. We discuss these results and draw conclusions about what this means for food and nutrition policies in Europe.

The joint OSI-ASPHER Program, Quality Development of Public Health Training Programs in Central and Eastern Europe

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Issue

The purpose of this abstract is to present the joint OSI-ASPHER program which involves public health schools/programs in thirteen Eastern and Central European countries.

The overall goal of the OSI-ASPHER program is to enhance institutional teaching programmes of public health in the Central and Eastern European region through curriculum development, the review of teaching programs by academic peers, and partnerships with other European schools of public health.

Description of the project

Participating schools/institutions benefit from one of two program packages:

- Program Stream 1 “PEER Program”.
- Program Stream 2 “Partnership Program”.

Program Stream 1 aims to strengthen and deepen public health education and training and is offered to institutions likely to complete the ASPHER PEER Review Process.
Program Stream 2 aims to build public health education and training capacity and is targeted at public health teaching programs in the earlier stages of development.

Thirteen countries are concerned by this endeavor as follows:

Stream 1: Armenia, Bulgaria, Croatia, Estonia, Hungary, Lithuania, Poland.
Stream 2: Albania, Georgia, Latvia, Romania, Ukraine, Uzbekistan.

Prior to the actual implementation, ASPHER carried out a "Preparation Phase" from September 2000 to July 2001. Its objectives were, from September 2000 to March 2001, to identify and select institutions eligible for participation (this was achieved through a call for Letter of Intent (LOI)), to design assessment guidelines (Preliminary Assessment Document - PAD) with a view to establish the institution’s needs and requirements and finally to organize the visits of ASPHER experts. The latter two steps took place from March to June 2001. This preparation phase ended with an application stage from June to July 2001 with selected institutions submitting funding applications to their respective local Open Society Institute (OSI) foundations.

This was followed by ASPHER’s own application to OSI in October 2001. In November 2001, OSI informed ASPHER and applicant institutions from Stream 1 and 2 of the outcome of its review.

To conduct this programme which is planned for a 3 year duration, ASPHER has developed two approaches for each of the two streams. Stream 1: "Partnership Program" is structured around the three pillars of PAD, MPD (Monitoring PAD for Development) and PEER (Public Health Education European Review).

Stream 2 “Partnership Program” is built around a three-pronged partnership with a Partner A as lead partner responsible for overseeing the development plan, a Partner B as secondary partner responsible for technical support and Partner C as CEEC partner selected from the Stream 1 program.

The whole OSI-ASPHER Program is overseen by an ad hoc steering committee and will be meta-evaluated by an independent evaluator selected by OSI.

Smokers show no preventive benefit from healthy food intake and sports in early atherosclerosis. Results from the Study of Health in Pomerania (SHIP)

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Background

Physical inactivity, unfavorable dietary and lifestyle patterns are related to cardiovascular disease and premature death. Their relationship to atherosclerosis of the carotid arteries and subsequent stroke is unclear.

Aim

The objective of this study was to investigate the association between those behavioral cardiovascular risk factors and a-symptomatic atherosclerosis of the carotid arteries in a population of former "East-Germany".

Methods

The Study of Health in Pomerania (SHIP) is a cross-sectional survey in the northeast of Germany. In 1632 individuals aged 45–70 years, high-resolution B-Mode ultrasound was used to assess the mean intima-media thickness (IMT) of the common carotid arteries. Carotid plaques and stenosis were recorded. Physical activity, dietary patterns, cardiovascular risk factors were assessed using standardized instruments. Physically active participants with optimal dietary patterns were classified in the optimal lifestyle group, those inactive with unfavorable diet in the unfavorable group.

Results

After adjustment for gender and age significant decreasing trends were found for both IMT and severe asymptomatic atherosclerosis from unfavorable to optimal dietary patterns and from unfavorable to optimal lifestyle patterns in never smokers, but not in smokers. Regression analysis revealed an increased risk of severe asymptomatic atherosclerosis in subjects with an unfavorable lifestyle pattern compared to those with an optimal pattern (Odds Ratio 2.68, 95%CI [1.13; 6.37]), following a significant linear trend.

Conclusions

Physical activity and optimal diet are associated with reduced risk of early atherosclerosis in subjects who never smoked, while no benefit of an otherwise optimal lifestyle is observed in smokers.

Helicobacter pylori infection and gastric cancer: an area-level study

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Background

An association between Helicobacter pylori infection and gastric cancer is supported by several case-control studies, especially those nested into cohorts. However, in Africa and in several Asian countries H. pylori prevalence does not correlate with gastric cancer rates. Environmental factors such as the consumption of fruits and vegetables, tobacco smoking or alcohol drinking were linked, in a higher or lesser extent, with different stages of gastric carcinogenesis, and it is plausible that at a population level the carcinogenic effect of H. pylori infection is modulated by other environmental exposures.

Aim

The aim of this study was to quantify the area-level association between prevalence of H. pylori infection and gastric cancer mortality, accounting for alcohol, cigarettes and fruits and vegetables consumption, using a large sample of countries.

Methods

Data from 58 countries (7 African, 10 American, 14 from Asia & Oceania and 27 European) was modeled by linear regression using as dependent variable gastric cancer mortality rates (log-transformed), and as independent variables the H. pylori prevalence, fruits and vegetables, alcohol, and cigarettes consumption, as well as interaction terms.

Results

A significant linear relation was observed between gastric cancer mortality and H. pylori prevalence both in European (r=0.76, p<0.001) and American countries (r=0.81, p<0.01), but not African (r=0.23, p=0.62) or Asian countries (r= –0.15, p=0.61). Although a positive association between five contining gastric cancer mortality and the prevalence of H. pylori infection (β=0.054, p<0.01) was observed when all the variables are included in the regression model, statistically significant interactions were observed between H. pylori prevalence and the national availability of both alcohol (β[Alcohol*H. pylori infection]=0.52, p<0.01) and tobacco (β[Tobacco*H. pylori infection]=0.030, p<0.01).

Conclusions

Our results suggest that the unexpected low gastric cancer rates in regions having a high prevalence of H. pylori infection may be partially explained by differences in the consumption of alcohol and tobacco.

Dental health among children and young people in Norway

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Introduction

The Board of Health has since the early 1970’s gathered data about the dental health of children and young people. These figures were originally collected to help run Norway’s public dental care, which is free for children and teenagers. They may also be of use in health monitoring in general: A linkage between bad nutrition and bad dental health may suggest other health problems in the future for the population of youngsters with very bad dental health.

Methods

The data material consisted of records from the Board of Health, published annually in the form of a report. Data are gathered for 5-year-olds, 12-year-olds and 16-year-olds. The National Council on Nutrition and Physical Activity has gathered data on the percentage of school-children in each municipality who have brought sandwiches to school and/or have brought a piece of fruit to school. The dental data are also available for the municipal wards of Oslo, while the Oslo Health Study contains figures for the percentage of 15–16-year-olds who consume 4 or more glasses of carbonated drinks to school and/or have brought a piece of fruit to school.
The Sociology of the WHO-strategy “Health for all” in the view of action theory

Mann, B. * Institute of Sociology, University of Bonn, Adenauerallee 98a, FRG 53113 Bonn, Germany, bmann@uni-bonn.de, www.uni-bonn.de/sociologie/ The tension of society and health is investigated by public-health-sciences: epidemiology, psychology, economics and social medicine. How can sociology investigate this tension? The importance of sociology and health sociology will be shown in the context of action theory: the empirical basis of our thesis is the WHO-strategy “Health for all” with its 38 aims. Action theory in the form of rational choice theory differs the analysing of the tension in three levels: micro-, meso- and macro-sociology. Variables of micro-sociology are the social role, identity and norms, those of meso-sociology are groups, interaction, communication, institutions and organizations and those of macro-sociology are the social structure, culture, ideologies, conflicts and social change. Investigating the sociology of the WHO-strategy, we could find rational as well as communication problems. At the micro-level there are the goals 7 to 12: reducing health problems (chemical and physical diseases, accidents or suicide); 15 to 17: gaining competence and dealing rationally with drugs; 36 to 38: finding personal resources for the health, being a partner of health and finding ethical views of health. At the meso-level are the goals 3 to 6: improving health opportunities for social groups (handicaps, elderly, children, young people and women); 27 to 35: improving the support in hospitals and cities, improving quality and management, research and health-information. At the macro-level are the goals 1 to 2: equal chances in health promotion and quality of life; 13 to 14: health policy and development of health structures; 18 to 26: healthy ecology. In summary, the sociology of the WHO-strategy “Health for all” gives important information of analysing and improving the tension of health and society as a rational choice and communication problem in the context of micro-, meso- and macro-sociology. These are interesting results for the development of public health and sociology.

Challenges of Teaching Health Education in Armenian Schools

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Issue/Problem Over the past decade Armenia has undergone socio-economic changes. Open borders and broad access to mass media brought liberalized social and cultural norms contributing to Armenian adolescents adopting unhealthy behaviours including tobacco, alcohol, and other substance use and unsafe sexual practices. A school-based health education program, if properly designed and implemented, could reduce health risk behaviours in adolescents and thus contribute to the health and wellness of this and future generations.

Description of the project From September 1999 to October 2000, a pilot substance use prevention project was carried out in four schools in the capital city of Armenia, Yerevan. Overall, 230 adolescents aged 13 to 15 were targeted. Social cognitive theory was utilized as a theoretical framework for the curriculum development. Interactive methods of teaching including games, structured discussions facilitated by the teacher, small group activities, role plays, and interviews were employed to implement the curriculum. Project staff faced considerable challenges at every step. The developers of the curriculum were limited by poor access to quality health education materials, resources and professional expertise and the lack of knowledge of the conditions in local schools. The main challenge to implement the project was connected with the lack of experience of local teachers and teacher trainers in interactive teaching methods.

Lessons learned In order to develop and implement a school health education program for a country like Armenia that lacks local expertise, the project team should include professional behavioral scientists, specialized teacher trainers and experienced teachers. All stakeholders must work together at every step of the project to achieve positive result.

Conclusion Teaching health education in Armenian schools is necessary, but challenging. Only a multidisciplinary team of professionals with training in contemporary teaching methods can accomplish the task.

Figure H. Lyshol

beverages (mainly sweetened with sugar) per day. These different figures, on dental health, consumption of sandwiches, fruit and carbonated drinks, will be correlated and analysed.

Results My preliminary results suggest that dental health varies geographically to a high degree, and that areas where school-children's diet is less than optimal (reliance on snack foods for lunch, low consumption of fruit, high consumption of carbonated drinks) are also areas where children's dental health is bad.

Conclusions Dental health shows geographical variation, and children’s diet not unexpectedly seems to be at least one of the factor determining their dental health. A small subset of children have very bad dental health, and this group seems to warrant further study.

Health benefits of travel to school: evidence from a study of children's car use


Background Much chronic disease in adult life has early origins. Heart disease, in particular, develops through patterns set during childhood, including obesity and exercise. We have investigated health dimensions within a study of car use by children being carried out at University College London.

Aim To compare child activity and travel with measures of ‘fitness’ predicting future heart disease.

Methods The study was undertaken in a mixed urban and rural, and relatively affluent, area in South East England in collaboration with local education and health services. Children in nine primary and middle schools (ages 8–13), and their parents, completed self-administered questionnaires about activities and travel; simple bio-metric measurements were made of the children; and, for a (self-selected) sample of these children, 4-day direct measures of physical movement were recorded in diaries and by wearing mobile RT3 monitors.

Results Data from linked child and parent questionnaires and bio-metric measures were gained for approximately 500 children, and mobile recordings from approximately 120 children. Up to 20% of children could be classified as overweight or obese. Differences between children related to personal characteristics and age, as well as family patterns of travel. The relationship between bio-metric levels and physical activity was explored. Physical movement during travel contributed a significant proportion of all physical activity recorded, and there were differences between mode of travel.

Conclusions Travel makes an important contribution to ordinary physical activity for children, and may contribute to reducing heart disease in adult life. We will consider the implications of our findings for children’s healthy exercise and transport policy.
A four-year follow-up study of early versus delayed vocational rehabilitation

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Background
A number of recent studies indicate that the timing is important and that early intervention is more effective than late, while other studies conclude that there is only little empirical support for this widespread opinion. In a previous study, where the effect of vocational rehabilitation was measured in a 24 months perspective, we found that early rehabilitation had greater effect regarding return to work than late rehabilitation. Against this background we find it to be of the utmost importance to investigate the effects of vocational rehabilitation in a 48-months perspective.

Aim
The aim of this study was to investigate whether early vocational rehabilitation is more effective than rehabilitation initiated at a later stage.

Methods
The study was based on a sample of 612 individuals on long-term sick-leave (292 days) who had received vocational rehabilitation. A multiple logistic regression analysis was used to investigate whether time before start of rehabilitation was associated with the outcome.

Results
The study supports the hypothesis that early interventions are more effective than late, but only for women, and more so for the younger women than for the older.

Conclusions
Our finding, that early intervention is important for young women, is a finding that is relevant for a large and constantly increasing number of people on long-term sick-leave. Our finding is also an important signal for those working within the field of vocational rehabilitation.

Quality assurance of the primary health care in Bosnia and Herzegovina

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Introduction
The evaluations of the healthcare quality services get based upon the building up of the standards, which enable the measurements and the comparisons, not only the scientific-technical development level, but also the measurement of the effectiveness, economy, adequacy, safety availability, equality, comprehensiveness, satisfaction and the participation of the services users and other general and vital components of the quality process measurement of the healthcare protection and healthcare services. The quality of the primary healthcare protection can be estimated regarding to the satisfaction of the users, the process and the outcome, and the outcome in the system of the healthcare understands the changes in the healthcare condition of the users after provided healthcare services.

Examinees and works methods
For the research is used the sample from 3.000 users of the healthcare protection of several units of the primary healthcare protection of the health centers in Bosnia and Herzegovina. The users are questioned by specially created data carrier with the defined process and outcome variables.

Results
The results are gotten by the processing of the input data into DBMS relation data basis and their crossing of the assigned variables as are for example: the satisfaction with the results of the visits regarding to the working time of the healthcare personnel; the length of waiting for the examination by a physician; the attitude of a physician according to the patient and the treatment; time of the last consulting of a patient with a doctor; the continuity of the creation of the healthcare protection in the same healthcare personnel; kind and the length of the individual treatments and similar, and are supposed tabarily and graphically. DBMS relation basis is created according to the principle of the simple statistic formulas into MS ACCESS. The parameters majority from the satisfaction estimating scaled according to the criteria WONCA, WHO, and partly modified by the authors, after the performed processing and the analysis show that the patients are well or optimally satisfied with the existing system of the primary healthcare protection organization. The quantitative results only in some criteria show rarely the dissatisfaction, and that in the low percentage, usually in patients with the present more difficult and chronic diseases. The part of the tabular and graphic results is presented and commented in this paper.

Conclusion
The existing primary healthcare protection organization is in Bosnia and Herzegovina, regardless to its instant social-economic and the social status, that means the low level of the separation of the means for the healthcare protection, still always optimal and can be characterized as desired healthcare comfort created by the given financial means. Regarding to that in the course of the realization of the Federal program reconstruction of the healthcare system in Bosnia and Herzegovina, is a finding of the free of charge social healthcare protection into the concept of the providing of the services of the family physician whom the socialized healthcare protection into the concept of the providing of the services by means of the family physician whom detain and finance the nongovernmental organizations of Canada, Switzerland, Italy and still other in the post Dayton period, the part of the result presented in this paper can serve as the guideline for the definite corrections of the existing primary healthcare protection system in Bosnia and Herzegovina.

Assessing hospital appropriateness in Italy through the APPR method

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Background
The APPR method has been conceived for the external assessment of hospital appropriateness in Lazio region of Italy. Through analysis of administrative data with APR-DRG, it assists in calculating DRG-specific admissibility frequencies of acute care episodes for low-complexity DRGs and amount of certainly inappropriate admissions.

Aim
We analysed with APPR all hospital episodes assigned during 2000 in Italy to 43 DRGs identified by the Ministry of Health at risk of inappropriateness in acute care setting.

Methods
The base of the study were 3.266.064 discharges abstracts transmitted to the Ministry of Health by all Italian hospitals. Hospital episodes attributed to subgroups of severity of illness and/or of risk of death higher than 1 according to APR-DRG classification were excluded (10,3%). Within the case-mix with minimal severity, amount of certainly unnecessary admissions were identified calculating the DRG-specific ratio between acute admissions and total admissions (acute and day care) and comparing the observed frequencies by region with the national admissibility values.

Results
Admissibility frequencies in acute setting ranged between 22% for DRG 6 (“Carpal tunnel release”) e 88% for DRG 160 (“Hernia procedures except inguinal and femoral, age >17 w/o cc”). For DRG 6, regional values varied between 1% and 61%. For all the 43 DRGs, certainly inappropriate admissions resulted equal to 176.955 with a range of 182 and 34.412. Northern regions showed better performances in term of appropriateness compared to central and southern regions.

Conclusions
The APPR method allows to identify tolerated levels of inappropriateness within low complexity hospitalisation and to set up reliable targets for regional planning. The method operates with the necessary caution due to the uncertainty of administrative data, which are not suitable to take into account the social dimension of hospitalisation.
Physical development of children in Russia

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Background
Physical development is a major indicator of health status and trends evaluation are important for Public Health policy for country in period reforms of many aspects population wellbeing.

Methods
For obtaining the data of physical development children in different economic and geographic regions of Russia was providing survey ‘Children of Russia2000’. The program contains the measurement height and weight by nurses in schools and children gardens (3–14 years), questioning the parents. For better organisation, methodical provision, education the personal and operative co-ordination was created web-site: www.chav.ru/chi2000. Data of 79968 children were used for calculation variative statistics, BMI, z-score and complex evaluation by Russian standards (centile) for comparison distributions the children in 1991, 1996–97 and 2000–01.

Results
The results performed on unitary methodology demonstrate in the middle of monitoring (1996–97) statistically significant decrease the part of children with normal physical development. Among around 80000 measured in various regions in 2000–01 this part approach correspond level 1991 (table).

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Normal</td>
<td>68–70</td>
<td>55.2</td>
<td>68.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>7–15</td>
<td>13.3</td>
<td>7.9</td>
</tr>
<tr>
<td>Underweight</td>
<td>5–10</td>
<td>16.4</td>
<td>10.8</td>
</tr>
<tr>
<td>Short height</td>
<td>3–5</td>
<td>7.7</td>
<td>5.2</td>
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<tr>
<td>Tall height</td>
<td>5–7</td>
<td>7.4</td>
<td>7.2</td>
</tr>
</tbody>
</table>

In 2000–01 BMI has peculiarities in marked groups. 79% children assessed as normal according Russian standards have BMI inside 14.0–17.99. Among whole group – 11.2% <14 and 19% >18, in group with overweight – 63.3% >18 and 15.6 >23. Children from poor families have more frequently underweight and retardation in height.

Conclusion
Survey ‘Children of Russia 2000’ revealed positive trend in physical development in the last years, but some groups of population need real social support for better children development. Our database is open for further statistical and social analysis.

Experiences with a regional independent drug information service for patients: a project of health care research

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Issue/problem
A broad variety of possible problems can appear at patients’ side whilst the use of drugs. The drug information service (DIS) helps patients (callers) to solve such drug related problems. The growing number of tablets taken by the elderly often causes anxiety and adverse drug reactions (ADR) and finally affects the quality of life.

Description of the project
Physicians and pharmacists of our institute are responding to all patients (callers) to solve such drug related problems. The DES is capable of giving the patient support to identify the reason of his drug related problems. The information always had to be finally clarified with the physician treating the patient. The DIS gives the patient arguments to communicate with his different specialized physicians. Additionally the DES can identify drugs and patient groups having a predisposition for drug related problems which consecutively may be prevented.

Conclusions
1) supported by the superior authority of statutory health insurances.

Quantitative health impact assessment of waste incineration

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Background
Environmental health impact assessments are required for major engineering developments such as industrial works, waste disposal facilities, power stations. While the EIA process is relatively standardised, there is increasing interest in combined environmental, social and health impact assessment.

Aim
To use epidemiological information to assess the health impact of a waste incinerator.

Methods
Data were drawn from a waste incinerator in the south of England. The affected population can be estimated both as those predicted using air plume modelling, and estimates of the population served by the facility. Coefficients of risk were identified for four areas – air, chemicals, transport and noise. A mathematical model (ARMADA) was developed which calculates the expected increase or decrease in population health status, including the cumulative effect of environmental exposure over a defined period.

Results
Running the model provides estimates of changes in mortality and morbidity which will be presented. Extra mortality appears small in comparison with baseline levels; the effects of traffic appear to be as important by the population and practical aspects of implementation as the burning of waste.

Conclusion
Quantitative health impact assessment model covers fewer environmental areas than a qualitative approach might, but has potential advantages of objectivity, standardisation (for comparisons), speed and cost. We are working on further applications of the model, including prospective policy assessment and industrial settings. The approach is an innovative contribution to health impact assessment methodology.

Reforming health care financing in Bulgaria: the population perspective

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Background
Health financing reform in Bulgaria has been characterised by lack of political consensus on reform direction, economic shocks, and, since 1998, steps towards social insurance. As in other eastern European countries, the reform has been driven by an imperative to embrace new ideas modelled on systems elsewhere, but with little attention to whether these reflect popular values.

Aims
This study explores underlying values, such as views on the role of the state and solidarity, attitudes to, and understanding of compulsory and voluntary insurance, and co-payments. The study identifies general principles (equity, transparency) considered important by the population and practical aspects of implementation of reform (e.g. who should manage contributions).

Methods
Data were obtained from a representative survey (n=1,547) and from 58 in-depth interviews and 6 focus groups with users and health professionals, in 1997.

Results
A majority supports significant state involvement in health care financing, ranging from providing safety net for the poor, through co-subsidising or regulating the social insurance system, to providing...
state-financed universal free care (half of all respondents). Collectivist values in Bulgaria remain strong, with support for free access to services regardless of income, age, or health status and progressive funding. There is strong support (especially among the well-off) for a social insurance system based on the principle of solidarity and accountability rather than the former tax-based model. The preferred health insurance fund was autonomous, state regulated, financing only health care, and offering optional membership. Voluntary insurance and, less so, co-payments were acceptable if limited to selected services and better off groups.

Conclusions
A health financing system under public control that fits well with values and population preferences, is likely to improve compliance and be more sustainable. Universal health insurance appears to attract most support, but a broader public debate involving less empowered people is needed to resolve misunderstandings and create realistic expectations.

Mother and Child Care Training Program, Syunik Region of Armenia
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Issue/problem
Armênia experienced degradation in its standard of living conditions as the country continues transition from the former Soviet Union. Deteriorating socio-economic conditions resulted in documented malnutrition and health problems. Additional difficulties have occurred in the southern Syunik Region because of isolation due to mountainous terrain and devastation from the 1993–1995 Azerbaijani War.

Project description
The German Technical Cooperation (GTZ) initiated a mass media health education campaign in Syunik from March to May 2002, entitled “Mother and Child Care Training Program”. A trainer from the American University of Armenia was included in the campaign, which targeted women. In addition to radio, newspaper, and television announcements on health promotion subjects, the trainer taught nutrition and breastfeeding workshops every weekend alternating sites among five towns. Clinic physicians taught classes and distributed health promotion materials throughout the week in nearby villages. These intensive educational efforts were intended to change behaviors and improve the current situation. The trainer used various teaching techniques to facilitate interactive sessions. A major focus was on the Food Guide Pyramid and its associated tenets. Participants constructed an Armenian Pyramid using locally grown, readily accessible, and inexpensive foods.

Lessons learned
Classes were often crowded because of unanticipated interest. In retrospect, men should have been invited to attend. Inclusion of the local physicians added sustainability.

Conclusion
There were over 320 registrants including approximately 15 physician trainees who taught expanded topics to several thousand village residents. Participants used opportunities to address health concerns. Inclusion of the local physicians added sustainability. They reported increased knowledge about fat and sugar consumption, food composition, and nutrient requirements across the life span. Physicians reported closer community relationships, increased awareness of health issues, and improved teaching skills and professional knowledge.

Investigation of hospital mortality in three districts (province) of Tuscany from the 1997 to 1999
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Background
Several epidemiological studies indicate geographical variation of mortality in Italy. These variations may be due to population differences (genetic, social behaviour/condition, diet) or health care inequality. In the one hand, health care inequality has been shown in a number of studies in Italy especially comparing regions of the South versus those of the North; on the other hand also studies which compare close districts have shown important and unexpected results. While population based health data for local area are often unavailable without new and expensive data collection, local hospital discharge data are readily available and accessible. The most important positive aspects of hospital discharges are: the virtually unique existing source of information on a wide range of disease occurrences, and the possibility to compare death and disease together in the analysis of case-fatality. Moreover this routine data collection are a source of epidemiological information, and consequently a mean to monitor the health status of the population, and an objective tool to compare different health services, results and costs.

Aim
The objective of the study is: (i) to measure the variation of mortality rates for the five most important causes of deaths in 3 districts of Tuscany (Siena, Arezzo and Grosseto) from 1997 to 1999 and (ii) to evaluate differences in health care using proxy indicators available in hospital discharges.

In Italy, for every patient discharged from the hospital (public or private, emergency or planned admission), a record (S.D.O.) is kept. This includes personal and care-related details, such as an identification number, diagnosis code/s using The International Classification of Diseases, 9th Edition (ICD-9), emergency or planned admission, duration of stay, and the Diagnosis Related Group (DRG). D.R.G. are groupings of diseases, disorders and procedures that are used by hospitals to classify inpatients into a manageable number of categories and reflect also hospital’s resource consumption.

Hypothesising an increased duration of stay, an increased DRG cost and admission to high specialist hospitals, we would expect a smaller number of deaths compared to the situation in which these conditions are missing.

Study design
Case Control study: Case definition deaths for a specific disease.

Controls definitions all inpatients admission for disease a specific disease.

Exposure: district I, district II, district III (compared with a baseline).

Conclusion
In this study the five main causes of death have been identified: Heart failure and cardiovascular system, acute pulmonary heart disease, malignant neoplasm of stomach, Cerebrovascular disease, Bronchopneumonia. Early analyses have identified differences between the three districts.

The world-wide dissemination of empirical data from German Public Health Research
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At the beginning of the 1990s five German Public Health Research Associations were founded. Between 1992 and 2001 about 200 research projects had been realised with support of the Federal Ministry of Education and Research Germany. Therefore, enormous data-sets have been collected on various public health-relevant research issues. Following one objective of the American Public Health paradigm the transfer of research results into praxis and the dissemination of meaningful health-oriented research knowledge is very important. The German Public Health Research Associations feel obliged to broadcast the empirical data as a Public Use File with the purpose of further data analyses.

Description of the project
A Public Use File consists of a comprehensive information pool. Besides a data document with all collected variables the file includes a documentation about the project features as well. The documentation contains the following information: description of methods and study design (inclusive the questionnaire), sample description, list of variables and descriptive statistics, research report and publications.

In 2003 the planned Public Use File and Public Documentation Files will include about 70 projects from different research topics like health promotion and prevention, quality of care systems, epidemiology, information and communication in health care, and group-specific health research. A web server with a divided database, partly protected by a firewall, has been set up to promote the different files and making them accessible for the scientific community.
Public Use Files data can be ordered via internet and a CD-ROM will supply at self-liquidating charge. A scientific board (leading members of Public Health Associations) decides about the orders, corresponding to the regulations of use.

Lessons-learned

Future research in Public Health could profit from a centralised Public Use Files database. The standardised collection of demographic variables, for instance, could lead to more comparability of research data, making new research questions possible.

Conclusions

The objective of the project is to develop a database, which can be used by other scientists. The advantages of the use of Public Use Files are to provide comprehensive data for further research projects, especially for meta-analyses, secondary analyses and comparative studies. The use of a centralised knowledge base can help to conduct future research in a standardised and comparable manner to create Public Use Files of more research projects.

EUROCHIP: EUROpean Cancer Health Indicators Project

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Issue/problem

In spite of concern about cancer, a cancer monitoring system covering all countries of the European Union has not yet been implemented. However, a large-scale Health Monitoring Programme (HMP) to establish EU health indicators for all diseases has been implemented. The present project EUROCHIP is conceived as a contribution of HMP and proposes to produce a comprehensive list of health indicators pertaining to the control and treatment of cancer, that will contribute to the development of the set of European health surveillance indicators.

Description of the project

The project consists to make available a comprehensive list of indicators that describe cancer in terms of burden, prevention activity, standards of care and cure rates. The project is essentially an intellectual work aimed to reach the maximum consensus on the list. After the lay-out of the list we will check already available data sets to identify the presence of information. Standardized methods of collecting and of examining data validity will be proposed. The present project will choose variables according to the criteria of easy collection, comparability, and country representativeness.

At the moment various international groups of specialists are working on the list of a hundred of indicators classified by three different axis: natural history of disease, study category (demographic and socio-economic factors, health status, determinant of health, health system) and cancer site. For each indicator we compile a form corresponding to the regulations of use.

Conclusions

This presentation has aims to inform about EUROCHIP and to call for criticisms and suggestions on the ongoing list.

Environmental (In)Justice in Germany: Social Differences Concerning Noise and Air Pollution

Mielck, A. *

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Background

How are the environmental risks distributed across different social groups? Using the term ‘environmental justice’, it has been stressed in the USA for more than 15 years already that the environmental risks are not distributed equally (i.e. ‘just’).

Aim

There is no comparable discussion in Germany, and the paper wants to promote its development.

Methods

The analyses are based on the ‘Socio-Economic Panel’, an annual survey conducted in Germany since 1984 and including about 8,000 persons. More specifically, they are based on the surveys from 1986 (West Germany), 1994 and 1999 (West and East Germany), as these included information on noise and air pollution in the residential neighbourhood. The main independent variable is net household income (adjusted for household size and composition), split in four groups with the lower group representing poverty. The main other variables are: East or West Germany; German or other nationality.

Results

The subjective burden was clearly increasing with decreasing income. Looking at the group ‘heavy or very heavy burden’, in 1999, for example, the prevalence in the lowest income group was about twice as high as in the highest income group (air pollution: 8.7% vs. 4.3%; noise: 9.6% vs. 5.1%). The joint burden ‘air pollution plus noise’ was reported by 5.5% in the lowest income group and 2.1% in the highest. The association between income and environmental burden was stronger for non-Germans than for Germans, and stronger in East than in West Germany. The associations did not change very much after controlling for age and sex. It is also important to note that this ‘environmental inequality’ seems to be increasing between 1984 and 1999.

Conclusions

The results indicate that also in Germany the lower status groups are exposed to greater environmental risks, and that regional interventions are necessary in order to reduce this inequality.

Creating a Healthy Respect

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Issue

Healthy Respect, the UK National Health Demonstration Project on young people’s sexual health aims to transform the sexual attitudes of young people by introducing initiatives which will bring about positive changes in their behaviour regarding sexual health and relationships.

Description of the project

The project has three focused objectives for improving young people’s sexual health:

- increasing young people’s self-esteem and confidence;
- reducing teenage pregnancies and
- decreasing the level of sexually transmitted infections amongst young people in Lothian.

The project is creatively delivered through 13 partner agencies working in the fields of sexual health, education and young people’s services. This multi-disciplinary approach, coupled with a mass media campaign has enabled the project to effectively reach a wide range of young people, including those traditionally identified as hard to reach.

Lessons-learned

The project’s approach fully recognises the importance of increasing self-esteem and confidence amongst our young people to enable them to make and implement informed choices and decisions. This approach is supported by an increase in education and information available to young people and greater access to services.

Conclusions

The ultimate vision of the project is to create a Healthy Respect amongst young people, for themselves and others.

Patient-Doctor Relationships in Armenia

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Background

Doctor–patient relationships in Armenia have changed during the last 10 years. There is a tendency among population to seek care after one’s health condition has worsened and health care provider can do little or nothing to manage the case. Fee for medical service, financial constraints, and major declines in earnings are the primary reasons for the population’s poor access to utilization of health care. Though financial issues directly or indirectly affect doctor–patient interaction, other factors are also important.

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Besides clarification of conceptual and legal foundations, data will...
technical aid in the daily life and the existence of architectural barriers; d) the influence of the disease in the educational or working activities, and how the distressing situations affect the state of disease; e) attitudes of the family members towards the disease and how it affects the relationship with their couples; f) emotional and cognitive state; and g) problems and burden on main caregivers.

Results

371 MS patients (68.7% females) from 13 hospitals of Madrid (Spain) were included in the study, the average age being 58.9±10.9 years. 69.5% of them suffered of relapsing MS with a global mean illness duration of 10.3±7.1 years on 61.3% of whom had gait disturbances. According to the interpretation of focus groups, the main concerns of both patients and their caregivers were focused on family and labour lives.

Conclusions

QoL has been considered mainly to be a multidimensional representation of a subjective perception reported by the patient. This multidimensional concept should encompass at least a balanced weight among the following aspects of disabilities: physical, psychological and social functioning.

Using more specific dimensions for the measurement of quality of life in Multiple Sclerosis

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Background

The study of the quality of life in Multiple Sclerosis (MS) should consider the useful of an instrument which includes social, psychological, physical and mental aspects. These dimensions should be the most specific as possible in relation to MS.

Aim

To show the validated dimensions of a specific tool about perceived quality of life 'Functional Assessment of Multiple Sclerosis' (FAMS) in Spanish patients, and verify its consistency.

Methods

371 patients (68.7% females) with MS (clinically defined or with laboratory support, according to Poser's clinical criteria), recruited from 13 Neurology Outpatient Clinics of Hospitals in Madrid (Spain). This study was a first wave of GEDMA survey to obtain a MS cohort, and was carried out by direct interview. We used a questionnaire containing the FAMS scale and other variables related to different aspects (clinical, social, psychological, cognitive, and working ones).

Results

The average age was 58.9±10.9 years with an average score on the Expanded Disability Status Scale (EDSS) of 3.6±2.3. 69.5% of patients suffered of relapsing MS with a global mean illness duration of 10.3±7.1 years. The average scores of the parameters were higher than those obtained with the original version of FAMS, and the internal consistency of the Spanish version was similar to the original FAMS (0.95 vs 0.94). On the other hand, specific dimensions of symptoms and general state of mind increased their internal consistency when eight items, which were excluded in the original FAMS (0.95 vs 0.94). The rest one in the latter (0.87 vs 0.85).

Conclusions

These results would suggest that the Spanish version of the FAMS scale including specific variables of MS, which do not form part of American Version FAMS, offers a more specific assessment of quality of life.

Too Few or Too Many?

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Issue

The purpose of this paper is to look at Edinburgh's performance against current and proposed targets concerning Coronary Artery Bypass Grafts (CABG) and Angioplasty, both separately and together as Total Revascularisation procedures. The main objective was to estimate the relative need for revascularisation and enable Edinburgh to look at the difference between actual provision and a 'need' adjusted estimated provision.

Description of the project

The main objective was to estimate the relative need for revascularisation and enable Edinburgh to look at the difference between actual provision and a 'need' adjusted estimated provision.

Lothian Health, in Edinburgh, adopted the methodology used and proposed by the Coronary Heart Disease Task Force Group. This methodology looked at CABG and Angioplasty principal procedures performed broken down by specific age/sex groups and Deprivation Category over a five-year period. A 'need' factor was calculated for these breakdowns using Acute Myocardial Infarction Mortality Incidence Rates for Edinburgh against Scotland. 'Need' adjusted figures were devised using the individual 'need' factors and compared to Edinburgh's actual figures to explore any differences.

Lessons-learned

Using this methodology Edinburgh was found to have less overall 'need' than Scotland. Therefore overall revascularisation 'need' is being met but there are differences between the most affluent and most deprived areas in Edinburgh.

Conclusions

Whilst the methodology is open to contention, our work demonstrates that adjusting revascularisation activity for an indicator of need can show important differences in the need for PTCA or CABG within various subgroups of the population. Findings have proven valuable in discussions with our main provider of revascularisation procedures.

Applying stretching to prevent cardiovascular diseases

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Background

Patients with coronary heart disease and signs of reduced heart rate variability (HRV) have an increased risk to suffer sudden cardiac death. The ECG of these patients shows nearly equidistant R-R, indicating reduced vagal and/or increased sympathetic tone. Other cardiac risk factors (e.g. diabetic neuropathy, higher age) are associated with reduced HRV, while normal or increased HRV indicates good health. Some drugs (e.g. $-blocker), relaxation techniques (e.g. autogenous training) or regular sport activities – reducing sympathetic and/or increasing vagal tone – have well known beneficial effects on health and HRV. Statistical measures of HRV, e.g. calculating the root mean square of successive differences (RMSSD) over 3 min intervals are measures indicating cardiac risk.

Methods

Stretching is a popular technique which is easy to learn and can be performed everywhere. So far, little is known about its effects on cardiac risk. To examine the influence of stretching on HRV – an indicator of cardiac risk – we conducted a pilot study with a sample of 11 healthy men (age: 22–44 years). The participants did a standardized 20 min stretching program (of bigger muscle groups) for a period of 20 days.

Results

Comparing individual data we found that HRV increased significantly. In addition, well-being tended to be higher. The beneficial effects on HRV were more pronounced for older participants.

Conclusion

While in the population higher age is accompanied by reduced HRV and increased cardiac risk, stretching has been found to at least reduce age-related vagal withdrawal. Since the HRV is considered to be a valid indicator of cardiac risk one can conclude that stretching can have cardio protective effects. If future studies confirm our results, stretching should be included in health care programs for the prevention and treatment of cardiovascular diseases.

Medical, behavioural and psychosocial markers for tooth loss

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Introduction

The purpose of the cross-sectional study SHIP (Study of Health in Pomerania) was to investigate the relation between tooth loss and medical, behavioural and psychosocial variables. An epidemiologic...
Assessing pain from different perspectives: evaluation of three pain measures in patients with a chronic disease

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Methods

The data of 1785 subjects (age 25–54 years) were analyzed by logistic regression. The odds ratio without caries/periodontitis: (allergy: OR<1, diabetes, multiple sclerosis) were significant.

Conclusion

The results of the current investigation provide support for construct validity of pain measures in RA-patients. Besides, the outcomes shed more light on specific qualities of these instruments, indicating that each of the three measures assesses pain from a different perspective.

Application of the Utility Index to the Study of hospital Patient Migration

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Background

In Italy, the data on patient mobility (PM) are used as a parameter for the correct distribution of financial resources and a rational placement of the sanitary facilities within the regional territory; on the other hand they can serve to estimate the perceived quality of hospital recovery services. With a farmer work, through statistical models (‘Factorial Analysis’ and ‘Discrite Choose’) we found the relative importance of the various motivations generating the PM. This degree of importance is interpreted as an utility index and, at the same time, as an indicator of the quality as perceived by the decision-maker (doctor/patient).

Aim

The aim of this work is to provide to the health planning: evaluation of the number of patients which is admitted in a particular hospital rather in an other for the following reasons already selected as important: reputation of the hospital (Rep), waiting list (Temp), closeness of the hospital (Dist).

■ the possibility to evaluate the utility (perceived quality) of the hospitals.

Methods

Sample: the data available from the Hospital Release Forms (HRFs) was used to analyse the patients’ choices and the assistance provided by all the Local Health Organisations in Piedmont during the year 1997. Then 22135 HRFs for medical DRGs and 22387 for surgical DRGs were examined.

Factorial analysis: in order to quantity the PM with respect to the various motivations we took into consideration the degrees of importance calculated with a sample survey (one of our previous statistical studies).

Discrete Choice: logistic regression was applied (Logit - main effects) in order to estimate a utility function U expressing the difference in utility when the patients move from their source Local Health Organisation – LHO to the new one responsible for their hospitalisation, using some variables considered as decisive by the PM.

Results

The factorial analysis attributed a degree of importance 0.548 to the ‘Overall reputation of the hospital’, of 0.276 to the ‘Direct acquaintance of a doctor’, of 0.091 to the ‘Distance’, of 0.029 to the ‘Short waiting list’ and of 0.036 to the ‘Doctor’s advice’. The estimated utility model follows:

Utility Index $U_i = 7.48 + 6.08 Sex + 6.79 Rep + 0.03 Time + 0.15 Dist + 0.001 Dist^2 + 0.04 Rep Dist + 0.036 Time - 0.03$ (2.24) (2.39) (3.81) (0.39) (3.88) (4.83) (0.29)

$p<0.134 0.122 0.051 0.543 0.048 0.028 0.033$

The table shows the utility index (for the various medical pathologies) of every LHO for its patients.

Conclusions

The set of features such as ‘good reputation’, ‘short waiting list’ and ‘correct allocation of the hospitals’ of a LHO is a special common asset, also in a financial sense, as an indicator of the LHO’s ability ‘correct allocation of the hospitals’ of a LHO is a special common asset, also in a financial sense, as an indicator of the LHO’s ability.

model with interactions was developed to detect high risk groups. In dental literature identification of interactions is rarely but conceptionally the most important part of the analysis. Interactions give also additional informations about etiology.

Material and methods

The data of 1785 subjects (age 25–54 years) were analyzed by logistic regression. For the definition of a case we choosed the concept to differate between common and not common which is established in medical epidemiology. Therefore, a case for tooth loss was defined by not-common tooth loss.

Results

The 3-factor-interaction between gender, education and income yields a high risk group for female with low education and low income. The 2-factor-interaction between gender and family status agrees with the psychosocial theory: females suffers generally before, males after divorce. An additional 2-factor-interaction explains the role of the social network. Do se-response-effects were found for smoking and self-related health. Oral behaviour was confounded by caries and periodontitis. The odds ratio without caries/periodontitis: 1.6, with caries/periodontitis: 3.4. Only endogenous variables (allergy: OR<1, diabetes, multiple sclerosis) were significant.

Conclusion

Tooth loss is more related to behaviourality than to medical causes. The relations of the psychosocial variables correspond to the psychosocial theory.
Is the capitative funding system compatible with the free election of hospital?

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Aim

From the theoretical point of view one of the desirable characteristics of a financing system is the robustness. A financing system is robust when it is resistant to the political interferences. The objective of this work is the study of the implications of the free election of the公立医院 on a model of capitative funding for a sanitary purpose.

Methods

The study object is centred in some of the surgical interventions on the apparatus locomotive; in short those collections in the GDRs. The study object is centred in some of the surgical interventions on the apparatus locomotive; in short those collections in the GDRs.

Results

Information on beneficial or obstructive factors and fundamental conditions will be collected for the following subjects:
- planning, organisation and implementation at national and local level;
- distributive and logistic processes concerning the vaccine;
- personal notification and registration of vaccinated children;
- public information and communication;
- special target groups (i.e. institutionalized children, asylum seekers, homeless);
- finance;
- willingness to cooperate of the regional counterparts (i.e. GPs, hospitals, ministry, local government).

At this moment the campaign has just started. In November the experiences of the campaign can presented.

The influence of norms in small groups on heavy use of alcohol among Danes

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Background

In Denmark, total alcohol consumption per person 14 years of age and older has changed little during the last decades. Danes have since 1980 consumed 12 litres of pure alcohol per year on average. Compared to other countries, alcohol consumption among Danes – and especially among young Danes – is very high.

Aim

The aim of this study is to clarify the potential for alcohol prevention programmes in small social groups among youth.

Methods

Data derive from The Danish Health and Morbidity Interview survey 2000 among 16,690 adults and from a self-administered questionnaire survey from 1994-95 on health behaviour among 6,444 students from 331 classes in upper secondary schools. Heavy alcohol consumption is defined as persons who have exceeded the weekly limit of alcohol consumption recommended by the Danish National Board of Health (14 standard drinks for women and 21 for men).

Results

From 1994 to 2000, the overall percentage of adult Danes who have exceeded the weekly limit has increased from 10.7% to 11.7.

Results from analyses among students show that there is a big difference in the proportion of heavy alcohol drinkers between individual classes. There are classes where non of the pupils are heavy drinkers, while in other classes approximately 60% of the pupils are heavy drinkers. This variation is not random (p<0.001 multi-level analysis) and cannot be explained by individual factors or by differences in the composition of socio-demographic characteristics among the pupils in the individual classes (sex, age, socio-economic composition).

Conclusions

The analysis shows that lifestyle is contagious between members in small groups in the same way that an infection disease is. The results also support the hypothesis that behavioural change works through group processes and norm development on a micro level. When planning alcohol prevention programmes it is therefore essential to include health educational practice which takes the significant influence of peers and behavioural norms in small groups into consideration.

Attitudes and behaviours with regards to anabolic steroids among male adolescents in a county of Sweden

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Purpose

The aim of this study was to investigate attitudes to androgenic anabolic steroids among male adolescents who have used anabolics compared to those who have not.
Methods
A cross-sectional survey was performed in year 2000 in all secondary schools in the county of Halland on the west coast of Sweden. An anonymous multiple-choice questionnaire was distributed to all classes with 14-, 16- and 18-year-old male adolescents. The response rate was 92.7% (n=4549).

Results
Those who admitted having used androgenic anabolic steroids differed in several ways from those who had not. Fewer believed androgenic anabolic steroids to be harmful (OR=0.15, 95% CI 0.08–0.30) and more believed that girls preferred boys with large muscles (OR=6.1, 95% CI 3.4–11.0). They trained more often at gyms (OR=5.6, 95% CI 3.0–10.6), drank more alcohol (OR=4.2, 95% CI 2.0–9.1) and had used narcotic drugs more often (OR=15.3, 95% CI 8.5–27.5) than the other male adolescents. More immigrants had used anabolics than native-born adolescents (OR=4.2, 95% CI 2.2–7.9).

Conclusion
Attitudes towards anabolics differ between users and non-users. These aspects may be beneficial to focus as one part of a more complex intervention programme in order to change these attitudes and decrease the misuse of androgenic anabolic steroids.

Changing health inequalities in east and west Germany since unification
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Background
German unification produced substantial social and economic changes in the east, with new uncertainties and, despite increasing income, rising inequality. This paper explores how these changes impacted on health during the 1990s, in particular income-related health inequalities in east and west Germany and their modulation by psychosocial factors.

Method
Analysis of the changing pattern and the determinants of self-perceived health in both parts of Germany, using data from the German Socio-Economic Panel for 1992 and 1997. Analyses use standard socio-economic variables and derived psychosocial variables, estimate income-related differentials are modulated by psychosocial factors.

Results
In 1992, 43% of east Germans rated their health as less than good compared with 50% in the west. By 1997, the east-west gap in perceived health in both parts of Germany, using data from the German Socio-Economic Panel for 1992 and 1997. Analyses use standard socio-economic variables and derived psychosocial variables, estimate the odds of reporting less than good health and explore how much income-related differentials are modulated by psychosocial factors.

Conclusion
The study highlights the complexity of socio-economic determinants of health, with different factors operating in east and west Germany.

An evaluation of medical records documentation in the Adult Cardiology Department at the Nork Marash Medical Center: a cross-sectional study
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Background
Reliable and valid medical records are an irreparable source of patient information used for quality assurance, research activities and financial purposes. Literature review indicated that recording of elicited patient information could be incomplete and inaccurate. Therefore, before relying on medical records their adequacy should be evaluated.

Purpose
The study objective was to evaluate the adequacy of patient records in the Adult Cardiology Department (ACD) for use in quality assurance and research purposes.

Methods
The study design was cross-sectional with a sample of 66 patients. The accuracy and completeness of the first-visit structured encounter form (SEF) were assessed comparing the recorded information with observations of patient-cardiologist encounters ("gold standard"). Survey participants were adults admitted to the ACD for the first time. The Committee on Human Research within the College of Health Sciences, American University of Armenia approved the research proposal. The study was conducted in summer, 2001.

Results
The mean agreement was 69.8%. The study indicated excellent agreement for tests performed and ordered, good agreement for patient complaints and physical examination results, and poor agreement for medical history and patient habits. Significant under-recording of patient complaints, medical history, and smoking status was observed. Over-recording of physical examination results was found. Data analysis revealed that SEFs were valid source of information in terms of tests performed and ordered for patients.

Conclusions
The study indicated that the first-visit SEFs could be used as a source of patient information only after appropriate improvements are designed and implemented. It emphasized the necessity of:

- Developing guidelines on patient health assessment;
- Redesigning the first-visit SEFs;
- Training of providers on completing the SEFs;
- Establishing internal evaluation processes at NMMC.

The efficiency of Peer drug prevention program: affiliation to school as a protective factor of drug prevention
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Background
It is now widely accepted, that affiliation to school-bonding with prosocial institutions is important protective factor or mediator, change agent in substance use prevention programs. Based on actual research results, peer drug prevention programs developing life skills have the highest level of efficiency.

Aim
The main aim is to explore the influence of intervention program on affiliation of school as protective factor of alcohol, cigarettes involvement.

Methods
Affiliation to school, in means of adolescent’s perception of school and learning, were explored among adolescents (n=103, 50 peer program participants, 125 participant’s classmates, 129 without experience with peer programs. The association between affiliation to school and substance use were explored comparing adolescents with different level of cigarettes and alcohol use. Analysis was made using ANOVA.

Results
Three factors of effectiveness, aesthetic and orientation were identified in perception of stimulus words. The relevance of constructivist theoretical principles were confirmed. Significant differences were found in the predicted direction. Non-smokers and alcohol abstainers perceived school and learning as more effective, aesthetic and with higher level for orientation. Program participants perceived school as more effective than their classmates and others without experience with peer programs.

Conclusion
Affiliation to school is associated with alcohol, cigarettes involvement. Expected peer program supports the affiliation to school.

Influence of public alcohol and tobacco use on General Practitioners’ advice: an international comparative study
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1) Wetenschappelijke Vereniging Vlaamse Huisartsen
2) Novo

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EUROPEAN JOURNAL OF PUBLIC HEALTH VOL. 12 2002 NO. 4 SUPPLEMENT
Inequalities in Access to Angiography and Revascularisation in Edinburgh: a Statistical Investigation

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Issue

Addressing health inequalities and utilising evidence-based research is a useful way to indicate inequalities but the method used here has methodological limitations that need to be considered when interpreting findings.

Sleep: A Story Of Financial Governance In Scotland

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Issue

Edinburgh’s sleep centre mainly treats individuals with moderate and severe obstructive sleep apnoea (OSA) by CPAP (continuous positive airway pressure) machines. In 1996 this service was devolved from the National Service Division. Finances were distributed on a per capita, not usage basis, leaving SE Scotland’s Health Boards with a financial shortfall. Moreover, the purchase and maintenance costs of CPAP machines are met by the service itself and are continually escalating. In the light of financial pressures, the sleep centre’s efficacy was investigated.

Description of the project

This project aimed to investigate both the theoretical basis for treatment, and the practical operations of the sleep centre, over a 3-month period, using a literature review and a randomised, retrospective audit of the sleep centre’s practice.

Because of the financial implications of the CPAP machine the literature review had as its objective clarification of the evidence-base supporting this intervention. The audit aimed to evaluating the sleep centre’s adherence to local protocol and draft Scottish Intercollegiate Guideline Network (SIGN) guidelines (through 173 case notes).

Lessons learned

Decisions of service provision may have to be made, even when there is an unclear evidence-base: the literature review indicates that CPAP is an effective treatment for people with severe, but not mild, OSA. Its efficacy for people with moderate OSA and the threshold for benefit is open to question. Moreover, many of the trials published to date have methodological weaknesses, undermining their reliability. These problems make it difficult to draw firm conclusions about appropriate treatment. Referring provision to people with severe OSA could reduce treatment costs, though risks withholding benefits from those who may benefit.

The audit confirmed that the sleep centre was adhering to local protocol and draft SIGN guidelines, confirming that internal audit is a useful way to measure service practice.

Conclusions

The literature review and audit did not support a change in present treatment practices at the sleep centre.

Financial pressures are currently being tackled by integrating the sleep centre into normal funding procedures and attempting to fund CPAP machines from prescription budgets.

Intake of Micronutrients by women during the pregnancy

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Background

Improper nutrition over pregnancy period may lead to health complications such as miscarriage, premature delivery or development defect of the child. The purpose of this study was to assess nutritional status of Polish women over pregnancy period with the focus on vitamin intakes.

Methods

Study sample consisted of 234 pregnant women aged 18–35 living in Krakow, who were recruited in the first and second trimester of pregnancy. To assess their nutritional status we used 24-hour dietary recall in the second trimester of pregnancy regarding the kind and amount of food they have eaten the day before. In addition, a subsample of 42 women was interviewed three times during the pregnancy to determine eventually change of dietary habits in this period.

Results

Using ANOVA procedures we noticed that there was no statistical difference in nutrients intakes between trimesters. We found that...
26.5% of study population had intake of energy below 90% of requirements and for 47% women the percentage of energy from fats was higher then 30%. We found the deficiencies in vitamins intake – i.e. 79.9% of subjects did not meet recommended intake for thiamin (range of observed intake: 0.4 mg/day – 4.4 mg/day), 74.8% for riboflavin (range: 0.7 mg/day – 8.1 mg/day), and 89.7% for niacin (range: 5.8 mg/day – 95.1 mg/day). Only intake of vitamin C met the requirements (13.2% of women did not meet requirements). Intake of mineral components was also low (except sodium). Especially intake of iron was very low (median: 12.5 mg/day) since 97.5% of subjects had intake of iron below 26 mg/day (recommended value). The results were discussed in the context of vitamin and mineral supplementation ordered by medical doctors.

Conclusions
Current assessment of intake of micronutrients shows that pregnant women in Poland may not be motivated or instructed properly on healthy diet over the pregnancy period.

What Do People Know about Their Electrocardiogram? Results of a Layman Survey and ECG Analysis

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Background
Awareness of one’s own health status concerning cardiac risk factors or cardiac symptoms are considered to be essential for prevention and early detection of cardiovascular diseases. No data have been reported with respect to the ‘awareness of electrocardiogram (ECG) abnormality’ in the general population so far.

Aim
To estimate the ‘awareness of ECG abnormality’ in the general population.

Methods
The 12 leading ECG interpretation was compared with the self-reported ECG information derived from a standardised interview concerning prior ECG examinations. The data were derived from the population-based survey KORA-S2000 conducted in Southern Germany from October 1999 until April 2001 including the ECG examination of 4,174 men and women aged 25 to 74 years. The survey ECGs were analysed by physicians in a standardised manner.

Results
The big majority of the study participants (88.5%) reported that they did not have a previous ECG examination, 32.9% within the last 12 months. Only 4.6% of the subjects with a prior ECG examination reported that their ECG was ‘abnormal’. In contrast, the interpretation of the survey ECG was abnormal in 27.2%. Despite of this obvious underreporting of abnormal ECGs by self-report, in 45.2% of the subjects who reported that their prior ECG was ‘abnormal’, no significant abnormalities were found in the survey examination. Analyses stratified by age and sex resulted in percentages of persons with unknown prior ECG abnormalities ranging from 3.6% in women aged 25 to 34 years up to 44.5% in men aged 65 to 74 years.

Conclusions
Even when taking into account the time lag between the survey examination and the previous ECG examination, both the high prevalence of unknown ECG abnormalities, and the percentage of self-reported ‘abnormal’ ECGs unconfirmed in the survey examination, were unexpected in a population benefiting from a health care system that provides a high rate of routinely performed ECG examination.

Life goal patterns and mental and physical health:
Agency-motivated individuals are healthier than others

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Background
Basic research provides ample evidence for the fact that goals are an important factor for subjective well-being as well as for physical health. In particular, psychological and physical well-being depends on (a) feeling committed to personally relevant goals, (b) the type of goals pursued, and (c) the degree of progress in attaining them.

Aim
A cross-sectional screening study was conducted to examine how different life goal constellations are related to mental health (life satisfaction, anxiety, depression, health belief) and physical health, i.e. heart rate variability.

Method
Data was collected in a sample of 268 adults (143 men, 125 women; age M = 43, SD = 17,0). Cluster analyses were conducted based on the importance and progress ratings of agency life goals (achievement, power, variation) and communion life goals (intimacy, affiliation, altruism).

Results
Three groups were identified which differed in life goal constellations as well as in psychological and physical wellbeing. Group 1 pursued only moderately important life goals and made little progress in their attainment. These individuals reported high levels of anxiety and depression and their heart rate variability was reduced. Group 2 was making medium progress in pursuing important life goals. Compared to group 1, these individuals were more healthy in all dimensions of mental and physical health. Individuals of group 3 rated the agency goals of power and variation as very important and was very successful in achieving all six life goals. They scored especially high on life satisfaction and low on depression.

Conclusion
Agency motivated individuals seem to be mentally and physically healthier than persons pursuing other goals. They are more eager to deal with new and exciting experiences and have a stronger desire to exert influence on what happens to them. Physiological data also indicates that they might be more able to deal with stress.

The prevalence and health-related quality of life of musculoskeletal diseases in the general population: an example from the Netherlands

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Background
Population based data on the prevalence of musculoskeletal diseases and the health-related quality of life is scarce. However, this information is needed as also mentioned within the framework of the Bone and Joint Decade 2000–2010.

Aim
To present the prevalence of self-reported musculoskeletal diseases and the quality of life of persons with musculoskeletal diseases, as measured by the SF-36 and the EQ-5D (EuroQol).

Methods
A sample of Dutch inhabitants of 25 years and older (n=3664) participated in a questionnaire survey. Twelve layman descriptions of common musculoskeletal diseases were used to measure the prevalence of diseases as told by a physician. For SF-36 and EQ-5D both commonly used scores standardized differences from the general population were analysed (in order to compare diseases groups and SF-36 en EQ-5D).

Results
Osteoarthritis of the knee (men: 11.8%, women 14.2%) was one of the most reported musculoskeletal diseases whereas the figures for self-reported rheumatoid arthritis were relatively low: 2.5% and 4.9% for men and women respectively. The co morbidity of musculoskeletal diseases is high. Those with musculoskeletal diseases have statistically significant lower scores on all SF-36 dimensions compared to those without musculoskeletal disease especially for physical functioning (SF-36 score (standard error)=71.5 (0.6) vs 88.2 (0.5)), role limitations due to physical problems (67.9 (0.5) vs 86.0 (0.8)) and bodily pain (67.9 (0.5) vs 84.4 (0.5)). The worst health-related quality of life patterns were found for osteoarthritis of the hip, osteoporosis, (rheumatoid) arthritis and fibromyalgia. Especially among those with multiple musculoskeletal diseases the quality of life was reduced substantially. Similar results were found for EQ-5D.
Conclusions
Self-reported musculoskeletal diseases are highly prevalent. All musculoskeletal diseases involve a quality of life pattern characterised by pain and reduced physical functioning. The co-existence of musculoskeletal diseases should be taken into account because of its high prevalence and its high impact on health-related quality of life.

Employment security, socio-economic status and long sickness absence spells among the staff of the City of Helsinki
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Purpose
The study aims to examine the associations between employment security and socio-economic status with sickness absence among the staff of the City of Helsinki.

Data and methods
The data include personnel register data and sickness absence data of the City of Helsinki from the year 2000. The number of employees was 7921 men and 27921 women. The frequency of more than 3 days sickness absence spells was selected as the dependent variable. For long sickness absence spells, the employer requires medical certification. Stepwise Poisson regression analysis was used to analyse relative risks (RR) of long sickness absence spells for different employment security groups and occupational classes.

Results
In the unadjusted model, the RR for long sickness absence spells for temporarily employed men was 0.39 as compared to permanently employed men. For women, the corresponding RR was 0.49. When adjusted for age, education, employment security, occupational class, full-time working and length of employment, the RR was still 0.65 for temporarily employed men and 0.71 for temporarily employed women as compared to the permanently employed. The RR for blue-collar workers was in the fully adjusted model 2.07 for men and 1.75 for women as compared to their upper white-collar peers.

Conclusions
The main findings suggest that employment security is strongly associated with long sickness absence spells. The socio-economic status measured by occupational class explained only a part of the association between employment security and long sickness absence spells.

Growth in childhood and air pollution among preschool children in the Czech Republic
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Background and aims
The population-based 1998 German Health Interview and Examination Survey revealed marked differences with regard to the prevalence of both conditions between former East and West Germany. For hypertension (HYP) rates among males were 34.5% (East) and 28.5% (West) (females: 30.1% versus 26.1%). For diabetes mellitus (DM) total prevalence among 18–79 years old males was 6.5% (East) and 4.3% (West) (females: 6.9% versus 5.2%). We aimed to investigate the actual situation on HYP and DM in both regions.

Methods
Findings are based on data from HYDRA, a large-scale epidemiological research program of 1,986 primary care doctors seeing 45,123 patients on a target day in September 2001. Data presented were adjusted for cluster and response bias effects as well as for age and gender (associations).

Results
According to the diagnosis of physicians (clinical global impressions [CGI] at least ‘mild’), rates of HYP were 40.4% (East) and 31.7% (West; OR: 1.4, CI: 1.3–1.6). However, the difference was not meaningful difference between measured mean blood pressures: 132.1/80.0 mmHg (East) versus 133.4/80.6 mmHg (West). DM rates were: 15.9% (East) and 11.3% (West; OR: 1.4, CI: 1.2–1.6). The rates of co-morbidity of HYP+DM were: 15.9% (East) and 11.3% (West; OR: 1.9; CI: 1.7–2.1). Control of HYP was rated as ‘good’ in 66.2% (East) and 60.0% (West), control of DM as ‘good’ in 61.6% (East) and 56.3% (West). Concomitant diseases more significantly more frequently cited in the East were left ventricular hypertrophy (OR: 1.5, CI: 1.3–1.6) and coronary artery disease (OR: 1.3, CI: 1.1–1.6). Significantly less frequently cited in the East were: heart failure (OR: 0.8, CI:0.6–0.8), depression (OR: 0.7, CI: 0.6–0.8) and sexual dysfunction (OR: 0.7, CI: 0.6–0.8).

Conclusion
This paper explores potential reasons for existing differences taking into account differences in the health care system and provider characteristics, differences in treatment patterns, and patient attitudes and behaviors.

Among a Group of High School Students Evaluation of Coping with Stress, Dimension of Hopelessness and Suicide Tendency
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Background
Risky behaviours of youth is a serious public health problem spreading all around the world. Some countries are realizing Youth...
Goal constructs: their meaning in the context of prevention, treatment motivation and outcome evaluation

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Background

Basic research provides ample evidence for the fact that goals are an important factor for subjective well-being as well as for physical health. Striving for personally meaningful and attainable goals furthers psychological as well as physical well-being. On the other hand, not having meaningful life goals or being unable to achieve them is related to the occurrence of depression and a variety of physical symptoms.

Aim

Our presentation will focus on the relevance of goal constructs for health.

Methods

Medium-range goals as well as life goals were assessed by self-report questionnaires, measuring goal content, goal attributes like importance and progress, and self regulation capacities. Additionally, a wide range of psychological and physical well-being dimensions (depression, SOC, TPF, heart rate variability) were assessed. Data was collected in different clinical and non-clinical samples (e.g. healthy adults, chronic pain patients and patients suffering from psychosomatic disorders).

Results

We found specific patterns of goal constellation for healthy individuals and for patients suffering from different disorders. For healthy individuals, life goals and medium-range were typically matching and they used efficient self regulation strategies. Patients suffering from psychosomatic disorders were unable to attain valuable life goals because their medium range goals were not instrumental for achieving them and their self regulation capacities were found to be deficient. Chronic pain patients had typically reduced their commitment in long-term life goals while they strove primarily to improve on their health, their treatment motivation was relatively low.

Conclusion

Goal units can provide useful information on (a) the prevention of disorders by identifying dysfunctional goal constellations and by improving self regulation capacities, (b) the furthering of treatment motivation and coping processes by taking into account what patients are striving for, and (c) the evaluation of treatment outcomes according to the patients' subjective criteria.
predicting mortality rates in 1996 than just using socio-economic variables. Nevertheless, the unemployment rate had the highest association with the mortality rates. However, the results of this study can be used for the identification of regions, where suitable public health programs should be established to reduce mortality rates.

The impact of working conditions on the socioeconomic health differences: Helsinki Health Study

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Background and aim
Reasons behind the socioeconomic health differences are largely unknown. The aim of the paper was to study the impact of different dimensions of working conditions on the association between occupational social class and health.

Data and methods
The data derive from the Helsinki Health Study baseline surveys in 2000, 2001 and 2002. Each year employees from the City of Helsinki received a questionnaire. The pooled data included 10,000 respondents (80% women, average response rate 70%). Outcome variables were self-rated health, limiting long-standing illness and mental health (GHQ12). Independent factors were different categories of working conditions, such as job strain, job control, job demands, hazardous work and organisational fairness as well as occupational social class. Age-adjusted prevalence and logistic regression analysis were used.

Results
The relationship between occupational social class and self-rated health as well as limiting long-standing illness was attenuated when job control was adjusted for. However, when job demands were adjusted the corresponding relationship strengthened. Differences in mental health disappeared when job demands were adjusted for, but remained when only job controls were adjusted for. Organisational fairness was related to health, but did not affect the socioeconomic health differences.

Conclusions
The impact of working conditions on socioeconomic health differences varied depending on the measure of working condition. All in all, working conditions did not explain the socioeconomic health differences.

To enhance the technical capabilities in establishing an early warning system for emerging infectious diseases

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Issue
1) Identifying a cadre of health professionals who are trained to detect sentinel diseases using clinical observation or its symptomatology.
2) Equipping laboratories to identify and classify specific infectious agents (ICD-9 protocols).
3) Designing a data system that can: (i) report the incidence and prevalence of diseases and (ii) print out meaningful reports.
4) Draw up protocols that will direct appropriate responsive activities.

Lessons-learned
1. 911 calls in New York City recognized the 1999–2000 Influenza epidemic two weeks before the official announcement.
2. Monitoring sales for over the counter drugs and requests for stool exams established an outbreak of gastroenteritis disease in the community.
3. GIS – software gives early detection of epidemics in a community.
4. Sandia National Laboratory – RSV project is an example of successful monitoring of diseases.
5. Surveillance of dead crows gave warning of West Nile encephalitis and Anthrax.

1. Communication is the key for the public to maintain trust. Example, Guinea Worm, West Nile encephalitis and Anthrax.
3. Political will and financial support is important to establish protocols. Example, Malaria, TB, Cholera, Influenza, HIV/AIDS.

Conclusion
Disease transmission and the evolution of new or drug resistant microorganisms are rampant. This project aims to establish the laboratory resources to combat this invasion. The surveillance system for Central and Eastern Europe is the first line of defense and will put this region in the forefront of the solutions for future outbreaks.

Social differences in health and in use of health care services in the Swedish and Danish Oeresund-region

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Project on Health and Welfare in the Oeresund Region

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Background
An important aspect of the Nordic welfare societies is the redistribution of resources between groups with different levels of income, wealth and health through heavy taxation and rather easy and relatively free access to the health care system, or access with a limited cost to the user. The aim of the presentation is to compare socio-economic gradients in health care use in the Swedish and the Danish part of the Oeresund-region.

Methods
Surveys have been conducted during 1999 and 2000 in both the Swedish and the Danish region that allow cross-national comparison. In Scania the sample consisted of app. 2500 persons aged 18–80, and the response rate was 59%, returning an effective sample of 1500. In the Danish region the sample consisted of app. 700 within the same age ranges. The response rate was 74% producing an effective sample of 520.

Results
In Denmark app 80% of the general population in the Danish part perceive their health as good or really good, whereas it is only 71% in the Swedish part. In Denmark the differences between salaried employees and unskilled workers was app. 10% and in Sweden the difference between comparable groups were similar. In Denmark 46% of the population compared to 40% in Sweden had consulted a physician during the last 3 months with similar age- and gender gradients. Ongoing analyses studies the effect of socio-economic status on the use of health care services controlled for the effect of differences in health.

Conclusion
It is anticipated that the analyses will show comparable results indicating a similar redistributive effect in Sweden and Denmark thereby contributing to an overall evaluation of the health care systems in Denmark and Sweden.

Is breast and cervical screening uptake low among ethnic minorities in the UK? The need for routine data

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Issue
At present there is no routine data-collection system to measure how cervical and breast screening uptake may vary with ethnicity in the UK. However, there are concerns that ethnic minority women have a lower uptake of these services than the general population.

Description of the project
A literature review was conducted over 3 months. This aimed to identify all articles published since 1992 (regardless of study design), which have quantified the uptake of breast and cervical screening among ethnic women in the UK.

Its objective was to assess to what extent the existing evidence supports the concern over low uptake of breast and cervical cancer screening services by ethnic minority women, and, in doing so, evaluate the efficiency of present data-collection systems for this subject.

There was a lack of published information on this topic. The few studies that have been published have methodological weakness that may undermine their reliability. There is also an emphasis on local
studies that prevents the generalisation of findings and there is great variation in study outcomes between different localities. There are however consistent findings that some ethnic minority women do have lower uptake of breast and cervical screening services than general women, although women from other ethnic minorities may have a higher uptake than the indigenous population.

Lessons-learned

Because there is a likelihood that, among some ethnic minority populations in some areas uptake of screening may be lower than the general population, it is important to identify where this disparity exists so that it can be addressed.

However, with the absence of routine data, the lack of clear outcomes and the local context of most research, monitoring of ethnic inequalities in screening uptake currently depends on further local ad-hoc surveys.

Conclusions

There is a need for systems to be designed to allow the use of routine data sources to collect reliable data on ethnic variations in breast and cervical screening uptake.

Haemodialysis In Lothian: Working in partnership to choose the optimum location

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Issue

Partnership working and patient participation are bywords in the Scotland’s National Health Service (NHS). Lothian NHS Board’s decision to expand haemodialysis provision provided an opportunity to incorporate these principles of partnership working and patient participation in the development of a hospital service that, in the past, would have included only doctors and managers. This review discusses the option appraisal methodology, results and evaluates the process.

Description of the project

After a comprehensive needs assessment it was decided to expand Lothian’s haemodialysis services. There were 5 potential locations. This study of stakeholder preferences (alongside a contemporaneous feasibility study not reviewed here) evaluates which site best met the preferred option.

A steering-group was chosen to reflect the diverse range of interests and valued outcomes.

This study so haemodialysis was expanded into these two identified sites.

Conclusions

The above process produced two sites that were clearly preferred above all others. Preferences did not change with sensitivity analysis, weighted in ways that gave equal consideration to each group member’s opinions. Each option was ‘scored’ against these criteria by the group. A sensitivity analysis was undertaken to ensure that variations in weighting or scoring did not greatly change the preferred option.

Lessons-learned

This method proved an effective technique to decide the location of new services through partnership working.

Aim

To analyse (1) the burden on MS patients’ caregivers through the implementation of the Spanish version of BS, and (2) the relationship between the health related quality of life (HRQoL) of patients and the burden of their caregivers.

Methods

The BS was applied to MS patients’ caregivers recruited from 13 hospitals of Madrid (Spain), selected to participate in a specific cohort of MS (Gedma study). In those patients, who required daily assistance, their primary caregivers were interviewed using the BS and other variables, such as caregiver age, relationship to the patient, the years of care, and the daily time of care. Patients’ HRQoL was measured by a Spanish version of Functional Assessment of Multiple Sclerosis (FAMS) instrument.

Results

Ninety-one caregivers (61F/30M, mean age 51.5±14.10, 49 spouses, 26 parents, 8 offspring, 5 siblings, and 3 others) completed the interview. More than 80% of the caregivers had dedicated more than three years to the care of the patient. Zarit burden scale scores were: 49 (53.8%) not burden, 20 (22.0%) mild burden, and 22 (24.2%) intensive burden. There was a positive correlation between the patients’ caregivers burden: mobility (p=0.015), symptoms (p=0.361), emotional well-being (p=0.025), general contentment (p=0.026), thinking/energy (p=0.044), and family/social well-being (p=0.001).

Conclusions

This study suggests that MS patients’ caregivers may perceive less burden than those of demented patients. MS patient’s QoL was strongly correlated with most of the dimensions of the FAMS scale. This correlation may indicate that a better perceived QoL of the patient is related to a decrease in the caregiver burden.

The association between workplace lunch and daily diet

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Background/Aim

The aim of the study, which is part of the research project ‘Prophylaxis of chronic low back pain’ at the Technical University of Dresden, was to clarify, if physical or psychical coping strategies of low back pain influence the physical fitness.

Basis of this assumption is the thesis, that due to a improved coping resp. avoidance strategy of low back pain the physical activity is increased caused by a modified pattern of behaviour. This should be reflected in anthropometrical parameters (‘BMI’) and in those of physical fitness.

Methods

In 182 patients at 4 groups with different treatments (‘info’ only with information concerning the meaning of back pain and it’s avoidance versus ‘phys’ with traditional physical low back pain training programme, ‘combi’ with combination of traditional low back pain training programme and psychological conditioning and ‘psych’ with only psychological training) anthropometrical (Body-Mass-Index, body fat) and cardiopulmonary parameters (physical work capacity) were examined in the beginning and one year later at the end of the observation period.

Results

The anthropometrical data as BMI and body fat were in the ‘normal’ range and showed in the final examination a slight but significant increase compared with the data one year ago. The FWC 130 as an indicator of the cardiopulmonary fitness was found to be improved (not significantly), without differences between the treatments. The data show sex-specific changes of the physical fitness.

Conclusion

The way of coping regime, i.e. ‘Info’ versus another low back pain programmes, seems to be of secondary importance concerning the improvement of physical fitness.

Burden on Multiple Sclerosis Patients’ caregivers: data from the GEDMA study

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Background

The knowledge about the burden of Multiple Sclerosis (MS) patients’ caregivers is scarce. The Zarit burden scale (BS) has been validated in Spain in caregivers of demented elders as well as in other psychiatric disorders. Nevertheless, this scale has not been applied to MS patients’ caregivers.

Aim

To analyse (1) the burden on MS patients’ caregivers through the implementation of the Spanish version of BS, and (2) the relationship between the health related quality of life (HRQoL) of patients and the burden of their caregivers.

Methods

The BS was applied to MS patients’ caregivers recruited from 13 hospitals of Madrid (Spain), selected to participate in a specific cohort of MS (Gedma study). In those patients, who required daily assistance, their primary caregivers were interviewed using the BS and other variables, such as caregiver age, relationship to the patient, the years of care, and the daily time of care. Patients’ HRQoL was measured by a Spanish version of Functional Assessment of Multiple Sclerosis (FAMS) instrument.

Results

Ninety-one caregivers (61F/30M, mean age 51.5±14.10, 49 spouses, 26 parents, 8 offspring, 5 siblings, and 3 others) completed the interview. More than 80% of the caregivers had dedicated more than three years to the care of the patient. Zarit burden scale scores were: 49 (53.8%) not burden, 20 (22.0%) mild burden, and 22 (24.2%) intensive burden. There was a positive correlation between the patients’ caregivers burden: mobility (p=0.015), symptoms (p=0.361), emotional well-being (p=0.025), general contentment (p=0.026), thinking/energy (p=0.044), and family/social well-being (p=0.001).

Conclusions

This study suggests that MS patients’ caregivers may perceive less burden than those of demented patients. MS patient’s QoL was strongly correlated with most of the dimensions of the FAMS scale. This correlation may indicate that a better perceived QoL of the patient is related to a decrease in the caregiver burden.
SUPPLEMENT
10th Annual EUPHA Meeting

Background
There is a long tradition of eating lunch at organised workplace restaurants in Finland. Little is known, however, about characteristics of those eating lunch at workplace restaurants and whether workplace lunch is associated with the quality of daily diet.

Aim
To describe those who eat lunch at workplace restaurants, and to examine the association between workplace lunch and quality of diet.

Methods
The data derive from the Helsinki Health Study survey in 2001. Employees from the City of Helsinki reaching 40, 45, 50, 55 and 60 years during study year received a questionnaire including data on meal pattern and food habits. The data include 578 men and 2413 women (response rate 70%). We used different food habits as outcome variables in analysis of variance and logistic regression models.

Age, marital status, family structure, working time, educational level and worksite lunch pattern were included as independent variables.

Results
Possibility to eat lunch at workplace restaurant was reported by 74% of men and 67% of women, and 43% of all men and 33% of women used this opportunity during workdays. Those with higher educational level and those regularly working at daytime ate more often lunch at workplace restaurants than those with lower educational level and irregular working times. There were no differences in age, marital status and family structure between workplace restaurant users and others. Those eating lunch at workplace restaurants ate more often rice, pasta, fresh and cooked vegetables and fish than others. Workplace lunch was positively associated with daily consumption of vegetables even after adjusting for other independent variables.

Conclusions
Eating lunch at workplace restaurants seems to improve the quality of the diet. Those who eat workplace lunch use more vegetables regardless of educational level, family structure, marital status, age and working time.

Appropriateness of hospital care for immigrants in Rome, Italy
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Background
A higher frequency of inappropriate hospitalisation has been reported in Italy among disadvantaged groups of population.

Aim
The aims of this study were to analyse differences between resident and immigrant population in: 1) utilisation of selected surgical procedures at risk of clinical inappropriateness; and 2) frequency of acute hospitalisation for 43 DRGs identified by the Ministry of Health at risk of organisational inappropriateness.

Methods
Data derive from the regional Hospital Information System, year 2000.
We calculated standardised hospitalisation rates among resident and migrant population for appendectomy or for hysterectomy performed for benign disorders of the uterus. The resident population was stratified by education level. Differences among groups are presented as rate ratios and 95% confidence intervals.

The frequencies of acute hospitalisation, among migrant and resident populations, were calculated for the 43 DRGs including only minimal severity episodes according to APR-DRG classification system. The X^2 test was used to compare frequencies for both genders, separately for medical and surgical DRGs.

Results
Migrants have a significantly higher rate of hospitalisation for appendectomy compared to the resident population. Among residents, there was an inverse association with education level. Hysterectomy rates were instead lower for migrants (13.3 x 10,000; CI 95%: 11.2–15.7) when compared to residents (18.4 x 10,000; CI 95%: 17.9–19.0).

Conclusion
Migrant population is more vulnerable to appendectomy, usually performed in emergency setting without barrier in access. On the other hand, they show a lower risk of hysterectomy, usually carried out as elective surgery. Immigrants have also more difficult access to day care for treatments likely to be inappropriate in acute setting. Day care, especially day-surgery, requires a set of social endowments that foreign citizens barely have.

Co-morbidity in patients with rheumatoid arthritis: impact on health related quality of life
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Background
Rheumatoid arthritis (RA) is a chronic, inflammatory disease with long-term consequences for daily functioning and health related quality of life (HRQoL). Comorbidity is a common problem in RA and other chronic diseases.

Aim
To describe the extent of somatic comorbid conditions in patients with RA and to assess the impact of comorbidity on HRQoL.

Methods
A two-year follow-up study (1997–1999) on health and quality of life was conducted among RA patients with varying disease duration. Data were collected at baseline and at 2 years of follow-up by means of questionnaires and by clinical examination. Comorbidity was measured by a self-administered questionnaire, adapted from the National Statistics, including 17 chronic diseases. HRQoL was assessed with the RAND-36. The disease-specific impact of incident comorbid conditions on HRQoL was investigated by means of multiple linear regression analyses.

Results
A total of 679 patients participated (mean age at baseline 59.6 years (SD 13.8), 71% female). The mean disease duration at baseline was 8.7 years (range: 0–55.8). 56% of our patients reported at baseline at least one comorbid condition. Significant differences with age and sex adjusted prevalence rates in the Dutch population were present. We demonstrated that only some conditions, i.e. chronic pulmonary disease, heart diseases, gastrointestinal diseases, cancer and dizziness with falling, but not all resulted in adverse changes in HRQoL. Among patients with RA, the impact of co morbidity on HRQoL depends on the type of comorbid diseases and on the dimension of quality of life.

Conclusion
Our results indicate that measuring comorbidity by a summary count, assuming an overall equally large effect of each comorbid condition, will not uncover the real impact. Our results sustain the relevance for health care providers to be aware of specific comorbid conditions, exposing RA-patients at risk for additional, not RA-dependent, impairment of HRQoL.

The Context of Physical Activity and Health: Results from a Comparative Study
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Background
The concept of “health enhancing physical activity” has in recent years resulted in recommendations for adults to be at least 30 minutes physically active per day. Such recommendations are based on the assumption that extended calorie expenditures are responsible for the known benefits of physical activity on health. On the other hand, the concept of “health enhancing physical activity” does not distinguish between the context of physical activity (e.g. at work, for transportation, at home, for leisure time) and thus assumes that any type of physical activity is beneficial for individual health.

Aim
The purpose of this study is to investigate relationships between the context of physical activity and subjective health.
In Switzerland, as probably in most other countries, there is lack of readily understandable information coming from reliable sources. For several years now, Pharma Information has published a booklet with complete statistical data and current topics covering the main issues. The goal is to provide well-balanced and readily understandable information that reaches the entire population.

Methods
Data stem from an EU-funded project (European Physical Activity Surveillance System) on physical activity monitoring in 8 Member States (Belgium, Finland, France, Germany, Italy, Netherlands, Spain, United Kingdom). In each nation about 600 interviews (4995 interviews in total) with household residents selected by random sampling were conducted in the year 2000 by phone. The standardised questionnaire included questions on physical activity in the last 7 days (International Physical Activity Questionnaire), context of physical activity, and subjective health.

Results
Results of multivariate logistic regression indicate differences between context of physical activity and subjective health. For men, physical activity at work (RR 1.47) and during leisure time (RR 2.42) was positively associated to a good subjective health status, while physical activity at home (RR 1.15) or for the purpose of transportation (RR 1.30) was not. For women, only physical activity during leisure time activities was positively related to a good subjective health (RR 2.15).

Conclusions
Results suggest that the context of physical activity is important if health benefits of regular physical activity are considered. Especially women seem to benefit from leisure time physical activity, rather then physical activity in other contexts. Current recommendations regarding physical activity are neglecting such contextual effects of physical activity on health.

Public Health Research in Poland
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Introduction
In Poland, the research regarding public health has a long history and had been undertaken by a number of eminent scientists. After World War II the direction of public health research has changed in view of the development of epidemiologic studies of civilization-linked diseases, mostly cardiovascular diseases and cancer, and research into social and environmental determinants of health. These studies are conducted by medical universities, technical universities and research institutes, particularly the ones subordinate to the Ministry of Health.

Aim
The aim of the present study was to make a review of public health research activities in Poland, with special emphasis on studies in environmental epidemiology and on environmental determinants of health and their contribution to the development of public health policy in Poland.

Methods
The review was based on the analysis of the contents of database run by the State Committee of Scientific Research and information obtained from the Contact Point for the 5th Framework Programme of the European Union referring to the period from 1995 to 2002.

Results
The review has yielded a comprehensive report on public health research in Poland between 1995 and 2002, including the organisational aspect, that will be presented during the conference. Analysing the data from the review, one cannot fail to notice that the research on public health contributed to significant changes in the health policy in Poland. This refers mainly to the amendments to the Health Insurance Act introduced within 1998–2001, the legal regulations concerning environmental hazards, e.g. on chemical substances and preparations (2000), on wastes and waste disposal (2001), as well as on environmental protection (2001), contagious diseases control (2001), and occupational health services (1997); all of which made grounds for the reduction of adverse environmental health effects. However, some of the findings have not been translated into practical activities. It seems that for a proper implementation of the results of public health research, an integrated approach towards public health and relevant complex regulation is necessary.

Mental health and food habits among employees
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Background and aim
Poor mental health may have deteriorous effects on health-related habits such as eating behaviour, and poor dietary habits may further impair mental health. Relatively little, however, is known about these issues outside clinical or laboratory settings. Therefore we aimed at examining food habits and mental health among employed middle-aged women and men.

Methods
A survey including data on mental health and intake of various food items was collected in 2000–2001 from 40, 45, 50, 55 and 60 years old women (n=4991) and men (n=1252), employed by the City of Helsinki. The subjects’ mental health was assessed by the GHQ-12 and categorised into poor mental health (score 3–12) and ‘normal’ mental health (score 0–2). Multivariable analyses using logistic regression were conducted using this GHQ grouping as an independent variable to predict food habits, controlling simultaneously for age, marital status, educational level and occupational status. All analyses were done separately for women and men.

Results
Women having poor mental health were more likely to skip breakfast and less likely to report consuming fresh vegetables, fresh fruits, low-fat milk and coffee on daily basis, and cereals or porridges at least five times a week. Women having poor mental health reported consuming less fresh fruits and rye bread. There were no associations between mental health and consumption of other food items including fish, meat, visible fats, sweet snacks, potatoes, rice and pasta. Poor mental health was also associated with weight fluctuation and high intake of alcohol among both genders, and also with smoking in women.

Conclusions
Poor mental health is associated with impaired nutritional quality of the diet. Follow-up studies are needed to further clarify the causal relationships.
Health Education for Preventing Hypertension by Municipalities in Japan

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Background
To decrease the circulatory diseases, measures against hypertension are very important. In “Health Japan 21” which is Japanese health promotion framework, health education about hypertension is one of the major methods of reducing the circulatory diseases.

Aim
Health education about preventing hypertension by municipalities was surveyed to evaluate their efforts.

Methods
A questionnaire was sent to all municipalities in Japan. It was asking their health education about hypertension.

Results
530 out of 3246 municipalities replied to the questionnaire. There were three types of health education (lectures, courses and individual advices). 17.8% of municipalities held lectures. They were held 6.0 times in a year. 32.9% of municipalities had courses. They were held 2.3 times in a year. Participants of courses are chiefly selected by results of screening tests by municipalities. 53.1% of municipalities gave individual advices. These advices were mainly provided to participants of their screening tests. 57.6% of municipalities answered that main method of health education would be given by individual advices in the near future.

Discussion
These results showed that Japanese health education by municipalities chiefly depend on results of their screening tests. However large parts of participants in the screening tests by municipalities are the aged. It is very difficult for the aged to change their bad habits such as too much intake of salt. Only 20.1% of municipalities provide information of health education to health offices in enterprises that give another screening test to employees. Municipalities provide information of health education to health offices chiefly depend on results of their screening tests. However large parts of participants in the screening tests by municipalities are the aged. It is very difficult for the aged to change their bad habits such as too much intake of salt. Only 20.1% of municipalities give individual advices. These advices were mainly provided to participants of their screening tests. 57.6% of municipalities answered that main method of health education would be given by individual advices in the near future.

Conclusions
New strategies of health education should be developed to diffuse knowledge about preventing hypertension.

Can improvement of the utilisation of preventive medical assessments in childhood influence the measles vaccination coverage? A prevalence study in the district of Warendorf, Germany

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2) Aims of the major methods of reducing the circulatory diseases.

Methods
Aim of the major methods of reducing the circulatory diseases.

Results
A total of 2875 women were followed (95% of the cohort). We found that 7% of the women had at least one BS readmission, 11% at least one BC readmission and 32% at least one OH readmission. Logistic multivariate analysis, pooling BS and BC categories, showed that higher social class (OR=0.8 class I vs class IV), localized cancer (OR=0.5) and a previous conservative surgery (OR=0.8) correspond to a lower risk of readmissions. Social class effect lowered when readmission categories are considered separately.

Conclusions
Low social class seems to be associated with higher rates of readmissions after breast surgery, taking into account patient’s age.
type of surgery and severity of tumour. Our results suggest the need for removing social inequalities and improving quality of care for breast cancer in Italy.


The educational concept “Bewegte Grundschule” and its Influence on the neuromuscular constitution and spine statics of children in primary school

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Background

The intention of the educational concept “Bewegte Grundschule” (‘school in motion’) is not only to change school education in general but also, literally, to replace sitting by movement. Movement of the pupils during classes is used to support teaching.

Aim

In addition, the program aims to mediate physical exercise as a fundamental part of healthy living and more specifically, to improve posture, coordination and physical control.

Methods

During the period of 1996-2000 the program “Bewegte Grundschule” was installed and scientifically controlled in four primary schools in Saxon and in one school in Rhineland-Palatinate. In this work, anthropometric values, strength and mobility (functional muscle tests by Janda, Kendall) as well as posture (video recording of standardised positions which allows the analysis of the sagittal spine relief) were studied. 183 children at the five test schools and for comparison, 88 children at four control schools were included in the analysis. Measurements were taken at the beginning of the first year and at the respective ends of the first to fourth year.

Results

Data revealed that the children of the schools which participated in the program showed a better development with respect to coordination, muscle strength and posture during the first four years of primary school.

Conclusion

The program “Bewegte Grundschule” contributes to a better coordination, muscle strength and posture during the first four years in children of primary schools.

Development of an epidemiologic model for tooth loss based on the data of the Study of Health in Pomerania

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Introduction

In literature tooth loss is caused by caries and periodontitis. But caries and periodontitis are only necessary but not sufficient conditions for tooth loss. Tooth loss is the end point, not a disease. The diseases are caries and periodontitis. Therefore, there are no risk factors for tooth loss, there are only prognostic factors for caries and periodontitis. Based on the psychosocial literature we hypothesize a process for the takeover of precaution between caries/periodontitis on the one hand and tooth loss on the other hand. In contrast to Gilbert et al. and Slade et al. the psychosocial variables in our model are closer to tooth loss than clinical variables. Further more, in cohort studies prevalence cases are to be defined to exclude these prevalence cases. The concept to define prevalence cases for edentulousness is not correct. Tooth loss is not edentulousness. In young age groups there are incidence cases for tooth loss but no prevalence cases for edentulousness. Without defining and excluding prevalence cases it is not possible to decide, whether the hypothesized cause preceded the occurrence of the disease.

Material and methods

We compare a prediction model and three risk models (biomedical, behavioural and sociological model) with and without modelling interactions.
Cost-utility-analysis of two treatments of back pain

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Background
Back pain is among the most common causes for employees’ absence from work, for early retirements and corresponding compensation claims. At the same time, it is often the cause of considerable losses in quality of life of the concerned individuals. Until now, however, we know very little about the utilities or cost-utility ratios of many treatments that are commonly prescribed for patients with back pain – such as, e.g. the so-called back schools. Therefore a rational allocation of resources is difficult within this treatment domain.

Aim

In this study, the utilities of two variants of back schools – i.e. (a) the standard (‘classic’) back school and (b) a combination of the standard back school and a psychological training to better cope with back pain – are compared. In the case that the new variant (b) is more effective, its incremental cost-utility ratio will be calculated and discussed.

Design and methods

The two treatments were performed in two cities of Saxony in 1999–2001 under real-life conditions: the treatments were offered by a German health insurer for its members. Both treatments lasted 10x90 minutes, while 146 individuals took part in treatment (a) whereas 115 individuals participated in treatment (b). Groups of 8–12 participants were randomly assigned to the treatment alternatives. The participants were interviewed four times: before the beginning of the treatment, after the end of the treatment, and six months as well as nine months after the end of the treatment.

The utilities of the treatments were operationalised as quality-adjusted life years (QALYs); the level of the quality of life was measured with the aid of the EuroQol-questionnaire.

Results

Calculating QALYs from participants’ answers to the quality-of-life-VAS of the EuroQol-questionnaire, it becomes evident that the participants of the new treatment variant (b) gain a significantly greater amount of QALYs during the time period in question than the participants of the standard variant (pre0.05).

Discussion

The incremental cost-utility ratio of the new variant (b) is at such a favourable, i.e. low level that a rational decision maker – e.g. a health insurer maximizing its members’ health or quality of life with a given amount of money – should offer the new variant (b) extensively.

The Class Moves! programme is originally developed in The Netherlands and consists of a number of playful relaxation exercises for use with primary school children of all ages integrated in the classroom practice, where often focused is set upon effort. The programme aims to encourage children to engage in different types of physical exercise on a daily basis and is an invitation for taking pleasure out of moving.

Description of the project

In 1998 a steering group was formed with national co-ordinators of the ENHPS network from Scotland, Wales, Belgium, Germany and The Netherlands in order to test and evaluate The Class Moves! in these countries. The European Commission contributed financially to the project through the Socrates/Comenius programme. Implementation, use and results have been evaluated by different research institutes. Studies were largely qualitative and used detailed research, involving pilot schools in the respective countries.

Lessons-learned

The studies show that the programme is adaptable to the school and classroom settings in the different countries. The results of the studies support the objectives of the authors: encouraging children to engage in different types of physical exercises on a daily basis; daily alternation between effort and relaxation; increasing motivation; improvement of concentration and atmosphere; raising positive physical awareness; and encouraging sensori-motor development. Findings from the evaluation studies also demonstrate that the physical activities promote the interpersonal skills of the children.

Conclusions

The Class Moves! programme can be seen as one example of an increasing number of diverse approaches that aim to promote physical activity among young people and facilitate physical, cognitive, social and emotional benefits.

Treating back pain in early stages of chronification

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Background

Preventing the chronification of back pain is an unresolved issue. Classical back schools provoke only small and short time effects. Cognitive psychotherapy and multimodal treatments are effective only for patients with chronicized back pain and severe impairment. Hence there is a lack in the effective treatment of patients in the early stages of chronification.

Aim

Development and evaluation of a treatment program to prevent back pain chronification

Design and methods

We conducted an quasi-experimental intervention study targeting adult individuals with acute back pain. 387 individuals have been treated with four different interventions: classical back school (PHYS, n=146), a psychological program that consists of cognitive-behavioural methods to enhance pleasant activities, modify dysfunctional attitudes and practice relaxation techniques (PSYCH, n=62), a combination of back school and psychological training (KOMBI, n=115) and information on back pain (INFO, n=64). The net time to be spent on the programs was 15 hours (6 hours for INFO). To test the effectiveness of the interventions, pre-test and post-test assessments and follow-ups at six and nine months were conducted.

Results

The average age of the participants was 42 years. Women comprised 67% of the sample. 72% of the sample were currently working full or part time. The mean back pain duration was 8.9 years. During the treatments, the participants showed significant improvement regarding pain intensity and physical and psychological impairment with intraclass-effect sizes ranging from .34 to .68 at post-test. The effects at the nine months follow-up ranged from 0.43 to 1.28. No differential effectiveness for the different treatments could be established.

Discussion

This study reports promising results in treating individuals with back pain in an early stage of chronification. Possible explanations for the absence of differential effects and the surprisingly positive outcome at follow-up will be discussed.

Health and social consequences of sickness absence: a general population study over five years

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Background

Despite the high levels and rapid increase in sickness absence the evidence base regarding the effects of sick-leave is scarce. There are few studies focusing on the consequences for the individual.

Aim

The aim of this longitudinal study was to analyse the consequences of sickness absence in relation to self-perceived bodily health, alcohol consumption and divorces but also how these factors predicted sickness absence.
Methods
This longitudinal study "Women and alcohol in Göteborg" (WAG) is based on a general population sample (n=3130). Structured interviews were performed and analysed 1990 and 1995 with women born 1925, 1935, 1944, 1955 and 1965, (n=399). Data from sickness absence registers were collected for 286 of these women for 1991–95, divided into three groups, no sick-leave (n=184), sick-leave 1–90 days (n=57), sick-leave >90 days (n=45). Answers about self perceived bodily health, alcohol consumption and divorces from the interviews in 1990 and in 1995 were analysed. Alcohol consumption was defined as high episodic drinking (HED=60 or 72 g alcohol/occasion during the last year, depending on age group).

Results
Poor self-perceived health in 1990 did not predict increased sickness absence over the five years. After follow-up there was an association between poor self-perceived health and increased number of sick-leave days. A significant difference was found between being divorced and future sickness absence. Sickness absence did not seem to be a predictor for divorces. We found a small trend towards higher occurrence of sickness absence at higher age and long sick-leave days. Here we report a strong significant association between HED and subsequent sickness absence.

Conclusions
Ideally sickness absence should lead to better health. However long term sick-leave was associated with poor self-perceived health and HED in follow up. More research is needed to explain the causal mechanisms.

Socio-economic status and varicosity of the legs: results of a population-based cross-sectional study

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Background
Varicosity of the legs belongs to the most frequent diseases in Germany. The last comprehensive population-based German study was conducted in Tühlingen in 1979. Since then, diagnostic methods have substantially improved by the introduction of duplex sonography. Here we report the association between socio-economic status and the prevalence of varicosity.

Methods
We conducted a population-based cross-sectional study in Bonn and its surrounding rural area (Recruitment period: 11/2000–12/2001; response: 59%; study participants: n=3072 subjects, 18 to 80 years of age; investigation: standardized medical history, physical examination, duplex sonography of veins of the legs). The definition of varicosity of the leg is based upon the CEP-Classification. Participants were defined as having varicosity if the clinical classification was at least C3, excluding those showing spider-bursts exclusively. Socio-economic status was assessed by three dimensions: age; investigation: standardized medical history, physical examination, duplex sonography. Here we report the association between socio-economic status and the prevalence of varicosity.

Results
There were 304 study participants (10%) showing a varicosity as defined above. 12% belonged to the lower, 43% to the middle, 40% to the upper social class (5% missing class). The multiple regression including all following variables showed: Age (response: 18–29 years): OR=3.1 (1.0–9.9), 40–49 yrs: OR=7.8 (2.8–22.1), 50–59 yrs: OR=15.5 (5.6–43.2), 60–69 yrs: OR=21.8 (7.9–60.1), 70–80 yrs: OR=31.3 (11.2–87.1); Sex (reference: males): OR=1.2 (0.9–1.6); Socio-economic status (reference: upper class): lower class: OR=2.0 (1.4–3.0), middle class: OR=1.3 (0.9–1.7). We found similar results for the separate dimensions of the socio-economic status.

Conclusions
The prevalence of varicosity of the legs is associated with a lower socio-economic status.
Conclusions
Mortality from external causes among children and adolescents had decreasing tendency, in Lithuania in 1988–2000, nevertheless number of admissions to medical care institutions and hospitalizations due to injuries was increasing. Lithuanian children still face very high risk of dying and to be injured from accidents, so injury prevention strategies involving multiple different operational levels and different participants are of the major importance in Lithuania.

Monitoring of routinely collected data in computer-based patient records used for health technology assessment: the example of laparoscopic (hemi-)fundoplications

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Description of the project
Our department of general surgery uses a computer-based patient record for the documentation of data about the patients and the provided care since 1990. The number of (hemi-)fundoplications increased from 2 in 1991 to 15 in 1998. To evaluate the introduction of this new minimally invasive method we compared two groups: open approach (n=19, 1991–1997) vs. laparoscopic approach (n=18, 1997–1998). There was no difference in the patient’s age. The laparoscopic approach was more frequent in female. The operation time was longer and the length of stay shorter with minimally invasive surgery. There were 3 re-operations with the laparoscopic and 1 re-operation with the open approach. There was a shift of indication from hiatal hernia to gastroesophageal reflux disease.

Lessons-learned
Our retrospective analysis reveals changes concerning the treatment strategies. It could be assumed that there was a technological driven extension of the indication for surgery. At the same time there is to concede a learning curve for the induction of the laparoscopic approach. These results require further analyses for the definite evidence due to interests of industry, demand of patients, and innovative physicians. Monitoring outcome using routinely collected data from computer-based patient records may provide hints concerning the effectiveness of new techniques in daily practice. We studied this approach to health technology assessment in the field of minimally invasive surgery, in which the transition from open to laparoscopic (hemi-)fundoplication took place within the last ten years.

Conclusions
From our point of view monitoring of routinely collected data could be an additional method in health technology assessment.

What role does counselling about drugs and pharmaceutical products play in the information services of self-help organisations – the German Crohn’s and Colitis Foundation (DCCV) and the German Rheuma-League (Deutsche Rheuma-Liga)

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Large numbers of patients have become either members of self-help organisations (SHO’s) or else use the information services provided by them. Those services constitute the core of the workload of most SHO’s.

Description of the project
In the two SHO’s we look at, different approaches are used, to ascertain that the information given meets the needs of the patients. In the DCCV the annual conventions have been monitored for the last three years by questionnaires focussing on information needs and on the personal relevance of the information offered. In addition some of the lay-counsellors keep accurate track of the topics covered in individual contacts. In the Rheuma-League data on the major themes of lay-counselling and the way of communication have been collected. Lay-counsellors can access physicians engaged in several boards and committees of the Rheuma-League.

Lessons-learned
When patients get in touch with SHO’s the topics ‘standard treatment options’ and ‘new pharmaceutical therapies’ are more often relevant than any other themes. Patients want “in-depth information” that exceeds what they expect to get from their physician. They rely on the material provided by SHO’s in part because they regard it as being unbiased by economical interests.

Conclusions
Information on therapeutic options in general and especially on possible medications is a major topic in the services provided by self-help organisations. Because the needs of patients might go beyond the knowledge of lay-counsellors, standardised training for counsellors and standardised info-handouts on medications can help to meet these needs. To this end, the integration of SHO’s in the current German governmental projects of competence-networking can be seen as a useful support for the SHO’s.

Development and Evaluation of a Local Health Care Co-operative (LHCC) Health Profile using routine primary and secondary care data

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Issuel/problem
The development of “tools” to assist LHCCs and communities to plan, implement and monitor health services is a recognised government priority. Ordinarily, data is available in discrete packets of information scattered among many different sources within health and government institutions. The aim of this project is to develop and evaluate a health profile using pharmaco-epidemiological and public health data from primary and secondary care.

Description of the project
Initially, funding for 3 years was obtained to develop health profiles for 2 LHCCs (total population ~225,000) in NHS Lothian (Edinburgh, Scotland). Prescribing data and public health data were identified and collated to form a core data set from which a health profile was developed. Proxies for chronic diseases managed and treated in primary care were identified from the prescribing data e.g. lithium, glyceryl trinitrate, thyroxine. Each LHCC received data for their own population and a comparator of aggregated data from several LHCCs that make up the health board. One year after starting the project, initial drafts of the health profile have received positive feedback from the pilot LHCCs. The LHCC management and other users will evaluate the health profile at the end of the project. After the evaluation, it is hoped that the health profile will be further implemented to other LHCCs in Scotland through the Information and Statistics Division, NHS Scotland.

Lessons-learned
The LHCC health profile is unique because it includes information from primary and secondary care data sources. Describing data is often not used in community profiles because the information is difficult to obtain. Also, interpreting prescribing data, to make it function with other information, is problematic.

Conclusions
Health profiles could prove to be a useful tool in assessing local health care needs by combining prescribing and public health data.
Legally induced abortion in Croatia – public health implications

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Introduction
Abortion still represents quite a frequent mode of family planning or of solving undesirable pregnancy, which should be strongly discouraged due to the numerous complications and sequel that may accompany the procedure.

Methods
According to the Act on Health Measures Ensuring the Right of Free Decision on Childbearing, article 15, item 2, abortion can be legally performed without permission issued by the respective commission in case of <10-week gestation. According to the same Act abortion can only be performed at authorized inpatient medical institutions.

Aim
The aim of the paper is to present the pattern of induced abortion in the Republic of Croatia during the 1990–2000 period, and to try to predict trends of legally induced abortions on the basis of these data.

Results
Certain success has been achieved in the Republic of Croatia, as the rate of legally induced abortions has been considerably reduced over the last decade. A nearly fivefold decrease in the number of legally induced abortions was recorded between 1990 and 2000. The low use of contraceptive measures in a country where these are induced abortions was recorded between 1990 and 2000.

Conclusions
The prevention of undesirable pregnancy and development of truly humane relationship between the sexes require continuous and programmed health education activities to prevent the development of risk factors that contribute to this unfavorable phenomenon.

Future prevalence and costs of stroke in the Netherlands


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Background
In the near future the number of stroke patients and as a consequence related health care costs are expected to rise. It is the purpose of this study to estimate this expected increase in terms of prevalence, incidence and healthcare costs.

Aim
What are the future developments in the number of stroke patients and related care? And what are the consequences of the expected changes in the treatment of stroke patients?

Methods
A dynamic multi-state lifetable is used, which combines demographic projections and existing stroke morbidity and mortality data. It projects future changes in the number of stroke patients in several scenarios. To obtain estimates for related costs of care these are combined with data on costs of stroke patients. In the scenarios, assumptions have been made on demographical, epidemiological and medical technological developments.

Results
Demographic changes in the population lead to an increase in costs for stroke of about 33% in 2015 as compared with 1995. Extrapolating past trends in the prevalence of hypertension and in stroke incidence results in an increase of 48%. Taking into account the trend in hospital days leads to a 46% increase of the costs.

Conclusions
Our estimations showed a substantial increase in the number of CVD patients and related costs in the next 15 year. The largest part of this increase will be unavoidable because of the ageing of the population.

In reducing the costs of stroke emphasis should be on more efficient preventive actions.
Public Health Assessment of the Impact of Industrial Emissions in the Lodz Region

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Background
The region of Lodz (voivodship), one of 16 administrative regions in Poland, went through major structural changes of the industry during last decade. It became therefore necessary for the public health authority to recognise the new profile of industrial emissions to the environment and to assess their potential impact on public health in the region. Relevant research project was designed and carried out upon a request of the head of the region, financed by the grant KBN/PRZ-001 from the Committee of Scientific Research (KBN).

Aim
The aim of the study was to investigate levels of emissions from the industrial enterprises to the environment and to assess their potential impact on health of the exposed population. This presentation concentrates on the assessment of the impact of emissions and exposures to the ambient air.

Methods
Emission data obtained from the Regional Environment Protection Inspection were used to select 47 industrial settings which, according to the adopted criteria, qualified as the highest air polluters and were further assessed with regard to their environmental and health impacts. Air concentrations of emitted pollutants were assessed using dispersion model. Potential health risk assessment was based on calculated toxic risk indicators (WfD) and indicators of additional unit cancer risk (URi). Spatial distribution of toxic and carcinogenic risks have been presented on maps using ArcInfo computer programme. Emissions of mixtures of chemicals from seven industrial enterprise created air concentrations which exceeded TLV values in inhabited areas. In addition, emissions from several enterprises in the city of Lodz superimposed and cause exposures of about 60,000 people to concentrations above TLVs, bringing about increased toxic risk for these people. Emissions of carcinogenic from four industrial enterprises in the region (excluding city of Lodz) create risk of cancer at the risk level above 1 x 10^-6 for about 200,000 inhabitants, and in the city of Lodz for about 400,000 people.

Results
The results of the study indicate that environmental impact assessment applied in the decision process concerning new industrial investments does not sufficiently take into account protection of public health. Criteria of health risks created by industrial pollution must be adequately integrated within the environmental impact assessment procedures.
Implementation of Health Care Reform in Armenia: Viewed From Inside

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ISSUE/PROBLEM

The paper describes the comprehensive reform program in Armenia and especially focuses on its key element that defines the main directions of activities. After demonstrating the logic of the investigation, the paper recapitulates the information about results of these reforms that do not appear to meet all the objectives of health care policy. The reform process has encountered resistance, because the economic decline has placed many institutions in jeopardy and made the accomplishment of main reforms extremely difficult. Frequent changes of health ministers do not ensure sustain-ability of reform directions. The most challenging problem that must be faced involves the drastic decrease in access even to the most essential health care services. Funding shortages often mean that even vulnerable groups have to pay. Thus, the principle of equity with respect to financing and access is undermined.

The paper indicates that the gains in freedom have been accompanied by the losses of many basic economic and social services that the population had come to enjoy and expect. There is now a serious risk that reformers may throw out the baby with the bath water. Humanitarian aid and international assistance programs are often poorly coordinated and do not always address the country's real needs, or are inappropriately distributed among health care facilities and the population.

METHOD

For exploring these problems analytical and statistical methods have been used. A new way to increase public funds of the health sector is offered.

RESULTS

The paper proposes to implement many interchangeable opportunities for learning in transitional countries and brings to attention the necessity to develop a mechanism for shared learning at the international level. These are outlined briefly at the end of the paper. The paper concludes and summarizes the range of recommendations which are most relevant to other developing countries.

Health of Kosovar returnees from Switzerland

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A collaborative study between the International Organisation for Migration, the Department of Community Medicine and the Department of Psychiatry of the Geneva University Hospitals. Sporonsed by the Geneva Foundation for Health in War and the Humanitarian Fund of the Geneva University Hospitals.

BACKGROUND

Following the peace agreement in Kosovo, June 1999, there was a massive return of refugees from Switzerland and other host countries. Before flight and during their cyclic journey, refugees experience repetitive stress.

Studies conducted in Kosovo immediately after the war have shown significant rates of mental health problems in residents. The specific situation of returnees from European countries and its evolution in time is unknown. This is of concern for the emerging health system and for countries of asylum.

AIM

Describe the subjective health, rate of post traumatic stress syndrome and self-reported utilisation of health services of returnees from Switzerland.

Measured dimensions of health are correlated with trauma before departure, conditions of asylum in the host country and present socio-economic status.

METHOD

A sample of over 300 households of returnees from Switzerland was randomly selected.

An extensive questionnaire was designed to assess subjective health (SF-36), PTSD (M.I.N.I), utilisation of health services, present living conditions, migration history, trauma and losses.

Home interviews were conducted in autumn 2001 on all members of selected households over 16. Interviewers were recruited among psychosocial counsellors graduated from the IOM training program.

RESULTS

319 households were visited, with an average number of 6.3 family members. A total of 1013 people were interviewed or 95% over 16. The total number of Swiss returnees among interviewed persons was 550. Data analysis is ongoing.

CONCLUSIONS

War trauma still has a major impact on the health of the population of Kosovo.

Favourable conditions in the country of asylum, such as family reunion, living in individual housing or obtaining work, show an association with better health status on return.

Mental health problems and in particular PTSD are associated with an increase utilisation and uncovered demand for ambulatory and hospital care; this results in costs for the country and for the affected families.

Eligibility to acute day treatment: characteristics of the patients

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BACKGROUND

During last decades, the role of community psychiatry has been growing, offering different types of psychiatric care. Among them partial hospitalization has been developed, becoming the supplementary care for mentally ill. It has been proposed that many of acute psychiatric patients could be treated in acute day hospital instead the traditional inpatient care.

AIM

The main objective of the ongoing EU randomised, controlled study EDEN (European Day Hospital Evaluation) is to assess the efficacy of psychiatric treatment in a day hospital setting in 5 centres. The presented results are based on data set from one of the participating centres, Wroclaw in Poland. The critical, legal and socio-demographic characteristics of the acute psychiatric patients eligible to be treated in day care were analysed.

METHOD

Patients were randomly admitted into day or inpatient care. Analysed data were collected since 12.2000 till 31.11.2001 (first year of the project) from both randomised samples, using the Client Service Receipt Inventory (CSRI). The characteristics of excluded, refused patients were presented.

RESULTS

During the index-period N=802 acute psychiatric patients were admitted into the psychiatric hospital. There were N=479 (59,7%) of excluded patients due to legal or other non-clinical reasons. Eligibility criteria fulfilled N=323 (32,7%) of patients. Among them 75 patients (9,35%) refused, 155 (19,1%) were randomized, 94 females and 42 males, mean age 42,0 (20–64 years).

CONCLUSIONS

The knowledge about characteristics and clinical, socio-demographic and legal features of the acute psychiatric patients may encourage the choice of kind of psychiatric care. One third of hospitalized patients can be offered the alternative, acute day treatment.

Pharmaceutical care for patients with chronic pain: Experiences of patients and pharmacists from a study in Saxony pharmacies

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BACKGROUND

Health care and drug utilisation research studies point out deficits in services and treatment of patients with pain (BMF 2001). Therefore the Saxony chamber of pharmacists set up a project to improve counselling abilities of pharmacists and services for patients suffering from chronic pain.
Aim
To implement pharmaceutical care for patients with chronic pain within the everyday practice of a pharmacy, to explore the experiences of pharmacists and to assess the benefit for patients.

Methods

Results
38 patients (mean age: 54 y) were recruited, 28 evaluated (3 stopped the consultations, 7 started later). Most of the patients suffered from migraine and musculoskeletal pain. 60% of the patients suffered from pain longer than 10 years. According to 10 of 16 pharmacists, it was very difficult to recruit patients. 9 pharmacists stated that it was possible to integrate the services into everyday practice and 12 could think of counseling more patients. The patients (n=28, response rate 100%) were all but one very satisfied with this new service; 82% think of counseling more patients. The patients (n=28, response rate 100%) stated that they had found the suitable institution for their problem. Pain could be influenced positively in half of the patients. 25 patients stated that they had found the suitable institution for their problem. Pharmacists themselves would again use this service, 22 patients would recommend it to others.

Conclusions
To date, patients are not used to this service. Pharmacists themselves must be convinced that they have something to offer, otherwise it will remain difficult to implement pharmaceutical care. Besides, pharmaceutical care has to be embedded in counseling activities of the whole pharmacy staff.

Cardiovascular risk factors in Turkish immigrants with type 2 diabetes mellitus: do they resemble the Dutch patients?

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Aim
To compare 1) prevalence of cardiovascular risk factors between Turkish and Dutch type 2 diabetes patients, 2) to predict differences in cardiovascular risk.

Design
A cross-sectional study was performed using databases from three Dutch studies on type 2 diabetes involving a total of 107 general practices in Rotterdam, Utrecht and Zwolle. 147 Turkish diabetes patients were matched on age and gender with 294 Dutch diabetes patients (1:2 match).

Main outcome measures
Plasma lipids (total cholesterol, high-density lipoprotein (HDL) cholesterol, low-density lipoprotein (LDL) cholesterol, triglyceride), blood pressure, smoking and the 10-year absolute risk on a cardiovascular disease.

Results
Total cholesterol in Turkish diabetes was lower than in Dutch (5.4 versus 5.9 mmol/l). HDL cholesterol was particularly lower in Turkish male patients (0.94 versus 1.08 mmol/l), but the ratio between total cholesterol and HDL cholesterol in Turkish male and female patients was similar as the ratio in Dutch patients (5.4 versus 5.4). The 10 years absolute risk on cardiovascular disease in both Turkish and Dutch male patients was 24%, the risk in Turkish versus Dutch females was 13% versus 15% (NS). Total/HDL cholesterol in Turkish immigrants increases more sharply with age compared to the Dutch.

Conclusion
The absolute risk on cardiovascular disease in Turkish type 2 diabetes patients resembles the risk in Dutch diabetes patients although some differences in risk patterns exist. Turkish patients have lower HDL-cholesterol and lower LDL-cholesterol compared to the Dutch patients. Particularly in elderly Turkish male patients plasma lipids become a risk factor of great importance.

Quality assurance of counseling in a community pharmacy: project of a quality circle

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Objective
To establish a pharmaceutical quality circle concept on a short documentation base in a community pharmacy, in order to develop practical guidelines for counseling concerning patients with pain and to evaluate the effects of this quality assurance work on the counseling behaviour.

Description of the project
Objective: A one-group pre-test-post-test plan was conducted to compare the counseling behaviour before and after the quality circle (intervention).

Setting: A community pharmacy in Saxony, Germany.

Methods
A short documentation form was used to obtain personal data of patient and staff, drug data, content of counseling, drug recommendation and reasons for not counseling for each patient contact. Documentation was carried out by two pharmacists and five pharmaceutical clerks over a period of some consecutive working days before and after each of the quality circles.

Lessons-learned
Four quality circle sessions took place from May 1999 to March 2000:
- Self-medication with pain-relievers;
- Back pain and rheumatic complaints;
- Headache and migraine;
- Opioid therapy.

In accordance with evidence-based medicine the participants developed practical guidelines for drug selection, content of counseling and question asking. Due to the implementation of these guidelines into consultation services there was a trend to change the counseling behaviour: 49% of all patients with pain (N=318 patient contacts) were given advice before the quality circle sessions which increased to 54.3% (N=315) after those. The average number of items in an advisory talk changed from 2.46 before (N=156 advisory talks) to 2.91 afterwards (N=171), an increase by 18.3%.

Conclusions
The advanced education in this pharmaceutical quality circle is shown to be an instrument to develop practical guidelines for counseling and to improve the extent and the intensity of advice giving to patients with pain in a community pharmacy.

Urban health in the Netherlands

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Background and aim
The inhabitants of the larger cities in the Netherlands are on average less healthy than the rest of the Dutch population. Commissioned by the Ministry of Health, Welfare and Sports we studied the background of this phenomenon. We focused on a broad description of the health gap as well as on the opportunities to dissolve it. Our research questions were:
- How healthy is the Dutch urban population?
- What do we do about the current health problems in urban areas?

Methods
The health of the urban population was described by various contributions by Dutch researchers and institutes. Recent data from both groups having relatively more health problems. Multilevel analyses have been performed when necessary. Content analysis of policy reports in combination with interviews with policy makers was used to construct a view of current health policies in Dutch cities.

Results
Inhabitants of the big cities perceive their health worse than people who do elsewhere, report more psychiatric disorders and die at a younger age than elsewhere. Mortality in urban areas is 11 percent higher than elsewhere. This difference in health is particularly due to the accumulation of health problems in deprived urban areas. The risk of dying before the age of 65 in a deprived neighbourhood is 50% higher as compared to that risk in a wealthy neighbourhood. This is a consequence of the socio-demographic composition of deprived areas: overrepresentation of low social class and ethnic minorities, both groups having relatively more health problems. Multilevel analysis indicated that living in a deprived neighbourhood is a risk factor in itself. Thus the neighbourhood is not only the place to find health deprived groups, but also a cause of their health deprivation.
Conclusion
In order to tackle the current Dutch urban health problems, the public health and health care sector need to co-operate with other policy sectors. A local approach is necessary, using existing opportunities. Today many local health promotion initiatives are already focusing on inhabitants of deprived urban areas, although the quality of these projects can be improved. It is of great importance that successful projects are followed by a more widespread implementation and a structural embodiment. The appearance of our report was followed by a statement by our national government mentioning a plan of action to reduce socio-economic inequalities in health.

Public trust in health care in the Netherlands

van der Waal, M.A.E. *, Huurman, J.G.J.

In health care there is an information gap between patients and care givers. Generally patients depend on the care givers’ knowledge. Therefore patients mostly have difficulty to judge the quality of care they receive. This means patients have to trust the care givers about doing their best. This makes trust an important issue in health care. Trust can be divided in two forms, interpersonal and public trust. Interpersonal trust is described as trust placed by one person in another person. Public trust is trust placed by a person in societal institutions. These types of trust are related and interdependent.

Aim
The aim of this study is to gain insight in the development of public trust in health care in the Netherlands over the past five years.

Methods
Every year, since 1997, data about public trust in health care was collected by sending a postal questionnaire to the “Health Care Consumerspanel”. This panel consists of 1500 households and forms a representative sample of the Dutch population. Respondents were asked about the extent in which they trust the entire system of health care services, at present and in the future. Besides, questions were asked about trust placed in professional groups and institutions in health care. The data were analysed with SPSS.

Results
Trust in general health care at present is higher than trust in health care in the future. Over the years levels of trust at present and in the future show only little variation.

Trust in professional groups shows that most trust is put in general practitioners, dentists and pharmacists. Practitioners of complementary medicine are less trusted. Among the institutions, hospitals are most trusted. On the contrary mental health institutions are least trusted.

In both categories these outcomes do not change much over the years.

Conclusion
Trust in health care remains relatively stable, although in the same period debates about e.g. waiting lists came up. There seems to be more trust in personal health services (GP, dentists, pharmacists) than in institutions, such as hospitals. Complementary medicine is more trusted if it is practiced by physicians compared to non-physicians.

The explanation of these results asks for more theoretical and empirical analysis.

Bringing the pieces together: Netherlands Public Health Federation

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In the Netherlands many organisations and professionals were separately dealing with Public Health (PH). As a result of that, much information and expertise wasn’t shared and knowledge did not increase. Furthermore the PH-field was relatively poor in advocacy for health issues to politicians and weak in expressing the common demands on national level. The low percentage health budget spent on PH-subjects, a percentage that has even decreased last the five years, can be seen as the result of the above mentioned.

Keeping this situation in mind the chairs of three main professional PH-organisations initiated the set-up of a national federation. All relevant institutions and organisations were asked to join this initiative and a few meetings were organised. Supported by the vast majority of relevant institutions and organisations the Netherlands Public Health Federation (NPHF) officially started in August 2000. From that moment on institutions and organisations were asked to subscribe the goals of the federation and to become a formal member including a membership fee. At this moment the federation has 28 members (13 institutions and 15 professional organisations). In 2002 the NPHF itself became a member of the European Public Health Association and the World Federation of Public Health Associations.

The NPHF formulated a number of expressive opinions on important subjects and is regarded as the most important platform for public health policy in the Netherlands. In autumn 2001 the NPHF launched 10 policy notes for a healthier society, which can be used by politicians in formulating their election programme for the Lower House elections in May 2002. Concerning public health we have seen changes in some of the election programs due our 10 notes for better public health. At the poster presentation we will also mention the actions took place after the elections.

Focus group interviews: what do migrants think is important in Dutch hospitals

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In health care there is an information gap between patients and care givers. Generally patients depend on the care givers' knowledge. These other aspects being communication difficulties and culture differences.

Method
In April/May 2001 we organised fifteen focus group interviews. Participants were selected through a snowball method and had to have a contact with any hospital during the past 12 months. Most group interviews were held in the mother tongue of each group.

Conclusion
Besides the known non-ethnic specific aspects of care, the ethnic patients perceive also other aspects as important. These other aspects have to do with communication difficulties and culture differences.
differences by age, sex, health status and parents' social status (insurance, income, educational level)?

Data and Methods
Data are used from the Second Dutch National Survey on Morbidity and Interventions in General Practice, which includes 104 general practices. These practices register all prescriptions, providing detailed insight into the medication prescribed by GPs to children under age 12. All patients of these practices received a census form including 10 questions on for example educational level, health status and type of insurance. These data are linked with the prescription data. Moreover, a sample of 2,763 parents was interviewed about their child under age 12. This interview included questions on the use of non-prescribed and prescribed medication as well as on health and socio-demographic characteristics.

Results and conclusions
Preliminary descriptive analyses on the interview data showed that the drugs most frequently prescribed to children by GPs are drugs for respiratory diseases and drugs for skin problems. Almost 20% of the children use prescribed drugs. The use of non-prescribed medication mainly consists of painkillers and was used by almost one third of the children during the two weeks before the interview.

OLS-regression analyses showed that there were no significant differences between boys and girls. Younger children (0 to 3 years old) less often use non-prescribed medication than older children. Children with private health insurance use more non-prescribed medication than children with public health insurance. The preliminary conclusion is that there are differences between groups of children with respect to the use of medication. These differences mainly refer to the use of non-prescribed medication.

Health expectancy according to socio-economic status in the Netherlands
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Background
Health expectancy calculations combine the information on mortality with that on morbidity or disability. It shows in one figure the differences between (sub)populations. Within the framework of the publication of the third Public Health Status and Forecasts document, TNO Prevention and Health calculated healthy life expectancy and disability free life expectancy according to socio-economic status in the Netherlands.

Aim
The aim of the study was to describe the existing socio-economic differences in health expectancy in the Netherlands.

Methods
Since there are no mortality data according to socio-economic status in the Netherlands results from four longitudinal Dutch studies were used to calculate the life expectancy according to socio-economic status. Data on the health of the population were based on the Health Interview Survey, conducted by Statistic Netherlands. In order to have enough mass per category we combined the Health interview surveys over the years 1995–1999. For the healthy life expectancy calculations we used the question on perceived health. For the disability free life expectancy calculation we distinguished three types of disabilities (visus, hearing and ADL/mobility). The Sullivan method was used.

Results
Results are confidential yet, but will be public at the EUPHA meeting in Dresden in November 2002.

Conclusion
The higher the socio-economic status, the greater the life expectancy and health expectancy. The differences according to educational level in the Netherlands are in the same order of magnitude as in other European countries, like the Scandinavian countries, UK, Belgium and France.

Investigating explanations of socio-economic inequalities in health: the Dutch GLOBE study
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Background
The GLOBE study is a prospective cohort study specifically aimed at increasing the understanding of the explanation of socio-economic inequalities in health in the Netherlands.

Aims
To review the returns of the study after ten years of follow up, and to describe the studies' contribution to the development of policy measures aimed at the reduction of inequalities in health in our country.

Methods
Prospective cohort study which started in 1991 with a baseline postal survey send to 27,070 people (response rate 70.1% or n=18973). Two sub-samples of respondents to the postal survey were subsequently interviewed in 1991 (response 79.4% and 72.3%, a total of 3667 respondents). Baseline data collection included measures of socio-economic position, health and five categories of possible explanatory factors: health-related behaviour, material circumstances, psycho-social characteristics, health care utilisation and childhood circumstances. Follow-up of the cohort involved repeated postal surveys and client interviews, and routinely collected data on hospital admissions, cancer incidence and mortality by cause of death.

Results
Compared with higher socio-economic groups, lower socio-economic groups were worse off in terms of the prevalence of poor self reported health (perceived general health, health complaints, chronic conditions, disabilities), the incidence of myocardial infarction and all-cause mortality. The higher prevalence of adverse material circumstances, unhealthy behaviour, adverse psychosocial characteristics, and adverse childhood circumstances in the lower socio-economic groups was important in the explanation of socio-economic inequalities in health. Socio-economic differences in health care utilisation did not contribute to the explanation of socio-economic inequalities in health.

Conclusion
The GLOBE study updated and increased descriptive evidence and contributed significantly to our understanding of the explanation of socio-economic inequalities in health in the Netherlands. Study results were a main source of information in the development of policy measures aimed at the reduction of these inequalities.

Quality of needs assessment for care and assistive devices from a client's perspective
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Background
Like in many other European countries, health care policy makers in The Netherlands are looking for new ways to organize different health care services. To facilitate a more objective, independent and integral assessment for individuals in need of (nursing) home care or assistive devices, the Dutch government introduced 85 Regional Individual Needs Assessment Agencies (RIOs). The introduction process in 1998 didn’t go smoothly. RIOs were criticized for bureaucracy, waiting lists and other problems related to the assessment procedures.

Aim
The aim of the study was to develop an instrument to measure the quality of needs assessment by RIOs from a client’s perspective.

Methods
A combination of qualitative and quantitative methods was used. All data were collected in november 2001. Almost 400 quality aspects covering different phases of the needs assessment process were derived from interviews with key-figures and five focus-group discussions with (representatives of) patients. 68 aspects were included in the quantitative part of the development study. Questionnaires were sent to 2940 clients of four RIOs (response rate 55%).

Results
The process of item selection and scale optimization, based on PCA and reliability analyses, resulted in 10 quality-dimensions, with alpha-coefficients between .64 and .88. Professional competence and courtesy during assessment received the highest importance scores (7.7 on 1–10 scale). Important areas for quality improvement were telephone applications for assessment, the final assessment-advice and information. Importance ratings were combined with performance scores into quality improvement indices.
Conclusions

The instrument proved to be reliable, valid and useful for RIO-clients with a demand for (nursing) home care and assistive devices. RIOs participating in the development study adopted the results as part of their total quality management process. The measurement instrument can be used in future national representative benchmark studies or in evaluative studies on quality improvement.

Health care for asylum seekers in the Netherlands

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Introduction

In the Netherlands there are about 85,000 asylum seekers from different parts of the world. The National Organisation of Municipal Health Authorities (GGD Nederland) has the responsibility for the preventive medical care for asylum seekers. All curative care for asylum seekers is to be provided by the regular medical services (GP's, specialists, etc.) and the medical professionals in the asylum seekers centres have preventive tasks, such as guiding asylum seekers to the most appropriate regular health care providers. GP's are the regular health care providers who have been visited most frequently by asylum seekers. The presented health problems by asylum seekers and the way health care providers handle them was never monitored in the Netherlands. The aim of this study was to monitor the way primary health care is given to asylum seekers, to study the workload of GP's in giving care for this group of patients and to get insight in possible bottlenecks.

Methods

Data was collected by GP's (n=39) and nurses (n=72) who are connected to 30 different asylum seeker centres spread over the whole country. For each consultation with an asylum seeker, GP's and nurses filled in a registration form. Items were: characteristics of the patient (sex and age) and the contact (duration and sort), reasons for encounter, diagnosis and interventions. Comparisons were made with consultations with ‘regular’ patients and patients of ethnic minorities in the Netherlands. Diagnoses and reasons for encounter were coded according to the International Classification of Primary Care. The questionnaire was sent to all GP's (n=371) and nurses (n=150) who provide health care for asylum seekers. The questionnaires provide explaining factors for differences in contacts with asylum seekers between different GP's and nurses.

Results

The group of asylum seekers in our research spanned young adulthood to middle age and consists of more men than women originating from 68 different countries. Compared to regular patients in general practice, asylum seekers present more psychological problems and more problems with respect to the digestive system. Mostly the asylum seeker is guided to the GP by the medical professionals in the asylum seekers centres (72%). The GP's experienced the emotional load in providing health care for asylum seekers higher than for regular patients. They think that the often presented traumatic experiences by asylum seekers are difficult to handle. The difficult communication with asylum seekers does not facilitate the process of care. In one fourth of the contacts with asylum seekers GP's need an interpreter but they can't always get one on the right moment and communicate with the help of gesture-language.

Conclusions

The main conclusions are that asylum seekers present different and overall more complex problems to health care providers than regular patients. The most experienced bottlenecks by GP's in providing care for asylum seekers are: problems with handling the presented traumatic experiences, getting unwanted juridical questions from asylum seekers, a difficult communication and lack of time.

The prescription of NSAID's by general practitioners for osteoarthritis in older people, in Belgium.

It is well documented in the literature that NSAID's (non-steroidal anti-inflammatory drugs) have negative side effects, especially on the gastro-intestinal and renal system. Older people are even more vulnerable to these side effects. In order to reduce the burden of those effects, the scientific guidelines propose Paracetamol as a good alternative for pain relief in patients with osteoarthritis. Ibuprofen is presented in the same guidelines as the safest NSAID.

The aim of the study was to assess the agreement of the delivered care to older patients with osteoarthritis by GP's in Belgium, more specifically regarding the prescribed drugs, with those guidelines.

Methods

In the beginning of 2001, data on delivered care and prescribed drugs were registered from patients with osteoarthritis, 60 years and above, who contacted their general practitioner (GP) over a period of five weeks. GP's could deliberately participate and were not randomly selected. The number of participating doctors was 387. Data collection was possible either through registration forms or electronically (extraction from the electronic medical record).

Indicators were developed to measure the correspondence of the registered care with the guidelines on the management of osteoarthritis. A questionnaire was sent to all participating GP's to obtain complementary information. Results were fed back to all participating GP's.

Results

Of the 15,000 recorded patients with osteoarthritis, 28.8% received Paracetamol, while 61.6% received NSAID. The most prescribed NSAID in the study was Piroxicam, with high gastrointestinal toxicity. According to GP's, the two most frequent reasons for the choice of NSAID's over Paracetamol were “higher efficacy” and “choice of patient”.

Conclusions

The prescription of NSAID's by general practitioners for osteoarthritis in older people in Belgium has poor accordance with the guidelines. These findings may encourage GP's to work on quality of care.

Development of occupational health integrated in public health care in Flanders

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Issue/proposal

Due to constitutional reform in Belgium the Flemish Community became competent for preventive health care. The authors were requested by the Flemish Preventive Health Care Administration to draft in 6 months a preliminary version of a Decree on Occupational Health (OH) in the Flemish Community.

Methods

1) developing discussion documents (inventory of national and international rules guidelines and recommendations; memorandum of understanding; decree proposal);
2) meetings with Steering Committee and Working Group composed of Health Administration Officials; academics and OH professionals.

Results

Our age requires moving from “health at work” to “workers’ health”. Main innovations of the proposal are: (1) extension to self-employed and potential workers; (2) including general health; (3) rejection of disability concept; (4) strong integration of health and environmental surveillance; (5) stress on ethics, including privacy, autonomy, professional integrity; (6) client (= worker) centred quality control; (7) stress on data collection and analysis for routine OH, research and public health policy.

Conclusions

The main challenges in developing legislation on OH in Flanders seem: (1) the differences of approach and lack of cooperation between the ministries of health and labour in Belgium; (2) the complicated structure of the Belgian state with responsibilities for labour at the Federal; for preventive health care at the Community and the environment at the Regional level; (3) convincing all stakeholders of the necessity of a new approach.
**Urban-rural differences in access to GP services**

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**Background**

Urban health care seems to be a crisis in the Netherlands. There are too few GPs; their workload is too high; many are burnt-out; and within a few years a large part of the population will have to do without a GP. At least, this is the picture we get from the media and from GPs themselves. Our question is, whether this has yet led to under-utilization of GP services in urban areas. Given one's health status, is an urban resident as likely to receive GP services as residents elsewhere in the Netherlands? In other words: is the accessibility of GP services in large cities worse than elsewhere?

**Aim**

Assess whether urban residents are less likely to receive GP services.

**Methods**

Health interview survey in Nivel’s Dutch National Survey of General Practice (2001/2); representative sample aged 18+; N=9684; response rate 65%, with control variables age, gender, education, perceived general health. The explanatory variable is use of GP services in past two months. Utilization was analyzed by means of logistic regression for higher and lower educated groups separately.

**Results**

Preliminary results show that – after controlling for need factors – the two subgroups indicates that overutilization occurs mainly in the two subgroups rather than underutilization in urban areas. However, specific analyses on the two subgroups indicate that underutilization occurs mainly in the lower educated subgroup.

**Conclusions**

These preliminary results suggest that access to GP services is not worse in our large cities as compared to elsewhere. On the contrary, taking differences in health into account, lower socioeconomic groups receive more GP care than their higher educated counterparts. However, these preliminary analyses include only the non-migrant population. Further analyses will include the migrant population as well.

**Informing the patient: a mutual responsibility**

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**Background**

Nurses provide patients with information about nursing care and medical interventions, and they observe and coordinate the transfer of medical information from physicians to patients. Collaboration between nurses and physicians seems prerequisite to do justice to the patient right of informed consent. Without protocols and guidelines about their mutual responsibilities, nurses and physicians run the risk of providing patients with double, conflicting or no information at all.

**Aim**

The study aims to give insight into the roles that nurses play with respect to the transfer of information to patients and their experiences in the collaboration with physicians.

**Methods**

A questionnaire was sent to nurses from various care sectors. The nurses were randomly selected from the Dutch register for Nurses (BIG-register). Because it was known that the register also contains nurses who work on the causes of patients, collaboration between nurses and physicians seems prerequisite to do justice to the patient right of informed consent. Without protocols and guidelines about their mutual responsibilities, nurses and physicians run the risk of providing patients with double, conflicting or no information at all.

**Results**

Nurses state that they inform patients extensively about nursing care and medical interventions. They also state that they play an important role in the observation and coordination of the medical information that physicians provide the patient with. Despite of this, few care institutions seem to have written protocols about the mutual responsibilities of physicians and nurses concerning the information transfer to patients. The nurses claim that the mutual responsibilities are mostly clear to them. On the other hand, more than 60% claims to have differences of opinion with physicians about these responsibilities. Nurses who collaborate with many physicians have significantly more differences of opinion about who is responsible for providing patients with information, than nurses who collaborate with fewer physicians.

**Conclusions**

The many differences of opinion between nurses and physicians about their mutual responsibilities concerning the information transfer to patients needs further consideration. Either nurses or physicians or both obviously do not have a clear understanding of these responsibilities. Care institutions and professional organizations should make the division of responsibilities more clear by providing written guidelines and protocols.

**Lifestyle conditions of the association of citizen participation with self-rated health: converging evidence from two independent studies**

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**Background**

Besides its potential health impact by optimising health-related policy and environments, social participation of citizens has been argued to have positive effects on individual health, as well as on social determinants of health. Whether the link is causal is an open issue. While some studies have found enhanced levels of stress for people reporting political participation, others have shown no such associations. However, studies of how other lifestyle factors such as health behaviours or social-cognitive factors may influence associations of participation and health are rare.

**Aim**

To test for associations of political and other social participation with individual self-rated health, and for specific lifestyle conditions that bolster that association.

**Methods**

Study 1: A total of N=3343 adults aged 18 years or older were surveyed within the Biomed2-project MAREPS between October 1997 and May 1998 via a semi-standardized interview schedule in Belgium, Finland, Germany, the Netherlands, Spain, and Switzerland. Study 2: A total of 1077 adults aged 25 to 74 were surveyed within a follow-up to the KORA-Survey 2000 between March 2000 and August 2001 via a semi-standardized interview in the Region of Augsburg (Germany).

**Results**

In Study 1, the largest difference in self-rated health between people reporting vs. disclaiming participation (assessed by a four item-scale indicating different political activities, e.g. within a political party) was found among those simultaneously reporting both physical activity and a strong control belief regarding the community decisions affecting their health. In Study 2, analogous results emerged using a more general measure of participation (i.e., being involved in at least one formal social activity such as clubs or professional organizations) and of control beliefs (namely, internal health locus of control).

**Conclusions**

Participation in political and other social activities seems to be associated with health as an active lifestyle-parameter. Simultaneously, that health-related control beliefs bolster the association of participation and health highlights the importance of empowerment strategies in health promotion.

**Unemployment and other risk indicators preceding early cause-specific death**

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**Background**

Loss of job may result in reduced control of the life situation and in a long-term perspective an increased risk of illness. Several studies have shown an association between unemployment and mortality, but the nature of this association is not clear.

**Results**

In a follow-up to the KORA-Survey 2000 between March 2000 and August 2001 via a semi-standardized interview in the Region of Augsburg (Germany).
Aim
To analyze to what extent unemployment predict early death from specific causes among women and men, and if the relation between unemployment and mortality is further strengthened by the presence of other risk indicators.
Methods
The study population comprised subjects of the Swedish Twin Registry born 1926–58. Information about unemployment and other factors was obtained by a mailed questionnaire in 1973 and deaths 1973–96 were ascertained through the Swedish Causes of Death Registry. All subjects, reporting a main occupation with a job title were included (9, 500 women and 11, 132 men), and cause specific mortality was analyzed. In the analyses, confounding from social, behavioural, health and personality factors as well as factors during early childhood was taken into account using Cox proportional hazards regression.
Results
Unemployment was associated with an increased total mortality for both women (RR = 1.4) and men (1.3) after adjustment for several potential confounders of clinical studies. The prevalence of many diseases in the elderly should be analyzed, and solutions to the problems should be brought to the attention of all stakeholders. The recommendations based on the results are actively encouraged.
Conclusion
The risk of early mortality of both women and men has increased significantly due to unemployment. The results will also increase.

The Prevalence of Eye Diseases in a Random Sample of Ophthalmologists in Northrhine and Brandenburg

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Recent analyses of the German National Health Examination Survey from 1998 showed that the prevalence rates of self-reported visual disturbances that needed correction by eye glasses or contact lenses are higher among women than men (Stang & Jöckel, 2001). Here we present results of two random samples of ophthalmologists (private practitioners) in the area of Northrhine (NR; West-Germany: 30 ophthalmologists) and Brandenburg (BRB: East-Germany: 30 ophthalmologists) including data from 58.387 patients/NR and 51.285 patients/BRB.

Methods
We analysed all diagnoses codes (International Classification of Diseases, 10th revision) of the patients that were seen by the ophthalmologists for the period October-December 2000 in both regions. We stratified the prevalence rates by age (10-year groups), sex and region.
Results
The prevalence of refractory errors (ICD10: H52) showed a bimodal distribution by age. Prevalence rates peak at ages 10–19 years and 50–69 years and were higher among women than men in both NR and BRB especially for the age group 20–29 years (NR: men 71.7%, women 78.3%; BRB: men 70.4%, women 80.9%). We observed a different sex-specific pattern regarding diabetes mellitus related eye diseases. In both regions, the overall and age-specific prevalence rates were higher among men than women for all types of diabetes mellitus (type I, II, unspecified types). The prevalence rate of eye or orbita injuries (ICD10: SO5) was higher among men than women and peaked at ages 20–39 years. For the diagnoses conjunctivitis (ICD10: H10), strabismus (ICD10: H50), cataracta senilis (ICD10: H25) and glaucoma (ICD10: H40) we did not observe any sex-specific differences.

Conclusions
These data confirm the finding of higher prevalence rates of refractory errors among women in Germany. However, the prevalence rates of specific diagnoses do not show a consistent sex-specific pattern. The consistently higher prevalence of diabetes mellitus related eye diseases in men deserves further studies.

Patterns of internet use among patients with prostate cancer
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Background
The Internet becomes increasingly indispensable as a source of information for clinical questions, research, education and patients’ interests.
Aim
To evaluate the Internet as a source of medical information for patients with colorectal cancer. The present survey examines the use and the influence of the Internet and other mass media on tumour patients.
Methods
From 07.02.2001 to 23.11.2001, 272 patients with prostate cancer which were referred to the Dept. of Radiotherapy were analysed using a 36-item questionnaire developed in Freiburg.
Results
Mean age of all patients (n=272): 69 years (range: 35–83 years). Level of education (n=247): secondary school 57% (n=142), A-level or college / university: 42% (n=103), other or missing: 1% (n=2). Occupation (n=258): pensioner: 78% (n=201), employees: 10,5% (n=26), worker: 4% (n=10), self-employee: 3% (n=13), houseman: 0,5% (n=1), other or missing: 2% (n=5). Access to computer (n=253): yes: 98% (n=246), no: 2% (n=6). Access to Internet: 15% (n=37). Frequency of Internet use (n=30): weekly: 0% (n=0), monthly: 13% (n=4), occasionally: 37% (n=11), rare: 20% (n=6), never: 50% (n=9).

Reasons of not having/use a computer or the Internet (n=161): fear of high tech: 17% (n=27), too time-consuming: 5% (n=9), too
expensive: 25% (n=40), other reasons: 53% (n=85). Making use of other information sources than the doctor treating the patient (n=230): 46% (n=106). If the layman-system was used as an information source they used as an information source (n=96): Internet: 20% (n=20), other prostate cancer patients: 31% (n=31). Reliability of informations: ARD/ZDF (n=215): high: 54% (n=108), Internet (n=118): high: 22% (n=26), taxidriver (n=152): high: 11% (n=17).

Conclusions
The importance of the medium Internet as a source of information for tumor patients with prostate cancer in Freiburg is currently still low but likely to increase. The percentage of internetuser in the "normal population" over 50 years is only about 16%. Only 5% of our patients have visited the homepage of the department of radiotherapy at the University Clinic of Freiburg (http://www.ukl.uni-freiburg.de/rad/studien/home.html) or short cut: http://go.to/radiotherapy). The demographic structure and a further spread of Internet-access will lead to a gain of popularity of the Internet among prostate cancer patients.

Maternal mortality as an indicator of obstetric care in Europe
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Background
Maternal mortality is a rare event in Europe, with ratios ranging from 3-13 maternal deaths per 100,000 live births. Confidential enquiries in several European countries have attributed maternal deaths to sub-standard care in 40-66% of cases reviewed, indicating that it continues to represent a source of concern with respect to preventable deaths among women of reproductive age. This analysis addresses the usefulness of the MMR as an indicator of obstetric care in the context of low overall levels of maternal mortality.

Aim
We explore whether variation in the level of MMR among European countries reflects differences in obstetric care.

Methods
The data presented in this analysis originate from the European Concerted Action on Mothers' Mortality and Severe morbidity (MOMS) conducted in 13 countries to describe the circumstances and measurement issues surrounding maternal mortality in Europe. We present the results of a multivariable analysis of 290 obstetric deaths occurring between 1992 and 1995 that controls for patient- and GP perspectives as well as organisation is analysed.

Results
Despite low rates of maternal mortality in Europe, between country differences follow recognizable patterns with respect to cause and result of the treatment.

Dietary guidance in the primary health care sector by dietician or general practitioner?
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Background and aim
A modern professional view on prosthetic treatment need strongly emphasizes health gain, secondary prevention, quality of life (QOL) and patient's perception. However, valid instruments for the assessment of treatment need and different therapies under consideration of these aspects are unknown. This study aimed at pretesting a newly developed index system.

Methods
The comprehensive Prosthetic Treatment Need Index (PTNI) is based on three parameters: health gain and oral-health-related QOL.
(professional assessment) as well as subjective need (patient). The professionally determined parameters are scored as follows: 0 = no benefit; 1 = benefit questionable or unknown; 2 = benefit probable; 3 = benefit evident. From these parameters a comprehensive need score can be calculated ranging from 0 (no need), 1 (low need, indication of therapy in few cases), 2 (moderate need, relative indication of therapy) to 3 (high need, absolute indication of therapy). The index is intended to be used on the individual patient as well as on the populational level. For pretesting, 20 dentists receiving standardized information were asked to score different treatments for six frequent clinical situations. For each case three different therapy options had to be scored for health gain and QOL, so that 18 therapy options were evaluated.

Results
The over-all median of the range of scores for the 18 therapy options among the 20 dentists was 2 which is extremely high regarding the highest possible value 3. The median of the interquartile range of the scores was 1 which was found 14 times for health gain and 16 times for QOL.

Conclusions
The study indicated substantial inter-individual variations in scoring health gain and QOL among dental professionals. These findings confirm the well-known variations in dental therapy. Furthermore, the lacking evidence concerning health gain and improvement of QOL achievable by prosthetic treatment is obvious. However, after further development the instrument might be useful on an individual and populational level and therefore exhibits a strong Public Health dimension.

Success factors for hospital affiliated groups under special consideration of GR-DRG compensation

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Background
While the number of public hospitals decreased by approximately 20 percent between 1990 and 1997 the number of private hospitals increased by 18 percent. This trend continued in 2001 as private hospital affiliated groups extended their presence on the German hospital market. Changing general conditions, e.g. German Refine Diagnosis Related Groups (GR-DRG), will intensify this trend and lead to concentration in the hospital market.

Aim
Objective of presentation is a survey of the success factors for hospital affiliated groups under special consideration of GR-DRG compensation in the context of the concentration process in the German hospital market. The following key criteria are perceived as highly relevant: objectives, strategy, organization and processes, resources (patient, funds, personnel, infrastructure), leadership (personnel and culture).

Methods
- Theoretic reference framework: ‘decision oriented approach’ according to Heinen (situation, objective, strategy, measure).
- Thematic reference framework: comparable development in other industries and the hospital market in United States of America.
- Empirical method: expert interviews (interview guide) or survey (questionnaire) based on criteria catalog. Relevant interview/survey partners would be medical and economic executives of private and public hospital affiliated groups, of single hospitals and other companies in health care sector.

Results (exemplary expected)
- Which target system (cost reduction, quality improvement) is promising in the medium to long term?
- Which strategic positioning ensures hospital affiliated groups a successful and rapid growth in the competitive German hospital market?
- What is the future design of the organizational structure to interfere with the emerging heaviness, inflexibility and extended decision paths as a consequence of increasing size of enterprise?
- What is the anticipated design of primary, secondary and tertiary health care processes to realize synergistic effects (economies of scale) within a fast growing hospital affiliated group?

Conclusions
The presentation analyze the expected turn in German hospital market and will find success factors and give some guidelines for growing hospital affiliated groups.