

Green space, urbanity, and health: how strong is the relation?

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Background

Many European cities have experienced a recent decline in the quality and quantity of green space. Economic considerations often prevail in spatial planning at the expense of green space. However, we do not know much about the possible health consequences of this development.

The aim of the present study is to investigate the strength of the relationship between the amount of green space in people's living environment and the perceived general health. This relationship is analysed for urban and more rural areas separately, because it was expected that the strength of this relationship would vary according to urbanity.

Methods

The study includes a representative sample of 274 000 individuals aged 24 or older who filled in a one page self-administered form on socio-demographic background and perceived general

health. For each individual, the percentage of green space (urban green space, agricultural space, and real nature) in a 1 and 3 km radius was calculated. Subjective health was dichotomised with 'less than good' as the cut-off point. Multilevel logistic regression analyses were performed, controlling for socio-demographic characteristics.

Results

The percentage of green space in a 1 and 3 km radius had a significant positive effect on perceived general health. The effects are equally strong for 1 and 3 km radius. The effect was generally present in all degrees of urbanity, not only in the most urban areas. The strongest effect was found for the percentage of agricultural space. The percentage of built-up space negatively affects people's health in generally all degrees of urbanity.

Conclusions

This research shows that the amount of green space in the living environment has a positive effect on people's health. Green space appears to be more than a luxury good. Therefore, the development of green space should get a more central position in planning policy. Healthy planning should include a place for green space.

Track 4: Workshop: Linking health promotion and health care

Chairpersons: Alf Trojan, Heiko Waller*

Organiser: EUPHA Section on Health Promotion

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The topic of the workshop is related to the main topic of the conference: the workshop aims to present and discuss different aspects of the link between health promotion and health care: health promotion within health care institutions, health promotion related to people with chronic diseases and disabilities, health promotion related to health professionals and financing of health promotion. This broad range of aspects will be presented by colleagues from five different European countries.

Delivery at a WHO-/UNICEF-certified baby-friendly hospital: effects on breastfeeding duration and support seeking behaviour—the quasti-breastfeeding-promotion-study

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In comparison to other European mothers, German mothers nurse their newborns less and shorter than the WHO recommends. Since most women deliver in hospitals, the hospital setting might have a potentially high influence on breastfeeding attitudes and behaviours.

The certification 'Baby-Friendly Hospital' is a distinct award on the basis of pre-defined WHO- and UNICEF-criteria. It honors the institution for its quality of promoting breastfeeding and its support of new mothers during their hospital stay. Since the certification is to be renewed every 5 years, hospitals are motivated to both prove and improve their support practices.

The study evaluates the quality of an already certified baby-friendly hospital in Hamburg, Germany. ~500 mothers, who have given birth in this hospital between February and June 2005, are interviewed 3 months after delivery. The new mothers are asked about their child feeding habits and the kind of support they were able to get for coping with difficulties.

Data on the prevalence of breastfeeding, the attitudes towards and the self-efficacy with breastfeeding are collected. Additionally, the mothers' perceptions of the actual helpfulness of community support services and personal support networks are inquired.

Results will be used to give feedback to the hospital about its quality in informing and supporting the women during this phase; of interest is, also, what kind of community services and personal support systems are invoked after discharge from the hospital.

The retrospective study is conducted in cooperation with the baby-friendly hospital Klinikum Nord/Heidelberg, the Institute of Health Sciences (InGe) and the Faculty of Life Sciences at the University of Applied Sciences, all located in Hamburg, Germany. The study will provide new data on the prevalence of breastfeeding and the effects of the WHO-/UNICEF-campaign 'Baby-Friendly Hospital'.

Oral health promotion and dental health care among children with disabilities in Belgrade

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Introduction

Oral health promotion and dental health care has to be in close correlation.

Aim

The purpose of the study is to present oral health promotion among schoolchildren with disabilities in Belgrade and dental health care provided for them.

Method

It is a social medicine evaluation study cross-sectional type, based on routine statistical reports analyzed by statistical routine methods. Indicator used in the study is average DMF at 12-year-old pupils with special needs.

Material

All children with disabilities registered in Belgrade's primary schools for children with special needs in the year 2004.

Results

In Belgrade there are few schools for children with disabilities. Average DMF for children with special needs in the year 2004 was 3.50 comparing with average DMF among other school children in Belgrade being 2.77. The number of paediatric dentists—providers of oral health care to those children—is more deficient than in other European countries. There are no specially educated paediatric dentists for children with disabilities in primary health care. The standard would be 1:800 children.

Conclusion

The oral health status among children with disabilities is in poor state. According to the previous results it is considered that the National Preventive Dental Health Program (NPDHP) had not integrated the children with disabilities as equal part of society and the promotion of oral health among these children was neglected such as dental health care for them.

Measures suggestions

The children with disabilities have to be covered by all measures and activities of NPDHP even more than the others. Oral health promotion and total accomplishment of dental health care in Belgrade is closely linked.

Osteoporosis—The 'silent thief'—a major public health issue

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Osteoporosis is responsible for >1.5 million fractures annually, including 300 000 hip fractures, ~700 000 vertebral fractures, 250 000 wrist fractures, and >300 000 fractures at other sites. In the presence of osteoporosis, fractures can occur from normal lifting and bending, as well as from falls. Furthermore, osteoporotic fractures, particularly vertebral ones, can be associated with disabling pain. Although it is thought as an old person's disease, it can affect younger people who have hormonal difficulties, anorexia, bleeding, or menstrual abnormalities in their 20s. Early prevention intervention can prevent devastating fractures. Changing attitudes and brightening the outlook of people with osteoporosis lead to improving the quality of life and is an important health care goal. Because there is a lack of sufficient evidence regarding the cost effectiveness of routine screening or concerning the efficacy of early initiation of preventive treatment, we decided to analyze and evaluate the efficacy of preventing measures in osteoporosis treatment, paying attention to the correct information of the patient concerning diet, posture weight bearing exercises (walking, the therapeutic band), improving balance, muscle strength, agility, measures which involve low costs and clear improvement of the health status.

We had the following objectives:

- expanding awareness and enhancing knowledge, understanding of the prevention, early detection and treatment of osteoporosis
- improving the clinical diagnosis of this condition
- nutrition optimization
- reducing the fracture risk through education
- developing strategies for coping with all these issues.

Conclusions

- comprehensive education and changing the lifestyle make people less susceptible to osteoporosis
- the balance 'costs efficiency' of the treatment is improved through these measures.

Multicentric survey of smoking habits of health professionals in Italy

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Introduction

In Italy the prevalence of smokers among health professionals is high (~35%), much higher than in the general adult population. With the aim of better understanding the problem, an epidemiological multicentric survey was conducted among health professionals in Italy as concerns tobacco smoking. The study is part of the multidisciplinary project 'Hospitals Smoking Free', which foresees three phases—education, implementation of no smoking directives, and initiatives for helping those wishing to quit smoking.

Methodology

A pilot study was conducted in 2004 using an anonymous questionnaire involving a sample of 89 health professionals at various hospitals in Italy. The questionnaire provides for the following research areas: personal data; knowledge of the subject (smoke); work environment; clinical activities for quitting smoking; and personal smoking habits. A larger survey is foreseen in 2005, involving at least 750 individuals.

Results

The response rate was 79%. The prevalence of smokers was 33.3%. Knowledge on health risks attributable to smoking differed significantly between smokers and non-smokers ($P < 0.001$), with an underestimation of them among smokers. As far as concerns to attitude of the participants, 56.5% of them believe that the lifestyle of health professionals could be considered a model for the whole population (no significant difference between smokers and non-smokers). Eighty percent of non-smokers and 47.8% of smokers agree to forbid smoking in hospitals ($P < 0.01$). The hospital areas where smoking is most frequently observed are halls, dining facilities, baths, and kitchens.

Conclusions

The results of the survey confirm the national trend of smoking habits among health professionals and suggest the activation of health promotion campaign tailored to this kind of workers. Moreover, the authors will provide updated results concerning the larger survey.

Needs of health promotion and the ways of financing through mutual societies in Hungary

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Background

Constitutional right of every Hungarian citizens is 'the highest possible level of mental and physical health' which is guaranteed through compulsory (social security) and complementary systems. After the law on 'Voluntary Mutual Insurance Funds' passed in 1993 the complementary system is financed by voluntary mutual health societies (mutualité) (VMHSs). The members are the owners of the VMHSs, they are solidarity-based not-for-profit organizations.

Methods

The aims of two UNDP and two Hungarian Government projects were (i) implementation of preventive methods,

(ii) investment for health promotion, (iii) sustainability of the results. In the framework of these projects we organised two surveys, Hungarostudy1995 ($n = 12\ 640$), Hungarostudy2002 ($n = 12\ 570$), which represented the Hungarian population by age, sex, counties, and sub-regions. Market research was executed on the basis of the surveys, concerning the needs for health promotion and the satisfaction with the ways of financing.

Results

The level of highest (maximum points) trust in health financing by social security increased from 55 to 68% during the last seven years. The members in VMHSs increased with 50% of every year and in 2005 there are 500 000 members. Around 50–80% of the interviewed persons are willing to pay for one or more of

different health promotion services. There are successful pilot projects to increase the number of health promotion services recommended by the VMHSs to their members.

Conclusions

The majority of the Hungarian population is satisfied with social security financed healthcare and by VMHSs. There are unique roles of VMHS in financing health promotion. The member's 'co-operative entrepreneur' attitude might be a good basis of self-management, which is a health promoting factor. The VMHS as a friendly society could be a community as provider. VMHS can reach out to those high risk individuals who have not turned to physicians and could strengthen the social capital of the communities.

Track 5: Workshop: Wellness, past, present, and future

Chairperson: Eva Adamer-König
Organiser: James Miller

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This workshop will examine the wellness movement from a cross-cultural perspective, tracing its roots in the US and Europe and examining future trends connected with it. The workshop will begin with a historical overview of the concept by James Miller, followed by the keynote address on the future of wellness by one of the movement's founders, John Munson. It will close with an examination of wellness within a European context by Kai Illing.

A historical approach to defining wellness

James Miller

J Miller

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Problem/Issue

Both the term and the concept of wellness have a complex past. Some of the ideas that are packed into the term have their origins in nineteenth-century American religious and cultural movements. A definition focussed on active health promotion through lifestyle change emerged in the 1950s and spawned the wellness movement in the 1970s. The term then took on additional meanings as a marketing tool, and it has since become linked to certain esoteric ideas. This paper traces the development of the concept of wellness as it moved through these various transformations.

Description/Methods

The paper takes a historical approach, describing the development of the concept of wellness, based on the writings of some of the seminal thinkers behind it. Beginning with such nineteenth-century health gurus as Mary Baker Eddy and John Harvey Kellogg, the paper then explores the development of wellness in the writings of mid-twentieth-century writers and activists such as Halbert Dunn, John Travis, Donald Ardel, John Munson, and Bill Hettler. The paper will conclude with an examination of the growing esoteric aspects of the concept, which have discredited it somewhat in some parts of the academic community.

Lessons

The very malleability of the term wellness presents the scholar with a problem: if you do not have a precise definition of the term, it is extremely difficult to adequately trace its origins. It is really only possible to do so within a specific context. Therefore a multi-contextual approach is necessary.

Conclusions

Wellness, as defined by academics such as Bill Hettler and John Munson, continues to be an important concept in health promotion, despite the various other ways in which it has been used. Ultimately, the holistic approach to health that it entails should be the guiding principle of health promotion.

Building healthy people for healthy futures through wellness lifestyles

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Problem/Issue

What will the next 10 years of wellness bring? How will we influence the future and mould it? How will demand from the masses for self-directed behavioural change alter the way health educators, wellness managers, community health agencies, and governments deliver health-improving choices and programs? This presentation will reflect on the changes in health care delivery services and project how wellness entrepreneurs can lead the charge for breaking old habits and bad choices. In the process it will provide a 'Futurist's Look' at the wellness movement.

Description

The presentation will begin with a review of the concept of wellness as used at the University of Wisconsin-Stevens Point, one of the earliest and most influential centres of the wellness movement in the United States. It will then move into predicting what opportunities will present themselves for educators, government leaders, health club managers, and entrepreneurs in the wellness movement in the next 10 years. These predictions will be based on a series of interviews conducted with leaders in the wellness movement in the United States, both inside and outside of academia.

Lessons

Traditionally, the medical profession has viewed medical problems as fundamentally either physical or mental in nature and has treated them separately. Holistic medical treatments that recognize the need to consider a person's total environment (Family, Work, Stress, and Play) will result in the introduction of a whole range of programs coming out of many different healing traditions.

Conclusions

Learning to mould the subtle choices that often guide individual behaviours offers a host of possibilities for new businesses and educational programs.