

was generated. Determinants of marginal PA were determined based on a multivariate logistic regression.

Results

For the different types of PA the prevalence of marginal PA showed different percentages of increase with increasing age (65–74 years; 75–84 years; 85+ years): Marginal total PA: 17%, 32%, 58%; marginal sport/recreational PA: 20%, 30%, 50%; and marginal housework PA: 12%, 24%, 43%. Overall, 27% of older persons reported self-perceived physical barriers against doing more PA (i.e. illness limiting PA, physical limitation, pain with PA). Persons who reported barriers to PA were more likely to have a poor self-perceived health [OR 3.3 (95% CI 2.4–4.5)] and to suffer from preclinical disability [OR 3.3 (95% CI 2.6–4.2)]. In multivariate analyses, the prevalence of marginal overall PA (total score) was increased in the presence of poor self-perceived health [OR 1.5 (95% CI 1.1–2.1)] and of limitation in instrumental activities of daily living [OR 2.7 (95% CI 2.0–3.6)]; persons at risk for social isolation [OR 2.1 (95% CI 1.5–2.9)]; in women as compared with men [OR 1.5 (95% CI 1.1–2.0)]; and persons with advanced age [OR 1.7 (95% CI 1.4–2.3)]. There was no association of marginal PA with the presence of pain [OR 0.9 (95% CI 0.7–1.2)] or multiple chronic conditions [OR 1.1 (95% CI 0.8–1.5)].

Implication

HRA-O-based PA profiles suggest that age-specific PA promotion in the elderly requires a multidimensional approach including health/disease, functional, and social aspects.

'Fit for 100'—Promoting exercise in nursing care institutions in Germany

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Background

The heterogeneity of elderly people in partial or permanent nursing care coupled with a corresponding heterogeneity of nursing home settings make it difficult to offer individual and long-term exercise programmes (ExP). Foremost aims of the project 'Fit for 100' are (i) to develop permanent ExP and to give ideal support to establishing them in residential and ambulant care homes with respect to the heterogenic care conditions; (ii) to convince responsible authorities to offer funding; and (iii) to enable nursing care institutions to take over these ExP and to finance them independently.

Steps of realization: Pilot phase (2005–2007): The project is being carried out in the federal state of Nordrhein–Westfalen in Germany. It is financially supported by the State Ministry for Work, Health and Social Affairs and implemented by the German Sport University Cologne, Institute for Sport and Aging, in cooperation with the state seniors' agency and the sport federation.

(i) Development of target-orientated ExP including dementia patients. The main emphasis is functional capacity and motivation in view of a long-term participation.

(ii) Selection of nine nursing care institutions, which could serve as pilot institutions.

(iii) Qualification of nursing staff in problem-specific and individualized guidance and carrying out of the ExP.

(iv) Carrying out of the ExP for 1 year.

(v) Evaluation of the acceptance and effects of the ExP on patients and the capacity of the institution to carry on the programmes independently. Initiation phase (from 2008): Widespread application of the project in all the federal states in Germany.

Current experiences

The ExP is well accepted by the elderly, irrespective of the degree of severity of the health-care needs and dementia. Further staff training is necessary. One of the nine pilot institutions has already attained independency in financing and continuation. Public interest in the 'Fit for 100' project is overwhelming.

'Urban Walking' in the United Kingdom—How to run a nationwide walking promotion?

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Background

In the United Kingdom around 6/10 men and 7/10 women are not active enough to procure health benefits. The proportion of people engaging in physical activity declines steadily with age and especially after the age of 35. Participation in walking has been shown to decline from 45% among men aged 16–24 to 8% among men 75 and over.

Concept

A solution was sought that allowed a population-level approach to both promoting and allowing the translation of the 5 × 30 min activity message. Urbanwalks was developed with a focus on translating policy into practice. It was devised to tackle the common barriers to being active and to provide practical support to individuals in their local environments. The concept uses a branded generic template to display a choice of six short functional local walks in everyday settings. In older people walking is the most frequent type of exercise; thus, the concept supports the growing needs of an increasing older population in the United Kingdom. Leaflets can be produced geographically or thematically targeting specific groups such as the elderly.

Experiences

Urbanwalks has been recognized and acknowledged across many Government policies, it has been used to support a number of national activity initiatives. Leaflets have been produced in over 60 areas with over 500 000 distributed to date. The first leaflets were produced to support an inner city GP led primary care intervention for older people at risk of heart disease who could not access local leisure facilities.

Conclusion

Urbanwalks offers a simple uniform solution to population-level activity promotion that supports and encourages particularly the middle-aged, older, and old people to meet the minimum recommended levels of activity within their local environments.

Track B10: Workshop: New roads for environmental health

Chairperson: Peter Van Den Hazel, Public Health Services Gelderland Midden, Arnhem, The Netherlands

Organiser: Proposed EUPHA section on Environment Related Disease, Public Health Services Gelderland Midden, Arnhem, The Netherlands

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In recent years, many European initiatives in the field of environment-related diseases have been developed. The EU Commission adopted in June 2004 a Communication on the European Environment and Health Action Plan for 2004–2010. At about

the same time the World Health Organization developed the Children's Environment and Health Action Plan for Europe (CEHAPE).

These initiatives not only strengthen research to understand the link between sources of pollution and health effect but also stimulate the development of policies, improve communication, and build capacity by training health care providers.

The field of environment-related diseases is not well covered by EUPHA. This is why the new section 'Environment Related Disease' wants to offer the congress participants' insights into some of the new developments on this subject. Environment and health is more and more linked to other public health policies. Examples of these links to the public health fields are Youth health care (mobility and obesities, indoor air quality in schools), infectious disease (legionella, bioterrorism, climate change), and general public health (spatial planning). The first speaker is head of the Health Determinant Unit of the Health and Consumer Protection Directorate General of the European Commission in Luxembourg and will discuss - the main steps that have been taken in the implementation of the EU Environment and Health Action Plan. The next speaker is Professor at the Nofer Institute of Occupational Medicine, School of Public Health, in Poland, Lodz, and will review the environmental and health research that has been done in Europe in the past years. The third and fourth speakers will describe two activities on a national level in The Netherlands. Capacity Building in The Netherlands will be the first project discussed. The speaker of the Netherlands Association for Community Health Services will discuss a capacity Building project which started in the year 2003. The last and fourth speaker from the Office of Environmental Health for two provinces in The Netherlands will give an example of local actions to improve the indoor air quality at schools in The Netherlands.

European Commission activities on health and environment

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Issue

Environmental factors, such as exposure to pollutants through water or air pollution are important determinants of health. For example, it has been estimated that up to one-sixth of the total burden of death and disease for children can be attributed to environmental factors. At the same time, there is still considerable uncertainty about how exactly environmental exposures lead to specific health outcomes. This is partly due to gaps in knowledge and partly due to the need to better link and target environment and health monitoring work. At the same time, there is a need to respond where we can be certain of connections, either by taking regulatory action or by developing public health and risk assessment activities.

Description

The European Commission, with strong support from the Member States and the European Parliament, has put forward a European Environment and Health Strategy in 2003. In the strategy the Commission committed itself to develop an Action Plan with concrete actions for the period 2004–2010.

On 9 June 2004, the Commission adopted the EU Environment & Health Action Plan 2004–2010.

The EU Action Plan is an operational document setting out 13 key actions for the period until 2010, grouped around three broad themes:

- Improving the information chain by developing integrated environment and health information (actions 1–4).
- Filling the knowledge gap by strengthening research (actions 5–8).

- Response: review policies and improve communication (actions 9–13). Concern the conclusions from the improved information and action.

Conclusion

Implementation work on the Action Plan has begun. Main steps will be reviewed and discussed.

Environmental health research in Europe—a structured review of the literature

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Issue

A review of the environmental health research in Europe has been undertaken as one of the tasks within the EU/FP6 funded project 'Strengthening Public Health Research in Europe'. The aim of this project is to describe public health research at the European level and advise how it can be strengthened and effectively integrated with European health policy. The project is to contribute to developing public health research within the Seventh Framework Research Programme.

Description

The literature review has been based on a web search for the European research in environmental health. References were searched from the literature PubMed/Medline database using Reference Manager 11 online database search programme. The review covered 29 countries of the European Economic Area. Only original, peer-reviewed research papers, were retrieved, falling within the public health and environmental health research definitions and basic terms: environmental health, environmental exposure, environmental illnesses, and environmental epidemiology. Reviewed papers were published during years 1995/07–2005/06/30. Totally 6670 records were retrieved and transferred to a newly formed online database. The references have been grouped within 12 specific environmental health topic areas, each further subdivided into subtopics. The main subject of the data analysis is to address trends in priority areas research in Europe, geographical distribution, and to assess the recent output in the environmental health research and future research directions.

Lessons learned

Preliminary analysis indicates, among others, that the most studies published during the period covered by this review concerned the subjects of environmental health hazards (5444 publications), work environment and health (3416), and environmental illnesses (3025). In terms of the countries distribution of publications, the greatest number originates in Germany (1070), Italy (843), and Sweden (837).

Conclusions

Details of the review outcomes will be presented at the EUPHA workshop on environmental health.

Capacity building of the environmental health service in The Netherlands

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Issue/problem

Since 1989 every municipality in The Netherlands is obliged by law to provide environmental health services to its citizens. In the late 1990s questions were raised about the quality and organization of this service. Problems stated were low preventive potential, weak relations between Community Health Services and municipalities, and little ability to react to large-scale disasters.

Description of the project

In July 2003 a project started to strengthen the organization and quality of the environmental health sector. The aims are to raise awareness in the municipalities, to build consensus on the minimum service level, and to improve the overall quality and capacity of the environmental health service.

To reach these goals the project team took the following steps:

- (i) A communication campaign, mainly aimed at the environmental departments of municipalities.
- (ii) A network of regionally based workgroups was initiated.
- (iii) Standards and guidelines were imposed.
- (iv) A national supporting structure was initiated.

Lessons

(i) It proves to be difficult to bridge the gap between public health structures and environmental structures. Strict European guidelines on, for instance, particulate matter help to overcome this by presenting local authorities with a clear-cut environmental health problem.

(ii) The understaffed environmental health departments of Community Health Services also lack the capacity to influence local policy makers, causing a downward spiral in funding and attention for environmental health issues.

Conclusions

(i) An agreement on the necessary minimal capacity was reached between the Association of Municipalities and the Association of Community Health Services.

(ii) The capacity of environmental health services is slowly increasing and more of these services are cooperating to concentrate services.

(iii) A number of professional guidelines and quality-improving activities have been produced by the national centre.

(iv) The ministries of Health and Environment have stated a plan for structural financial support of a national supporting structure.

Healthy learning at school!

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Track B11: Workshop: Measuring European public health research: what does the literature show?

Chairperson: Olivier Grimaud, National School of Public Health (ENSP), Rennes, France

Organiser: Aileen Clarke, EUPHA Section on Public Health Policy and Practice Public Health Resource Unit, Oxford, UK

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This Strengthening Public Health Research in Europe (SPHERE) Workshop will be a forum to discuss public health research in Europe over the past 10 years—its strengths and gaps—through the perspective of the published science literatures.

(i) Two overviews of public health research in Europe (French and English literatures) and six specialist reviews have been undertaken using bibliometric methods. Panellists will describe very short summaries of key findings, with fuller reports available at the workshop.

(ii) Two international external referees will give critical commentaries based on presentations and fuller reports.

(iii) Discussion from the floor with EUPHA members, commentators, and panellists. Implications will be derived for national and European public health research agendas.

SPHERE (Strengthening Public Health Research in Europe) is a collaboration of 18 partners to strengthen public health research in Europe, funded by the EU (2005–2007). Phase 1

Background

Indoor air quality (IAQ) is mostly poorer than outdoor air quality and can cause health effects such as odour annoyance, eye irritation, headache, impaired concentration, and tiredness. Ventilation behaviour of the teachers can improve the IAQ in the classrooms. The Office of Environmental Health and five Public Health Services started a project to improve the ventilation behaviour of teachers in primary schools. The objective was to compare the effect of different tools to improve the ventilation behaviour on the short and longer term.

Methods

In this semi-experiment we investigated how much the ventilation behaviour can be improved, not only through giving class-specific-ventilation-advice but also through placing a CO₂-signal meter or through offering the teaching package 'Outdoor air, come in and play!'. The CO₂-concentration is an indicator for the ventilation conditions. The control group did not receive any advice. We measured in two periods: (i) October–December 2005 and (ii) January–March 2005.

Results

The IAQ before intervention was mostly very poor with 39% (95% CI 33–45%) of the day exceeding the guideline of 1200 p.p.m. CO₂ in period 1 and 58% (95% CI 52–64%) in period 2. The CO₂-signal meter leads to largest improvement in ventilation on short term. It leads to significantly less increase of 39% (95% CI –53 to –24%) for period 1 and 31% (95% CI = –5 to –57%) for period 2. After 6 weeks both the CO₂-signal meter and the teaching package lead to comparable improvement: –31% (95% CI –53 to –8%) and –10% (95% CI –36 to +15%) for the CO₂-signal meter and –21% (–43 to 1%) for the teaching package.

Conclusions

Though the class-specific-ventilation-advice leads to improvement on short term, there is no improvement on longer term. Ventilation is strongly improved through behavioural change, but the ventilation rate is still insufficient and, therefore, the IAQ is still poor. Hence, until the ventilation facilities are upgraded, the CO₂-signal meter and the teaching package are useful tools.

of the project (which this workshop reports) is to identify research and research gaps. Phase 2 will review results with stakeholders, e.g. researchers, administrators, governments, and politicians, and be presented at the 2007 EUPHA conference.

Public health research literatures—their coverage and gaps in Europe

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Aim

To review Public Health (PH) literature from Europe over 10 years, 1995–2005; to make recommendations for future research policy and funding.