

Results

In Florence, the response rate to standard recall was 4.2% (10/238), to HPV test at clinic recall was 17.1% (40/234, $P=0.0001$), to self-sampler at request was 5.0% (12/240), and to direct self-sampler mailing 16.8% (40/238, $P<0.0005$). In Rome, response rate to standard recall was 9.5% (19/200), to HPV test at clinic recall was 7.0% (14/200), to self-sampler at request was 5.0% (10/200), and to direct self-sampler mailing 18% (36/200); out of 36 women who performed a self-sample in the direct mailing arm, one never had a Pap test before and four had a Pap more than 3 years before.

Conclusions

Results differed by centre, in Florence the offer of HPV test, per se, increased compliance, while in Rome the direct mailing of self-sampler was the factor increasing up-taking. The offer of a self-sampler at request had poor performance in both contexts. In Rome, the effect on total coverage of a direct mailing could be $>2.5\%$.

Cost containment measures for pharmaceuticals expenditure in the EU countries a comparative analysis

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Background

A vast majority of the EU countries are witnessing a rise in the share of public pharmaceutical spending in the total drugs expenditure. This urges governments to adopt cost containment measures through more stringent norms in their pharmaceutical policies. The aim of this article is to review the existing pharmaceuticals cost-containment policies in the EU in order to illustrate the complexity of the drug policy decision-making and to assess the effectiveness of the cost containment measures introduced so far in the 27 selected countries. The article is focused on measures aimed at reducing the public expenditures on pharmaceutical products.

Methods

In order to answer the research question concerning EU pharmaceutical expenditures, official data from Organization for Economic Co-operation and Development and World Health Organization statistics on pharmaceutical expenditures are used. For each of the selected countries, the evolution of pharmaceuticals expenditures in the last 10 years was analysed and an overview of the cost containment policies during the last 10 years will be presented. This is followed by a comparative analysis of the cost containment policy tools that countries have used to contain pharmaceutical expenditures.

Results

It is shown that cost containment policies for pharmaceutical expenditure are mostly targeted towards supply side measures, as they are proved to be more effective than demand side measures. However, price control policies do not guarantee expenditure control as long they are not accompanied by control over volume. Rationalizing consumption volume should be targeted as well by giving more importance to demand side measures.

Conclusions

We argue that, given the structurally imperfect pharmaceutical market and the dominant position of the supply side, it is maybe unrealistic to expect cost containment measures to be very successful. With an aging European population demanding more health care and an enlarging EU, it is likely that the debate concerning pharmaceutical expenditure will become a never-ending story. At the same time, substantial evidence shows that the effect of innovative drugs is worth the increased cost. Therefore, a change of perspective from the cost of medicines per se to the cost-benefit ratio of the pharmaceuticals might be the solution, almost ignored so far.

Use of medicines, illness and perceived economic problems. Results from a cross national comparative survey

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Background and Aim

The overall aim of the project (HEPRO) was to develop and support Healthy Urban Planning in cities and municipalities in six countries in the Baltic Sea area (Norway, Estonia, Latvia, Lithuania, Poland and Denmark) by carrying out a survey among partners. The data allow analyses of the impact of individual and contextual factors on health care use. The aim of this article is to analyse potential socioeconomic barriers to use of medicines in a cross-national context.

Methods

The survey collected questionnaires from 32 959 citizens in 27 cities and municipalities (the Hepro Survey Questionnaire). Medicine use during previous 2 weeks was recorded based on a list of 12 commonly used medicines. Both OTC and prescribed medicines were included. Use of medicines were analysed in relation to disease, age, gender and perceived economic problems (PEP).

Results

Between 66 and 58% of respondents reported medicine use. A strikingly similar age and gender pattern was observed across the countries. The level was higher for women than for men, and higher for older than for younger. Between 32 and 11% reported economic problems during the last 12 months. The overall proportion of medicine users among those with long-standing illness was between 80 and 90%. When data were analysed solely for those with disease, and stratified according to PEP it appeared for five of six countries, that those groups with PEP problems had the same level or higher level of medicine use than those without PEP. For Estonia this pattern was not found.

Conclusion

The patterns of use of medicines are very similar in the different countries. Only in one country the pattern is different, indicating socio-economic barriers to use. Analyses of contacts with Physicians reveal similar results.

2.4. Workshop: Critical health literacy—new forms of empowerment and participation

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Objectives

Health literacy has been introduced to health promotion as late as the 1980s and has been defined as reaching beyond

basic skills of reading and understanding health information to include the cognitive and social skills which determine motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literacy not only supports

personal health management but also increases the chances of changing health-relevant living conditions. Health promotion measures have been suggested to improve health literacy in the population. Yet, there appears to be less awareness that certain health promotion interventions might increase rather than reduce social inequality in health literacy. This workshop is set up to provide participants with new insights into the theory, conceptualization and measurement of Health Literacy. We will include an explicit focus on that part of Health Literacy that allows (or even requires) individuals to critically reflect upon health issues and selectively act in favour of health and according to the context they live in, in other words on Critical Health Literacy. The different contributions of the workshop will discuss lay knowledge of health based on qualitative research in Portugal (Louisa Ferreira da Silva) as well as the question of how to measure health literacy in quantitative studies (Kristine Sørensen). The potential of patient organization groups in developing health literacy will be discussed in the contribution from Peter Nowak. Finally, María Cristina Quevedo's presentation will outline the ability of people in Columbia to critically analyse the social context of HIV and propose actions towards social and political change.

Lay knowledge of health

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Modern societies attribute health production to experts. But late modernity shows limits of medical science regarding disease control and health inequalities.

Health promotion is a new concept bringing together individuals with experts for fighting disease and creating health. Public health takes part of that construction via knowledge democratization. However, even though a stronger understanding of the need for individual responsibility for health emerges, the ability to act accordingly to that knowledge is often restricted by the absence of a favourable cultural, social and economic environment. Research shows a gap between awareness of healthy norms, desirable attitudes and adopted behaviours.

Critical health literacy refers to the empowerment purpose of reflexive agency as regards lifestyles—cultural and social conditioned ways of being—resulting from choices in the interplay of structure and agency. Critical health literacy targets the dynamic process of changing 'belief-dispositions' into 'acting-dispositions'.

Our research aimed the understanding of lay knowledge and dispositions of health and illness. We analysed data from interviews with 79 Portuguese adults (men and women of a diversified 'qualitative sample'). It shows how social structure (living conditions and ideology) and subjectivity (culture and interpersonal relations) influence health choices. It reveals lay rationalities as the product of a complex process involving subjective human experience with its values, symbols and beliefs. It elucidates the intimate relationship common people sustain with medicine.

Conceptualizing and measuring critical health literacy in the context of the European Health Literacy Survey (HLS-EU)

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Health literacy (HL) is a key concept in modern public health. Conceptually, Nutbeam distinguishes between functional, interactive and critical HL. The latter reflects the cognitive and skills development outcomes supporting

effective social, political and individual action, linked to both population and individual benefits. There is a need for research to develop the empirical basis of HL. While some instruments exist to measure HL, most do not entail critical HL as a component. Moreover, population-level data on HL are currently not available for most European countries. To address these gaps, the European Health Literacy Survey (HLS-EU) Consortium aims to develop a survey instrument to measure HL, including critical HL.

The HLS-EU is based on the Swiss HLS-CH questionnaire with a reduced number of items, measuring HL with generic core health competencies and regional specificities. The consensus of the item reduction and the content was achieved through a Delphi. Via translation-back-translation the questionnaire was translated and applied to a representative sample of $n=1000$ participants in eight countries (AU, BG, DE, EL, IE, NL, PL and ES).

The HLS-EU instrument allows for a standardized comparison of levels of HL between and within populations in Europe. In the presentation, critical HL will be discussed as emerging from the development of the HLS-EU instrument and linked to the HLS-EU valorization of the HL concept in Europe where national task forces are set up to foster HL nationally and regionally to develop strategies for implementation of HL related activities in relevant political and social contexts hereby implementing the educational perspective of critical HL as defined by Nutbeam.

Patients' groups and organizations as key players in developing critical health literacy?—Conclusions from an Austrian study (2007–09)

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Citizens in modern societies are expected to take more and more decisions in relation to health. Thus health literacy (HL) can be seen as one of the most critical capabilities in modern societies. The rise of patients' groups and organizations (PGOs) in many countries might provide an opportunity to develop HL on a broad scale. There is not much known on HL-specific activities and effectiveness of PGOs. Especially the relationships of PAOs to health care and politics could be crucial in becoming a key player in the context of critical HL.

This analysis draws on a comprehensive Austrian survey among PGOs including a self-administered questionnaire ($n=625$) and 31 interviews with diverse PGOs and relevant stakeholders in the field. Quantitative and qualitative data will be re-analysed with regard to (critical) HL.

The preliminary results show that PGOs regularly provide their members, health care professionals and the public with relevant information, but only a minority sees proliferation of HL as one of the three most relevant activities. Health promotion effects like improving HL are considered as the most effective self-ascribed impacts of PGOs. Nearly half of the PGOs have very close relationships with health care professionals, but only a minority sees collective advocacy as most important activity. Only few PGOs have close relationships to local political institutions. Quantitative results will be presented in detail.

The preliminary results indicate, that PGOs have a high potential in the development of HL and health promotion in modern societies. But PGOs see HL-related activities not as very important and the closeness to health care professionals might lead to an uncritical attitude towards health care professionals. Development perspectives for future support for PGOs and collective participation of PGOs in health care and policy will be provided on the basis of qualitative results.

'Dialogical ethnography' a participants' proposal for HIV/AIDS prevention in Cartagena, Colombia

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In Cartagena, 90% of HIV reported cases are acquired by heterosexual contact and 70% of them are women with stable partners. In preliminary interviews, participants claim a significant role of the social context in the production of AIDS. Therefore, inspired by the Latin American Collective Health Movement initiative of merging lay and scientific knowledge in the construction of new knowledge and actions towards health; and the Liberation Pedagogy we conducted a participatory ethnography denominated 'dialogical ethnography' in which a total of 106 men and women living in Cartagena expose their ideas about HIV/AIDS and propose social actions.

This supplement presents two fieldwork results illustrating how through a critical evaluation of their socio-economical

context and self-reflexive processes participants understand the social determinants of HIV and propose a wide range of HIV prevention actions. First, participants describe how HIV occurs within a complex web of cultural and structural elements that comprise local 'culture of machismo', sexual practices of men having sex with men, sex work, the international industry of 'sexual tourism' and structural social and economic inequalities. Second, participants' claim for prioritizing preventive actions towards reduction of social and economical inequalities and the achievement of human rights including universal access to education, health, health education and work opportunities. Additionally, participants explain that to be effective, health education for HIV prevention shall be based on daily life experiences that comprise local knowledge and experience including preventive itineraries. Due to participants' ability to critically analyse the social context of HIV and their proposed actions towards social and political change; results suggest that 'dialogical ethnography' could serve as a method for a non-paternalistic starting point towards the achievement of Critical Health Literacy in Cartagena.

2.5. Mental health

Housing and mental health in England: results of a national probability sample survey

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Background

There is a major policy focus across Europe on fuel poverty and cold housing. The physiological outcomes of poor housing are well understood, but the psychiatric epidemiology of these aspects of housing context is not.

Methods

We conducted a probability sample survey of 7400 adults representative of the English general population. Common mental disorders (CMD), such as anxiety and depression, were assessed using ICD-10 diagnostic criteria. The computer assisted interview collected data on individual circumstances and housing characteristics. Aspects of housing included the condition of premises and the environmental and community context. Logistic regression models were run in STATA to identify, after adjusting for financial strain, physical health and other variables, the relative contribution of environmental and housing conditions in predicting CMD.

Results

While population density and lack of green spaces and trees were not significant predictors of CMD after controlling for other variables, the perception that 'properties are too close to each other' was (adjusted odds ratio: 1.20, $P=0.038$). Mould in the home (1.51, $P=0.002$) and being unable to keep the home warm in winter (1.72) also both predicted CMD. While low-income was not a risk factor for CMD, being in fuel debt (1.73, $P\leq 0.001$) and using less fuel than needed because of cost (1.66, $P<0.001$) both were.

Conclusions

Even after controlling for economic circumstances, cold and damp housing still predicts CMD. A policy focus on tackling fuel poverty is therefore supported by the potential benefits that could accrue in residents' mental health. Neighbourhood policy in England has emphasized the need for access to parks and green spaces. We found that perception of housing proximity was a stronger predictor of poor mental health. This may suggest that presence of parkland alone is not enough: green space needs to be of good quality, and housing design needs to better mask population density.

Mental health of migrant adolescents from war-affected countries—risk and protective factors

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Background

Young persons are strongly affected by displacement through political/military actions. Important questions are: how do adolescents cope with the consequences of living as refugees and how do they compare with their peers (natives of the home country) with respect to their mental health?

Methodology

The theoretical framework is the socio-ecological model by Urie Bronfenbrenner, with its setting of nested structures of micro, meso, exo, macro systems. Concentrating on micro- (family, peer group, school) and meso-systems (community) we determine risk and protective factors and the impact of the socio-economic environment on adolescents' mental health outcomes. Within a broader EU-funded research project a questionnaire was administered to students in Austria attending different school types beyond the mandatory school age, yielding a sample of 1100 students from Austrian and immigrant background. After testing the reliability of the large variety of indices constructed we try to statistically assess the impact of the risk and protective factors on youth outcomes using analyses of variance and regression techniques.

Results

Differences between Austrians and refugees/migrants in outcomes were minor. Most significant risk factors were intergenerational conflict and exposure to violence, important protective factors include school connectedness and peer support, explaining youth outcomes such as substance use, depression, somatic symptoms, resilience, among others.

Conclusions

The results of the research lead not only to a better understanding of the role of various factors in determining the well-being of adolescents but also help us to select measures to prevent or cope with mental health problems of young refugees and migrants.