

HPR *news*

| Health Promotion Research News | Issue 16 - June 2016 |

| ISBN: 978-87-91245-24-4 |

Students' Research: Master Students' Theses in Public Health



| Nyt fra Sundhedsfremmeforskning | SDU Esbjerg |

Editorial

Anja Leppin, editor-in-chief

Dear HPR-readers,

Writing the master thesis is the end-point, but hopefully also one of the high points or highlights in our public health study program. In fact, our students are usually extremely motivated and excited about conducting their own piece of research. Not only does it give them the chance to apply their acquired knowledge and skills, but it also provides the opportunity to “go deep” into a specific research topic they are keenly interested in.

While the thesis is, of course, an integral and essential part of the qualification process and necessary to successfully complete the program, it is in very many cases also more than that, as many of the projects come up with very interesting and important findings. While it is getting more common nowadays that master students publish their results, we still feel that master theses often do not get the broader kind of attention they deserve.

For that reason we decided it was high time to drag this academic work (a bit more) into the limelight by devoting a whole issue of HPR News to the theses conducted in our Master of Science in Public Health-Program. The contributions come from last year’s cohort. Much as we regret this, we could include only a small selection. Many more would have been worth presenting, but in this case we decided to mainly focus on two larger topical areas: health policy and patient care/patient well-being. In the future, we might follow up on this and feature different topics.

Even given the restrictions, topics vary widely. Below you find a brief introduction to the topics covered, which hopefully may serve as a little “appetizer” for this special edition.

“Health-in-all-Policies” is a public health approach, which aims at systematically introducing the consideration of health consequences into all types of policies and projects and across different political and administrative sectors. Thus, for instance, potential negative effects on local populations’ health should be taken into account before decisions are made about a new freeway or industrial settlements. Two of our presentations have further investigated this approach. Based on a case study conducted in Esbjerg Kommune, *Jonas Bech Andersen* developed a prototype method aimed at evaluating how far Danish communities have come in implementing a “Health-in-all-Policies”-approach. *Okje Koudenburg* investigated to which extent and in which way

national guidelines about health-enhancing physical activity support communities in establishing collaboration across sectors.

The other six topics presented in this issue focus on patients or “at-risk-groups”. *Camilla Hansen* examined an issue, which many of us will be confronted with at one point or another during our lives: how to deal with chronic disease and how close others can help us cope successfully. Specifically, Camilla tried to find out whether patients with coronary heart disease who feel well supported by their family are less likely to suffer from depression or anxiety than those who have low or no support. To answer this question she conducted a literature review and also analyzed data from a cross-sectional survey on the topic.

Depression is also a quite common problem in patients who are treated against HIV infection, but which is often overlooked or diagnosed late. In her thesis, *Charlotte Gabel* pursued the question of whether it is possible to use standard indicators of HIV progression, such as for instance viral load, as a comparatively simple screening tool for early identification of patients at risk for depression.

Louise Jensen deals with illness behavior in patients with diabetes II. In Denmark, when patients with diabetes II are prescribed oral medication, they have the right to order test material for home glucose testing. It has been found however that quite many among this patient group do not actually make use of this offer. With a qualitative interview study including patients and health professionals Louise explored the reasons for this lack in uptake.

Reactions to a quite different type of health care offer have been investigated by *Maja Riber Levinsen* who reports on rehabilitation patients’ view of mindfulness training. The mindfulness concept is currently receiving a lot of attention, but has so far found only limited introduction into standard health care. Maja conducted qualitative interviews with patients before and after they participated in a mindfulness course offered by Esbjerg Kommune as part of a rehabilitation program. The focus was on patients’ expectations and concerns when signing up for the course as well as patients’ satisfaction with the way the program was conducted and subjective experience of program effects.

Hormone replacement therapy is an issue, which in recent years has been much debated. Many women going through menopause hope for relief from symptoms, such as hot flashes, sweating or sleeplessness, but they are also afraid that using hormone replacement might increase their risk of breast cancer. To find out more about the risk involved, *Shadi Azam* conducted a systematic review of studies, which investigated the current evidence for effects of hormone replacement therapy on breast density, which is considered a risk factor for breast cancer.

Anne Seneca Terkelsen presents findings related to the so-called “arctic dilemma”. This refers to the problem that traditional Greenlandic foods on one hand are rich in beneficial fatty acids, but at the same time also contain organic pollutants and heavy metals. Particularly for vulnerable groups, such as children or pregnant women, consumption of these types of food can be harmful. With the

help of a standardized questionnaire, Anne examined awareness about the health risks involved in eating these foods and consumption habits among pregnant women from different areas in Greenland.

God fornøjelse, with learning more about our (former) students' intriguing research work and a good summer to everyone!

Anja Leppin

Dansk resume

Anja Leppin, redaktør.

Kære HPR-læsere,

dette nyhedsbrev er denne gang dedikeret vores særdeles motiverede kandidatstuderende i Folkesundhedsvidenskab, som er gået i dybden med forskellige folkesundhedsemner, der er blevet præsenteret i kandidatspecialer. Vi har valgt at tage fat på to emner, selvom der ville være mange flere spændende specialer med virkelig interessante og vigtige resultater at fokusere på. Andre emner vil måske blive behandlet i fremtidige nyhedsbreve. Alle indlæg stammer fra kandidatstuderende, der blev færdige sidste år.

De valgte emner er: **Sundhedspolitikker (Health Policy)** og **patientpleje/patienttrivsel.**

Med ønsket til alle om en god sommer og fornøjelse med læsning af det fascinerende forskningsarbejde fra nogle af vores dygtige tidligere kandidatstuderende.

HPRnews

Issue No. 16, June 2016

Editorial: Students' Research: Master Students' theses in Public Health
Anja Leppin

1 Kommunal modenhed for implementering af 'Health in all Policies'
by Jonas Bech Andersen

Danish municipalities in the process of implementing Health in All Policies

4 Intersectoral action on health in national guidelines and recommendations
by Okje Anna Koudenberg

Tværasektoriel indsats på sundheden i de nationale retningslinjer og anbefalinger

6 Pårørende som middel mod angst og depression blandt hjertepatienter
by Camilla Hansen

Association between supportive relatives and anxiety and depression in heart patients

10 How come you do not measure blood glucose? Possible causes why patients with type 2-diabetes do not use their license to order home test material

by Louise Jensen

Hvorfor måles blodsukkeret ikke? Mulige grunde til at patienter med type 2-diabetes ikke anvender deres bevilling til at bestille testmaterialer til at måle blodsukker.

13 Mindfulness and Rehabilitation: A pilot study at a rehabilitation center in Esbjerg, Denmark

by Maja Riber Levinsen

Mindfulness og rehabilitering: Et pilot-studie på et rehabiliteringscenter i Esbjerg

16 Immunstatus som screenings-værktøj for depressionsrisiko blandt patienter med HIV
by Charlotte Gabel

Immune status as screening tool for risk of depression among HIV patients

19 The effect of hormone replacement therapy use on breast density
by Shadi Azam

Effekten af anvendelse af hormonerstatningsterapi ved brystdensitet

22 The Arctic Dilemma - Dietary habits and knowledge about harmful substances in traditional Greenlandic food among pregnant women in Greenland

by Anne Seneca Terkelsen

"Det Arktiske Dilemma" – Kostvaner og viden om skadelige stoffer i den traditionelle grønlandske kost blandt gravide kvinder i Grønland.

Staff News

Nyheder om medarbejderne

25 Anne Marie Møller

26 Angelika Milczarski

27 Jacqueline Claire Panter

28 Maria Palianopoulou

30 Ranjila Joshi

31 Tara Ballav Adhikari

Annoncements

Andre nyheder

32 Lay Summaries

Resumer af artikler

37 Other News

Andre nyheder

Editor-in-chief Anja Leppin



aleppin@health.sdu.dk

HPR News is the 'voice' of the Unit of Health Promotion Research, NOT of the SDU as a whole.

HPR News udtrykker meninger fra Forskningsenheden for Sundhedsfremme, IKKE SDU som helhed.



Kommunal modenhed for implementering af 'Health in all Policies'

Jonas Bech Andersen, Kandidat i Folkesundhedsvidenskab

'Health in All Policies'¹ er en tilgang som systematisk tager sundhedsovervejelser ind i politiske tiltag, projekter og beslutninger på tværs af politiske forvaltninger. Formålet er at undgå negative konsekvenser for sundhed eller forstærke en positiv udvikling. Tilgangen udspringer fra viden og erfaringen om at årsagen til god eller dårlig sundhed ofte ligger udenfor sundhedsforvaltnings område. For eksempel vil planlægning af infrastrukturen i en kommune påvirke det miljø vi lever i, og dermed potentielt også befolkningens sundhed. Tilgangen har eksplicit været et internationalt politisk fokus siden slutningen af 1970'erne og har siden da været et tilbagevendende emne. Samme billede ses i Danmark, hvor samarbejde på tværs af de politiske forvaltninger for at forbedre sundheden, har været på den politiske dagsorden siden 1980'erne. Imidlertid eksisterer der ikke nogen viden om, hvor langt de danske kommuner er i processen med at implementere denne tværsektorielle tankegang omhandlende sundhed. Studier på området har hovedsageligt fokuseret på kendskabet til 'Health in All Policies', samt barrierer og facilitatorer i implementeringen. Dette er en udfordring siden der er efterspørgsel på guide til implementering eller videreudvikling af tilgangen. Uden mulighed for at vurdere hvor langt i implementeringsprocessen en given kommune er, kan det være svært at støtte denne efterspørgsel.

Formålet med undersøgelsen har været at udvikle en metode, som kan vurdere hvor langt de danske kommuner er i etableringen af 'Health in All Policies'. For at opnå dette indgik vi et samarbejde med Esbjerg Kommune om at undersøge den proces, der forgår i kommunen i forhold til at implementere tilgangen.

En spørgeskemaundersøgelse blev gennemført i Esbjergs Kommunes fem politiske forvaltninger, hvor i alt 64 administrative medarbejdere ud af 88 mulige deltog. For at opnå en dybere forståelse af besvarelserne i spørgeskemaundersøgelsen, blev et semi-struktureret interview gennemført

med en nøgleperson fra hver enkelt forvaltning. Endelig blev interviewene kategoriseret i samme niveauer som spørgeskemaerne, hvilket muliggjorde en sammenligning af de to undersøgelser. Begge undersøgelser bygger på 'Maturity Model' for 'Health in All Policies', som er blevet udviklet i et hollandsk studie fra 2014. Modellen vurderer på en skala fra 0-5, på hvilket modenheds-niveau den undersøgte kommune er i implementeringen af 'Health in All Policies'. Vurdering baseres på nøgle-karakteristika, som beskriver de enkelte niveauer (Tabel 1).

Modenheds-niveau	Generisk beskrivelse	Nøgle-karakteristika
0: Ikke kendt	Der er ingen opmærksomhed på 'Health in All Policies'	0. Ingen nøgle-karakteristika
1: Kendt	Kommunen kender tilgangen 'Health in All Policies' og dens mulige positive effekter for befolkningens sundhed	1. Vigtigheden af HiAP er kendt i kommunen 2. Synlige aktiviteter i kommunen bidrager til at forbedre sundheden blandt befolkningen
2: Overvejet	Indledende forberedelser for HiAP er iværksat	3. HiAP er beskrevet i politiske dokumenter/strategier 4. Samarbejde mellem forvaltninger finder sted (projekt baseret) 5. Samarbejde omhandlende sundhedsudfordringer er iværksat 6. Aktiviteter i de politiske forvaltninger bidrager til forbedring af sundheden blandt befolkningen
3: Implementeret	Der er investeret ressourcer i HiAP for at forbedre sundheden blandt befolkningen på adskillige områder.	7. Konkrete samarbejdsaftaler 8. Strukturerede kommunikationsformer mellem forvaltningerne er etableret 9. Nøgleperson(er) for HiAP er til stede med en klar rolle 10. Forvaltningerne arbejder politisk med at forbedre sundheden blandt befolkningen
4: Integreret	HiAP processer er en integreret del af kommunens politiske arbejde	11. Politisk bred enighed om visionen med HiAP (politisk og strategisk) 12. Synlige resultater af HiAP
5: institutionaliseret	Der forgår en systematisk forbedring af kvaliteten i arbejdet med HiAP	13. Politisk og administrativ forankring af HiAP tilgangen 14. Løbende forbedringer af integrerede HiAP processer baseret på opnåede resultater

Tabel 1: Modenheds-niveau, generiske beskrivelser og nøgle-karakteristika i 'Maturity Model' for 'Health in All Policies'

Undersøgelsen indikerer at Esbjerg Kommune er på niveau 2 i implementeringsprocessen, hvor 'Health in All Policies' både er kendt og overvejet som en tilgang til at forbedre sundheden blandt befolkningen. Næste trin er niveau 3, hvor tilgangen siges at være implementeret i kommunens arbejdsgang. For at modne til dette niveau skal der i kommunen etableres konkrete samarbejdsaftaler på tværs af forvaltningerne omhandlende sundhed. Samtidig skal kommunikationen mellem forvaltningerne struktureres så den ikke primært forgår ad hoc. Til sidst skal en tildeling af ressourcer til området i form af økonomi, personaletimer og eventuelt nyt personale prioriteres, hvis næste niveau skal opnås.

Når de kategoriserede interviews blev sammenholdt med spørgeskemaundersøgelsen viste det, at spørgeskemaerne havde en tendens til at overvurdere modenhedens niveau. En årsag til dette kunne være at målgruppen med administrative medarbejdere fra de enkelte forvaltninger viste sig at være for bredt formuleret. Det kom frem i interviewene at medarbejdere uden strategisk og politisk fokus som deres arbejdsopgave, havde svært ved at besvare spørgsmålene. Samtidig var

brugen af forvaltningen forvirrende for de adspurgte, da de hver især repræsenterede en afdeling under forvaltningen. Dette skabte forvirring i forhold til, om de skulle svare på deres afdelings eller forvaltningens vegne.

'Maturity Model' for 'Health in All Policies' har vist sig anvendelig i en dansk kontekst. Dog skal modellen fortsat betragtes som en prototype og yderligere udvikling af modellen er nødvendig. Det anbefales at validiteten af modellen vurderes samt at målgruppen specificeres. Fremtidens brug bør kun inkludere medarbejdere med et politisk og strategisk fokus. Samtidig bør spørgsmålene rettes mod den afdeling de adspurgte repræsenterer og ikke forvaltningen som hele.

Udvikling af modellen har det potentiale at fungere som et redskab til at vurdere, hvor i processen en given dansk kommune er i arbejdet med implementeringen af 'Health in All Policies'. Dette vil bidrage som et vigtigt fundament for vejledning af kommuner i processen eller til at de selv vil kunne bruge det som et styringsredskab.

¹ Det engelske begreb 'Health in All Policies' bliver brugt i artiklen, da det efter forfatterens mening er den mest beskrivende titel, og en tilsvarende ikke findes på dansk.

English summary

Danish municipalities in the process of implementing Health in All Policies

Jonas Bech Andersen, Master of Science in Public Health

This study aimed at developing a method to measure how far Danish municipalities are in the process of implementing Health in All Policies. This was accomplished through a case study of the process at Esbjerg Municipality. The study was based on the Capability Maturity Model for Health in All Policies. The model proved suitable for assessing the implementation process of HiAP on a municipality level in a Danish context. However, the model is still to be seen as a prototype and further development is needed, since it has a tendency to overestimate the level of maturity, and the validity of the model can be questioned.

Jonas has a Bachelor in Physiotherapy from University College Holstebro and a Master of Science in Public Health from the University of Southern Denmark. He is currently working at 'Drivhuset' (et aktivitets- og samværssted for mennesker med psykiske lidelser og sårbarhed) in Thisted, Denmark.



Intersectoral action on health in national guidelines and recommendations

Okje Anna Koudenburg, Master of Science in Public Health

The intersectoral approach to enhance public health (IAH) in municipalities has been widely acknowledged and promoted by international and national health authorities. Furthermore, studies have shown that integrating health considerations in all relevant policies at the national and local level (“Health in all Policies”) is an important facilitator for intersectoral action on health. However, experiences show that there are many barriers towards implementing intersectoral action on health in practice. Where previous studies in the field primarily have analyzed the “Health in all Policies”-approach in national and local policies as well as the process of implementing an intersectoral health approach at the local level, the translation of national policies into local intersectoral action on health through national guidelines and recommendations has remained unexplored.

By analyzing the specific case of policies on health enhancing physical activity, the present study aimed at uncovering unlocked potential to improve local implementation of intersectoral action on health. For this purpose the study tried to find out whether, how, and to what extent the intersectoral action on health-approach has been integrated in national guidelines in Denmark and has found its way into recommendations for local intervention- and policymaking in municipalities. Through a systematic search process 19 national guidelines on health enhancing physical activity (HEPA) were identified and subjected to a thematic document analysis.

Analysis showed that more than half of the identified guidelines and recommendations on health enhancing physical activities contained information on intersectoral action on health. The health sector primarily used a “health strategy in promoting an intersectoral approach, that is in order to achieve their goals they tried to convince other sectors to also integrate health considerations in their policies and interventions. Other sectors, on the other hand, acted from a much broader perspective and with other goals in mind than physical health, such as general wellbeing and

quality of life. The documents described barriers, facilitators and implementation processes, but lacked information on economic aspects and monitoring of an intersectoral approach.

The findings indicated that there is room for improvement and it is recommended that, where relevant, national guidelines should be developed by way of inter-ministerial collaboration. Also, strategies for an intersectoral approach should focus not only on physical health but also on quality of life, and more emphasis should be put on providing the municipalities with a high-quality evidence base for decision making.

Okje Anna Koudenburg has a Bachelor as well as a Master of Science in Public Health from University of Southern Denmark and is currently working as Policy advisor, Department of Quality and Improvement, Hospital of South West Jutland (Sydvestjysk Sygehus) in Esbjerg.

Dansk resume

Tværasektoriel indsats på sundheden i de nationale retningslinjer og anbefalinger

Okje Anna Koudenburg, Kandidat i Folkesundhedsvidenskab

Både internationale og nationale myndigheder anbefaler, at kommunerne organiserer deres sundhedsfremmende og forebyggende arbejde i et tværasektorielt samarbejde med de øvrige forvaltninger. I praksis opleves der store udfordringer med at etablere og implementere dette samarbejde. I denne afhandling har jeg undersøgt hvorvidt, hvordan og i hvor høj grad nationale vejledninger og retningslinjer om sundhedsfremmende fysiske aktiviteter understøtter kommunerne i at etablere denne type samarbejde på tværs af sektorgrænser. Resultaterne viste, at der er plads til forbedringer og derfor anbefales det, hvor det er relevant, at nationale anvisninger skal udvikles via samarbejde på ministerniveau. Der skal også være strategier på tværs af sektorer med fokus ikke kun på den fysiske sundhed men også på livskvaliteten. Mere vægt skal lægges på en høj kvalitet af evidens-baseret beslutningstagninger, som skal videreformidles til kommunerne.



Pårørende som middel mod angst og depression blandt hjertepatienter

Camilla Hansen, Kandidat i Folkesundhedsvidenskab

På trods af et dalende antal dødsfald gennem de seneste årtier er hjertesygdomme den anden mest hyppige dødsårsag i Danmark. De fire hyppigst forekommende hjertesygdomme er iskæmisk hjertesygdom, atrieflimren, hjertesvigt og hjerteklapsygdomme, som alene i 2012 forårsagede over 46.000 nye tilfælde. I kølvandet på en hjertesygdom udvikler mange hjertepatienter angst og/eller depression. Det er estimeret, at 12-66% af alle hjertepatienter udvikler angst, mens 20-30% af alle hjertepatienter udvikler depression. Disse forekomster er højere blandt hjertepatienter end i den generelle befolkning. Udviklingen af angst og depression komplicerer behandlingen og mindsker chancerne for overlevelse, hvilket understreger vigtigheden af forskning på området.

Få internationale studier har påvist en sammenhæng mellem støttende pårørende og social støtte og en lavere forekomst af angst og depression blandt hjertepatienter. På trods af disse fund er der i den eksisterende litteratur modstridende resultater, da enkelte studier ikke har påvist en sammenhæng. Herudover er den overvejende del af studierne baseret på ganske små populationer, og studier fra en dansk kontekst mangler.

Grundet de store omkostninger for individet og samfundet samt uoverensstemmelserne og manglerne i den eksisterende litteratur ønskede vi at undersøge, om tilstedeværelsen af støttende pårørende var forbundet med lavere forekomst af angst og depression blandt hjertepatienter.

For at sikre en grundig undersøgelse af problemstillingen bestod studiet af to del-studier: et litteraturstudie og et tværsnitsstudie. Litteraturstudiet bestod af en systematisk søgning i fem databaser og en kædesøgning. Baseret på søgningen blev 13 studier inkluderet. De udvalgte studier blev kvalitetsvurderet ved hjælp af udvalgte tjeklister, der matchede studiedesignet. Til kvalitetsvurderingen af de fem kohortestudier anvendtes CASP tjeklisten, til de to litteraturstudier anvendtes AMSTAR tjeklisten, og til de seks tværsnitsstudier anvendtes STROBE tjeklisten.

Tværsnitsstudiet var baseret på data fra undersøgelsen "Livet med en hjertesygdom", som blev gennemført af Hjerteforeningen og Statens Institut for Folkesundhed, som også var vejleder af dette speciale. Undersøgelsen bestod af besvarelser fra 2.496 danske patienter diagnosticeret med iskæmisk hjertesygdom, atrieflimren, hjertesvigt eller som havde gennemgået hjerteklapoperation. Eksposeringen bestod af graden af støttende pårørende ifølge patienterne. Udfaldet bestod af angst og depression, målt af *Hospital Anxiety and Depression Scale* (HADS). Alle analyser blev justeret for alder, køn, diagnose, uddannelse, bopæl, etnicitet, ko-morbiditet og arbejdsstatus for at sikre, at sammenhængen mellem social støtte og mental sundhed ikke blot skyldtes indflydelse fra disse faktorer.

Litteraturstudiet

De vigtigste fund fra litteraturstudiet var:

- Den overvejende del af studierne påviste, at et højt niveau af social støtte var relateret til lavere forekomst af angst og depression. Studierne målte tilstedeværelsen af pårørende eller støtte på forskellige måder: høj eller stigende social støtte og høj følelsesmæssig støtte [1], høj støtte fra ægtefællen og familien [2], at bo med nogen og lave niveauer af ensomhed [3] og besøg fra venner/familie på hospitalet [4] blev vist at være associeret med lavere forekomst af angst og depression.
- I modstrid kunne enkelte studier ikke påvise en sammenhæng mellem antal medlemmer af husstanden/netværket eller civilstand og angst og depression [5].

Tværsnitsstudiet: "Livet med en hjertesygdom"

De vigtigste fund i tværsnitsstudiet var:

- Størstedelen (74,7%) af studiepopulationen havde en høj grad af støttende pårørende, mens 13,5% indikerede, at de i nogen grad havde støttende pårørende, og 10,1% kun i lav grad havde støttende pårørende.
- 16,5% af populationen led af angst, mens 13,6% led af depression, og 8,3% led af både angst og depression.
- Patienter med lav eller nogen grad af støttende pårørende havde højere risiko for angst end patienter med høj grad af støttende pårørende. Ligeledes var risikoen for angst højere blandt patienter med lav grad af pårørende end blandt patienter med nogen grad af pårørende.
- Patienter med lav eller nogen grad af støttende pårørende havde næsten dobbelt så høj risiko for depression sammenlignet med patienter med høj grad af støttende pårørende. Der blev ikke fundet nogen tydelig forskel mellem patienter med lav og nogen grad af pårørende.

- Den fundne sammenhæng for både angst og depression var robust over for forskellige definitioner af angst og depression og inklusion/eksklusion af patienter, der havde angst eller depression samtidig med deres hjertesygdom.
- Der var ingen forskel i den fundne sammenhæng for både angst og depression mellem mænd og kvinder.
- Sammenhængen viste sig at være stærkere for gifte patienter end for ikke-gifte og enker.

Baseret på dette studie kan det konkluderes, at højere grader af støttende pårørende er associeret med lavere risiko for angst og depression blandt danske hjertepatienter. Resultaterne er baseret på et studie af høj kvalitet med en stor studiepopulation. Studiet bidrager til den eksisterende viden om, at pårørende er en vigtig faktor i patienters helbred og trivsel, og understreger vigtigheden af øget fokus på opsporing af angst og depression blandt hjertepatienter og involvering af deres pårørende.

Referencer:

- [1] Leifheit-Limson EC, Reid KJ, Kasl SV, Lin H, Buchanan DM, Jones PG, et al.: *Changes in social support within the early recovery period and outcomes after acute myocardial infarction*. Journal of Psychosomatic Research 2012;73:35-41.
- [2] Luttik ML, Jaarsma T, Moser DK, Sanderman R, van Veldhuisen DJ: *The Importance and Impact of Social Support on Outcomes in Patients With Heart Failure. An Overview of the Literature*. Journal of Cardiovascular Nursing 2005;20(3):162-9.
- [3] Havranek EP, Spertus JA, Masoudi FA, Jones PG, Rumsfeld JS: *Predictors of the Onset of Depressive Symptoms in Patients With Heart Failure*. Journal of the American College of Cardiology .2014;44(12):2333-8.
- [4] Lolaty HA, Bagheri-Nesami M, Shorofi SA, Golzarodi T, Charati JY: *The effects of family-friend visits on anxiety, physiological indices and well-being of MI patients admitted to a coronary care unit*. Complementary Therapies in Clinical Practice 2014;20:147-51.
- [5] Chung ML, Lennie TA, Riegel B, Wu J, Dekker RL, Moser DK: *Marital Status as an Independent Predictor of Event-Free Survival of Patients With Heart Failure*. American Journal of Critical Care 2009;18(6):562-70.

English summary

Association between supportive relatives and anxiety and depression in heart patients

Camilla Hansen, Master of Science in Public Health

Through a literature review and a cross-sectional study of 2,496 Danish patients diagnosed with ischemic heart disease, atrial fibrillation, heart failure, or who had undergone heart valve surgery, this study investigated the association between supportive relatives and anxiety and depression in heart patients. Patients with some or low degrees of supportive relatives were found to have higher risk of anxiety and depression than patients with a high degree of supportive relatives. The results were robust towards different definitions of anxiety and depression, and inclusion/exclusion of patients, who suffered from anxiety or depression alongside their heart disease. There was no difference in this association between men and women. This study emphasizes the importance of relatives and supports the need for an increased focus on involving relatives in treatment and rehabilitation of heart patients.

Camilla Hansen has a Bachelor as well as a Master of Science in Public Health from the University of Southern Denmark. She is currently working as 'research coordinator' at the Cochrane Bias Methods Group, the 'Center for Evidence-based Medicine' at Odense University Hospital.



How come you do not measure blood glucose?

Possible causes why patients with type 2-diabetes do not use their license to order home test material

Louise Jensen, Master of Science in Public Health

Type 2-diabetes (T2DM) is a very common chronic disease, which requires a high level of patient participation in order to have proper blood glucose control. Home testing of blood glucose is a tool to monitor the glucose level within the blood. When oral medication treatment has been prescribed, the patient has the right to order test materials for home testing of blood glucose. In another project in Esbjerg Municipality, it was discovered, that 57% of the patients who have a license to order test material, do not make use of it. This might indicate that patients have a low adherence towards diabetes management.

The purpose of the master thesis was to investigate possible causes why such a large proportion of patients with T2DM do not use their license to order test material. Four hypotheses were suggested in order to explain non-adherence:

1. The patient simply does not know he/she has a license.
2. The patient is aware of the license, but he/she does not use it due to one or more reasons:
 - a. *The patient does not find it necessary to test.*
 - b. *The patient forgets to test.*
 - c. *The patient is embarrassed/does not like to test.*
 - d. *The patient does not have the ability for self-management due to for instance other diseases, such as mental illness, or abuse etc.*

3. Healthcare professionals have a significant role towards the patient *to help them develop* good adherence, which might also include home testing of blood glucose.
4. Collaboration between different providers within the healthcare system affects patient adherence, and by this also testing of blood glucose.

A qualitative approach was used to investigate the research questions. Nine single interviews were held with five healthcare professionals: two nurses from medical practice, one nurse from an outpatient clinic, a life coach and a patient coordinator from Esbjerg municipality, and four patients with T2DM who all have a license, but do not test their blood glucose. Also, a focus group interview was held with the executive committee for 'Diabetesforeningen', Esbjerg.

Data revealed possible causes for not making use of the license at mainly three levels:

The patient: The study indicated that not testing was due to patient's lack of knowledge about possessing a license. It is likely that patients do not know they have a right to a license to order test material. Other reasons identified at the patient level were: patients do not find blood glucose testing to be necessary and they lack knowledge about the value of testing as well as understanding and health literacy in order to act on the test results. Some patients forget to test due to the perception that Type 2-diabetes is an invisible disease. In addition, denial, including feeling guilty and ashamed about having diabetes are also important reasons for not testing. Finally, fear of needles was also found to be an issue, which should not be overlooked.

Provider-patient relationship: The relationship between provider and patient is very important in order to motivate the patients to have good adherence. Provider attitude and recommendations have a major impact on whether patients test their blood glucose. Differences in provider attitudes and recommendations are strongly influenced by uncertain evidence of the effect of blood glucose testing and better blood glucose control as a result. The study also found that providers do not recommend home testing, if they find the patient does not have the ability to act on the test results, and the ability to use the information for self-management.

Cross-disciplinary collaboration: There seems to be a lack of communication between different healthcare professionals, especially medical practice and the municipality, regarding patients who are no longer in oral treatment and therefore no longer have the right to have a license. There is no clear agreement of who (medical practice or the patient) should report this to Esbjerg Municipality. This might result in a misleading number of non-adherent patients, because these patients still appear on the register in Esbjerg Municipality. The actual number is probably lower and an examination of the register would give a more precise picture of the proportion of patients who have a license and do not use it.

The study showed that, there is no single and clear-cut cause, why 57% of patients with Type 2-Diabetes do not make use of their license. Blood glucose testing is an effective tool regarding

learning and understanding of how lifestyle affects the blood glucose level. However, if healthcare professionals do not recommend this as part of the treatment, the patients have little or no incentive to apply blood glucose testing into their diabetes management. It is also clear that healthcare professionals should address emotions of shame and guilt for having Type 2 diabetes and not testing, in order to motivate patients to test and act on the results. Many patients with Type 2 diabetes feel stigmatized which might affect their overall diabetes management.

Dansk resume

Hvorfor måles blodsukkeret ikke? Mulige grunde til at patienter med type 2-diabetes ikke anvender deres bevilling til at bestille testmaterialer til at måle blodsukker.

Louise Jensen, kandidat i Folkesundhedsvidenskab

Formålet var at undersøge mulige årsager til, at 57% af patienter med type 2-diabetes, der har en bevilling til at bestille testmaterialer til at måle blodsukker, ikke anvender deres bevilling. Data bestod af 10 interviews med fagprofessionelle samt patienter med type 2-diabetes. Resultaterne viste, at årsager skal findes på flere niveauer. På det individuelle niveau er årsagerne lav grad af sygdomsforståelse og handlekompetencer, forglemmelse, skyld og skam over at have diabetes. På behandlerniveau er sundhedspersonalets holdning til blodsuktermåling af afgørende betydning samt relationen mellem behandler og patient. Endelig kan en mulig forklaring være manglende kommunikation mellem almen praksis og kommune i forhold til bevillinger, hvilket betyder, at det faktiske tal formentlig er lavere.

Louise Jensen has a Bachelor as well as a Master of Science in Public Health from the University of Southern Denmark. She currently works as a health consultant in Tønder Kommune.



Mindfulness and Rehabilitation:

A pilot study at a rehabilitation center in Esbjerg, Denmark

Maja Riber Levinsen, Master of Science in Public Health

Mindfulness is a concept originating from Buddhism, which has found its way into Western countries. Mindfulness has been shown to increase mental and physical wellbeing and is becoming more and more common within health settings. Mindfulness is open, non-judgmental awareness, in the present moment (as defined by Jon Kabat-Zinn, the author of the most widely used Mindfulness-Based Stress Reduction Program).

The purpose of my thesis was to explore the usefulness of mindfulness meditation within the context of a rehabilitation program in Esbjerg Kommune, Denmark (Esbjerg Sundhedscenter Højvang). The leader of the rehabilitation center wanted to conduct a pilot study, in order to investigate if a mindfulness course was feasible to conduct within a rehabilitation setting, and to investigate whether participants experienced participation in the course as beneficial.

The study was based on a qualitative method and personal guideline-based interviews were conducted, in which twelve out of the overall 26 course participants took part: two men and ten women, aged 33-71, diagnosed with cancer, arthritis, stress and/or depression. Interviews with all participants were conducted at three different times: directly before, directly after and once more eight weeks after the program had ended. The pre-course interviews were aimed at clarifying expectations and potential worries before the course. Post-course interviews were to explore the direct experiences with and effects of the course as well as the informants' evaluation about course proceedings. Follow-up interviews were intended to examine the informants' ability to maintain mindfulness practice and the possible effects, eight weeks after the course ended.

The data showed that the informants had received information about the course at one of the municipalities' rehabilitation centers, but had signed-up to the course on their own initiative and

were motivated and curious to learn about mindfulness. Most came with positive expectations. Only very few mentioned worries about possible side effects or feelings of discomfort.

After the course informants reported several positive effects, including experience of increased awareness and presence, improved sleep, improved breathing, a calmer mind with less worries, as well as better coping with challenging situations and stress regarding disease, treatment, and work. None of the informants mentioned any negative effects and only one said that she had experienced discomfort during some of the exercises, but was still able to participate. Regarding structure and process of the course, the informants were generally satisfied with the duration, the exercises and the instructor, whom they all found to be authentic, observant and committed.

At follow-up, nine of the twelve informants were still practicing mindfulness more or less regularly and were still experiencing positive effects. Barriers for not practicing were lack of time, and a few of the informants also felt that mindfulness was difficult to integrate into their lives and therefore not a daily routine. About half of the informants also considered mindfulness to be preventive, regarding a possible depression after finishing treatment, or in regard to avoiding stress and challenges in other areas of life, including work. The majority of the participants also said, that they would be interested to learn more and would welcome another course offer by the rehabilitation center. A couple of the participants reported that they already had decided to look somewhere else for another mindfulness course to learn more.

In general, perceived benefits of the course did not depend on diagnosis/type of disease, which could indicate that mindfulness can be useful for a wide range of the citizens who are in contact with the rehabilitation center. However, it is important for the staff at the rehabilitation center to be aware that mindfulness, according to literature, is not suited for people with severe depression, psychosis or active substance abuse. Several of the informants also told, that mindfulness could be useful for relatives, because their experience was that relatives were often just as much affected by the challenges involved in the disease.

The study indicated that mindfulness is experienced as a useful method for increasing mental health in participants of a rehabilitation program. Due to the qualitative approach and the small-scale scope of the study, it was not possible to isolate and test the effect of mindfulness and therefore further studies are needed, including a randomized controlled trial investigating mindfulness meditation effects. Further studies should also follow the participants for a longer period of time, to investigate the sustainability and possible preventive effects of the course.

Mindfulness og rehabilitering: Et pilot-studie på et rehabiliteringscenter i Esbjerg

Maja Riber Levinsen, kandidat i Folkesundhedsvidenskab

Formålet var at undersøge anvendeligheden, af et 8 ugers mindfulness-kursus, på Esbjerg Sundhedscenter Højvang. 12 borgere, to mænd og ti kvinder, i alderen 33-71 år, deltog i interviews før og efter kurset og opfølgende. Efter kurset fortalte deltagerne om flere positive effekter: skærpet opmærksomhed, mere tilstedeværelse og nærvær, bedre søvn, bedre vejrtrækning, ro på tanker, mindre bekymringer og bedre håndtering af udfordrende situationer og stress i forbindelse med sygdom, behandlingsforløb og arbejde. Ingen af informanterne havde oplevet negative effekter, og kun en fortalte, at hun havde oplevet ubehag under nogle af øvelserne. I forhold til kursets instruktør, struktur og program tilkendegav deltagerne også tilfredshed. Opfølgende praktiserede ni ud af de tolv informanter stadig mindfulness regelmæssigt, og oplevede positive effekter heraf. Barrierer i forhold til at fastholde praksis var manglende tid og at nogle af informanterne ikke følte at mindfulness var blevet fuldt integreret i hverdagen, og derfor ikke en fast daglig rutine. Størstedelen af deltagerne ville være interesseret i endnu et kursus, hvis sundhedscentret ville udbyde det.

Maja Riber Levinsen has a Bachelor and Master of Science in Public Health from the University of Southern Denmark. She is currently working at the Region of Southern Denmark in Vejle (Region Syddanmark), Department of "Quality and Research" ("Kvalitet og Forskning").



Immunstatus som screeningsværktøj for depressionsrisiko blandt patienter med HIV

Charlotte Gabel, Master of Science in Public Health

Forskning pointerer, at patienter med humant immundefekt virus (HIV) lever næsten ligeså lang tid, som den generelle befolkning og først senere får erhvervet immundefekt syndrom (AIDS). Derfor betegnes HIV ikke længere som en akut dødelig sygdom, men i stedet som kronisk. Dette skyldes effektiv medicinsk behandling, som minimerer risiko for målelig HIV mængde (virusmængde/VL) og lave CD4 tal, hvilket indikerer dårligt immunforsvar, også kendt som HIV progression og som et udtryk for immunstatus. På grund af den forlængede levealder er der højere risiko for ko-morbiditet, hvor netop prævalensen af depression blandt HIV patienter er dobbelt så høj sammenlignet med den generelle befolkning både i og uden for Danmark. Dette kan eventuelt skyldes, at depressionsrisiko blandt HIV patienter ikke bliver opdaget i tide og på den måde når at udvikle sig til depression. Derfor lever mange patienter med HIV både med en stigmatiserende fysisk sygdom (HIV) og mental lidelse (depression). Grunde til, hvorfor depression ikke bliver opdaget i tide, kan eventuelt være at nuværende screeningsmetoder er for omfattende og tidskrævende til at blive brugt i tilstrækkeligt omfang. Derfor søges der mod simplificerede og mindre tidskrævende screeningsmetoder således, at der er mulighed for, at sundhedspersonalet kan opdage depression blandt patienter med HIV hurtigere og det ikke blot er lægefagligt personale, som kan varetage screening⁵.

Grundlæggende foreslår majoriteten af de publicerede studier, at depression har en effekt på klinisk HIV progression. Det vil sige, hvis patienten har depression er der øget risiko for, at den samme patient har en højere koncentration af virusmængde (VL) i blodet, et dårligere immunforsvar (CD4) og dermed er mindre velbehandlet^{1,2}. Dette skyldes især dårlig medicinsk

adhærence. Få studier er publiceret i forhold til HIV progression som risikofaktor for depression. Sammenhængen undersøges derfor med baggrund i hypotesen at øget virusmængde og dårligt immunforsvar påvirker hjernen fysiologisk og netop derfor øger risikoen for depression^{3,4}.

I Danmark kommer patienter med HIV normalt en gang årligt på hospitalet, hvor de får taget en blodprøve og efter blodprøvesvar får en kort konsultation. Den korte konsultationstid begrænser dog muligheden for at svare på et langt depressionsspørgeskema. Netop med afsæt i det var det interessant at undersøge, hvorvidt virusmængde og immunstatus kunne være et udtryk for depressionsrisiko. Hvis det var tilfældet, ville der være en unik mulighed for at kunne undersøge de årlige blodprøveresultater inden konsultationen. Dermed kunne sundhedspersonalet hurtigere vurdere depressionsrisiko og behovet for at administrere et uddybende depressionsspørgeskema.

Med baggrund i det havde dette speciale til formål at analysere og evaluere HIV progression som markør for depressionsrisiko. Dermed skulle det også evaluere, om HIV progression var et muligt screeningsværktøj således, at en simplificeret metode kunne tilbydes sundhedspersonalet og risiko for depression kunne opdages tidligere, end det sker i dag blandt patienter med HIV.

Alle dansktalende HIV patienter over 18 år med oplyst virusmængde (VL) og immunforsvar (CD4) i perioden januar - juli 2013, allokeret på Infektionsmedicinsk Afdeling, Aarhus Universitets Hospital i Skejby blev inkluderet i et longitudinalt studie. Analyserne omfattede to indikatorer for immunstatus og effekten af disse på en depressionsscore: CD4 (n=158) og VL (n=147).

Resultaterne viste ingen klinisk relevante effekter. Derfor prædikterede HIV progression ikke risiko for depression i denne studiepopulation og det kunne konkluderes, at HIV progression ikke burde anvendes som screeningsværktøj. Det er vigtigt at pointere, at studiepopulations størrelse var lille i forhold til antal patienter, som havde dårligt immunforsvar (n=7), hvilket slørede det sande resultat på grund af utilstrækkelige data. Dette skyldtes eventuelt at patienter i Danmark med HIV generelt var meget velbehandlet, hvorfor der kun var få med dårligt immunforsvar. Dermed var der få patienter at basere en analyse på, hvilket kunne indikere, at en dansk studiepopulation ikke var den optimale i forhold til dette forskningsspørgsmål. Derfor bør fremtidige studier undersøge samme sammenhæng i andre lande end Danmark, som for eksempel i afrikanske lande, hvor der er højere risiko for HIV progression på grund af manglende adgang til medicin og medicinsk adhærence.

Referencer:

1. Leserman J. HIV disease progression: depression, stress, and possible mechanisms. *Biological Psychiatry* 2003; **54**(3): 295-306.
2. Rabkin JG. HIV and depression: 2008 review and update. *Current HIV/AIDS Reports* 2008; **5**(4): 163-71.

3. Ironson G, O’Cleirigh C, Kumar M, et al. Psychosocial and Neurohormonal Predictors of HIV Disease Progression (CD4 Cells and Viral Load): A 4 Year Prospective Study. *AIDS and Behavior* 2015; **19**(8): 1388-97.
4. Kaharuza FM, Bunnell R, Moss S, et al. Depression and CD4 cell count among persons with HIV infection in Uganda. *AIDS and Behavior* 2006; **10**(4 Suppl): S105-11.
5. Slot M, Sodemann M, Gabel C, Holmskov J, Laursen T, Rodkjaer L. Factors associated with risk of depression and relevant predictors of screening for depression in clinical practice: a cross-sectional study among HIV-infected individuals in Denmark. *HIV Medicine* 2015; **16**(7): 393-402.

Dansk resume

Immune status as screening tool for risk of depression among HIV patients

Charlotte Gabel, kandidat i Folkesundhedsvidenskab

The prevalence of depression among patients with HIV has been found to be twice as high compared to the general population in Denmark as well as in other countries. The present study aimed at finding out whether it is possible to use HIV progression parameters, such as viral load (VL) and immune deficiency (CD4), to support early identification of patients at risk of developing depression. All Danish speaking HIV patients over the age of 18, treated at Aarhus University Hospital at Skejby with available data on viral load and immune biomarkers, were included in the study (n=147/158). None of the results were clinically relevant due to small insignificant changes. Thus, in a Danish population, HIV progression should not be used as a predictor for risk of depression.

Charlotte Gabel has a Professional Bachelor’s degree in Nursing from Århus Nursing School and a Master of Science’s degree in Public Health from the University of Southern Denmark. She is currently working as Research Nurse in the Allergy- and Lung Clinic in Århus.



The effect of hormone replacement therapy use on breast density

Shadi Azam, Master of Science in Public Health

For many years hormone replacement therapy (HRT) has been recognized as an effective treatment for alleviating the symptoms of menopause such as hot flushes, sleeping disturbance, depressive mood, muscle and joint pain¹. However, large epidemiological studies have also shown that hormone replacement therapy use may be associated with an increased risk of breast cancer². Such adverse effects on breast cancer^{3,4} and cardiovascular health⁵ have also been documented by several studies from Denmark. Use of HRT has dropped significantly after 2003 in Denmark, which has led to a slight decrease in breast cancer incidence⁶.

Mammography screening is known to be an effective method for early detection of breast cancer and it provides measures of other relevant parameters including breast density. The aim of screening is to find the cancer as early as possible. The main structures of the breasts consist of fat and connective tissues. In a mammogram, fat tissue appears dark, whereas connective tissues appear light. This is because the fat tissue is generally lucent and connective tissues are dense. The extent of the light regions, which represent connective tissues, is defined as breast density. High breast density is one of the strongest risk factors for breast cancer⁷.

The purpose of this thesis was to systematically review and summarize the results of published studies on the association between use of hormone replacement therapy and breast density and discuss the potential public health implication of this association.

An electronic literature search was carried out for articles published from 2003 to March 2015 using the MEDLINE (PubMed) database. The primary search identified 6,675 articles. After removing all duplicate articles, 344 studies were collected. Studies were included if they were published in English, evaluated either oestrogen treatment alone or oestrogen treatment combined with progestin, and if the data came from randomized controlled trials, cohorts, case-control, or cross-sectional studies. Further, assessment of breast density had to be based on well-

established criteria, such as percent mammographic density (Wolfe) or Breast Imaging Reporting and Data system. The methodological quality of the reviewed studies was assessed by standard tools. Overall 22 studies met the inclusion criteria and were selected for the analysis.

According to this review, 11 studies found that breast density increased in women who used hormone replacement therapy compared to those who did not, and the highest increase in breast density was observed in women who were currently using hormone replacement compared to those who had formerly or never used it. In addition, 6 studies confirmed that women who used a combination of oestrogen and progestin had higher increase in breast density than women who used oestrogen alone. Higher breast density is known to be associated with increased breast discomfort, reduction of screening efficiency due to masking possible small tumors and possibly increased breast cancer risk.

Findings from this thesis can inform primary prevention of breast discomfort and breast cancer incidence as well as secondary prevention of false-negative diagnosis of small tumors. From a primary prevention perspective the findings suggest that the use of HRT should be minimized at the lowest dose needed for as short a time as possible. In addition, oestrogen alone should be used as the standard treatment for relieving menopausal symptoms. From a secondary prevention perspective, women who are using hormone replacement therapy and have high breast density may require additional screening procedures, shorter screening intervals, or it might be necessary to use advanced imaging techniques to detect small tumors in this group.

References:

1. Writing Group for the Women's Health Initiative Investigators. Risk and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial. *JAMA*. 2002;288:321-33.
2. Chlebowski RT¹, Hendrix SL, Langer RD, Stefanick ML, Gass M, Lane D, Rodabough RJ, Gilligan MA, Cyr MG, Thomson CA, Khandekar J, Petrovitch H, McTiernan A; WHI Investigators. Influence of estrogen plus progestin on breast cancer and mammography in healthy postmenopausal women: the Women's Health Initiative Randomized Trial. *JAMA*. 2003;289:3243-53.
3. Stahlberg C, Lynge E, Jovanovic Z, Keiding N, Andersen Y, Obel EB, Ottesen B, Pedersen AT. Increased risk of breast cancer following continuous combined rather than sequential hormone replacement therapy in a Danish Cohort of Nurses. *International Journal of Cancer*. 2004; 109:721-727.

4. Tjønneland A, Christensen J, Thomsen BL, Olsen A, Overvad K, Ewertz M, Mellemkjaer L. Hormone replacement therapy in relation to breast carcinoma incidence rate ratios: a prospective Danish cohort study. *Cancer*. 2004;100:2328-37.
5. Løkkegaard E, Pedersen AT, Heitmann BL, Jovanovic Z, Keiding N, Hundrup YA, Obel EB, Ottesen B. Relation between hormone replacement therapy and ischaemic heart disease in women: prospective observational study. *BMJ*. 2003; 326:426-431.
6. von Euler-Chelpin M. Breast cancer incidence and use of hormone therapy in Denmark 1978-2007. *Cancer Causes Control*. 2011;22:181-7.
7. Boyd NF, Rommens JM, Vogt K, Lee V, Hopper JL, Yaffe MJ, et al. Mammographic breast density as an intermediate phenotype for breast cancer. *Lancet Oncol*. 2005;6:798-808.

Dansk resume

Effekten af anvendelse af hormonerstatningsterapi ved brystdensitet

Shadi Azam, Kandidat i Folkesundhedsvidenskab

Hormonerstatningsterapi (HRT) er blevet associeret med en forhøjet risiko for brystkræft og høj brystdensitet, hvilket er en af de største risikofaktorer for brystkræft. Formålet med denne afhandling var systematisk at gennemgå 'reviewed' studier ved at vurdere forbindelsen mellem anvendelse af hormonerstatningsterapi og brystdensitet. Baseret på resultaterne fra disse studier kan der konkluderes at den epidemiologiske evidens meget konsekvent indikerer, at der faktisk er en forbindelse med brugen af hormonerstatningsterapi og brystdensitet blandt kvinder i overgangsalderen. De mulige konsekvenser for folkesundheden af denne sammenhæng kunne være forøget brystubehag, forringet effekt af screening pga tæt væv og små kræftknuder, når kvinder anvender hormonerstatningsterapi og derfor forøget risiko for brystkræft.

Shadi Azam has a Bachelor in Medical Sciences and Health Care from Laurea University of Applied Sciences in Helsinki, Finland and a Master of Science in Public Health from the University of Southern Denmark. Currently Shadi is working as a research fellow at the Institute for Medical Epidemiology and Biostatistics (MEB) at Karolinska Medical University, Stockholm.



The Arctic Dilemma

Dietary habits and knowledge about harmful substances in traditional Greenlandic food among pregnant women in Greenland

Anne Seneca Terkelsen, Master of Science in Public Health

Greenland is in transition and has experienced major changes since the beginning of the 20th century. The transformation from traditional hunting society to a more western type of society has changed lifestyle and diet pattern remarkably. The former physically active lifestyle has been taken over by a more sedentary lifestyle and the traditional Greenlandic food found in the natural environment has gradually been supplemented by imported foods, which are often characterized by a high content of saturated fats, sugar and salt ([1](#), [2](#)). This dietary transition has increased the prevalence of lifestyle related diseases like obesity, cardiovascular diseases, diabetes and certain cancers ([2](#)). Traditional Greenlandic marine food is rich in polyunsaturated fatty acids (omega-3 fatty acids) and protein, low in carbohydrates and an important source of vitamin D and selenium ([3](#)). However several studies have also found high levels of harmful substances such as persistent organic pollutants and heavy metals in the traditional Greenlandic food. As traditional Greenlandic marine food contains both beneficial fatty acids and harmful substances it has been named “The Arctic Dilemma”([3](#)). Which dietary habits pregnant women in Greenland have and to what extent the women are aware of the risks of harmful substances in traditional food is important to know, as they are carrying the next generation. As age and regional differences have previously been found in relation to dietary habits in Greenland, the aim of the present study was to investigate the role of age and regional differences in dietary habits and knowledge about harmful substances in the traditional food among pregnant women in Greenland.

From June 2013 to September 2015, 347 pregnant women aged 18-46 years responded to a standardized questionnaire about their dietary habits and knowledge about harmful substances in the traditional Greenlandic food. To assess any differences in dietary habits depending on age or region and knowledge about harmful substances among pregnant women, study participants were divided into two age groups of approximately equal size based on the median age (29 years of age)

and into five regions (South, West, Disko Bay, North and East) based on where they had lived for the longest time. The latter was thought to best reflect their present dietary habits.

The overall food consumption pattern consisted of 13% traditional Greenlandic food versus 87% imported food. 36% of the study participants reported that they knew about harmful substances in traditional Greenlandic food. Pregnant women above 29 years of age consumed more traditional food and knew more about harmful substances in traditional Greenlandic food compared to pregnant women below 29 years of age. Pregnant women from East Greenland consumed more traditional Greenlandic food, fruit and vegetables and knew more about harmful substances in traditional Greenlandic food, while pregnant women from North Greenland ate more fast food and sweets and snacks and less fruit and vegetables. Also pregnant women from North Greenland knew less about harmful substances in traditional Greenlandic food compared to pregnant women who had mostly lived in other parts of Greenland.

Compared to the most recent study on dietary habits among pregnant women in Greenland, consumption of traditional Greenlandic food reported in the present study was lower (4). Despite this difference the need to inform pregnant women about the risk of harmful substances in traditional Greenlandic food is still important. Only 36% of the pregnant women in the present study reported that they knew about the harmful substances, thus there is a need for increased risk communication on harmful substances in traditional food and recommendations of alternative food items of both traditional and imported character. With 87% of the diet coming from imported foods an increased focus on the quality of these food items must be kept. The Greenlandic Board of Nutrition does emphasize consuming fruit and vegetables every day and consuming fat, sugar and salt with care (5). On the basis of the results from the present study, the need for pregnant women in all regions to conform to this advice must be emphasized. In some regions an additional focus should be on limiting the intake of sweets and snacks and increasing the intake of other food items such as fruits and vegetables to contribute to preventing increasing rates of obesity and related diseases.

References:

1. Jeppesen C, Jorgensen ME, Bjerregaard P. Assessment of consumption of marine food in Greenland by a food frequency questionnaire and biomarkers. *International Journal of Circumpolar Health*. 2012;71:18361.
2. Young TK, Bjerregaard, P. Health transitions in arctic populations. Young TK, Bjerregaard, P., editor. Toronto: University of Toronto Press Incorporated; 2008.
3. Deutch B DJ, Pedersen HS, Aschlund E, Hansen JC. Traditional and modern Greenlandic food - dietary composition, nutrients and contaminants. *Science of the Total Environment*. 2007;384(1-3):106-19.

4. Knudsen AK, Long M, Pedersen HS, Bonefeld-Jorgensen EC. Lifestyle, reproductive factors and food intake in Greenlandic pregnant women: the ACCEPT - sub-study. *International Journal of Circumpolar Health*. 2015;74:29469.
5. Peqqik. De 10 kostråd 2016. Available from: http://www.peqqik.gl/Emner/Livsstil/Kost/GodeRaadOmKost.aspx?sc_lang=da-DK.

Dansk resume

“Det Arktiske Dilemma” – Kostvaner og viden om skadelige stoffer i den traditionelle grønlandske kost blandt gravide kvinder i Grønland.

Anne Seneca Terkelsen, kandidat i Folkesundhedsvidenskab

På baggrund de sidste årtiers kostændringer i Grønland samt fund af skadelige stoffer i den traditionelle kost belyser ovennævnte studie gravide kvinders kostvaner og viden omkring skadelige stoffer. Fra syv geografisk spredte byer i Grønland blev 347 gravide kvinder mellem 2013-2015 inkluderet og interviewet omkring kostvaner og viden om skadelige stoffer. Studiet peger på mindre indtag af traditionel kost end set i tidligere studier og en mangelfuld viden om skadelige stoffer i traditionel grønlandsk kost. Der er behov for mere fokus på at efterleve de 10 kostråd samt bedre formidling omkring skadelige stoffer i den traditionelle Grønlandske kost.

Anne Seneca Terkelsen has a Bachelor degree in Physiotherapy from Copenhagen School of Physiotherapy and a Master of Science in Public Health from the University of Southern Denmark. She is currently working as a research assistant at Aarhus University.

Staff News



Anne Marie Møller

Ph.d.-studerende, Forskningsenheden for Sundhedsfremme

Anne Marie Møller startede som ph.d.-studerende i forskningsenheden for Sundhedsfremme den 1. februar 2016. Hendes projekt handler om at undersøge kulturen og kommunikationen mellem behandler og ambulans voksenalder psykiatrisk patient når de benytter videokonference i stedet for traditionel samtale, samt undersøge hvilke erfaringer de gør sig.

Hun har både bachelor og kandidat graden i Folkesundhedsvidenskab fra Syddansk Universitet. Hun har tidligere arbejdet med et forskningsprojekt i Psykiatrien om fysisk aktivitet og eksekutive funktioner blandt adfærdsvanskelige børn. Hun har også arbejdet som forskningsassistent i Forskningsenheden for Sundhedsfremme om oversættelse af en rapport om interventioner rettet mod overvægt i lokalsamfundet.

Hun vil deltage som instruktør i forskellige fag på folkesundhedsvidenskabsstudiet, bl.a. "Sundhedsfremme i praksis" på bachelor niveau, samt "Empowerment and Social Policy" på kandidatniveau.

English Summary

Anne Marie Møller joined the unit as a PhD student in February, 2016. Her project focuses on exploring cultural practice and communication between treatment providers and adult outpatients in the Mental Health Services of the Region of Southern Denmark when using videoconferencing technology, and an investigation of how the modality is experienced. She has a Bachelor's as well as a Master's degree in Science of Public Health degree from SDU. She has previously worked as a research assistant in the Mental Health Services carrying out a research project about physical activity and enhancements of executive functions among children challenged on these functions. She has also worked in the Health Promotion Research Unit as a research assistant helping translating a report on interventions targeting obesity and adjusting it to a Danish context. As part of her PhD study she will be a course instructor in the module "Sundhedsfremme i praksis" on the Bachelor of Public Health track, as well as instructor in the module "Empowerment and Social Policy", on the Master track.

Angelika Milczarski

Intern, Unit for Health Promotion Research



Angelika Milczarski is a Canadian currently enrolled in the Master of Public Health program at Hamburg University of Applied Sciences in Germany. She began her internship in the Unit for Health Promotion Research at the University of Southern Denmark in March 2016, to be completed in July 2016. Her activities so far have included participation in “the GOOD life” project and developing her Master Thesis on professional perspectives of the Ottawa Charter’s relevance and progress for health promotion in Europe.

Her educational and work background is in Recreational Therapy where she implemented programs to empower and enhance quality of life for chronically ill and injured patients, residents with mental illness, Alzheimers, and developmental disabilities, children, and youth at risk. She also spent over 2 years working in an organization that advocates for and enhances community participation of adults with developmental disabilities in Toronto, Canada.

Her research interests are in the areas of health promotion, health policy, capacity building, salutogenetic approaches, empowerment and participation of vulnerable groups, and social determinants of health. She has enjoyed her internship so far, and appreciates the friendliness of staff and valuable learning opportunities and experiences.

Dansk resume

Angelika Milczarski er canadier og indskrevet på 'Master of Public Health' ved universitet i Hamburg, 'Hochschule für Angewandte Wissenschaften'. Hun startede sit praktikophold ved Forskningsenheden for Sundhedsfremme ved SDU, Esbjerg i marts 2016, hvor hun har arbejdet med projektet "The GOOD life" i enheden samt udviklet på sit kandidatspeciale inden for professionelle perspektiver af Ottawa Charters relevans og udvikling af sundhedsfremme i Europa. Angelikas baggrund er Recreational Therapy (rekreationsterapi), hvor hun implementerede programmer til at 'empower' og fremme livskvaliteten for kronisk syge, skadede patienter, mentalt syge, mennesker med Alzheimers og udviklingshæmmede børn og unge. Hendes forskningsinteresseområder er sundhedsfremme, sundhedspolitikker, kompetenceudvikling, saluto-genetiske tiltag, empowerment af udsatte grupper samt sociale sundhedsdeterminanter. Hun nyder den måde, som hun er blevet taget imod samt de muligheder og erfaringer, som hun har gjort sig i forløbet.

Jacqueline Claire Panter

Research Assistant, Unit for Health Promotion Research



Jacqueline joined the Health Promotion unit as a research assistant in March 2016. Her main role is contributing to the drafting of review articles surrounding obesity prevention, including a review of previous community interventions implemented in Nordic countries and The Netherlands. Jacqueline has a Bachelor of Health Science with a major in Nutrition and Dietetics from the University of Newcastle, Australia 2002 and earlier this year graduated with a Master of Science in Public Health from the University of Southern Denmark. Her previous experience includes working as a community dietitian in Australia, her native country, where planning and evaluating community and health promotion projects was part of her role. She has also worked as a clinical dietitian in acute and primary care settings in Australia and the United Kingdom. In Denmark she has experience as a private practice dietitian and in 2015 she had the role of tutor for Health Communication, a subject in the Master of Public Health program in Esbjerg. Jacqueline is passionate about health promotion and the importance of fostering supportive environments for optimal health and well-being to reduce inequalities in health.

Dansk resume

Jacqueline Panter startede som videnskabelig assistent 15. marts 2016 ved Forskningsenheden for Sundhedsfremme. Hendes rolle handler om at bidrage til udarbejdelsen af review-artikler om forebyggelse af fedme, herunder en gennemgang af tidligere interventioner gennemført i det lokale samfund blandt de Nordiske lande og Holland. Jacqueline har en bachelorgrad i ernæring og sundhed fra Newcastle Universitet, Australien 2002 og tidligere i år dimitterede med en kandidat i Folkesundhedsvidenskab fra Syddansk Universitet. Hendes tidligere erfaring inkluderer arbejde som diætist i sundhedscentre i Australien, hendes hjemland, hvor planlægning og evaluering af sundhedsfremmende projekter var en del af rollen. Hun har arbejdet som klinisk diætist på hospitaler, i sundhedscentre og hos praktiserende læger i Australien og Storbritannien. I Danmark har hun arbejdet som selvstændig diætist, og i 2015 arbejdede hun som tutor for sundhedskommunikation, et fag i kandidatuddannelsen i Folkesundhedsvidenskab fra Syddansk Universitet, Esbjerg. Jacqueline brænder for sundhedsfremme og betydningen for optimal sundhed og velvære til at mindske ulighederne i sundhed.

Maria Palianopoulou

Research Assistant, Unit for Health Promotion Research



Maria Palianopoulou is currently a research assistant with the unit with a placement partly in Riyadh, Saudi Arabia (KSA), as she is member of the SDU team that implements the Bachelor programs in Health Education and Promotion & Epidemiology at Princess Nourah Bint Abdulrahman University (PNU). She joined the SDU-PNU project, for the first time, as a teaching assistant in 2013. Since then, she has participated as a group work and course instructor in various subjects, including theory of science, qualitative and quantitative methods, health systems and policies, epidemiology and health behavior. The engagement in the project enables her to constantly improve her knowledge and skills in the field of public health, to obtain an insight into Saudi culture and the public health challenges there, but it also gives her the chance to contribute to women's empowerment in KSA that is so much needed. At the present, she is working on preparing a learning resource for the theory of science course together with Prof. Arja R. Aro. By training, she is a molecular biologist and geneticist and holds a MSc in Molecular Medicine from the University of Thessaly, Greece. In 2012, she moved to Denmark to pursue a Master of Science degree in Public Health at SDU, which she completed in 2015. Her bi-disciplinary background allows her often to have a more holistic understanding of the challenges in the health sector. In 2014, she worked as a WHO intern in the Regional Office for Europe (WHO EURO) for six months for the partial fulfillment of the MSc in Public Health. During the internship she mainly undertook tasks in the Healthy Cities project and Health 2020, the new European health policy framework, and participated in WHO missions and various trainings. The work she performed during this period enabled her to gain better insight into the public health policy-making processes and health governance, the challenges of intersectoral collaboration and governance for health and to improve her writing skills in addition to the opportunity to interact with eminent professionals in the public health field. This work experience led recently to her participation in a mission jointly organized by the WHO Regional Office for the Eastern Mediterranean (WHO EMRO) and the Ministry of Health of KSA about the Healthy Cities project in the country. During her studies and work experience gained over the last years she has developed a great interest in the areas of global health, health governance/governance for health, environmental health and ethics.

Dansk resume

Maria Palianopoulou arbejder som videnskabelig assistent ved Forskningsenheden for Sundhedsfremme, Riyadh, Saudi Arabien ved PNU (Princess Nourah Bint Abdulrahman University), hvor hun i perioder har arbejdet først som undervisningsassistent og siden som instruktør. Der har hun fået stor erfaring med kvalitative og kvantitative metoder, videnskabelig teori, sundhedssystemer, epidemiologi og sundhedsadfærd inden for folkesundhedsvidenskab samt en god indsigt i den saudiske kultur, især kvinders empowerment. Maria har en kandidatgrad indenfor molekylærmedicin fra Grækenland, hvor hun også er født og opvokset. Ved SDU i Esbjerg fik hun i 2015 en kandidat i folkesundhedsvidenskab. I 2014 var hun i praktik ved WHO ved 'Regional Office for Europe' i København. Hun lavede opgaver omkring 'Healthy Cities'-projektet og 'Health 2020', hvilket yderligere har givet Maria erfaring og mulighed for at arbejde med WHO Regional Office i middelhavslandene mod øst. I øjeblikket er hun, sammen med professor Arja R. Aro fra Forskningsenheden for Sundhedsfremme, ved at skrive en bog omkring lærings-ressourcer for kurset i videnskabelig teori ved PNU.



Ranjila Joshi

Research assistant, Unit for Health Promotion Research

Soon after she completed her Msc. in Public Health from SDU in 2015, Ranjila Joshi joined the research unit at SDU in Esbjerg as a research assistant. Besides working as a researcher, she is also involved in academic and administrative activities for undergraduate programs, namely the BSc. in Health Education and Promotion, and the BSc. in Epidemiology at the Princess Norah Bint Abdulrahman University, in Riyadh, Saudi Arabia.

Originally, Ranjila is from Nepal. She has completed her undergraduate education in Public Health and postgraduate education in sociology in Nepal. She has gained experiences of working in health research and public health programs with different governmental and non-governmental organizations in Nepal. She has always been keen to learn in a multicultural setting and enhance the horizon of her knowledge on global health issues, including women's health and infectious diseases. This is why she decided to travel to Denmark in order to go the opportunity to pursue a master degree in Public Health.

Ranjila says the following: I look forward to taking my study one step further which would prepare me to be a very competent public health professional. Therefore, currently, I am writing a PhD research proposal on human trafficking-related issues of Nepal. The focus would be to gather insights on developing effective strategies to prevent the trafficking of young girls and women, and reintegrate the trafficked women back in the Nepalese society. As my academic background belongs to public health and sociology, I hope to use the knowledge from both disciplines in this research. Besides, personally, I like traveling to new places and exploring different cultures, and I strongly believe that life is full of learning opportunities that one should make the most of.

Dansk resume

Ranjila Joshi, videnskabelig assistent i forskningsenheden for Sundhedsfremme kommer fra Nepal og har taget sin kandidatgrad i folkesundhedsvidenskab fra SDU i Esbjerg. Hendes forskningsbaggrund er i sociologi og folkesundhedsvidenskab med fokus på kvinders sundhed og smitsomme sygdomme. Hendes ønske for fremtiden er at skrive en ph.d.-afhandling med et emne omkring menneskehandel af kvinder i Nepal og deres reintegration i det nepalesiske samfund. Ranjila kan lide at rejse til nye steder omkring i verden og udforske forskellige kulturer.



Tara Ballav Adhikari

Student Assistant, Unit for Health Promotion Research

From March 2016, Tara Adhikari has been working as a student assistant in the EU-project REPOPA (Read more www.repopa.eu) at the research unit at SDU in Esbjerg. He is currently supporting the dissemination activities in the project. Tara is from Nepal. He holds a Danish state scholarship and is studying a Master of Science in Public Health with specialization in Global Health at SDU in Esbjerg.

Tara obtained his Bachelor degree in Public Health from the Institute of Medicine Kathmandu in Nepal as a Nepal Government Merit Scholarship recipient. He has been involved in some research in adolescent friendly health services, sexual reproductive health (SRH), child nutrition and elderly health and his research interest includes urban health, policy research, sexual reproductive health and non-communicable diseases. Apart from academia he has also worked in organizations like the International Medical Corps (as a program assistant), Association of Youth Organization Nepal (as a project coordinator), YUWA, Global Health Alliance Nepal etc. to contribute to the national health systems and its workforce. He was one of the core group members of the award winning biggest humanitarian youth relief and recovery mission in Asia 'Act4Quake' after the mega-earthquake in 2015 April in Nepal.

Mr. Adhikari is also currently working as a Global Country Representatives Coordinator and as a Steering Group Member of Healthcare Information for All Initiative with its network in more than 167 countries. As a directorial board member of Visible Impact and co-founder and secretary of Young Earth he immensely believes in youth empowerment and their meaningful participation in addressing public health agendas. With immense interest and enthusiasm to advocate 'health for all' his affiliation can also be seen with the People's Health Movement global.

Dansk resume

Tara Ballav Adhikari fra Nepal har arbejdet siden marts 2016 på EU-projektet REPOPA i forskningsenheden www.repopa.eu. Tara er kandidatstuderende i folkesundhedsvidenskab, specialisering i global sundhed. Hans bacheloruddannelse er fra Nepal og han har været involveret i arbejdet med seksuel reproduktiv sundhed, børns ernæring og ældres sundhed. Hans forskningsinteresse omfatter også sundhed i byer, policy-forskning og ikke-smitsomme sygdomme der ikke (NCDs). Tara er også en del af en gruppe, der vandt en pris for den største støttende humanitære mission for unge 'Act4Quake' efter det kæmpe jordskæl i april 2015 i Nepal. Han er i øjeblikket også medlem af diverse sundhedsnetværk på verdens plan, især med fokus på 'empowerment' af ungdommen i forhold til folkesundheden på globalt plan.

Lay Summaries

Colombian adolescents from poor families are less physically active than Danish adolescents from poor families

Christian Stock Assoc. Prof., Unit for Health Promotion Research

In the western countries children and adolescents are less physically active than ten years ago and this seems to be one of the reasons for the increase in overweight already in young age. The question is whether this trend is also common in developing countries like Columbia. The aim of this study was to compare the level of physical activity between Danish and Colombian adolescents. The comparative study was performed with 1.374 Danish adolescents from the Danish Youth Cohort and 452 Colombian students. In order to make the dataset more comparable we based the analyses only on adolescents from families with the lower income.

The results showed that three quarters of the Colombian adolescents (74.6%) were less than an hour physically active compared to only one quarter of Danish adolescents (25.2%). Also, Danish adolescents participated more often in organized sports, spent more time on sports after school, were more likely to actively get to school compared to Colombians and spent less time on television watching or computer games than Colombians did. Generally adolescents who were not physically active had poorer self-reported health and spent more time in front of a screen.

We assume that the physical and social environment in the neighbourhoods where adolescents live may explain the differences in levels of physical activity between the countries, because in Columbia it is often not safe for children to play outside or to use a bicycle to get to school.

Reference:

Olaya-Contreras P., Stock C. Physical inactivity among Danish and Colombian adolescents with lower level of family affluence. *Global Journal of Health Science* 2016;8(12):104-116.

Colombianere fra fattige familier er mindre fysisk aktive end danskere fra fattige familier

Christiane Stock, lektor, Forskningsenheden for Sundhedsfremme

Målet med denne undersøgelse var at sammenligne niveauet af fysisk aktivitet mellem colombianske og danske fattige familier, da overvægten også i de vestlige lande er steget i de sidste 10 år. Vi valgte at lægge vægt på fattige familier, da det vil gøre datasættet mere sammenligneligt. I Danmark deltog de interviewede i mere organiseret sport, også på skoler og brugte mindre tid på TV og computer end de adspurgte i Colombia, hvilket resulterede i dårligere helbred. Vi formoder, at grunden ligger ved risiko for overfald mm. ved at opholde sig udendørs i sociale sammenhænge i Colombia.

Cross-sector cooperation is challenging in physical activity policymaking

Arja R. Aro, Professor, Unit for Health Promotion Research

Enhancing physical activity for citizens, planning and decisions in several sectors are needed. Research shows that this kind of cooperation is far from simple and smooth. The reasons include competing interests of sectors, rather hierarchical ministerial structures but also hesitance to involve experts, citizens and other stakeholders in policymaking. The situation and also policy outcomes could be improved by arranging special resources to foster cross-sector cooperation. Further, more participatory policymaking should be enhanced for example by hearing citizens about their perspectives on facilitators of physical activity.

These results come of the REPOPA project (Research into Policy to enhance Physical Activity; www.repopa.eu), which studied 21 recent physical activity policies in six European countries, including Denmark.

Reference:

Hämäläinen R-M, Aro AR, Juel Lau C et al. Cross-sector cooperation in health-enhancing physical activity policymaking: more potential than achievements? *Health Research Policy and Systems* 2016;14:33.

Dansk resume

Samarbejde på tværs af sektorer er en udfordring for at kunne lave politikker omkring fysisk aktivitet

Arja R. Aro, Professor, Forskningsenheden for Sundhedsfremme

Når fysisk aktivitet blandt borgere skal øges, er der behov for at planlægge og tage beslutninger på tværs af adskillige sektorer. Forskningen viser at denne form for samarbejde langt fra er enkel og gnidningsløs. Årsagerne inkluderer konkurrerende interesser blandt sektorer, især i hierarkiske administrative strukturer samt en tøven for at involvere eksperter, borgere og andre interessenter i politikudvikling. Situationen samt resultatet af politikken kan forbedres ved at gøre brug af specielle ressourcer for at fremme samarbejdet på tværs af sektorer. Yderligere bør mere deltagende beslutningstagning forbedres ved f.eks. at høre borgerne omkring deres syn på de facilitatorer, der findes til fysisk aktivitet.

Resultaterne ses i REPOPA projektet (Research into Policy to enhance Physical Activity; www.repopa.ed), hvor 21 nylige fysiske aktivitets politikker blev studeret i 6 europæiske lande der iblandt Danmark.

Use of condoms for HIV prevention among Nepalese labor migrant couples

Anja Leppin, Professor, Unit for Health Promotion Research

Despite major progress in the fight against HIV/AIDS, in some groups the infection rate for HIV is on the rise. Thus, in Nepal, and particularly in poor rural areas, it is females who increasingly get infected, and a majority among this newly infected group are wives of labor migrants. Due to scarce possibilities to earn a living inside Nepal many males from rural areas seek work in other countries, particularly neighboring India. During the long times away from home they often engage in unprotected sex, which not only puts themselves at risk for HIV-infection, but in the end also their wives, who they infect in turn when they come back home. A good option to prevent transmission is consistent condom use, but prior data suggest that married couples in the rural areas of Nepal rarely use condoms.

To find out more about the factors which are associated with use or non-use of condoms in this high-risk group, we conducted a study in the area of Far Western Nepal, which is a region with a very high proportion of labor migrants. 266 wives of Nepalese labor migrants were interviewed with the help of a questionnaire.

Only 40% reported condom use. Women who had gone to school were more likely to use them than women who had no formal education at all. Also, condom use was more common in women who had younger husbands compared to those with older spouses. Further, those who knew more about HIV/AIDS in general and the transmission of the HIV virus in particular were more likely to make use of condoms. Very important was also the finding that women who openly talked about condom use in their peer circles and who felt they could negotiate condom use with their husbands were more likely to actually practice prevention by condom use. The results show how important prevention programs are, and that these programs need to be targeted to this special "at-risk group". Providing knowledge is only one necessary component. In addition, it is essential to focus on "normalizing" condom use and train women's ability to negotiate condom use with their husbands.

Reference:

Thapa S, Pathak S, Leppin A, Buvé, A, Hannes K, Kandel G, Mathei, C. Factors associated with condom use for HIV prevention among Nepalese labor migrant couples. *AIDS Education and Prevention*. 2016; 28: 180-190.

Kondomer som forebyggelse mod HIV blandt nepalesiske arbejderpar

Anja Leppin, professor, Forskningsenheden for Sundhedsfremme

Trods store fremskridt i kampen mod HIV/AIDS, er der nogle grupper, hvor infektionsrater for HIV er stigende. I Nepal, er det især fattige kvinder på landet, som er gift med arbejdsmigranter, der bliver smittet i stigende grad. Mandlige migranter, der har ubeskyttet sex, mens de arbejder i andre lande, har en større risiko for at smitte deres koner hjemme. Brugen af kondomer kan forhindre dette, men kondomer bruges sjældent på landet i Nepal.

Derfor blev et studie i det vestlige Nepal gennemført for at finde ud af faktorer associeret til højrisikogruppen, der ikke gør brug af kondomer. Kun 40% af de adspurgte kvinder gør brug af kondomer og de kvinder, der har gået i skole, anvender kondomer frem for kvinder uden skolegang. Det samme er gældende for kvinder med yngre mænd. Jo mere viden omkring HIV og risikofaktorer jo større var brugen af kondomer. Ydermere viste det sig, at den åbne samtale omkring brugen af kondom blandt kvinder og deres mænd havde en positiv effekt på brug af kondom som prævention. Derfor er præventionsprogrammer meget vigtige og skal målrettes denne specielle højrisikogruppe.

Other news

Student winning award at the Med-e-Tel conference in April 2016

Shadi Azam, Master of Science in Public Health, Unit for Health Promotion Research

Shadi was invited to the Med-e-Tel conference (see link: <https://www.medetel.eu/>) on 06 – 08 April 2016 as the winner of the best student abstract from 2015 at the International Society of telemedicine and e-health:

Winner: Systematic literature review on telemedicine solutions implemented for management of patients with heart failure

Shadi Azam

Unit for Thrombosis Research, Department of Public Health, University of Southern Denmark

Link to the Abstract on 24 April 2015 in conference room 2:

http://www.medetel.lu/index.php?rub=educational_program&page=program_2015#Fri



Private photo: Dr. Andy Fischer the CEO of Medgate in Switzerland at the conference.

Dansk resume

Shadi Azam, kandidat i folkesundhedsvidenskab var blevet indbudt til konferencen Med-e-Tel efter, eftersom hun sidste år vandt en pris ved konferencen International Society of Telemedicine and E-health i 2015 som studerende for bedste abstract.



Festival of Research 2016

As in previous years the Unit for Health Promotion Research took an active part in the Festival of Research, participating with a communication stand targeted at fifth-form pupils from Esbjerg municipality.

Lotte Vallentin-Holbech, PhD student, Unit for Health Promotion Research

As in previous years, researchers from the Unit for Health Promotion Research were present at UC Denmark to disseminate the research carried out at the Faculty of Health Sciences, University of Southern Denmark in Esbjerg. The target group for the Festival of Research is fifth-form pupils in Esbjerg Municipality, so it was important that the research was presented at a children's level.

The stand was decorated with colourful posters presenting different research projects about public health. To motivate the children to read the posters, a pools coupon was produced with a series of questions to which the answers were found on the posters. The four researchers attending had plenty to do with more than 300 pupils to assist in finding the right answers. The winners were free to choose from the many nice SDU prizes such as bags and key hangers. The stand also featured a drawing contest where pupils could draw a picture visualizing what health means to them.



<http://www.e-gym.dk/galleri/naturvidenskabsfestival-2015/>

Facts about the Danish Science Festival:

- The festival's purpose is to create enthusiasm for science among children and adolescents
- The festival takes place every year in week 39 all over Denmark, with more than 100,000 participating children and young people
- Inspiration theme for the festival 2015: *Wonderful Wild World*
- For more information: www.naturvidenskabsfestival.dk

Forsknings Døgn 2016

Forskningsenheden for Sundhedsfremme deltog aktivt i Forsknings Døgn i Esbjerg med en formidlings-stand målrettet kommunens 5. klasser fredag den 29. april 2016.

Lotte Vallentin-Holbech, ph.d.-studerende, forskningsenheden for sundhedsfremme

Forskere fra forskningsenheden for sundhedsfremme var igen i år repræsenteret på UC Syd for at formidle den forskning som foregår på det Sundhedsvidenskabelige Fakultet på SDU i Esbjerg. Målgruppen for Forsknings Døgn er 5. klasserne i Esbjerg Kommune, så det var vigtigt, at de forskningsmæssige budskaber blev præsenteret i "børnehøjde".

På SDUs stand blev forskellige forskningsprojekter omkring sundhed præsenteret i tekst og billeder på farverige plakater. For at motivere børnene til at læse om forskningsprojekterne, var der produceret en tipskupon med en række spørgsmål, hvortil svarene var at finde på plakaterne. Alt imens der blev søgt efter informationer, blev der også spist rigeligt med sunde æbler, af de over 300 energiske elever der gerne ville bære med i konkurrencen. Vinderne kunne frit vælge imellem flotte SDU præmier som tasker, drikke dunke og keyhangers. Standen bød også på en tegnekonkurrence, hvor eleverne kunne tegne deres bud på: "hvad er sundhed?" og der blev afleveret mange flotte og kreative tegninger.

Research seminar in the autumn of 2016

The research seminar takes place mainly every last Wednesday of the month
in meeting room E2 from 12:00-13:00

When	Referee	Topic
28/09/16	Leena Eklund Karlsson	<i>Youth participation in Health in policy of physical activity (HEPA) policy in Esbjerg and Odense</i>
26/10/16	Lotte Vallentin- Holbech	<i>Social norms and alcohol consumption in schools</i>
30/11/16	Thomas Rødgaard Poulsen	<i>Discussion about further project in cooperation with Esbjerg commune</i>
14/12/16		<i>Mini-Congress: "Health promotion research" 10 minutes presentation about:</i>
	Fadumo Abdi Noor	<i>An intersectoral approach to prevent diabetes in municipalities of region South Denmark</i>
	Anne Marie Møller	<i>Observations of video consultations in the Mental Health Services</i>
	Solveig Bøggild Dohrmann	<i>Fatigue among Danish ferry crew members</i>

We are looking forward to seeing you!

For future topics in 2016/2017 please contact gbergbeckhoff@health.sdu.dk

As of January 1st 2016 the Unit for Health Promotion has a new Forskningsleder.

Professor Arja R. Aro, who has been leading the unit since January 2006, has handed over the responsibility to Associate Professor Pernille Tanggaard Andersen. Arja R. Aro will continue her research work in the unit with different projects as well as teaching. She will also be involved in the ongoing knowledge transfer of two BSc programmes 'Health Education and Promotion' and 'Epidemiology' at PNU, Princess Noura Bint Abdulrahman University, in Riyadh, Saudi Arabia.



Private photo of Pernille T. Andersen and Arja R. Aro from one of the trips to PNU at the beginning of the PNU cooperation.

Dansk resume

Professor Arja R. Aro, som har ledet forskningsenheden for Sundhedsfremme fra januar 2016, har overdraget ledelsen af enheden til lektor Pernille Tanggaard Andersen. Arja R. Aro vil fortsætte sin forskning og undervisning i enheden med forskellige projekter og involvering i vidensdeling ved de to bacheloruddannelser 'Health Education and Promotion' og 'Epidemiology' ved PNU, Princess Noura Bint Abdulrahman University i Riyadh, Saudi Arabien.

The next issue No. 17 will come out in the autumn 2016.

If you want your contact data to be added to or deleted from the mailing list of the HPR News, please contact:

Managing Editor Bettina Gundolf



bgundolf@health.sdu.dk