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Risk Perception

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Editorial

Risk Perception

Anja Leppin

This current edition of HPR-News highlights research on risk perception - a factor which for a long time has been recognized as an important determinant of people's health-protective behavior. What has, however, also become clear over many years of research in that area is that the way people conceive of their own personal risk is highly complex and often very different from how experts assess risk, and this "divide" can present a considerable challenge for professional health risk communication. Such challenges have also been identified in some of the research on health risk perception and risk communication which we recently conducted in our unit and which we want to share and discuss in this issue of HPR News.

We start this section of the newsletter with three articles dealing with specific and quite different aspects and areas of risk perception. All three of these "cases", however, have in common that they clearly show that perceived risk is considerably more than the result of "rational processing" of risk information communicated by medical experts.

Mette Jørgensen's contribution deals with the difficulty of understanding and relating to a positive result of a screening test in a special situation: pregnancy. In her qualitative interview study, Mette investigated how pregnant women taking part in a first trimester scanning for genetic abnormalities react to the information that their child actually may be "at risk". The findings of the study clearly show how demanding it is for people to cognitively classify and link information about statistical likelihood to their own personal "case", and they also highlight the high level of worry associated with the uncertainty of this situation.

Problems that may occur with risk perception also become apparent in the study reported by Anders Fournaise, though this is about a very different group: patients with atrial fibrillation. Many among this group of patients are at increased risk for stroke but the study clearly showed that the subjective perception of personal stroke risk by these patients was not influenced in a major way by their actual clinically determined stroke risk.

Lotte Skøt, finally, casts her view on perception of yet another disease risk, diabetes type 2, and focuses on another population subgroup, young people, who are not yet personally affected by the disease but from a primary prevention perspective still are an important target group for early intervention.

All of these specific examples from research as well as the final contribution, which casts a more general and summary glance at what we know so far about the way people conceive of personal risk, suggest that we still might not know enough about how different groups of people think and feel about risk information, and they also indicate that quite many people may need more help and support in understanding and interpreting their personal risks.

Dansk resume

Leder

Risikoopfattelse

Anja Leppin

Denne udgave af HPR News fremhæver forskning indenfor risikoopfattelse – en faktor som i lang tid har været anset som en vigtig determinant af menneskers sundhedsbeskyttelsesadfærd. Det er dog også klart, at den måde hvorpå mennesker forstår deres egen personlige risiko er meget kompleks og tit meget anderledes end den måde, hvorpå eksperter vurderer risiko, hvilket betyder en stor udfordring for professionel sundhedskommunikationen. Sådanne udfordringer er også blevet identificeret i nylig forskning om sundhedsrisikoopfattelse og risikokommunikation udført i vores forskningsenhed. Vi vil derfor meget gerne dele og diskutere nogle af vores forskningsresultater i denne udgave.

Nyhedsbrevet starter med tre artikler, som omhandler forskellige og mere specifikke aspekter og områder indenfor risikoopfattelse. Imidlertid illustrerer alle tre artikler det fænomen, at opfattet risiko er meget mere end menneskers "rationelle bearbejdelse" af risikoinformation, der kommunikeres af medicinske eller public health eksperter.

Mette Jørgensens bidrag beskæftiger sig med vanskelighederne med at forstå og relatere til et positivt resultat af screening-tests i en speciel situation: graviditet. I hendes kvalitative interviewunderstudie undersøger Mette, hvordan gravide, som deltager i scanningen for fostrets kromosomafvigelser, reagerer på den information, at deres ventede barn faktisk kan være 'i risiko'. Konklusionen af denne undersøgelse viser tydeligt, hvor krævende det er på kognitiv vis at forstå, klassificere og anvende informationer om statistisk sandsynlighed til egen sag og de fremhæver også det høje niveau af bekymring, der er associeret med usikkerheden omkring situationen.

Problemer, der kan opstå ved risikoopfattelse er også tydelige i undersøgelsen rapporteret af Anders Fournaise, skønt dette omhandler en meget anderledes gruppe: patienter med hjerteflimren. Mange patienter i denne gruppe har en øget risiko for slagtilfælde, men undersøgelsen viser klart, at den subjektive opfattelse af personlig risiko af slagtilfælde ved disse patienter ikke blev påvirket af deres faktiske kliniske risikovurdering for slagtilfælde.

Til sidst bidrager Lotte Skøt med hendes syn på endnu en anden slags sundhedsrisikoopfattelse om Type 2 diabetes hos unge personer, som endnu ikke er personligt berørte af sygdommen, men ud fra et primært forebyggelsesperspektiv er stadig en vigtig målgruppe for tidlig intervention.

Sidste artikel omhandler på mere generel vis den måde folk opfatter personlig risiko. Sammen viser alle fire indlæg, at vi stadig ikke ved nok omkring, hvordan forskellige grupper af mennesker reagerer på og personligt mener om risikoinformation. Yderligere indikerer de, at mange mennesker kunne have gavn af mere systematisk hjælp og støtte i at forstå og fortolke deres egen personlige risiko.

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Hvordan oplever danske gravide at komme i risikogruppe ved 1-trimesterscanningen og hvordan forstår de informationer om den ”Non-Invasive Prenatal Test” (NIPT)?

Mette Jørgensen, Jordemoder og Kandidat i Folkesundhedsvidenskab

Siden 2004 har alle gravide i Danmark fået tilbudt en risikovurdering i starten af deres svangerskab, hvilket vil sige en beregning af kvindens risiko for at få et barn med f.eks. Downs syndrom (1). Da tilbuddet om risikovurdering trådte i kraft, var argumentet, at der skulle være en lige mulighed til alle og blev set som en styrkelse af kvindens autonomi, da fosterdiagnostik tidligere kun havde været tilbudt en særlig risikogruppe. Neutral og fyldestgørende rådgivning skulle ruste kvinden til at træffe sine egne valg og tilbuddet skulle ikke ses som en opfordring fra myndighedernes side om at forhindre fødsel af børn med alvorlig sygdom eller handicap.

Hvis en kvinde får en risikovurdering på 1:300 eller større på grund af 1-trimesterscanningen, tilbydes hun en invasiv undersøgelse, f.eks. en moderkagebiopsi. Denne undersøgelse er dog forbundet med en abortrisiko på 0,5% (=1:200). Det betyder, at risikoen for at finde et barn med Downs syndrom ved en risikovurdering på 1:200 er lige så stor, som risikoen for at undersøgelsen fører til abort af et raskt barn i tilfælde af, at hun vælger at få lavet en moderkagebiopsi.

I 2017 er retningslinjerne for fosterdiagnostik atter blevet revideret blandt andet med implementering af en ny screeningsmetode: Non-Invasive Prenatal Test (NIPT) (2). NIPT består af en blodprøve og dermed er der ingen risiko forbundet med undersøgelsen. Dog er det ikke en diagnostisk test. Det vil sige, at en eventuelt positiv NIPT skal efterfølges af en invasiv undersøgelse (såsom moderkagebiopsi) for at bekræfte diagnosen. I høringsrunden op til udarbejdelsen af retningslinjen ytrede Dansk Selskab for Obstetrik og Gynækologi (DSOG) og

Dansk Føtalmedicinsk Selskab (DFMS) ønske om, at NIPT også skulle tilbydes mellemrisikogruppen (1:300-1:1000). Dette blev imidlertid ikke imødekommet af Sundhedsstyrelsen.

Men hvad med kvinderne? Hvordan oplever de at komme i risikogruppe? Kan de navigere i disse komplekse risikotal? Hvilke eventuelle konsekvenser har det for kvinderne at komme i risikogruppe? Dette er spørgsmål, der tidligere kun er undersøgt i begrænset omfang særligt i en dansk kontekst og blev derfor nærmere eksploreret med et kvalitativt interview-studie.

Der blev udført 9 semi-strukturerede individuelle interviews af kvinder, hvor man ved 1. trimesterscanningen havde beregnet en forhøjet risiko, men hvor efterfølgende ”Non-Invasisive Prenatal Test” (7 kvinder) eller en moderkagebiopsi (2 kvinder) viste, at alle faktisk ventede et raskt barn. Det vil sige, at disse kvinders risikovurdering fra 1. trimesterscanning var ”falsk positiv”. Kvinderne blev rekrutteret dels via opslag på sygehus dels via opslag på sociale medier. Deltagerne var gravide dansktalende kvinder mellem 27 og 37 år, som overvejende havde enten en mellemlang eller en lang uddannelse.

Nogle centrale fund af undersøgelsen:

Om de risikooplysninger, de havde modtaget, rapporterede kvinderne, at risikotallet blev formidlet som en relativ frekvens (for eksempel: 1: 250 eller 1: 190) i en ”negativ ramme”. Denne ”negativ framing” betyder, at man fremstiller et tal som ”risikoen for at barnet er sygt” og ikke som ”chancen at barnet er raskt”. For eksempel blev kvinderne informeret om, at: ”Risikoen for at dit barn har Downs er 1:100” og ikke: ”Chancen for at dit barn er raskt er 99:100”. Selv om dette faktisk er den samme oplysning, kan det dog gøre en forskel i forhold til, hvordan negative eller positive mennesker opfatter og tolker disse informationer.

Mange kvinder synes generelt at have det svært med at ”give mening” til tallene med hensyn til at forstå, om deres egen risiko faktisk var høj eller lav. Kvinderne prøvede faktisk selv på forskellig vis at finde rationale i tallet. Dels ud fra hvor i risikogruppen de befandt sig selv, dels ved at sammenligne deres tal med andres. Det vil sige, at nogle kvinder holdt risikotallet op imod, om de befandt sig i den ”høje” eller ”lave” ende af risikogruppen, mens andre søgte på nettet, hvilke tal andre kvinder havde fået. Og så var der endnu andre, der slet ikke formåede at forholde sig rationelt til tallet. På trods af tallene, der viste en langt større chance for at få et sundt barn, blev

deres tanker domineret på meget negative følelser, om at det forventede barn lige præcis ville være det, der rent faktisk ville blive påvirket.

Ydermere viste det sig at kvinderne og parrene brugte sonografens formidling som indikator for alvorligheden af tallet. Således hæftede de sig ved, om sonografen virkede optimistisk eller bekymret. Eller om formidlingen blev givet med eller uden ”håb”. F.eks. trøstede et par sig ved, at sonografen havde sagt, at hun havde en fornemmelse af, at det nok skulle være et fint barn, de ventede sig, mens andre var blevet bekymret, fordi sonografen havde virket stille og alvorlig.

I hvert fald oplevede kvinderne følelsesmæssige konsekvenser ved at komme i risikogruppen. Størstedelen beskrev, at de blev rystede og kede af det. Flere blev sygemeldt fra deres arbejde i en periode og bekymringen for barnet forsvandt ikke helt før fødslen, selv om de efterfølgende blev ”frikendt” ved den senere test. Tre gravide fortalte om længerevarende konsekvenser som forsinket tilknytning til barnet, bekymring for om barnet nu reelt var raskt, altså om lægerne kunne have overset noget, og endelig beskrev en enkelt kvinde sygehus-angst, som var opstået i kølvandet på ”falsk-positive”-screeningssvar. Resultaterne tyder således på, at der kan være nogle oversete konsekvenser af en ”positiv” risikovurdering (”forhøjet risiko”), som nogle gravide kvinder få ved 1. trimesterscanningen, selvom resultatet senere afkræftes.

Med hensyn til valget af ”Non-Invasive Prenatal Test” (*NIPT*) viste det sig, at det blev foretaget, fordi det var uden risiko for barnet og blev opfattet som en grundig metode, men at ventetiden for svaret blev oplevet som lang og gav bekymring.

Konklusionen på undersøgelsen er, at de gravide i højere grad bør hjælpes til at tolke deres risikotal. For at sikre en neutral information skulle det måske overvejes at formidle risikotallene i både ”positiv” og ”negativ ramme”. Desuden indikerer undersøgelsen et behov for, at der gives redskaber til at reflektere over risikotallene f.eks. via en omregnetabel, som viser risikotallene i både relative frekvenser og procenter. Ydermere bør der være mulighed for en opfølgende samtale med henblik på at minimere risikoen for store bekymringer og mulige langsigtede konsekvenser.

Vi ved dog ikke, i hvilken grad undersøgelsens resultater kan hævde at være gyldige for gravide kvinder i Danmark generelt. På grund af kvalitative tilgang af studiet var størrelsen af prøven meget lille og de fleste kvinder, der deltog var veluddannede. Ydermere meldte kvinderne sig selv

til interviewet, hvilket kan betyde, at det overvejende var kvinder, der havde særligt negative oplevelser eller var specielt kritiske, som besluttede at deltage.

Således er der et behov for, at videre forskning tager dette emne op med større og mere heterogene grupper af deltagere. Ligesom er det vigtigt, at fremtidige interventionsstudier undersøger, hvorledes kvinder oplever deres risiko ved formidling af risikotallet i forskellige formater og ved oplysning af forskellige cut-off-værdier og også hvordan de forstår den nye tests (NIPT) egenskab, hvilket ikke blev undersøgt i dybden i denne undersøgelse.

References

(1) Sundhedsstyrelsen. Retningslinjer for fosterdiagnostik - prænatal information, risikovurdering, rådgivning og diagnostik. Udgave 1. Danmark. September 2004.

(2) Sundhedsstyrelsen. Retningslinjer for fosterdiagnostik - prænatal information, risikovurdering, rådgivning og diagnostik. Januar 2017. https://www.sst.dk/da/sundhed-og-livsstil/graviditet-og-foedsel/~/media/DF9E4D6167154966800B7ACC8B7F2B59.ashx [hentet 27/1-2017]

English summary

How do Danish pregnant women who participate in the 1st trimester-scanning experience the feedback to be "at risk" and how do they understand information about the "Non-invasive Prenatal Test" (NIPT)?

Mette Jørgensen, midwife and Master of Science in Public Health

In Denmark all pregnant women in their first trimester receive the offer of a risk assessment for having a child with, for instance, Down syndrome. If the risk is assessed as being 1:300 or higher the woman is offered further tests, such as an invasive diagnostic test (e.g. amniocentesis) or, since 2017, a further non-invasive screening test (NIPT). A qualitative interview study was conducted with 9 women who – based on the initial screening - had received the feedback that their child might be at risk but who had later learned that the child actually was healthy. It was explored how pregnant women subjectively "make sense" of the information that their child may be "at risk". It was found that the women experienced problems with understanding what the information meant for them personally, and that they tried in various individual ways to "find. meaning" but were all emotionally shaken. The findings suggest that many women who receive this type of feedback may need more support and more elaborate information, including the opportunity for discussion in order to enable understanding

Are patients with atrial fibrillation aware they are at risk for stroke?

Anders Vestergård Fournaise, Master of Science in Public Health

Atrial fibrillation is a condition where people episodically or chronically experience arrhythmic, irregular heartbeats and which is associated with a higher risk for stroke. Over recent decades the number of people affected by this health problem has increased substantially – so much so that it has been described as a developing epidemic. In Europe, the USA and Australia, the rate of people currently living with atrial fibrillation is estimated to be around 1-4%, and rates rise to around 10%-17% among people over 80 (1-4).

The extent of an individual patient's risk for stroke actually depends not only on the presence of atrial fibrillation per se but also other risk factors, such as, for instance, diabetes, high blood pressure, whether the person already had a stroke or is suffering from heart failure. This actual degree of risk, based on the number and type of risk factors, is determined for each individual patient as part of standard clinical practice when decisions are made regarding treatment.

However, we do not possess much knowledge yet about whether the patients themselves are aware of their heightened stroke risk. Do they know that atrial fibrillation – particularly in combination with further risk factors such as diabetes or high blood pressure – puts them at risk for stroke? And to which degree does their subjective perception of risk agree with the medical risk determined by their physicians? Compared to this medically assessed risk, are patients realistic in their perceptions or are they too optimistic or maybe too pessimistic?

We tried to answer these questions with the help of a study among Danish patients with atrial fibrillation treated at the Anticoagulant Clinic at the Hospital of South West Denmark (Sydvestjysk Sygehus) in Esbjerg. The study was conducted in collaboration between the Unit for Thrombosis Research (Else Marie Bladbjerg and Jane Skov) and the Unit for Health Promotion Research (Anders Vestergård Fournaise and Anja Leppin) at the Department of Public Health (IST), and was

part of a larger research project on the effects of anticoagulant treatment, headed by Prof. Jørgen Jespersen, Unit for Thrombosis Research, IST, SDU.

178 patients participated in the study. 70% of participants were male, 30% female. The average age was 71, with the youngest patient being 45 and the oldest 86 years old.

What we found was, first, that patients differed in their perception of risk, so there were patients who perceived a high as well as patients who perceived a low personal risk of stroke. More precisely, about 60% of patients perceived low personal stroke risk, whereas around 40% perceived a high personal risk. However, this perception turned out to be largely unrelated to whether their actual medical risk was high or low.

About 50% of the patients could be described as being ”realistic” in terms of having a similar view of their risk as their physicians. The other half were either too optimistic (29%) or – possibly - too pessimistic (21%). This means that they either perceived their stroke risk as too low as compared to the medical risk assessment made or they evaluated their risk as high, even though their physicians had assessed the stroke risk as (comparatively) low.

The results suggest that many patients may actually lack knowledge about their condition. Their perceptions of risk may thus be reflections of general optimistic or pessimistic worldviews or be ways to cope with the disease rather than the result of processing medical information.

But why can such ’misperceptions’ in patients with atrial fibrillation be problematic? One reason is that patients who underestimate their personal risk may be less motivated to change unhealthy lifestyles because they perceive no need to do so. This means they may be less determined and committed to reduce weight, eat healthier, stop smoking or engage in regular physical activity - all behaviors which help reduce stroke risk factors, such as obesity and diabetes or high blood pressure. Furthermore, adherence to medication treatment is crucial for this patient group. But again, the subjective need to be adherent may be considerably less when patients do not expect any severe consequences in case they are non-compliant. Such a tendency may be even stronger when medication taking leads to side effects – which is actually common in some of the medications prescribed for this patient group.

All in all, the findings suggest that more efforts may be needed to inform and support patients with atrial fibrillation. More targeted or tailored information about individual risk as well as effective ways to reduce this risk may be a step towards narrowing the gap between professionals' and patients' perspectives.

References

1. Lip GY, Brechin CM, Lane DA. The global burden of atrial fibrillation and stroke: a systematic review of the epidemiology of atrial fibrillation in regions outside North America and Europe. Chest. 2012; 142:1489-1498.
2. Zulkifly H, Lip GYH, Lane DA. Epidemiology of atrial fibrillation. Int J Clin Pract. 2018 Mar 1. doi: 10.1111/ijcp.13070. [Epub ahead of print]
3. Rahman F, Kwan GF, Benjamin EJ. Global epidemiology of atrial fibrillation. *Nat Rev Cardiol*. 2014;11:639-654.
4. Zoni-Berisso M, Lercari F, Carazza T, Domenicucci S. Epidemiology of atrial fibrillation: European perspective. Clin Epidemiol. 2014; 6:213-220.

Dansk resume

Ved patienter med artrieflimren, at de er i risiko for slagtilfælde?

Anders Vestergaard Fournaise, kandidat i Folkesundhedsvidenskab

Artrieflimren (også kaldes forkammerflimren) er en af de hyppigste former for hjerterytmeforstyrrelser og patienterne med artrieflimren har en øget risiko for slagtilfælde. Fra teorier om sundhedsadfærd ved vi, at det er vigtigt, at patienter har en korrekt opfattelse af den risiko, deres sygdom medfører. Undervurderer de deres risiko, kan det have betydning for deres motivation for at følge behandlingen og for at lave adfærdsændringer. Overvurderer de deres risiko, kan det medføre unødvendig bekymring, som kan reducere deres livskvalitet. I dette studie har vi undersøgt sammenhængen mellem atrieflimren-patienters risikoopfattelse af et slagtilfælde og deres faktiske kliniske risiko. Vi fandt ud af, at mere end halvdelen af de undersøgte patienter faktisk enten under- eller overvurderede deres risiko, hvilket tyder på, at de kunne drage fordel af at intensivere patientuddannelse.

Opfatter unge mennesker en personlig risiko for at udvikle diabetes 2? Og hvilken rolle spiller personlighed?

Lotte Skøt, ph.d.-studerende, Forskningsenheden for Sundhedsfremme

Diabetes vurderes at være et af de største aktuelle og fremtidige folkesundhedsproblemer. I Europa er andelen af 20-70-årige med diabetes steget fra 5% i 2000 til 9,1% i 2015 (1,2). På samme måde er antallet af børn og voksne med diabetes i Danmark fordoblet mellem 2002 og 2012, og type 2 diabetes tegner sig for ca. 80% af alle tilfælde af diabetes (3). Hvis den nuværende tendens ikke standses, forventes det, at antallet af mennesker med type 2 diabetes i Danmark vil stige til 430.000 inden år 2030 (4).

De fleste mennesker ramt af type 2 diabetes er gamle eller midaldrende, men det betyder ikke, at yngre mennesker ikke bør målrettes ved forebyggende indsats. Der er forskellige grunde til dette. For det første er det stigende antal af mennesker med type 2 diabetes klart forbundet med menneskers adfærdsmæssige vaner, for eksempel et øget forbrug af fødevarer med højt indhold af sukker og mættet fedt (forarbejdet mad/ færdigretter/slik) samt sukkerholdige drikkevarer (især sodavand) såvel som et generelt fald i fysisk aktivitet over mange årtier. Disse vaner bliver sædvanligvis etableret og stabiliseret mellem barndom, ungdomsår og tidligt voksenliv og derfor er tidlig forebyggelse særlig vigtig for type 2 diabetes ligesom for mange andre livstilsygdomme, som for eksempel hjertekarsygdomme.

Ud over dette har det vist sig i de seneste år, at type 2 diabetes faktisk bliver identificeret i stigende grad hos teenagere og unge mennesker (5). Det vurderes, at andelen af unge mennesker (20-39) med type 2 diabetes er steget fra 13% til 16% over hele verden fra 2000 til 2013 (6). Mens denne udvikling viser sig at være mest dramatisk i udviklingslandene, ses den samme tendens også i europæiske samfund. I Danmark er antallet af mennesker med type 2 diabetes i alderen 30-39 således steget med 21% fra 2002 til 2012 (3). Dette er meget bekymrende, da det betyder en

længere eksponering over livsforløbet til ”hypoglykæmi”, dvs. man oplever et længere tidsrum, hvor blodets indhold af sukker er øget. Ydermere har type 2 diabetes en tendens til at være mere aggressiv, når den opstår i en yngre alder, især hvis sygdommen forbliver uopdaget og ubehandlet over en længere periode.

Af disse grunde bør forebyggende indsatser målrettet type 2 diabetes også inddrage unge mennesker, og indsatser kunne starte med at skabe opmærksomhed omkring problemet hos målgruppen. Mange unge mennesker opfatter sig ikke som personer, der er i risiko for at udvikle type 2 diabetes. Type 2 diabetes kaldes trods alt for ”gammelmandssygdom” i folkesproget, derfor kan unge mennesker tro, at de ikke passer til stereotypen af mennesker med type 2 diabetes, netop fordi de opfatter sig selv som for unge. Men når mennesker mangler bevidsthed om deres personlige risiko, ser de ikke nødvendigheden i at gøre noget aktivt ved problemet.

På nuværende tidspunkt mangler der viden om, hvordan unge mennesker opfatter deres egen risiko for at udvikle type 2 diabetes. Nogle få undersøgelser af amerikanske studerende har dog bekræftet, at den opfattede risiko ligger i den lave ende, og at der kan være en tendens til en ”optimistisk bias” blandt unge, dvs. mange studerende i undersøgelserne vurderede deres risiko for at udvikle type 2 diabetes som lavere end risikoen blandt andre af samme alder og køn, og denne tendens opstod selv hos de studerende, der faktisk havde flere risikofaktorer for type 2 diabetes. Dette er bekymrende fordi – som nævnt – manglen af bevidsthed kan føre til inaktivitet.

For at udvikle effektive sundhedsfremmende interventionsprogrammer er det derfor vigtigt at identificere de faktorer, der påvirker unge menneskers risikoopfattelse. Der er dog kun få undersøgelser, der indtil nu har undersøgt determinanter for risikoopfattelse af type 2 diabetes blandt denne gruppe. Familiehistorie af type 2 diabetes er den eneste faktor, der konsekvent er blevet identificeret som en variabel, der øger den personlige risikovurdering af type 2 diabetes. Dette er i tråd med medicinsk evidens og kan tyde på, at mennesker, som har pårørende med diabetes, har højere viden om sygdommen, men det indikerer også, at risikoopfattelsen i høj grad er præget af konkrete egene eller sociale erfaringer.

Nogle få amerikanske undersøgelser af yngre mennesker har kigget på rollen af livstilrelaterede risikofaktorer, som for eksempel overvægt/fedme, men resultaterne er ikke entydige. Nogle studier har fundet, at de overvægtige opfattede en højere personlig risiko for at udvikle type 2 diabetes, imens andre studier ingen forskel har fundet relateret til risikovurdering mellem overvægtige og ikke-overvægtige mennesker.

På nuværende tidspunkt ved man endnu mindre omkring, hvilken rolle psykologiske faktorer spiller i denne kontekst. For eksempel kunne det formodes, at menneskers "personlighed" kan påvirke i hvilken grad, de ser sig selv at være i fare – uafhængigt af den specifikke trussel. Inden for psykologi forstås personlighed som stabile egenskaber, der er unikke for den enkelte person. For eksempel kan personer være mere udadvendt, dvs. de trives især i sociale aktiviteter og spiller en aktiv rolle i dem, eller personer kan være mere indadvendte, dvs. mere rolige og deres opmærksomhed er rettet indad snarere end udad. Man kan endvidere karakterisere personer som at være mere samvittighedsfulde versus tilbagelænede og ligegyldige, og de kan også beskrives som mentalt stabile og emotionelt afbalancerede versus tilbøjelige til at opleve negative følelser, såsom nervøsitet, angst, bekymring eller vrede og være humørsyge.

Sådanne personlighedstræk antages at påvirke menneskers adfærdsmæssige valg og mønstre på tværs af forskellige situationer, og det kan ligeledes formodes, at personlighedstræk kan have en indflydelse på den måde, mennesker opfatter personlige risici, ikke mindst fordi personlighedstræk også styrer valg af sundhedsfremmende adfærd eller risikoadfærd, såsom rygning, fysisk aktivitet eller sunde/usunde spisevaner.

Tidligere studier har vist sammenhænge mellem personlighedstræk og sundhedsadfærd. Især samvittighedsfuldhed synes at spille en stor rolle. Mennesker, som har en tendens til at være samvittighedsfulde, er generelt mere forsigtige, organiserede og selvdisciplinerede og det har vist sig, at de også er mindre tilbøjelige til at ryge, drikke meget alkohol, eller tage ulovlige stoffer. Ydermere har et stort livsforløbsstudie endda vist, at mennesker, som er mere samvittighedsfulde, lever længere end personer, der er mindre samvittighedsfulde, og det kan antages, at en af hovedårsagerne til dette er, at samvittighedsfulde mennesker generelt lever et sundere liv.

Desuden er der evidens for, at følelsesmæssig ustabilitet og udadvendthed kan øge sandsynligheden for, at mennesker optager adfærd som rygning, stort alkoholforbrug eller usunde spisevaner. Dette skyldes sandsynligvis, at mennesker, der er præget af følelsesmæssig ustabilitet, mangler impulskontrol og har en tendens til at udføre sådan adfærd for at dæmpe negative emotioner, og at udadvendte mennesker søger spændende sociale aktiviteter (f.eks. at gå på diskotek, tage til fester), der ofte involverer rygning, druk, festmad m.m.

Ingen studier har dog undersøgt forholdet mellem personlighedstræk og risikoopfattelse af type 2 diabetes. Viden om dette emne kan yde et vigtigt bidrag til forebyggende sundhedsinterventioner, da det kan være en fordel at skræddersy sundhedsrisiko-kommunikation til at matche visse personlighedstræk - en teknik, der allerede er almindeligt anvendt inden for kommerciel markedsføring.

Derfor har vi til formål at undersøge sammenhængene mellem personlighedstræk, sundheds-relaterede adfærd og risikoopfattelse af type 2 diabetes blandt studerende i Danmark. Vi har gennemført en tværgående online-undersøgelse med over 1000 studerende fra fem universiteter. Dataene analyseres og udarbejdes for øjeblikket til publicering, og vi ser frem til at rapportere vores resultater ikke kun i videnskabelige artikler men også i en af de næste udgaver af HPR News.

References

1. International Diabetes Federation. IDF Diabetes Atlas, 1st edn. Brussels, Belgium: International Diabetes Federation; 2000.
2. International Diabetes Federation: IDF Diabetes Atlas, 7th edn. Brussels, Belgium: International Diabetes Federation; 2015.
3 Danish Diabetes Association. Diabetes i Danmark. 2018. https://diabetes.dk/presse/diabetes-i-tal/diabetes-i-danmark.aspx. Accessed 2 Jan 2018.
4. Jensen HAR, Thygesen LC, Davidsen M. Sygdomsudviklingen i Danmark fremskrevet til 2030. KOL og type 2-diabetes. Statens Institut for Folkesundhed; 2017.
5. Lascar N, Brown J, Pattison H, Barnett AH, Bailey CJ, Bellary S. Type 2 diabetes in adolescents and young adults. Lancet Diabetes Endocrinol. 2017; 6:69-80.
6. International Diabetes Federation. IDF Diabetes Atlas, 6th edn. Brussels, Belgium: International Diabetes Federation; 2013.

English summary

Do young people perceive a personal risk for diabetes type 2?

Lotte Skøt, PhD student, Unit for Health Promotion Research

Type 2 diabetes (T2D) is on the rise among adolescents and young adults. A challenge for health risk communication is that young people may not be aware or lack acknowledgement of their personal risk of developing T2D. To date only few studies have investigated determinants of perceived diabetes risk and no knowledge at all is available on the potential influence of personality traits on T2D risk perception. Therefore, we are currently conducting a cross-sectional survey, which investigates relationships between personality traits, health-related behaviours and perception of type 2 diabetes risk among university students in Denmark.

Why we believe we are at risk… or not

Anja Leppin, Professor, Unit for Health Promotion Research

Many people who stop smoking, reduce their sugar intake, wash their hands more frequently during flu season, get vaccinated or wear a helmet while biking, do so because they believe that otherwise they might be at risk. People's subjective perception of risk therefore figures prominently in well-known and commonly used theoretical approaches for explaining health behavior. Health Belief Model or Protection Motivation Theory, for instance claim that feeling personally susceptible to diseases or accidents is an indispensable step on the way to health-protective behavioral change. Consequently, trying to make people aware of their health risks is a core part of health education interventions. However, this may be easier said than done. Over many years of research and practice it has become clear that providing facts, figures and scientific data alone is often not enough to convince people that they may be at risk unless they take action to protect themselves. Facts and figures is what convinces scientists but risk in the public's view is often driven by other considerations.

Risk in technical-scientific terms is the probability that a loss will occur multiplied by the magnitude of damage anticipated due to the loss. Health risks are thus defined by their likelihood to cause death or disease. People in their daily lives however do not necessarily take such a perspective. Instead they often focus mainly on the consequences of hazards and the image of "dreadfulness" they evoke. This might, for instance be a reason why many women consider breast cancer a greater risk to themselves than coronary heart disease, even though heart disease is the no 1 cause of death for women as well as for men.

Similarly, it may explain a finding from a 2017 study conducted by Danish Trygfonden to assess the level of safety experienced in the Danish population ("Tryghedsmåling"). In that survey, nearly every fourth Dane expressed concern about the risk of becoming a victim of a terror attack (1). Seen from the standpoint of statistics such worry may seem "irrational" given that the actual likelihood of someone living in a country like Denmark to be killed or injured by terror is indeed

small. Public health experts might accordingly feel tempted to comment that people rather should worry about their level of sugar intake and their diabetes risk which in terms of mortality statistics is considerably more relevant. However, judging the public's view on risk from such a "deficit perspective" may miss the point, just as communicating the "true statistics" to people is unlikely to seriously dampen terror concerns.

Generally, human thought processes and human decision-making are based in two different systems, which have been labelled in different ways, but most simply have been referred to as "System 1" and "System 2" (2). While System 2 is based on rational-analytic thinking, where information is sought and then carefully and systematically weighed before a conclusion is made, System 1 works by intuition or "gut-feeling", rules of thumb and approximations. System 1 is extremely rapid and effortless and it operates more or less automatically and without personal control. System 2 on the other hand is much slower since it requires time, effort and attention as conscious, often complex thought processes are deliberately applied. Obviously, the major strength of System 1 is speed while System 2's strong point is coming to correct conclusions.

Typically, use of System 2 drives scientific thinking. But, of course it is also applied by many "lay people" in their daily lives, particularly when it comes to solving the more relevant problems they are confronted with or when they need to make choices with longer-term impact. Routine issues and those with less long-term or severe consequences on the other hand are dealt with by the less demanding System 1. Ideally, both systems share labor in a highly efficient manner, trying to reduce effort while maximizing performance. For many people in many situations this task-sharing works reasonably well. However, there can be - and often is - an overreliance on the very convenient System 1, which can lead to errors and biased decisions, particularly when it comes to risk evaluations.

One reason for the ease with which many people are tempted to neglect System 2-based reasoning in favor of System 1-driven conclusions is related to a common lack of "statistical literacy". This happens more frequently for those with lesser levels of general education but is by no means limited to these groups. Challenges are particularly obvious when it comes to correctly

understanding probability information. Being told, for instance, that one has a “5%-likelihood” to develop coronary heart disease in the next 10 years” is experienced as confusing by many and can mean very different things to different people.

System 1 instead tends to make people rely on aspects of information which are more intuitively understandable and which are the most eye-catching but not necessarily the most relevant. Simply put, the more vivid, arresting and scary the “images” which are evoked by certain risk events, the more relevance people tend to attach to them. Paul Slovic and his research group at the University of Oregon for instance found that people believed that death by accident was by and large as common as death by disease – a belief clearly contradicted by mortality statistics. Similarly, people have a tendency to overrate the likelihood of plane crashes or terror attacks while “quieter”, less immediately attention-grabbing threats such as, for instance, diabetes are often underrated. How can this be explained? Dramatic events like large-scale accidents or terrorist attacks typically evoke intensely fraught images and emotions, thus lending them a high degree of mental presence. And events which rapidly and easily come to mind and therefore are cognitively “available” to people are believed to be more common, which is why Daniel Kahneman and Amos Tversky in their groundbreaking research on decision-making have labelled this as an “availability heuristic” (3).

Visual images of dramatic events are to a great extent created and amplified by the mass and social media. It is therefore hardly surprising that spotlighting specific risks in this way has an impact on the public’s risk perception as well as on subsequent action. When Angelina Jolie in 2013 publicly disclosed her genetic breast cancer risk and reported that she had undergone mastectomy to control that risk, this was an event extremely well covered by TV and print media, and it was intensely talked about on the social media. It is therefore not really a surprise that in the wake of these developments, a considerable increase in rates of genetic testing for breast and ovarian cancer risk was noted in the US.

Another example which highlights the influence of the media, but with an opposite effect on health services use, comes from Denmark. In 2015, a Danish TV documentary featured three girls

who had developed serious symptoms after they had been vaccinated against infection by human papilloma virus (HPV). The program strongly suggested that the symptoms experienced by these girls might actually have been caused by the HPV vaccine. In the wake of this documentary and fueled by the social media an intense public discussion unfolded, which led to rising levels of concern about HPV vaccination among parents of young teenage girls. The Danish Health Authority and the National Cancer Society attempted reassuring the public that the vaccine was safe and that there was no scientific evidence whatsoever for the claim that HPV vaccination might have caused the reported symptoms. Yet, in 2016 there was a serious drop in the number of eligible girls who initiated HPV vaccination compared to previous years (4). In the meantime, the Danish Health Authority together with the National Cancer Society and the Danish Medical Association have launched a new campaign on HPV vaccination (*Stop HPV*), and new data show that vaccination rates have gone up again to nearly the levels of 2012 (3). Yet, these events provide a clear object lesson for strategic risk communication in that they highlight the immense challenge of fighting stories and emotions with science and statistics.

Also, this example clearly underlines how much people's risk perceptions depend on emotions. People often make risk judgments by listening to what they feel. Does it make me feel good? Or do I feel anxious or angry? Paul Slovic and his research group have termed this an "affect heuristic", which is a practical, shortcut approach where general positive or negative attitudes and emotions guide the evaluation of risk (5). How this works can be observed when looking at how people relate to technologies.

Experts would argue that benefits and risks of technologies are largely independent. Technologies may entail economic or other benefits for individuals and/or for society as a whole but at the same time involve risks to health and safety. Lay people, however, may think differently about this, which is what Slovic and colleagues found when studying people's opinions about technologies, such as food preservatives, chemical manufacturing, water fluoridation and cars. Asking their study participants to name both benefits and risks of these technologies, they found a high inverse association between these two aspects. Thus, technologies which are perceived of as positive and personally beneficial, such as for instance cars, tend to be thought of as less risky than

technologies where personal advantages are less obvious from an individual standpoint, such as waste incinerators or genetically modified foods.

Applied to the area of health risk behaviors, this might mean that the immediate satisfaction which many people derive from eating chocolate, pizza or burgers may lead them to discount at least some of the long-term health risks involved. This does not mean that people do not understand or disbelieve health risk messages, it is just that these messages compete with deep-rooted feelings about the "goodness" of these activities. Furthermore, when it comes to health risk behaviors people mostly engage voluntarily in these activities and perceive at least some level of control. All of these aspects may tip the scale against "feeling" a high risk – quite different from situations where people are involuntarily exposed, out of control and have a hard time seeing any personal benefits, such as when a waste incinerator or a power windmill is newly built in their neighborhood.

Deciding whether one personally is at risk is thus not just a less precise or a "deficient" version of expert risk assessment but is a qualitatively different process. This is important to keep in mind when tackling people's risk perception in the context of health promotion or prevention interventions. It does not mean that false perceptions or a lack in understanding of "facts and figures" should not be corrected by trusted sources, wherever necessary. However, such an approach all by itself may be limited. Further and more generally, it is essential to keep in mind that what makes something a risk and – in particular – what is an acceptable or an inacceptable risk may to a large extent depend on differing worldviews and perspectives.

References

(1) Trygfonden. Tryghedsmåling. 2017 (cited 2018 March 1). Available from: https://www.trygfonden.dk/viden-og materialer/publikationer/tryghedsmålinger/ tryghedsmåling-2017.

(2) Evans J, Stanovich KE. Dual-process theories of higher cognition: advancing the debate, Perspect Psychol Sc. 2013; 8:223-241.

(3) Tversky A, Kahneman D. Judgment under uncertainty: Heuristics and biases. Science. 1974; 85: 1124-1137.

(4) Slovic P, editor. The feeling of risk. London: Earthscan; 2010.

(5) Statens Serum Institut. News. Twice as many received HPV vaccination in 2017 as in 2016. Copenhagen: Statens Serum Institut; 2017 (cited 2018 March 1). Available from: https://www.ssi.dk/English/News/News/2018/2018%20-%2001%20-%20hpv.aspx

Dansk resume

Hvorfor vi tror, at vi er i risiko .. eller ikke er

Anja Leppin, professor, Forskningsenheden for Sundhedsfremme

Forståelsen af, at noget er en personlig risiko, er den vigtigste motivation for få mennesker til at vælge sundhedsbeskyttende adfærd. Imidlertid er det at levere oplysninger, tal og videnskabeligt data ikke altid nok til at overbevise befolkningen om, at de befinder sig i en risiko. Mennesker i dagligdagen bruger ofte 'mentale genveje' eller 'tommelfingerregler' for at vurdere, hvad der er en risiko, og hvad der ikke er. Der er ofte stor fokus på risikokonsekvenserne, især hvis disse er forbundet med livagtige 'katastrofe billeder', som forstærkes af medierne, hvorimod information omkring sandsynlighed, der ikke forstås så godt, har en tendens til at blive negligeret. Yderligere har man fundet ud af, at folk bruger deres generelle holdninger og følelser til at vurdere en risikosituation. Dette betyder også, at når de føler en stor fordel forbundet ved en adfærd, så har de svært ved at se den risiko, der kan være involveret. Det er essentielt for strategisk risikokommunikation at inddrage menneskers risikoopfattelser, når man udvikler strategier til at informere befolkningen om risiko og for at gøre det muligt for dem at tage de fornødne sundhedsbeskyttende forholdsregler.

Information about ongoing projects in the unit

Bedre sammenhæng for borgerne: En evaluering af forløbsprogram for borgere med angst og depression relateret til beskæftigelsesområdet

Eva Ladekjær Larsen, Lektor, Forskningsenheden for Sundhedsfremme

I de seneste år er der sket en markant stigning i antallet af personer, som forlader arbejdsmarkedet på grund af psykiske lidelser og lidelserne er årsag til halvdelen af alle langtidssygemeldinger. For den enkelte borgere har det store psykosociale konsekvenser og de samfundsmæssige omkostninger af angst og depression er blandt de største årsager til produktionstab.

Region Syddanmark og kommunerne Sønderborg, Aabenraa, Tønder og Haderslev har udviklet og implementerer et forløbsprogram, der søger at styrke samarbejdet mellem lokalpsykiatri og jobcenter og skabe bedre sammenhæng for borgere. Målgruppen er borgere henvist til lokalpsykiatrien med angst eller depression og som tidligere har haft varig tilknytning til arbejdsmarkedet.

I nærværende evalueringsprojekt er formålet at vurdere, om forløbsprogrammet skaber bedre sammenhæng for borgere og styrker samarbejdet mellem de involverede sektorer. Forskningsspørgsmålene lyder:

1. Hvordan opleves samarbejdet af medarbejdere fra psykiatri og jobcenter i forhold til faglige identiteter, arbejdskulturer, borgerinddragelse og forløbsprogrammets organisering?

2. Hvordan oplever borgeren forløbsprogrammet i forhold til borgerinddragelse, håndtering af depression/angst og integration på arbejdsmarkedet?

Undersøgelsen er baseret på et kvalitativt procesevalueringsdesign, som integrerer kontekstuelle faktorer, der påvirker implementeringsprocessen og anerkender, at deltagere ikke er passive

modtagere af en intervention, men interagerer med den i forhold til værdier, sociale normer og ressourcer.

Evalueringsprojektet ledes af Eva Ladekjær Larsen og forventes afsluttet juni 2018.

English summary

Better collaboration? Evaluation of the implementation process of a program aimed at strengthening collaboration between municipalities, local psychiatric centres and patients diagnosed with depression or anxiety

Eva Ladekjaer Larsen, Associate Professor, Unit for Health Promotion Research

Common mental disorders (CMD) such as depression and anxiety are increasingly a major cause of sickness absence, and they have severe financial and psycho-social consequences for the individual CMD patient as well as financial consequences for the welfare state. Research suggests that CMD patients who are supported by sufficient assistance, should be able to participate in the labor market. The municipalities' job centres have thus an increased focus on supporting CMD patients' return to work (RTW). However, CMD patients have a low RTW rate and a higher number of sick leave days compared to patients diagnosed with physical health problems. A promising method to support CMD patients to RTW is increased collaboration between the social and health care sectors and a high level of patient/citizen participation in the collaboration process. South Denmark Region and four municipalities are currently testing a collaboration model between the local psychiatric centers (LPC) and job centers at municipalities (JC) that aim to support CMD patients in recovery and RTW. In this project we explore how health care workers at LPC, caseworkers at the municipalities' job centers and CMD patients experience the collaboration project in order to identify factors that enable or obstruct collaboration processes.

The project ends June 2018 and is led by Eva Ladekjær Larsen.

DIYPES EU project meeting in Rome

In the timeframe December 11-12, 2017, the Work Meeting 1 of the DIYPES project took place at the Institute of Research on Population and Social Policies - The National Research Council, Rome, Italy. Representatives from each of the 6 project partner countries (Albania, Denmark, Italy, Malta, Romania and Slovakia) discussed the progress achieved at the middle of the implementation period (in regards to the first results of the curriculum analysis and intervention data collection phase) and also planned together the following activities, especially the intervention implementation in the 15 high-schools enrolled in the project and the 3-days Work Meeting planned in June-July in Malta. Contact information: contact@diypes.eu

Our Unit has since January 2017 been involved in this project which runs over two years (2017-2019) financed through the Erasmus + Sports program in EU emphasizing a participative approach to Physical Education and Sports (PES) classes' development and employment, focused on high school students' expressed needs and interests. It involves six European countries; Albania, Denmark, Italy, Malta, Romania and Slovakia. The main goal of the project is to reach an optimal level of effectiveness and enjoyment, positive and engaging experiences for high school students during PES classes. The Unit is leading WP4 and is responsible for the evaluation of the project.

Dansk resume

Forskningsenheden for sundhedsfremme har siden januar 2017 været involveret i **DIYPES-projektet** (2017-2019). Finansiering er gennem Erasmus + Sports-programmet i EU, hvor hensigten er at udvikle uddannelses- og idrætsuddannelsesklasser (PES) og få flere unge til at dyrke fysisk aktivitet. Seks europæiske lande deltager; Albanien, Danmark, Italien, Malta, Rumænien og Slovakiet. Hovedformålet med projektet er at nå et optimalt niveau omkring idrætsundervisning, og udvikle positive og engagerende oplevelser for gymnasieelever, når de deltager i idræt, og den vej rundt uddanne dem til større fokus på vigtigheden af fysisk aktivitet. http://diypes.eu/about. Forskningsenheden er ansvarlig for og leder WP4 og står for selve evalueringen af projektet.

A view of the project brochure – projektbrochuren

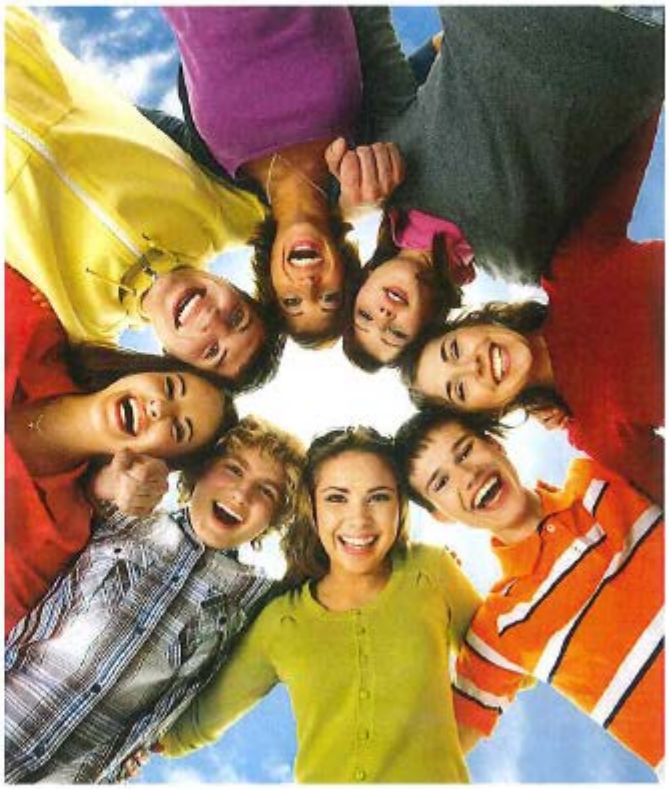
diypes

Erasmus+

Do it yourself!

DIYPES (Do it yourself! A participative approach to increase participation and engagement of high school students in physical education and sport classes) project is an idea born from the wish of changing behaviors related to physical activity that can further influence physical, psychological, cognitive and social development of individuals. The project started in January 2017 and it will last for two years. During this period, the focus of this project will be children and the youth population because they are in the phase of body development and this is the most favorable moment to set a pathway for preventing obesity and the uptake of risky behaviors such as smoking or drug and alcohol use.

The solution we found for tackling the issue of decreased physical activity levels in the youth population is through approching the physical education (PE) teachers as PE classes are already included in the school curriculum, they have a fixed schedule and they facilitate team work and group activities.In the DIYPES project high-school students, PE teachers, researchers and PE specialists will work together to find solutions to make PE classes more attractive to students.



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Why high-school students?

Because it is scientifically proven that adolescence is the age with the highest drop-out in physical activity levels. Secondly, the participatory approach proposed for the planning entails an important input from the target group (high school students and PES teachers). Thirdly, the increased level of autonomy incurred by the nature of the intervention, that gives the participating high-school students the right to decide for themselves in terms of PE classes development.

What is the main objective?

DIYPES project aims to increase the levels of participation and engagement/enjoyment of high-school students in PE classes and to reach an optimal balance between effectiveness and enjoyment, and positive engaging experiences for the students during these classes.

So far...

We started the PES curriculum analysis in the partner countries using thematic document analysis of official documents followed (and complemented) by interviews with PES specialists and teachers. We have also introduced the DIYPES project to the local education authorities and identified the high-school to be involved in the 5 partner countries.

The first DIYPES consortium meeting (the project kick-off meeting) was held in Cluj-Napoca, Romania, on 27-28 February 2017. The meeting was organized by the DIYPES project Coordinator, University Babes-Bolyai, Department of Public Health (www.publichealth.ro).

At the kick-off meeting the main object of the discussion were financial and technical management issues concerning the project but also guidelines and tasks for each partner country.

What's next?

During the next consortium meeting, that will take place in Rome on December 11-12, and will be co-organized by the Italian partner – National Research Council and by the project coordinator, University Babes-Bolyai, we will discuss the first results of the PE curriculum analysis and the methodology to be adopted for the 3 month intervention that will be implemented on a population of about 1250 students from 15 high-schools in the partner countries.

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SDU Health Promotion a partner in the new CONFIDE project in Tunisia

CONFIDE project launched in Tunisia

CONFIDE - STRENGTHENING PUBLIC HEALTH RESEARCH CAPACITY TO INFORM EVIDENCE BASED POLICIES IN TUNISIA – has been launched in Sfax, Tunisia, from 11 to 13 December 2017. The kick-off meeting was organized by Sfax University. Other Project Consortium members present were: Babeș-Bolyai University, Romania, University of Southern Denmark, Denmark, Trnava University, Slovakia, University of Tunis El Manar, Tunesia, and University of Sousse, Tunesia. National stakeholders such as non-governmental organizations, medical specialists, journalists and members of the local public administration also attended.

The Unit for Health Promotion Research in CONFIDE

The Unit for Health Promotion Research in Esbjerg is responsible for the Quality Assurance: Evaluation and Monitoring work package in CONFIDE. In addition, the Unit contributes to the Advisory Board, Management Committee and is involved in establishing the Center for Evidence into Health Policy (C4EHP). The Unit is also responsible for the training module of evidence-based public health policy and hosts Tunisian trainers in their on-the-job training at SDU in Esbjerg.

The CONFIDE project is a natural step forward in the Unit's expertise area in both the international research collaboration on evidence into policy work in the REPOPA project and the educational export experience at Princess Nourah Bint Abdulrahman University in Saudi Arabia. The CONFIDE team in the Unit consists of Arja R Aro, Leena Eklund Karlsson, Maria Palianopoulou, Pernille Tanggaard Andersen and Maja Bertram.

Photo 1 CONFIDE Consortium partners in Sfax

Photos 2 Voting at the Consortium meeting

Photo 2 Visit at the Sfax University

Photo 4 National stakeholders at the Sfax kick-off meeting.

Objectives of CONFIDE

CONFIDE will build capacities, which will strengthen the relations between higher education institutions and the wider economic and social environment in three regions of Tunisia. The project will establish a sustainable Public Health Research Center (Center for Evidence into Health Policy; C4EHP) with its headquarters in the University of Sfax.

CONFIDE will also develop teaching modules and train local trainers and arrange on-the-job training in the fields of public health research, health promotion and evidence-based public health policy. Further, the project will consolidate national and local partnerships between the public health academic and non-academic sector. The students will gain transferable skills and career development opportunities through networking activities and student internships.

CONFIDE is part of the European Commission's 'Cooperation' programme that aims to enhance transnational partnerships and build capacity in key development domains.

Project Coordinator: Babes-Bolyai University, Romania

Project Partners: University of Southern Denmark, Denmark; Trnava University, Slovakia; Sfax University, Tunesia; The University of Tunis El Manar, Tunesia and University of Sousse, Tunesia. **Grant no**: 586291-EPP-1-2017-1-RO-EPPKA2-CBHE-JP; **Agreement no**: 2017-2981; **Project period:** 15.10.2017-15.10.2020; **Funder:** Erasmus+ Programme; **Budget:** 719,340 Euro

Project website: www.confide.publichealth.ro

SDU contact: Arja R Aro, araro@health.sdu.dk, mobile +45 6011 1874.

SDU, Sundhedsfremme er ny partner i CONFIDE-projektet i Tunesien

CONFIDE-projektet blev lanceret i Tunesien

CONFIDE har til formål at styrke forskningskapaciteten i folkesundhed for at kunne kvalificere evidensbaserede politikker indenfor dette område i Tunesien.

Projektets kick-off møde fandt sted ved Sfax University i Tunesien fra 11. – 13. december 2017. Projektkonsortiets medlemmer deltog og består af: Babeș-Bolyai University, Rumænien, Syddansk Universitet, Danmark, Trnava University, Slovakiet, University of Tunis El Manar, Tunesien og University of Sousse, Tunesien. Derudover deltog forskellige nationale interessegrupper som ikke-statslige organisationer, lægespecialister, journalister og medlemmer af lokale offentlige administrationer.

Forskningsenheden for Sundhedsfremme i CONFIDE

Forskningsenheden for Sundhedsfremme i Esbjerg er ansvarlig for projektets kvalitetssikring, nemlig den arbejdspakke som fokuserer på evaluering og monitorering i CONFIDE. Desuden deltager enheden også i ekspertpanelet og ledelseskomitéen, samt er med til at oprette 'Center for Evidence into Health Policy', som er en bærende del af projektet (C4EHP). Enheden er også ansvarlig for undervisningsmodulet i evidensbaseret folkesundhedspolitikker og vil være vært for tunesiske undervisere i deres 'on-the-job' praktik ved SDU i Esbjerg.

CONFIDE-projektet er et naturligt skridt i forskningsenhedens ekspertiseområder både indenfor international forskningssamarbejde vedrørende evidens og policy fra REPOPA-projektet og en videreudvikling af erfaringerne i uddannelseseksport til Princess Nourah Bint Abdulrahman University (PNU) i Saudi Arabien. CONFIDE-gruppen i forskningsenheden består af: Arja R. Aro, Leena Eklund Karlsson, Maria Palianopoulou, Pernille Tanggaard Andersen og Maja Bertram.

Figur 1 CONFIDE-konsortium, partnere i Sfax

Figur 2 Valg ved konsortiums-mødet

Figur 3 Besøg ved Sfax University

Figur 4 Nationale samarbejdspartnere ved Sfax kick-off -mødet

CONFIDEs målsætninger

CONFIDE vil opbygge viden og evner til at styrke relationer mellem højere uddannelsesinstitutioner og det bredere økonomiske og sociale miljø i tre regioner i Tunesien. Projektet vil oprette et bæredygtigt forskningscenter for folkesundhed (Center for Evidence into Health Policy; C4EHP) med hovedkvarter ved Sfax University.

CONFIDE vil også udvikle undervisningsmoduler og oplære lokale undervisere og arrangere 'on-the-job' undervisning indenfor forskning i folkesundhed, sundhedsfremme og evidensbaseret politik i folkesundhed. Yderligere vil projektet samle og styrke nationale og lokale samarbejdspartnere fra akademiske folkesundhedssektorer og ikke-akademiske sektorer. De studerende vil opnå solide færdigheder og karriereudvikling gennem network-aktiviteter og praktikforløb.

CONFIDE er en del af EU-kommissionens samarbejdsprogram, som har til formål at fremme tværnationale partnerskaber og opbygge kompetencer indenfor vigtige udviklingsdomæner.

Projektkoordinator: Babes-Bolyai University, Rumænien

Projektpartnere: SDU, Danmark; Trnava University, Slovakiet; Sfax University, Tunesien; The University of Tunis El Manar, Tunesien; University of Sousse, Tunesien. **Fondsnummer**: 586291-EPP-1-2017-1-RO-EPPKA2-CBHE-JP; **Aftalenummer**: 2017-2981; **Projektperiode:** 15.10.2017-15.10.2020; **Finansiering:** Erasmus+ Programme; **Budget:** 719,340 Euro.

Projektets hjemmeside: www.confide.publichealth.ro

SDU-kontaktperson: Arja R. Aro, araro@health.sdu.dk , mobil: +45 6011 1874

Other news

Lay Summaries of Published Research

Widening the understanding of risk approaches by comparing definitions from different disciplines

Gabriele Berg-Beckhoff, Associate Professor, Unit for Health Promotion Research

Discipline differences are small and mainly connected to the usage of terminology and interpretation of key concepts. Knowledge management in risk management needs to account for different use of terminologies by different disciplines. It is important to consider the diversity of tasks and perspectives of various fields when defining terminologies and distributing work. Transparent risk assessment process can only be assured with an acceptance and appreciation of terminologies and perspectives from different disciplines.

The aim of the project was to assess the definitions of hazard, risk, and risk perception used in different scientific disciplines and to give examples of the potential implications in the scientific discussions as well as in risk communication.

The following disciplines were involved: public health, psychology, environmental health, occupational health, engineering, sociology and medicine. From each discipline a scientist was asked to present their own views on the given topics. Questions were developed together to get comparable responses from participants.

The surprising result was, when working together pre-given major differences disappeared. There is a broad common denominator between the disciplines; hazard is a negative event or condition; for most risk definitions, probability and severity of the risks are important and finally risk perception is subjective and a mental construct. Risk assessment should be evidence-based, preferably quantitative, measurable, and based on representative data. Assessment of concerns and perceptions are important as well, but should be done separately. Risk perceptions are based

on a combination of knowledge and individual values and affects; risk perceptions may not provide a reliable guidance for risk management decisions on a societal level.

Differences can be seen about risk assessment between disciplines with cognitive and probabilistic approaches. However, differences are connected to the interpretation and terminology but not to procedures. Coping with scientific controversies is an important factor in risk management. Different scientific institutions often come to different conclusions and it is easy to select a specific opinion that supports only one view of risk. A transparent risk assessment framework considering different scientific perspectives is important to deal with controversies in risk science.

Published:

Berg-Beckhoff G, Wiedemann P, Ádám B, Schüz J, Breum Ølgaard K, Tanggaard Andersen P, Ndugwa Kabwama S, Nielsen JB. Widening the understanding of risk by comparing different disciplines. In: (Editor) Mohiuddin M: Knowledge Management strategies and application, ISBN 978-953-51-5006-0. 2017

https://www.intechopen.com/books/knowledge-management-strategies-and-applications/widening-the-understanding-of-risk-approaches-by-comparing-definitions-from-different-disciplines

Dansk resume

Udvidelse af forståelsen af risikotilgange ved at sammenligne definitioner fra forskellige discipliner

Gabriele Berg-Beckhoff, lektor, Forskningsenheden for Sundhedsfremme

Forskelligheder i discipliner er ikke store og er hovedsageligt knyttet til brugen af terminologien og forståelsen af hovedbegreberne. Formålet med projektet var at vurdere definitionerne af fare, risiko og risikoopfattelse anvendt i forskellige videnskabelige discipliner samt at give eksempler på mulige konsekvenser i de videnskabelige diskussioner samt også i risikokommunikation.

Hvordan håndterer kvinder med reumatoid artritis, sygdom, moderskab og arbejdsliv - et kvalitativt studie med fokus på sociale interaktioner

Helle Feddersen, ph.d.-forsvar, UC Syddanmark Aabenraa

Den 9. november 2017 forsvarede Helle Feddersen sin ph.d.-afhandling med titlen: *"Hvordan håndterer kvinder med reumatoid artritis, sygdom, moderskab og arbejdsliv - et kvalitativt studie med fokus på sociale interaktioner"* på Kong Christian X's Gigthospital i Gråsten.

Bedømmelsesudvalget bestod af:

- Kjersti Grønning, Lektor, Faculty of Nursing, Sør.Trøndelag University College
- Søren Kristiansen, Professor, Institut for Sociologi og Socialt Arbejde, Samfundsvidenskabeligt Fakultet, Aalborg Universitet
- Helle Johannessen, Professor, SDU (formand)

Hovedvejleder:

- Jette Primdahl, Lektor, Institut for Regional Sundhedsforskning, Syddansk Universitet, Sygehus Sønderjylland, Aabenraa, Kong Christian X's Gigthospital, Gråsten

Medvejledere:

- Tine Mechlenborg Kristiansen, Ekstern lektor, Den Fokuserede Forskningsenhed i Reumatologi, Kong Christian X's Gigthospital, Gråsten
- Pernille Tanggaard Andersen, Lektor, SDU
- Kim Hørslev-Petersen, Professor, SDU, Den Fokuserede Forskningsenhed i Reumatologi, Kong Christian X's Gigthospital, Gråsten

Resume af afhandlingen:

Baggrund: Forskning har vist, at kvinder med reumatoid artritis (RA) oplever vanskeligheder ved at varetage moderrollen. Desuden viser international forskning, at 1/3 af de, der får diagnosticeret RA forlader arbejdsmarkedet inden for de første 2-3 år efter at diagnosen er stillet. En del kvinder

uden RA finder dobbeltrollen, indeholdende moderskab og samtidig deltagelse på arbejdsmarkedet udfordrende, men der savnes viden om, hvordan kvinder der også har RA klarer disse udfordringer. Tilbud om ambulant opfølgning af RA i sygeplejeambulatorier modtages overvejende positivt af brugere, men der savnes viden om, hvad der rent faktisk foregår i forbindelse med denne opfølgning og om emner som moderskab og arbejdsliv indgår i dialogen.

Formål: At undersøge, hvordan kvinder med leddegigt håndterer sygdom, moderskab og arbejdsliv, og hvordan kvindernes forståelse for og håndtering heraf kommer til udtryk i interaktioner med sygeplejersker i ambulante sygeplejekonsultationer.

Metode: Studiet blev indledt med en meta-syntese af viden fra eksisterende forskning, som blev identificeret på baggrund af systematisk litteratursøgning. Data er i øvrigt indsamlet i form af deltagerobservationer og individuelle interviews med 20 kvinder knyttet til Kong Christian X's Gigthospital i Gråsten og Reumatologisk Afdeling C, på Odense Universitetshospital.

Resultater/Konklusion: Sygdom, moderskab og arbejdsliv viser sig at være fleksible identiteter, der kontinuerligt konstrueres og rekonstrueres af kvinderne i hverdagslivet, hvor en identitet knyttet til arbejdslivet er dominerende. Arbejdslivets dominans reduceres ved opblussen i sygdommen eller ved udfordringer i forhold til børnenes fysiske og psykiske velbefindende. I forhold til en identitet knyttet til moderskab prioriterer kvinderne det nære samvær med børnene og fraprioriterer udadvendte aktiviteter. En identitet som syg findes ikke attraktiv. I sygeplejekonsultationerne påtager kvinderne sig til gengæld gerne en sygdomsidentitet, hvor de overvejende fremtræder som ressourcestærke, aktive og ansvarlige, der selv træffer helbredsrelaterede beslutninger med sygeplejersken som sparringspartner.

Kontakt informationer: Helle Feddersen, Hfed@ucsyd.dk

Helle Feddersen under forsvaret. Privat foto.

English summary

PhD defence of Helle Feddersen, UC Southern Denmark, Aabenraa:

"How do women with rheumatoid arthritis manage illness, motherhood and work life – a qualitative study with focus on social interactions"

Illness, motherhood and work life seem to be flexible identities which continuously are constructed and reconstructed by women in everyday life. The dominating factor is the work life which however can be reduced during a renewed outbreak of illness or challenges in physical as well as psychological wellbeing of the children. In relations to an identity as a mother the women prioritized being close to the children and to have less activities outside the home. It is not attractive to have an identity as being ill. When the women visit nurses in consultations, they see themselves as being strong, active and responsible women who make their own health related decisions together with the nurses as sparring partners.

Visitors to the Unit

Emmanuel Appiah-Brempong

Guest PhD student from Ghana

Emmanuel from KNUST Kumasi, Ghana within the BSU program of the Danish Ministry of Foreign Affairs and DANIDA was visiting our unit from 1 April – 30 September 2017.

During Emmanuel's stay in Denmark, Assoc. Prof. Gabriel Gulis was his supervisor.

Research Area

"My overarching research area is Health Promotion and Education. Specifically, I am interested in issues bordering on social and behaviour change communication in health. I have a keen interest in research related to water, sanitation and hygiene (WASH) with special focus on hygiene behaviour change in schools.

Other areas of interest include health impact assessments (HIAs) of prospective policies, projects and programmes. In line with my passion to contribute to the building of evidence in public health, I have been involved in systematic reviews to determine the effectiveness of public health interventions such as motivational interviewing (MI) and alcohol abuse in college students.

Currently, I am researching into the effectiveness of a hand hygiene educational intervention for enhancing handwashing with soap in schools, using a cluster-randomised controlled trial. This research has three key components. First of all, it examines school-based hygiene and related facilities supportive of a safe hygiene behaviour. Secondly, it seeks to determine the effect of a theory-based hand hygiene educational intervention on behavioural intention, and handwashing practice. Finally, the study seeks to examine the psychosocial predictors of a safe handwashing behaviour in Ghanaian schools."

Experience at SDU, Esbjerg Campus

“My overall experience at the Unit for Health Promotion Research – SDU has been a great one. I have been amazed at how supportive the unit has been in terms of making available to me the required resources to enable my advance in research work. The memories of the warmth, willingness to help, and expression of interest in my research by both research and administrative staff will stay with me.”

Part of Emmanuel's field research in Ghana. Private photos with Emmanuel present in the back.

Kumasi is a city in Ashanti Region, and is among the largest metropolitan areas in Ghana.

It is located near Lake Bosomtwe, in a rain forest region, and is the commercial, industrial and cultural capital of Asanteman. Kumasi is approx. 500 kilometres north of the Equator and 200 kilometres north of the Gulf of Guinea. Kumasi is also known as "The Garden City" because of its many beautiful species of African flowers and plants. Kumasi is known to be Ghana’s second largest city.

Source Google Maps

Dansk resume

Emmanuel Appiah-Brempong fra Kumasi i Ghana har besøgt forskningsenheden som gæste-ph.d.-studerende fra april til oktober 2017. Hans forskningsområder er Sundhedsfremme og Uddannelse med fokus på social- og adfærdsændringer i sundhedskommunikation. WASH 'Water, Sanitation and Hygiene' er en del af hans forskning på skoler i hans hjemland med fokus på ændringer i hygiejneadfærden især ved brug af sæbe ved håndvask. Under Emmanuels ophold var lektor Gabriel Gulis supervisor og kontaktperson.

Visitor from Korea University

Hyun-Hee Heo, DrPH, Post doc from the Department of Public Health Sciences at the Korea University, Seoul, visited our research unit in August 28-31. 2017. Glenn Laverack, Honorary Professor at the Unit for Health Promotion, had established the connection to our research unit, and the aim of Hyun–Hee Heo's visit was to get in contact with researchers who have strong collaboration with local municipalities and local neighborhoods. Hyun-Hee Heo's main interest is to study how community-based participatory health programs (CBPHP) work in Denmark and other Nordic countries. Her research is especially focusing on the following questions.

- How does the NHS (central government) collaborate with local government to promote health and prevent/manage diseases? Are there national strategies to collaborate with various stakeholders in local areas and to transfer the policy into local areas?
- What actions has the Danish government initiated for reducing health inequity and healthcare costs via community-based participatory programs since the healthcare reform? A particular focus is on learning in which way the national government, local authorities, NGO (civil society), private sectors and universities have been working together (e.g., governance structure of CBPHP, level of community participation).

During her four days' stay at the research unit Hyun-Hee Heo had good opportunities to discuss these questions and exchange experiences. She also gave an interesting talk about her country and the health problems it faces as well as the health-promoting efforts which are taken at the local level and what kind of research is conducted in that area. In addition, she also interviewed some local government officials and NPO/NGO people who are involved in health promotion activities in DK and it was very fruitful for further research.

Forskerbesøg fra Korea University

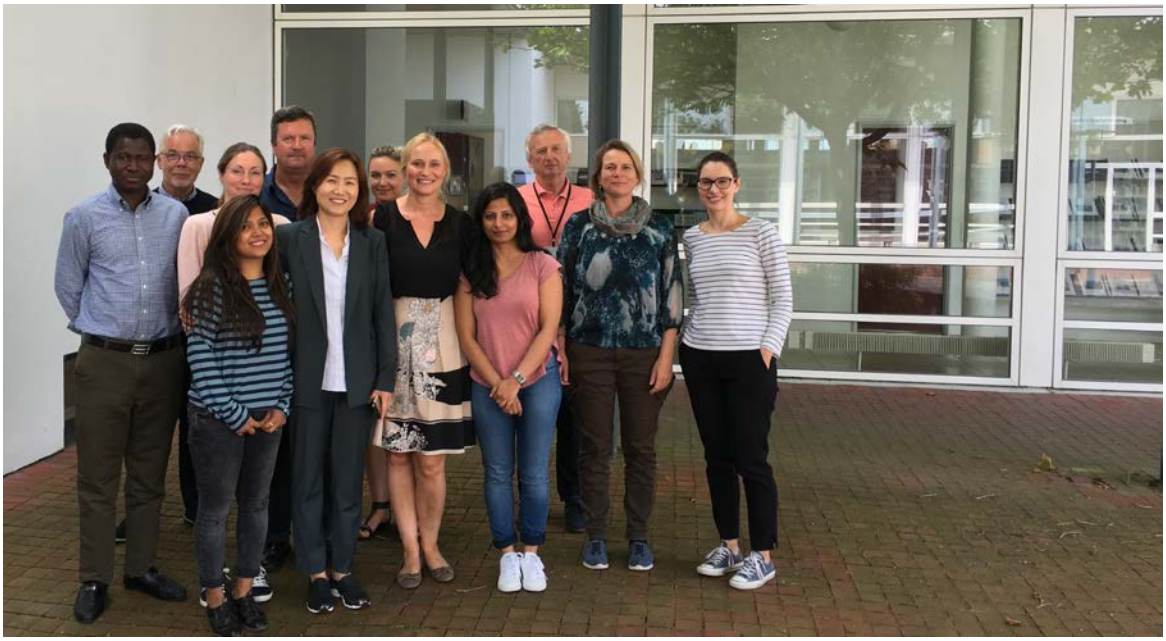
Postdoc Hyun-Hee Heo, fra Institut for Folkesundhedsvidenskab, Korea Universitetet, Seoul, besøgte Forskningsenheden for Sundhedsfremme i august 2017. Glenn Laverack, adjungeret professor havde etableret forbindelsen og Hyun-Hee Heo besøgte SDU for at komme i kontakt med forskere, der har haft et stærkt samarbejde med lokale kommuner og lokale kvarterer. Hyun-

Hee Heos hovedinteresse er at studere, hvordan sundhedsfremme-programmer ud fra et borgerinddragende perspektiv anvendes i lokale områder i de nordiske lande. Fokus er især på:

- Hvordan samarbejder NHS (staten) med lokale myndigheder for at fremme sundhed og forebygge/styre sygdomme? Er der nationale strategier til at samarbejde med forskellige interessenter på lokale områder og at overføre politikken til lokale områder?

- Hvilke foranstaltninger har Danmark forsøgt at gøre for at reducere social ulighed i sundhed og sundhedsudgifter ved at anvende borgerinddragende metoder siden sundhedsreformen i 2007? Det drejer sig især om, hvordan den nationale regering, lokale myndigheder, civilsamfundet, private sektorer og universiteter har arbejdet sammen (fx CBPHPs styringsstruktur, niveau for deltagelse i samfundet).

I løbet af hendes fire dages ophold i forskningsenheden havde vi gode muligheder for at diskutere og udveksle erfaringer. Hyun-Hee Heo gav også en interessant forelæsning om Korea og de sundhedsmæssige udfordringer, som eksisterer i landet og hvilke sundhedsfremmende indsatser der iværksættes i lokalområder og hvordan forskningen i dette område foregår. Derudover havde Hyun-Hee Heo også mulighed for at interviewe nogle lokale embedsmænd, sundhedsplanlæggere og koordinatorer, der er konkret involveret i sundhedsfremmende aktiviteter i DK. Disse interviews var meget frugtbare for hendes videre forskning og forståelse af den danske kontekst.



Hyon-Hee med nogle forskere fra Forskningsenheden for Sundhedsfremme på SDU, Campus Esbjerg

Foreign Visits of Unit Members

Enjoying a perfect view of the Great Wall of China while acquiring skills in Social Network Analysis: Experiences from a post graduate course hosted by SDU and the Sino-Danish Center in Beijing

Mette Winge Jakobsen, PhD Student, Unit for Health Promotion Research

The Sino-Danish Center is situated in the UCAS Yanghu Campus in Beijing. Here I attended the post-graduate course on Social Network Analysis (SNA) held by the Faculty of Social Sciences, University of Southern Denmark (SDU). Our teacher, Thomas Schøtt, Professor of Organization and Entrepreneurship within the Department of Entrepreneurship and Relationship, SDU, succeeded in making five very intensive course days in November interesting, useful, and above all inspiring.

Social network analysis is the use of quantitative and qualitative methods to analyze the relational (and to some extent the institutional) influences on actors in a network. My own interest is in the organizational and relational factors, which influence the use of research evidence in local public health policymaking. During the course, we were introduced to general theoretical and methodological principles of social network analysis. We discussed these concepts and methods in relation to our own research areas, especially our possibilities and constraints when studying networks. We also learned how to conduct quantitative analyses of networks on actor level, dyad level, and systems level.

Besides the teaching, Thomas Schøtt also wanted to implement the vision of the Sino-Danish Center, which is to increase collaboration between Chinese and Danish researchers. This objective was implemented by pairing-up a Chinese and a researcher with another nationality when selecting roommates and exercise partners. This objective was achieved when the participants organized a dinner for all at a venue outside campus. This dinner was the highlight of an already successful course, where the air was filled with talking, laughing, and even singing.

The diversity of the participants in regards to nationality, disciplinary background and research area made our discussions about and reflections on SNA extremely rewarding. I was not expecting

to gain so much knowledge and skills in SNA, nor did I anticipate the strong social bond created between all members of SNA PhD course network.

I would like to thank Thomas Schøtt, the Faculty of Business and Social Sciences at SDU, and the Sino-Danish Center for this great experience.

Group photo of the course participants

Dansk resume

Mette Winge Jakobsen, ph.d.-studerende, Forskningsenheden for Sundhedsfremme

”Jeg havde fornøjelsen af at deltage i et ph.d.-kursus i social netværksanalyse (SNA) i november. Kurset blev afholdt af det Samfundsvidenskabelige Fakultet, SDU i Beijing, ved Sino-Danish Centret, som befinder sig på UCAS’ Yanghu Campus.

Social netværksanalyse er en undersøgelsestilgang, hvor man ved hjælp af enten kvalitative eller kvantitative data kan undersøge netværk og forskellige påvirkninger i netværket.

Kurset var meget lærerigt, da vi fik et intensivt kursus i de fleste SNA begreber og metoder og samtidig fik mulighed for at drøfte vores egne meget forskellige forskningsområder.”

KL-netværksmødet om evaluering af sundhedsindsatser i udsatte boligområder

Kopi af avisartikel fra Sund By Netværket

Sund By Netværket

Temagruppemøde i **Dokumentering og Evaluering samt Sundhed og Lokal Samfund**

TIRSDAG D. 28. NOVEMBER 2017 HOS UNIKA KURSUSCENTER, FREDERIKSBERG

TEMA: Dokumentation og evaluering i socialt udfordrede boligområder.

- Fire forskellige oplæg.
- Fælles læringspointer ift. dokumentering og evaluering i udsatte boligområder.

Baggrund for dagens tema

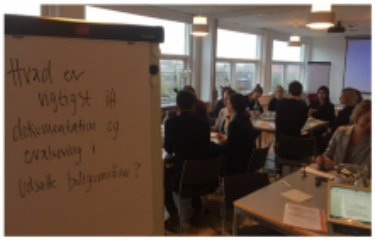
Mødet omhandlede, hvordan nærmiljøindsatser i kommuner dokumenteres og evalueres – og hvilke metoder, der kan anvendes til at kvalificere vores viden om, hvad der virker for hvem, under hvilke omstændigheder? Det primære fokus for mødet var vidensdeling om evalueringsmetoder til at indsamle kvalitative og kvantitative data om borgernes trivsel, tryghed og engagement i nærområdet, og hvordan udviklingen af lokale sundhedsprofiler i samspil med kommunale sundhedsprofiler kan bruges som datagrundlag for evalueringer af de boligsociale indsatser.

Dagens oplæg i korte træk

- **Participatorisk evaluering i et udsat boligområde** v. Poul Blach, senior forsker, Steno Diabetes Center samt Asser Vittrup Nielsen, forskningsassistent, Steno Diabetes Center
- **Proaktiv tilgang til rekruttering og samarbejde med foreninger i lokale sundhedsfremmeindsatser** v. Mads Borgstrøm-Hansen, Projektleder, Aalborg kommune
- **Projekt FELIS. Evaluering af bolig Fredericia og Esbjerg** v. Pernille Tanggard Andersen, lekt. Syddansk Universitet
- **Fra Hvordan har du det, Herning? til Hvordan går det, Holtbjerg? – indsats og undersøgelse i et udsat boligområde** v. Marianne Rasmussen Rahbek, Projektleder, Herning Kommune

INPUT FRA DAGEN: Tre gode evalueringsformer til interventioner i udsatte boligområder:

- Effektevaluering: undersøger om interventionen virker ud fra kvantitative metoder
- Procesevaluering: undersøger hvordan intervention optattes af aktørerne ud fra kvalitative metoder
- Virkningsevaluering: undersøger hvad virker for hvem, hvorfor og under hvilke omstændigheder. En kombination af de to ovenstående med både kvalitative og kvantitative metoder.
- Participatorisk evaluering: Stor grad af beboerinvolvering i udviklingen og gennemførelsen af evalueringen, herunder problemformulering, udvikling af evalueringsdesign, protokoludvikling, pilottestning, planlægning og gennemførelse af feltarbejde, datahåndtering og -analyse, samt formidling af resultaterne



På temagruppemødet var der fælles drøftelse af, hvad der er vigtigt ift. arbejdet med dokumentering og evaluering i udsatte boligområder

1. oplæg v. Poul Blach og Asser Vittrup Nielsen, Steno Diabetes Center:

Hvad?
- Borgerinvolvering i evaluering af komplekse interventioner i Tingbjerg

Hvorfor?
- For at fremskaffe basisviden om Tingbjergs beboeres sociale trivsel og helbred.
- For at give beboere mulighed for at udvikle og opnå nye kompetencer via deltagelse i evalueringsarbejdet.

Hvordan?
- Participatorisk evaluering i Tingbjerg, hvor borgerne bidrog til dataindsamlingen i boligområdet

2. oplæg v. Mads Borgstrøm-Hansen, Aalborg Kommune:

Hvad?
- Proaktiv tilgang til rekruttering og samarbejde med foreninger i lokale sundhedsfremmeindsatser

Hvorfor?
- For at skabe gode rammer for, at borgerne i udfordret boligområder kan træffe sunde valg
- For at tage udgangspunkt i et lokalt behov, bl.a. beboersammensætning, lokale strategier og interesser, områdets rammer mv.

Hvordan?
- Etablering af en kontaktflade til områdets beboere og et samarbejde og eventuelt partnerskaber med lokale aktører, beboerrådgivere, apoteker, almen praksis, hjemmeplejen, bo- støttemedarbejdere, offentlige institutioner, frivillige foreninger, fritidslivet mv.

3. oplæg v. Pernille Tanggaard Andersen, Syddansk Universitet

Hvad?
- Projekt FELIS. Evaluering af boligsociale indsatser

Hvorfor?
- For at medvirke til at øge beboernes deltagelse og engagement i bydelen og dens udvikling (både mål og middel)
- For at anvende flerstrengede metoder, erfaringer og viden til udvikling af andre områder og at formidle videre

Hvordan?
- FELIS = Flerstrenget Evidensbaserede lokale Indsatser for Sundhedsfremme
- Brugerorienteret evaluering

4. oplæg v. Marianne Rasmussen Rahbek, Hernings Kommune

Hvad?
- Fra Hvordan har du det Herning? til Hvordan går det Holtbjerg? - indsats og undersøgelse i et udsat boligområde

Hvorfor?
- For at højne den selvoplevede trivsel og sundhed hos borgerne på Holtbjerg

Hvordan?
- På baggrund af Hernings generelle sundhedsprofil udarbejdes en lokal sundhedsprofil for det udfordrede boligområde Holtbjerg

Fælles læringspointer ift. dokumentering og evaluering i udsatte boligområder.

- Borgerinvolvering i evaluering skaber både kvalitet, bæredygtighed og bedst udnyttelse af ressourcer
- Borgerinvolvering skaber ny viden for fagprofessionelle om bl.a. beboersammensætning og boligområder
- Kompetenceopbygning af beboerne udgør en væsentlig komponent i borgerinvolvering i evalueringsarbejde for at den videnskabelige kvalitet af evalueringen opretholdes.
- Ved borgerinvolvering vær obs. på etiske dilemmaer og mulige sprogbarriere
- Indhent andre aktørers erfaringer med boligområdet, så vi ikke skal opfinde den dybe tallerken, hver gang vi opstarter en ny indsats/projekt
- Anvend metodetriangulering af både kvantitativ og kvalitative data. Det giver en nuanceret evaluering og man kan indfange forskellige borgere afhængig af metodevalg.

English summary

Theme: Group meeting on documentary and evaluation in socially deprived residential areas.
Methods that can be applied in order to qualify our knowledge of what is working and under which circumstances. This is done to develop local health profiles in collaboration with the municipalities. Three excellent ways of evaluation in the deprived residential areas were discussed: Effect evaluation to investigate whether the intervention works from the view of qualitative methods. Process evaluation to examine how intervention is understood by the actors from the view of qualitative methods. Impact evaluation to examine what works for whom, why and under what circumstances. A combination of the above with both qualitative and quantitative methods. Participatory evaluation. Significant degree of resident involvement of the development and the implementation, including problem formulation, development of evaluation design, plan and implementation of field work, data handling and analysis as well as dissemination of the results.

Next issue

The next issue of **HPR News No. 19** will come out in summer 2018.

If you want to be added to or deleted from the mailing list of the newsletter, please contact:

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Næste udgave

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Hvis du ønskes at blive tilføjet eller slettet som modtager af nyhedsbrevet, kontakt da venligst:

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