

experience comparatively larger proportions of patients moving away for treatment. Collaborative initiatives such as networking centres of expertise, provision of remote expertise through telemedicine and joint health technology assessment will provide valuable support. A clear framework for patients rights for treatment in another MS may also prove helpful.

A cautionary approach is however required to ensure that SMS and RC do not end up with very high proportions of patients seeking care elsewhere. The flow of funds to pay for care in other regions/Member States could eventually negatively impinge on investment in their health sector. These regions already face difficulties in recruiting and retaining qualified health care professionals. Failure to innovate in care provision will further push professionals to leave the areas.

#### Conclusion

Special attention must be given to the specific needs of small Member States and remote communities to ensure that equity, quality and sustainability of their health sectors can be appropriately safeguarded.

### Equity, quality and sustainability of health services in an emerging open market for health services in border regions

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#### Background

Border regions are in a diversity of situations across Europe. As far as health is concerned, often they are underserved

due to unequal development or due to difficulties of geographical position. In either of these cases, seeking options to provide health care 'on the other side' has often provided efficient solutions to people on both sides of the border.

#### Problem

Opening of the market for health services may provide additional opportunities for the development of health care for these areas. In cases, where these may prove less attractive, market approaches may jeopardize the already achieved level of services and put a doubt on sustainability. On the other hand, successful co-ordination and joint development may provide an opportunity for improved access and delivery of health services in border regions.

#### Discussion

One of the issues, which raise concern with the development of markets, is the issue of equity. Strangely enough, successful arrangements in border regions could bring them into a privileged position with respect to other regions of the country. Also the issue of rational planning and managing the delivery of services at a regional and national level should be taken in consideration. Mechanisms to assure quality of services comparable to the home country and adequate information about the availability and limitations of services should be made widely available.

#### Conclusions

Recent developments in the opening of markets for health services offer different solutions but put forward also a number of challenges, which are to be dealt with in order to provide equitable and sustainable health care delivery to the neighbouring regions, where quality of health care has to occupy an important place.

## 6.4. Workshop: Psychosocial determinants of health and quality of life in the elderly

Chair: Iveta Rajnicova-Nagyova

Organizer: Dr Iveta Rajnicova-Nagyova, EUPHA section on chronic diseases

Rapid increase in longevity is dramatically changing the burden of chronic disease throughout the world. In Europe as well as in other regions about four fifths of the disease burden represents chronic conditions. Yet health care policy and health care governance have not been adequately adapted to this change. An overwhelming body of evidence clearly indicates that a narrow approach to public health based on the medical model is largely inadequate to cope with the 'chronic disease epidemic'. The aim of this workshop is to raise awareness of the health consequences of the increasing elderly population with special emphasis on preventing chronic diseases and chronic conditions as well as managing physical disability, depression and social isolation. The workshop discusses (i) the necessity to shift from 'disease care' system towards 'health-focused' research and practice and (ii) the shift from the risk factor-based paradigm (identification of causal factors for a single disease) to the identification of common pathways to health for people in their communities and in the full context of their lives. Within this workshop three multicentre projects that aim to prevent chronic disease, promote health and improve quality of life in elderly will be presented. These projects raise awareness of those pathways to health that have the potential to initiate useful strategies for community interventions and could contribute to sustainable improvements in health.

### Chronic disease and healthy lifestyle transitions

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#### Background

Knowing whether certain patients are inclined more than others to make healthy lifestyle transitions (HLTs) is important to help target health promotion strategies more effectively and to enhance efficiency of chronic disease self-management programmes. This study explored unhealthy lifestyles—smoking, excessive alcohol use, being sedentary—and HLTs over a 6-year period across prevalent and incident chronic disease categories and examined whether HLTs co-occurred with changes in disease-related symptoms.

#### Methods

Respondents ( $N=2184$ ) aged 55 years and over from the population-based Longitudinal Aging Study Amsterdam (LASA) provided data on chronic disease status and related symptomatology and lifestyle variables at baseline and 6 years hereafter. These were analysed using non-parametric statistics,  $t$ -tests, MANOVA's and regression analyses.

#### Results

Over 75% of the respondents reported at least one chronic disease. Proportions of respondents who smoked decreased, while proportions of respondents who were sedentary increased. Respondents with incident cardiovascular disease showed more HLTs than respondents from other disease categories. Respondents showing HLTs did not differ from

those persisting in unhealthy lifestyles in change in disease-related symptoms.

#### Conclusions

HLTs did not occur under the influence of change in disease-related symptoms. More information as to moment of HLTs in a study is essential in disentangling the reciprocity between HLTs and disease-related symptomatology.

### Life-course social status and quality of life in early old age in Eastern Europe: the HAPIEE study

Hynek Pikhart

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#### Background

Social inequalities in quality of life has been extensively studied in western populations but there is lack of data from non-western countries. In this presentation, social inequalities in quality of life in early old age in Eastern Europe will be investigated and the relative importance of social position at different stages of the life-course and possible gender differences in such social patterning will be assessed.

#### Methods

A cross-sectional study examined random sample of men and women in Russia, Poland and the Czech Republic. Approximately 12 500 individuals answered questions on quality of life in early old age (measured by CASP-19 instrument), socio-economic circumstances at three phases of the life-course (household amenities in childhood, father's education, own education, current financial circumstances and household amenities) and set of covariates.

#### Results

Statistically significant social differences in quality of life exist in men and women in all 3 countries. Quality of life was mostly influenced by current social circumstances but the effect of early life and education was also visible, with the effects strongest in Russia. In pooled analysis, currently disadvantaged men and women had CASP-19 score 0.7 (95%CI 0.5–0.8) and 0.5 (0.4–0.6) standard deviations lower than those who were not disadvantaged. Men were more affected by adult disadvantage while there were virtually no gender differences in the effect of disadvantage in earlier parts of the life.

#### Conclusions

Current social circumstances are the strongest influence on reduced quality of life in early old age in countries which have

recently experienced marked social changes. Improving current conditions may improve quality of life in these populations.

### Evidence based guidelines on health promotion for older people: preliminary outcomes of the 'healthPROelderly' project in Slovakia

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#### Background

The 'healthPROelderly' project aims to gather information from 11 European countries and identify best practices in the field of health promotion and chronic disease prevention in older people. Specific attention is paid to those models that have a sustainable approach and which regard socioeconomic, environmental and life-style related determinants. Within this workshop preliminary outcomes of the healthPROelderly study from Slovakia will be presented.

#### Methods

The project target group were persons aged 50 years and over. For collecting and selecting health promotion activities since 1996 a review of existing scientific and professional literature by using the method of correspondence analyses, project reports and internet search, as well as expert interviews were used.

#### Results

All in all, in Slovakia 66 relevant documents have been identified dealing with health promotion and the elderly on both theoretical and practical levels. Policy documents show growing interest in the socioeconomic situation, social integration and health of older people. From all searched themes related to health promotion activities the most frequent were those addressing cognitive issues, life-long learning and education, physical activity and nutrition. The outcomes further show that health and social inequalities are present in the older population in Slovakia. Moreover, there are regional and ethnic differences in health status, the reasons for which are more complex and may be associated with regional differences in lifestyle — especially in nutrition habits and smoking as well as in socioeconomic status.

#### Conclusions

The final outcomes of this project will be used to promote health promotion, chronic disease prevention and improving quality of life in older people through producing evidence based Guidelines with recommendations for potential actors in this field at European, national, regional and local levels.

## 6.5. Workshop: Cost-effectiveness of Vaccination Programmes: issues, solutions and examples

Chairs: John Edmunds, Maarten Postma\*

Organizer: MJ Postma, EUPHA section on public health economics

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Evaluating whether a new vaccination programme is likely to be cost-effective poses considerable challenges to public health planners. First, vaccination programmes usually involve committing large amounts of resources for many years, so it is important that the decision is correct. However, since the decision must be taken before the vaccine is introduced some kind of model must be used. Second, the benefits derived from vaccination programmes often occur over a very long

time scale, thus the results are often sensitive to the discount rates used (the degree to which future costs and benefits are disregarded in the analysis). Third, the benefits of a programme are not easily extrapolated from the information provided in clinical trials since clinical trials provide a measure of the individual benefit, but vaccinating large numbers of individuals usually provides benefits to the unimmunised portion of the population as well (so-called 'herd immunity'). However, estimating the impact of herd-immunity requires transmission dynamic models (which do not normally form