



**Abstractsamling**  
**til**  
**forsknings-sessioner**

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## 1. Køn & etnicitet

### 1.1. Mænds livsmening i overgangen til pension

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#### *Background*

Retirement is a major life transition which is associated with an increased risk of various mental health problems (1-4). Particularly men in retirement are at risk of negative health effects and the transition to retirement may lead to diminished well-being due to the loss of occupational attachment and thereby an important source of meaning in life. Although the concept of meaning in life is increasingly seen as an indicator of healthy aging and a relevant target of healthy aging interventions, little research has been made on the links between meaning in life and retirement and the significance of a sense of meaning in life for retired men's mental health and well-being. Hence, the aim of the present study was to explore how men transitioning to retirement perceive meaning in life and the role of retirement in their meaning-making processes.

#### *Method*

The study employed a mixed methods design. 45 in-depth interviews were carried out with newly retired men. Interviews were recorded, transcribed, coded and analyzed using an abductive approach. As part of a baseline survey, participants also responded to the Meaning in Life Questionnaire (MLQ) (5).

#### *Results*

The study found that retirement is a significant life event in terms of meaning in life. For a majority of the informants, retirement and the circumstantial and mental changes that came with it had prompted a reassessment of what was meaningful in their lives. On this basis, 6 themes were identified as central to meaning in men's retirement: 1) family as a constant in times of change, 2) being socially connected, 3) structuring of everyday life, 4) contributing to something outside oneself, 5) engaging with life, and 6) notions of time. The identified themes will be unfolded in the presentation. Conclusion: The study concludes that transition to retirement and the changes that this transition brings about has a significant influence on the presence and character of meaning in life among newly retired men. On this basis, the study points to a need for further research on how this transition affects other aspects of the mental health of newly retired men. Further, with the findings of this study as a knowledge basis, this study calls for more research on the need, focus and design of health promotion interventions for newly retired men.



## 1.2. Udsatte kvindeliv og forandring gennem kroppen

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### *Baggrund*

Udsatte unge kvinder med personlige, sociale og mentale sundhedsudfordringer i kriminelle og misbrugsrelaterede miljøer har ikke haft samme opmærksomhed i forskningen og sociale indsatser som udsatte unge mænd. Der er desuden få undersøgelser af indsatser for udsatte unge, der er baseret på en kropsorienteret tilgang til sundhed.

### *Formål*

- 1) at skabe indsigt i udsatte unge kvinder livssituation, udfordringer og forhåbninger
- 2) at undersøge disse kvinders erfaringer med Breathe SMART rehabiliteringsforløb, der benytter åndedræsteknikker, og de forandringsprocesser, forløbene medfører.

### *Metode*

Undersøgelsen er et kvalitativt eksplorativt longitudinelt studie. Det bygger på 31 dybdegående interviews med i alt 14 udsatte unge kvinder foretaget over 2,5-3 år. Desuden indgår individuelle interviews og gruppeinterviews med professionelle, herunder Breathe SMART terapeuter, samt deltagerobservationer under Breathe SMART kurser. Analysen er fænomenologisk inspireret.

### *Resultater*

Vi argumenterer for, at kvinderne har pådraget sig udviklingstraumer gennem en opvækst med ustabilitet og omsorgssvigt, og at disse traumer har indlejret sig kropsligt på en måde, der kommer til udtryk gennem fysisk uro og destruktiv adfærd. Det har implikationer for kvindernes vej ind i misbrug, kriminalitet og voldelige kærestereationer. Undersøgelsen viser også, at rehabiliteringsforløbene medvirker til, at kvinderne får det fysisk bedre, bliver bedre til at regulere følelser og til at mærke og agere på deres grænser. Samtidig viser undersøgelsen, at forandringsprocesserne ikke er lineære, men fulde af tilbagefald, omveje og nye udfordringer, herunder sammenstød med ekskærestere, familie eller offentlige instanser.

### *Konklusion*

Undersøgelsen viser, at for at forstå karakteren af kvindernes udfordringer samt deres handlemåder, er en grundforståelse af deres udfordringer gennem opvæksten nødvendig. Desuden viser undersøgelsen, hvordan flere elementer i rehabiliteringsforløbet medvirker til positive forandringer, herunder den kropslige tilgang, relationen til terapeuten, den fleksible organisering, muligheden for et nyt fællesskab og kvindernes egen indsats. Disse elementer er relevante at betænke i sociale og sundhedsrelaterede indsatser målrettet udsatte unge.



## 1.3. Prevention of diabetes in women with previous gestational diabetes – an overview of reviews and a qualitative study

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### *Introduction*

The incidence of gestational diabetes (GDM) is increasing worldwide due to increased BMI and maternal age; low socioeconomic status is a significant predictor. In Denmark, the risk of developing type 2 diabetes (T2DM) within 10 years after GDM is 50%. Impaired insulin sensitivity in children of women with GDM is two to eight-fold higher than in children of women without GDM. In routine clinical settings, systematic postpartum follow-up is lacking. Cross-sectoral integrative care solutions have been suggested. However, greater knowledge of appropriate content and intervention settings is needed.

### *Objectives*

- 1) To examine the evidence of effective interventions in preventing T2DM.
- 2) To describe women's experiences and perspectives regarding motivation and adherence to interventions.

The results of the study aims to facilitate the design of a community-based preventive program.

### *Methods*

- 1) The overview was conducted according to the principles from the Joanne Briggs Institute.
- 2) The qualitative study was conducted with seven focus group interviews of women who had GDM. Women with previous GDM (interviewed 6-12 months after birth) and women with previous GDM who now live with and without T2DM (interviewed 5 years after birth). Data were analysed using an inductive approach.

### *Results*

18 systematic reviews N=1,427,740 were included, one qualitative and 6 mixed primary studies. The majority were lifestyle interventions (physical activity, diet, breastfeeding) reporting at least a small effect; some reviews found up to 58% decreased incidence of T2DM. The qualitative study found the women were highly motivated to participate in preventive initiatives, but faced major challenges due to lack of time and resources, lack of family involvement, adequate knowledge of, and social norms regarding healthy eating. A powerful motivational factor for complying with preventive strategies was the wellbeing of their children and partners. Contextual factors such as a long distance to healthcare settings were not found to be a barrier to participation. Furthermore, the need and desired content of the program changed depending on the length of time after birth.

### *Conclusions*

- 1) Lifestyle interventions (early onset postpartum and long-lasting) were effective in decreasing development of T2DM. Typical determinants for effectiveness and participation were factors interacting with behaviour, e.g. lack of support from family and professionals, cultural sensitivities, and lack of resources and information.
- 2) The women suggested content and frameworks for such programs rooted in their everyday life.



## 1.4. Sundhedsprofessionelles syn på medicinsikkerheden blandt ældre af anden etnisk baggrund med kognitiv svækkelse og polyfarmaci

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### *Baggrund*

Det er kendt, at polyfarmaci øger risikoen for uhensigtsmæssig medicin-anvendelse, og at patienter med sprogbarrierer ofte modtager mindre medicininformation i forhold til patienter uden sprogbarrierer, ligesom alder og kognitiv svækkelse kan nedsætte compliance. Dog er det ikke undersøgt, hvordan medicinsikkerheden er påvirket for en patientgruppe, som er berørt af alle ovennævnte faktorer samtidig. Udover patienten afhænger medicinsikkerheden af de sundhedsprofessionelle, som er involveret i den medicinske behandling. I dette studie undersøgte vi de sundhedsprofessionelles syn på medicinsikkerheden blandt ældre af anden etnisk baggrund med kognitiv svækkelse og polyfarmaci.

### *Metode*

I dette kvalitative studie er der brugt fokusgrupper og et enkelt semi-struktureret interview til at belyse de sundhedsprofessionelles syn på medicinsikkerheden blandt patientgruppen. De sundhedsprofessionelle inkluderer almen praktiserende læger, læger og sygeplejersker på geriatrisk afdeling, læger, sygeplejersker og socialrådgivere på indvandrermedicinsk klinik, farmaceuter og farmakonomer på primær apotek og sygeplejersker og social og sundhedsassistenter i hjemmeplejen. Hovedparten af fokusgrupperne og interviewet blev afholdt online. Data blev analyseret ved hjælp af abduktiv lytning inspireret af Revsbæk og Tanggaard efterfulgt af tekstkondensering inspireret af Malterud.

### *Resultater*

Vi fandt, at alle deltagere anså denne patientgruppe som værende i risiko for lav medicinsikkerhed. Faktorer og mekanismer, som deltagerne forklarede påvirkede patienternes medicinsikkerhed, kunne inddeles i de tre hovedtemaer: (i) relationen til patienten, (ii) barrierer ved en ikke-dansk baggrund og (iii) udfordringer grundet organisering af sundhedsvæsenet. Mange faktorer, som blev beskrevet som vigtige for medicinsikkerheden, var relateret til andre faktorer, og på den måde påvirkede de hinanden.

### *Konklusion*

De sundhedsprofessionelle i dette studie var enige om at patientgruppen var i risiko for lav medicinsikkerhed grundet flere forskellige udfordringer, som ofte var relaterede og komplekse.





## 2. Gestationel og type-2 diabetes

### 2.1. Gestational diabetes mellitus and stigma: A scoping review

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#### *Background & aim*

Gestational diabetes mellitus (GDM) affects a growing number of pregnant women, and almost 5% of pregnant women in Denmark develop this complication during pregnancy. It is associated with both short and long-term risks for mother and her baby. Moreover, it has been suggested that there may be a social stigma associated with GDM. However, neither experienced nor internalised GDM stigma has been investigated systematically. The aim of this review is to examine the available scientific literature reporting on the scope and potential consequences of experienced and internalised stigma in relation to GDM and to highlight current knowledge gaps to inform future research.

#### *Method*

Preliminary searches of MEDLINE have been conducted on the topic in order to identify relevant search terms; however, the scoping review is currently being conducted and will be completed in summer 2021. The databases searched for the review will be; PubMed, CINAHL, PsycINFO, Open Grey and GreyLit. A protocol for the review will be registered in Open Science Framework prior to conducting the review.

#### *Results*

Preliminary findings indicate that some women with current or prior GDM experience some form of stigmatisation from their surroundings. Further, women report feelings such as shame or guilt due to their diagnosis, which indicates a stigma of having GDM that may have been internalised by the women.

#### *Conclusion & implications*

A final and more detailed synthesis of the findings will be presented at the conference. The findings will create awareness of this aspect of GDM and provide insight for health care personnel providing care to women with current or prior GDM along the care pathway. A better understanding of how women with GDM perceive and experience their diagnosis can also contribute to future initiatives aimed at preventing type 2 diabetes in women with prior GDM. Further, knowledge gaps will be identified and presented to inform future research and practice.





## 2.2. Gestational Diabetes Mellitus and the bi-directional link to Depression, Anxiety and Psychological Stress

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### *Background*

Gestational Diabetes Mellitus (GDM) manifests during pregnancy due to transient changes in glucose metabolism. The diabetic state disappears when glucose metabolism returns to baseline following birth, but the affected women are at high risk of developing Depression and Type 2 Diabetes (T2D) postpartum. GDM potentially share a bi-directional link with impaired emotional well-being (EWB). It is currently unclear which mechanisms underlie this bi-directional association. Therefore, the present PhD project aims to get a better understanding of the association between GDM and Depression, Anxiety and Stress, and to evaluate whether a lifestyle intervention is helpful to improve EWB after a pregnancy complicated by GDM.

### *Method*

The Face-it study is a Danish intervention trial in women with prior GDM and their families. The Randomized Controlled Trial aims to reduce the risk of T2D, and increase quality of life among the participants. EWB is examined using the World Health Organization well-being index (WHO-5), the Generalized Anxiety Scale (GAD-7) scale and the Perceived Stress Scale (PSS). The present PhD-study will review the literature on GDM and depression, anxiety and stress (Study 1). Use data from the Face-it study to examine the association between EWB and metabolic risk factors 3 months postpartum in women with previous GDM (Study 2). Identify factors during pregnancy/delivery that are associated with EWB 3 months postpartum in women with previous GDM (Study 3). Evaluate the effect of the Face-it intervention on EWB at 12 months follow-up (Study 4).

### *Results*

Currently 220 women have been recruited to the Face-it study. 150 baseline examinations have been completed and 70 families have completed the follow-up examination. The recruitment and intervention is progressing according to schedule, and data is being collected at sites in Copenhagen, Odense and Aarhus.

### *Conclusion*

A successful intervention will increase our understanding of the interplay between EWB and GDM, and can provide insights for early intervention and prevention in families at high risk of GDM and impaired emotional well-being.



## 2.3. The experience of new mothers with recent gestational diabetes during the COVID-19 lockdown: A qualitative study from Denmark

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### *Background*

Following COVID-19, health visitor care for new mothers has been temporary restructured in Denmark. Studies have found that COVID-19 adversely impacts new mothers in the general population, but experiences among women with recent gestational diabetes mellitus (GDM) remain unexplored; though it is a group with a potential high need for support after delivery. We aimed to investigate (i) how new mothers with recent GDM experienced COVID-19 and the lockdown in Denmark, and (ii) the women's risk perception and health literacy in terms of interaction with the healthcare system in relation to COVID-19.

### *Methods*

We performed a qualitative study among 11 new mothers with recent GDM (infants aged 2-11 months old) from Aarhus, Odense, and Copenhagen. Semi-structured interviews were conducted in April-May 2020 by telephone or online media, under the first Danish corona lockdown. We analysed data using a thematic qualitative content analysis.

### *Results*

Three themes emerged: 1) Everyday life and family well-being, 2) Worries about COVID-19, 3) health information and access to healthcare. The women were generally not worried about their own or their infant's risk of COVID-19. The lockdown had a pronounced negative impact on everyday life, such as routines, loneliness, breastfeeding uncertainties, and worries for the infant's social well-being; but some also reported better family dynamics. Most of the women found it challenging to maintain healthy behaviours and they worried about their type 2 diabetes risk and GDM in subsequent pregnancies. The women wished for face-to-face visits from health visitors and found it difficult to navigate the restructured care with online/telephone set-ups. They were also reluctant to contact any healthcare providers and instead, they sought their own network and online media for advices.

### *Conclusions*

COVID-19 and the following lockdown affected various aspects of everyday life among new mothers with recent GDM. Our findings suggest a need for easy accessible care focusing also on psychological and social aspects of health throughout the COVID-19 pandemic.



## 2.4. Mandefællesskabers betydning for ældre mænds trivsel

**Jeanne Schlenzig**, Røde Kors Roskilde, Sundhedsstyrelsen: Midler fra puljen 'Sammenhængende indsatser imod ensomhed og mistrivsel hos ældre' til 'etablering og forankring af varige fællesskaber for mænd '65 år', Humanistisk Fakultet, kommunikation, AAU (2 specialestuderende)

### *Baggrund*

Mistrivsel og ensomhed blandt ældre mænd er baggrunden for, at Sundhedscenteret (SC) i Roskilde Kommune i 2017 igangsatte Mandefællesskaber (MF) for mænd i belastende livssituationer. I 2019 fik SC midler fra Sundhedsstyrelsen med formålet at undersøge, om MF bidrager til at fremme ældre mænds netværksdannelse og trivsel i bred forstand. Herunder, at 1) videreudvikle og beskrive en model for etablering og forankring af MF, og 2) evaluere MF, og indsamle data, der kan støtte frivillige aktører og kommuner i at udbrede MF nationalt.

### *Metode*

Populationen omfatter mænd +60 år med spinkelt netværk eller i andre belastende livssituationer. MF er udviklet i samarbejde med mænd i lokalsamfundet og består af 4-8 mænd, som efter fire startmøder er selvstyrende. Det primære udfaldsmål for studiet er at afdække og beskrive MF's betydning for ældre mænds sundhed og trivsel. Studiet er et kvalitativt casestudie, og evalueringsdesignet er tilrettelagt med udgangspunkt i programteori. Data er baseret på kvalitative og kvantitative metoder indhentet ved spørgeskemaer, interviews og observation.

### *Resultater*

Der er siden 2017 etableret ni selvstyrende MF med 65 mænd. Foreløbigt er gennemført ni individuelle interviews med mænd fra tre forskellige MF. Spørgeskemaundersøgelse og fokusgruppeinterviews gennemføres i løbet af 2020. De foreløbige resultater peger på, at MF især har en positiv effekt på mændenes mentale sundhed og netværksdannelse lokalt. Flere af mændene ser relationen til de andre mænd i MF som venskaber. Interview citat: "hvis man har brug for at snakke med nogen, så har jeg da et par stykker, som jeg kan ringe og snakke med".

### *Konklusion*

MF er en intervention i lokalsamfundet, som er udviklet i samarbejde med mænd. MF har potentiale til at afhjælpe ensomhed hos ældre mænd. Vores foreløbige resultater peger på, at MF især har en betydning for ældre mænds mentale sundhed.



### 3. Fysisk aktivitet & overvægt

#### 3.1. What happens after a weight loss intervention? Perspectives of people with overweight performing time-restricted eating

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##### *Background*

There is a lack of effective weight loss interventions that easily can be maintained in daily life. Time-restricted eating (TRE) is a novel strategy which in few studies has proven successful in obtaining a weight loss. This study examined if and how a TRE strategy was maintainable for people with overweight by exploring their perspectives and experiences with TRE after intervention end; including the potential of implementing TRE as a sustainable strategy into healthcare settings.

##### *Methods*

Participants were recruited from the randomized controlled RESET study which investigated effects of TRE on body weight and other cardiometabolic risk factors, by allocating participants to 12 weeks of TRE. The participants had to consume all foods and beverages except water within a self-selected 10-h window each day for 12 weeks, followed by a 12-week free-living period with no intervention. Semi-structured interviews were conducted with a subgroup of 20 participants at the end of intervention and again after the free-living period. Data analysis was inspired by the pattern-oriented longitudinal analysis approach and the use of inductive content analysis.

##### *Results*

Three patterns of TRE maintenance were identified during the free-living period. Some participants maintained their strict 10-h window from the intervention period, half of the participants maintained an individually adjusted TRE and few participants did not maintain TRE. Despite being enrolled in the same TRE intervention, the interviews showed that the ways of practicing TRE varied, and maintenance success appeared to depend on daily life structure, meal pattern organization and the level of social support.

##### *Conclusion*

For many participants, TRE was manageable, but for TRE to become a sustainable strategy to be implemented in healthcare settings, health professionals need to supportively guide individuals in how to best tailor it to their specific daily life. Results about participants' experiences with successfully overcoming challenges in adapting daily life activities to TRE may be useful in informing individual guidance and underlines the complexity of long-term maintenance of TRE.



## 3.2. Organizational readiness to implement school-based healthy weight interventions: A survey among municipalities and primary schools in the Region of Southern Denmark

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### *Background*

Healthy weight development is a public health challenge, but many school-based health promotion interventions are poorly implemented. To ensure adequate implementation support to schools, previous studies have suggested to assess schools' organizational readiness before intervention start. We used the heuristic by Scaccia et al. (2015) to assess organizational readiness to implement school-based interventions aimed at promoting healthy weight development in school-aged children (age 6-15 year), among schools and municipalities.

### *Methods*

Theory: Scaccia et al. (2015) suggest that organizational readiness depends on three components: motivation for an intervention; general capacity i.e. the daily functioning of the organization; and innovation-specific capacity i.e. factors important for successful implementation of a specific intervention. Study population: 219 local school managers (LSM) from primary schools and 23 central school managers (CSM) covering all municipalities in the Region of Southern Denmark were invited to participate in a questionnaire survey. Measures and analyses: Items were developed to assess factors affecting the three components (Scaccia et al. 2015) and summarized to estimate the levels (high or low) of the three components. The levels of the three components were summarized into an overall level of organizational readiness (very high, high, low, or very low) for schools and municipalities respectively. We used descriptive statistics to assess the levels of the overall readiness and the three components.

### *Results*

111 LMS (51%) and 22 CSM (96%) completed the questionnaires. The overall level of organizational readiness was high or very high in 57% of the municipalities and 42% of the schools. The Motivation was high in 76% of municipalities and 55% of schools. The general capacity was high in 48% of municipalities and 65% of schools. Innovation-specific capacity was high in 38% of municipalities and only 8% of schools.

### *Conclusion*

Many schools and municipalities were not ready to implement interventions to promote healthy weight development. While most schools and municipalities were motivated for implementing interventions to promote healthy weight development, the general and especially the innovation-specific capacity was low.



### 3.3. A qualitative study in the Region of Southern Denmark on opportunities and facilitators for implementing school-based interventions aimed at healthy weight development among 6-16-year-olds

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#### *Background*

Many school-based interventions are poorly implemented and sustained which challenge intervention effectiveness. Knowledge of schools' opportunities and barriers for implementation prior to implementation may guide the selection of appropriate implementation support strategies. We explored opportunities and barriers for implementing universal school-based interventions aimed at promoting healthy weight among 6-16-year-olds in region of Southern Denmark.

#### *Methods*

In nine municipalities, we conducted individual telephone interviews with school administrators (N=9). In three municipalities we conducted a focus group (N=15) consisting of 1) five principals from different schools, (2) a school administrator, a principal, a health nurse, a member of the school board, and a manager of the after-school-program. All interviews were recorded and transcribed verbatim. We conducted thematic analysis, following 6 steps: 1) Familiarization, 2) initial coding, 3) searching for themes, 4) reviewing themes, 5) defining themes, 6) producing the final report. The analysis draws on Sccacia's et al.'s (2015) concepts of organizational readiness e.g. the daily operation of the organization, knowledge and skills needed for a specific intervention and motivation for the intervention.

#### *Findings*

Facilitators for implementation included good internal cooperation, cooperation with local sports clubs, a high political priority of aspects of healthy weight development, especially movement during the school day, relevant knowledge and skills. Moreover, the informants appreciated opportunities for local adaptation, a plan for sustainability, networking, and capacity-building, involvement of teachers, students, and parents in intervention development. Barriers included poor or lack of cooperation between different professional groups e.g. school staff, and consultants of both the school and health area, limited resources, and project fatigue.

#### *Conclusions*

The adoption of school-based interventions aiming at promoting healthy weight among children may be motivated by involvement of different stakeholders in intervention development, establishment of cross-functional networks, and that the intervention can be adapted locally and integrated into the existing school practice





## 3.4. Is participation in recreational activities in the local community associated with self-rated health and well-being? A large cross-sectional study in the Capital Region of Denmark

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### *Background*

Recreational activities are expected to promote and maintain health and well-being because of their physical and mental health benefits. Community health-promotion programs often include a focus on recreational activities, but empirical evidence is limited. The aim of this study was to explore participation in recreational activities in the general population and to examine associations with self-rated health, quality of life and loneliness.

### *Methods*

Participants  $\geq 16$  years from the Danish Capital Region Health Survey, conducted in 2017 (N=55,185, response rate 52.6%) were included. Participation in recreational activities, self-rated health, quality of life, and feeling of loneliness was assessed by questionnaire. Socioeconomic position was obtained from national registers. Multiple logistic regression models weighted for sample size and non-response were used to examine associations with selected indicators of self-reported health and well-being.

### *Results*

A substantial proportion of men (40%) and women (37%) participated in recreational activities in their local community. Those who participated in recreational activities were likely to be older, have higher educational level, have good social relations, be sufficiently physically active, live in rural areas, and have easy access to sport facilities or local community centers. Individuals participating in recreational activities had significantly higher odds of a very good or excellent self-rated health (OR=1.60, 95% CI: 1.52-1.67) and an excellent self-rated quality of life (OR=1.60, 95% CI: 1.52-1.68) compared to individuals not participating in recreational activities. Also, they had lower odds of reporting severe loneliness (OR=0.55, 95% CI: (0.49-0.61)). Within strata of educational attainment, recreational activity participation was associated with better self-rated health.

### *Conclusions*

Participation in recreational activities is generally high among Danish men and women and it is strongly associated with better self-rated health, self-rated quality of life and the perceived feeling of loneliness.





## 3.5. Hverdagsændringsprocesser til øget sundhed som følge af deltagelse i et randomiseret kontrolleret studie målrettet personer med prædiabetes

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### *Baggrund*

Forebyggelse af type 2 diabetes (T2D) har stor betydning for folkesundheden i form af forbedret helbred og livskvalitet i befolkningen og reducerede omkostninger til behandling og rehabilitering. Derfor er det vigtigt dels at udvikle interventioner, der kan forebygge udvikling af T2D hos personer i forhøjet risiko, dels at undersøge, hvad der motiverer og støtter implementering af gavnlige hverdagsændringer.

### *Formål*

At undersøge, hvordan deltagelse i et studie til forebyggelse af udvikling af T2D påvirkede motivation, barrierer og strategier for hverdagsændringer hos deltagerne. Herunder blev det undersøgt, hvordan deltagerne opfattede 'prædiabetes' og deres sundhedsbillede, samt hvorledes dette påvirkede deres proces.

### *Metode*

Deltagerne er rekrutteret fra studiet 'PRE-D trial', der har undersøgt efficacy af forskellige blodsukkersænkende interventioner (metformin, dapagliflozin, eller exercise) sammenlignet med en kontrolgruppe blandt personer med prædiabetes. Data blev indsamlet gennem fire fokusgruppeinterviews hver med syv deltagere fra hver sin interventions- eller kontrolgruppe. Semi-strukturerede interviewguides var inspireret af teorier om sundhedsadfærd, motivation og forandring, Interviewene blev lydoptaget, transskriberet og analyseret ved brug af tematisk analyse.

### *Resultater*

Deltagere, som afviste eller negligerede 'diagnosen' prædiabetes, ændrede ikke deres sundhedsbillede. Deltagere, der derimod accepterede prædiabetes og så 'diagnosen' som en alvorlig helbreds- trussel, ændrede deres sundhedsbillede til at se sig selv som mindre sund og i risiko for at udvikle T2D, hvilket var en trigger for at ændre sundhedsadfærd. Deltagernes forskellige forandringsprocesser kunne indpasses i 'den trans-teoretiske model for forandring' og graden af self-efficacy og oplevelse af støtte fra netværk, fagfolk og teknologi havde betydning for deltageres succes med at implementere varige hverdagsændringer. Under interviewene fik nogle deltagere øget motivation til at ændre livsstil ved at høre andre deltageres erfaringer og derigennem ændrede opfattelse af prædiabetes til en mere alvorlig helbredsudfordring.

### *Konklusion*

Personer med prædiabetes har forskellige ønsker og behov for støtte til at indføre hverdagsændringer til forebyggelse af T2D. Praksis bør være specielt opmærksom på personer med lav self-efficacy og sparsomt socialt netværk.



## 4. Børn og unge

### 4.1. Neonatal vaccination with Bacille Calmette-Guérin strains: Effects in infancy

**Frederik Schaltz-Buchholzer**, Bandim Health Project, OPEN, Department of Clinical Research, SDU

This thesis examines the non-specific effects associated with vaccination at birth with different Bacille Calmette-Guérin (BCG) strains. First, it was demonstrated that vaccine vials of BCG-Denmark (Statens Serum Institut) and BCG-Russia (Serum Institute of India) contain an average of 13 and 15 infant doses, respectively, and not 20 doses. We assessed the overall effects on hospital admission risk and in-hospital case-fatality of providing early BCG-Denmark versus delayed BCG, and of providing different strains of BCG.

Neither early BCG nor the different strains of BCG affected the risk of hospitalization, but BCG-Denmark versus no-BCG was associated with a substantial 42% reduction in in-hospital deaths, primarily due to a 54% reduction in cases of fatal neonatal sepsis.

We documented in a large-scale randomized controlled trial that different strains of BCG have different immunogenic profiles; BCG-Denmark and BCG-Japan thus induces more 2-month BCG skin reactions that are also larger, more 6-month Tuberkulin Skin Test (TST) conversions and more adverse events, when compared to BCG-Russia.

In a large observational study drawing data from five trials providing BCG-at-birth, infants presenting a 2-month BCG skin reaction had >50% lower subsequent all-cause mortality up to one year of age, when compared to infants presenting no 2-month reaction, and larger reaction sizes were associated with the greatest mortality reduction. There was thus a linear correlation between increasing skin reaction size and decreasing all-cause mortality risk. The main determinants for developing a skin reaction and the reaction size was the BCG strain provided and vaccination technique.

In a meta-analysis of data on BCG-vaccinated infants from Guinea-Bissau, having a TST reaction at 2- or 6-months of age was associated with 41% (10% to 61%) and 35% (0% to 57%) reduced all-cause mortality compared to having no TST reaction.



## 4.2. Sammenhænge mellem Physical Literacy og danske børns (7-13 år) fysiske helbred og trivsel. Sjælland, 2020-2021

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### *Baggrund*

Physical literacy (PL) er et multi-dimensionelt begreb, som giver en helhedsorienteret forståelse af bevægelse og fysisk aktivitet (FA). PL indeholder et affektivt, et fysisk og et kognitivt domæne, som sammen lægger grundlaget for den enkeltes kapacitet og tilbøjelighed for at deltage i bevægelse og FA her og nu og op gennem livet. PL bruges i stigende grad som en "årsag til årsagerne" i forhold til sundhedsfremme blandt børn. Tværnsnits-studier har vist sammenhænge mellem børns PL og fysisk aktivitetsadfærd, stillesiddende adfærd, skærmtid, trivsel, aktiv skoletransport og vægtstatus. Dette er det første danske studie, som undersøger danske børns PL og sammenhænge til sundhedsmæssige faktorer.

### *Metode*

Tværnsnitsdata blev indsamlet jan. til dec. 2020 på DAPL-projektet, hvor deltagerne var børn fra 2.-6. klasse (N=948). PL blev målt med DAPL (Danish Assessment of Physical Literacy), som måler de tre domæner (fysiske kompetencer, motivation og selvtillid, samt viden og forståelse. Moderate-til-høj-intens fysisk aktivitet (MVFA) blev målt med accelerometer (Axivity), trivsel blev målt med Strengths and Difficulties Questionnaire (SDQ), fysisk helbred blev målt med 5 items fra KIDSCREEN. Sammenhænge blev undersøgt via General Linear Model med trivsel og fysisk helbred som afhængige variable og kontrolleret for MVPA, alder og SES.

### *Foreløbige resultater*

PL forklarede ca. 13,3% ( $p=0.0$ ) af variansen af fysisk helbred, justeret for MVPA ( $p=0.0$ ), alder ( $p=0.0$ ) og SES. Den fulde model forklarede 27% af variansen. I modellen uden MVPA forklarede PL 20,2% af variansen, hvilket tyder på, at en del af PLs indflydelse på fysisk helbred er medieret gennem MVPA. I modellen med trivsel som outcome, forklarede PL ca. 8,3 % ( $p=0.0$ ) af variansen justeret for alder ( $p=0.03$ ) og SES. MVPA var ikke signifikant ( $p=0.94$ ) og blev taget ud af modellen. Den fulde model forklarede 9% af variansen.

### *Konklusion*

Resultaterne indikerer, at PL har betydning for danske børns generelle fysiske helbred og trivsel. Desuden tyder det på, at PL har større indvirkning på børns sundhed og trivsel sammenlignet med MVPA.



## 4.3. Barriers, facilitators and potentials from the perspectives of health visitors (sundhedsplejersker) in a Danish health promotion intervention 'Face-it'

**Anne Timm (1,2)** KK Nielsen (1) HT Maindal (1, 2)

1 Health Promotion Research, Steno Diabetes Center, Copenhagen, 2 Department of Public Health, AU

### *Background*

Women who have had gestational diabetes mellitus (GDM) have a seven-fold increased risk of type 2 diabetes compared to women with normoglycemic pregnancies. Studies suggest that this development may be halted by engaging in healthy behaviours, but it is unclear how such behaviours are best facilitated in this group in the long-term. 'Face-it' is a health promotion intervention targeting families where the mother recently had GDM aiming to reduce the risk of type 2 diabetes and increase quality of life. The intervention consists of a pedagogical conversation tool and a digital app delivered by health visitors and health coaches in three municipalities.

### *Objective*

This study examines the experiences of health visitors and health coaches with delivering the Face-it intervention.

### *Methods*

Fourteen semi-structured interviews are currently being conducted with health visitors and health coaches delivering the Face-it intervention. Data collection and analysis is inspired by realist evaluation. Intervention activities from the Face-it intervention are used as prompts to investigate barriers and facilitators and potentials in delivering the health promotion intervention in a family-setting. Data will be analysed iteratively relying on emerging themes from the interviews to be revisited continuously as data accumulates.

### *Results*

Preliminary findings from the first four interviews suggest that intervention deliverers experience barriers in taking on a health expert role as families were often knowledgeable about future risk following a GDM diagnosis and health recommendations. Intervention deliverers experienced the pedagogical conversation tool to be useful, but that the Liva app only benefitted some families. Goal setting and partner support were highlighted as important facilitators for health promotion in the family. At Folkesundhedsdage 2021, findings from all 14 interviews including barriers, facilitators and potentials for health promotion strategies in families will be presented.

### *Conclusion*

The pedagogical conversation tool and a digital app seem to be promising tools for health promotion in families where the mother had GDM.



## 4.4. Evaluering af VR FestLab: En virtual reality festsimulation for alkoholforebyggelse blandt danske unge

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### *Baggrund*

Det er i øjeblikket ukendt, om et virtuelt socialt miljø kan hjælpe unge mennesker med at opbygge deres færdigheder til at overvinde gruppepres, når de tilbydes alkohol. Formålet med denne undersøgelse er at evaluere effekten af virtual reality simuleringsspillet VR FestLab, som er designet til at forbedre modstandsevner mod socialt pres for at drikke alkohol.

### *Metode*

Vi har udviklet en virtual reality festsimulation VR FestLab, som er en tredimensionel typisk fest. Til festen kan brugeren "styre" igennem forskellige realistiske situationer, hvor man bliver tilbudt alkohol. Denne undersøgelse er en mixed-methods effektevaluering af VR FestLab indeholdende både spørgeskemadata samt fokusgruppeinterviews blandt skoleelever i alderen 15-18 år.

### *Resultater*

De foreløbige resultater viser, at alle eleverne godt kunne lide at prøve VR FestLab. De ville gerne udforske spillet mere (90% "enig eller meget enig"), og kunne lide selve VR-oplevelsen (94% "enig eller meget enig"). 58% ville anbefale spillet til venner, hvor 29% svarede "ved ikke" til dette, og 81% mente spillet var realistisk. De kvalitative resultater viser, at eleverne synes VR FestLab var sejt, kreativt, har interessante scener, er sjovt, realistisk og nemt at spille. De negative sider, der blev nævnt, var, at der var noget gentagelse i simulationen, og det kunne være lidt kedeligt, hvis man valgte ikke at drikke alkohol. Nogle mente, at de ikke kunne lære noget af VR FestLab, mens andre mente, at de ved hjælp af VR FestLab fik øget deres forståelse af alkoholbrug. For eksempel blev det nævnt, at man kunne lære at sige nej tak til alkohol, hvor meget man kan drikke, inden man går kold, hvordan man kan opføre sig i forskellige festsituationer, og hvordan man kan blive påvirket af alkohol.

### *Konklusion*

VR FestLab er en af de første virtuelle alkoholforebyggelsessimulationer, der er blevet udviklet. Undersøgelsen viser, at VR FestLab blev modtaget meget positivt blandt målgruppen i forhold til brugbarhed og spiloplevelsen. VR FestLab bliver gjort offentligt tilgængeligt og vil kunne downloades gratis fra Google Play/Appstore, således at lærere kan anvende det som undervisningsmateriale i deres sundhedsundervisning i skolen, når afprøvningsfasen er afsluttet.



## 5. Livskvalitet og stress

### 5.1. Stressniveauet forklares af en kombination af arbejds- og ikke-arbejdsrelaterede belastninger samt social støtte

#### *Baggrund*

Arbejdsrelateret stress har fået megen opmærksomhed i forskning og medier, mens det relative bidrag fra arbejds- og ikke-arbejdsrelaterede belastninger til stressniveauet ikke har fået samme opmærksomhed. Formålet med dette studie er at bestemme den relative betydning af arbejds- og ikke-arbejdsrelaterede belastninger og social støtte for befolkningens stressniveau.

#### *Metode*

Studiet anvender data fra "Hvordan har du det?" undersøgelsen i Region Midtjylland i 2017 (N=32.417). Oplevet stress blev målt med Perceived Stress Scale (PSS). Belastninger blev målt i ni domæner omfattende arbejdssituation og en række ikke-arbejdsrelaterede belastninger. Herudover blev social støtte målt med et spørgsmål.

Studiet anvendte dominansanalyse, en metode til at måle den relative betydning af prædiktorer i multiple regressionsmodeller. Metoden er en ensemblemetode, der sammenfatter resultatet fra et stort antal regressionsmodeller (all possible subsets regression) ved at lave parvise sammenligninger af modellerne. Oplevet stress blev anvendt som afhængig variabel, og de ni typer af belastninger samt social støtte blev anvendt som uafhængige variable. Alle analyser blev justeret for køn, alder, uddannelse og etnisk baggrund.

#### *Resultater*

Arbejds- og ikke-arbejdsrelaterede belastninger samt social støtte forklarede 43% af den samlede varians i oplevet stress. De tre vigtigste bidragsydere til den forklarede varians var "egen sygdom" (10%), "social støtte" (6%) og "arbejdssituation" (5%).

I analyser stratificeret på arbejdsmarkedstilknytning (i arbejde vs. arbejdsløs) forklarede arbejds- og ikke-arbejdsrelaterede belastninger samt social støtte henholdsvis 38% (i arbejde) og 46% (arbejdsløs) af den samlede varians i oplevet stress. For borgere i arbejde var de tre vigtigste bidragsydere "arbejdssituation" (9%), "social støtte" (6%) og "egen sygdom" (6%), og for arbejdsløse var det "egen sygdom" (10%), "arbejdssituation" (7%) og "økonomi" (5%).

#### *Konklusioner*

Oplevet stressniveau påvirkes af arbejds- og ikke-arbejdsrelaterede belastninger samt social støtte. På befolkningsniveau er "egen sygdom" den vigtigste belastning. "Arbejdssituation" er vigtigste belastning for respondenter i arbejde og næst vigtigst for arbejdsløse respondenter, hvor egen "egen sygdom" er vigtigste belastning.





## 5.2. Projekt med fokus på en helhedsorienteret analyse af årsager til stress som baggrund for en styrket indsats mod stress

**Finn Breinholt Larsen**, Jes Bak Sørensen, DEFACTUM, Region Midtjylland

### *Baggrund*

Skal stressindsatsen fokusere på arbejdspladsen eller være mere helhedsorienteret? Dette projekt består af tre studier, der undersøger sammenhængen mellem stress og belastninger på og uden for arbejde samt årsager til stigningen i stressniveauet. Resultaterne kan inspirere til udvikling af en styrket indsats mod stress.

### *Metode*

Studierne anvender data fra "Hvordan har du det?" undersøgelsen i Region Midtjylland i 2013 og 2017. Studie 1 og 3 inkluderer respondenter fra 2017. Studie 2 anvender paneldata fra respondenter, der deltog i begge undersøgelser. Oplevet stress blev målt med Perceived Stress Scale (PSS). Belastninger blev målt i ni domæner (fx økonomi, boligsituation, arbejdssituation, forhold til partner, familie og venner, samt sygdom hos personen selv). Herudover blev social støtte målt med et spørgsmål.

### *Studie 1*

*Formål:* At undersøge den relative betydning af arbejdsrelaterede og ikke-arbejdsrelaterede belastninger for stressniveauet.

*Analyser:* Regressionsmodeller med oplevet stress som afhængig variabel samt belastninger og social støtte som uafhængige variable. Dominansanalyse til bestemmelse af de enkelte uafhængige variables relative betydning for stressniveauet.

*Resultater:* Analyserne viser, hvor meget hver enkelt belastning forklarer af stressniveauet og dermed, hvor man finder det største potentiale for forebyggelse af stress.

### *Studie 2*

#### *Formål*

At undersøge, hvor meget arbejds- og ikke-arbejdsrelaterede belastninger har påvirket ændringen i stressniveauet fra 2013 til 2017?

*Analyser:* Fixed effects og random effects regressionsmodeller til identifikation af årsagssammenhænge mellem oplevet stress og belastninger og social støtte.

*Resultater:* Analyserne giver viden om, hvilke belastningstyper der på individniveau især har medført ændringer i stressniveauet fra 2013 til 2017.

### *Studie 3*

*Formål:* At undersøge hyppigt forekommende belastningsprofiler i befolkningen og sammenhæng med stressniveauet.

*Analyser:* Latent klasseanalyse til opdeling i belastningsgrupper. Grupperne anvendes som forklarende variabel i en regressionsmodel.

*Resultater:* Den personcentrerede metode muliggør identifikation af særlige risikogrupper for udviklingen af et højt stressniveau. Resultaterne kan understøtte målrettede forebyggelsesindsatser.





## 5.3. Shift work and use of psychotropic medicine: follow-up studies with register linkage

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This study aimed to investigate prospective associations between shift work and use of psychotropic medicine.

Two different random samples from the general working population of Denmark (N=19 259 and N=131 321) were linked to data from national registers at an individual level. Poisson regression was used for analyses of associations between shift work and redeemed prescriptions of psychotropic medicine. Prevalent cases were excluded at baseline. In the first sample we tested in secondary analyses for differential effects on subsets of psychotropic medicine. In the second sample, we investigated whether excessive overtime work was an important risk factor among night shift workers, we tested for differential prospective effects on anxiolytics vs. hypnotics, sedatives, and antidepressants, and for effects on psychiatric hospital treatment for mood vs. anxiety and stress-related disorders.

In both samples, we estimated the rate ratio for incidence of psychotropic medicine among shift workers to 1.09 (95% CI in the first sample 0.99–1.21; 99% CI in the second sample 1.02–1.16). In the first sample, secondary analyses suggested that shift work was associated with increased incidence for the use of hypnotics, sedatives and antidepressants and decreased incidence for anxiolytics. This finding could, however, not be confirmed in the second sample. We found in the second sample no statistically significant association between night shift work and psychiatric hospital treatment RR 1.11 (95% CI 0.95 - 1.29). Supplementary analyses yielded, however, support for a dose-response association between night shift work and incident use of psychotropic medicine. The results suggested, moreover, an association between night shift work and incident use of psychotropic medicine among employees with moderately long working hours (41–48 hours a week) (RR estimated at 1.20 (99% CI 1.00 - 1.44).

Results from the two studies supported among night shift workers a small increased risk for mental health issues causing a redeemed prescription of psychotropic drugs. Further, longer weekly working hours may increase the risk. There was no significantly increased risk of psychiatric hospital treatment due to mood vs. anxiety and stress-related disorders among night shift workers.



## 6. Patienter & sundhedssystemet

### 6.1. 'The good patient gets it all': Access to healthcare for persons with multiple chronic conditions

**Sine Grønberg Knudsen**, Sofia Valeur Baumgarten, Kirsten Lomborg, Nana Folmann Hempler, Steno Diabetes Center Copenhagen

#### *Background*

Access to health care for all is a recognized policy ideal. This formally equal access does, however, not necessarily reflect itself in equal use and benefit of services. On the contrary, access varies across social, cultural, financial and organisational settings and is often limited for persons with multimorbidity (users). Multimorbidity involves care across health sectors and specialties, making managing treatment programs challenging for both users and health care professionals (HCPs). This study explores how users and HCPs experience access to health care and how socio-cultural settings influence the interaction between users and HCPs.

#### *Methods*

Data included interviews with users (n=14), workshop with users and relatives (n=1) and workshops with HCPs in municipality (n=1), hospital (n=1) and general practice (n=3). Data were analyzed with systematic text condensation. Findings: Interactions between healthcare users and HCPs influenced the perceived outcomes of healthcare. Users experienced that being a 'good patient' and 'asking the right questions' enabled better health care in terms of receiving knowledge and influencing treatment options. Thus, users felt responsible for outcomes of user-provider interactions which was particularly difficult in decisions related to prioritising between the management of different chronic illnesses. HCPs experienced that users' socio-cultural resources impacted not only interactions but treatment options. Whereas 'resourceful' users could manage long-term goals for their illness progression, 'less resourceful' users could only manage short-term and urgent matters. Moreover, HCPs often relied on 'resourceful' users' ability to pass on central knowledge between sectors and specialities.

#### *Conclusion*

Recent years' focus on self-management in multimorbidity may have affected the way responsibility is divided in user-provider interactions. 'Good patients' possessing these cultural skills of alignment with those of professionals are likely to receive better quality of care. Thus, users with socio-cultural resources are more equipped to partake in beneficial user-provider interactions promoting the benefits of being a 'good patient', leaving those without the skills with limited access to healthcare.



## 6.2. U hensigtsmæssig sundhedsadfærd blandt samboende og ikke-samboende hjertesygge

**Jes Bak Sørensen**, Anne Marie Ladehoff Thomsen, Nina Konstantin Nissen, Karina Friis, DEFACTUM, Region Midtjylland

### *Baggrund*

Hjertesygdom er den næst hyppigste dødsårsag i Danmark. Udvikling af og prognose efter hjertesygdom er påvirket af blandt andet sundhedsadfærd og sociodemografi. Der er en betydelig social ulighed i hjertesygdom, og personer, der er gift eller samboende, har en lavere risiko for at udvikle hjertesygdom og en bedre prognose efter hjertesygdom. Formålet med dette studie var at beskrive sundhedsadfærd hos hjertesygge opdelt på samlivsstatus.

### *Metode*

Studiet anvendte data fra "Hvordan har du det?" i Region Midtjylland i 2017 for respondenter fra 25 år og opefter (N=29.165). Oplysninger om hjertesygdom ("blodprop i hjertet" og "hjertekrampe"), rygning, alkoholforbrug, fysisk aktivitet, kostmønster, overvægt, samlivsstatus og øvrige sociodemografiske oplysninger blev alle indsamlet med spørgeskema.

Vi anvendte logistisk regressionsmodel med hjertesygdom som afhængig variabel og sundhedsadfærd som uafhængige variable. Vi stratificerede for samlivsstatus og justerede for køn, alder, etnisk baggrund og uddannelsesniveau.

### *Resultater*

For både hjertesygge samlet og opdelt på samlivsstatus var der en større forekomst af dagligrygere, fysisk inaktive og svært overvægtige blandt hjertesygge i sammenligning med resten af befolkningen. Der var ingen forskel for højrisikoindtag af alkohol og usundt kostmønster.

For ikke-samlevende hjertesygge var der en større andel dagligrygere, fysisk inaktive og personer med usundt kostmønster i sammenligning med samlevende hjertesygge. Der var ingen forskel for højrisikoindtag af alkohol og svært overvægt.

### *Konklusion*

Der var en større forekomst af dagligrygere, fysisk inaktive og svært overvægtige blandt hjertesygge i sammenligning med resten af befolkningen, mens forekomsten ikke var forskellig for højrisikoindtag af alkohol og usundt kostmønster. Forekomsten af dagligrygere, fysisk inaktive og personer med usundt kostmønster var samtidig større blandt ikke-samlevende hjertesygge sammenligning med samlevende hjertesygge.

Samlet betød det, at hjertesygge havde en større risiko for at være dagligrygere, fysisk inaktive og svært overvægtige, og at sammenhængen mellem hjertesygdom og uhensigtsmæssig sundhedsadfærd i nogen grad afhang af samlivsstatus.



## 6.3. A Danish definition of rehabilitation covering medical, social and vocational rehabilitation

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### *Introduction*

Over the last 15-20 years we have seen a remarkable change in the way we think and act in rehabilitation practice and how rehabilitation interventions are carried out. There is substantial differences in how rehabilitation is defined. Rehabilitation must be seen in a context and thus, there is a need for a national definition of rehabilitation. A Danish definition of rehabilitation was described in 2004, the definition is criticised for being too focused on the medical perspective. Therefore, it was decided to revise the Danish definition of rehabilitation covering medical, social and vocational rehabilitation. The new definition needs to be acceptable by authorities across welfare areas.

### *Purpose*

To present the process used to develop a common, shared definition of rehabilitation in Denmark covering medical, social and vocational rehabilitation.

### *Method and content*

The methods comprised 1) a review of existing national and international literature and 2) a consensus development process to derive key areas, challenges and dilemmas within the field of rehabilitation.

Cf. 1) Papers, national books and guidelines published after 2000 were included.

Cf. 2) A cross-disciplinary group comprising 37 Danish rehabilitation experts covering medical, social and vocational rehabilitation was established. To hear the voice and perspective of people living with disability a 9-person citizen' panel was set up. The cross-disciplinary group meet five times from December 2020 to June 2021, and the citizen panel meet three times from March to June 2021. To evaluate whether authorities across welfare areas will accept the new definition a proposal of the new definition will be sent out for a pre-consultation in April 2021.

### *Perspectives*

The new Danish definition of rehabilitation will be presented at the congress with the purpose of obtaining feedback from national experts and researchers within the field of rehabilitation.



## 6.4. Telefonbaseret støtte til egenomsorg kan forbedre livskvaliteten for personer med risiko for indlæggelse – et randomiseret kontrolleret studie

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### *Baggrund*

En mindre gruppe af patienter står for de fleste hospitalsindlæggelser. Denne gruppe er ofte belastet af multimorbiditet, høj alder og sociale problemer. Mange indlæggelser kan være tegn på, at støtten omkring disse mennesker kan forbedres. Bedre egenomsorg kan måske hjælpe personer med forøget risiko for indlæggelse til at tage bedre vare på deres eget helbred og fore- bygge udviklingen af tilstande, der kræver indlæggelse. Der er kun få eksperimentelle studier af emnet og alle med kvalitetsproblemer. Det er derfor velbegrundet at undersøge effekten af telefonbaseret støtte til egenomsorg.

### *Metode*

Undersøgelsen er et åbent 1:1 randomiseret kontrolleret studie af Aktiv Patientstøtte - telefonbaseret støtte til egenomsorg. Deltagerne er kronisk syge, ældre og personer med mindst 3 akutte hospitalskontakter, som har forøget risiko for hospitalsindlæggelse. Deltagerne er identificeret via registre og inviteret i e-boks fra 9. april 2018. De primære effektmål er mental livs- kvalitet og risiko for indlæggelse efter 6 måneder. I dette studie indgår de patientrapporterede effektmål livskvalitet og mestring målt med Short Form 36 (SF36v2) og Health education impact questionnaire (HeiQ) målt ved 3, 6 og 12 måneders opfølgning. Livskvalitet opgøres med to overordnede parametre: mental livskvalitet (Mental Health Composite score) og fysisk livskvalitet (Physical Health Composite score) samt 8 underskalaer. For mestring er der 8 skalaer. I det følgende beskrives foreløbige resultater.

### *Resultater*

Der blev inkluderet 6405 personer i undersøgelsen. For livskvalitet er der samlet 10 effektmål, som er opgjort ved 3, 6 og 12 mdrs. opfølgning. Analyserne viser statistisk signifikant positiv effekt af interventionen på de 29 ud af 30 målepunkter, herunder det primære effektmål mental livskvalitet ved 6 mdrs. opfølgning. For mestring er der 24 målepunkter, som alle viser statistisk signifikant positiv effekt af interventionen. Effekttørrelserne for alle skalaer er mindre end en klinisk relevant effekt.

### *Konklusion*

Aktiv patientstøtte forbedrer deltagernes selvrapporterede livskvalitet og mestringsevne. Effekttørrelserne er små i de aktuelle intention-to-treat analyser, hvor alle deltagere ikke modtog indsatsen. Yderligere analyser vil vise effekten af at deltage per protocol.



## 6.5. Evaluering af Tværsektoriel Stuegangs udgående stuegangsteam med tværsektorielle journalaudits. Region Hovedstaden, 2019-2020

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### *Baggrund*

For ældre medicinske patienter med multisygdom er overblik og koordination af patientforløbet afgørende, men findes ikke altid i tilstrækkelig grad.

Tværsektoriel Stuegang var et samarbejdsprojekt mellem Nordsjællands Hospital, de otte kommuner i Planlægningsområde Nord og almen praksis med det formål at forbedre tværsektorielle forløb for ældre medicinske patienter, der udskrives fra hospitalet til en kommunal midlertidig døgnplads. En af projektets indsatser bestod i, at et udgående stuegangsteam fra Nordsjællands Hospital gik stuegang på udvalgte patienter på de kommunale midlertidige døgnpladser. Formålet med nærværende evaluering var at undersøge effekten af det udgående stuegangsteams indsats på patientforløb.

### *Metode*

I projektperioden maj 2017 til oktober 2019 blev der gået stuegang på 268 patienter. Evalueringen er baseret på journalaudits på 17 patientforløb. Auditeringen fandt sted på Nordsjællands Hospital i september og oktober 2019. I hver audit deltog en speciallæge, en sygeplejerske og en farmaceut fra Nordsjællands Hospital, en praktiserende læge fra hospitalets optageområde samt en eller to sygeplejersker/SOSU-assistenten fra de kommunale midlertidige døgnpladser i den pågældende patients hjemkommune. Ingen af deltagerne har været involveret i de pågældende patientforløb. Auditeringen fokuserede primært på en faglig vurdering af kvaliteten af forløbet med stuegangsteamet.

### *Resultater*

I de fleste forløb blev det vurderet, at stuegangsteamets indsats havde forbedret patienternes samlede sundhedstilstand, optimeret medicineringen og skabt overblik. I mere end halvdelen af forløbene blev indsatsen vurderet til at have forbedret det efterfølgende forløb og i nogle forløb at have forebygget en genindlæggelse. Det særlige ved stuegangsteamets indsats var tid til at yde en kontinuerlig og helhedsorienteret indsats med hyppige besøg, grundig gennemgang af patientforløbet, medicinjustering og inddragelse af patient og pårørende.

### *Konklusion*

Det udgående stuegangsteam fortsætter ikke efter projektafslutning. Evalueringen peger på, at visse elementer af stuegangsteamets indsats kan foretages under indlæggelse, mens andre elementer kan varetages af praktiserende læger. Dog er der behov for organisatoriske ændringer for at frigive tid til disse opgaver.





## 7. Evaluering af sundhedsfremmende indsatser

### 7.1. Kan et digitaliseret single-mode survey give samme deltagelsesprocent som et mi-mode survey? Et randomiseret kontrolleret studie

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#### *Baggrund*

Etik og ressourcer er centrale aspekter i valg af henvendelsesmetode til survey-studier, hvor ambitionen altid er at få en høj deltagelse. Formålet med studiet var i et randomiseret design at undersøge, om tre digitale henvendelser (single-mode) kan resultere i samme deltagelse som to digitale og tre fysiske henvendelser (mixed-mode) afsendt med kortere intervaller.

#### *Metode*

I studiet anvendes data fra 10.000 personer ( $\geq 20$  år), der deltog i spørgeskemaundersøgelsen 'Hvordan har du det?' i Region Hovedstaden i 2017 og blev geninviteret i 2021. De personer, som var tilmeldt digital post, blev randomiseret i to grupper; den ene gruppe modtog to digitale henvendelser (dag 0 og 7) og tre fysiske henvendelser (dag 23, 44, 68; kontrolgruppen;  $N=4.744$ ), mens den anden udelukkende modtog tre digitale henvendelser (dag 0, 21, 46; interventionsgruppen;  $N=4.745$ ). Svarprocenten i kontrol- og interventionsgruppen sammenlignes efter hele perioden. Derudover sammenlignes de to gruppers stigning i svarprocent efter første påmindelse (dag 7 [kontrol]; dag 21 [intervention]) og 14 dage frem, samt efter anden påmindelse (fysisk, dag 23 [kontrol]; digital, dag 46 [intervention]) og 19 dage frem.

#### *Resultater*

Dataindsamlingen slutter først 13. maj 2021, og derfor præsenteres her foreløbige resultater (opdateret slut april). Den samlede svarprocent var 64%, fordelt på 73% i kontrolgruppen og 56% i interventionsgruppen. Efter første påmindelse steg svarprocenten fra 32% til 51% i kontrolgruppen og fra 37% til 49% i interventionsgruppen. I kontrolgruppen steg svarprocenten fra 51% til 66% efter anden påmindelse, mens den steg fra 50% til 55% i interventionsgruppen.

#### *Konklusion*

Det overordnede resultat viser en lavere deltagelsesprocent, når der sendes få digitale påmindelser med flere uger imellem, end når der sendes mange digitale og fysiske påmindelser med kortere intervaller. Der ses en betydning af timingen af første påmindelse—størst stigning i svarprocent ved en 'hurtig' påmindelse—og af typen af anden påmindelse—størst stigning ved ændring fra digitalt til fysisk brev. Resultaterne kan skabe bedre grundlag for valg af henvendelsesmetode i survey-studier, som både stiler efter en høj deltagelse og tilgodeser økonomi samt tid og byrde for de inviterede.





## 7.2. 'Rigere uden røg' – en nytænkende rygestopintervention i kommunalt regi

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### *Baggrund*

Rygning er fortsat den største folkesundhedsudfordring i Danmark. Udenlandske forsøg indikerer, at økonomisk belønning af rygere, der holder sig røgfri, kan være en særdeles effektiv rygestopmetode. Der mangler dog evidens om langtidseffekter og effekten på befolknings- niveau.

### *Formål*

Projektets formål var at undersøge, om oplysningskampagner vs. Økonomisk belønning af rygere, der holder sig røgfri, er mest effektivt til at rekruttere til kommunale rygestophold samt til at opnå længerevarende røgfrihed - med særlig fokus på rygere med lav socioøkonomisk status.

### *Metode*

Projektet er en lodtrækningsundersøgelse, hvor seks interventionskommuner fik 100.000 kr. hver til deres rygestopindsats. Tre 'belønningskommuner' afprøvede effekten af, at rygere med lav socioøkonomisk status fik en økonomisk belønning i form af gavekort for at holde sig røgfri på kommunale rygestophold. Samtidig afprøvede tre 'kampagnekommuner' effekten af oplysningskampagner, der opfordrede rygende borgere til at tilmelde sig kommunale rygestophold. Kampagnerne var søgt målrettet rygere med lav socioøkonomisk status. Der sammenlignes med seks rene kontrolkommuner, hvor ingen intervention fandt sted.

### *Resultater*

Interventionen blev gennemført i 2018, og rygestoprater efter 6 måneder og 12 måneder blev målt i 2019. Resultater fra projektet bliver aktuelt analyseret af statistiker tilknyttet den nationale Rygestopbase, men vil foreligge til september 2021.

### *Konklusion*

Projektet vil give os viden, om økonomisk belønning ved røgfrihed er en effektiv rygestopmetode, eller om pengene er bedre brugt på kampagner. Resultaterne kan skabe en del diskussion og politisk modstand.



## 7.3. Mental sundhedsfremme kapacitet – realistisk evaluering af et aktionslæringsforløb implementeret i en dansk kommune

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Mental sundhedsfremme-indsatser efterspørges i stigende grad for at reducere sygdomsbyrden forårsaget af dårlig mental sundhed. Med et fokus på kapacitetsopbygning skifter fokus fra direkte at påvirke sundhedstilstanden i en befolkning mod at udvikle samfundets strukturer til at kunne fremme mental sundhed på en målrettet og bæredygtig måde. Herved forlænges og multipliceres potentielt sundhedseffekterne af en given indsats. Der er dog behov for nuanceret viden om effektiviteten og mekanismerne af indsatser målrettet kapacitetsopbygning inden for mental sundhedsfremme. Vi har derfor undersøgt potentialet for at opbygge mental sundhedsfremme kapacitet gennem aktionslæring ved at evaluere pilotimplementeringen af et aktionslæringsforløb. Forløbet er udviklet og afprøvet af partnere i partnerskabet ABC for mental sundhed. Specifikt, har vi undersøgt, 1) hvilke outcomes aktionslæringsforløb har ført til og 2) hvordan disse outcomes blev genereret. Studiets design tager udgangspunkt i realistisk evaluering og bygger på data fra observationer, interviews (n=21) med deltagere og stakeholdere og dokumenter. Data blev indsamlet under implementeringen og seks måneder efter afslutningen af aktionslæringsforløbet. En kommune, en professionshøjskole og et frivilligcenter deltog i undersøgelsen. Vi identificerede tre kategorier af outcomes: implementering af mentalsundhedsfremme initiativer; personlig udvikling; og udvikling af professionelle relationer og samarbejder på tværs af organisatoriske grænser. Vores analyser peger på, at de observerede outcomes blev genereret gennem følgende mekanismer: legitimering af mental sundhedsfremme dagsordenen; kombination af passive (fx oplæg) og aktive læringsaktiviteter (fx learning by doing og refleksionsøvelser); samarbejde på tværs (fx kommune-uddannelsesinstitution og ansatte-studerende). Resultaterne bidrager med viden om, hvordan, for hvem og under hvilke omstændigheder aktionslæring kan være en relevant vej at gå for at opbygge mental sundhedsfremme kapacitet. Denne viden er relevant i planlægningen og gennemførelsen af kapacitetsopbyggende indsatser. Vi konkluderer, at aktionslæring under de rette omstændigheder kan mobilisere og øge udnyttelsen af lokale resurser, der bidrager positivt til at vedligeholde og fremme mental sundhed.



## 7.4. Developing a framework for interventions targeting potentially preventable admissions – a research project performed in 2019-2020 in the Central Denmark Region

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### *Background*

The increasing number of people with chronic disease and comorbidity in developed countries expands the demand for healthcare. Healthcare systems stress the need for effective strategies to prevent potentially avoidable admissions, i.e. admissions that could have been avoided given timely and adequate care in the primary healthcare setting. Studies point to the effect of individual-oriented strategies, e.g., self-management, and system-oriented strategies, e.g., improving coordination between healthcare professionals. Yet, there is a lack of interventions applicable in the primary healthcare sector accommodating the efforts of the healthcare professionals. The aim was to develop an evidence-based framework for interventions targeting potentially avoidable admissions to strengthen the quality of primary healthcare services.

### *Method*

The project consists of three sub-studies. Sub-study 1 is a systematic review including evidence on effective and/or meaningful interventions to prevent potentially avoidable admissions. Sub-study 2 is a qualitative study consisting of five focus group interviews with 27 healthcare professionals, including general practitioners, home care providers and specialist nurses. In sub-study 3, the review results and qualitative findings are combined into a framework for interventions, which is validated by stakeholders from the primary and secondary healthcare sector.

### *Results*

Preliminary review results state that interventions to prevent potentially preventable admissions primarily focus on the elderly and people with chronic disorders, particularly diabetes; however, there is a lack of consistent results on the effectiveness of interventions. Qualitative findings suggest a need for interventions that allow healthcare professionals to address the psychosocial aspects of health and functioning in addition to physical conditions.

### *Conclusions*

Efforts to prevent potentially avoidable admissions is primarily focused on physical conditions and disease management, meanwhile, researchers and healthcare professionals acknowledge the influence of psychosocial aspects on potentially preventable admissions. Therefore, healthcare professionals should be provided with tools that allow them to intervene on the psychosocial aspects of health and functioning.