

Theme II: Life-course perspectives on health interventions

Research in this theme focuses on the design, implementation and evaluation of health interventions that target different stages of the life course, from the unborn child to old age, taking into account social contexts and gender aspects, in both advantaged and disadvantaged communities. Results to date illustrate the potential of the life-course approach for building evidence on associations between lifestyle and other risk factors at early ages and health outcomes in later life. This approach also enables us to study the contribution of different social, cultural and environmental factors to health and disease. The theme has developed a methodological interest in how to best design, implement and evaluate complex interventions taking into account the specific complexity of community and population based interventions as well as the complexity of the context in which these interventions are implemented. Short descriptions of various intervention studies carried out under the umbrella of Theme II are listed in Table 1. Further information is given on some of them below.

We take advantage of the Child-Health Intervention Programme in Västerbotten (Salut), targeting parents-to-be and children 0-18 years of age. Salut is a cross sector and multidisciplinary child health intervention programme developed to support the provision of health promotion activities in health care, social services and school settings. It builds on experience from the Västerbotten Intervention Programme (VIP) for adults and the Tobacco Free Duo Programme for adolescents. Following initial studies in South Africa and Tanzania, we now also contribute to the development of the PROMISE project in Agincourt, South Africa. It is a randomized intervention to promote adolescent and infant health and wellbeing, and to reduce intergenerational risk of metabolic disease in transitioning societies.

Within VIP we have now completed 20 consecutive annual examinations of most Västerbotten inhabitants aged 40, 50 and 60 years. VIP now holds data on over 120,000 examinations. Work is ongoing to provide trend analyses of major risk factors and to identify different patterns across sex and age groups, and we are piloting an extension of the study to include 70-year-olds. Modified VIP community intervention models are being implemented in Indonesia and Vietnam and will inform new programmes in South Africa; weight maintenance programmes in Sweden and the US are being compared; and diabetes studies are being extended to involve Palestinian communities. We plan to use our datasets to identify key determinants of a healthy life-course, studying implementation strategies to scale-up from local projects to full-scale implementation, and developing evaluation models that take the life-course perspective into account.

Coeliac disease (CD), also called permanent gluten-sensitive enteropathy, has emerged as a global health problem affecting all ages. We currently host the only prospective incidence child CD register with nationwide coverage. Sweden has experienced a unique epidemic of CD explained partly by changes over time in infant feeding. Within a CD screening study (www.etics.se) 12 year-olds (n=18,000) from birth cohorts that differ with respect to infant feeding are approached. A randomised field trial on infant feeding for prevention of CD in high-risk newborns is also ongoing within a European collaboration (www.preventcd.com). Prevalence estimates are available globally, with the exception of Sub-Saharan Africa and South-East Asia, where we now are exploring possibilities for collaboration around screening studies

We study issues of sustainability in organizational learning, improvement, development, innovation and implementation in research projects funded by the Vinnvård Programme (www.vinnvard.se) within health and social care institutions. The research groups are multi disciplinary, with members also from Karolinska Institutet and Luleå University. One of the projects follows the implementation process of a development and learning strategy in specialized medical care and within the Salut Programme, both in Västerbotten County Council. Another project follows the full innovation process - from creation to implementation - of developing National Guidelines on how the health service can improve

lifestyle changes among patients, including issues on how to facilitate the learning and implementation processes on core organizational level. The potential impact of the research is a better knowledge on how to make innovation, implementation and organizational learning reachable and sustainable for every unique context.

These plans will be developed and carried out in synergy with the other UCGHR themes and with the Umeå SIMSAM Node and its research programme “A register-based research programme connecting childhood with lifelong health and welfare (www.simsam.org.umu.se).