



The work of I.N.S.A.L.U.T.E. : analysis, prospects and proposals

(Acrostic: *I*struzione, *u*niversale, *s*anitaria, *r*agionata, *l*ivellata, *a*utovalutata, *t*ramite *l'*epidemiologia or UNIVERSAL, REASONED, LEVELLED, SELF-EVALUATED, **HEALTH TEACHING THROUGH EPIDEMIOLOGY**)

The data we are handling are the result of the first six years (2004-2009) of experimental work made by I.N.S.A.L.U.T.E. (a social support association founded in Imola (Province of Bologna) in 2003, regularly registered in the Provincial Register of Social Promotion Association of the Province of Bologna).

INSALUTE is a health educational chance for the whole population of any range of age, addressing either to healthy or ill people, affected by and/or prone/predisposed to chronic, degenerative and/or disabling diseases.

This educational opportunity is offered with the intention of encouraging good habits among participants, with an increasing emphasis on prevention and the importance of individual responsibility as well as the management of chronic illnesses.

Work Methodology

The starting point is an analysis of the population of the Imola area on the basis of some indicators such as exemption from medical payments, the most common illnesses (taken from statistical, regional and national data) and hospital admissions. These indicators have been studied and processed to build up a clear picture of the health **needs** in the area. This analysis is carried out every year thanks to the support of the local health authority.

The data are brought to the attention of the Board of Experts (a committee gathering many points of view from higher education such as University and local health-care System representatives, manufacturers, representatives of the local volunteers association and the mixed advisory board, schools and trade associations). Then comes the identification (begun in 2003 and still a priority) of the macro area of chronic illness around which each course is planned. The courses are:

- free of charge
- based on small groups in order to encourage dialogue, discussion and interactive learning
- led by medical staff, paramedics and/or experts (doctors, dentists, dieticians, midwives, psychologists, chemists and physiotherapists).

This group using a capillary programme has identified effective strategies for the communication of specialist's subject to an adult audience that, no matter how well educated, does not necessarily possess basic medical knowledge.

Prevention has a fundamental role in education; the team of teachers has organised multidisciplinary frame themes (eating, physical activity, behavioural psychology, pharmacology etc.) aimed to the acquisition of the ability and competence (as for example to check autonomously one's health through a "blood pressure diary" or "headache diary" or "body temperature diary" or "weight diary" and so on).

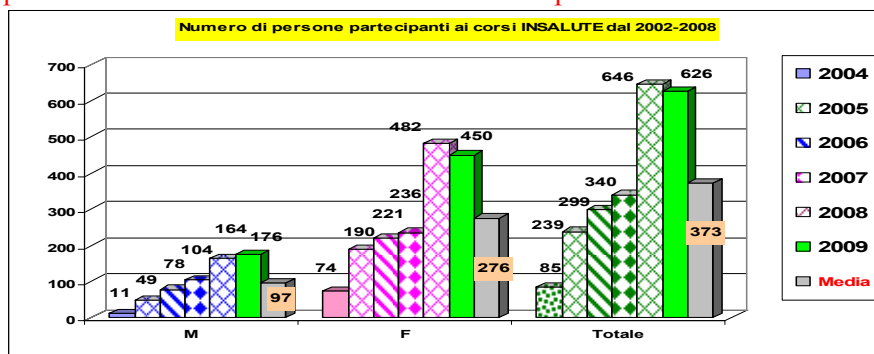
An entry questionnaire is carried out at the beginning of every course in order to understand the context and initial situation (individual perception of one's own health, family medical history, reasons for attending the course and typical lifestyle habits) and an exit questionnaire is carried out at the end of the course (with similar questions) to check what has already changed in the short term or what may change in the longer term.

These questionnaires are elaborated on the basis of a references research on world literature starting from the SF-36 questionnaire (a generic psychometric questionnaire that evaluates the level of activity and one's perception of well-being).

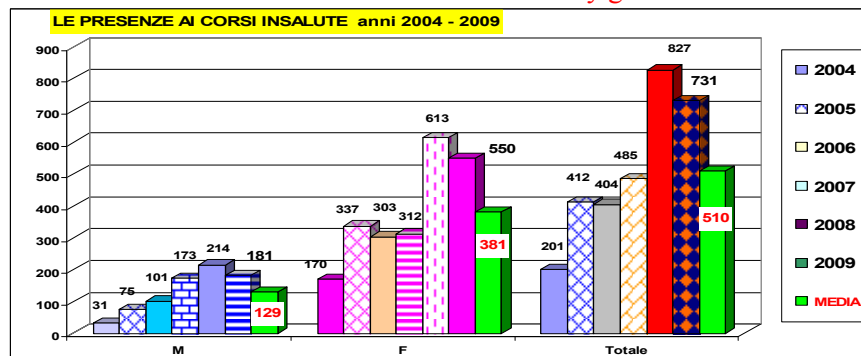
These data are processed and reported at the annual I.N.S.A.L.U.T.E. conference taking place every February, since 2004. Since 2010 the association has identified new ways to communicate these data. Reporting the data to the population involved is a commitment of the governing body of this association, since its foundation, to underline the transparency of the programmes and the strong take-up, following its goals with a sense of great responsibility for the social commitment undertaken.

The Research Center of the Association developed the data collected from questionnaires completed by participants for: a thorough examination of the activity, the average profile of the participant and the activity to program for change in lifestyle in the following tables and / or graphs

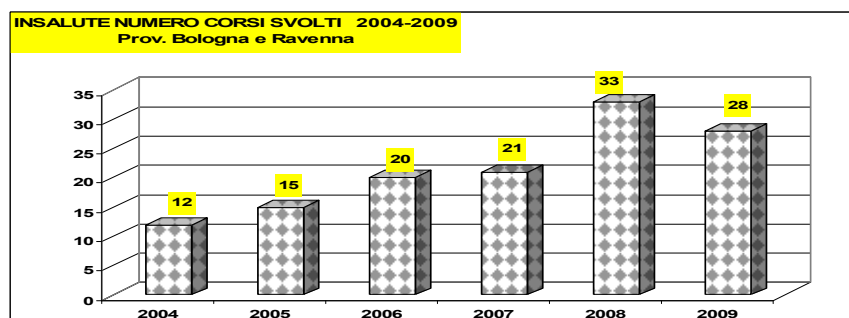
Graphic 1-INCREASE IN THE NUMBER of People INVOLVED – divided by gender



Graphic 2 – PEOPLE WITHIN COURSES– divided by gender

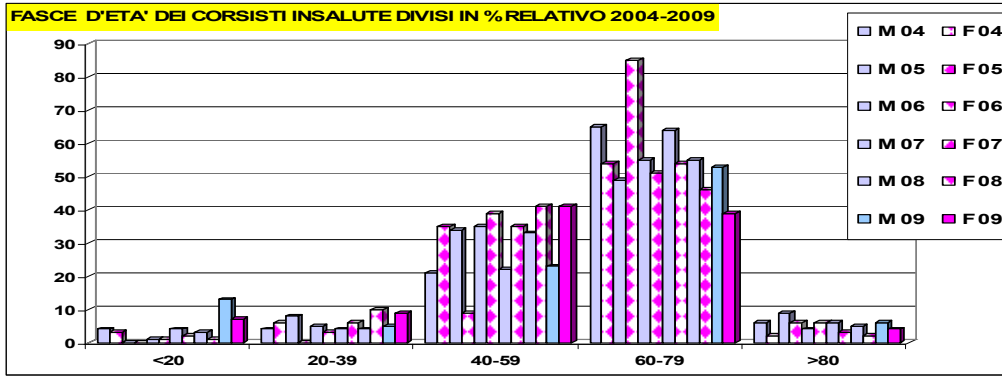


Graphic 3 - NUMBER OF COURSES THAT HAVE BEEN ACTIVATED PROVINCE BO/RA



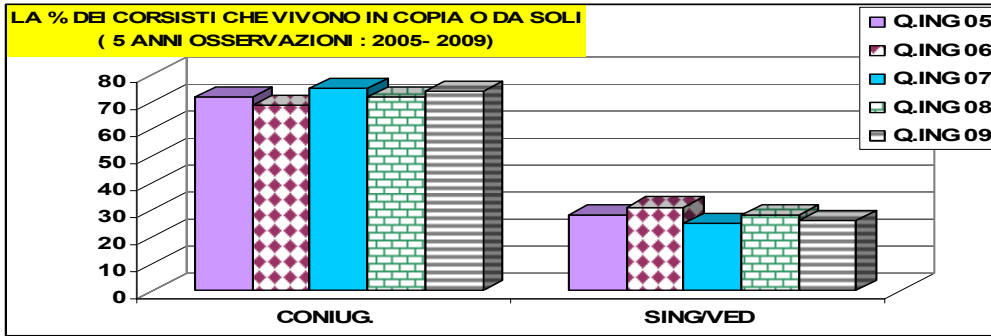
The characteristics of the course participants are:

Graphic 4 - AGES' OF COURSE PARTICIPANTS divided by gender



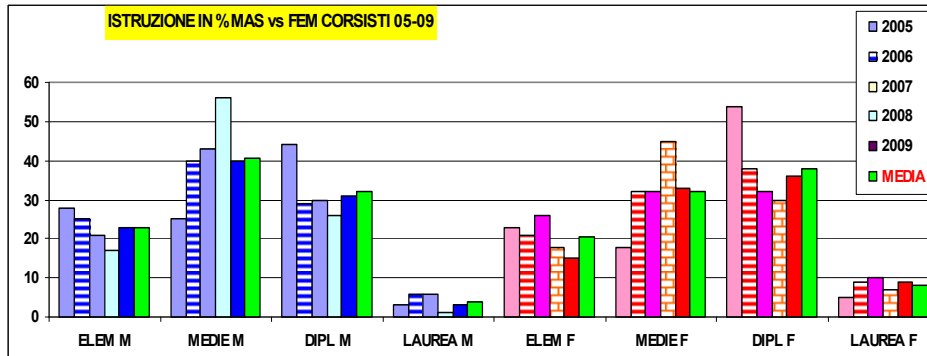
Ages between 60-79 years are more frequent: with a significant rise in the age group <20 years in 2009 for the participation of SALADS education projects in schools.

Graphic 5 – ONE ASPECT OF SOCIAL CONDITIONS OF THE COURSE PARTICIPANTS: living alone or in pairs



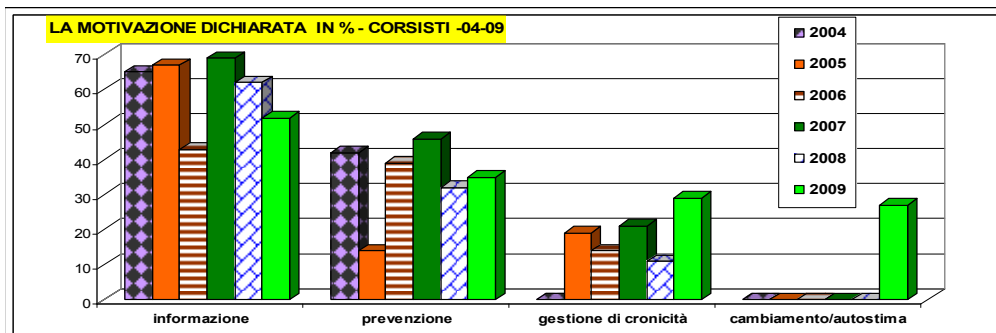
About 70 % live with their partner, and this trend remains constant through the years.

Graphic 6 – EDUCATIONAL LEVEL OF PARTICIPANTS MALES vs FEMALES



It showed a lower school education in males and a high percentage of graduates in the group of females

Graphic 7 - THE STATEMENT THAT ENCOURAGED THE FREQUENCY



As shown upon -the need for health **information** is deeply felt by the population over the years and participants have raised awareness of the usefulness of **prevention** and its true meaning (not only primary but also secondary and tertiary): It increases the access to courses in order to learn better **management of chronic diseases** and for strengthening **self-esteem** to better deal with aging in both its physiological and pathological form and also of their families (disability, frailty, self-managed care, etc. ..)

In the following Table N° 1- you can evaluate the involvement of Institutions and Association from the beginning of 2004 to 2009

TABLE N° 1 - I.N.S.A.L.U.T.E. promotes health education courses with....						
Temi	2004	2005	2006	2007	2008	2009
Digestive System	Municipality of Imola- ai Circoli	CNA FNP Pensioners Imola	Bank PER Imola	Bank PER Imola	Bank PER Imola	Social Center "Tarozzi" Sesto Imolese
As above	Municipality of Imola- Venturini street		Red Cross Imola – Melloni str.			C.R.A.M.E. Imola
As above						Santa Teresa Salon Pio IX Imola
Cardiovascular System (Blood pression)	CNA FNP Pensioners Imola	Conartigianato Imola- Melloni street	Social Club Fiorella Baroncini	Coordination women FNP - CISL (CSPT)	Social Center "Primavera" Riolo Terme	Municipality of Faenza
As above	Municipality of Imola- ai Circoli	SPI CGIL Imola	Red Cross Imola – Melloni str	Social Center "La Stalla"	Social Center all'Abbondanza Bagnacavallo	Forum Imola Center-Bowling Center
As above			BPER Imola	Social Center "Campanella"	District Saragozza Bologna	
As above			SPI CGIL Imola	Municipalità of Toscanella	C.R.A.M.E. Imola	
As above			Municipality of Castel del Rio			
As above			Municipalità of Medicina + SFERA			
Musculo skeletal Apparatus	CNA FNP Pensioners Imola	Coordination women FNP - CISL Imola	Research Center G.Isola Imola Fond.CRI	Social Center "Tarozzi" Sesto Imolese	Municipalità of Medicina +SFERA	BPER Imola
As above	Municipalità of Imola-	Red Cross Imola – Melloni str	Center Fitnes Pilates Imola	Center "NEW BODY" Bagnacavallo	Municipalità of Toscanella	Red Cross Imola – Melloni str
As above		CNA FNP Pensioners Imola		Municipalità of .Castel Bolognese	Municipality of Faenza+ SFERA	CNA FNP Pensioners CSPT
As above				Ass. Glucasia (Diabetics of Imola)	Social Club "Tarozzi" Sesto Imolese	
As above				CNA FNP Pensioners Imola		
Apparatus endocrine- menopausa	Municipality of Imola- Venturini Str.	CNA FNP Pensioners Imola	CNA FNP Pensioners Imola	SPI CGIL Imola + Social Center Campanella	Municipality of Medicina	Municipality of Faenza
As above		Library room New Hospital Imola	CNA FNP Pensioners Imola		Municipality of Faenza	Municipality of Cast.Bolognese
As above						Municipality of Medicina
Apparatus endocrine / Thyroid	Municipality of Imola Venturini str.		CNA FNP Pensioners Imola		BPER Imola	

As above			Social Center Zolino Imola			
App.Visivo					BPER Imola	
Breathing Apparatus / COPD		Red Cross Imola – Melloni str	CNA FNP Pensioners Imola	SFERA Imola Faenza Medicina (AVIS Office Imola)	Municipality of Castel Bolognese + Social Center Castellano	
Genito-urinary Apparatus/ Andrology	CNA FNP Pensioners Imola		Research Center G.Isola Imola Fond.CRI		Social Center "Campanella"	
Nutrition / eating disorders	CNA FNP Pensioners Imola	Red Cross Imola – Melloni str	BPER Imola – Rivalta str.	Middle Schools Visitandine CSPT	Coordination women FNP - CISL Imola	Higher Educational Institution Paolini Imola
As above				Higher Educational Institution Paolini Imola	Municipalità of Imola- Bacchanal Celebrations	Municipalità of Imola- Bacchanal Celebrations
As above				Catholic Social Center Imola	Social Center "Tarozzi" Sesto Imolese	
As above				BPER Imola	Social Center all'Abbondanza Bagnacavallo	
As above				Municipality of Faenza	Municipality of Castel Bolognese + Social Center Castellano	
As above				Municipalità of Castel Bolognese		
Apparatus endocrine / Diabetes Mellitus	Municipality of Imola- Venturini str.	CNA FNP Pensioners of Imola	Santa Teresa Salon Pio IX	Municipalità of Medicina	Coordination women FNP - CISL Imola in CSPT	Municipalità of Castel del Rio
As above					Ass. Glucasia (Diabetics of Imola)	
Mood disorders- Insomnia, depression, anxiety, dementia		CNA FNP Pensioners Imola	BPER Imola	Middle Schools Visitandine CSPT	Municipalità of Castel Bolognese + Social Center Castellano	BPER Imola – Rivalta str.
As above			Ass. Glucasia (Diabetics of Imola)		Nursing Home "La Villa Bella" Riolo Terme	Social Center "Tarozzi" Sesto Imolese
As above					Municipalità of Castel del Rio	
As above					Ass. Alzheimer Imola office Ass. the Solco	
As above					CNA FNP Pensioners of Imola	
As above					Municipalità of Castel Bolognese + Social Center Castellano	
Chronic venous insufficiency				CNA FNP Pensioners of Imola		Municipality of Toscana
neurological apparatus Headache				BPER Imola Rivalta str.	CNA FNP Pensioners of Imola	SFERA at Medicina

As above						SFERA a Faenza
Prevention , aging, family history		Middle Scschools Visitandine CSPT	CNA FNP Pensioners of Imola		Municipalità of Imola- Forum Cappuccini	Municipalità of Imola- Forum Cappuccini
As above		Parish of S.Giacomo - Lugo	Nursing Home "La Villa Bella" Riolo T.		CNA FNP Pensioners of Imola	Bowling of Imola
As above					BPER Imola - Via Rivalta	CS Zolino -SPI CGIL
As above						Bank PER meeting room Imola
Oral cavity health					Bank P.E.R. meeting room Imola	
Tumors					Istit. Sup. Scuola Paolini Imola	
Visual Apparatus/ eye					Bank PER meeting room Imola	
refresher courses for health professionals - volunteers						Ippogrifo Cooperative Bank P.E.R Imola
As above						AUSER Nurses CSPT/ Drivers Imola

The next Table N° 2- shows that the top 5 most popular themes are those most requested by people in the test output. Males have attended more courses about the cardiovascular system and then in descending order have attended the course on skeletal muscle apparatus, nutrition, the digestive tract, on mood disorders. Females have attended more courses on skeletal muscle apparatus then in descending order about the cardiovascular system, nutrition, endocrine female (menopause) and mood disorders. In total during these first 6 years - there have been 3060 participants (775 males and 2285 females) with an annual average of 510 admissions with a percentage increase of 264% to show the popularity of this initiative.

Table N° 2 - Attendance to courses and topics for each year divided by gender : the development in six years = 2004 -09

Topics Treated / apparatus	T 04	M 04	F 04	T 05	M 05	F 05	T 06	M 06	F 06	TOT 07	M 07	F 07	TO T 08	M 08	F 08	T 09	M 09	F 09	Total attendance for each theme 04-09
Cardiovascular System (Blood pression) + venous	41	8	33	66	14	52	94	27	67	144	56	88	110	50	60	59	19	40	514
Musculo skeletal Apparatus	53	13	40	67	8	59	39	8	31	76	27	49	151	38	113	99	26	73	485
Nutrition / eating disorders	16	5	11	34	6	28	16	4	12	131	53	78	137	28	109	49	20	29	383
Mood disorders- Insomnia, depression, anxiety, dementia	0	0	0	0	0	0	92	26	66	25	10	15	170	37	133	48	8	40	335
Apparatus endocrine- menopausa	27	0	27	39	3	36	18	0	18	33	5	28	45	2	43	128	5	123	290

Digestive System-oral cavity health	36	2	34	45	13	32	43	7	36	19	2	17	26	10	16	109	52	57	278
Prevention , aging, family history	0	0	0	65	10	55	23	5	18	0	0	0	56	9	47	113	20	93	257
Apparatus endocrine/ metabolic syndrome- Diabetes Mellitus	14	2	12	30	11	19	14	2	12	21	9	12	43	11	32	15	6	9	137
Breathing Apparatus / COPD	0	0	0	29	7	22	23	8	15	27	10	17	13	4	9	0	0	0	92
Apparatus endocrine / Thyroid	14	1	13	37	3	34	0	0	0	0	0	0	15	2	13	0	0	0	66
Genito-urinary Apparatus/ Andrology	0	0	0	0	0	0	42	14	28	0	0	0	22	16	6	0	0	0	64
refresher courses for health professionals volunteers (nurses, drivers)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	64	19	45	64
neurological apparatus Headache	0	0	0	0	0	0	0	0	0	9	1	8	11	2	9	40	5	35	60
Motivazionale interview	0	0	0	0	0	0	0	0	0	0	0	0	15	3	12	0	0	0	15
Visual Apparatus/ eye	0	0	0	0	0	0	0	0	0	0	0	0	13	2	11	0	0	0	13
Tumors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	1	6	7
Total attendance	201	31	170	412	75	337	404	101	303	485	173	312	827	214	613	731	181	550	3060

The next Table N° 3 will highlight the parameters that have been designed to improve a process of learning and change – years 2004-2009

TABLE N° 3

QUESTIONS	04	05	06	07	08	09	Total in 6 years	The % of Change 09 vs 04
Total admissions to the courses / year	201	412	404	485	827	731	3060	264%
Average frequency courses / MEN	2,8	1,5	1,3	1,7	1,3	1,0		-64%
Average frequency courses / WOMEN	2,3	1,8	1,4	1,3	1,3	1,2		-47%
Number of courses undertaken	12	15	20	21	33	28	129	133%
Total number of people /Students	85	239	296	340	646	626	2232	636%
Number of Men -students	11	49	78	104	164	176	582	1500 %
Number of Women - students	74	190	218	236	482	450	1650	508 %
Total <u>number</u> of questionnaires assessed annually	222	515	526	667	1244	922	4096	315%
Total <u>number</u> of questionnaires considered valid collected at the entry of the courses annually	165	302	300	373	703	475	2318	188%
Total <u>number</u> of questionnaires considered valid collected at the exit of the courses annually	57	213	226	294	541	447	1778	684%

The % of the questionnaires collected in total (entry and exit) of the courses in relation to what was expected	55%	63%	65%	69%	75%	63%	65%	14%
The % of the questionnaires collected at the entry of courses in relation to what was expected	82%	73%	74%	77%	85%	65%	76%	-21%
The % of the questionnaires collected at the exit of courses in relation to what was expected	28%	52%	56%	61%	65%	61%	54%	116%
Number of the teachers available each year	13	13	24	24	26	30	52	131%

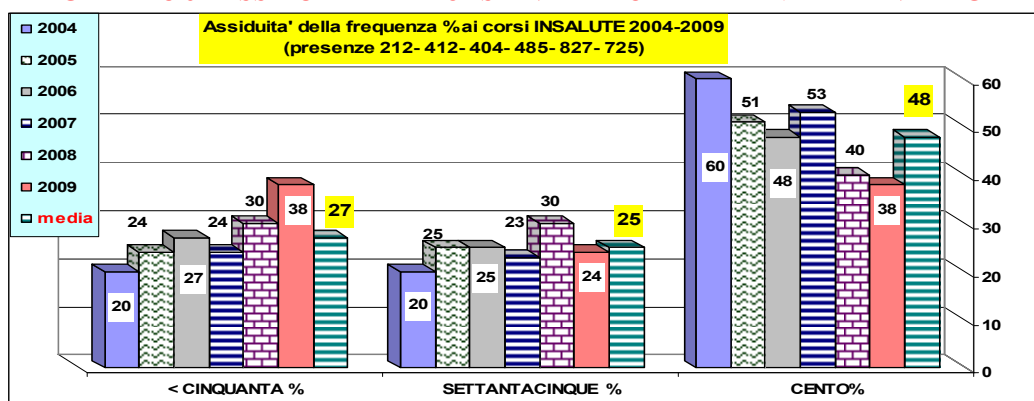
2232 people have attended more than one course each year with a prevalence of female gender (1650 F vs 582 M); they have completed 4096 valid questionnaires that have allowed in these 6 years the data processing. The components of the Research Center have found that there is a significant chance for improving the compilation of the questionnaires. It seems that on average 65% of all questionnaires and 54% of the outputs questionnaires were collected on expectations were valid.

The 150% increase in the age group under 20 years (for promotion of meetings of health education in schools), the 40% increase in the age group of 20-39 years and 14% for the age from 40-59 years and 22% lowering of the age range from 60-79 witness the achievement of the specific target of increasing health education to the younger age groups where prevention carries more results. The presence of the age group over 80 years has increased by 25%.

The extent of this training proposal is quite evident if you look at the increase in class attendance: 2004 to 2009 there was an increase of 484% in males and 224% in females. Remember that since 2005 - stimulating the increase in the presence of males in the courses was one of the most important stated objectives. In fact, the male / students have increased in these 6 years of 1500% (from 11 in 2004 to 176 in 2009).

The experts of the Research Center have identified in the constant attendance to the courses an indicator of appreciation for these results referred to the 6 years of activity.

GRAPHIC 8 - ASSIDUITY RATE OBSERVED EACH YEAR AND THE AVERAGE



On average the percentage of attendance to all lessons has been 48% of participants, the attendance of 3 lessons upon 4 (75% of the lessons) has been 25% and only 27% of participants has attended less than half of the lessons.

As it can be seen from the following table, the **quality indicators** have been carefully evaluated from many points of view. This has improved also the structure of the questionnaires provided.

TABLE N° 4 - QUALITY INDICATORS OF ACTIVITIES 2009 vs 04 (change in % last column)			
Quality indicators of structure			
	2004	2009	Change % 09 vs 04
Partners	11	31	182%
Courses	12	28	133%
Lessons made (4 on average/each course)	48	112	133%

Institutions Associations involved -local territory	4	35	775%
Teachers involved	13	30	131%
Male students	11	176	1500%
Female students	74	450	508%
Laptop	1	3	200%
Projector	1	2	100%
Valid questionnaires collected (entry+exit)	222	922	315%
Quality indicators of process			
	2004	2009	Change % 09 vs 04
Valid % questionnaires collected / on what was expected to (entry)	83	72	-13%
Valid % questionnaires collected / on what was expected to (exit)	28	61	118%
Annual Meeting of the Teachers Training	2	4	100%
Male Attendance at lessons	31	181	484%
Female attendance at lessons	170	550	224%
Age groups of students - the average percentage of all in entering			
	2004	2009	Change % 09 vs 04
<20 years	4	10	150%
20-39 years	5	7	40%
40-59 years	28	32	14%
60-79 years	59	46	-22%
>80 years	4	5	25%
Quality indicators of outcome			
How students perceive their health	average % of 5 years declared in entry questionnaire	average % of 5 years declared in exit questionnaire	Change % 09 vs 05
Declares their health "excellent"	3	5	67%
Declares their health "very good"	10	10	0%
Declares their health "good"	40	45	13%
Declares their health "discrete"	44	36	-18%
The change in lifestyle: physical activity and nutrition			
analysis of physical activity that students <u>say they do</u>	average % of 5 years declared in entry questionnaire	average % of 5 years declared in exit questionnaire	Change % 09 vs 05
every day	20	21	5%
3 times a week	19	23	21%
1-2 times a week	35	36	3%
Never	24	18	-25%
The change in lifestyle: nutrition Continues			
The analysis of certain food categories they eat	average % of 5 years declared in entry questionnaire	average % of 5 years declared in exit questionnaire	Change % 09 vs 05
fish never	8	6	-25%
fish rarely	65	63	-3%
Fish often	19	21	11%
legumes never	10	9	-10%
legumes rarely	53	49	-8%

legumes often	25	31	24%
vegetables and fruit never	3	3	0%
vegetables and fruits rarely	10	8	-20%
vegetables and fruits often	79	84	6%
milk never	9	8	-11%
milk rarely	39	39	0%
milk often	38	41	8%

In the last part of table n° 3, declared (by participants) changes in lifestyle have been evaluated, with special attention to certain food categories that are not commonly present in most families.

The association's strong points remain the following:

- The structured, programmed educational pathways
- The flexibility of scholastic teaching methods
- The follow-up activity on lifestyle changes (primary, secondary and tertiary prevention)
- The constitution of a stable teaching group (team work of programming and verifying)
- The continuous quality research over all the educational offer
- The strong will to adhere and collaborate with the local territory. Before any activity the Mayor and Health and/or Social Politics Councillors, District's authorities and/or other local health civil servants as well as general practitioners and chemists and also representatives of social centers, forum, trade associations (in retirement or not), sport and gym associations etc. are informed
- A valid Statute that contemplates the possibility to create detached sections on the national territory

PERSPECTIVES AND NEW PROJECTS

1. Nowadays there is an ongoing collaboration with the local health authority: the project name is "In health in hospital wards and in the city" that will last for three months and where 12 lessons are planned (one each week every Tuesday from 14.30 to 15.30 o'clock) in the hall near the library of the New Hospital of Imola and the other 12 lessons (every Thursday) in local bowling association (50 Saffi street - Imola, from 18 to 19 o'clock).
2. It is in an advanced state of planning the project entitled "Healthy Weight for a Healthy Life" with a protocol to be applied to groups of families identified on an idea of Prof. Nazario Melchionda (University Lecturer Chair of Physiopathology of Nutrition, retired a few months ago from his public commitment) with the collaboration of Pediatricians and General Practitioners in the territory of the local health area of Imola
3. It should be implemented training for all the health professions - included in the assistance program (social workers and health Volunteers of various branches such as nurses, drivers, caregivers of frail people, operators of nursing homes, etc)
4. It shall be further developed and also applied on various experimental learning projects led to involve whole families who, thanks to the knowledge of "their health history", can build an "internal" prevention project, useful to the whole society.
5. We need to encourage people to proceed with the method of "longlife learning" - continuous training on health care (each "season of life" is different and in every season the responsibilities differ according to social roles); we have also to consolidate the position of "The Expert patient" that like a waterfall can become him/herself a trainer – program already tested in Anglo-Saxon countries – highly enjoyed by the population.

What we hope to achieve in 2010/11

1. To extend our working area beyond the Province of Bologna and Ravenna
2. To lower the age of participants in order to direct the courses towards true primary prevention

3. To increase the involvement of citizens of the male gender - in the training course on Health
4. To make citizens more aware of the great utility of their active involvement in the path of diagnosis and treatment (educating for self-monitoring and self-care)
5. To update the courses content and educational pathways making the education more effective in order to actively involve the population
6. To increase partnerships with Community Centres
7. To be involved in official local, regional and national "Health Plan" projects and/or "Welfare tables" or else

INSALUTE WANTS TO KEEP ON IN THE SOCIO-EDUCATIONAL CHALLENGE SINCE **"IT'S NOT ENOUGH TO FORESEE THE DISEASE TO HEAL IT, BUT RATHER TO TEACH THE HEALTH TO KEEP IT"** (*IPPOCRATE*).

It's necessary to address a lot of thanks to the Foundation CRI, CRR, Bank of Imola, Bank Popolare of Emilia Romagna, Municipalities, Councils, Local Health Directors, Directors of Pharmacy and Pharmaceuticals, Presidents of associations, clubs and social centers - in addition to all those who have donated the 5x1000 - that with their support have made possible the social activity of INSALUTE

IN OUR OPINION, HANDLING SOME KNOWLEDGE CAN DELAY AND DIMINISH THE RISK TO GET CERTAIN DISEASES

Imola 18.03.2010

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