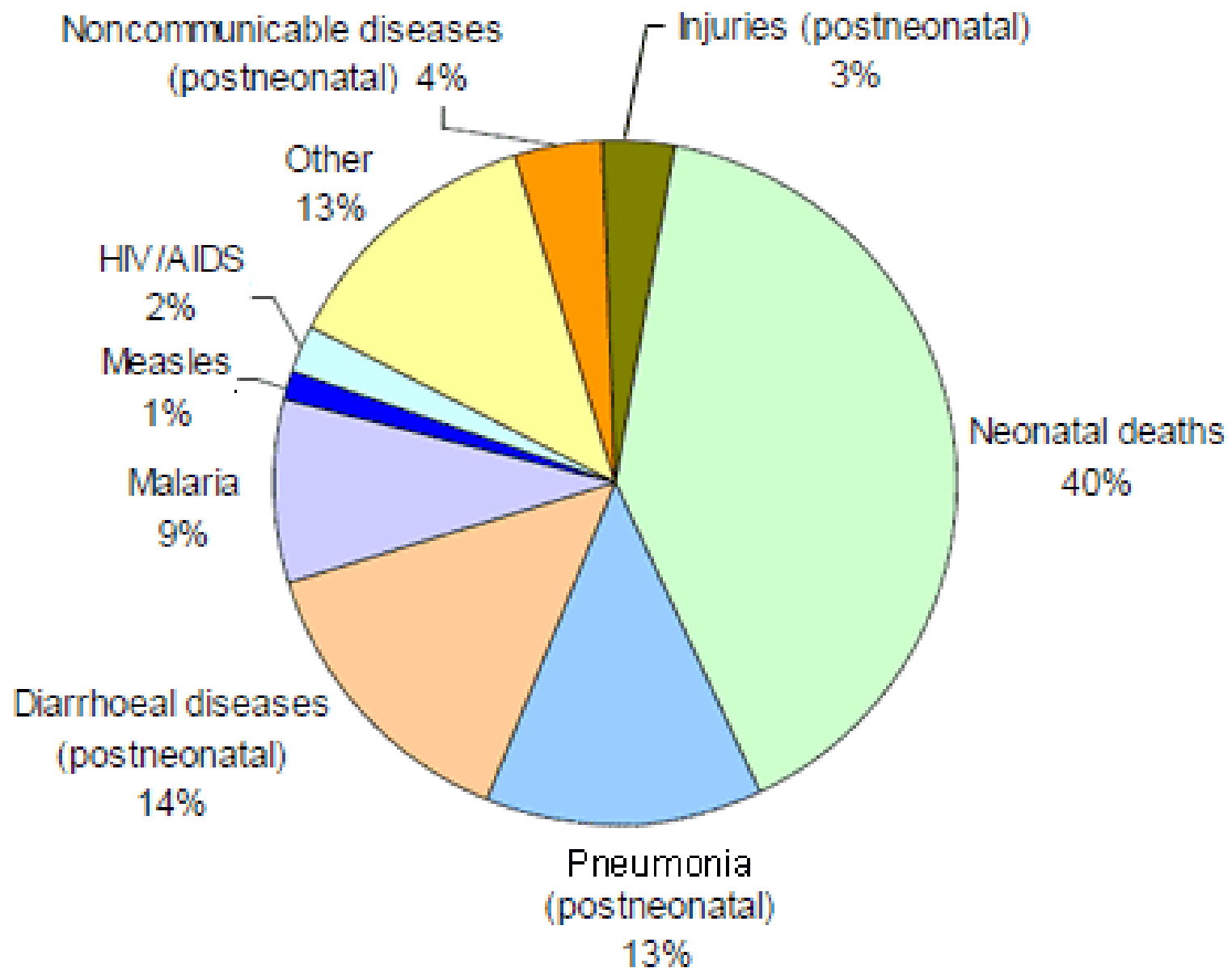


Mother, infant, child and youth health care



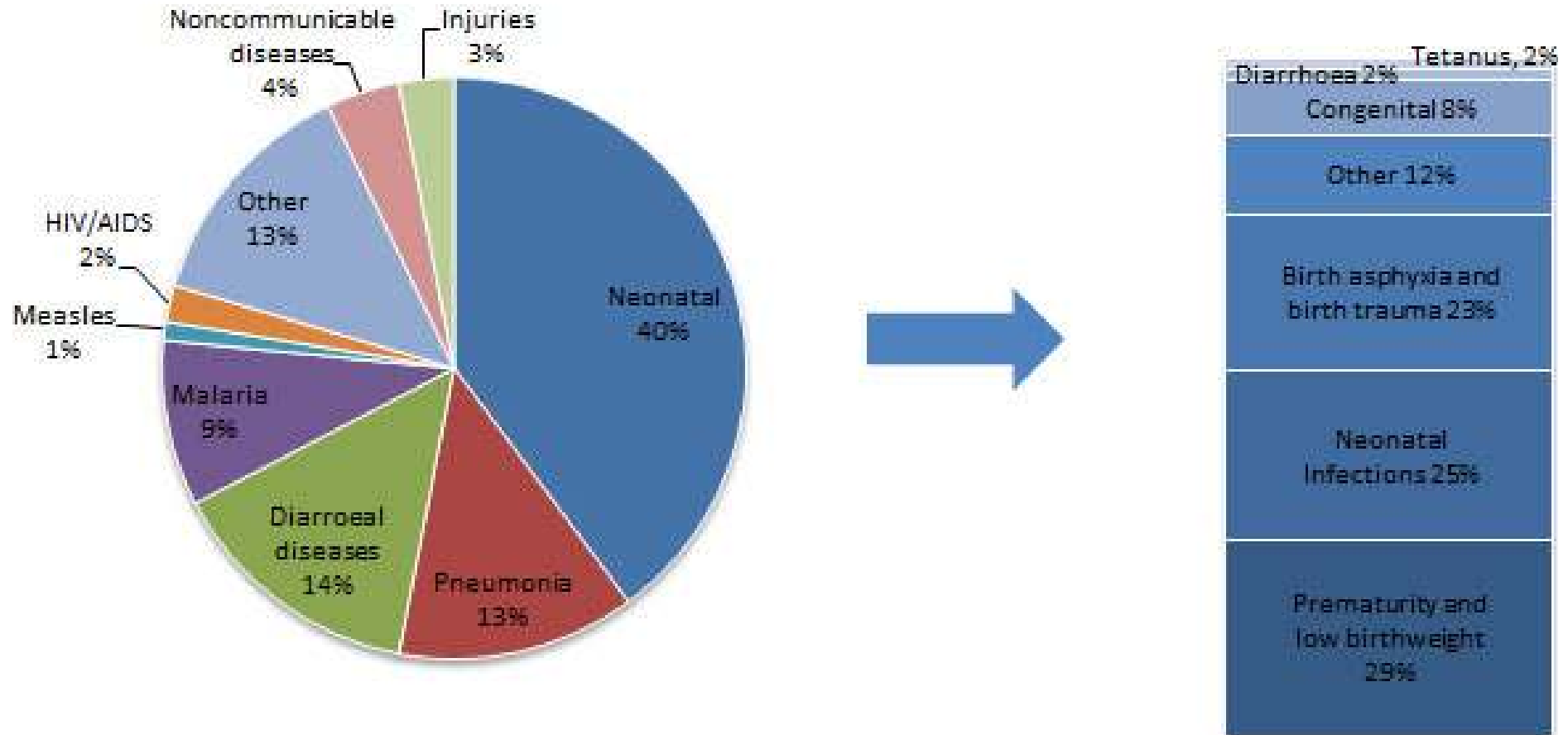
SU Department of PublicHealth

Major causes of death in neonates and children under five globally – 2008 (WHO)

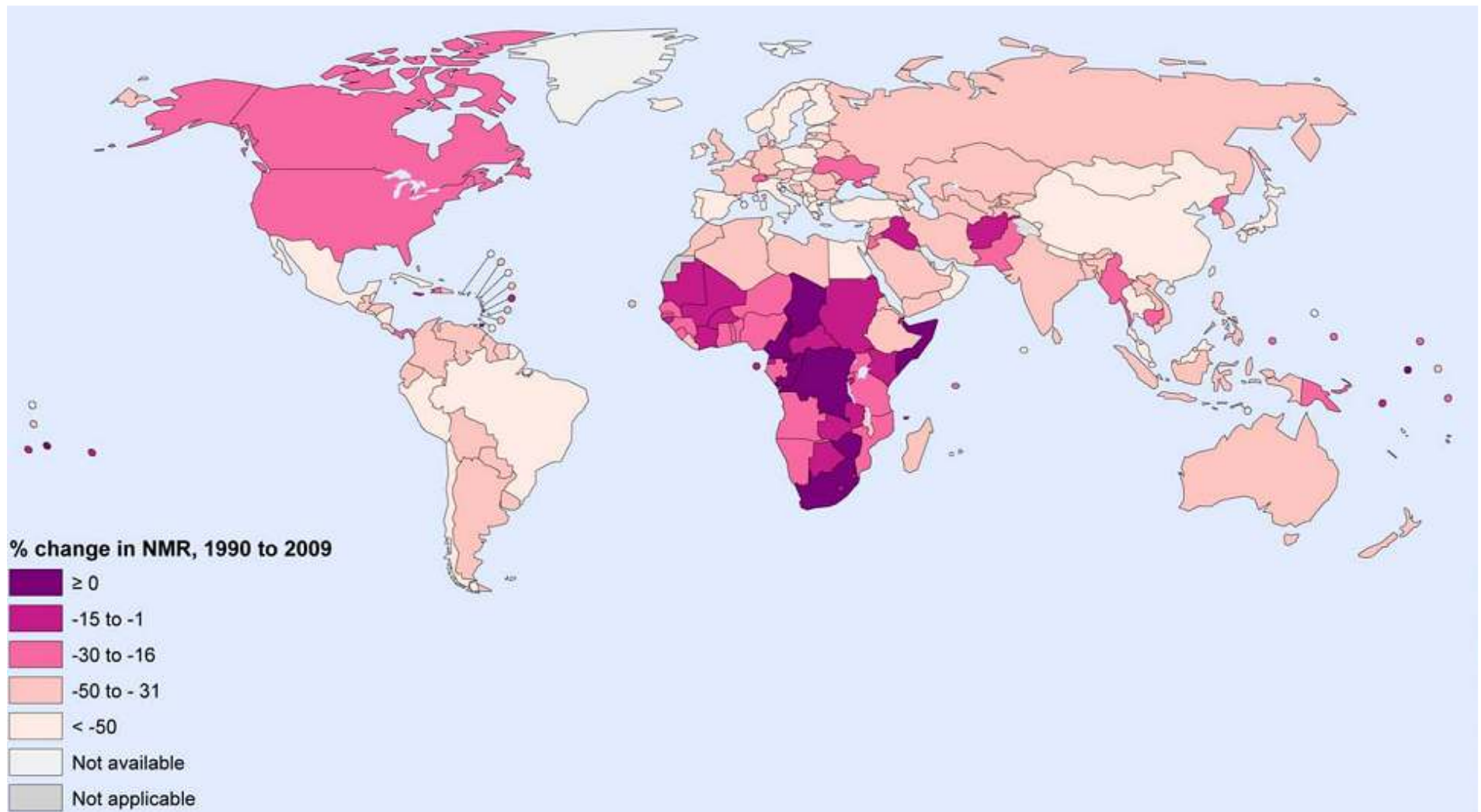


Source: <http://www.who.int/mediacentre/factsheets/fs178/en/index.html>

Major causes of death in neonates and children under five, global distribution, 2008 (revised)



Source: World Health Organization (WHO), World Health Statistics 2011; for undernutrition, Black. S. et al., The Lancet, 2008.



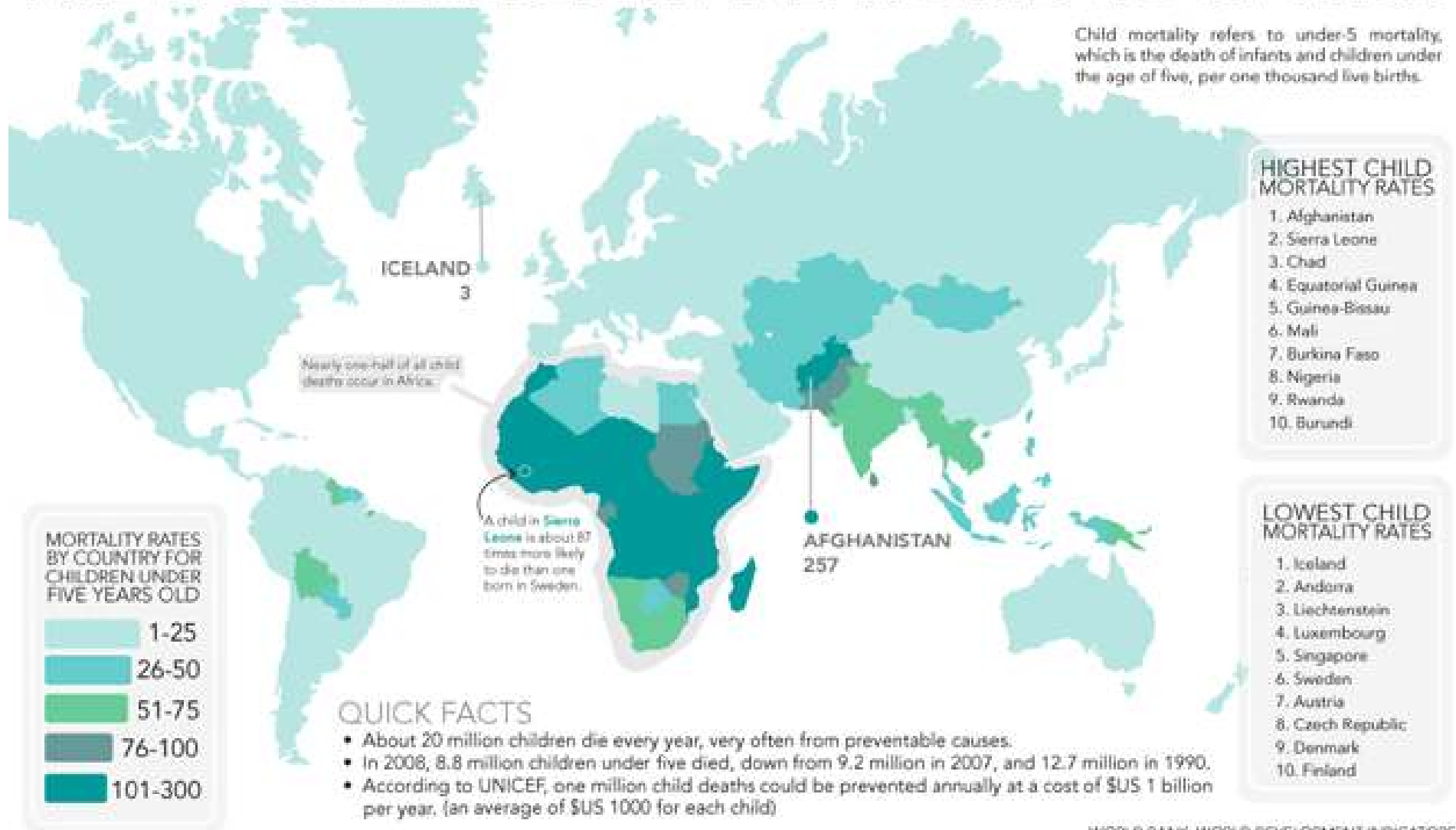
Changes in neonatal mortality rates between 1990 and 2009.

Newborn deaths decreased from 4.6 million in 1990 to 3.3 million in 2009, but fell slightly faster since 2000.

The map illustrates the change in NMR between the years 1990 and 2009 for each of the 193 countries estimated. PLoS Medicine 8(8): e1001080

THE WORST PLACES IN THE WORLD TO BE A KID

Child mortality refers to under-5 mortality, which is the death of infants and children under the age of five, per one thousand live births.



7.6 million children under the age of five die every year, according to 2010 figures.

Over two-thirds of these early child deaths are due to conditions that could be prevented or treated with access to simple, affordable interventions.

Leading causes of death in under-five children are pneumonia, diarrhoea, malaria and health problems during the first month of life.

Over one third of all child deaths are linked to malnutrition.

Children in low-income countries are nearly 18 times more likely to die before the age of five than children in high-income countries.

(WHO data)

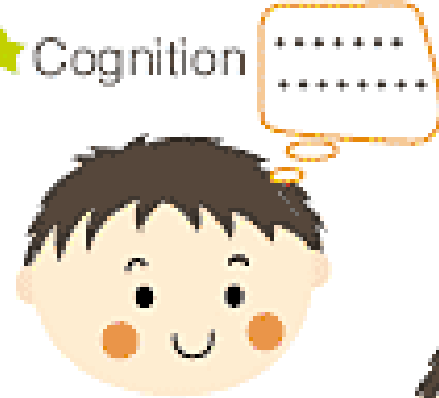
★ Motor



★ Language



★ Cognition



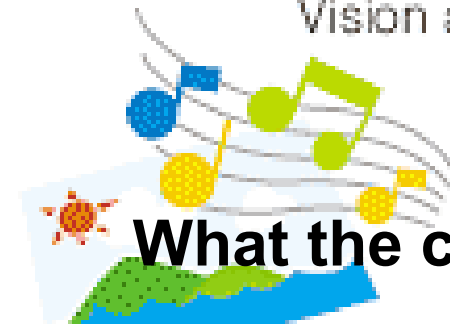
★ Emotion and behaviour



★ Social communication



★ Senses like Vision and Hearing



All areas are important and inter-related.

What the child needs

School health and youth health promotion: facts (WHO)

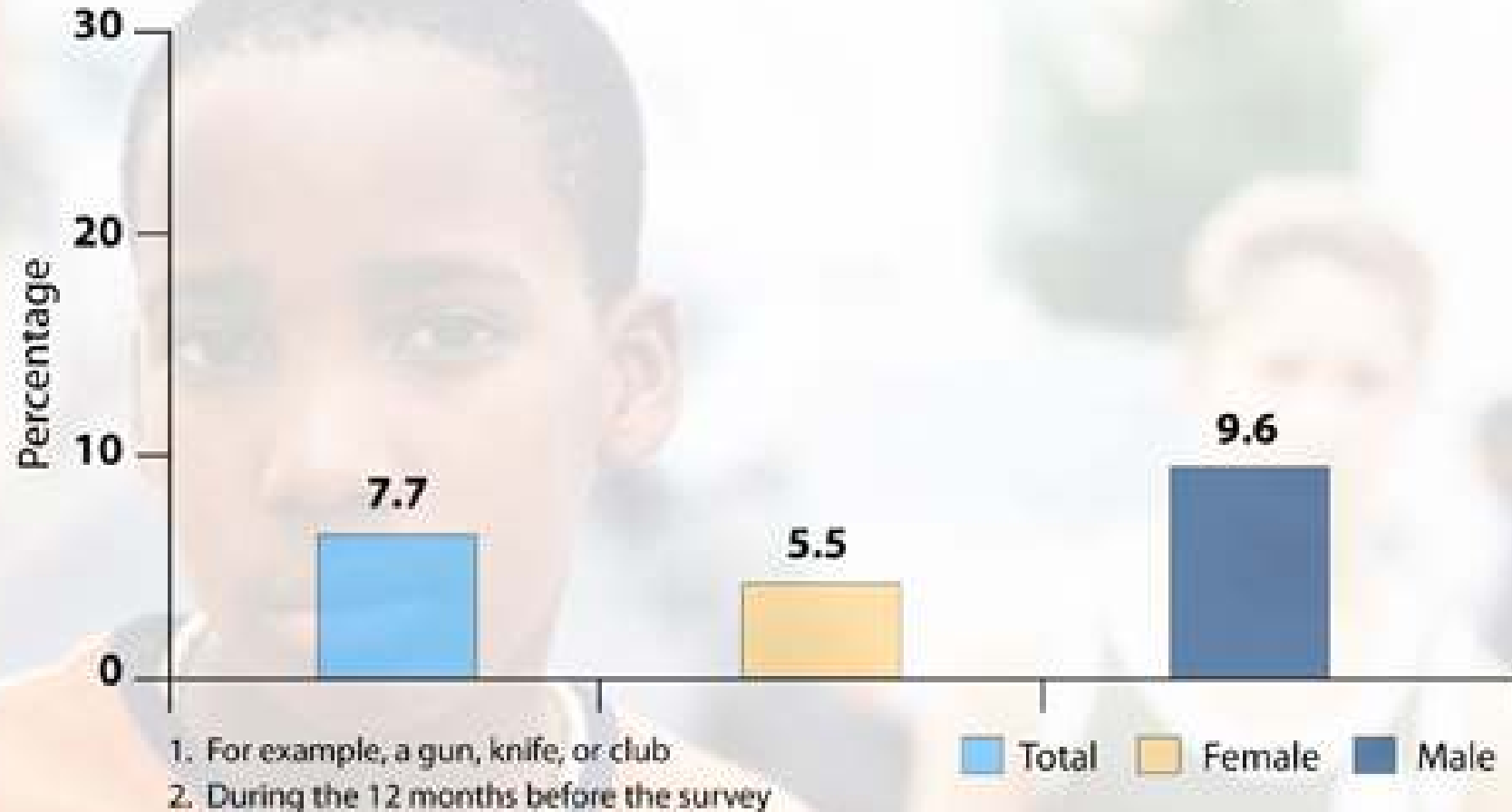
- **Worm infections** are the greatest cause of disease among 5-14 year old children.
- **Vitamin A deficiency** is the single greatest cause of preventable childhood blindness.
- **Iodine deficiency** is the single most common preventable cause of mental retardation and brain damage in children.
- **Injury** is the leading cause of death and disability among school-age youth.
- **One out of two young people who start and continue to smoke will be killed by tobacco related illness** (lung cancer, emphysema and COPD, mouth cancer, etc.)
- Worldwide, 5% of all deaths of young people between the ages of 15 and 29 are attributable to **alcohol use**.
- **In some countries**, up to 60% of all **new HIV infections** occur among 15-24 year olds.

Injury & Violence (including suicide) (CDC, USA)

Approximately **72 % of all deaths among adolescents aged 10-24 years** are attributed to **injuries from only four causes:**

- **motor vehicle** crashes (30%),
- **all other unintentional injuries** (15%),
- **homicide** (15%),
- **suicide** (12%).
- Highly associated with these injuries are adolescent behaviors such as **physical fights**, **carrying weapons**, making a **suicide plan**, and **not using seatbelts**.

Threatened Or Injured With A Weapon¹ On School Property One Or More Time² United States, High School Youth Risk Behavior Survey, 2009



Source: <http://www.cdc.gov/ViolencePrevention/youthviolence/schoolviolence/>

European strategy for child and adolescent health and development

5 environmental risk factors:

- outdoor air pollution
- indoor air pollution
- water, sanitation and hygiene
- lead
- injury

Conclusions: the burden of injuries in children of the EU region is primarily due to unintentional injuries, and most are preventable.

Policies and services aimed at prevention could therefore reduce the health burden significantly.

Emerging threats

- HIV/AIDS

mother –to child transmission has increased in the Russian Federation and Ukraine

injecting drug users

- Mental health

Suicide- the third leading cause of death in young people

Suicide: 2 to 44 per 100 000 population

Highest rates: in the European Region

(particular risk: males)

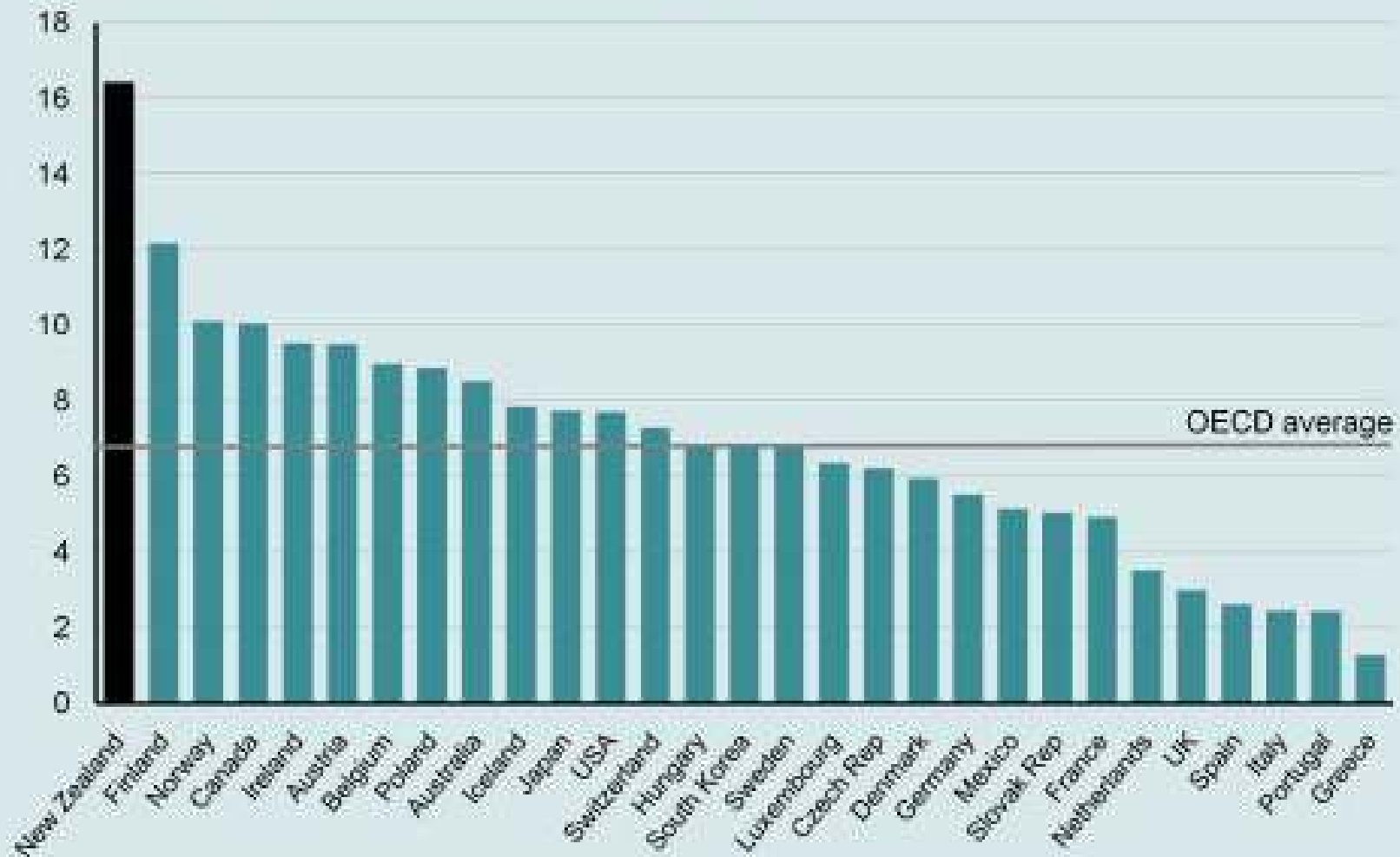
Depression: 4% of 12-17 – year olds

9 % of 18 – year olds

(risk: young girls)

- Obesity: 13-15 years old boys and girls: 3-30 %

SUICIDES PER 100,000 POPULATION, AGED 15-19 NZ 2008, OTHERS 3 YEAR AVERAGES

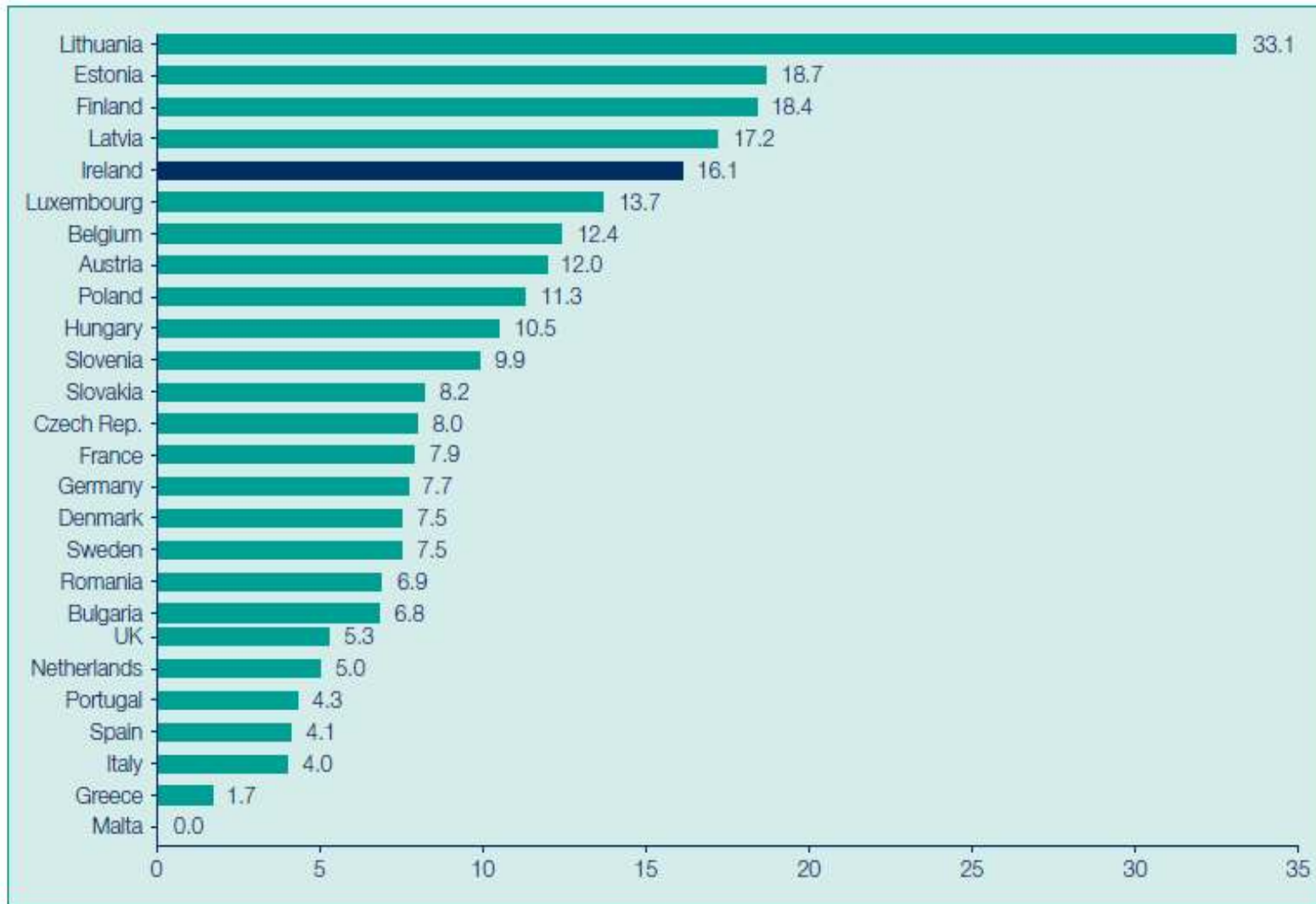


Sources: OECD (2008) Social and Welfare Statistics, Child Well-being
Ministry of Health (2010) Suicide Facts: Deaths and intentional self-harm hospitalisations 2008.

National Office for Suicide Prevention

Annual Report 2007

Figure 6. EU Youth suicide rate per 100,000 population, 15-24 year olds



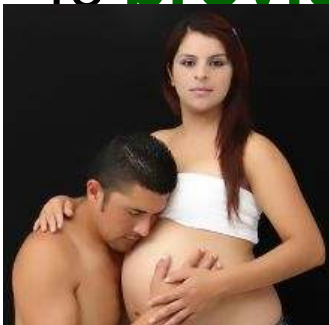
<http://www.rte.ie/news/2008/0910/suicidepreventionreport.pdf>

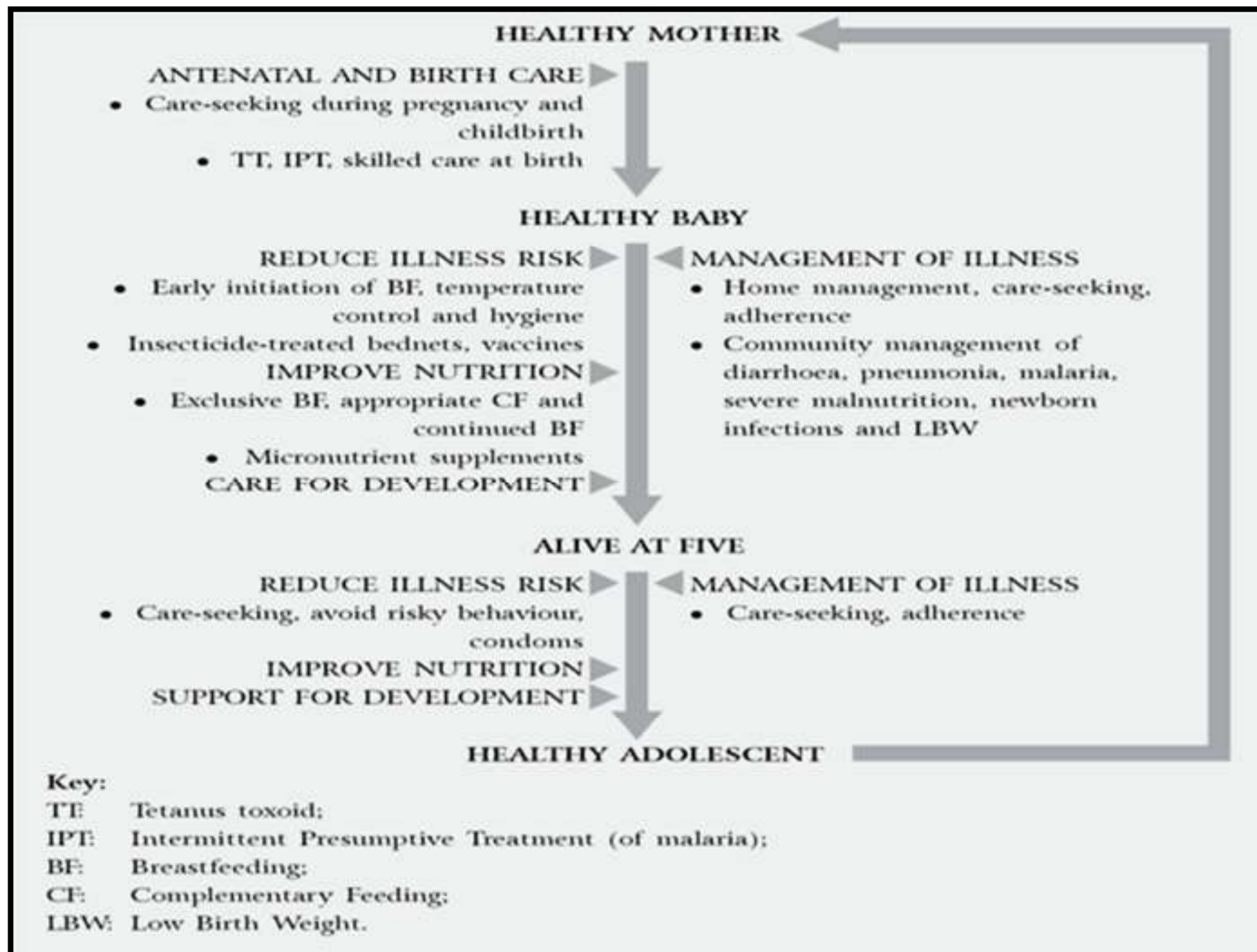
Stages of life

- **Neonatal period:** 0 - 4 weeks
- **School age:** 6 - 12 years
- **Infancy:** 0 - 1 years
- **Early adolescence:** 10 - 13 years
- **Toddlerhood:** 2 - 3 years
- **Middle adolescence:** 14 - 16 years
- **Preschool:** 3 - 6 years
- **Late adolescence:** 12 - 20 years and beyond

Goals of maternal and child health

1. **Encourage desired pregnancy**, achieving the best possible outcome (two clients);
2. To promote **healthy relationships within the family** to nurture the growing child (family centered services);
3. To **optimize the normal developmental processes** ;
4. To prevent child health problems and reduce the risk of adult health problems (**health promotion and disease prevention**);
5. To **provide early intervention** to minimize morbidity, and disability (timely, cost effective treatment).





Roles of maternal and infant health care

- **Family planning (contraception)**
- **Maternal care during pregnancy (screening, CA)**
- **Screening in infancy**
- **Encouragement of breastfeeding**
- **Immunization**
- **Prevention of diseases during childhood**
- **Participants:**
 - *Obstetrics-gynecologist*
 - *GP*
 - *Neonatologist*
 - *Pediatrician*
 - *Mother and child health care nurses*
 - *Staff of the family planning center*

Contraceptive method 100 women for a year	Pregnancy rate (Pearl Index)
Without contraception	80-90
Cervical cap	8-18
Coitus interruptus	12-42
Condom	3-15
Injection techniques	0,7-5,0
Intrauterin device	0,5-5,0
Combined pill	0,1-2,0
Vaginal lavage	25-45
Minipill (Postinor)	1,5-5,0
Calendar-system	14-47
Billings Ovulation Method	1,4-26
Pessarium	10-20
Sterilization by operation	0,3-6,0

Pregnancy care

First medical examination:

- Ascertainment of pregnancy
- General medical checkup
- Dental examination
- Genetic counseling from the age of 35

Regular medical check-up and screening:

Complex gynecological examination

vaginal examination, cytological screening, breast examination

Measurement of body weight and height

Measurement of blood pressure and heart rate

Laboratory tests from maternal blood sample

blood counts, blood glucose, blood group determination, HBV and syphilis screening, AFP (alpha-foetoprotein)

Laboratory tests from urine sample

protein, bacteremia, glucose

Screening of fetal development and fetal monitoring

ultrasound, cardiotocography – CTG, abdominal circumference measurement



5 Steps to Get Ready for a Healthy Pregnancy

1. Take 400 micrograms (mcg) of **folic acid** every day for at least 1 month before getting pregnant to help prevent birth defects.

2. **Stop smoking and drinking alcohol.**

3. **If you have a medical condition, be sure it is under control.**

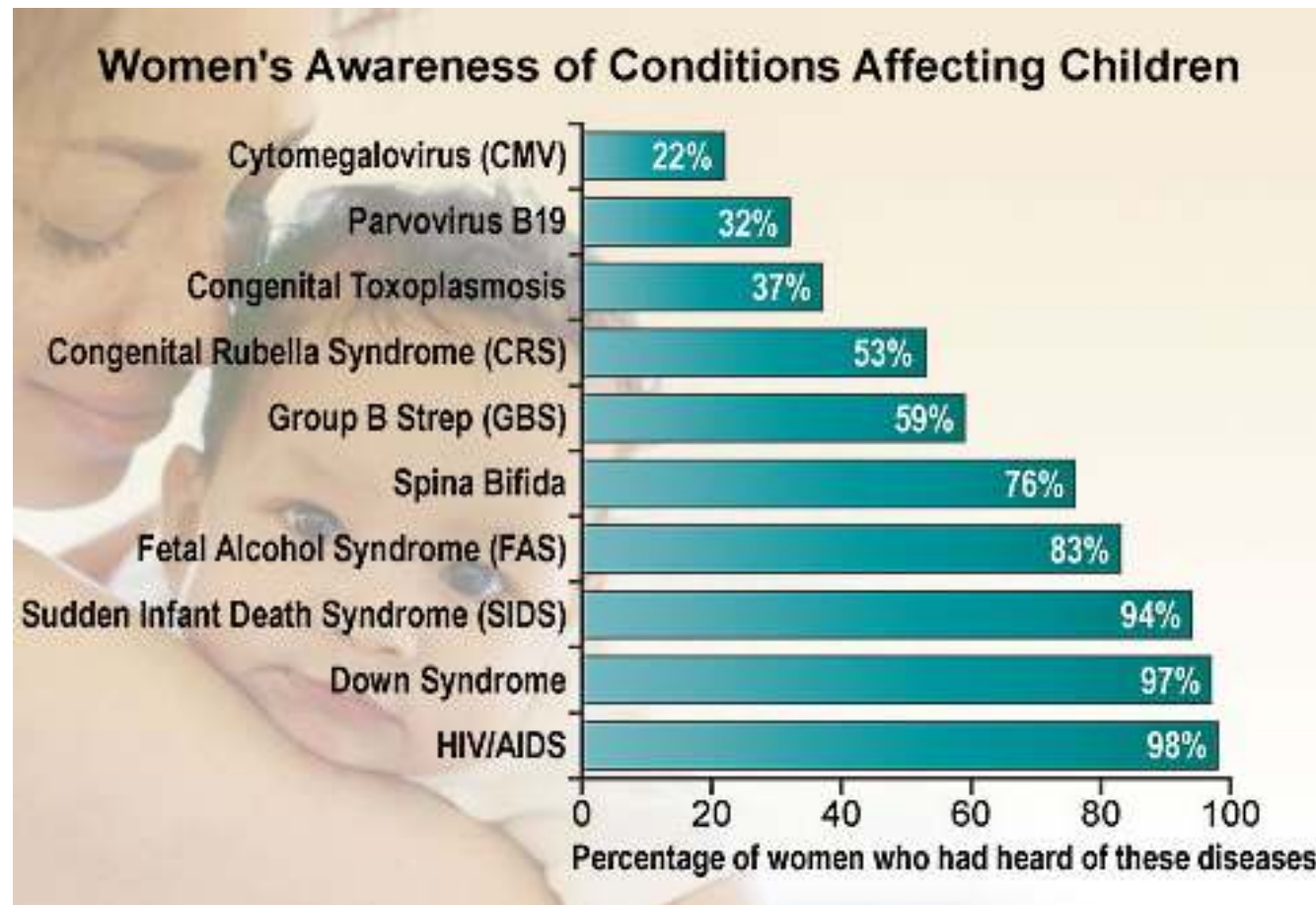
Some conditions include asthma, diabetes, oral health, obesity, or epilepsy. Also be sure that **your vaccinations are up to date.**

4. **Talk to a health care professional about any over-the-counter and prescription medicines you are taking.**

These include dietary or herbal supplements.

5. **Avoid contact with toxic substances or materials that could cause infection at work and at home. Stay away from chemicals and cat or rodent feces.**

(CDC)

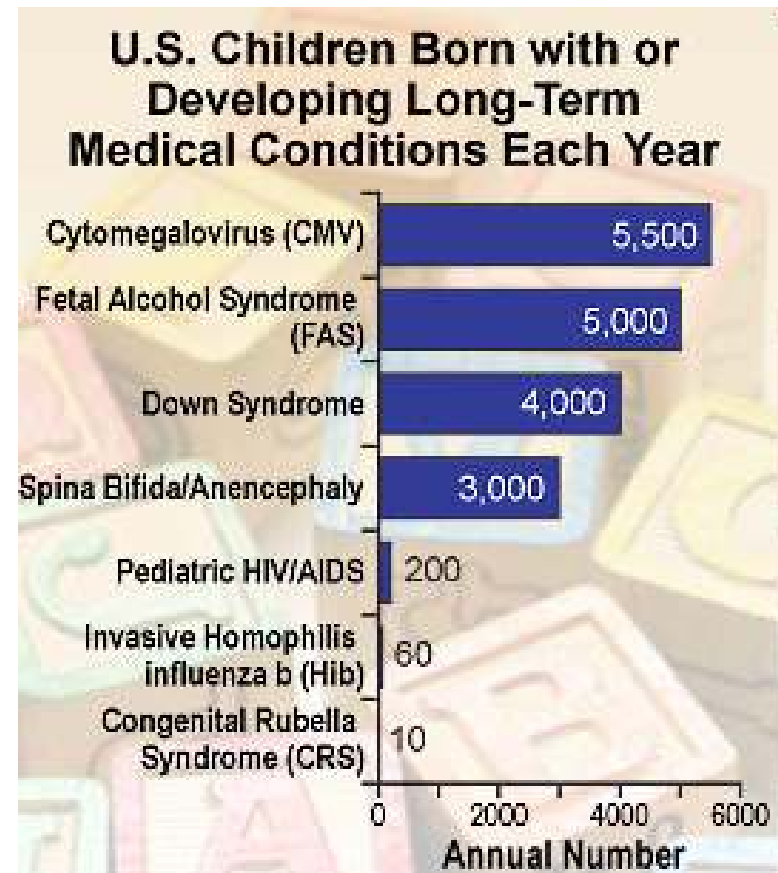


Only 22% of women in the U.S. had heard of CMV, compared with 97% who had heard of Down syndrome and 98% who had heard of HIV/AIDS (Jeon 2006). A more recent study found that only 14% of women in the U.S. had heard of CMV (Ross 2008).

In addition, research indicates that fewer than half of obstetricians talk to their pregnant patients about CMV (MMWR, Jan. 25, 2008).

Note: In 2009 about 4.1 million live births in the U.S.)

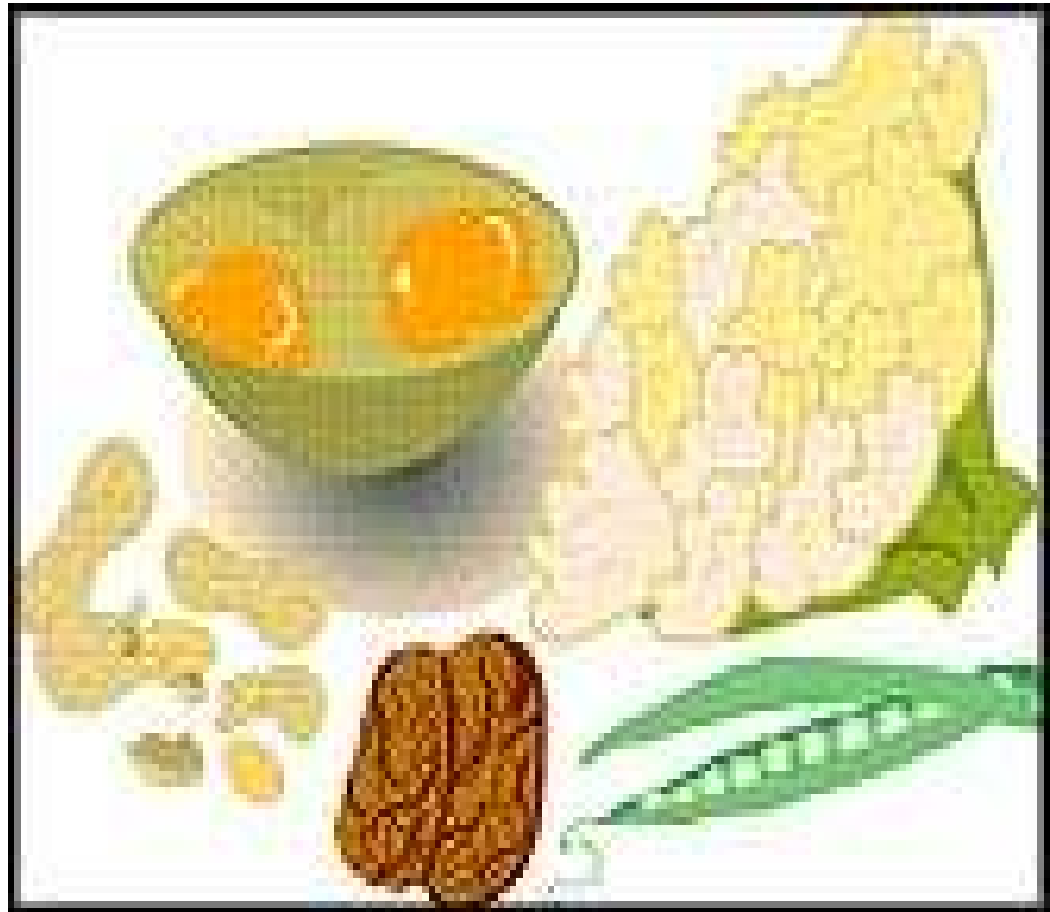
Babies with congenital CMV infection may develop hearing or vision loss, mental disability, liver problems, or growth problems. About half of infants with symptoms of congenital CMV infection will develop permanent health problems within the first few years of life. Sometimes, problems such as hearing or vision loss do not occur until months or years after birth; 10–15% of infected infants who show no symptoms at birth develop health problems later, most commonly hearing loss. With proper care, most infants with CMV disease survive.
(CDC)



Source: http://www.cdc.gov/ncbddd/pregnancy_gateway/index.html

Folic acid

from 1 month prior to the planned conception to the 12th week of pregnancy



USA: folic acid in the flour (from 1998)

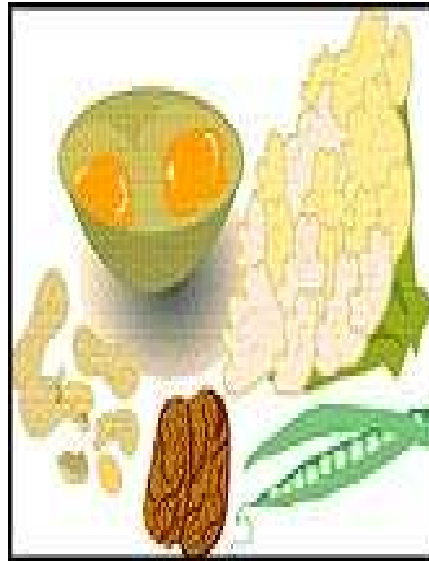


Folic acid and folate

Folate is necessary for the production and maintenance of new cells. Folate deficiency hinders DNA synthesis and cell division, affecting most especially the bone marrow, a site of rapid cell turnover. Both adults and children need folate to make normal red blood cells and prevent anemia.

Folic acid is very important for all women who may become pregnant, helps protect against a number of congenital malformations including neural tube defects (for example spina bifida).

The Recommended Dietary Allowance (RDA) for folate equivalents for pregnant women is 600 micrograms.



HUNGARY : medicine for prevention (folic acid + B12).

At least 1 months before pregnancy up to the end of the first trimester.

Screening in infancy

1. At the age of 0-8 days

- **Phenylketonuria (PKU), galactosemia, biotinidase deficiency, hypothyroidism**
- **congenital hip-dislocation and other CAs**
- **somatic development (bodyweight, length, head circumference)**

2. At the age of 1, 3 and 6 months

- **somatic development**
- **congenital abnormalities**
- **neurological development**
- **psychomotoric and mental development**
- **sense organ development and function (hearing, vision...)**
- **retention of testes (orchidopexia)**



Screening from age 1 to 6 annually

- Physical maturity examination
- Screening for recognizable malformations at appropriate age through physical examination
- Psychomotoric and mental maturity examination
- Central nervous system examination
- Speech development examination
- Examination of orchidopexia until age of 2, testicle examination, annually
- Blood pressure measurements until age 3-6, every year

Screening from age 6 to 18 every two years

- Physical maturity examination, including sexual maturation examinations
- Examination of vision, color vision, hearing
- Blood pressure measurements
- Screening for hypothyroidism from age 11
- Screening for various health risk factors: smoking, alcohol, drug abuse, irresponsible sexual activity





The KidCare Express Mobile Medical Unit Program (USA)

Mother's milk

- Contains the right amount of the amino acids that are essential for neuronal development
- Lowers the risk of sudden infant death syndrome (SIDS) and other diseases (allergies, asthma, diarrhea etc.)
- Strengthens the mother's nurturing feelings towards the child

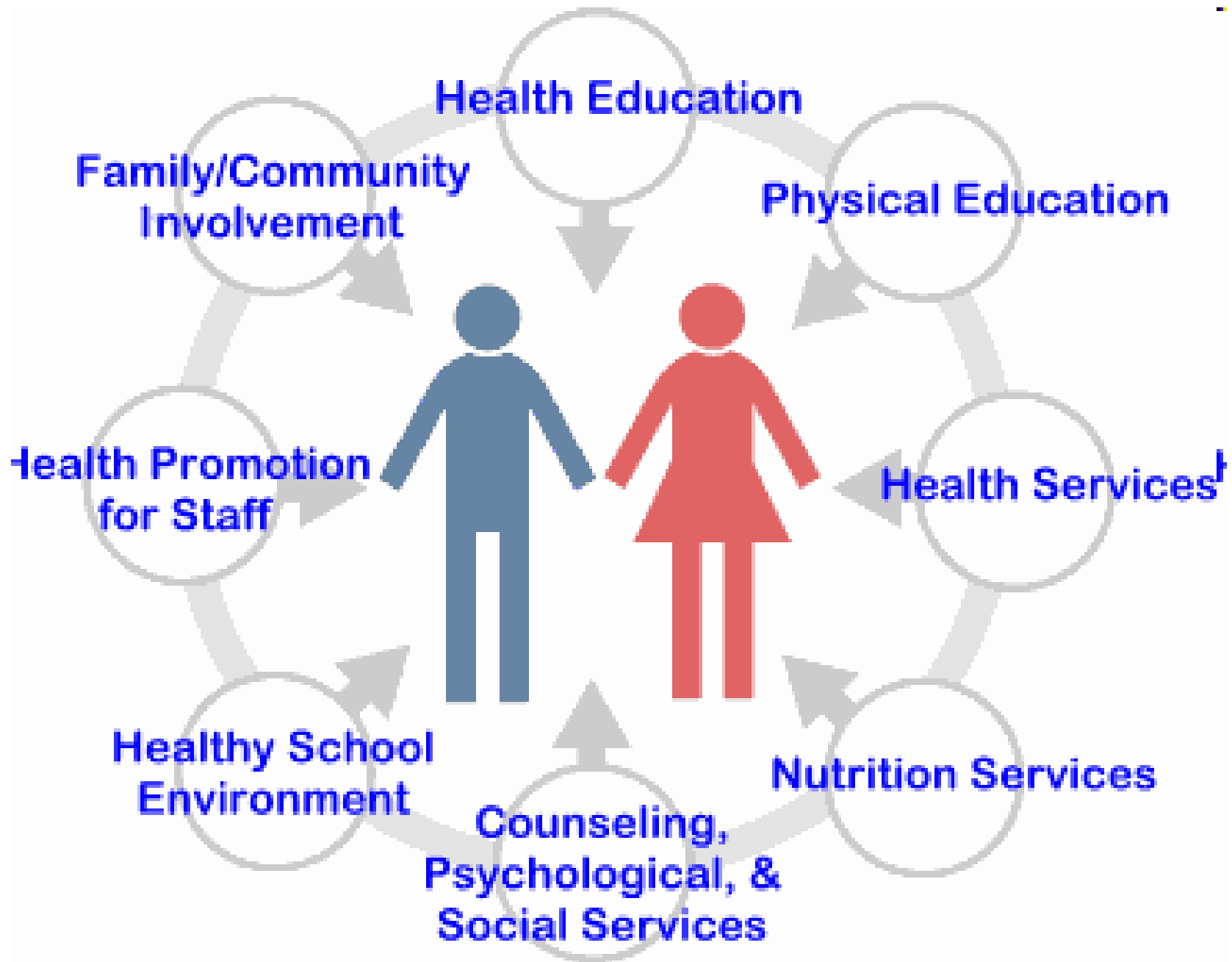
International guidelines recommend that all infants be breastfed exclusively for the first six months of life.

- **breastfeeding mothers should avoid strict diets, smoking, alcohol, caffeine**



Kindergarten Screening and Assessment Requirements

- **Immunizations and other health requirements** including vision and hearing
- **Physical development**
- **Compliance with rules**, limitations and routines
- **Ability to perform tasks**
- **Interactions with adults**
- **Interactions** with peers;
- Ability to cope with challenges
- **Self-help skills**
 - Ability to express his or her
- **Verbal communication skills**
- **Problem-solving skills**
- Ability to follow verbal directions
- Demonstration of curiosity, persistence and exploratory behavior
- **Interest in** books and other printed materials
- Ability to pay attention to stories
- **Participation in art and** music activities
- Ability to identify colors, shapes, letters, numbers and spatial and temporal



Source: <http://healthycommunitiesme.org/shleadership.html/>



Who is involved

Level of intervention

Entire school
community

Creative environment conducive to promoting
psycho-social competence and wellbeing

Whole school
environment

All students
and teachers

Mental health education
—knowledge, attitudes and behaviour

Part of general
curriculum

20-30%
of students

Psycho-social interventions
and programs

Students needing
additional help in school

3-12%
of students

Professional
treatment

Students needing additional
mental health intervention

Adapted from WHO 1994

Whole school approaches to mental health and wellbeing

Who Is In Charge Of School Health?



Source: <http://thecleanestimage.com/who-is-in-charge-of-school-health>

Tasks in child and youth health care

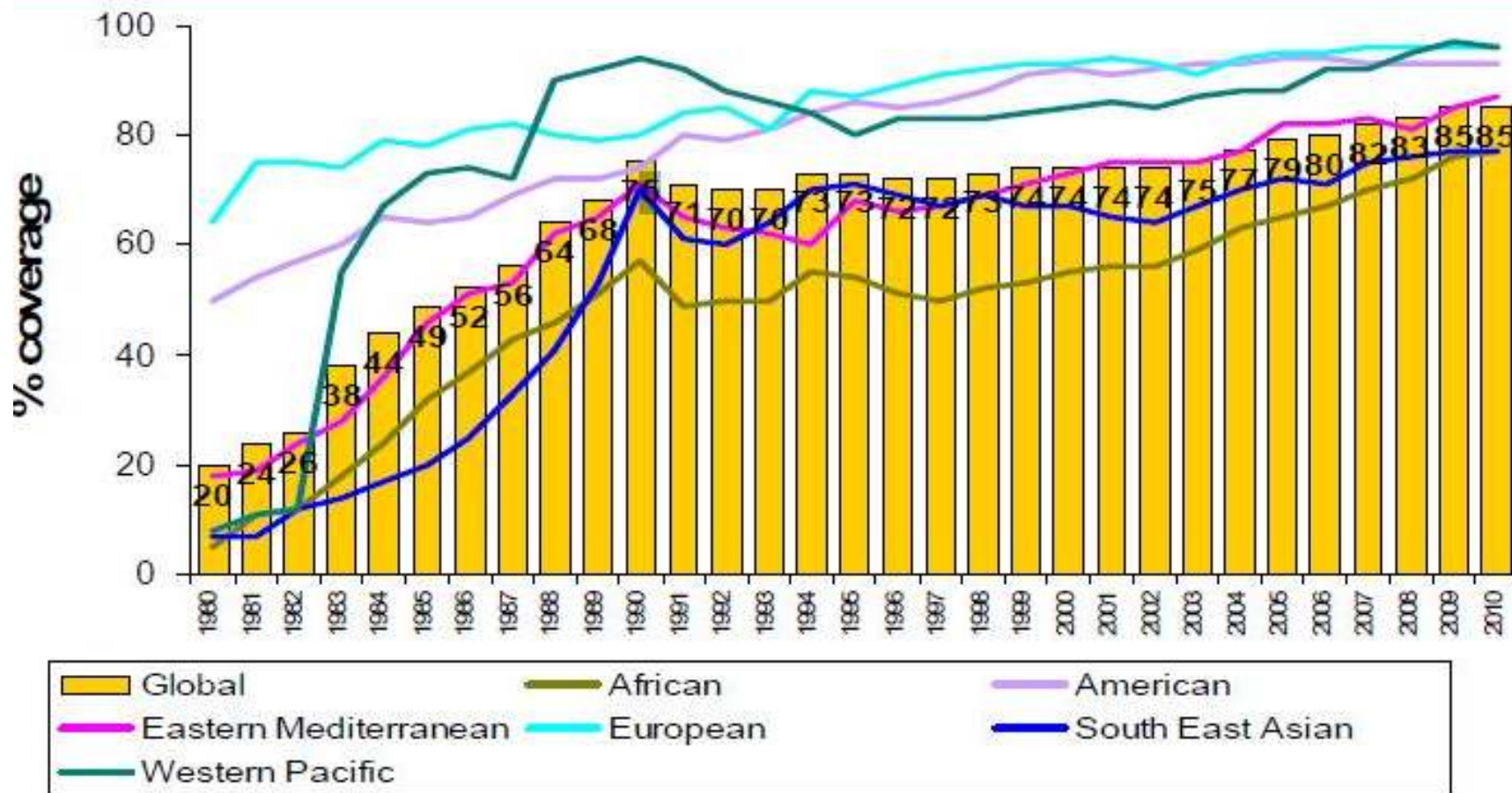
- **Health care service and supervision of kindergartens**
- **School aptitude tests (maturity for school education)**
- **Screening tests at school**
- **Medical examination before summer camps**
- **First aid in case of accidents**
- **Health education and promotion**
- **Communicable disease control**
- **Identifying, examining and supervising handicapped children**
- **Supervision of the healthy school environment (lighting, furniture...)**
- **Supervision of the school canteen and nutritional adequacy**
- **Supervision of students' personal hygiene**
- **Immunization**
- **Organization of school dental care programs**



Kindergarten

Global Immunization 1980-2010, DTP3 coverage

global coverage at 85% in 2010



e: WHO/UNICEF coverage estimates 2010 revision: July 2011; 193 WHO Member States. Date of slide: 29 Jul 2011



Seven-year-old Aubree Kim of Mililani gets her teeth checked by children's dentist Chris Yamada at Hawaii Dental Service's second annual Tooth Fairy Fun Day at the Hawaii Children's Discovery Center. This year, the event added free dental screenings.

Healthier School Lunches

OLD MENU	NEW MENU
 Hotdog on bun (3 oz)	 Whole wheat spaghetti with meat sauce (1/2 cup) and whole wheat roll
 Canned pears (1/4 cup)	 Raw broccoli and cauliflower (1/2 cup each) with low fat ranch dip (1oz)
 Raw celery (1/8 cup)	 Green beans, cooked (1/2 cup)
 Raw carrots (1/8 cup) with ranch dressing (1.75 T)	 Kiwi halves, raw (1/2 cup)
 Low fat (1%) chocolate milk (8 oz)	 Low fat (1%) milk (8 oz)
<p>TOTALS 770 calories 40 grams fat 2020 miligrams sodium</p>	<p>TOTALS 560 calories 19 grams fat 860 miligrams sodium</p>

www.k12ohio.gov




President Obama's daughters get healthy school lunches. Why don't I?

Reform the Child Nutrition Act

www.HealthySchoolLunches.org

Whole school approach to promoting the physical, social, spiritual, mental and emotional well-being of all pupils and staff.



**Health
Promotin
g
Schools**



**Personally
tailored teaching**





Factors that can impact the **physical environment** include:

- the **school building and surrounding areas**
- biological or chemical agents that** are hazardous to health
- physical conditions such as** noise, temperature, lighting, and aromas

The **psychological environment** includes the physical, emotional, and social conditions that affect the well-being of students and staff.



www.smartschooltool.org



**Important the letters'
size in schoolbooks**



**In A D A M's Fall
We finned all.**

**Heaven to find,
The Bible Mind.**

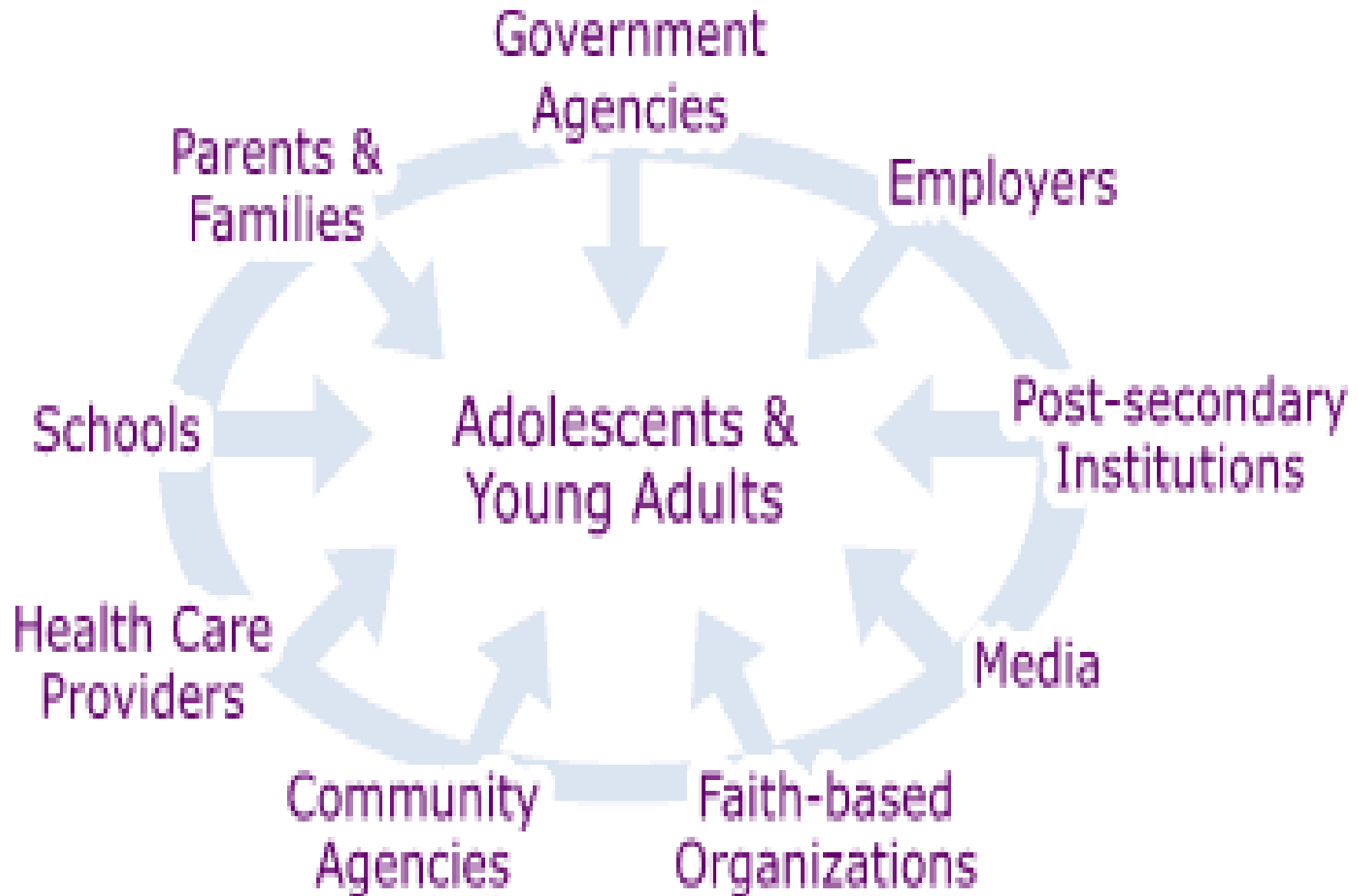
**Christ crucify'd
For finners dy'd.**

**The Deluge drown'd
The Earth around.**

**E L I J A H hid
By Ravens fed.**

**The judgment made
F E L I X afraid.**

Societal Influences on Adolescents and Young Adults

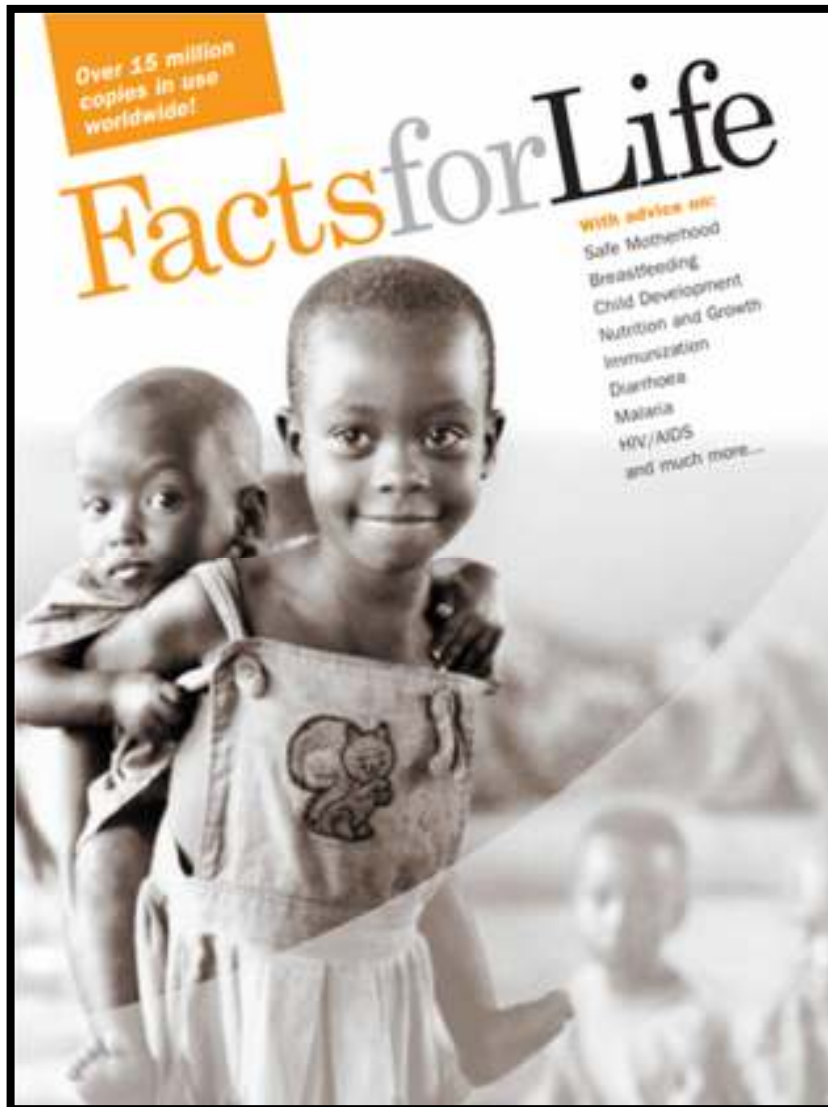


At home...



- 5** or more fruits & vegetables
- 2** hours or less recreational screen time*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

*Keep TV/Computer out of the bedroom. No screen time under the age of 2.



13 Key Health Topics



Source: Facts For Life. Third edition published in 2002 by UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and the World Bank. Available: <http://www.unicef.org>

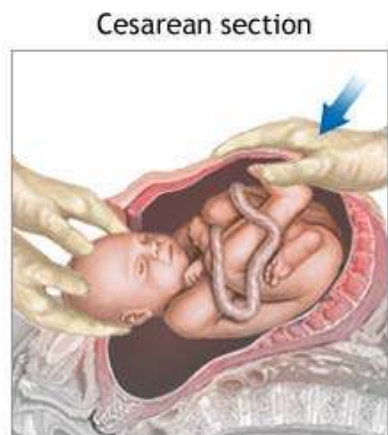
Facts For Life

- 1. The health of both women and children can be significantly improved when births are spaced at least two years apart, when pregnancy is avoided before age 18 and after age 35, and when a woman has no more than four pregnancies in total.*



Facts For Life

2. All pregnant women should visit a health worker for prenatal care, and all births should be assisted by a skilled birth attendant. All pregnant women and their families need to know the warning signs of problems during pregnancy and have plans for obtaining immediate skilled help if problems arise.



With both hands, the surgeon reaches into the abdominal incision and lifts the baby's head as an assistant pushes down on the upper uterus



Facts For Life

3. Children learn from the moment of birth. They grow and learn fastest when they receive attention, affection and stimulation, in addition to good nutrition and proper health care. **Encouraging children to observe and to express themselves,** to play and explore, helps them learn and develop socially, physically and intellectually.



Facts For Life

4. Breastmilk alone is the only food and drink an infant needs for the first six months. After six months, infants need other foods in addition to breastmilk.



Facts For Life

5. Poor nutrition during the mother's pregnancy or during the child's first two years can slow a child's mental and physical development for life. From birth to age two, children should be weighed every month. If a young child does not gain weight over a two-month period, something is wrong.



Facts For Life

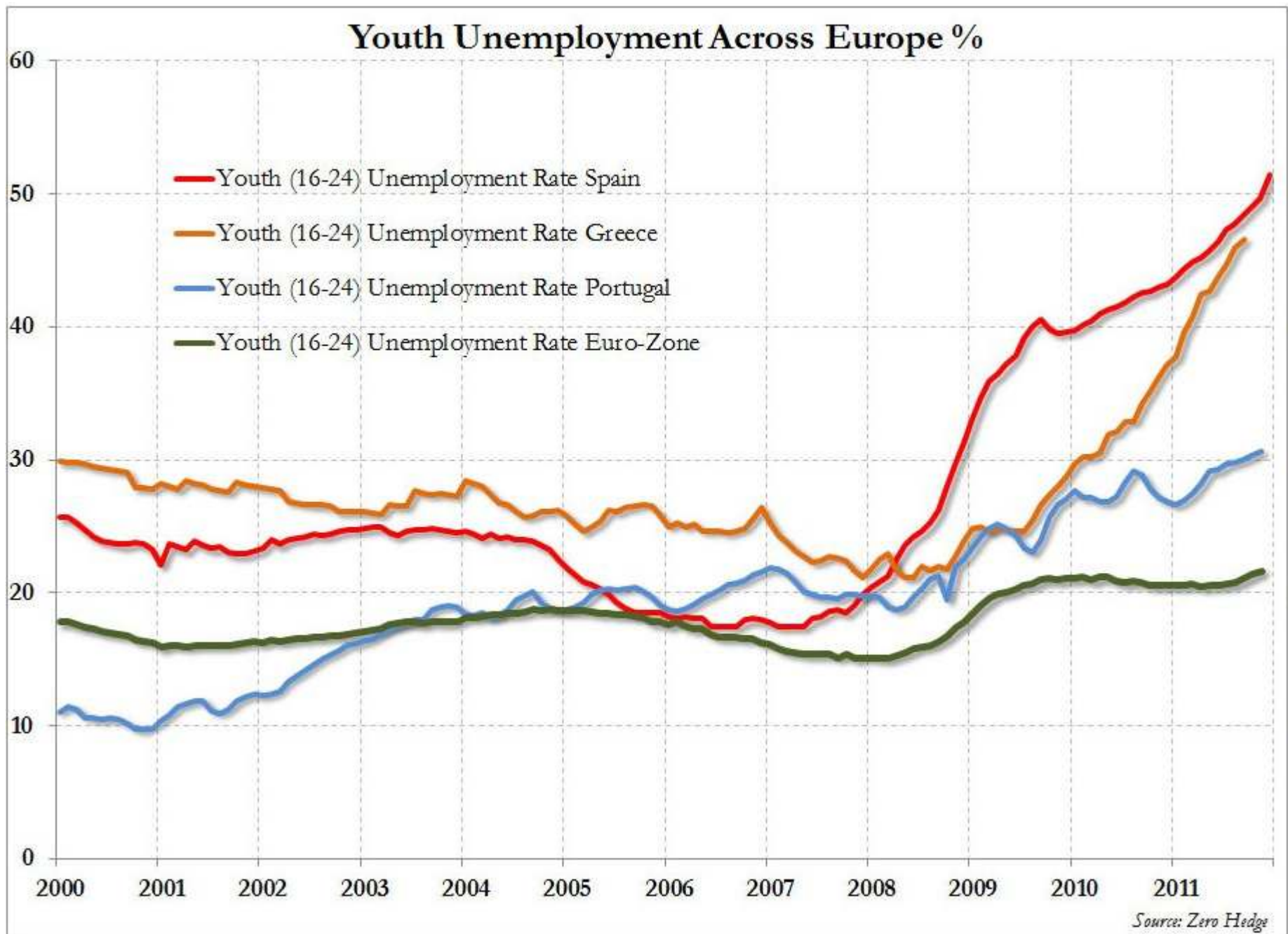
6. Every child needs a series of immunizations during the first year of life to protect against diseases that can cause poor growth, disability or death. **Every woman of childbearing age needs to be protected against tetanus.** Even if the woman was immunized earlier, she needs to check with a health worker.



Facts For Life

Specific issues:

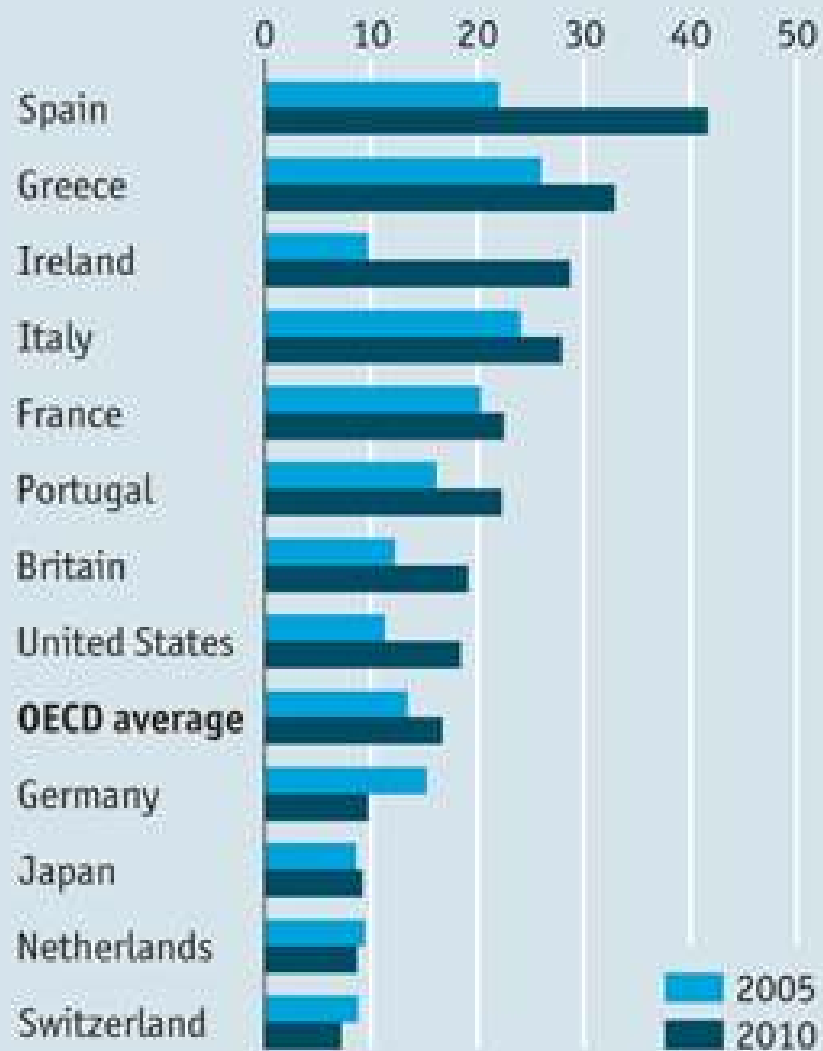
7. Diarrhea
8. Coughs, colds and more serious illnesses
9. Hygiene
10. Malaria
11. HIV/AIDS
12. Injury prevention
13. Disasters and emergencies



Source: <http://revolting-europe.com/data/>

A poor present

Youth* unemployment, selected countries
% of youth labour force

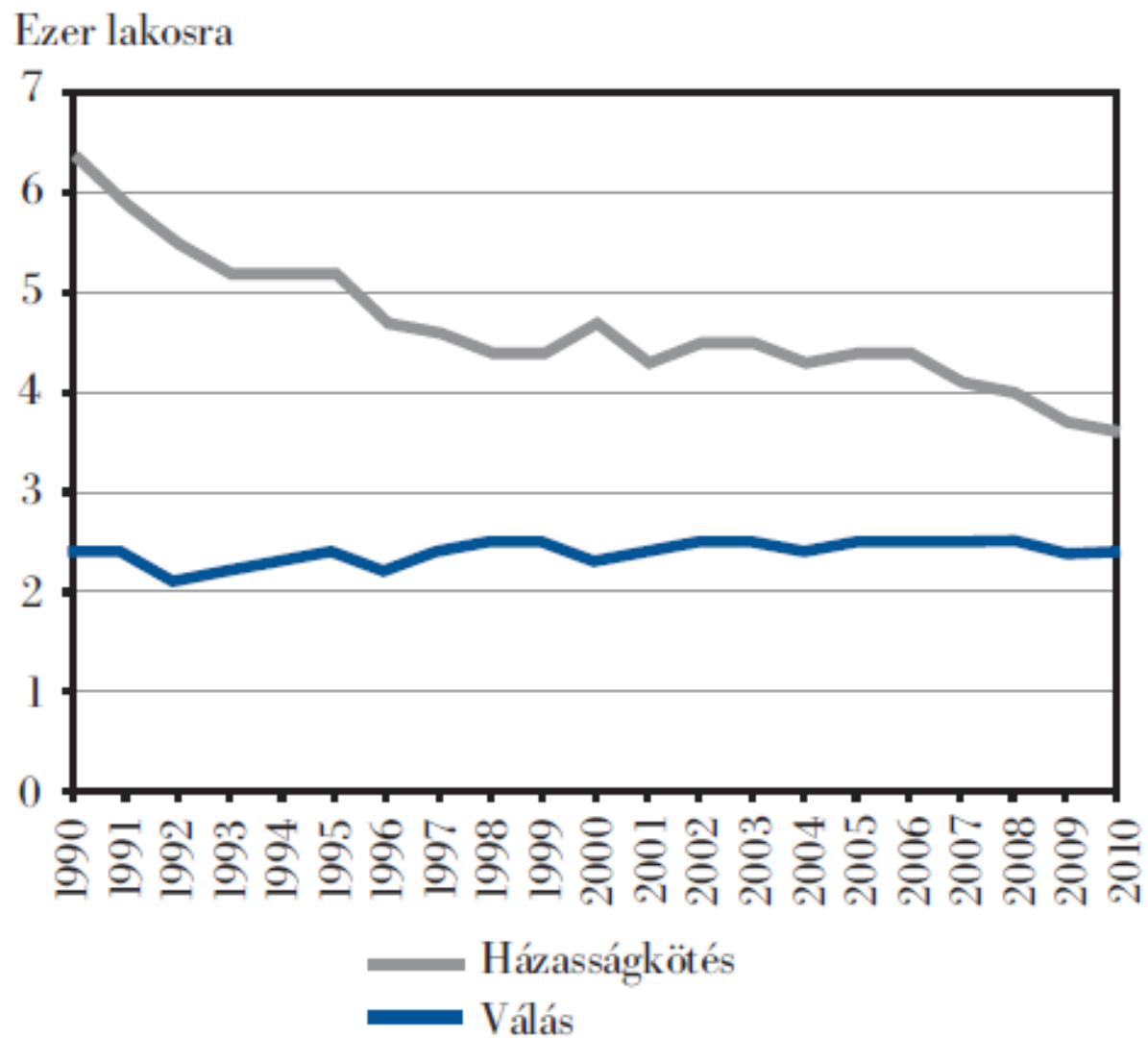


Source: OECD

* 15- to 24-year-olds

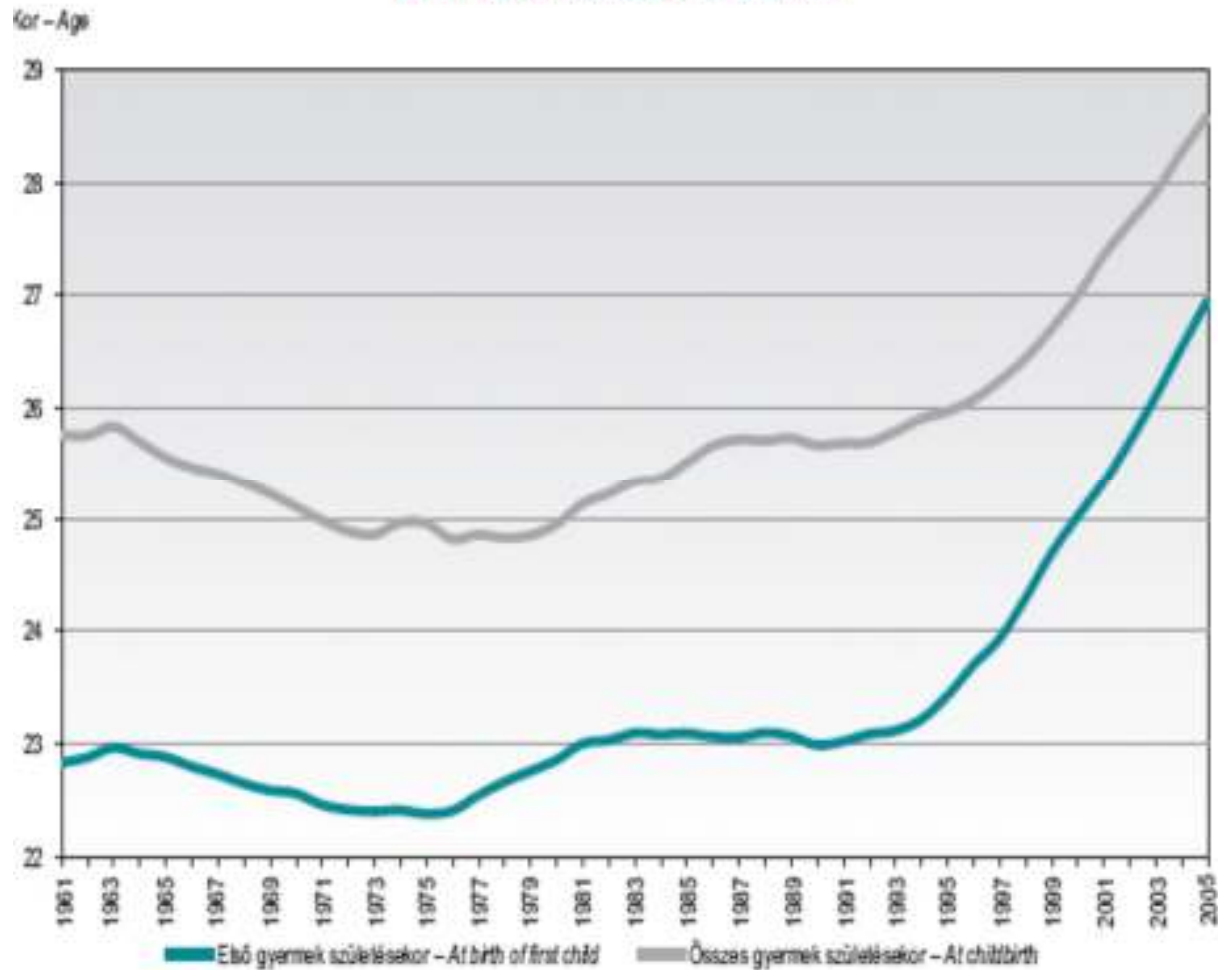
**Statistics and key figures,
HUNGARY**

Marriages and divorces per thousand population



(Hungarian Central Statistic Office Demographic Yearbook 2011)

MEAN AGE OF FEMALES AT CHILDBIRTH



**Live births
per 1000
women,
HUNGARY**

1960: 159.2 (women 20-24 years)

**2005: 50.0 (women 20-24 years)
89,2 (women 25-29 years)**

**2010: 40.1 (women 20-24 years)
73,9 (women 25-29 years)**

Total fertility rate (Hungary)

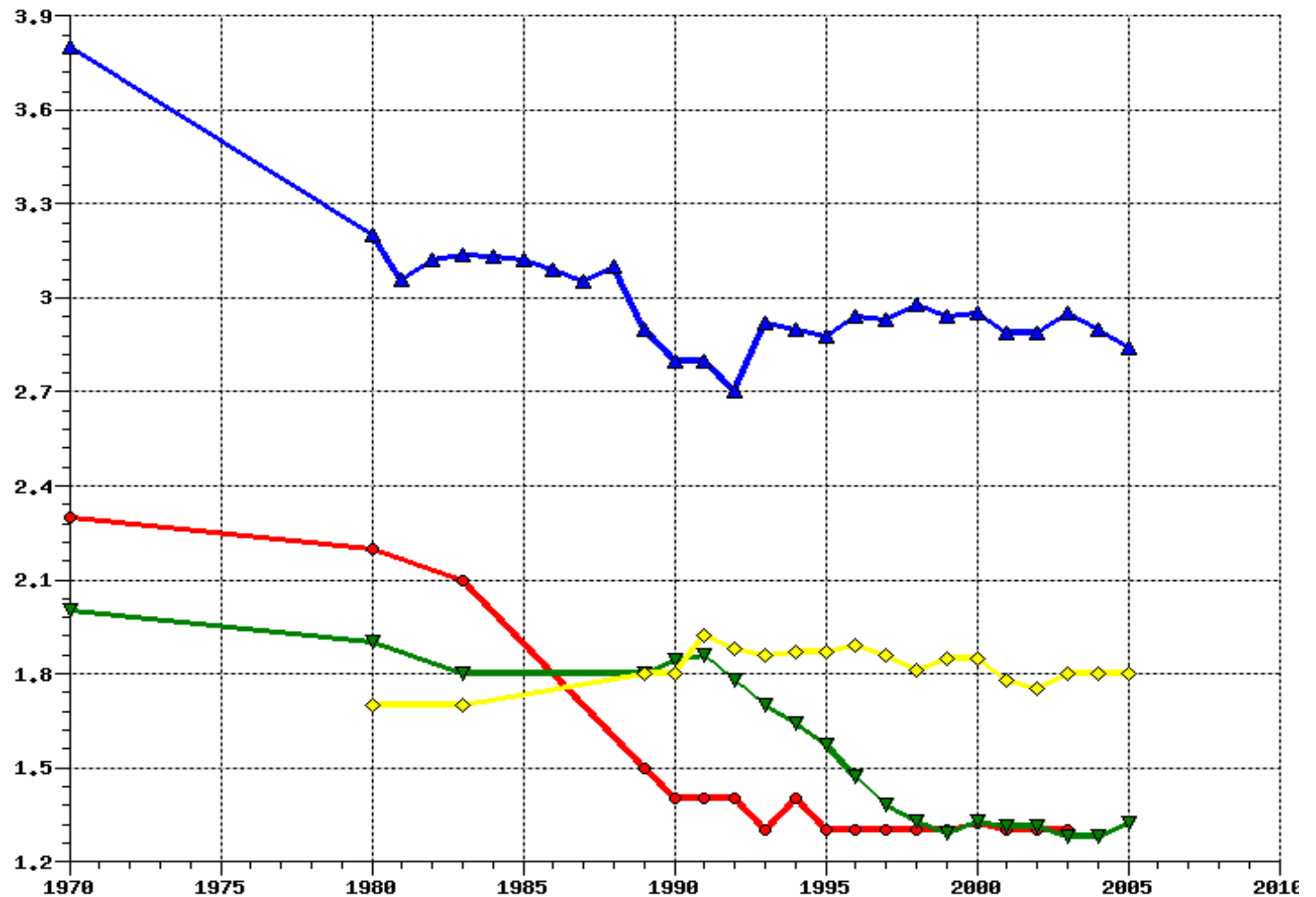
2005.:
Israel: 2.80
Norway: 1.90
Greece: 1.41
Hungary: 1.35

Number of live birth /
women of 15-49ys old x
1000

1960:

2.02

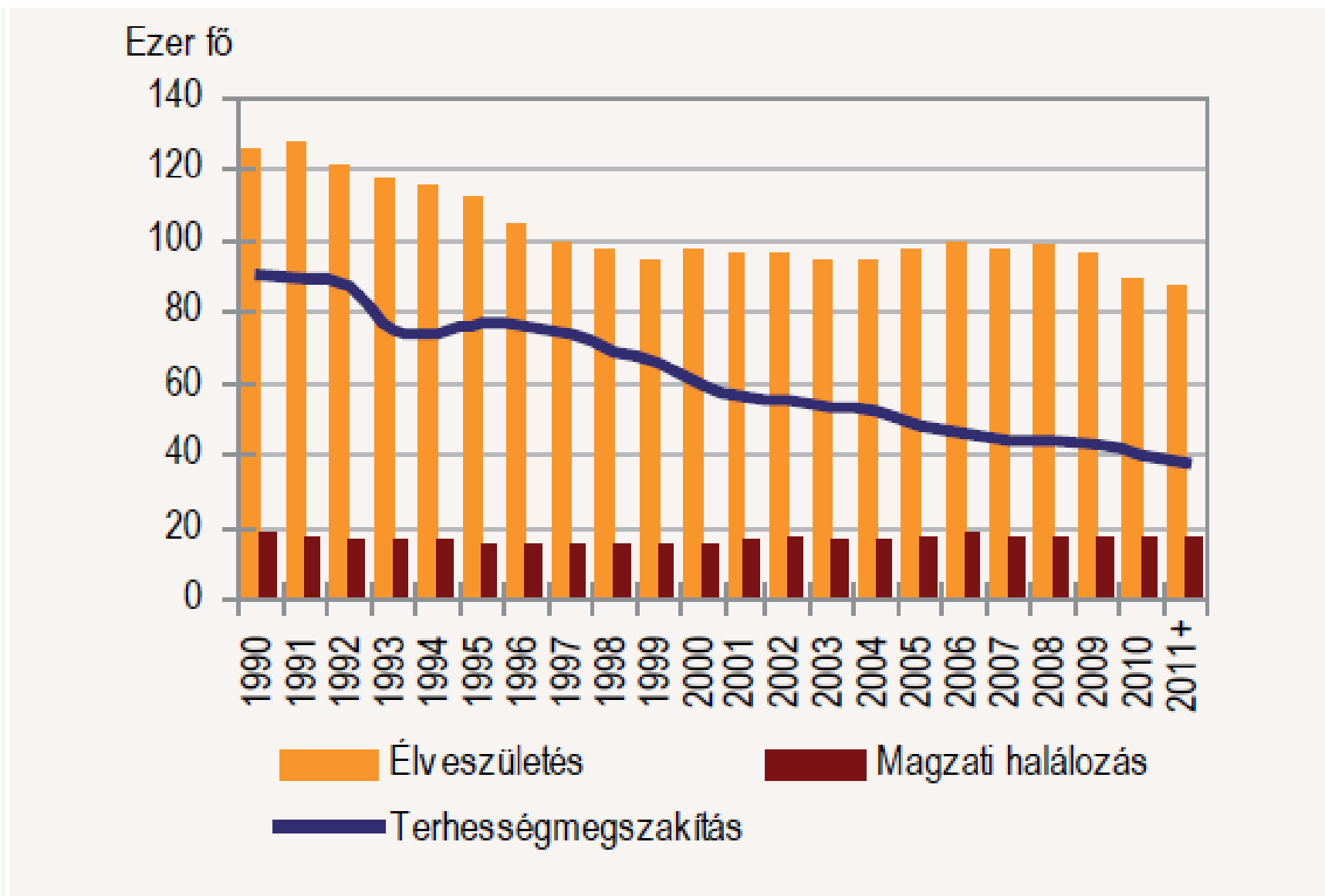
2011:



Hungary, 2011, - % of all live births

	from marriage (%)	without marriage (%)
1960	94,5	5,5
2011	57,7	42,3

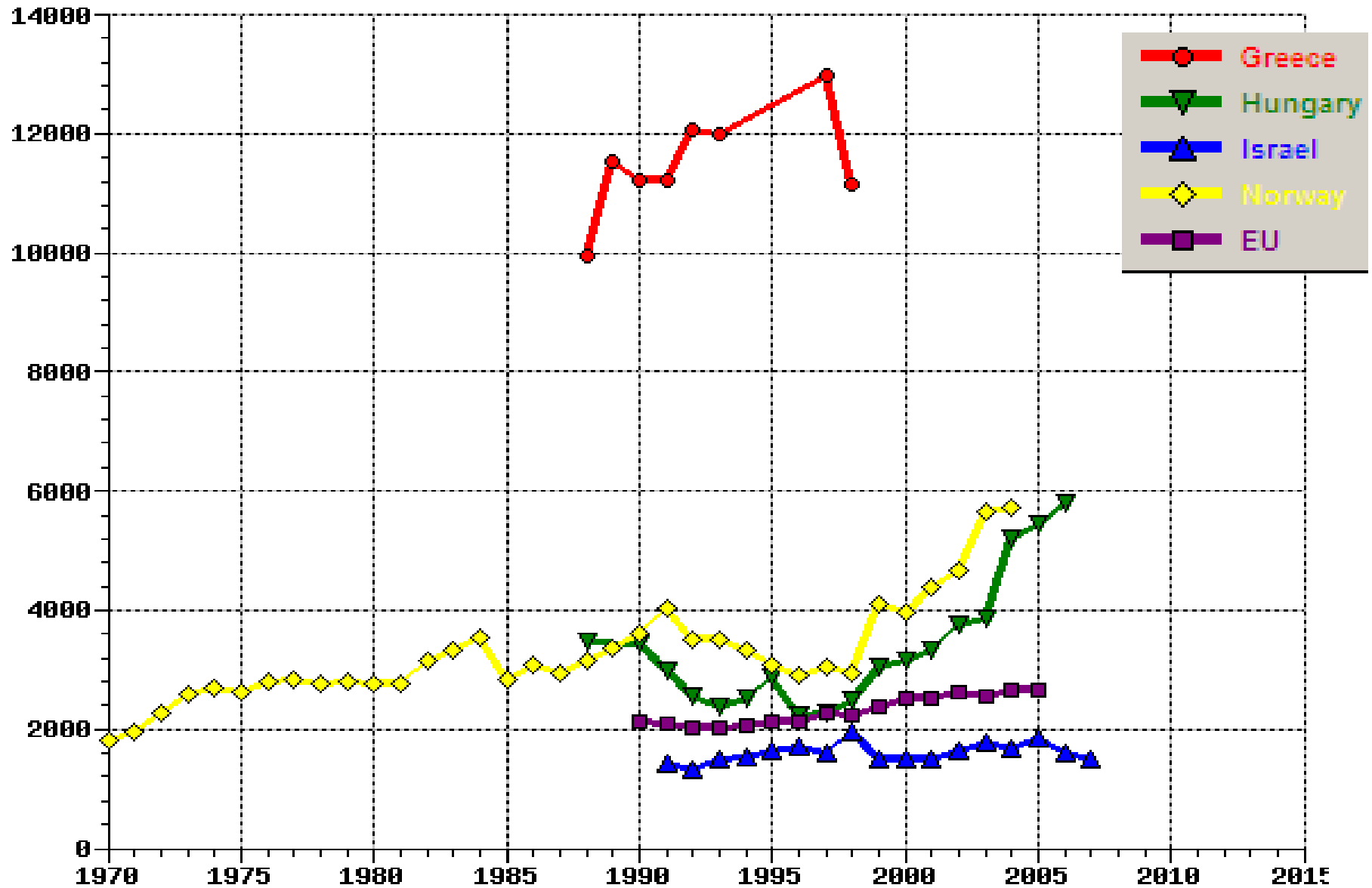
Number of live births, abortions, and fetal deaths all ages Hungary (in 1000)



In 2011 38400 abortion.

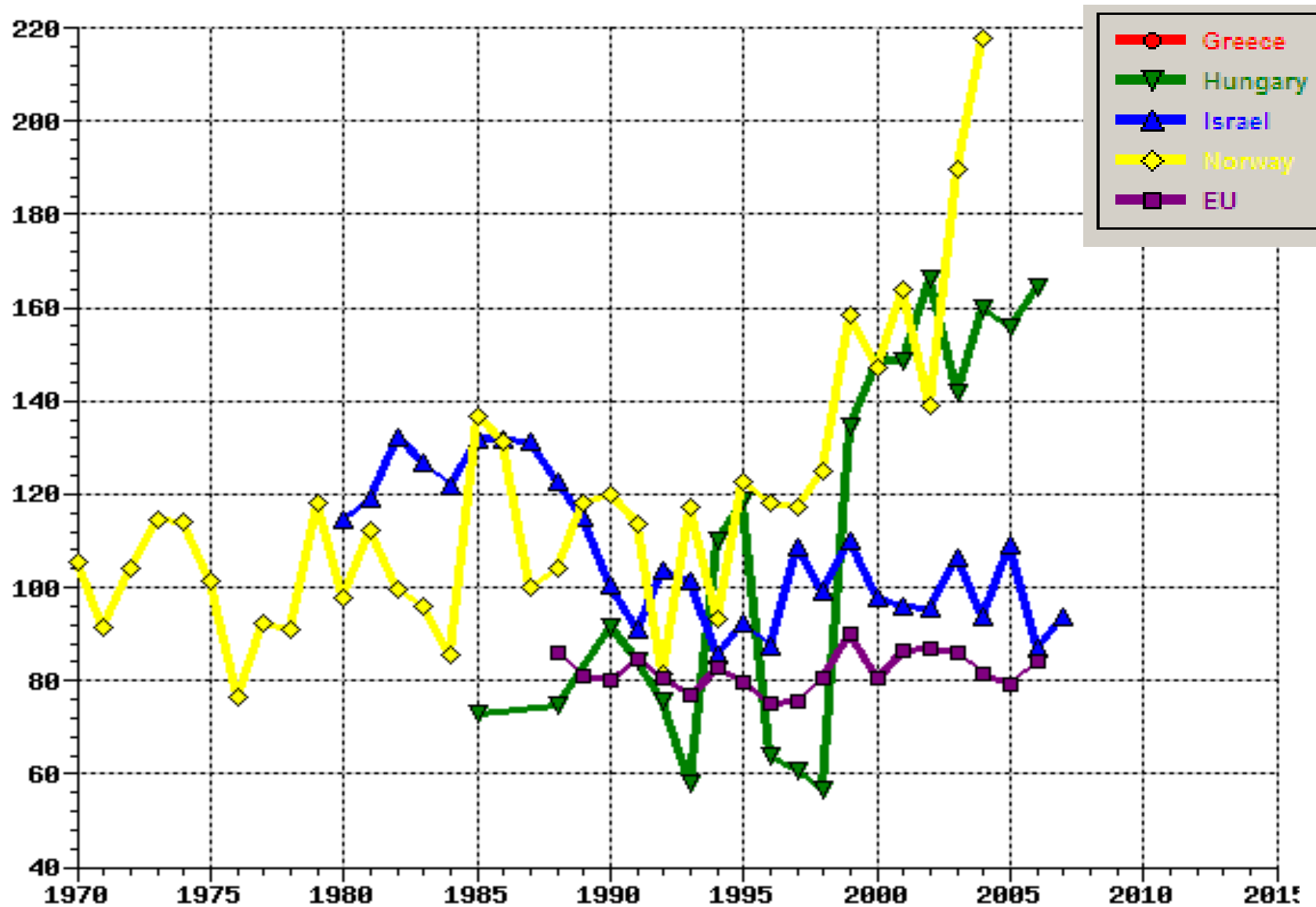
+ Előzetes, részben becsült adatok.

Congenital anomalies per 100 000 live births



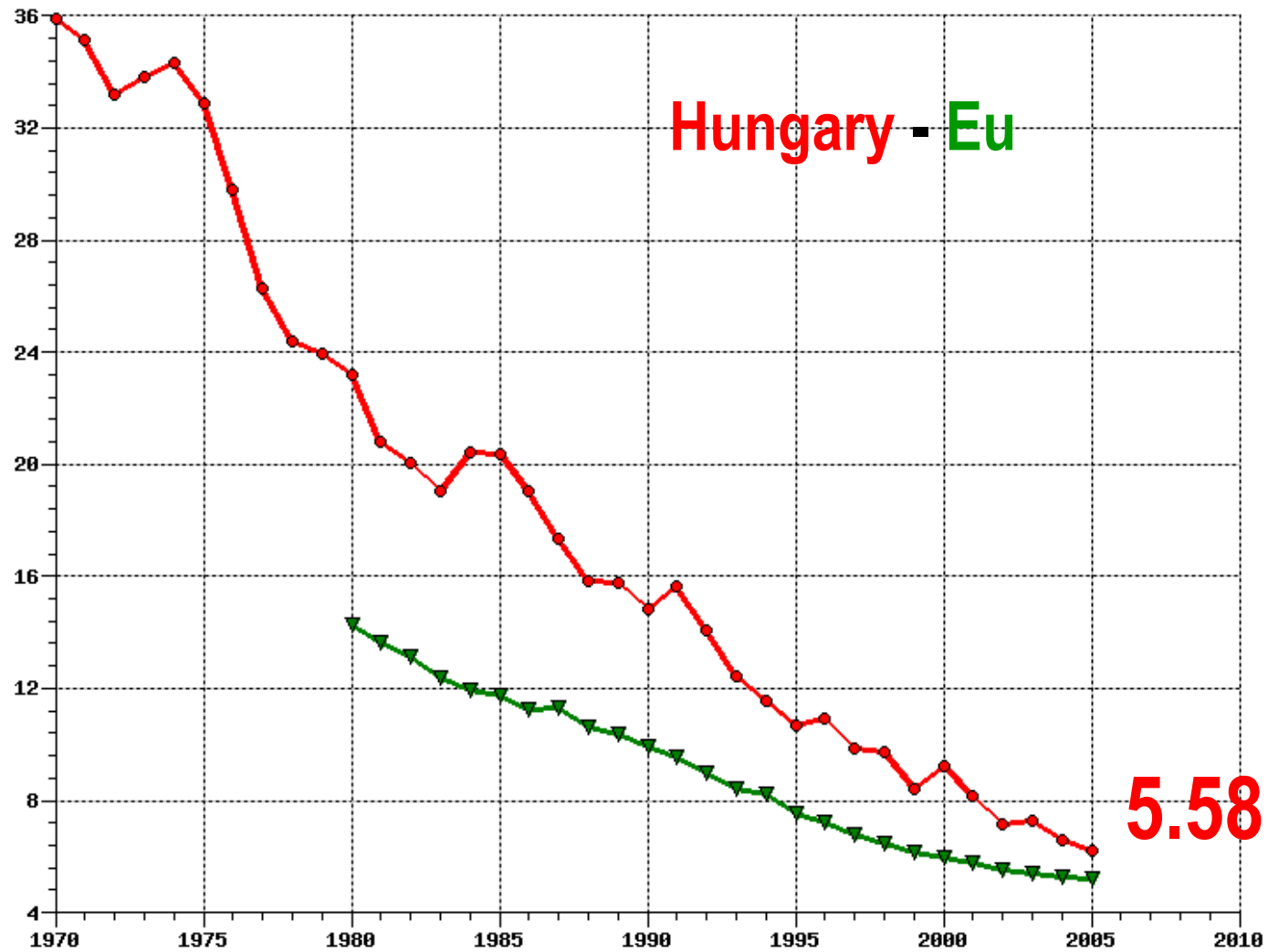
Source: WHO/Europe, European HFA Database, January 2009

Births with Down's syndrome per 100 000 live births



Source: WHO/Europe, European HFA Database, January 2010

Infant deaths per 1000 live births



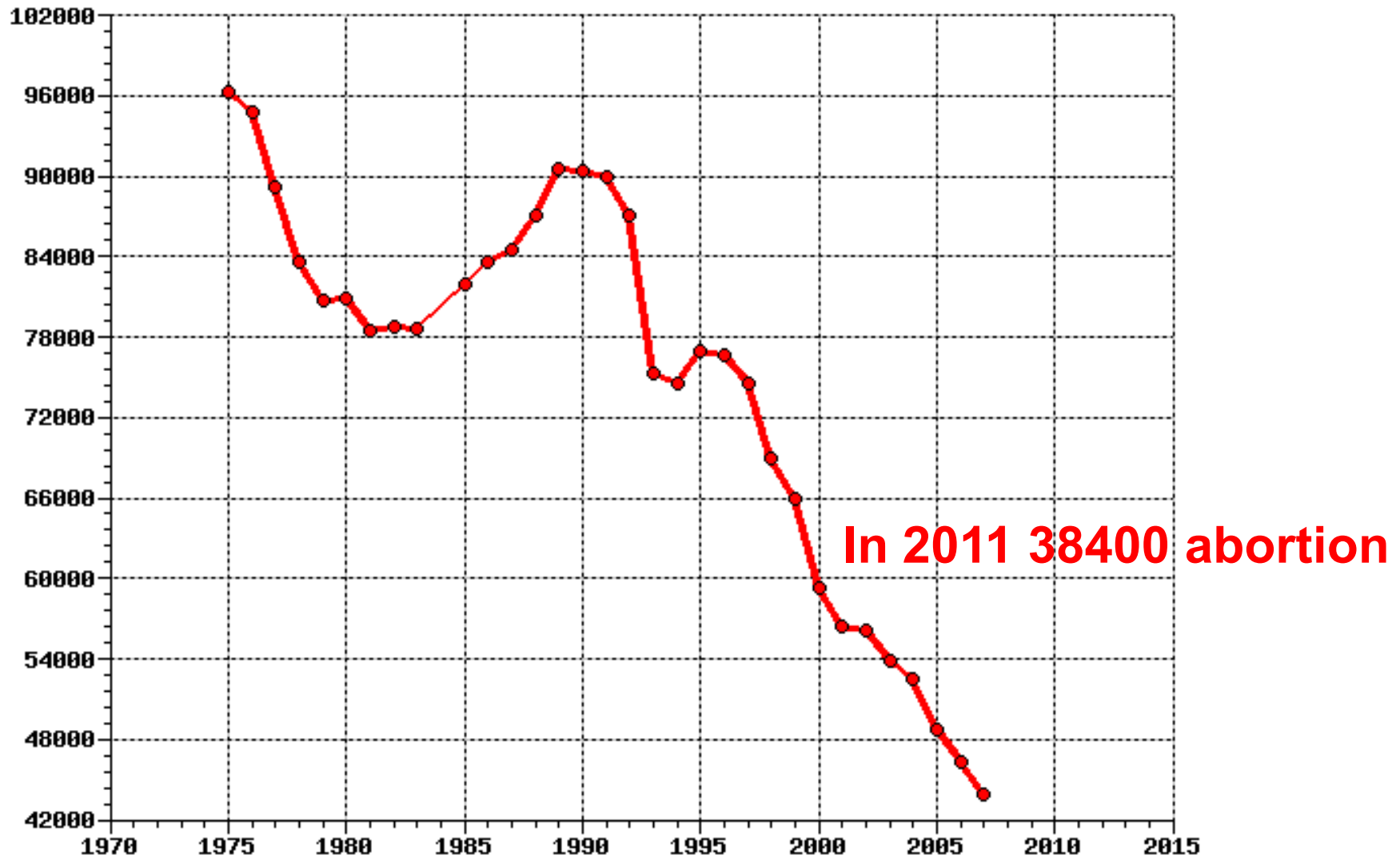
2011: 4,9 ‰

5.58

4.44

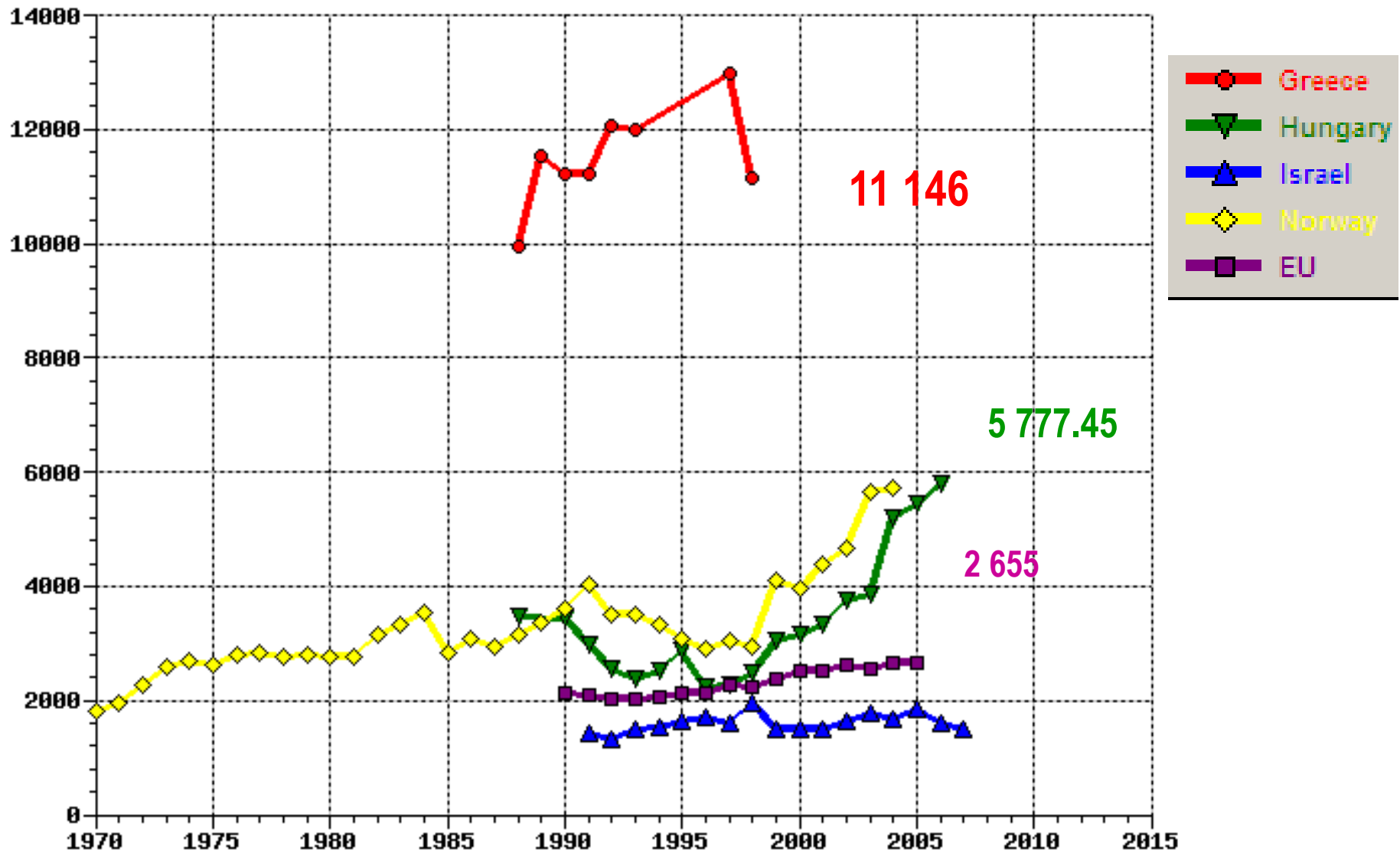
Source: WHO/Europe, European HFA Database, January 2010

Number of abortions, all ages Hungary



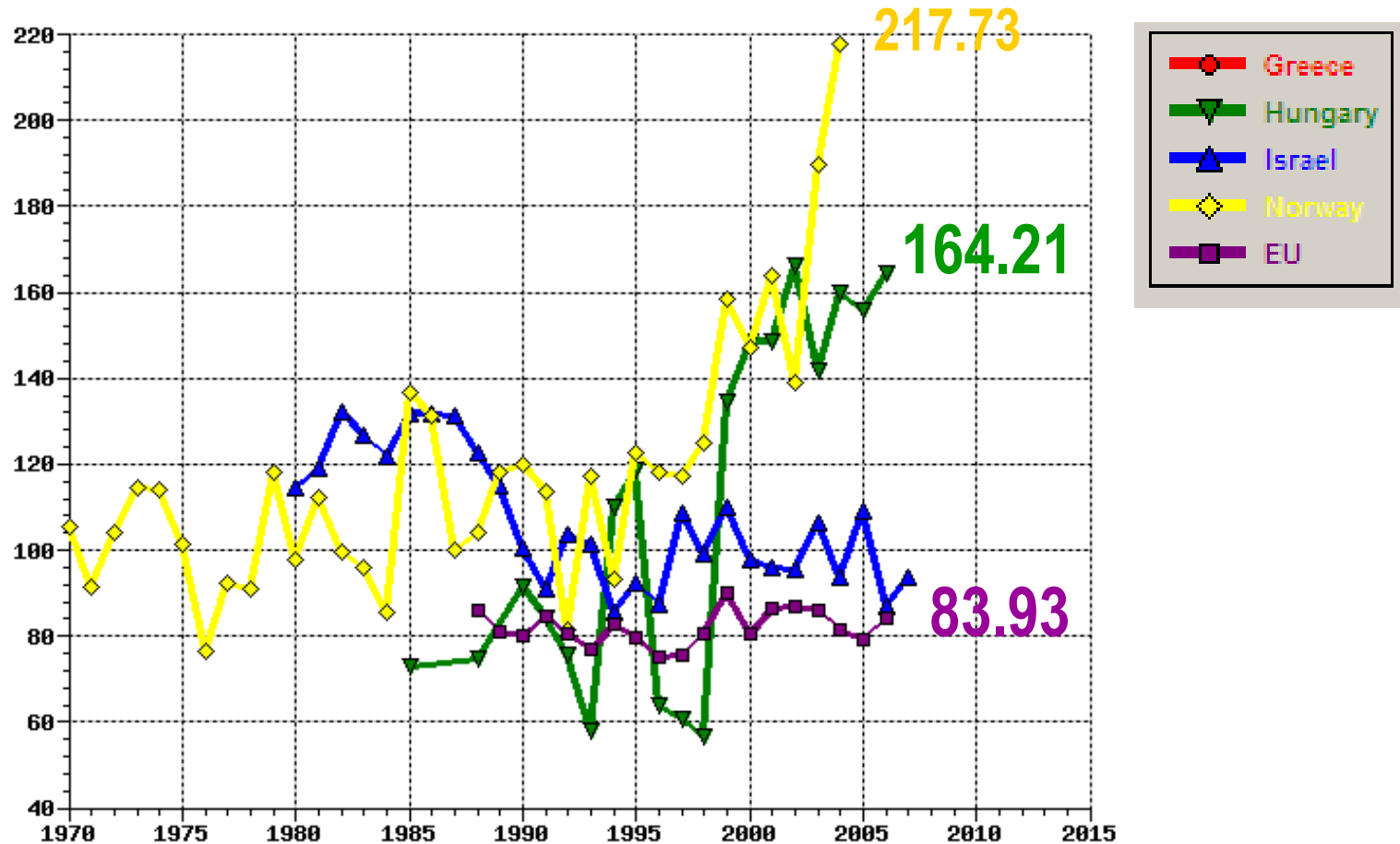
Source: WHO/Europe, European HFA Database, January 2009

Congenital anomalies per 100000 live births



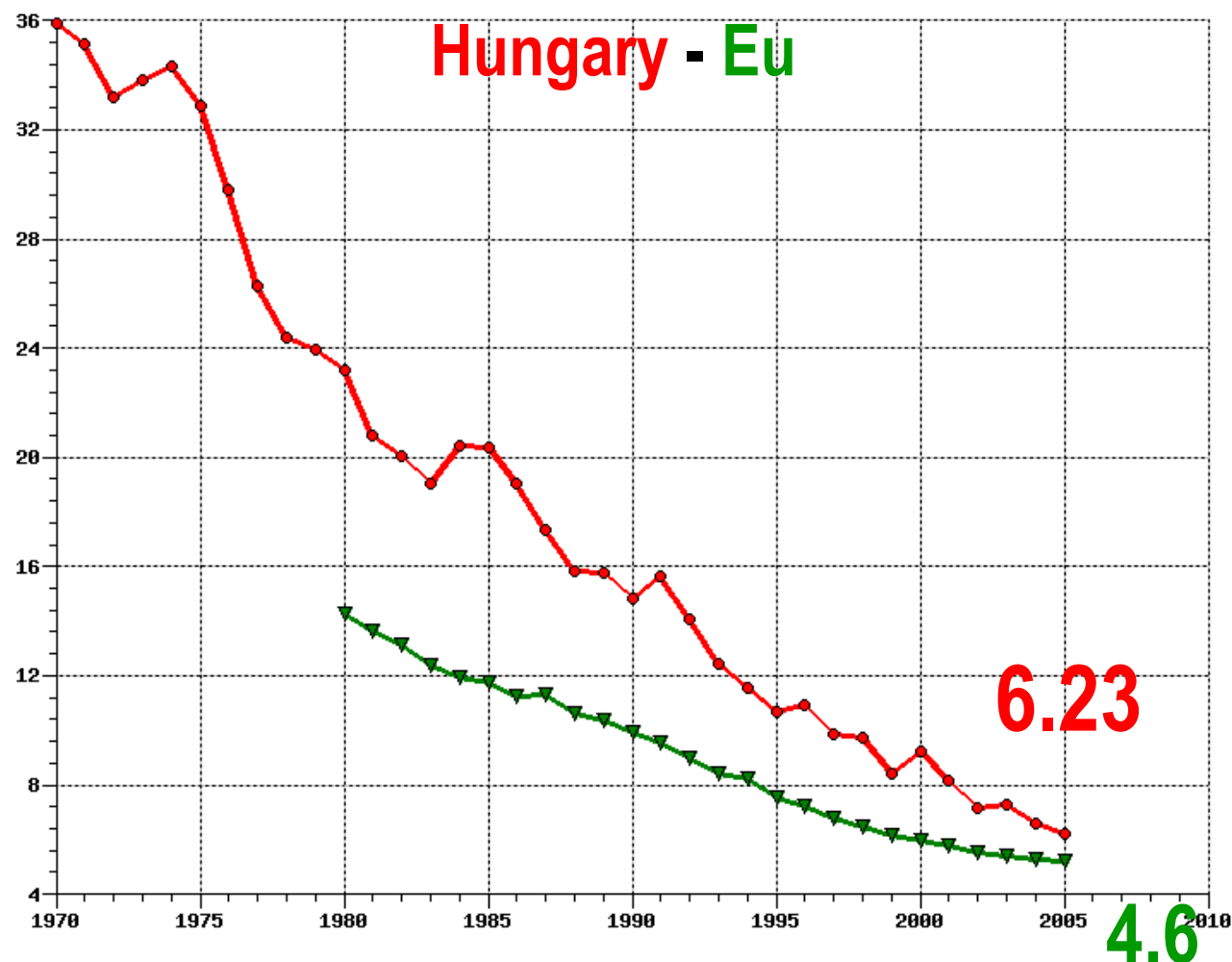
Source: WHO/Europe, European HFA Database, January 2009

Births with Down's syndrome per 100 000 live births



Source: WHO/Europe, European HFA Database, January 2009

Infant deaths per 1000 live births



Source: WHO/Europe, European HFA Database, January 2009

Atlas of Children's Health and the Environment
WHO | Maternal, newborn, child and adolescent
health



Gerohygiene



SU Department of Public Health



Huang Magan (right), 106, talks to her husband's 103-year-old second wife Huang Maxue at their home in Ping'an village, Bama Yao autonomous county, South China's Guangxi Zhuang autonomous region, August 21, 2011.

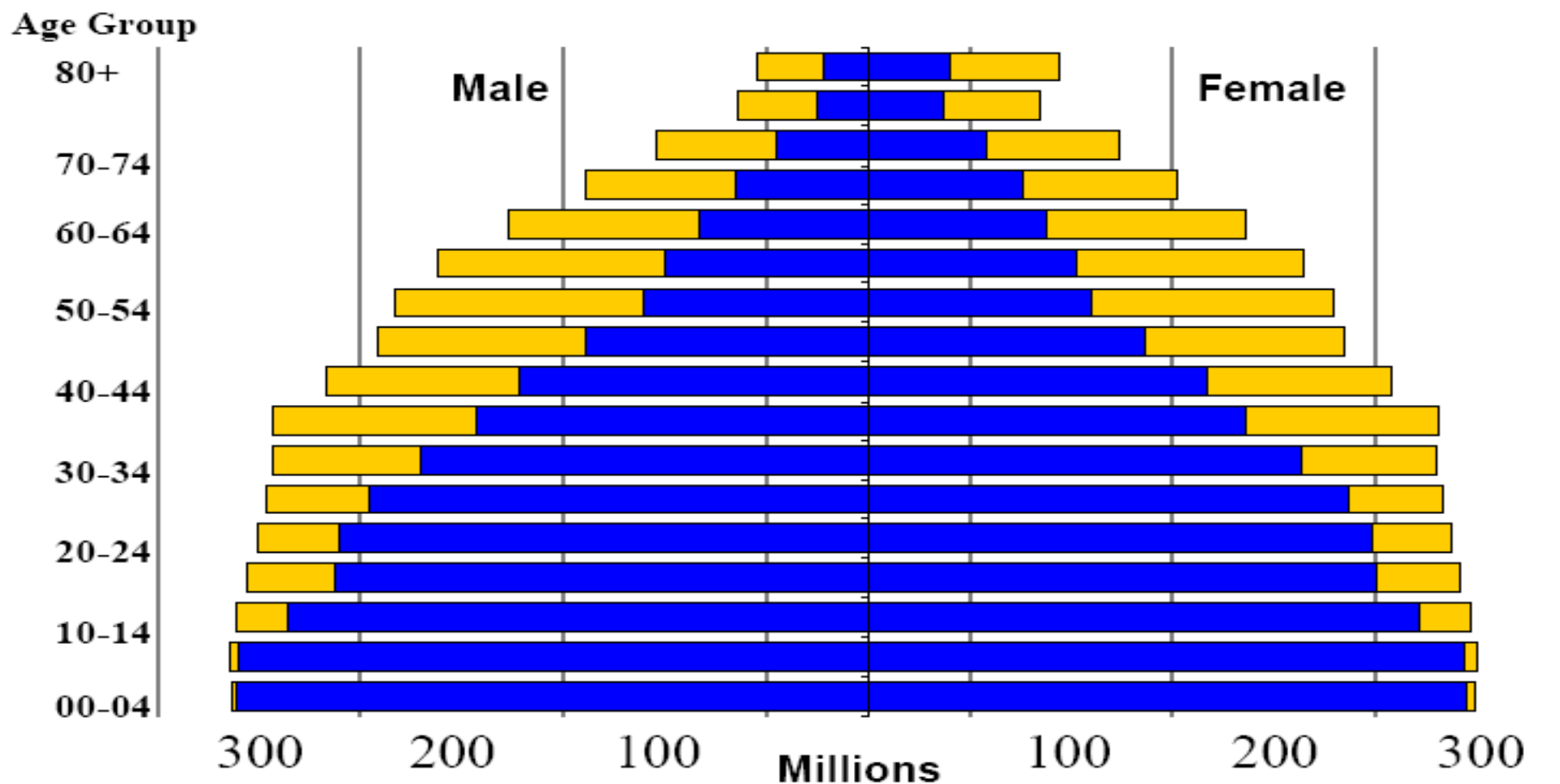
Source: <http://www.whatsonchengdu.com>

Public Health and ageing



Healthy ageing begins with health in youth

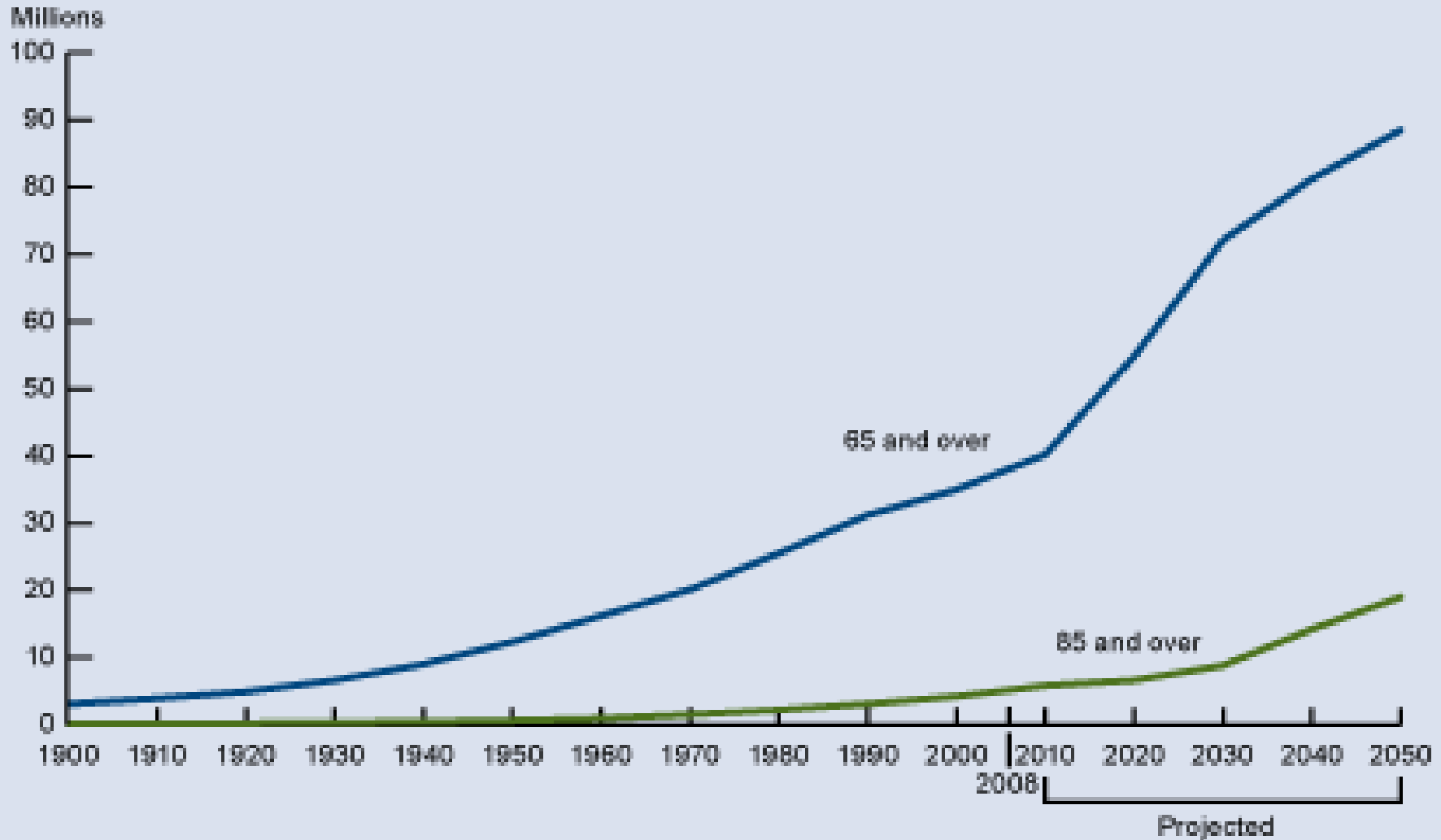
Population Pyramid in 1995 and 2025



Source: Towards Policy for Health and Ageing, WHO Factsheet. WHO, Geneva, 1999. Available: <http://www.who.int/ageing>

USA

Population age 65 and over and age 85 and over, selected years 1900–2008 and projected 2010–2050



NOTE: Data for 2010–2050 are projections of the population.
Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.

UN forecast

- tripling of population over 60 year between 2005 and 2050

European forecast:

20.7% over 65 in 2020

24.7% over 65 in 2030



Ageing and Functional Impairments

Vision decline

16% of people 65 to 74 years
46% of people 85+ years



Hearing loss

19% of people 61 to 80 years
75% of people 81+ years



Motor skill diminishment

At least 50% of people over 65 are affected by arthritis

Ageing and Cognitive Limitations

Dementia estimates:

1.4% of people 65-69 years
24% of people 85+ years



Mild Cognitive Impairment is more common:

Short term memory problems

Concentration difficulties

Distraction

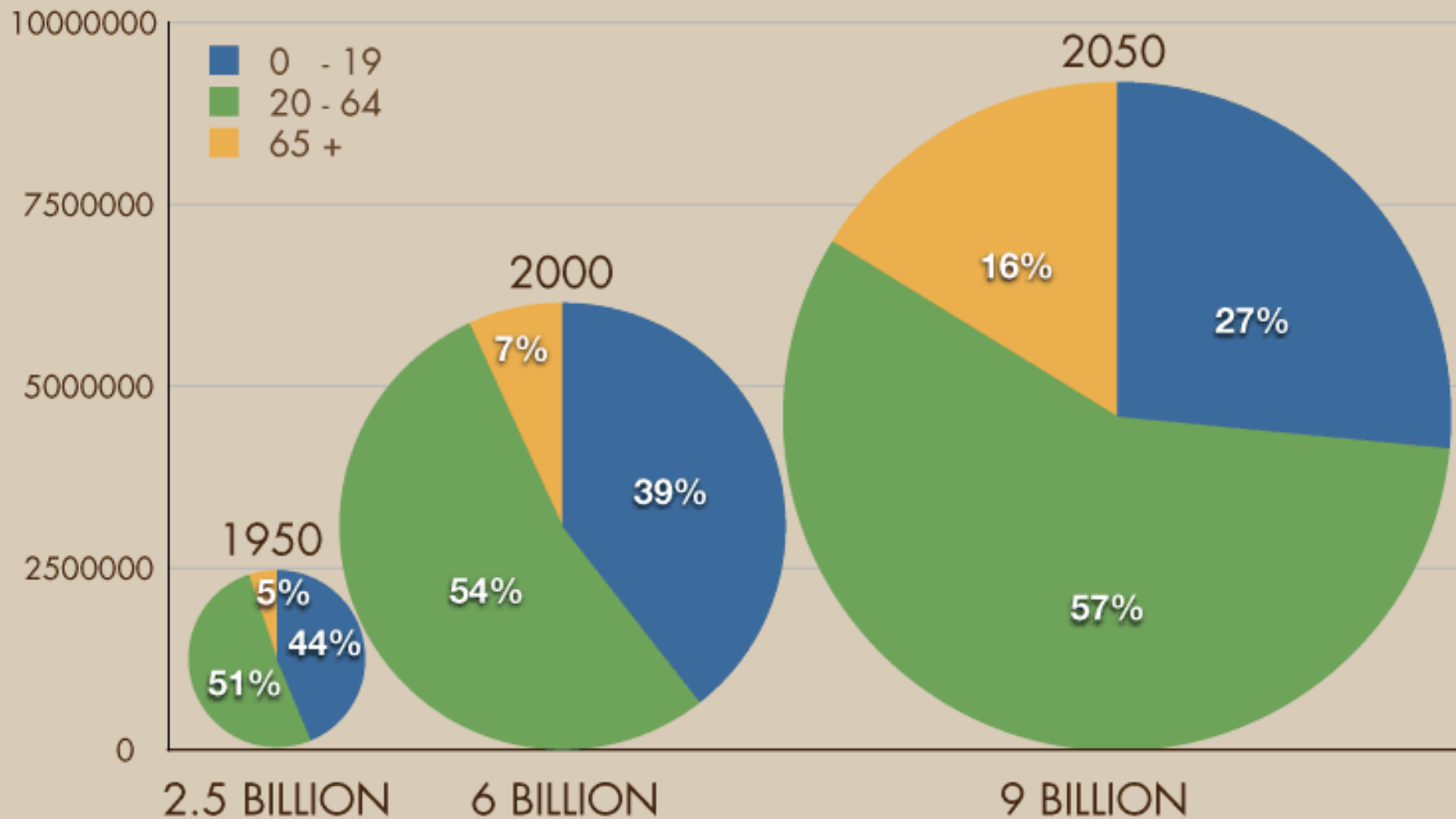
Demographic characterization of ageing populations

- Proportion of population age 60 (or 65) and over: simple ratio

Ageing index:
$$\frac{\text{population age 65 + years}}{\text{population < 15 years}}$$

Old-age dependency ratio:
$$\frac{\text{population age 65 + years}}{\text{population 15 - 64 years}}$$

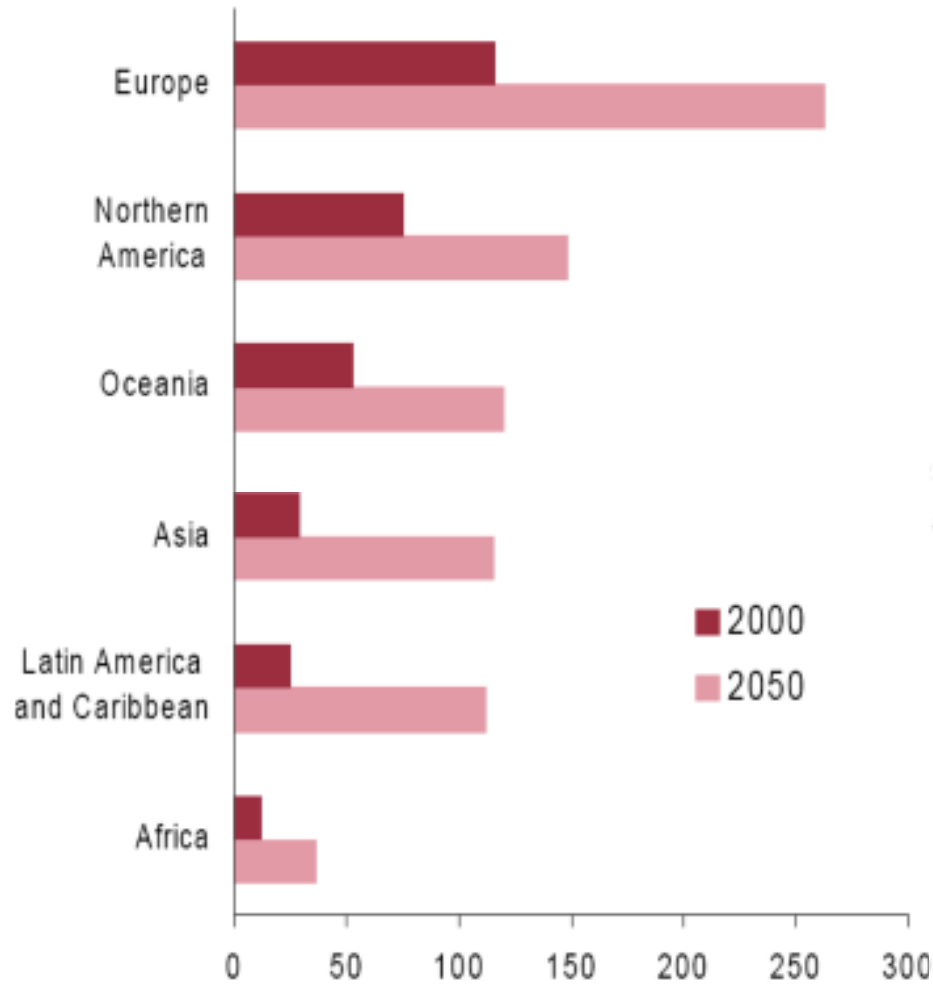
POPULATION BY AGE GROUP



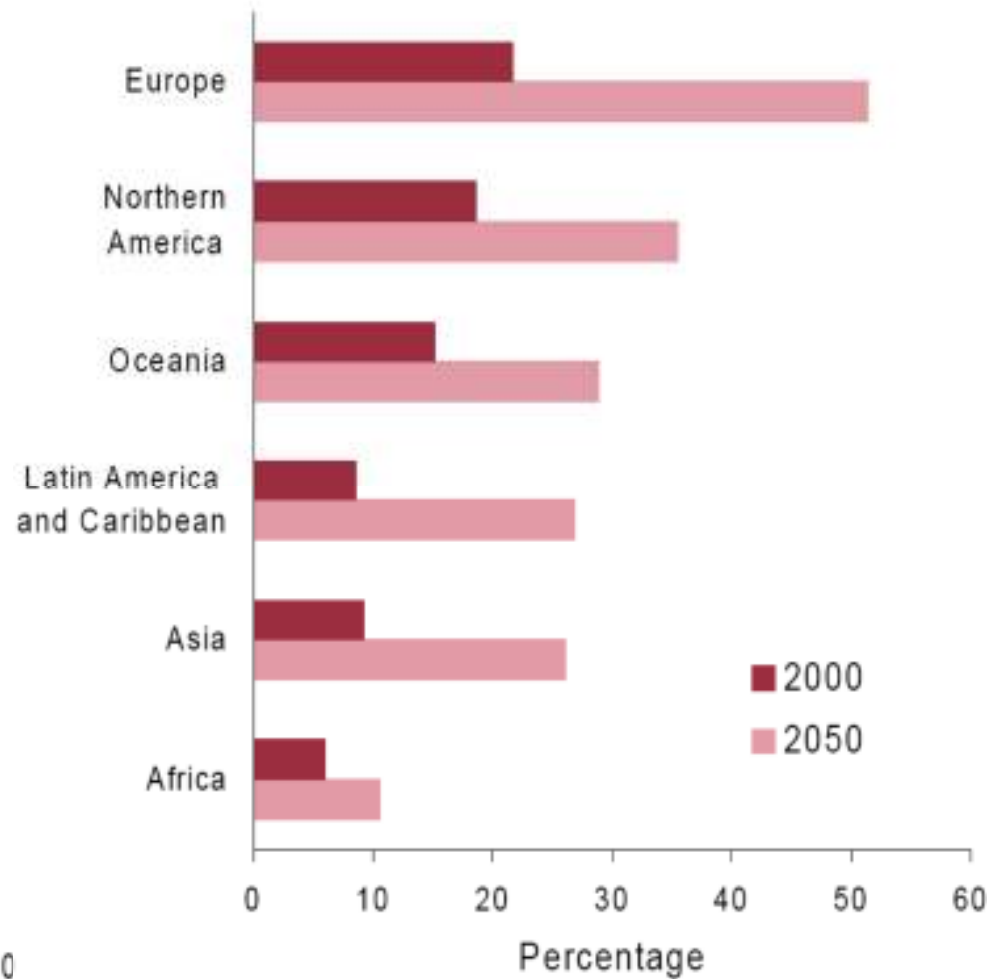
Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision, <http://esa.un.org/unpp>

Historic and projected demographics of ageing

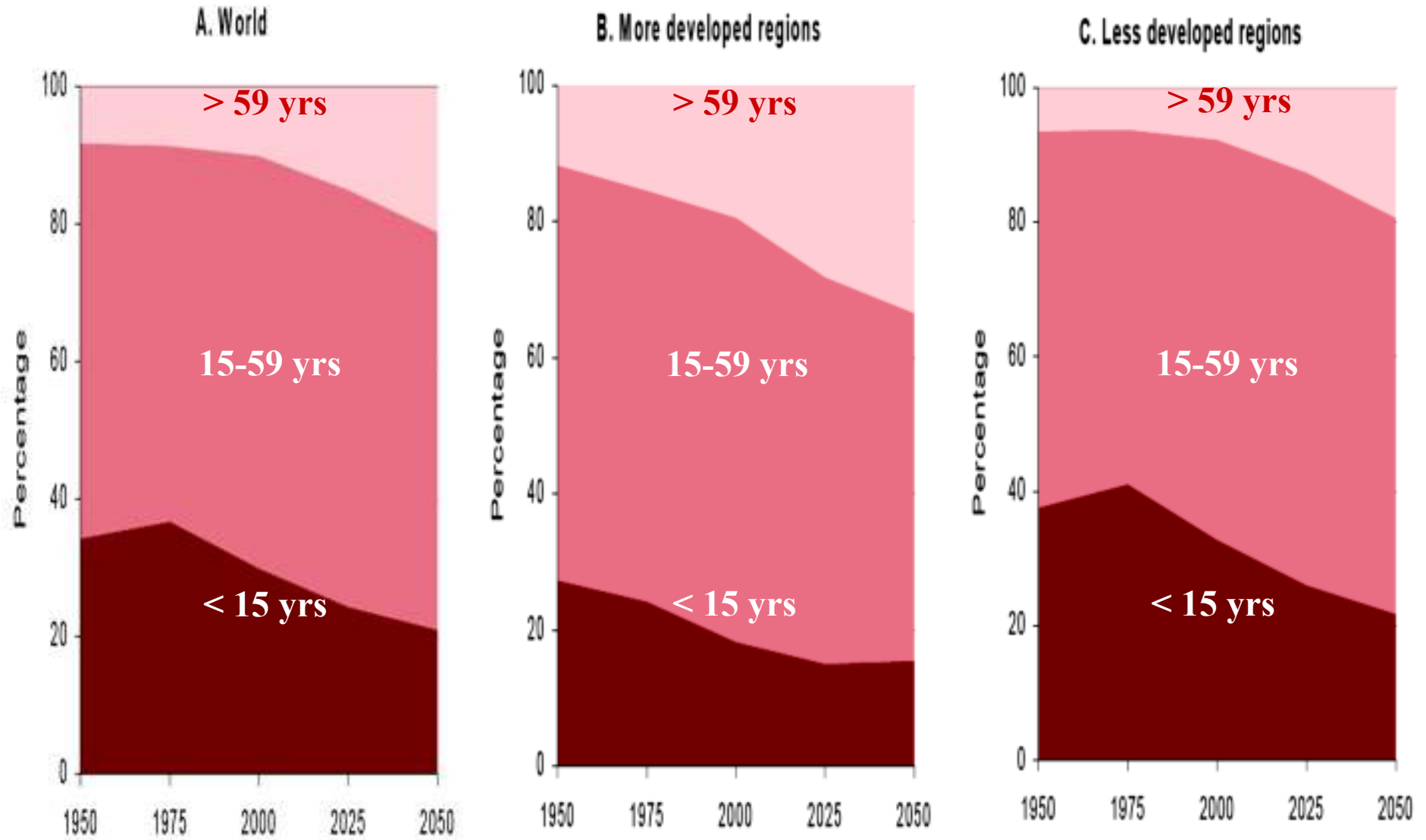
Ageing index



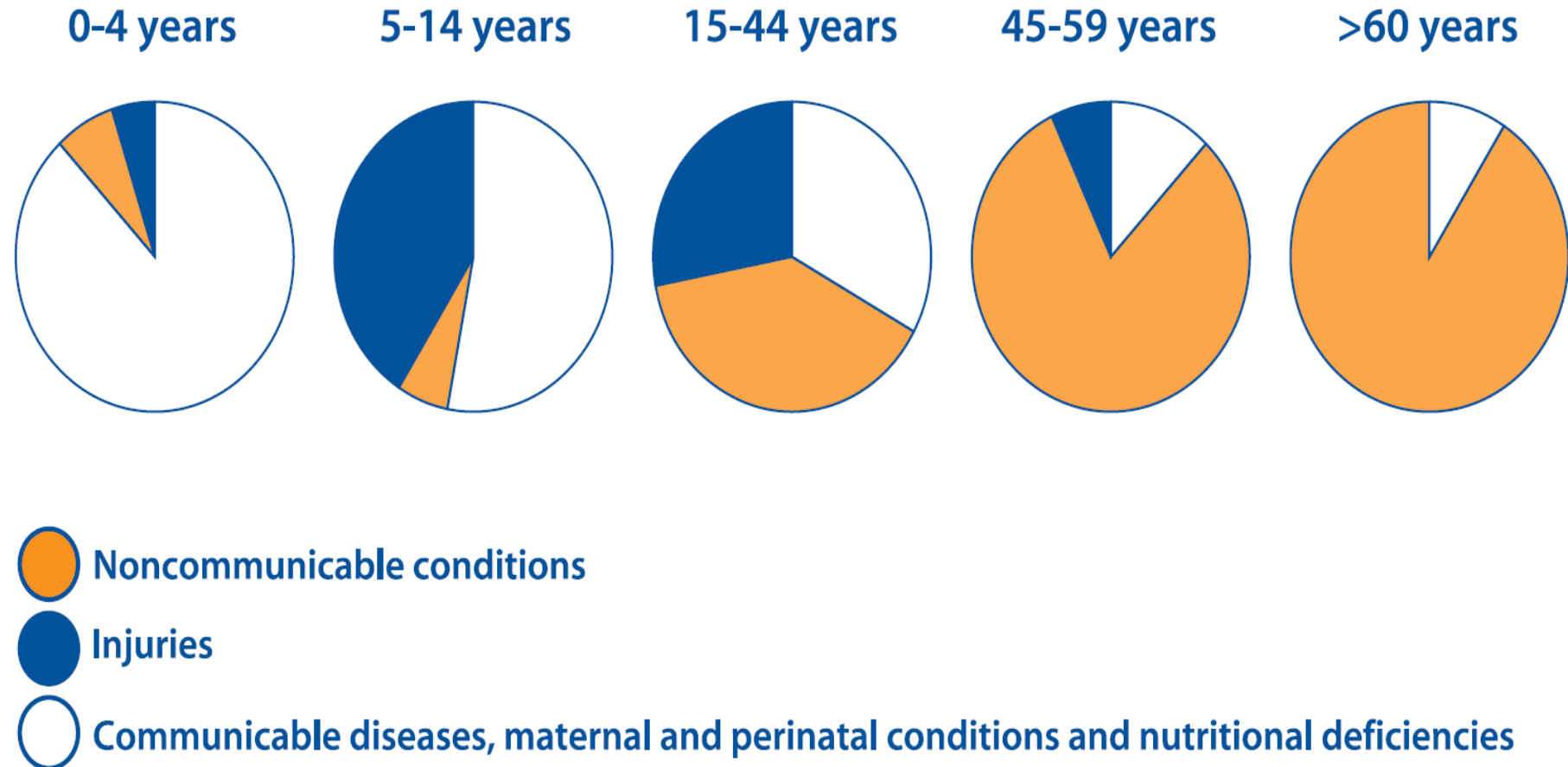
Old-age dependency ratio



Global population age-distribution – historic and projected



Distribution of global diseases burden in low and middle income countries

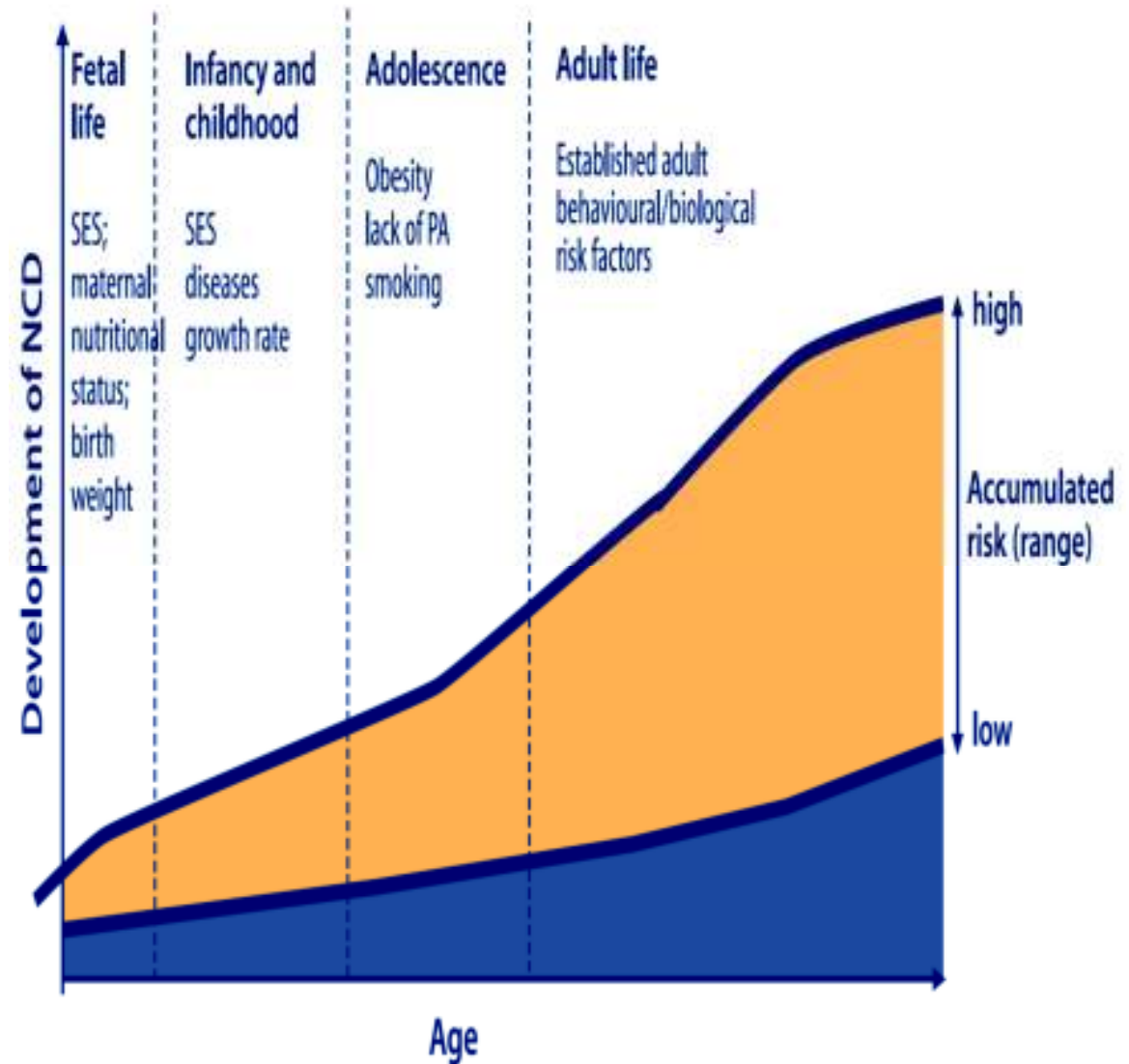


Source: WHO. Active Ageing: A Policy Framework. WHO, 2002. Available: <http://www.who.int/ageing>

Major chronic conditions affecting older people worldwide

- Cardiovascular diseases (such as coronary heart disease)
- Hypertension
- Stroke
- Diabetes
- Cancer
- Chronic obstructive pulmonary disease
- Musculoskeletal conditions (such as arthritis and osteoporosis)
- Mental health conditions (mostly dementia and depression)
- Blindness and visual impairment

A life course approach to noncommunicable disease prevention



SES: socioeconomic status PA: physical activity

Source: Aboderin et al., 2002

Disability: temporary or long-term reduction of a person's capacity to function in society.

The **International Classification of Functioning, Disability and Health (ICF)**, produced by the **World Health Organization**, distinguishes between **body functions** (physiological or psychological, e.g. vision) **and body structures** (anatomical parts, e.g. the eye and related structures).

Mobility impairment

Visual impairment

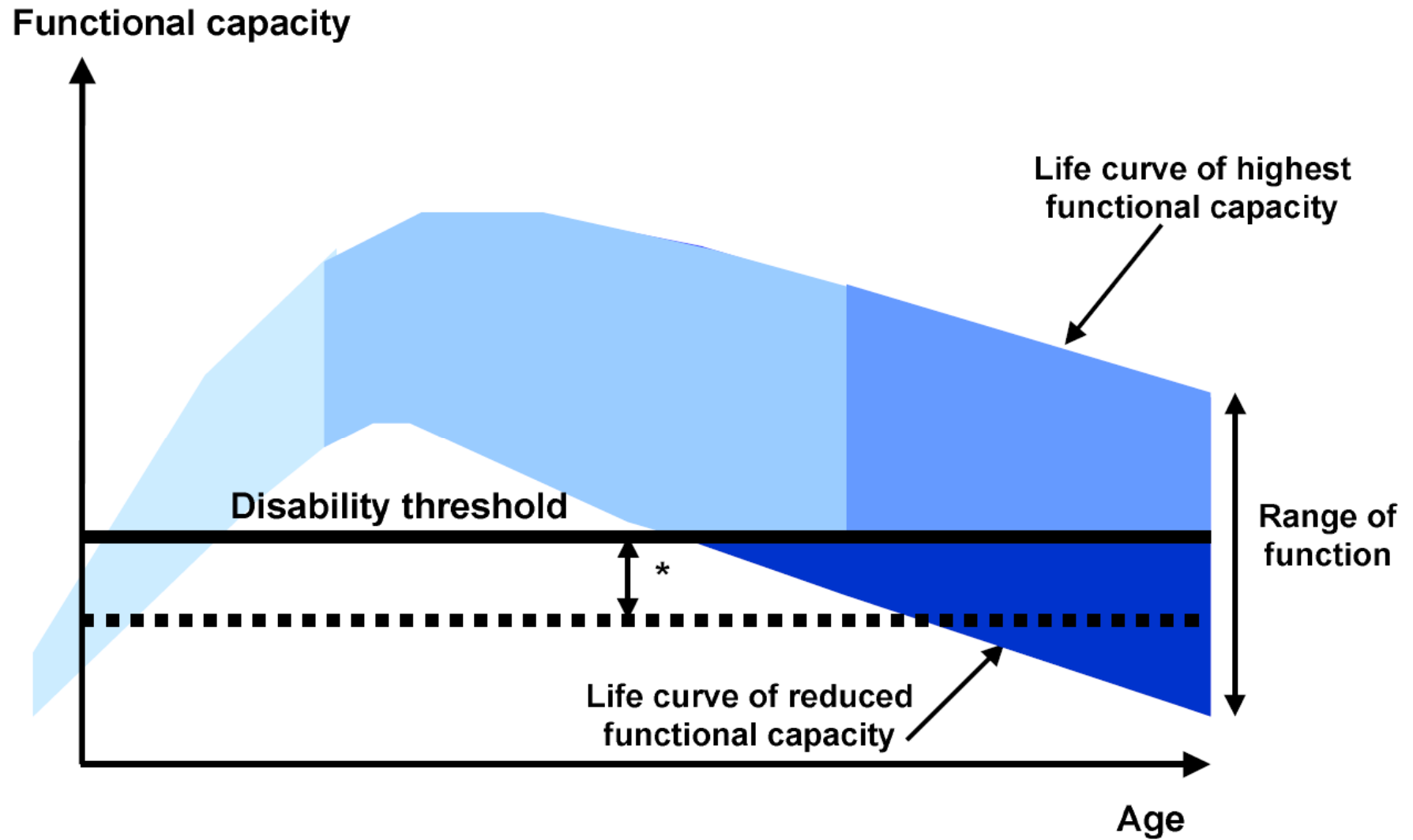
Hearing impairment

Chronic disease

Mental disability

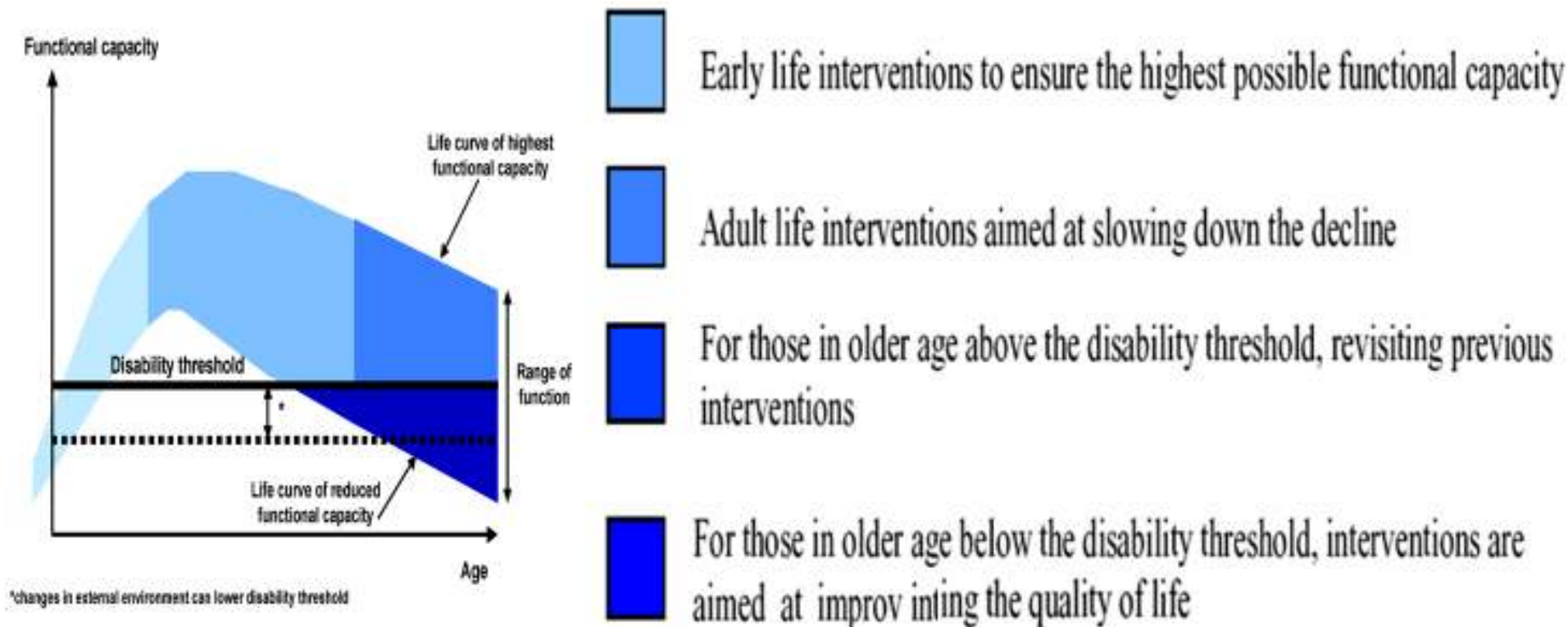


Functional capacity during the life course



*changes in external environment can lower disability threshold

Maintaining and improving functional capacity



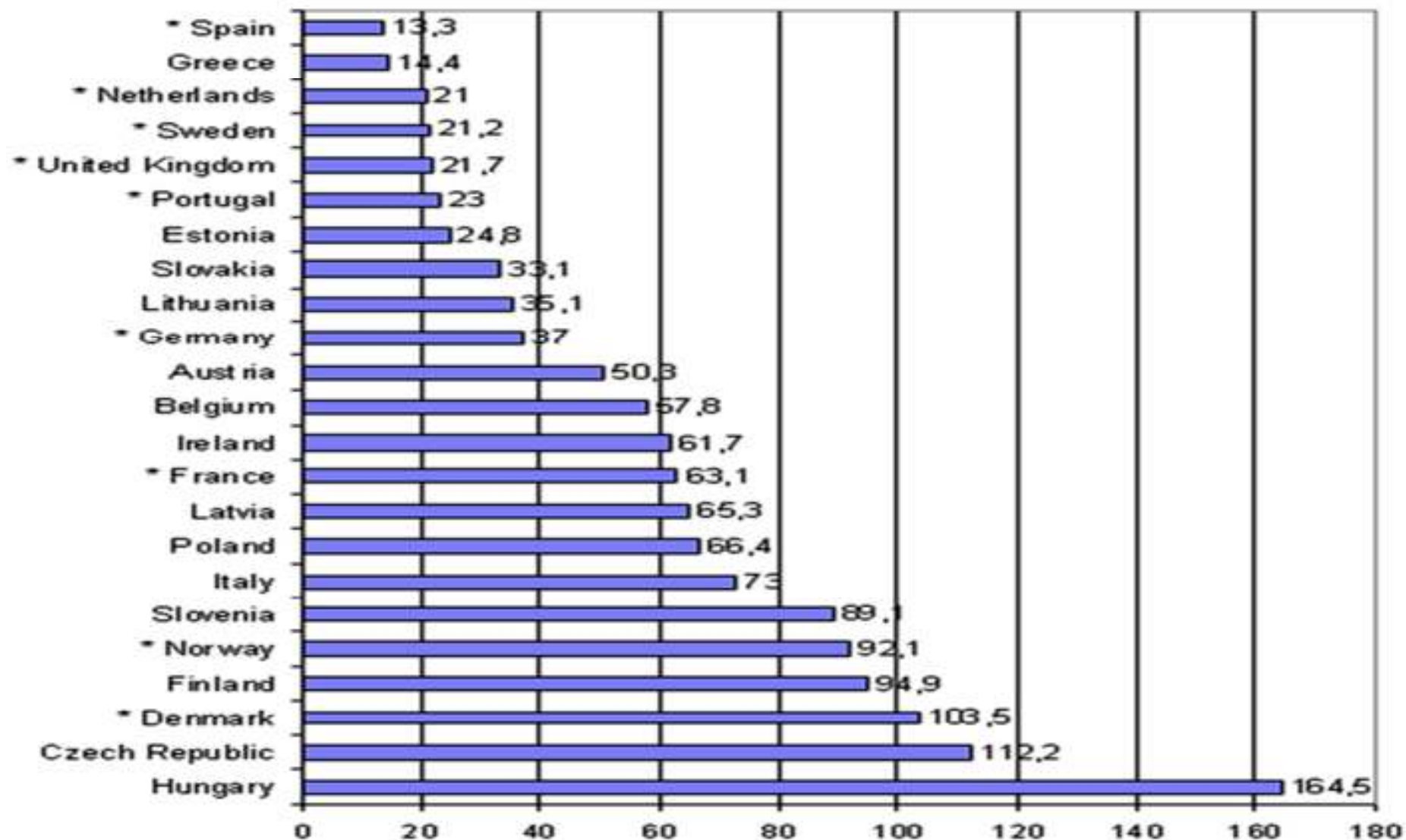
Source: Stein C, Moritz I. A life course perspective of maintaining independence in older age. WHO, Geneva, 1999.
Available: <http://www.who.int/ageing>

Deaths due to falls per 100,000 of the elderly (65+) in the EU25 + Norway.

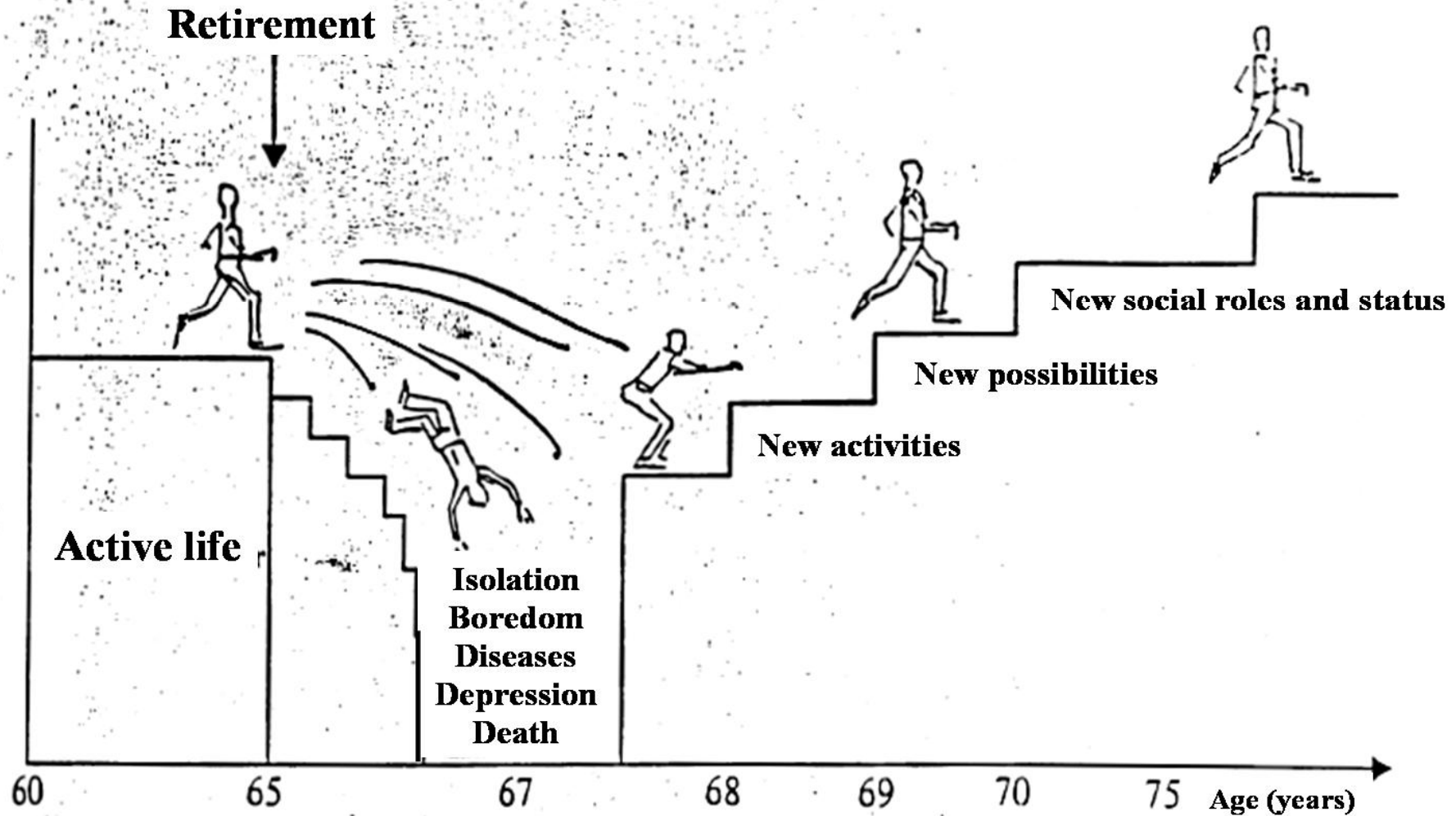
Countries with less than 1,000,000 are deleted.

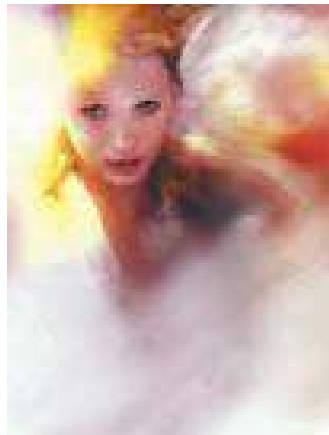
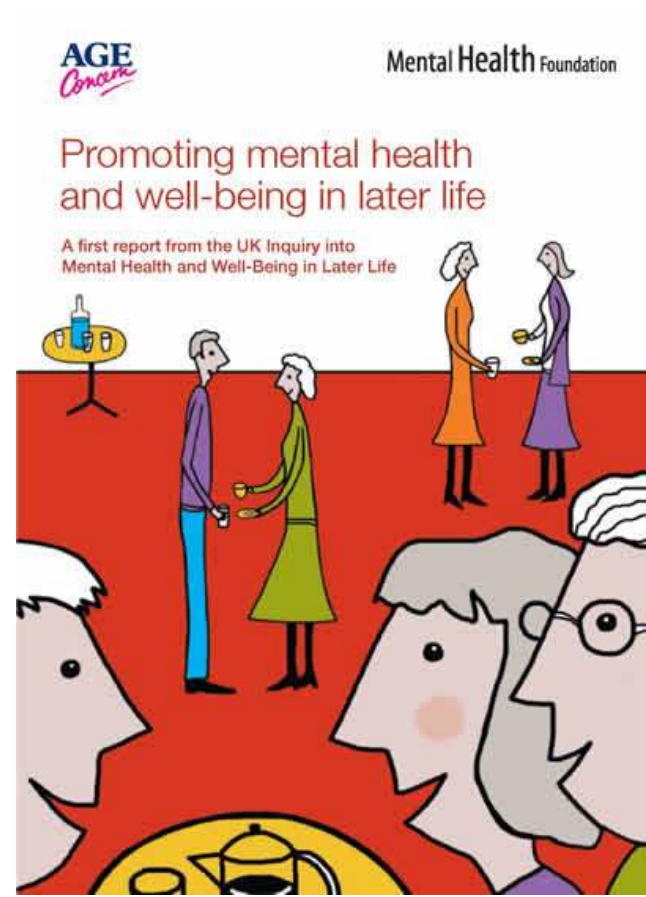
Source: WHO ca. 2000-2002 national average.

(Countries marked with * should probably have a higher rate, see Table 1)



Retirement is usually accompanied by a decrease in quality of life, loss of social status and isolation





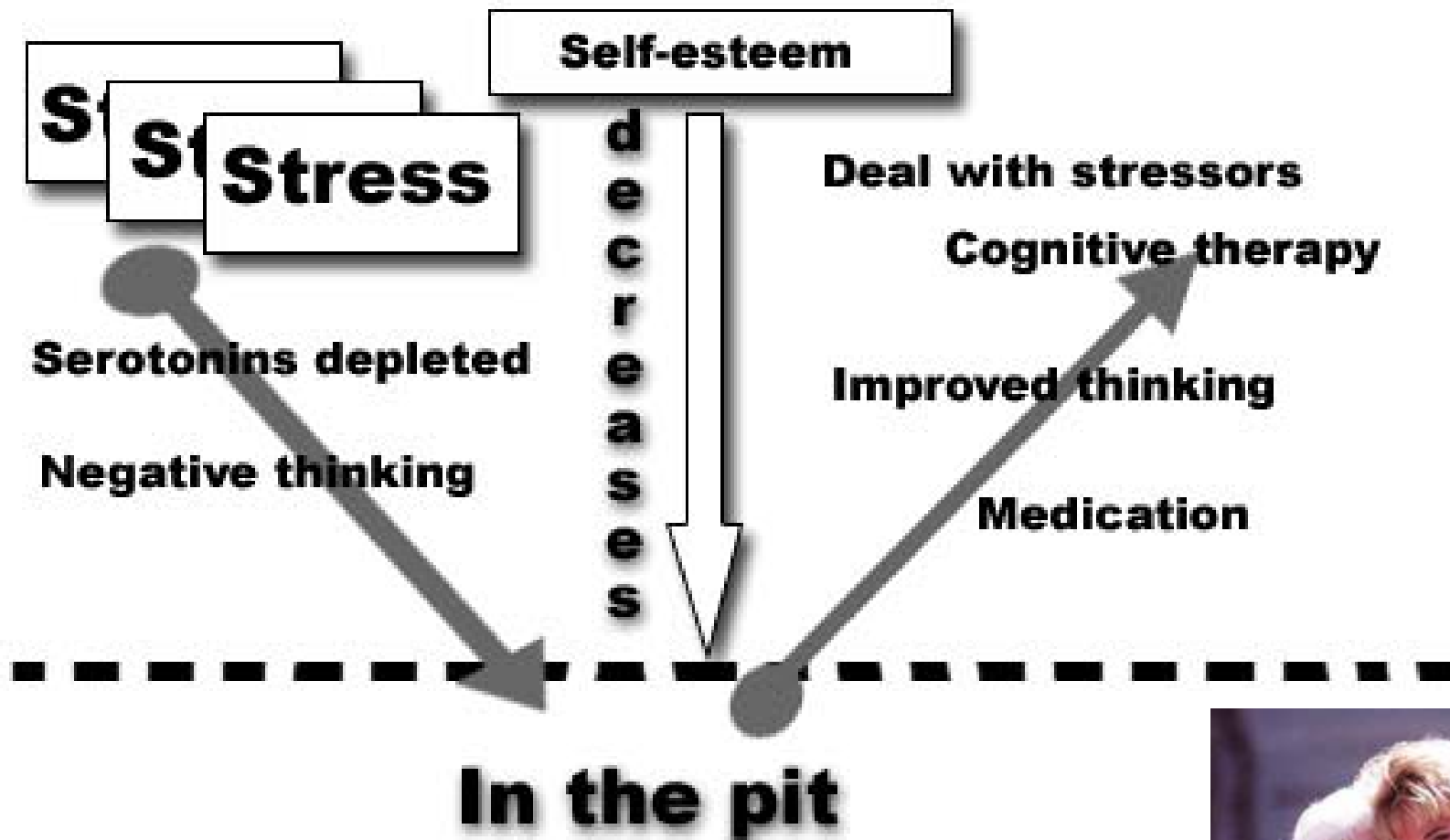
Soul



Depression affects about 6 million elderly Americans but few receive treatment, because the symptoms of depression are often confused with the effects of other illnesses.



Depression Progression



„Gerohygiene“

- Definition: term traditionally used in European schools of public health referring to **comprehensive health promotion targeting the elderly population**
- Aims:
 - To **extend life expectancy**
 - To prevent diseases highly prevalent in the elderly
 - To ensure that biological age does not exceed chronological age
 - To **ensure good quality of life in old age**
- Traditionally, gerohygiene employs information and resources from the related fields of:
 - **Gerontology** (the study of ageing)
 - **Geriatrics** (preventive and curative health services related to diseases of the elderly)

United Nations „Principles for Older Persons”

(UN resolution 46/91)

Independence: Older persons should have access to **food, water, shelter, clothing, health care, work and other income-generating opportunities, education, training, and a life in safe environments.**

Participation: Older persons **should remain integrated into community life and participate actively** in the formulation of policies affecting their well-being.

Care: Older persons **should have access to social and legal services and to health care** so that they can maintain an optimum level of physical, mental and emotional well-being. This should include full respect for dignity, beliefs, needs and privacy.

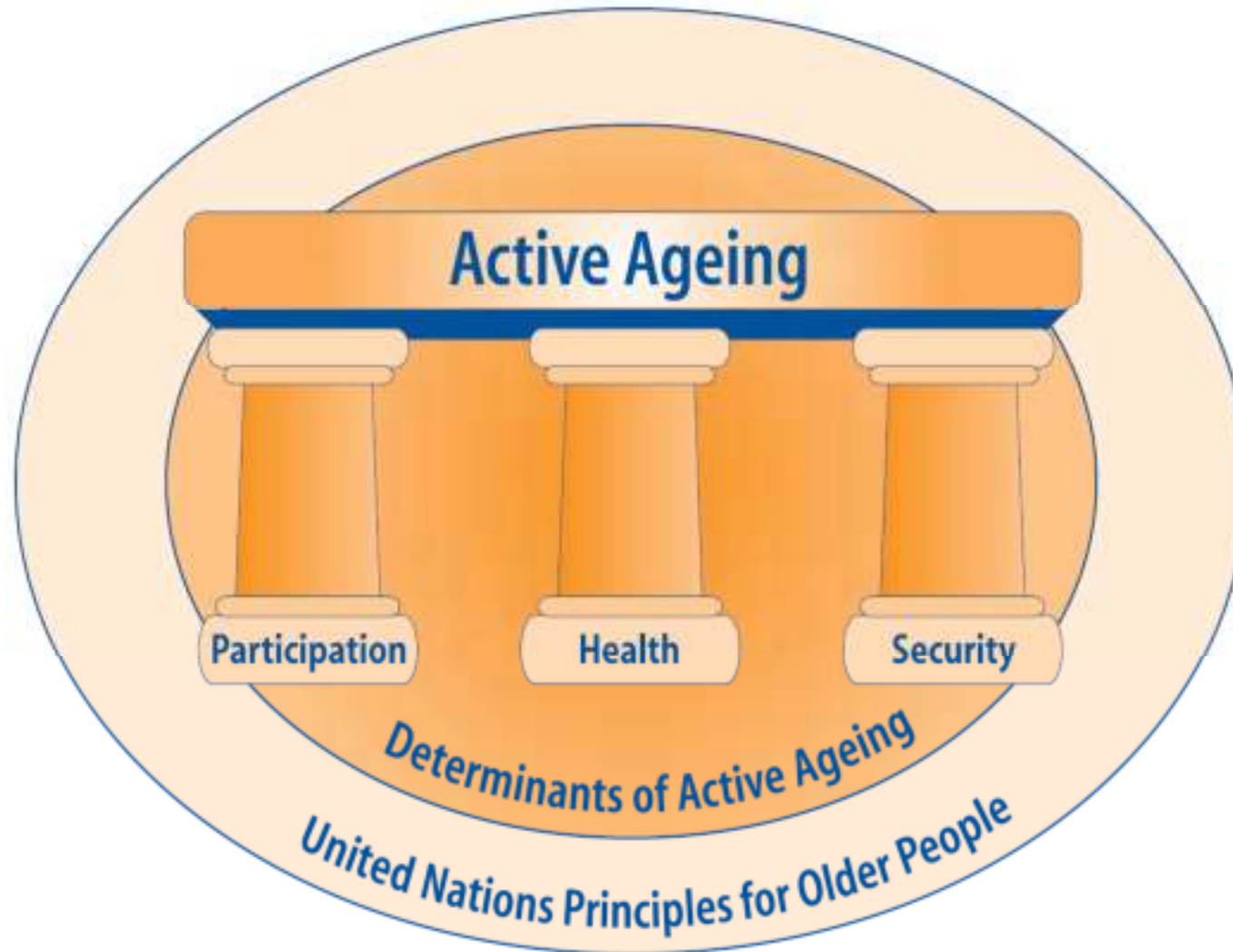
Self-fulfilment: Older persons **should have access to educational, cultural, spiritual and recreational resources** and be able to develop their full potential.

Dignity: Older persons should be able to **live in dignity and security**, be free of exploitation and physical or mental and **be treated fairly** regardless of age, gender and racial or ethnic background.

The determinants of active ageing



The three pillars of active ageing



Ageing patients and the physician

Age-friendly Primary Health Care (PHC)



The Age-friendly PHC symbol stands for action in three major areas:

- ▶ improving the attitudes, education and training of health care providers so that they can assess and treat conditions that afflict older persons and empower them to remain healthy**
- ▶ adapting PHC management systems to the needs of older persons**
- ▶ making physical access easier for older persons who may have mobility, vision or hearing impairments.**

Key elements to retaining good health in old age

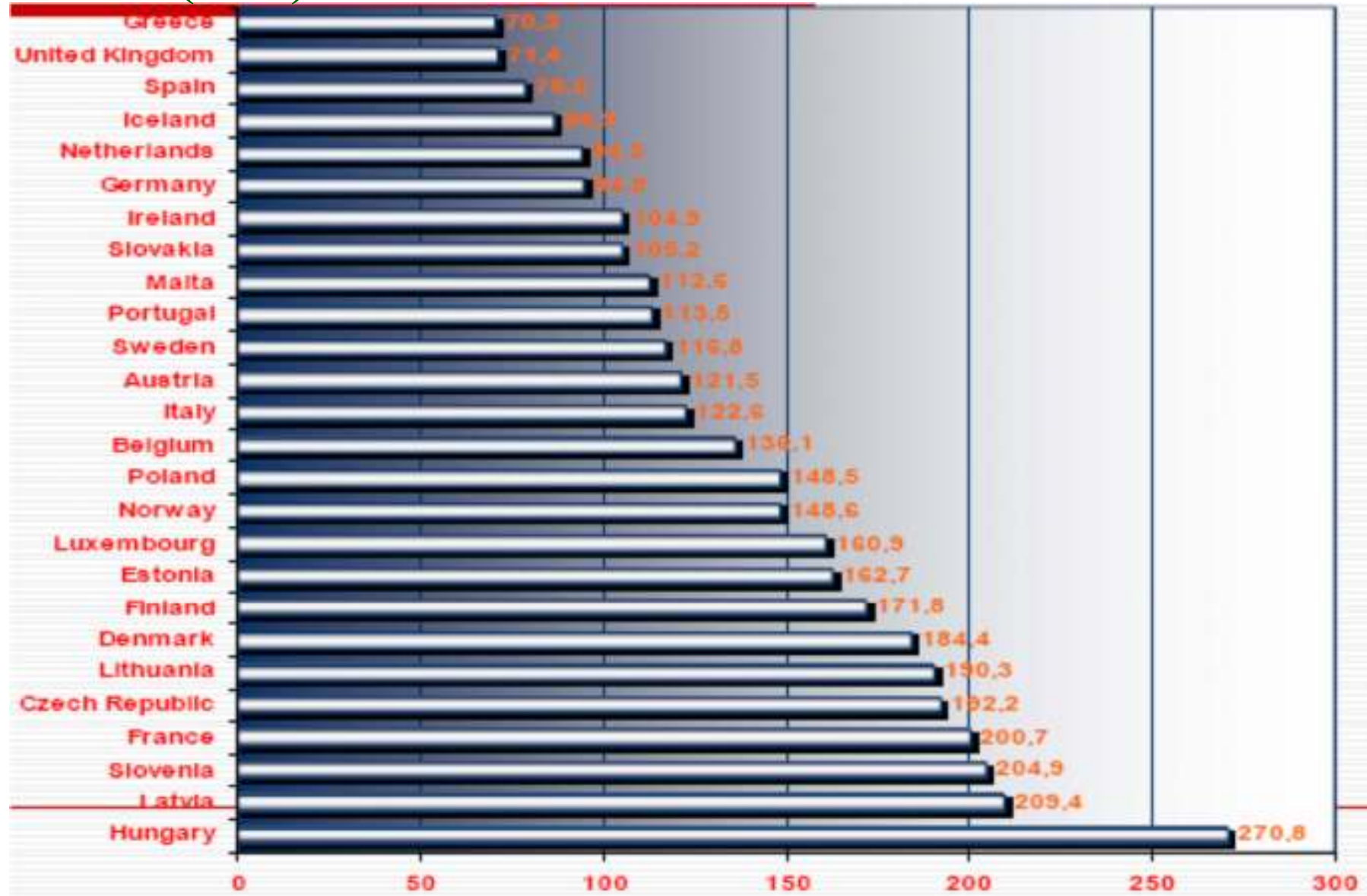
1. Maintaining mental activity
2. Maintaining physical activity
3. Healthy nutrition
4. Regular physical check-ups



Social problems that need special attention

- Isolation from family and friends
- Problems related to access in the physical environment
- Poverty
- Depression and the loss of sources of psychological and emotional fulfillment

Accident deaths of 65 years or more old for 100 000 in 25 EU countries (2002)



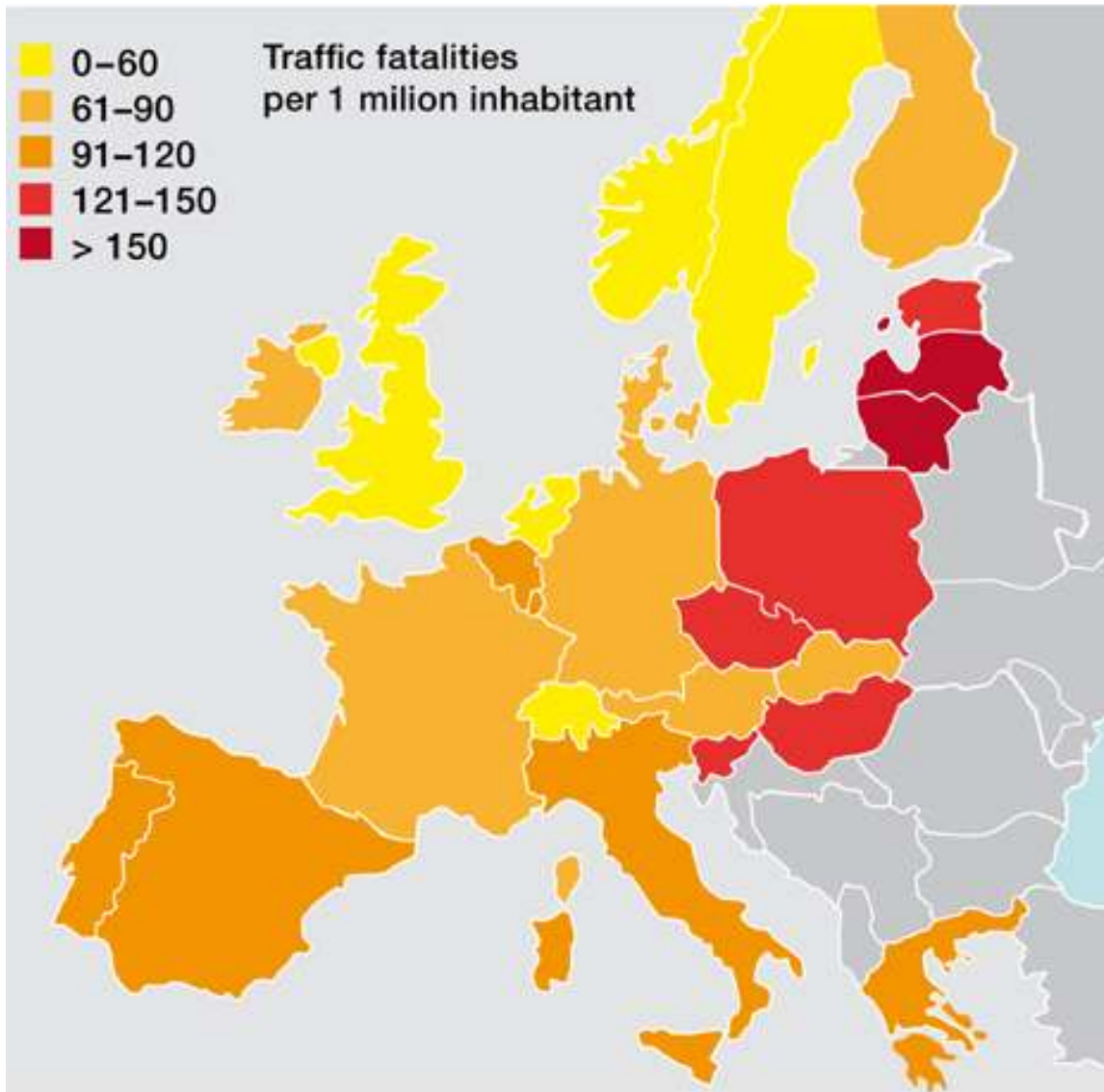






Road traffic fatalities in Europe

There are major differences between the countries of the EU



Source: ETSC European Transport Safety Council

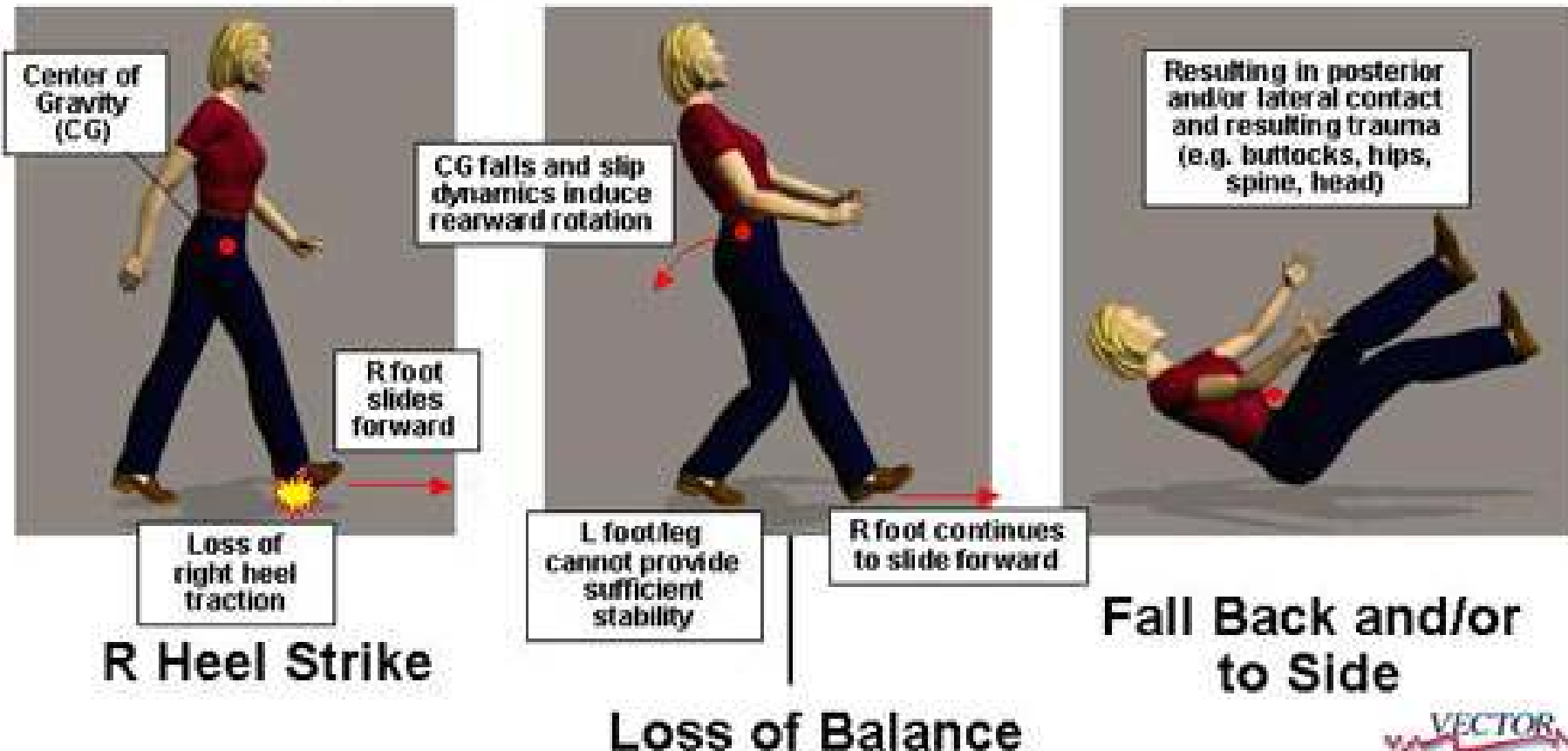
Source: http://www.conti-online.com/generator/www/de/en/continental/automotive/general/chassis/safety/statistiken_und_z





- **falls** of one kind or another account for over 38% of all home accidents
- **fire** is one of the most serious hazards in any home.
- It is fast spreading, lethal and devastating, yet very often preventable
- the biggest single cause of accidents is **human error**
- with forethought **most accidents could be prevented**
- **most people are injured in their own homes than anywhere else**

Slip and Fall Dynamics



Slips happen where there is **too little friction or traction between the footwear and the walking surface.**

Common causes of slips are:

- **wet or oily surfaces,**
- **occasional spills,**
- **weather hazards,**
- **loose, unanchored rugs or mats, and**
- **flooring or other walking surfaces that do not have same degree of traction in all areas.**

Trips happen **when your foot collides (strikes, hits) an object causing** you to lose the balance and, eventually fall.

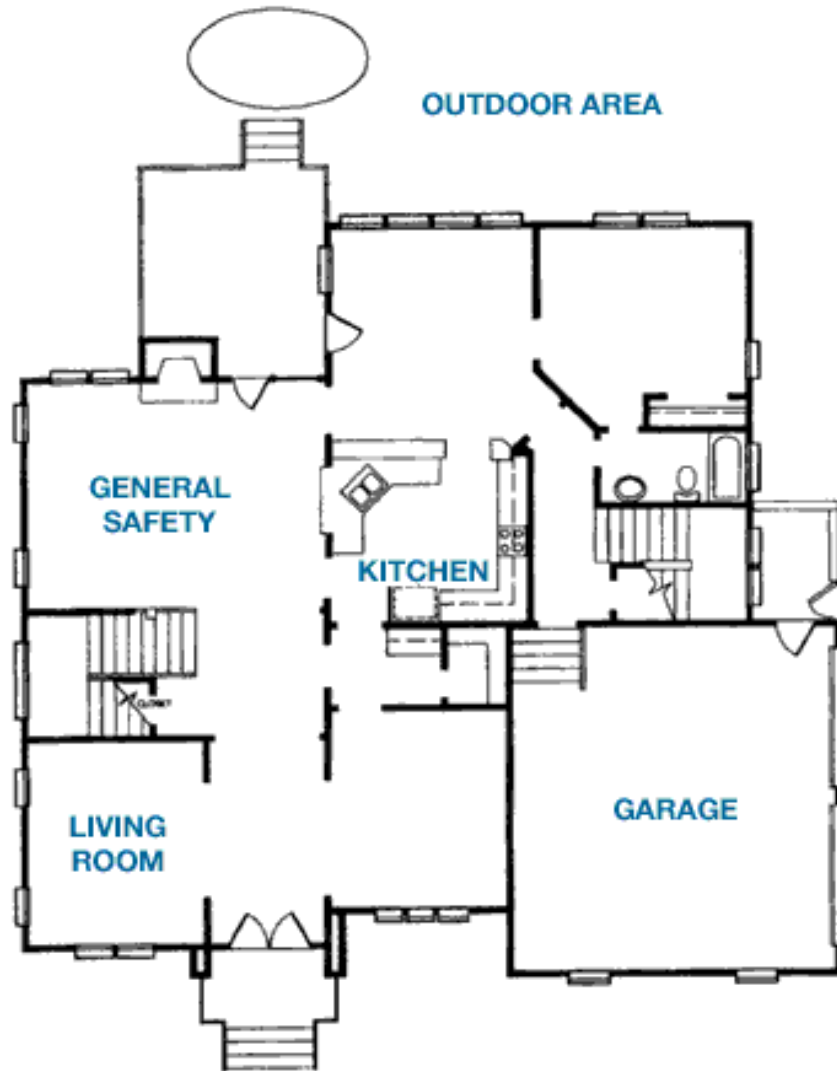
Common causes of tripping are:

- **obstructed view,**
 - **poor lighting,**
 - **clutter in your way,**
 - **wrinkled carpeting,**
 - **uncovered cables,**
 - **bottom drawers not being closed,**
- and
- **uneven (steps, thresholds) walking surfaces.**



A quick reference guide to assist in administering CPR.

www.chkd.org/HealthLibrary/SafetyTips/HomeSafety/

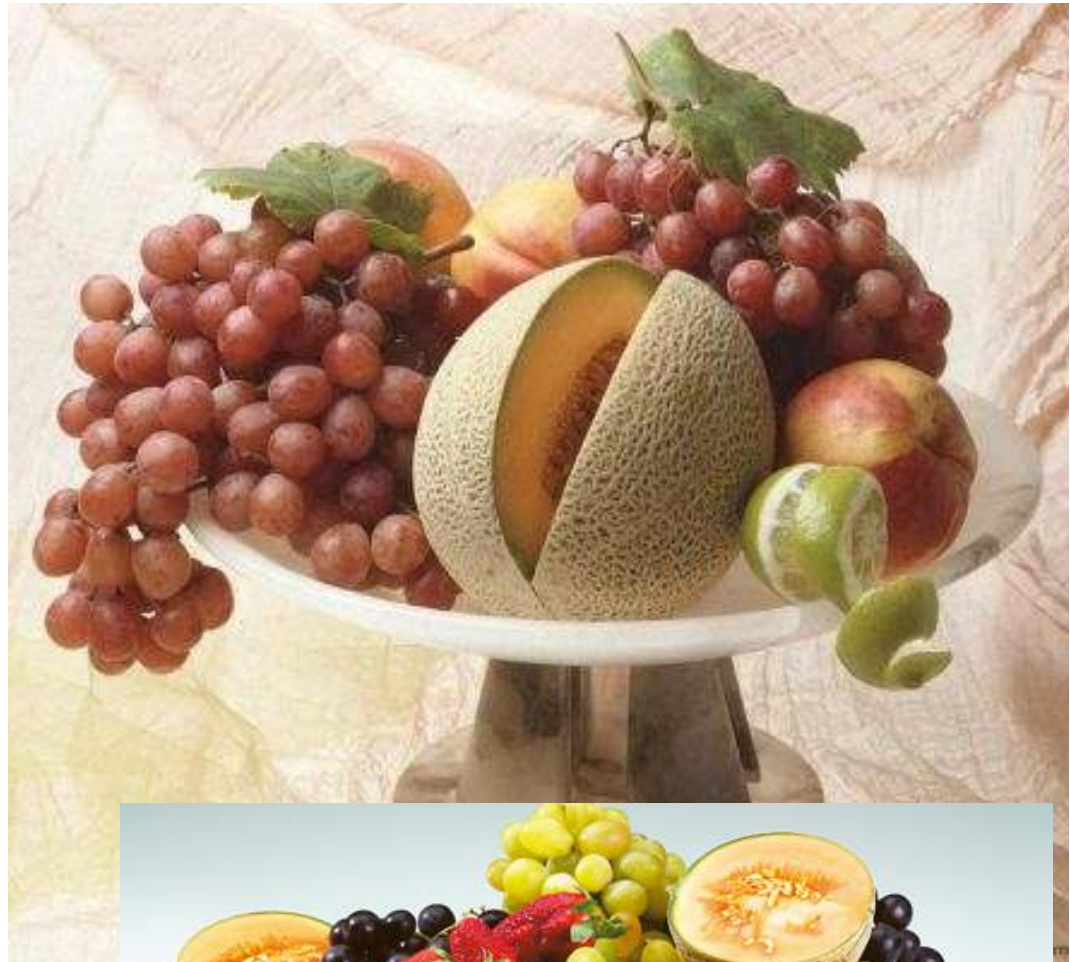


Click on a room or area for some helpful tips and create a home that is safe.













Tüzesfejű királyka, Európa legkisebb madara - fire-crested wren. the smallest bird in Europe



Lábatlan gyík (törékeny gyík, kuszma) - lizard slow-worm



Maintaining and improving functional capacity



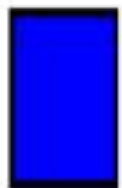
Early life interventions to ensure the highest possible functional capacity



Adult life interventions aimed at slowing down the decline



For those in older age above the disability threshold, revisiting previous interventions



For those in older age below the disability threshold, interventions are aimed at improving the quality of life