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In this issue:

Editorial

In the preceding issues of EKIV Newsletter we discussed interim results of the evaluation project „Identification and reduction of over-use, under-use, and mis-use of health services: health service evaluation through analysis of health insurers' administrative data (claims data)", which is conducted by the PMV research group (head: Dr. Ingrid Schubert) at the University of Cologne, Germany.

In today's issue we present interim results of another evaluation study focusing on *Gesundes Kinzigtal* Integrated Care – a project which we have not yet discussed in our newsletter: the AGil project. The acronym "AGil" stands for *"Aktive Gesundheitsförderung bei alten Menschen im Kinzigtal"*. In English this means "active health promotion in old age in the Kinzigtal region". With the AGil study a specific intervention programme, focusing on health promotion in the elderly, is evaluated as to its effectiveness and efficiency. The aim of the AGil health promotion programme is to empower seniors (from an age of 60 years) to maintain an autonomous life in good health.

The AGil health promotion programme was tested a couple of years ago in an urban setting (Hamburg, Germany). The AGil evaluation study in the Kinzigtal region is now to clarify, among other things, whether that programme proves also successful in a rural region and in an integrated health care setting. The AGil evaluation project is managed by Prof. von dem Knesebeck and his team at the Department of Medical Sociology and Health Economics at the University Medical Centre Hamburg-Eppendorf; Prof. von dem Knesebeck and his team cooperate closely with research groups from two other German universities. The AGil evaluation study is funded by the German Federal Ministry of Education and Research (BMBF).

On page 8 we present – as we always do in our newsletter – current data on *Gesundes Kinzigtal* Integrated Care (GKIC) including current numbers of enrolled assureds and the number of participants in GKIC's preventive programmes. In the forthcoming issue of EKIV newsletter (no. 1/2011) we will analyse the GKIC's membership development in greater detail.

Your questions on the topics of our newsletter – as well as any kind of feedback – are always welcome. We look forward to answering your email (to info@ekiv.org or ekiv@medsoz.uni-freiburg.de) soon.

With best regards,

Achim Siegel & Ulrich Stoessel

Evaluation of *Gesundes Kinzigtal* Integrated Care (GKIC):

Interim results of the AGil project in the Kinzigtal region: aspects of the process evaluation of the AGil intervention programme

The German acronym „AGil" stands for the comprehensive study name „*Aktive Gesundheitsförderung bei alten Menschen im Kinzigtal – Prozess- und Ergebnisevaluation eines Interventionsprogramms im Kontext der Integrierten Versorgung von AOK-Patienten*". In English this means „active health promotion among the elderly in the Kinzigtal region – an evaluation of the implementation and the outcome of an intervention programme in an integrated health care system for AOK insurants".

The AGil study is managed by Prof. Dr. Olaf von dem Knesebeck and his team at the Department of Medical Sociology and Health Economics at the University Medical Centre Hamburg-Eppendorf. Prof. von dem Knesebeck and his team cooperate closely with Dr. Enno Swart (Department of Social Medicine, University of Magdeburg, Germany) and Prof. Dr. Heinz Rothgang (Centre of Social Policy, Bremen University, Germany).[1] The AGil evaluation study is funded by the German Federal Ministry of Education and Research (BMBF).

The following results are based on interim reports of Eva Mnich and Kerstin Hofreuter-Gätgens; both work with Prof. von dem Knesebeck at the University Medical Centre Hamburg-Eppendorf. We are grateful to all three for providing us with these results.

The AGil intervention programme in the Kinzigtal region: aims and foundations

A couple of years ago an intervention programme called „AGil" *(„Aktive Gesundheitsförderung im Alter"* – in English: active health promotion in old age) was developed at the Albertinen-Haus in Hamburg, Centre of Gerontology and Geriatrics. This intervention programme won the „German prevention prize" in 2005.[2] The aim of this programme is to empower seniors to lead and maintain an autonomous life in good health. The programme is focused on people from an age of sixty years who are not (yet) in need of nursing care. The intervention is to empower participants to maintain and possibly expand an active health behaviour in three domains: 1. physical activity, 2. healthy diet, and 3. maintenance and expansion of social participation.

The original AGil programme was tested some years ago in an urban setting in Hamburg, Germany. The implementation in an urban setting proved successful as the recommendations of the AGil health advisors had been well translated into action by the participants (cf. Meier-Baumgartner et al. 2006: 24f, 68f). Since then, the Albertinen-Haus in Hamburg has trained so-called „multiplier teams", consisting of a physiotherapist, a nutritionist, a social education worker, and a leading doctor, who carry out the AGil interventions as an interdisciplinary team.

The half-day intervention programme contains several components. First, a lecture is given by the four experts on

- bio-medical foundations of ageing,
- the significance of social interaction and participation and of mental activity,
- the importance of physical activity, and
- the significance of a healthy diet.

Second, workshops are held for small groups of participants (with at most six people per group) in which participants receive and discuss individual advice on how to implement the experts' recom-

[1] Cf., e.g., a recent article by Tina Salomon and Heinz Rothgang on some interesting side aspects of the economic evaluation: Salomon T, Rothgang H (2011): Gesundheitsökonomische Evaluation bei Leistungen für Senioren. Führen diese zu einer Benachteiligung gesundheitsfördernder und präventiver Maßnahmen? In: Prävention und Gesundheitsförderung 2011, *in press* (first published online, last access January 24, 2011: http://www.springerlink.com/content/v020q6qw8685xg22/).

[2] Cf. Dapp U, Anders J, von Renteln-Kruse W, Meier-Baumgartner HP (2005): Active health promotion in old age: methodology of a preventive intervention programme provided by an interdisciplinary health advisory team for independent older people. *Journal of Public Health* 13: 122-127; Meier-Baumgartner HP, Dapp U & Anders J (2006): Aktive Gesundheitsförderung im Alter. Stuttgart: Kohlhammer.

mendations in everyday life. Third, two weeks after the intervention every participant receives an „information letter“ summarising and specifying individual recommendations on how to increase physical activity, expand or maintain social participation and a healthy diet.

Research questions of the AGil evaluation study in the Kinzigtal region

The evaluation of the AGil intervention in the Kinzigtal region contains both a process evaluation and an outcome evaluation. A research question of general interest is whether the AGil intervention – which had been tested for the first time in an urban region – may be transferred to a rural region (such as the Kinzigtal region). More specific research questions which are to be answered in the course of the process evaluation are

- Does the AGil intervention programme in the Kinzigtal region reach its target population, i.e. seniors of sixty years and older who have enrolled into Gesundes Kinzigtal Integrated Care (GKIC)? If not, what are the barriers?
- To what degree is the AGil intervention in the Kinzigtal region accepted by the target population and by the experts who carry out the intervention?
- Is the intervention carried out as planned? If not, what are the barriers?

The outcome evaluation focuses on the following specific questions:

- Do the health-related attitudes and the knowledge of AGil participants (concerning the three domains physical activity, healthy diet and social participation) change to a relevant degree after the intervention? If so, how long is this change sustained?
- Do these new health-related attitudes and the corresponding knowledge have an influence on the participants' daily routines?
- How does participants' health and health-related quality of life develop over time?
- How does participants' utilisation of health services develop over time?
- How do participants' health service costs develop over time?

Selected interim results of the AGil process evaluation

The following sections contain selected interim results of the process evaluation. The data on which these results are based have been collected in the course of standardised and questionnaire-based interviews with the participants of the AGil programme in the Kinzigtal region.

Participation in the AGil programme and the AGil study

From November 2007 until March 2009 overall 2016 senior insurants, after having enrolled into GKIC, have been invited to take part in the AGil intervention and the AGil study. Participants were required to be 60 years old (or older), not needing nursing care, and not to be cognitively impaired (e.g. due to dementia).

Until March 2009, altogether 468 people participated in the AGil intervention, with 361 participants (76%) also taking part in the AGil study and in the T0 survey. This means that 1.577 invited persons did not take part in the intervention. The majority of these 1.577 non-participants – 1183 persons – took part at least in a short telephone survey of why they declined participation in the programme.

Those who had participated in the AGil intervention were surveyed altogether four times within 1.5 years, with the first (T0) survey immediately preceding the intervention and each successive survey following six months after each other. Six months after the intervention, 317 insurants took part in the T1 survey; still 300 people participated in the T2 survey (12 months after the intervention). The following results are based on data from the T0 and T1 surveys.

Socio-demographic characteristics of the AGil intervention participants

The majority of those participating in the AGil programme (n=468) were women (58%). The average age of participants was, both in women and men, 71 years. Most of the participants were married and lived together with their partner (75.6%). Most of the participants were pensioners (76.8%), and the vast majority (86.9%) had a certificate of general secondary education (as highest school-leaving graduation).

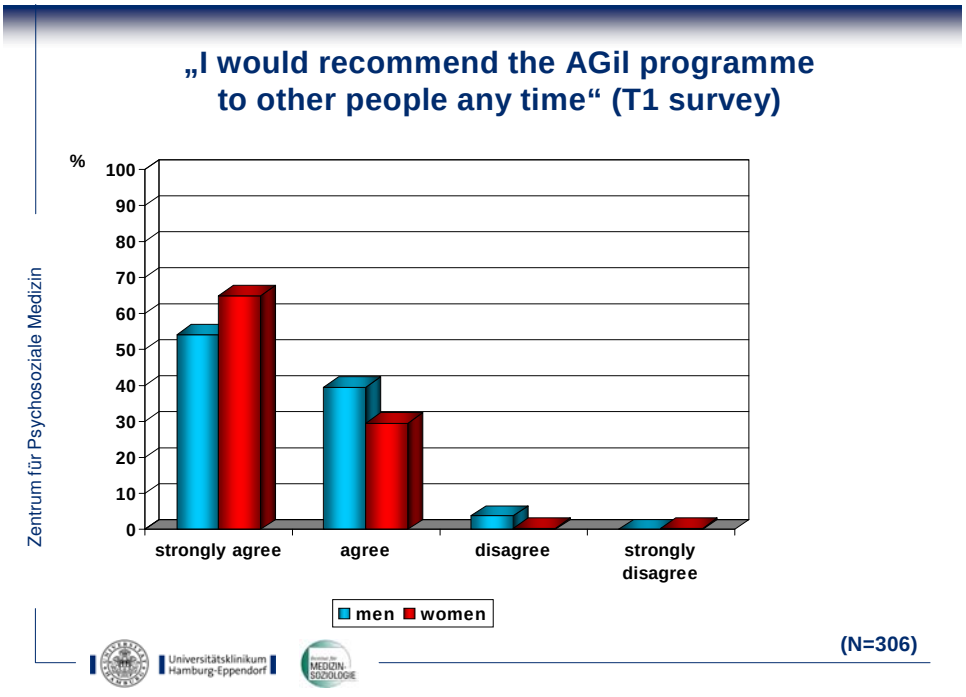
Participants' assessment of the AGil intervention

Participants' assessment of the AGil intervention is based on data which were collected during the T1 survey, i.e. six months after the intervention.

The overwhelming majority of participants were "fully" or "mostly" satisfied with the lectures; less than 3% of the participants were not satisfied. The assessment of the workshops was quite similar.

Participants' overall satisfaction with the AGil programme (both lectures and workshops) may be derived from figure 1 which illustrates participants' agreement with the statement "I would recommend this programme to other people any time".

Fig. 1: Participants' overall assessment of the AGil programme



About two thirds of the participating women „strongly" agreed with the statement, and another 30% just „agreed". The participating men were a bit less enthusiastic – 56% of the men agreed "strongly" with the statement. Only 2% of all participants „disagreed" or „strongly disagreed" which means that about 98% would recommend the AGil programme to others any time. This seems to be a very positive overall assessment.

Participants' realisation of AGil's health recommendations

The two following figures illustrate participants' answers to the questions „have you already realised the recommendations concerning a healthy diet?" (fig. 2) and „have you already realised the recommendations concerning physical activity?" (fig. 3). Both questions were asked during the T1 survey, i.e. six months after the intervention.

Fig. 2: Participants' realisation of recommendations concerning a healthy diet

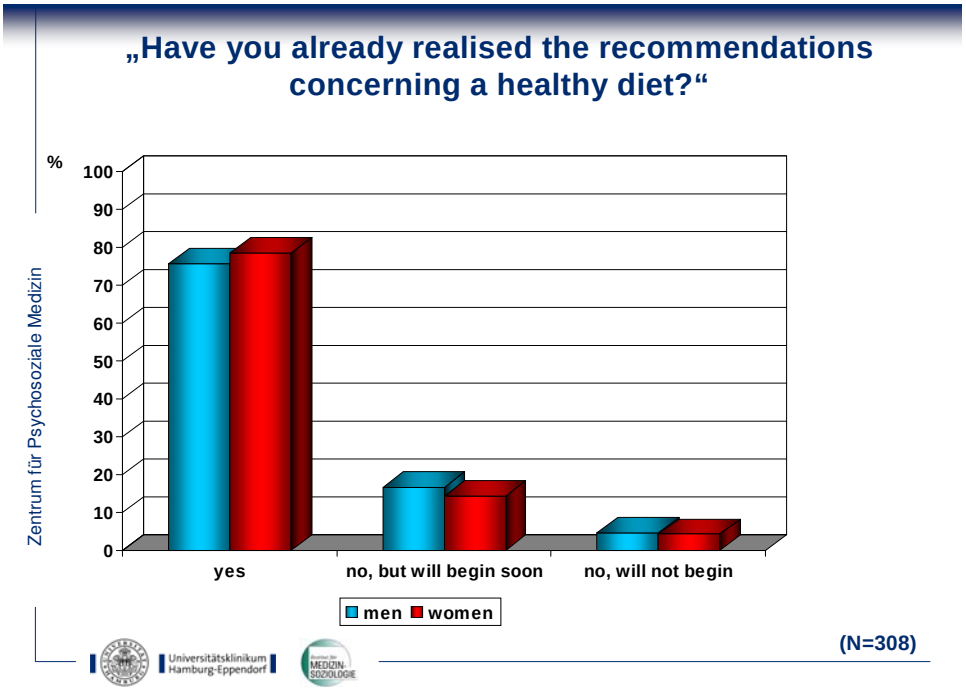
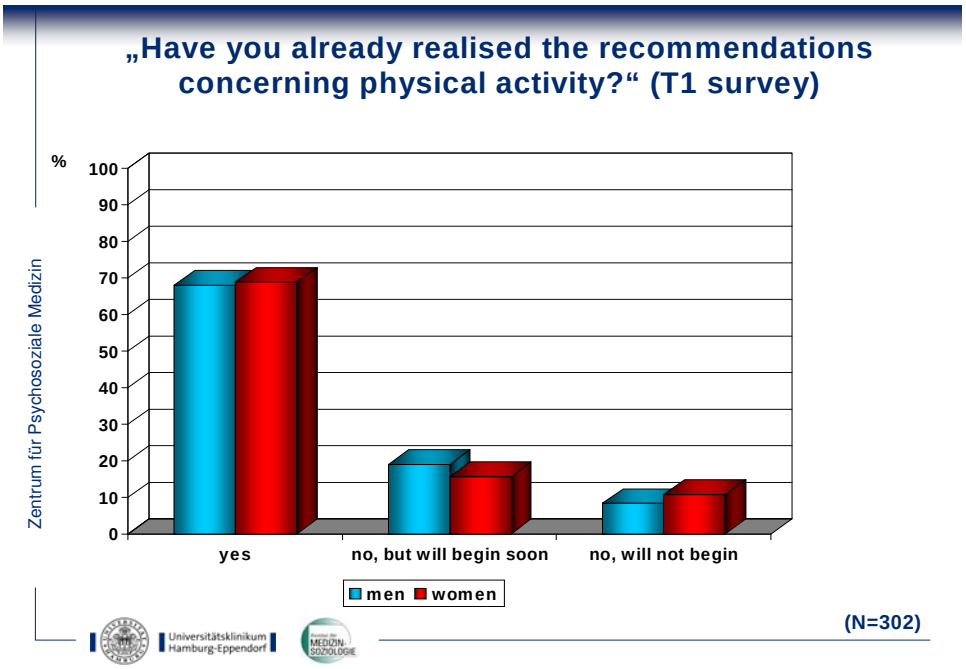


Fig. 3: Participants' realisation of recommendations concerning physical activity



As to a healthy diet, about three fourths of the respondents indicated that they had already realised the recommendations (cf. fig. 2), with another 15-20% answering they would soon begin to realise them. Less than 5% of those who answered the question indicated they would *not* follow the recommendations.

With respect to physical activity (cf. fig. 3), somewhat more than two thirds of the respondents indicated that they had already realised the AGil recommendations. Slightly more than 10% answered they would not begin to realise the recommendations.

Summary and discussion

Our presentation of selected results of AGil's process evaluation has revealed a very positive assessment of the intervention by the participants: 98% of the participants would recommend the AGil programme "to other people any time". Furthermore, a surprisingly huge majority of the participants indicated six months after the intervention that they had already realised the AGil recommendations concerning physical activity and a healthy diet.

The process evaluation of the AGil programme contains some additional components. Thus, qualitative interviews were conducted with the AGil team members who carried out the interventions. Moreover, those family doctors who treated the AGil participants were asked to assess whether, according to their opinion, the programme had a noticeable effect on their patients' health behaviour. In face of the very promising assessment of the AGil programme by the participants it will be very interesting to find out whether the AGil advisors and the family doctors confirm or rather contradict this positive image.

Nevertheless, as positive as the above-mentioned interim results may seem, we should be aware that they are based on participants' statements which might well be susceptible to the principle of social desirability – which would mean that the responding participants conformed to the desire of programme managers and health advisors that the programme was "helpful and effective". Furthermore, we cannot exclude that those participants who were satisfied with the programme participated at a higher percentage in the survey than those who were rather dissatisfied. Both effects might have contributed to these very positive results. Irrespective of these reservations, however, in face of such a positive assessment by the participants one may be curious for further results of the AGil evaluation.

The acid test of the AGil intervention will anyway be the results of the outcome evaluation. The probably most relevant outcomes are participants' health-related quality of life – measured with the SF-36 questionnaire –, participants' patterns of health services utilisation, and their health service cost. Anyway, our newsletter will stay in touch with further study results.

Achim Siegel, Ulrich Stoessel

Current data on *Gesundes Kinzigtal* Integrated Care (as of January 14, 2011)

Number of actively enrolled assureds	**7308**
- thereof AOK BW assureds	6894
- thereof LKK BW assureds	414

Number of patients with higher morbidity risk	**4743**
- thereof AOK BW assureds	4437
- thereof LKK BW assureds	306

GKIC preventive programmes and extended national disease management programmes (DMPs)	**no. of participants**
AGil (Active health promotion in the elderly)	511
Smoking Cessation Programme	149
Prevention/treatment of congestive heart failure (CHF)	70
Lifestyle intervention for patients with metabolic syndrome	151
Prevention of osteoporosis and osteoporotic fractures	557
Early intervention by psychotherapists in cases of acute personal crises	196
Medical care for the elderly in nursing homes	64
„Better tuned“ – a programme for people with depression (established in late August 2010)	15
DMP diabetes mellitus type II	880
DMP coronary heart disease	291
DMP breast cancer	16
DMP asthma	110
DMP COPD	167

Physicians and other providers contracting with GKIC	**79**
- family physicians	22
- specialists	22
- pediatricians	5
- psychotherapists	3
- hospitals	6
- physiotherapists	5
- nursing homes	11
- outpatient nursing services	4
- social-therapeutic services	1
Other partners cooperating with GKIC	**50**
- pharmacies	16
- sports clubs	23
- fitness centres	6
- physiotherapists[3]	5

[3] These physiotherapists cooperate with GKIC without having a provider contract.