Disrupting healthcare **Co-creating population** health



About me

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Safe Senior Life aims to detect and prevent depression among elder people.





It is estimated that 10% of elder people above the age of 65 will have a depression to some degree.

Only about half of them are discovered, and only between 10-20% are offered the relevant treatment.

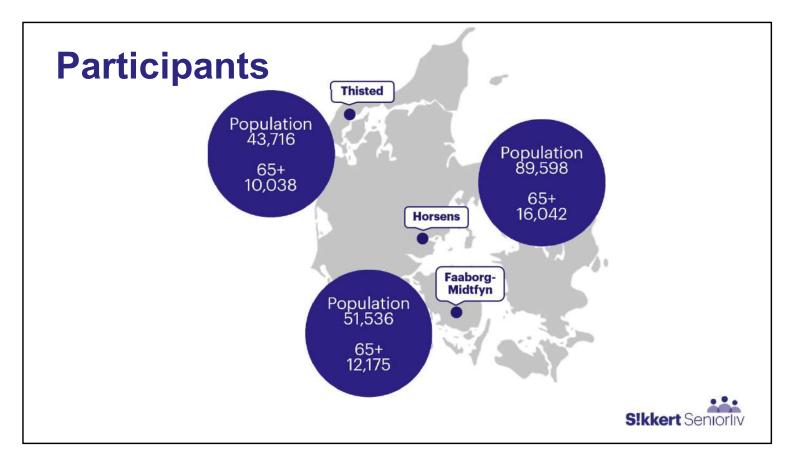
Danish as well as international studies name depression as one of the most expensive illnesses on societal level.

Being part of a community is likely to increase mental well-being with 75%.



According to WHO complex problems on both individual and societal levels like this need to be solved through co-creation and developed in close collaboration with the citizens in question.

We have done this through partnerships between local governments and volunteers from civil society.



Denmark is a small country in Scandinavia with a population of 5,7 million people. There's 98 local governments. Three of them have collaborated with Danish Society for Patient Safety on this project.

In Thisted municipality 23% of the populations is 65+. In Horsens municipality 18% of the population is 65+ In Faaborg-Midtfyn municipality 24% of the population is 65+

In Denmark we have socialized medicin; health and social care are public services, handled by community (local governments).



Volunteers come from organisations such as:

Danish People's Aid - http://www.samaritan-international.eu/member/dansk-folkehjaelp-dkfh/ The DaneAge Association - https://www.aeldresagen.dk/om-aeldresagen/aeldresagen/inenglish Danish Red Cross - https://en.rodekors.dk/ Danish Seniors - https://danske-seniorer.dk/ Senior Citizens Councils - https://danske-aeldreraad.dk/english/

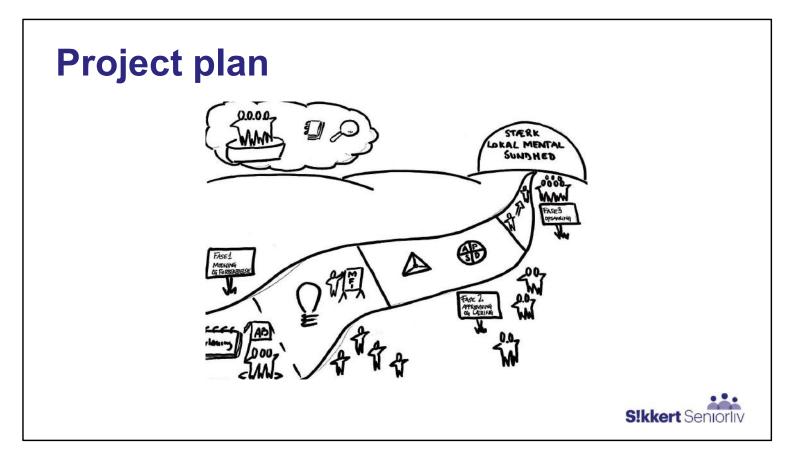


The projects aims of each local community have been to: Expand 3 existing intiatives. Create 3 new initiatives. Make 3 new partnerships.

"Healthcare professionals can never be a substitute for a close relation. Therefore we cannot solve this challenge without the civil society."

- Anne Sloth-Egholm, healthcare centre leader, Horsens Municipality

Sikkert Senioriiv



Phase 1: Idea generation Phase 2: Method and interventions Phase 3: Evaluation

Goal: Strong local mental health



The project has run for two years. During this time we've had four 2-day workshops for both employees and volunteers.

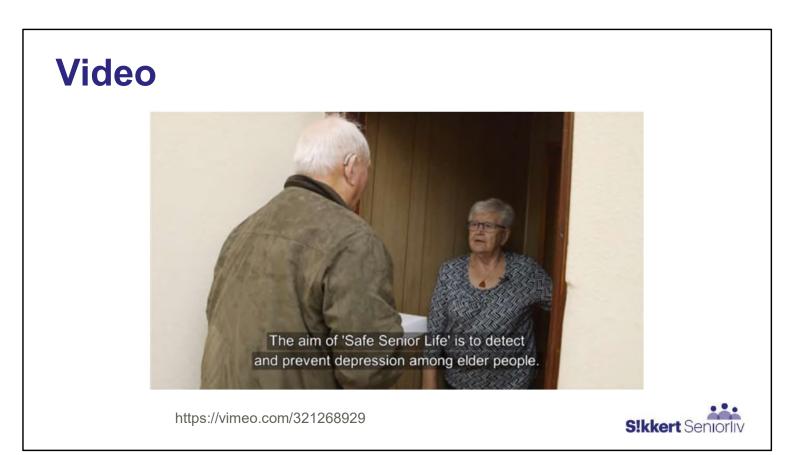






2 + 2 = >4





"We can influence the local government and make them change general practice. It makes you feel that it matters. That we make a difference."

- Svend Aage Hansen, volunteer, Horsens Municipality

S!kkert Senjorli

Helping others decreases depression and increases positive feelings and life satisfaction.

Volunteers spend 38% less time in hospitals

S!kkert Seniorliv

Kim & Konrath (2016): https://www.researchgate.net/publication/285362638_Volunteering_is_Prospectively_Associat ed_with_Health_Care_Use_Among_Older_Adults

Lum & Lightfoot (2005): https://www.researchgate.net/publication/222100447_Effects_of_volunteering_on_the_physic al_and_mental_health_of_older_people

Meier & Stutzer (2008): https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1468-0335.2007.00597.x

To succeed with co-creation



Photo of dog: https://www.flickr.com/photos/swedpix/3607804765/in/photolist-GXHGjB-9SK45Y-6uNWEr-7ySDMN-8GpAdF/

Co-creating population health

- There are healthcare issues that professionals cannot solve alone.
- Co-creation requires an openness about the approach.
- The synergy includes ideas and solutions that neither healthcare professionals nor volunteers could come up with by themselves.



Can you benefit from co-creation?

- Are there any issues you have been unable to solve alone?
- Could volunteers such as Svend Aage, Ernst or Karen be part of the solution?

If yes - then in our experience the answer is yes.





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