have attended interpreting training (MED = 20 hours, IQR = 10-70), 29% of them passed a final exam. Of those who have never attended any training, 69% consider themselves as rather/very competent in interpreting.

Conclusions:

This study provides a first national data basis for the group of CIs in Germany. People who work as CIs work in various fields. A large percentage do not interpret on a full-time basis. Most interpreters lack formal training for interpreting.

Key messages:

- Community Interpreters in Germany lack formal training and qualification for interpreting.
- Interpreting in health and community services is primarily a job that is done on the side.

Abstract citation ID: ckad160.1711 Early life factors and grip strength at older ages in two distinct populations in China and England Mphatso Chisala

M Chisala¹, L Leah¹

¹Institute of Child Health, University College London, London, UK Contact: mphatsochisala@gmail.com

Background:

Early life factors are associated with poor physical and mental outcomes in late life. However how these are associated with grip strength, an objective measure of physical capacity and therefore morbidity and mortality in late life unclear. This analysis therefor explores the long-term effects of adverse childhood socioeconomic experiences and health on grip strength in late life, and how these are mediated by adult factors.

Methods:

Data on early life events, health and socioeconomic factors and grip strength were collected from the China Health and Retirement Longitudinal Study (CHARLS) and English Longitudinal Study of Ageing (ELSA). Participants' first entry into the survey from waves 1-3 in CHARLS and waves 1-9 in ELSA were included in the analysis. Sex stratified linear regression models were used to explore how early life factors affect grip strength. Childhood events included parental socioeconomic position and childhood health.

Results:

17,205 participants from CHARLS and 6,692 participants from ELSA were included in this analysis. Unlike ELSA, participants from CHARLS were younger, had lower education, low-income occupation and obese. Low parental education and poor child health perception were negatively associated with grip strength even after controlling for childhood and adult factors (adult socioeconomic position, adult body size, adult health and lifestyle) in men from both studies. While parental occupation was associated with grip strength for both males and females in both studies. Association of SEP and health in childhood with grip strengths at older ages were however explained by body size and adult health factors, and not adult SEP.

Key messages:

- Early life socioeconomic position has a persistent effect of late physical health, even after considering adult health, socioeconomic position and lifestyle.
- Early intervention in socioeconomic inequalities might improve health outcomes across the life course.

Abstract citation ID: ckad160.1712 The future of care in the Netherlands: application of foresight to explore challenges towards 2050

LH Dekker¹, HBM Hilderink¹
¹RIVM, Bilthoven, Netherlands

Louise Dekker

Contact: louise.dekker@rivm.nl

Background:

Ageing populations have major impact on public health leading to more pressure on formal as well as informal health care. With rising health care expenditures, a sharp rise in geriatric diseases, multimorbidity, and a decrease in the available resources to manage complex health problems, it is of utmost importance to explore the impact of future public health challenges we are facing.

Methods:

Foresight helps decision-makers anticipate future developments and inform current policies. It involves using the DESTEP methodology to analyze trends in formal and informal care and their impact on health. A participatory approach is used, including focus groups and interviews with stakeholders, to identify key drivers and challenges. Prioritized topics are then evaluated based on their potential impact on public health and healthcare, using both scientific and grey literature.

Results:

Major future challenges such as the rising pressure on formal health care (shortage of personnel, limited financial resources) results in more people who will depended for the provision of informal care. At the same time many people have difficulties to be able to have sufficient control finding the right health care for of their own needs. Especially some vulnerable groups (lower educated, migrant background, elderly) will not be able to get proper care. At the same time digitalization is part of the solution (providing care more efficiently) and the problem (not all population groups are digitally literate, increased demand for care). Public health policy should target these challenges in order to achieve potential health gains in the future.

Conclusions:

Long-term thinking could be stimulated by stronger involvement of policy-makers in the elaboration of options for action. Applying foresight aid understanding uncertainties and support policy makers focusing on challenges in the more distant future with the support of stakeholders.

Key messages:

- The public health issues require an integrative approach with a focus on a more distant future and a comprehensive engagement of relevant stakeholders.
- Long-term thinking could be stimulated by stronger involvement of policy-makers in the elaboration of options for action.

Abstract citation ID: ckad160.1713 Long-term trends in family level contribution to mortality – Finland 1990-2000

Ulla Suulamo

U Suulamo^{1,2}, H Remes¹, L Tarkiainen¹, P Martikainen^{1,3}

¹Population Research Unit, University of Helsinki, Helsinki, Finland

²IMPRS-PHDS, Max Planck Institute for Demographic Research, Rostock, Germany

³Max Planck Institute for Demographic Research, Rostock, Germany Contact: ulla.suulamo@helsinki.fi

Background:

Family is among the most relevant sociodemographic factors influencing the health and well-being of individuals. However, the general contribution of the family context to premature adult mortality is seldom measured, and possible changes in this effect over time have not been quantified in previous studies.

Methods:

The study is based on individual-level register data on the total Finnish population aged 30 years and over. We estimate two-level Weibull survival models with individuals nested in families for six five-year periods between 1990 and 2020 to assess the degree to which the family context contributes to