

GP-MON-001 HEALTH IN ALL POLICIES: AN ITALIAN CDC TOOL FOR ASSESSING THE ASSOCIATION BETWEEN POLICIES AND HEALTH

E. Gelormino*¹, R. Salerno¹, G. Costa¹

¹Epidemiology, ASL TO3, Torino, Italy

Background: There are some outstanding experiences in a few high income countries (Gagnon 2007, Nilunger Mannheimer 2007, Kickbusch 2008) which are carrying on health impact assessments for specific sectors, but no examples of comprehensive assessment of the health impact of policies.

In Italy the Gaining Health Strategy was approved in 2007, calling for the responsibility of twelve non-health Departments: it was recognized that the evidence on the health impact of non-health policies was minimal. The Italian Centre for Disease Control (CCM) was given the responsibility to fill this gap.

Objectives: The project aimed to provide the best information available from literature and experts on the relationship between policies and health, for the main policy fields (national, regional, local level), according to the risk assessment method.

Underlying values and principles: The decision making process in the democratic context is complex and some strategic effort should be made to optimise choices and their impact.

Knowledge base/ Evidence base: In all countries the rates of premature mortality are higher among those people with lower levels of education, occupational class or income (Mackenbach 2005). Policies shape quality of life considerations and they may have consequences for health (Dahlgren 1991).

Context of intervention/project/work: Italian policies.

Methods: In this project "policy, determinants (distal and proximal) and the population's health are conceptualized as a chain of causation" (Stahl 2006), where social variations may play a role of modification of effect. HiAP Italy is based on a logical framework exploring the link between human needs, determinants, risk factors, health outcomes. Policies can act on each of the four elements of this chain.

The project tries to assess these links for each policy sector. The expert opinion on the plausibility of the links is gathered by nominal group technique and focus group; scientific evidence is reviewed according to the Evidence Based Practice criteria, with a critical appraisal adapted to quasi-experimental and non experimental designs.

Results and Conclusions: Five reports have been produced (Mobility, Labour Market, LifeStyles, Social Income, Urban Asset) and six are in progress. Each report summarises results of published studies and expert opinion, while an operational scheme recognizes any potential health effect of policies.

References: Dahlgren G. Policies and strategies to promote social equity in health. Stockholm, 1991

Gagnon F. Healthy Public Policy. A conceptual cognitive framework. Health Policy 2007; 81: 42-55

Kickbusch I. Adelaide revisited: from healthy public policy to Health in All Policies. Health Promotion International 2008; 23: 1-4

Mackenbach JP. Health inequalities: Europe in profile. London, 2005.

Nilunger Mannheimer L. Window of opportunity for intersectoral health policy in Sweden. Health Promotion International 2007; 22: 307-15

Stahl T. Health in All Policies: Prospects and potentials. Ministry of Social Affairs and Health. October 2006

Disclosure of Interest: None declared

GP-MON-003 TEJIENDO POLÍTICAS PÚBLICAS SALUDABLES EN LA RED DE MUNICIPIOS

A. M. G. SPERANDIO*¹

¹DMPS, Universidade Estatal de Campinas, CAMPINAS, Brazil

Antecedentes: La OPAS, Brazil, refiere que redes son mecanismos que permiten el intercambio de informaciones, experiencias, valorización del proceso de comunicación, crean relaciones confiables, unen gobierno, sociedad civil, sector privado y ONGs, 2008. Cita como un ejemplo en Brasil, la Red de Municipios Potencialmente Saludables (RMPS). Creada en 2003, es un proyecto que tiene como principal objetivo viabilizar, ampliar y monitorear estrategias para que los municipios construyan políticas públicas saludables, participativamente y articulada, a través del entrelazado de saberes y prácticas, respetando las características y los deseos de cada participante.

Objetivos: Describir y evaluar el movimiento de la RMPS en Brasil

Valores y principios subyacentes: Deseos colectivos, acciones intersectoriales, políticas públicas

Base de conocimiento / base de evidencia: Fortalecimiento de las capacidades individuales y colectivas

Contexto de la intervención / proyecto / trabajo: Trabajo en Red

Métodos: Se inicia con la firma del Intendente al Término de Adhesión y la indicación de representantes para la formación del comité intersectorial local. Se crea una agenda donde participan el gobierno local, universidad y sociedad civil. Se mapean los deseos, necesidades y los proyectos existentes, considerando los cinco ejes en la perspectiva de la promoción de la salud y los planes directores para el desarrollo saludable y sustentable. Descripción y monitoreo de siete municipalidades, con objetivo de demostrar el desarrollo de las estrategias de implantación de la RMPS. Los valores, la coesão, confiança y nuevas políticas públicas son considerados señales de evidencias para a matriz de informaciones.

Resultados y Conclusiones: La mayoría del proyectos fueran implantados con de 35 leyes; la participación del intendente y de la población. El Maringá personas reduzió la ingestión de remedio. En la universidad se crió un grupo de investigación de promoción de la salud y curso de post graduación en dos disciplinas diferentes; Producción libros. Conclusión és la importancia de la construcción de políticas públicas colectiva y su interferencia para una pauta de vida más saludable, siendo ésta la perspectiva de la RMPS. La perspectiva de la promoción de la salud, estimula una vida saludable y teje salud a partir de la triangulación entre el gobierno, universidad y comunidad.

Referencias: OPS-OMS. Gestión de Redes en la OPS/OMS Brasil Conceptos, Prácticas y Lecciones Aprendidas. Ed. OPS/OMS. Brasília-DF, 2008.

SALAZAR, L. Evaluación de Efectividad en Promoción de la Salud: Guía de Evaluación Rápida. CEDETES-Centro para el Desarrollo y Evaluación de Políticas y Tecnología en Salud Pública, Universidad del Valle, Colombia, 2004.

SPERANDIO, A.M.G.; CORREA, C.R.S.; SERRANO, M.M. Methodology for evaluating networks of healthy municipalities: an experience towards building of public policies. IN: LIMA, V.L.G.P. et al. Analyzing the outcomes of health promotion practices. IUHPE, Promotion & Education Supplement, v. 1, p. 21-26, 2007.

Declaración de intereses: no declarado

GP-MON-004 WHO LEADS, WHO FOLLOWS:GETTING THE GOVERNANCE STRUCTURES RIGHT

C. P. Williams*¹, D. M. Broderick¹, D. A. Wildgoose¹, A. K. Sawford¹

¹Public Health, SA Health, Adelaide, Australia

Background: The health system has often tried to work beyond its own traditional silo to build partnerships with other sectors to improve health. These attempts have resulted in mixed success, and even when successful, they have helped create the notion of health imperialism amongst other sectors and government departments. They can not solve the current problems confronting governments.

Objectives: This presentation will describe South Australia's experience in establishing a central governance structure to implement HiAP, discuss how such a structure works in practice, in particular the relationship between health and central government, and provide feedback from other sectors on the success on this approach.

Underlying values and principles: The key public policy issues of the 21st century are complex - crossing departmental, professional and jurisdictional boundaries and therefore so must their solutions.

Knowledge base/ Evidence base: Many of the problems facing societies today, such as growing inequity within and between nations, unsustainable health care costs and climate change, require governments to respond differently, to work beyond their boundaries. No longer do the traditional bureaucratic structures established by 19th century governments, designed to tackle single public policy issues, appear effective.

Context of intervention/project/work: Through its efforts to improve population health and wellbeing, the health system has often been guilty of under valuing the importance of other agencies public policy agendas. Over time this made it more difficult for health to work across sectors.

Methods: South Australia has implemented a central government governance structure as part its HiAP approach. A critical feature has been the clear mandate from central government that HiAP will be implemented across government. Our central government agency is responsible for the implementation and evaluation of HiAP with Health facilitating the process and providing technical expertise.

Results and Conclusions: The latest cross sector approach; Health in All Policies has the potential to reorient the relationship between the health and other sectors by establishing a governance structure that locates the leadership for HiAP with central government and NOT with health. Instead it requires the health sector to provide a stewardship or facilitator role.

Disclosure of Interest: None declared

GP-MON-005 MODEL OF PARTICIPATORY HEALTHY PUBLIC POLICY DEVELOPMENT THROUGH A HEALTH ASSEMBLY IN PHIJIT PROVINCE, THAILAND

N. Mathurapote¹, **S. Boonthien***², J. Chairak², S. Orathai²

¹Global Collaboration Development, ²Health Assembly Development, National Health Commission Office, Nonthaburi, Thailand

Background: Phijit province is an agricultural area located in the lower north of Thailand. Majority of population is farmer. They have been facing ill health caused by chemical use from agricultural sector and in debt due to dependence on high chemical use in an agricultural practice. A level of pesticide residual in farmers' blood of Phijit province is ranked the second in the country. A total amount of debts reaches 10,000 million Thai baht equivalent to 30 million us dollars.

Objectives: To study a model of developing a healthy public policy through a process of health assembly.

Underlying values and principles: Health assembly means a process in which the relevant public and State agencies exchange their knowledge and cordially learn from each other through a participatory and systematically organized forum, leading to recommendations on healthy public policies

Knowledge base/ Evidence base: The communities are empowered to develop public policies to solve their problems and to find sustainable development's direction of the province. Chemical free agriculture policy, food safety policy and debt free policy are proposed by the communities. 7 communities from the 19 are able to develop policies with action plans feasible to action. 6 communities only have policies with no action plans. The rest can set agendas which are ready to be developed to public policies.

Context of intervention/project/work: Apart from conducting a participatory action research, the research team facilitates the community to organize health assembly that brings 3 sectors in the society - politician/government sector, academic/professional sector, civil society/ private sector – to have a dialogue on the direction of sustainable development in the province.

Methods: A participatory action research was conducted in 19 sub-districts in Phijit province from October 2008 to September 2009.

Results and Conclusions: Guerilla strategy is proposed to be a model for public policy development suitable to this setting. This strategy is to develop public policies at a community level with a single direction across the province.

The involved communities are consequently committed to implementing public policies they have participated since the agenda setting. This strategy is proved to be more feasible than a single policy from the provincial level which is likely to be bureaucratic. The development of participatory healthy public policy composes the following components; 1) leader and multisectoral mechanism 2) policy development with knowledge base 3) networking 4) common goal setting 5) strategic planning with a participatory approach 6) capacity building to nodes and networks 7) public communication 8) lesson distilled for knowledge management. The success factors are 1) Good government's policies 2) Commitment and devotion of leaders 3) Strength of networks 4) Support of external factors

Disclosure of Interest: None declared

GP-MON-006 LE PROGRAMME TERRITORIAL DE SANTÉ LILLE NORD MÉTROPOLE : UN DISPOSITIF D'ACCOMPAGNEMENT DES ACTEURS POUR LE DÉVELOPPEMENT D'UNE POLITIQUE LOCALE DE PROMOTION DE LA SANTÉ

o. A. ROVERE*¹, B. S. Le Goanvic²

¹Services des politiques et des actions de santé, Direction Départementale des affaires sanitaires et sociales du NORD, Lille, ²Direction Territoriale Metropoe Roubaix Tourcoing, Département du Nord, Roubaix, France

Contexte: La Région Nord-Pas-de-Calais compte 13 arrondissements allant de 190.000 habitants à 1.200.000 habitants D'importantes disparités infra-régionales sont constatées en matière d'indicateurs de santé. Pour développer une politique de santé publique cohérente, efficace, et de proximité, les partenaires institutionnels et les collectivités territoriales ont décidé de s'appuyer sur une adaptation territoriale de la politique régionale de santé publique à travers la mise en œuvre d'un programme territorial de santé (PTS) sur chaque arrondissement.

Objectifs: • Articuler, en fonction des besoins et des acteurs du territoire, la politique de santé régionale avec les autres politiques locales dans une approche intersectorielle : Assurance Maladie, Education nationale, contrat territoriaux de santé, politique de la ville, réseaux de soins, secteur ambulatoire...

• Accompagner les acteurs locaux et susciter des actions de santé publique

Valeurs et principes sous-jacents: Associer les élus (Région, Département du Nord, communes...) et les professionnels de santé du territoire dans une méthodologie partagée de santé publique

Base de connaissance/Base de preuve: 368 habitants, 1000 professionnels de santé interrogés

Contexte d'intervention/projet/travail: 28 communes, 450.000 habitants.

Méthodes: Réalisation d'un diagnostic partagé, définition des priorités et d'un plan d'action (santé des enfants et des jeunes, souffrance psychosociale, consommation de substance psycho active) et évaluation
Trois instances :

- comité de pilotage et comité technique réunissant les décideurs publiques locaux élus et institutionnels et leur techniciens

- une équipe de coordonnateurs

Résultats et Conclusions: Depuis 2004, le PTS contribution au développement de :

- 3 groupes de travail intercommunaux (précarité, addiction, enfant et jeune) et 7 réseaux locaux
- 1 comité local d'accompagnement des dépistages organisés des cancers du sein et colorectal
- 4 ateliers santé villes
- Plus de 470 actions de prévention pour un financement de plus de 3.150.000 euros
- La formation de plus de 600 professionnels

Forces

- Connaissances partagées des ressources et des besoins du territoire
- Développer et renforcer pour les collectivités territoriales une politique volontariste en matière de santé publique
- Tisser des liens partenariaux forts entre communes, acteurs de santé et institutions
- Diminuer les inégalités territoriales en matière d'accès aux soins et à la prévention

Faiblesses

- La complexité des différents dispositifs de demande de financement pour les porteurs
- Le délicat maintien de la cohérence régionale
- Une logique "descendante" qui s'oppose parfois à logique "ascendante"
- Faiblesse de la participation des habitants

Conflit d'Intérêt: rien à déclarer

GP-MON-008 INDIA'S NATIONAL RURAL HEALTH MISSION: ISSUES IN GOVERNANCE

s. mehta*¹

¹ANTHROPOLOGY, PANJAB UNIVERSITY, CHANDIGARH, India

Background: India's national rural Health Mission is a major step in revitalizing dismal state of health systems in rural areas of the country. The first phase of the programme is midway and an attempt is made here to examine the agenda that it had set for itself and what the mission has accomplished till date.

Objectives: To assess reach of National rural health mission in remote areas of the country
To examine working of its integrative practices in which traditional and indigenous systems of health are incorporated under a health system's practice called Ayush.

To explore undercurrents in delivery system.

To examine efficacy and policy implications of mega investments with large investments in infrastructure.

Underlying values and principles: Public health policy initiatives must be productive and not political nonviable populist initiatives.

The NRHM of India is a major challenge in this context and requires critical monitoring from social scientist.

Knowledge base/ Evidence base: The programme is in progress for nearly three years and a large data base is available to measure deliverable.

Context of intervention/project/work: It is a policy review paper.

Methods: Data from secondary sources is examined with the help of qualitative methods.

Results and Conclusions: NRHM requires interim evaluation and large public health programmes with massive investments are not necessarily most effective in improving health delivery mechanisms in most remote areas. It is more practical to work with focused district level programmes that understand health problems of regions in localized contexts. Providing resources for putting infrastructure for health in a holistic perspective requires committed personnel/manpower and adequate understanding of local cultures and immediate needs of the target population. Such large missions are in no position to achieve these in ambitious nationwide mega projects.

Disclosure of Interest: "None declared"

GP-MON-108 THE POSSIBILITIES OF HEALTH PROMOTION IN A PEDIATRIC HOSPITAL SETTING: A QUALITATIVE STUDY OF CLINICLOWNS ON CHILDREN WITH CANCER AND THEIR FAMILIES

R. Ebina¹, K. Kawa², Y. Yamazaki³

¹Health Communication, Global Health Communications, ²Osaka Medical Center and, Research Institute for Maternal and Child Health, Osaka, ³Health Sociology, University of Tokyo, Tokyo, Japan

Background: Humor is frequently used as a coping mechanism that aided in promoting general wellness. There are a connection between sense of humor and self-reported physical health and a positive correlation between humor and comfort levels in patients with cancer. The Japan CliniClowns (CC) Association provided bi-weekly clown visits to the oncology department at the Osaka Medical Center and Research Institute for Maternal and Child Health in Japan.

Objectives: The purposes of this study are to understand 1) the psycho-social contexts of the children with cancer and their family after receiving the pediatric cancer diagnosis, 2) how the clownish approach (CC visits) affects on the children with cancer and their first care provider (mostly mother), 3) how the changes of the first care provider affects on other family members, 4) how the changes in family affects on children with cancer.

Underlying values and principles: The long-term hospitalized children get used to receive clinical care and don't have much opportunity to plan and make actions for their own future in the hospital setting. There are needs of creating an environment in which children can develop the positive attitudes and skills toward life, which connect to reorienting health services, one of the strategies of the Ottawa Charter for Health Promotion.

Knowledge base/ Evidence base: Knowledge base.

Context of intervention/project/work: Patch Adams (MD) approached his patients in a clownish manner in the sixties. The CC Foundation in the Netherlands currently provides the regular CC visits to over 80 percents of the hospitals with pediatric department in the whole country. In 2005, Japan CC Association was established and bi-weekly clown visits have started in Japan.

Methods: The descriptive exploratory study was carried out using qualitative methods, consisted of focus group interviews and in-depth interviews that took around two hours, observations at 12 times, and references of the case records of the children with cancer. The participants were 1) four children with cancer whose ages were between 8 to 12, and who had hospitalized at the oncology unit for more than 3 months, 2) five families (their families and a family who lost their hospitalized child), 3) 5 nurses (their nurses and the nurse of the child who passed away).

Results and Conclusions: The mothers tried to hide about the pediatric cancer in order to avoid rumor, which brought guilt of not accepting one's own child as s/he was, and resulted in having additional stress in the tough cancer life. They felt thankful with CC who kept seeing and understanding the holding up attitudes of the children with non-clinical viewpoints and cheered the children up. Both the children with cancer and their brothers perceived their mothers' depression, but after the CC visits, they perceived that the mother became cherish and merrier. The changes of mothers affected positively on the children with cancer, but not on their brothers. The nurses perceived no special change in the children with cancer caused by CC, however, saw positive changes in the relationships among the children, their mothers, and health professionals; which affected positively on the children with cancer.

Disclosure of Interest: Children's Cancer Association of Japan, Grant Research Support

GP-MON-109 ATTITUDES AND BARRIERS TO INCIDENT REPORTING AT THREE GENERAL HOSPITALS

R. A. Mosallam*¹, W. W. Guirguis¹, M. R. Ahmed²

¹Health Administration and behavioral sciences, ²Biostatistics, High Institute of Public Health, Alexandria University, Egypt, Alexandria, Egypt

Background: Improvement in patient safety has prompted a shift from a "name, shame, blame" approach to medical errors to one in which error is viewed as an opportunity to learn through reporting.

Objectives: This study aimed to determine the attitudes of physicians towards reporting of medical error, and barriers to reporting.

Underlying values and principles: Importance of spreading the culture of reporting of medical errors to improve patient safety

Knowledge base/ Evidence base: Body of evidence produced by the literature on the role of reporting systems in measuring adverse events and preventing them

Context of intervention/project/work: The study was conducted at three general hospitals at Alexandria.

Methods: Physicians' attitudes towards reporting was assessed using a questionnaire composed of three sections. The first section explored physicians' preferences to the process and model of reporting. The second section explored physicians' attitudes towards disclosure of medical errors through three vignettes illustrating a near miss, an error resulting into mild harm and an error which resulted into severe patient harm. Physicians were asked to indicate the probability of keeping the error to themselves, disclosing it to a colleague, several colleagues, leader and the patient, apologizing to the patient and informing the patient about the possibility of filing a complaint. Physicians indicated their response on a 4-point scale (4 = yes definitely, 3 = yes probably, 2 = probably no, 1 = definitely no). The vignettes differed with different specialties to include internal medicine, surgery, radiology, laboratory, and anaesthesia. The third section explored barriers to reporting of medical errors where physicians were asked to rate the importance of ten different barriers to medical error reporting on a three point scale of importance (3 = very important, 2 = moderately important, 1 = low importance).

Results and Conclusions: Results: Highest percentage of physicians preferred conditionally confidential (47.7%) to confidential (40.7%) and anonymous reporting (11.8%). Physicians also preferred mandatory (60.3%) to voluntary reporting. As regards the format of reporting, physicians preferred a written form (84.2%) to phone calls (4.8%) or mails (10.9%) and preferred structured forms (80.1%) to narrative text. As for attitude of physicians towards disclosure of medical errors, physicians were most willing to disclose the error to their leaders (mean score 3.0) and least willing to inform the patient about the possibility of filing a complaint (mean score 1.5) for all types of errors and in all hospitals. As regards barriers to reporting of medical errors, filing a complaint by the patient was the most important barrier (mean score 2.3).

Conclusions: A reporting system should be established based on physicians' preferences on model of reporting

Disclosure of Interest: None declared

GP-MON-110 PRESCRIPTION ERRORS AT THE UNIVERSITY COLLEGE HOSPITAL IBADAN NIGERIA

S. K. Oluwole¹, O. S. Arulogun*¹

¹Department of Promotion and Education, University of Ibadan, Ibadan, Nigeria

Background: Human beings increasingly come in contact with medications. Used correctly, prescribed medications can be the single best means of staying healthy and getting better. Errors can happen in all stages of the care process. Prescribing is becoming increasingly difficult, and the inherent risks of adverse reactions and interactions have increased. Modern drugs are pharmacologically complex and the use of polypharmacy is increasing. There is a dearth of knowledge or information about prescription error in the Nigerian health system.

Objectives: This study examined the prevalence of prescription errors in the University College Hospital (UCH) Ibadan, Nigeria.

Underlying values and principles: Concerns of medication error arising from prescription errors in recent times have been on steady increase in the use of prescriptions medications. Prescription error represents the largest single cause of errors in the hospital setting. No one knows exactly how common it is because no one in the health care system is required to report it. No accurate records are kept. Even when the outcome is not death, errors decrease quality of life by affecting the mind and body's ability to function normally.

Knowledge base/ Evidence base: Prescription errors are the most serious and important source of medication errors in the health care system. In the United States, it kills 7000 patients in one year and account for nearly 1 in 20 hospital admissions, a similar admission rate to that of cancer. In the United Kingdom hospital prescribers make errors in 1.5% of prescriptions and in primary care, errors occur in up to 11% of prescriptions. However, little is known about the current incidence of prescription error in the Nigerian health care system.

Context of intervention/project/work: This is a descriptive study aimed at documenting the frequency of occurrence of prescription error in a tertiary health facility.

Methods: A total of 1866 prescription sheets from the four pharmacy points [Medical-Out-Patient (MOP), General Outpatient (GOP), Wards, and Accident and Emergency (A&E)] at the UCH were selected using a three-stage sampling method. A pool of error descriptors collected through literature was used in reviewing the sheets. Descriptive analysis was done for the data.

Results and Conclusions: A total of 1424 (76.3%) prescription errors were detected. These were: illegitimacy (52.2%), omission (23.7%), style (18.5%), wrong dose (4.9%) and irrational prescription (0.8%). More errors (33.6%) were found among the prescriptions from the wards and the age group most affected was 35-50 years (58.1%). Drugs affected included infusions (29.0%), analgesics and routine drugs (18.0%), anti-infectives (17.0%) and antimalarials (13.0%). Only 10% of the errors were detected and corrected during the process of dispensing. Regular in-service training for prescribers and dispensers and institution of a quality assurance mechanism for monitoring the drug use system in this institution is advocated.

References:

Disclosure of Interest: None declared

GP-MON-112 HEALTH RISK BEHAVIOURS AMONG THE HOSPITAL PERSONNEL OF THE HELLENIC NETWORK OF HEALTH PROMOTING HOSPITALS

D. Triantafyllou^{*1}, C. Tzavara², A. Prokopi², F. Filippidis², K. Karageorgopoulou², Y. Tountas²

¹Center for Health Services Research, Medical School, ²Center for Health Services Research, Medical School, University of Athens, Greece, University of Athens, Athens, Greece

Background: The investigation of health risk behaviors among hospital personnel is important in order to design and implement effective health promotion programs.

Objectives: To assess health risk behaviors such as smoking, alcohol consumption, obesity and physical exercise of the hospital personnel of the Hellenic Network of Health Promoting Hospitals (HNHPH).

Underlying values and principles: The study is the first to test health risk behaviors among Greek hospital personnel in order to recognize significant health risk behaviors, to reduce inequalities among personnel categories and to guide efforts for improving hospital personnel health.

Knowledge base/ Evidence base: Adverse dietary habits, physical inactivity, smoking and higher than recommended alcohol intake are the most common risk behaviors in the developed world, the combined effect of which contributes to the rising mortality rates from chronic diseases. Following this trend, Greece has one of the most rapidly rising death rate due to chronic diseases, and particularly cardiovascular diseases, which now constitutes the primary cause of morbidity and mortality.

Context of intervention/project/work: This cross – sectional study was conducted within the framework of an Employee Health Survey in hospitals which are members of the Hellenic Network of Health Promoting Hospitals (HNHPH).

Methods: A specifically modified questionnaire on health risk behaviors was administered to a stratified random sample of 720 employees of 13 Health Promotion Hospitals. 219 (31.1%) of the sample were men, whereas 486 (68.9%) were women. Data analysis examined differences by sex, age and personnel category (medical, administrative, nursing, technical and auxiliary personnel).

Results and Conclusions: 46.7% of the respondents are current smokers. No statistical significant differences for age, gender, personnel category were observed. 70.7% of the sample population reported consumption of one at least alcoholic drink per day and 0.9% reported consumption of more than one drink per day. The percentage of male and technical personnel who consume more than one drink per day was significantly higher ($p<0.005$). As far as obesity is concerned, 13.9% of the sample is obese. Men and personnel over the age of 50 reported significantly higher percentages of obesity ($p<0.05$), whereas no statistically significant differences were found among several staff categories. As for physical activity, 55.6% of the respondents reported moderate to high levels of weekly physical activity. Men reported significantly higher percentages of moderate to high levels of physical activity than women ($p<0.001$). Statistically significant differences in levels of physical activity were detected among several age groups, while no differences were found among staff categories.

Inequalities in health risk behaviours between male and female employees of Greek hospitals, as well as among several age groups and personnel categories were identified. It is essential to design and implement appropriate workplace health promotion programs in order to reduce such inequalities and improve health risk behaviours overall.

Disclosure of Interest: "none declared"

GP-MON-113 JOINING FORCES FOR HEALTH: THE ESTONIAN NETWORK OF HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES

T. Harm*¹

¹Health Promotion, National Institute for Health Development, Tallinn, Estonia

Background: Health Promoting Hospitals: are they doing differently?

The main target of the hospitals is to provide high-level medical services to their patients. The health promoting hospitals have set out more ambitious targets - in addition to the treatment also to promote the health of their patients, staff and community. In order to improve the effectiveness of health promotion and quality assurance the hospital needs to be considered as a whole system where policies and practices are mutually supportive and integrated into the culture of the organization.

Objectives: Estonian HPH Network joined the International HPH Network in 2000. The main reasons for being a member are: to give the network an international approach; to fulfill requirements of European directives and health policies, adopted for our conditions; to improve quality management in the hospitals; to improve exchange on evidence-based health promotion with other hospitals.

Underlying values and principles: Estonian HPH Network was established in 2000. The network comprises of 24 hospitals and accounting for 78% of the overall treatment beds. The network has several collaborating institutions (other hospitals, health centres, medical schools). HPH movement is an ongoing process in all 15 counties in Estonia.

Knowledge base/ Evidence base: Estonian Network is an active participant on several WHO HPH Projects, Task Forces and EU networks: the European Network of Smoke-Free Hospitals and Health Services (ENSH); the European Network of Workplace Health Promotion (ENWHP); the Task Force: Health Promotion for Children and Adolescents in and by Hospitals (HPH-CA); HPH Data Project; PRICES-HPH Project (Project on Retrospective Internationally Comparative Evaluation Study on HPH).

Context of intervention/project/work: On several times we were asked by International HPH Network and ENSH to share the experiences with other HPH networks on topics as: Implementing HP Standards and Indicators in Hospitals and Health Services - what are the Estonian HPH Members doing differently? (Berlin 2008, Lisbon 2009), or ENSH Standards Implementation Process - step by step implementation in Estonia (Coimbra 2007, Barcelona 2009).

Methods: Estonian and Finnish HPH networks enjoy an interesting and fruitful cooperation on several aspects - like Health Care Staff Exchange Program; focusing on HPH-related good practices, especially on developing the smoke-free environment in and by hospitals and organizing smoking cessation services for staff, patients and communities.

On the bases of HP hospitals and in the framework of the National Strategy for Prevention of Cardiovascular Diseases (2005-2020) and the National Cancer Strategy (2007-2015) in Estonia, there has been built up the Setting of Smoking Cessation Counseling Clinics (25 clinics). The main targets are children and adolescents, pregnant women, adult population and young men in Defence Forces.

Results and Conclusions: The focus of Estonian HPH Network is on building bridges between health promotion and sustainable development, initiating alliances and partnerships and advocating for the best practice in health promotion all together, on national and international levels.

Disclosure of Interest: None declared

GP-MON-114 TRANSITION TOWARDS HEALTH PROMOTING HOSPITALS: USING A GLOBAL FRAMEWORK WITH LOCAL PRIORITIES AND STRATEGIES IN PAKISTAN

A. R. Khowaja¹, A. Agha², R. Mistry³, R. Karmaliani⁴

¹Dept of Pediatrics and Child Health, ²Dept of Community Health Sciences, Aga Khan University, ³Health Promotion, Aga Khan Health Services Pakistan, ⁴School of Nursing, Aga Khan University, Karachi, Pakistan

Background: The WHO encourages hospitals to respond to the recent transition of thinking away from disease and illness oriented care towards more holistic healthcare, as Health Promoting Hospital (HPH). Literature review suggested paucity of information and nonexistence of accredited HPH settings in Pakistan(1-3).

Objectives: To explore perceptions of healthcare stakeholders' about health promoting hospitals, public health priorities; and potential strategies to strengthen advocacy efforts for HPH settings in Pakistan.

Underlying values and principles: Transition towards adapting international trend towards HPH settings.

Knowledge base/ Evidence base: A knowledge base, to explore local priorities and actions towards advocating HPH settings in Pakistan

Context of intervention/project/work: Recognizing triple burden of diseases and to appreciate role of health promotion as critical public health agenda.

Methods: A qualitative exploratory study was conducted between July- August 2007. The data was collected through key-informant (KI) interviews and focus group discussions (FGD) with purposively selected hospital administrators, healthcare providers, health policy makers, and UN-donor agency representatives. The thematic analysis was done using QSR NVivo 2.0; and nodes representing themes were generated.

Results and Conclusions: The study participants perceived health promotion, a concept synonymous to health education. Those participants with public health background were better able to relate their perceptions to a more holistic view of health promotion; than those without public health background. The participants had unanimous consensus upon implementation of generic strategies as of the global WHO's framework for HPH, however, structural and policy reforms were considered of immense need to make hospitals more health promoting for patients, care-takers, and staff respectively. The priority actions differed from current HPH emphasis as in the developed countries, than in the context of developing world. This included struggling for basic needs such as clean environment and drinking water, decreasing unnecessary patient length of stay at hospital, preventing sufferings from frequent electricity failure, safety-security of hospital staff, and incentive oriented approach. The public health priority included mass community awareness, and health promoting activities to change their mindset from cure to care that ultimately translates demand for health promotion.

This study concluded that HPH settings would bring positive change in the healthcare delivery system, by empowering patients and local community.

References: 1.Pelikan J. Making the hospital more effective agent for individual and public health by implementing the comprehensive vision of Health Promoting Hospital. In: Report on 15th International Conference on HPH, Vienna: WHO; 2007.

2. World Health Organization. Standards for Health Promotion In Hospitals: 9th International Conference on Health Promoting Hospital; 2001; online available at: <http://www.euro.who.int/document/e82490.pdf> [accessed on 14th June, 2007].

3.Hafez G. Health Promoting Hospitals in Developing Countries. In: 5th International conference on Health Promoting Hospital; Vienna, Austria: G. Conard Health Promotion Publication; 1997. p. 45-47

Disclosure of Interest: None declared

GP-MON-115 HEALTH PROMOTION FOR CHILDREN AND ADOLESCENTS IN AND BY HOSPITALS IN THE CANARIAN HOSPITALS

R. R. G. Suárez-López de Vergara*¹, S. Darias-Curvo², A. Armas- Navarro¹

¹Health Promotion Service, General Directorate of The Canarian Public Health, Santa Cruz, ²Public Health, University of La Laguna, La Laguna, Spain

Background: The Task force on Health Promotion for Children and Adolescents in and by Hospitals (HPH-CA TF) was officially established in 2004 within the WHO Health Promoting Hospitals (HPH) Network to promote health in this age group, with the objective of supplying a better understanding of the role hospitals have in health promotion issues. In 2007 the HPH-CA started the development of a Self-evaluation Model and Tool on the Respect of Children's Rights in Hospital (SEMT) based on the Task Force "Recommendations on Children's Rights in Hospital" document. The SEMT document was published in January 2009 and from then on, the process of diffusion and implementation swung into action. At the same time, a pilot study was started in various European Hospitals for the evaluation of the document.

Objectives: The Health Promotion Service of the General Directorate of The Canarian Public Health, Canarian Government, has taken part in the diffusion and implementation of the SEMT. We presented the evaluation of the pilot-study in the Canarian hospitals.

Underlying values and principles: The values are fundamented in the Convention on the Rights of the Child (CRC).

Knowledge base/ Evidence base: A hospitalization is often a traumatic event for anyone, more vulnerable group are children and adolescents, In order to eliminate or minimise this adverse impact, international institutions like the United Nations (UN) and its agencies (WHO, UNICEF, UNESCO) and the European Union (EU) have proposed a range of strategies to promote children's health, detailing fundamental requirements for hospitalisation in a child-friendly way, within the normative and legal.

Context of intervention/project/work: Charter on Children's Right in Hospitals

Methods: Three University Hospitals located in the two main islands - two of them in Tenerife and one in Gran Canaria - have taken part in this study. After having accepted to participate, groups including different professionals and hospital staff were set up. A total of 48 people participated in the work and the process lasted three months. The work was initiated according the SEMT protocol through different Children's Rights areas. We carried out three meetings in each one of them and afterwards, the communication continued by phone and e-mail.

The following aspects were evaluated: 1) comprehension of the document, 2) evaluation of the level of respect of Children's Rights, 3) the existing gaps, 4) the proposals of improvements, in each one of the hospitals.

Results and Conclusions: 1) The SEMT has allowed the participants to become aware of the situation and to consider the necessary improvements, using as a basis the documents of the Children's Rights in the hospital. 2) The existing gaps have been identified. 3) Several proposals have been made for each of the rights analysed in the tool. 4) The General Directorate for Public Health has made a Charter of Children's Rights in Hospital, to be distributed in the Canary Islands hospitals. We worked on one idea, which was to write an open letter on behalf of the children, in which they underline their rights. This letter will be handed out during the presentation of this communication.

References: 1. Convention on the Rights of the Child. UN GA Res 44/25. Available at: <http://www.unhchr.ch/html/menu3/b/k2crc.htm> Accessed November 4, 2002.

2. Simonelli F., and members Task Force Health Promotion for Children and Adolescents in and by Hospitals (HPH-CA). Self-evaluation Model and Tool on the Respect of Children's Rights in Hospital, 2009. Available at: <http://who.collaboratingcentre.meyer.it>

3. Aujoulat I., Simonelli F., Deccache A. Health promotion needs of children and adolescents in hospitals: A review, Patient Education and Counseling, 2006, Vol 61(1): 23-32.

Disclosure of Interest: None declared

GP-MON-212 AN EXPERIENCE OF COMMUNITY WALKING PROGRAM: AN EXAMPLE OF COMMUNITY HEALTH BUILDING CENTER IN CENTRAL TAIWAN

H. C. h. i. n. g. Wen*¹

¹Nursing department, China Medical University Hospital, Taichung Eastern Branch, Taichung, Taiwan

Background: The main purpose of this study was mainly to understand the community to Health Construct Center to promote the effectiveness of walking exercise.

Objectives: The results derived from this activity can be used as Health Construct Center to promote health promotion activities to create a program reference.

Underlying values and principles: Data collected by statistical analysis of results showed that: In the objective indicators, subjects triglycerides, LDL cholesterol decreased significantly pre-teaching activities ($P < .05$), blood glucose before the stability of teaching activities ($P < .05$), body weight, body fat and waist circumference are more activities in the former lower ($P < .05$). In the cognitive benefits of exercise walking score significantly higher than pre-test ($P < .05$), cognitive walking dyskinesia significantly lower ($P < .05$). The effectiveness of activities. Participants are also aware of the benefits of walking activities, and take the initiative to invite friends and family members to participate, activities to promote walking so far the number has reached 200 people, a growth rate of 280%.

Knowledge base/ Evidence base: Walking movement in walking exercise benefits cognitive scores were significantly higher than pre-test ($P < .05$), cognitive walking dyskinesia significantly lower ($P < .05$). Show the effectiveness of activities. Participants are also aware of the benefits of walking activities, and take the initiative to invite friends and family members to participate, activities to promote walking so far the number has reached 200 people, a growth rate of 280%. Can triglycerides, LDL cholesterol decreased significantly pre-teaching activities ($P < .05$), blood glucose before the event to teach the stability

Context of intervention/project/work: Action research involved walking health promotion programs

Methods: In April 2009 to July, to community residents in central Taiwan as the target, to community mobilization approach, through the assistance of community health volunteers, recruited 83 volunteers to team up., Participants walking 10000 steps daily for a period of 12 weeks, participants in the events before and after receiving glucose, triglycerides, low-density cholesterol checks and walking exercise to assess the effectiveness of cognitive questionnaire.

Results and Conclusions: The results derived from this activity can be used as Health Construct Center to promote health promotion activities to create a program reference.

Disclosure of Interest: The results derived from this activity can be used as Health Construct Center to promote health promotion activities to create a program reference.

GP-MON-213 TO BE OR NOT TO BE A COUCH POTATO- PERSONALIZED PHYSICAL ACTIVITY COUNSELING BY PHYSICAL THERAPISTS

S. Limon^{*1}, H. Alkalai², M. Gutvirtz³, D. Deutscher², L. Valinsky⁴

¹Department of Health Promotion, Maccabi Healthcare Services, Tel Aviv, ²Physical therapy services, ³Head Director Physical therapy services, ⁴Director Department of health promotion, Maccabi Healthcare Services, Tel- Aviv, Israel

Background: Regular physical activity plays an important role in the management of cardiovascular disease and diabetes(1,2). Helping chronically ill sedentary patients change their lifestyle and adopt physical activity is a challenge that needs to be addressed. In order to meet this need, the health promotion department and the physical therapy service at Maccabi Healthcare Services developed a program for individual physical activity counseling targeted at recently diagnosed Type II diabetics and patients with at least two risk factors for chronic disease.

Objectives: The objective of this program is to promote long term change to a more active lifestyle amongst sedentary chronically ill patients.

Underlying values and principles: The health status of this population requires individual, personalized attention in order to provide the empowerment needed to achieve long term change in lifestyle.

Knowledge base/ Evidence base: Individual counseling by primary care physicians and allied health professionals has been shown to increase lifestyle change and adherence to regular physical activity. Counseling by allied health professionals has been found to have better short and long term results owing to longer counseling sessions and longer follow up contact with patients(3,4).

Context of intervention/project/work: Counseling is given by referral from the primary care physician within the primary care setting of a preferred provider organisation in Israel.

Methods: Maccabi Healthcare Services has trained 100 physical therapists to give easily accessible, personalized physical activity counseling to patients referred by their physician. Recommendations are based on each patient's overall health status, existing medical and orthopedic conditions, personal preferences, and services available in the community. The counseling episode includes two to four face-to-face sessions and two telephone-encounters over a period of three months.

Results and Conclusions: From January 2007 until May 2009, 2055 new patients entered the program. The 765 patients that completed the full counseling episode(38%)had significant improvement in their level of physical activity as measured by the Baecke Questionnaire from 1.99(1.94-2.038) to 2.42(2.42-2.56) P<0.0001. Eighty six percent of those patients (658) reported being physically active at the 9 month telephone follow up. This program of individual physical activity counseling has been shown to be effective in promoting a more active lifestyle amongst sedentary chronically ill patients.

References: 1. Blair SN and Morris JN Healthy Hearts- and the Universal Benefits of being Physically Active: Physical Activity and Health. Ann Epidemiol 2009;19:253-256

2. Ryan S Insulin Resistance with Aging: Effects of Diet and Exercise. Sports Med.2000 Nov;30(5):327-346

3. Tulloch H Fortier M Hogg W Physical Activity Counseling in Primary Care: Who Has and Who Should Be Counseling? Patient Educ Couns 2006 Dec;64(1-3):6-20

4. Peterson JA Get Moving! Physical Activity Counseling in Primary Care. J Am Acad Nurse Pract. 2007 Jul;19(7):349-357

Disclosure of Interest: None Declared

GP-MON-214 L IMPORTANCE DES PARTENARIATS POUR LA MISE EN OEUVRE D UN PROJET DE PROMOTION DE L ACTIVITE PHYSIQUE DE TYPE ICAPS

Z. Ulmer*¹, F. Rostan², C. Simon³, V. Altermanne⁴, E. Rauscher⁵, C. Rose⁴, C. Gerhart⁶

¹Dir Développement Education Sante, INPES, Saint Denis, ², INPES, Paris, ³, Université Lyon, ⁴, RESOO, ⁵, ICAPS, ⁶, INPES, France

Historique / Origines: La société a considérablement évolué en quelques décennies et nombre de changements observés ont profondément influencé nos modes de vie. Les comportements de type sédentaire chez l'enfant et l'adolescent sont reconnus comme un problème de santé publique majeur du 21ème siècle. L'activité physique, qui a fait l'objet de recommandations françaises reprises dans le Programme National Santé Nutrition, est en effet un des déterminants majeurs de l'état de santé des individus. Si nous nous accordons sur la nécessité de favoriser l'adoption d'un mode de vie actif par les jeunes, les moyens d'y parvenir sont en revanche moins clairs.

Objectifs: Le guide d'aide à l'action promeut l'activité physique chez les jeunes. Il a entre autre pour objectif d'aider à l'identification des personnes ressources et d'optimiser leur collaboration pour mettre en oeuvre un projet de type Intervention auprès des Collégiens centrée sur l'Activité Physique et la Sédentarité (ICAPS). Il met à jour l'importance du partenariat dans la recherche de solutions durables à la pratique d'activité physique chez les jeunes.

Valeurs et principes sous-jacents: Le guide trouve ses fondements dans la multidisciplinarité et l'interdisciplinarité entre les différents acteurs. La prise en compte simultanée des facteurs individuels, l'environnement matériel et structurel ainsi que l'environnement social permet de s'inscrire dans un contexte durable et pérenne.

Fondement de connaissance/Fondement de preuve: Il se fonde sur l'étude ICAPS qui démontre l'intérêt pour la santé des jeunes de la pratique régulière de l'activité physique et développe les modalités de développement d'une offre diversifiée d'activités physiques en soulignant qu'un projet de ce type ne peut voir le jour sans la mise en place de partenariats impliquant divers acteurs de champs de compétence et de niveaux différents.

Contexte d'intervention/projet/travail: Le partenariat intersectoriel entre les divers acteurs susceptibles de jouer un rôle fondamental lors de l'élaboration, de la mise en oeuvre et du suivi du projet (Institutions, éducation, collectivités territoriales, milieu associatif...) constitue le socle de l'ouvrage. Il suggère une démarche de promotion de la santé vouée à la concertation, l'investissement, l'engagement, la collaboration de ces différents partenaires et promeut une méthodologie de travail de coopération dans la poursuite d'objectifs communs.

Méthodes: L'INPES et l'équipe ICAPS ont souhaité s'associer pour construire cet outil destiné aux acteurs de terrain afin de les accompagner dans leur démarche projet. L'approche souligne l'importance de faire appel à différents acteurs pour améliorer la qualité de vie et favoriser des lieux de vie sains en actionnant certains leviers d'action pour contourner les difficultés. Elle repose également sur les interactions dynamiques entre les individus et leur environnement physique et socio-culturel.

Résultats et Conclusions: Ce guide sera disponible au cours du premier semestre 2011 en versions papier et électronique.

Références: Simon C, Schweitzer B, Oujaa M, Wagner A, Arveiler D, Tribay E, Copin N, Blanc S, Platat C. Successful overweight prevention in adolescents by increasing physical activity: a 4-year randomized controlled intervention. Int J Obes (Lond). 2008 Oct;32(10):1489-98.

Conflit d'Intérêt: "Rien à déclarer"

GP-MON-215 WOMEN EMPOWEMENT AND PHYSICAL ACTIVITY

k. Mirzaii*¹, f. Rakhshani¹

¹health, university, Shahroud, Iran (Islamic Republic of)

Background: Exercise has been identified as an effective intervention to increase well being, and to decrease depression, anxiety and other mental illnesses and disorders . One possible site for empowering individuals with physical and sensory disabilities is sport and physical fitness activity. Participation in this setting emphasizes qualities such as achievement and mastery, and often encourages the development of self-efficacy, goal setting, cooperation, and competitiveness

Objectives: to dermine effct of physical activity on women empowerment

Underlying values and principles: physical activity context is one in which participants can respond to challenge and engage in problem-solving behavior. Therefore, individuals may develop personally empowering skills that not only contribute to success in physical activities, but also enhance effectiveness in other life situations.

Knowledge base/ Evidence base: Engaging in empowering activities enables group members to realize undeveloped potential and acquire the capacity for successful action . Competencies and perceptions are learned and developed through individuals' experiences in daily activities . This process of empowerment involves persons empowering themselves rather than being recipients of power .

Context of intervention/project/work: the qualitative study was done to determine how physical activity cloud empower women.

Methods: Focus groups were conducted with volunteers older than age 40 Iranian women. The sessions were audiotape and professionally transcribed. Constructs were researched and codes were developed.

Results and Conclusions: Participants who were physically active the said that the being physical active lead to empower them through getting more self confidence and happiness. However Personal barriers for being more physical active was included lack of time, and lack of motivation.

Disclosure of Interest: none declared

GP-MON-216 VOLVERSE CORRIENTE ANTE EL EMBARAZO AL PARTICIPAR DE UN PROGRAMA DE EJERCICIO FÍSICO

E. Peña*¹, Y. E. Giraldo¹

¹Caldas, Universidad de Caldas, Manizales, Colombia

Antecedentes: Desarrollo del Programa de ejercicio físico en las EPS de Manizales, permite comprender que el ejercicio físico estructurado acorde a las necesidades físicas, biológicas, mentales y sociales de la embarazada, ayuda a comprender la importancia del ejercicio físico en este periodo de embarazo

Objetivos: -Develar los significados atribuidos al periodo de embarazo experimentado por las mujeres gestantes de segundo y tercer trimestre de un programa de ejercicio físico.

-Establecer una caracterización del proceso de volverse corriente ante el embarazo.

Valores y principios subyacentes: Comprensión del embarazo y la gestación

Base de conocimiento / base de evidencia: O.P.S 1993 habló sobre el embarazo en Latinoamérica, auscultó la situación económica y influencia sobre la salud materna, el embarazo se convierte en obstáculo para la producción en la empresa.

Berger, plantea que todos los embarazos se acompañan de conflictos emocionales. Wells, define las pautas para el ejercicio físico en embarazo.

Contexto de la intervención / proyecto / trabajo: Manizales - Universidad de Caldas - Facultad de Ciencias para la Salud - Programa de ejercicio físico en embarazadas

Métodos: Teoría fundamentada, acorde a los momentos de recolección de datos, análisis de los datos, mediante la codificación abierta donde se establecieron inicialmente las categorías, la codificación axial, permitió la aplicación de observación y entrevista en profundidad definir las categorías estar embarazada, mujer gestante, encuentro social

Resultados y Conclusiones: Volverse corriente significa regresar en sí, a aquello que se ha dejado - el valor por el cuerpo, a conocer y comprender lo biológico y lo físico, a percibir y a vivir las relaciones sociales y encuentros por estar embarazada.

La preparación física se da desde un diagnóstico individual.

Desde la perspectiva educativa de hacer pensar a las gestantes sobre la formación que requiere se encontró que debe comprenderse la relación hombre - mujer, la proyección hacia el feto, el parto y el puerperio.

Por medio del ejercicio físico se reconoció el objeto del embarazo y la comprensión de las formas personales producto de la experiencia de estar embarazada desde la adaptación física, mental y social que se modifica y reinventa formas de ser en grupo.

El proceso de volverse corriente debe comprender

- La mujer debe encontrar un equilibrio en la ejecución de los hábitos que tenía antes y los que adquieren en el embarazo

-La actividad física debe ser enseñada desde un concepto biomecánico para el embarazo

-La preparación mental permite que la gestante conozca su realidad, la cual es enmarcada en la comprensión de los estímulos que repercuten en la emoción de gestar y en la familia que la acompaña

-La preparación social permite la comprensión de las interacciones entre las gestantes - sus compañeros - el empleo y la familia.

Declaración de intereses: No declarado

GP-MON-219 '60 MINUTES A DAY, LET'S PLAY & GET ACTIVE TODAY!' – A ROVING EXHIBITION ON PHYSICAL ACTIVITY

J. Chen^{*1}, Y. Chang¹

¹Health Information Department, Health Promotion Board, Singapore, Singapore

Background: HealthZone – a unique interactive healthy lifestyle exhibition centre of the Health Promotion Board, Singapore – was established to educate Singaporeans on various key health issues through interactive exhibits, multimedia shows, ongoing health education workshops and special healthy lifestyle events.

HealthZone constantly creates and utilizes creative methods to enhance the reach and impact of its messages. One of the latest ways explored is the use of roving exhibitions to schools. This aims to reach out to more students by offering the use of the exhibits at their doorstep. Likewise, it also aims to maximize the impact of the exhibits by disseminating its messages within the natural school environment.

This paper seeks to present the findings of a study on the effectiveness of the roving exhibition and to compare the effectiveness of the roving exhibition and permanent exhibits at HealthZone.

Objectives: This paper seeks to present findings on the:

(1) Effectiveness of the physical activity roving exhibition in terms of:

(i) Knowledge gained on the physical activity and safety messages presented.

(ii) Improvement in attitudes toward leading a more physically active lifestyle.

(2) Comparison on the effectiveness of the roving exhibition and the permanent exhibition at HealthZone in terms of:

(i) Knowledge gained on physical activity and safety messages presented.

(ii) Relative improvement in attitude toward leading a more active lifestyle.

Underlying values and principles: A roving exhibition will reach out to more schools within a school as there is greater ease of accessibility. The roving exhibition also enjoys the advantage of contextualizing the learning of knowledge and skills as students are able to visit (and revisit) the exhibit during and after school hours and during their breaks. Students are thus able to experience first-hand how physical activity can be easily woven into their daily lives.

Knowledge base/ Evidence base: Primary evidence will be collected through questionnaires evaluating the effectiveness of the roving exhibition and the permanent exhibition. An examination of both sets of primary evidence will be used in the comparison of both types of exhibitions.

Context of intervention/project/work: The physical activity roving exhibition is currently targeted at all primary school students. Its messages, activities and exhibits are tailored according to the profiles and needs of the target group. Fitness Funhouse, the permanent physical activity exhibition at HealthZone, is open to the public, including school groups of a wide range, from the pre-school levels to tertiary levels. Its messages are varied and crafted for the general populace.

Methods: Self-administered questionnaires detailing knowledge gain and application will be used for pre- and post-intervention evaluation.

Results and Conclusions: Students showed an increase in knowledge on the physical activity and safety messages presented at the roving exhibition. In addition, students also developed a more positive attitude towards leading a more physically active lifestyle. Study is underway to measure the effectiveness of the permanent exhibition and the comparison of the two types of exhibitions.

Disclosure of Interest: None declared

GP-MON-355 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-LIBERALISM SOCIETY-ITEM 1

S. SHISHIDO*¹

¹Living Science, Yogo Teacher Training Course, Teikyo Junior College, National Network of Yogo Teachers in Japan, Tokyo, Japan

Background: Child health in Japan has successfully improved so that infant mortality rate and infectious diseases have dramatically decreased since World War II because of the appropriate child health policies and planning of Japan. However, advanced technology and changes in lifestyle cause new health problems in Japanese children such as increases in STD, smoking, drug abuse or mental disorders. In order to solve the new health problems in Japanese children, new work and practices may be needed. Yogo teachers, who have been allocated in all schools as health teaching staff, may play an important role for improving such new child health problems.

Objectives: The objective of the study is to demonstrate the novel direction of school health and practices of Yogo teachers for solving recent health problem in Japanese children.

Underlying values and principles: Since Yogo teachers have activated the school health and played a key role in improving child health, we might find remedies to combat new health problems in Japan, when we comprehensively analyze the activities of school health and the practices of Yogo teachers. The new health problems experienced in Japan are probably not specific to Japan but common problems throughout the world as such health problems are a result of modern society.

Knowledge base/ Evidence base: The prevalence of infectious diseases such as parasite disease, Trachoma and Tuberculosis and chronic diseases such as kidney trouble, have dramatically decreased since World War II in Japan. In this sense, public health and school health have successfully and systematically cooperated. As the practitioner of the strategy, Yogo teachers have worked solidly on health promotion in school.

Context of intervention/project/work: We planned three analyses to find the direction of new remedies for new health problems concerning the practices of Yogo teachers; the first analysis was to clarify the status of new health problems and their background among Japanese children, the second was a historical analysis of the reports or the documents of Yogo teachers to categorize the practices of Yogo teachers; the third was to evaluate present resources.

Methods: In the analysis, we used statistical data issued by the Japanese government such as the statistics of school health by the Ministry of Education, Culture, Sports, Science and Technology, history books of school health and old reports from Yogo teachers. We analyzed the resources of human and network and the needs of children. Finally, we focused on the novel task of Yogo teachers based on the new child health problems.

Results and Conclusions: The characteristics of the health problem among Japanese children are reflected through material riches and today's competitive society. In addition, the children do not appreciate their own value and lose their self confidence in the differential society. Thus, Japanese children have both physical and psychological developmental disorders, causing complicated problems.

The novel tasks of Yogo teachers have already began to solve such new health problems in Japanese children; the integrated practices with both care and education, the collaborated practices within children's surroundings, or the trial of the creation of healthy schools. However, the expectation of Yogo teachers' practice has exceeded previous levels. We hope that more than one Yogo teacher will be allocated to each school.

Disclosure of Interest: None declared

GP-MON-356 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN NEO-LIBERALISM SOCIETY - AN ACTION OF COMMUNITY HEALTH CARE CENTRE – ITEM 8

A. Shirasawa*¹

¹Health Promotion, Health room at Kawanakajima ,National Network of Yogo Teachers in Japan, Yokosuka, Nagano, Japan

Background: Advancing from a growing number of nuclear families there a lot of mothers who are bringing up a children alone in Japan. Mothers worry more than necessary because it was said that "The child's development is a little late" by medical examiners in public health centers. When you consult a friend "It is overprotection. It is spoiling". It is worrisome that mothers do not how to treat this issue, especially when the child is truant and there are elders living in the same house, and they seek consultation on this problem. There are realities for the adult to actually have feelings of helplessness and to search for consultation for their child's problem.

Objectives: The objective of this presentation was to introduce an action of health care center a Yogo teacher operated in a community.

Underlying values and principles: Not only the difference in poverty but also the neo-liberalism society has destroyed the community. The exchange of people who were lost in the retail trade by the replacement of shops in towns, by large supermarkets and regional society has been was lost, too. It gives impetus and bringing up a child is being made isolation the further situation the nuclear family. It is possible that the health center by Yogo teachers in the community can become a means to regain the exchange between people in the regional society and we would like you to hear it for a moment.

Knowledge base/ Evidence base: For 40 years working in public elementary and junior high schools, I have listened closely to children when they visit the school nurse's office and have carefully listened to the stories of the children. I have helped in straightening out children's problems by cooperating with concerned parties surrounding the child. It was virtuous when the characteristics of the Yogo teachers were made the best use of, and there was a school health center also in the community, It was when the local populace could readily consult about stopping and connecting them.

Context of intervention/project/work: We established a health care center at home, advertised the center in the community on TV and in community papers.

Methods: There are four activities working in the community now. This is the main in the consultation activity. The person whom wants to consult first calls by telephone, and reserves a convenient day. The consultation is secured without answering the telephone even if the time reserved in about one hour is compared and other telephones hang at the consultation time. The second is lending of the book and the teaching material. About 3000 of comic books, general novels, and the other books on the body and the character and the child understanding books are in the library. Models such as the class idea, the teaching material complete set of the sex education, the health teaching plan, the teaching material sets such as teeth, joints, blood vessels, and wombs are lent. Thirdly, from the purpose of the connection and the extension to one, people come together and communicate with knitting, needlework thing, and paper folding. Fourthly, it introduces a child-nurturing lecture meeting and various circles, and it introduces the study association.

Results and Conclusions: It is the consultations of the family who has the child of the truancy that it is most in the consultation activity. It accounts from mother, the grandmother, and the aunt in 34 for 41% by 14. Next, a consultation of the character and a child-nurturing consultation continue to a lot of one that is with eight 24%, depression, bullying, and the consultations of the divorce. The situation in which the doctor, the lawyer, and cooperation should be taken away is expected. We confirmed that the community health care centre is available not only for the children but for the adults who are confronted with some difficulties.

Disclosure of Interest: None declared

GP-MON-357 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN NEO-LIBERALISM SOCIETY - THE YOGO TEACHER'S SUPPORT TO CHILD OF LONG-TERM ABSENCE- ITEM 5

S. Saito¹, S. Yamada*²

¹Health Promotion, TUKUSHINO Junior High School and National Network of Yogo Teachers in Japan, Tokyo, Japan, ²Health Promotion, Tokyo, Japan

Background: Children with long-term absence in Japan has continued to increase since the latter half of the 1980's. The school training seems for the child and the teacher to be managed, for the competition to advance, and for a lot of children of becoming it impossibility to hold out an enough hand to the child who was not able to come to the school by various circumstances and a complex, heavy circumstances to exist against the background of the neo-liberal society. It becomes staying indoors from the long-term absence and it reaches the problem of an adult who cannot be independent today.

Objectives: The objective of the presentation was to show the action of Yogo teachers for the children of long-term absence.

Underlying values and principles: The child of long-term absence often gets to related man forcing few, closing environments. As for the parents, life are in work painfully as busy a body or a mental sickness and might not be able to devote one's energies to bringing up a child.

Knowledge base/ Evidence base: School children of "long-term absence" in fiscal year 2008 excluding the sickness and the economic standpoint for 30 days or more a year are 126805 people in the whole country according to the Ministry of Education, Culture, Sports, Science and Technology school basic survey.

Context of intervention/project/work: Child's developmental theme was found, and it appealed politely while suiting, often speaking the child, often hearing, playing, and working together. Occurring time and time that was asleep were recorded to get into good trim to spend the school life of every day and it was made to consider. Life was recorded in the note in a day and it considered it.

For the parents, person in question and family's situations are heard, and supported. It contacted regularly each other.

Information supported both situations of the child and the home to the school personnel. And, it understood at the entire school, and the system of support was made.

Methods: The students of long-term absence were made to be relieved in the trouble of a surrounding person and the obstruction by appeal to the individual, encourage the making friends in the school health center.

Results and Conclusions: Children who had caused it were able to peel off and were able to stand up for the self-affirmative feeling to become independent improving by pushing with Yogo-teacher's various approaches by finding and overcoming an own problem suitable respondent to the group.

Disclosure of Interest: None declared

GP-MON-359 CHILD HEALTH PROBLEM AND THE ROLE OF YOGO TEACHERS IN NEO-LIBERAL SOCIETY -A PRACTICE OF SEX EDUCATION IN A HIGH SCHOOL- ITEM 3

F. BABA*¹, S. Hokamura²

¹Health Promotion, Tokyo Metropolitan Oedo high school and National Network of Yogo Teachers in Japan, Tokyo, Japan, ², Tokyo Metropolitan Aoi high school and National Network of Yogo Teachers in Japan,

Background: In contemporary Japan, sexual liberalization has increased and love has become more like a kind of popular fashion. With the cellular phone it is easy to gain access to sexual content and to meet sexual partners. As a result, a lot of victimization through sex crimes, unexpected pregnancies, abortion or STDS occurred among high school students. These backgrounds seem to be not only insufficient for the understanding of gender and sexuality, but also on the basis of development problems since childhood.

Objectives: The objective of this presentation was to demonstrate the significant roles of the Yogo teacher to educate on topics such as reproductive health and the rights of students through counseling and sex education.

Underlying values and principles: The Yogo teacher has considerable effective significances. Firstly, because the Yogo teacher is able to provide counseling any time students need it. Secondly, because Yogo teachers can build confidence through intimate communication in the health care room, which includes advice on solving sexual problems in the adolescent. This counseling makes students feel that he/she has been treated importantly. Thirdly, because Yogo teachers can flexibly cooperate with parents, the teacher, and the physician to deal with conflict management and preventative education. The sex education that such a Yogo teacher provides helps in understanding sexual problems and is important for the independence of sex.

Knowledge base/ Evidence base: The student who does not know how to obtain correct knowledge, can do so along with skill and judgment from the consultation, and gain power to deal with their own problems. Furthermore, in the process of counseling, the student who gives up, and says "I am trivial", become to develop self-respect. As a result, they restrain from easy and temporal sexual relations.

Context of intervention/project/work: (1) The case of consultation activity by a Yogo teacher is presented and analyzed.

(2) The case of preventative education is presented. For example, in our poster the lectures and workshops about mind and body, gender equality, human rights and a better life, cooperating with doctors and the birth attendant, will be shown.

Methods: The Yogo teacher always accepts a request for consultation and the mutual trust between the Yogo teacher and the student is built. The essence of the problem that the hearing student holds speaking is often obtained, and it judges whose support is necessary from which method. It executes it locating study and work necessary for individual and the group in the curriculum and continuously. The results are checked.

Results and Conclusions: This poster illustrates as followed:

(1)Correct knowledge concerning the body and sex is useful for improving the ability to judge ones own sexual behavior.

(2)Sex education fosters the self respect and the power to think about ones own life and health positively. This means that the Yogo teacher is a key person, important for health promotion.

Disclosure of Interest: None declared

GP-MON-360 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN NEO-LIBERALISM SOCIETY - A TRIAL ON SCHOOL HEALTH PROMOTION IN NEPAL – ITEM 9

C. SHINTANI^{*1}

¹Health Promotion, EIFUKU Elementary School , NPO SATHI Foundation, Tokyo, Japan

Background: In Japan, the health promotion and health education by Yogo teachers, who are allocated to every school, have been promoted to child health and development. We wondered whether Yogo teacher play an important role for the child health in other countries except Japan.

Objectives: The objectives of our presentation were to confirm the possibility of knowledge and methods of Yogo teachers' and clarify the problem and difficulties for child health promotion in Nepal.

Underlying values and principles: In Nepal, the school health education has been the lecture style on prevention of decayed tooth so far. The education form is not enough that children do not motivate to do what they learn. Because Yogo teachers' instruction are involvement style, which urge to do what children learn and understand, the teaching style may be effective to improve child health.

Knowledge base/ Evidence base: A four-year intervention program clarified the health problem in the community, gave priority to the problems, and practiced for the solution. The program resulted that both the children and the teachers have taken care of own health. Also, Female Community Volunteer Group in the community were cooperated the program, and initiated to diffuse "washing hands prevent infectious disease" and "farm production should be kept in some for family nutrition". They published health magazines and advertised health knowledge not only in school but in community.

Context of intervention/project/work: SATHI Foundation started School Health Program in Dhading District, Nepal in 2005. They selected three model schools, and examined health screening test for children. The practices were performed one by one school in order that the local staff observed and understood the program effectively. We supported the operation of health screening, analysis of health problem, and reporting the health problems for the local government.

Methods: In the first model school, "the facilitator", who took charge of health promotion was selected. We supported the facilitator to examine a health screening test for children and analyzed the results of the test, and discussed the solution of the health problems. We also backed up them to request a support of the local government. For example, The health screening test resulted that 60% of children were infected parasite, that many children indicated the symptom of stomachache and diarrhea, and that their growth indicators were low level as ages. Therefore, we focused on the prevention of parasite infection, and requested the local government to spend money for health screening test of children. The teachers and facilitators of other model schools observed the practices in order that the program would be accomplished by local community base.

Results and Conclusions: We confirmed the knowledge and methods of Yogo teachers' were effective even in Nepal. Since Yogo teachers' methods are based on the fact of child health by means of health check and screening test, clarify the problems on child health, it was effective and sustainable even for the teachers in Nepal.

Finally, we clarify the problem and difficulties for child health promotion in Nepal. One is the caste and gender discrimination; when only one Yogo teacher (or health facilitator) is allocated in a school, there may be some conflicts between teachers. If some facilitates are allocated in a school, the problem may be solved. On the other hands, child (health) club were easily established in the school because they are familiar with child club in Nepal.

Disclosure of Interest: None declared

GP-MON-361 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-LIBERALISM SOCIETY -AN ACTION ON MEDIA AND HEALTH IN JUNIOR HIGH SCHOOL STUDENTS-ITEM 6

J. Matumoto^{*1}

¹Health Promotion, Miyuki junior high School ,National Network of Yogo Teachers in Japan, Kanagawa, Japan

Background: Since 1970's, many kinds of media methods such as television, video games, PC, mobile phone etc. have prevailed in Japan. Sixty percent of our school students (N=485) watch TV for more than 3 hours a day and ninety percent of students have mobile phones. Among them, the more excessive users of mobile e-mails or games, the more unhealthy problems they have such as irregular life styles, e-mail abuse, sleep disorder or communication problems with friends.

Objectives: The objective of the presentation is to introduce an action which the students realized their own health problems, developed the hypothesis that the media devices might influence their health problems, and tried to improve their life style in order to solve their health problem.

Underlying values and principles: Action of children with autonomy is important to develop their ability for living, health improvement, and manifestation of their opinions. We would like to show the action by children.

Knowledge base/ Evidence base: As we mentioned above, sixty percent of students in school spend more than three hours a day watching TV and ninety percent of students have mobile phones. We do not know the harmful influence of these media devices on child health yet.

Context of intervention/project/work: Some students in the classes were selected as the health committee. They discussed their own health problems, decided their health goals by themselves, and put it into practice. They also investigated the health knowledge concerning their health problems, evaluated their practice, and gave a presentation on those process to the other students in a school festival and school assembly.

Methods: The students health committee decided the theme "the influence of media on health" as their goal, examined their life style as students, learned about the information on media and health and gave a presentation at a school festival.

Results and Conclusions: The action of students with autonomy in the health committee were motivated to improve their own health. They realized that they spent many hours using media devices, and reported that e-mail from friends controlled their life style. The visitors of their presentation including other students, were their parents and neighbors who were interested in their presentation about such e-mail abuse, game brain, harmful electromagnetic waves, and sexual crime portrayed by media. Afterwards, the community initiated learning and discussion on the matter children having mobile phones.

Disclosure of Interest: None declared

GP-MON-362 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-LIBERALISM SOCIETY - A PRACTICE OF SEX EDUCATION IN A COLLEGE

F. Tomiyama¹, S. Shishido*¹

¹Health science subject, Teikyo junior college, National Network of Yogo Teachers in Japan, Tokyo, Japan

Background: Sexual problems among female college students are terribly serious in Japan. We started a counseling room for students' health problems in our women's college. Since then, most issues for counseling have been associated with sexual problems such as unwanted pregnancy, abortion, damage through rape or molestation, STD, and prostitution. The reasons for these issues lie in the unscientific information on sex they had received, sexual behavior without love, a lack of communication between men and women, and thoughtless sense of birth. Support for the college students on sexual problems and the sexual education to understand the humanity of sex and to create it by themselves will be needed as an emergency topic.

Objectives: The objective of the presentation is to show the present status of sexual issues in college students and as a clue to help solving their problems.

Underlying values and principles: The learning of the bodily system and of sex is extremely important, especially in young people to avoid sexual problems. However, the sexual education of schools is not enough because the teachers who try to teach it have been banished from the school system in Japan. The young people who are deprived proper knowledge about the body and sex based on humanity are apt to become involved into sexual business. Therefore, our study and practices may be significant for improving sexual problems among college students and helping young people live their own sex.

Knowledge base/ Evidence base: The program was effective for the college students to change their sexual behavior.

Context of intervention/project/work: We planned two parts of practice. One was the personal counseling by Yogo teachers, which counsel on individual problems and support on issues. Second was the lectures by Yogo teachers to give scientific sexual knowledge, find the appropriate partnership, solve their own issue by themselves, and establish their own life.

Methods: As for counseling, at least one Yogo teacher stayed in the health center in the college. The students could come to the health center any time and take the counseling. The Yogo teacher instructed and supported the problems of the students such as introducing a hospital, and investigated the background of the sexual problem. In serious cases, the teachers committee discussed and decided to give lectures on sexual education. In the lectures, we instructed on the methods of contraception, abortion, STD, and communication between man and woman, and stressed birth control as the responsibility of both sexes.

Results and Conclusions: Many college students had had trouble associated with sexual issues in many ways. Since the Yogo room and teachers were available in the college, the condition of sexual behavior in the college students was revealed, the personal counseling has solved sexual issues among the college students, and the sharing of the same recognition with other teachers has caused the lectures of sex education in the college.

Disclosure of Interest: none declared

GP-MON-363 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-LIBERALISM SOCIETY - A TRIAL ON SCHOOL HEALTH PROMOTION IN NEPAL – ITEM 9

C. SHINTANI^{*1}

¹Health Promotion, EIFUKU Elementary School and NPO SATHI Foundation, TOKYO, Japan

Background: In Japan, the health promotion and health education by Yogo teachers, who are allocated to every school, have been promoted to child health and development. We wondered whether Yogo teacher play an important role for the child health in other countries except Japan.

Objectives: The objectives of our presentation were to confirm the possibility of knowledge and methods of Yogo teachers' and clarify the problem and difficulties for child health promotion in Nepal.

Underlying values and principles: In Nepal, the school health education has been the lecture style on prevention of decayed tooth so far. The education form is not enough that children do not motivate to do what they learn. Because Yogo teachers' instruction are involvement style, which urge to do what children learn and understand, the teaching style may be effective to improve child health.

Knowledge base/ Evidence base: A four-year intervention program clarified the health problem in the community, gave priority to the problems, and practiced for the solution. The program resulted that both the children and the teachers have taken care of own health. Also, Female Community Volunteer Group in the community were cooperated the program, and initiated to diffuse "washing hands prevent infectious disease" and "farm production should be kept in some for family nutrition". They published health magazines and advertised health knowledge not only in school but in community.

Context of intervention/project/work: SATHI Foundation started School Health Program in Dhading District, Nepal in 2005. They selected three model schools, and examined health screening test for children. The practices were performed one by one school in order that the local staff observed and understood the program effectively. We supported the operation of health screening, analysis of health problem, and reporting the health problems for the local government.

Methods: In the first model school, "the facilitator", who took charge of health promotion was selected. We supported the facilitator to examine a health screening test for children and analyzed the results of the test, and discussed the solution of the health problems. We also backed up them to request a support of the local government. For example, The health screening test resulted that 60% of children were infected parasite, that many children indicated the symptom of stomachache and diarrhea, and that their growth indicators were low level as ages. Therefore, we focused on the prevention of parasite infection, and requested the local government to spend money for health screening test of children. The teachers and facilitators of other model schools observed the practices in order that the program would be accomplished by local community base.

Results and Conclusions: We confirmed the knowledge and methods of Yogo teachers' were effective even in Nepal. Since Yogo teachers' methods are based on the fact of child health by means of health check and screening test, clarify the problems on child health, it was effective and sustainable even for the teachers in Nepal.

Finally, we clarify the problem and difficulties for child health promotion in Nepal. One is the caste and gender discrimination; when only one Yogo teacher (or health facilitator) is allocated in a school, there may be some conflicts between teachers. If some facilitates are allocated in a school, the problem may be solved. On the other hands, child (health) club were easily established in the school because they are familiar with child club in Nepal.

Disclosure of Interest: None Declared

GP-MON-364 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-LIBERALISM SOCIETY –A PRACTICE OF SEX EDUCATION IN AN ELEMENTARY SCHOOL AND JUNIOR HIGH SCHOOL- ITEM 2

Y. SATO*¹, A. Shirasawa²

¹Health Promotion, National Network of Yogo Teachers in Japan, Fukushima, ²Health Promotion, National Network of Yogo Teachers in Japan, Nagano, Japan

Background: The excesses of information on sexual topics in today's society, sexual experiences at younger ages and an increase in the prevalence of STD and HIV/AIDS prevails in Japan. However, both national and local governments have altered sex education lessons in schools, for example teachers can not use the words "vagina" or "penis" and the educational devices associated with these words in school, which is resulting in school teachers experiencing difficulties in teaching sexual education. As everyone knows, children have an interest in sex and should be educated or taught the proper and scientific knowledge on the system of the body as a human right.

Objectives: The objective of the presentation is to introduce our sexual education lessons in order to achieve self affirmative feelings, promote human rights, and create a sense of symbiosis.

Underlying values and principles: Learning about body and life is a human rights. It is important for children to secure the opportunity for its learning. The appropriate learning on self-roots, physical growth and development, sexuality as communication helps the children grow their identity, receive their own sex, and respect the other sex. Learning about sex is effective to achieve their sexuality.

Knowledge base/ Evidence base: We had no statistical evidence but the remarks of children on the lessons. When they learn about the growth of the embryo in mother's womb and the role of the umbilical cord, they understand the wonderful female body and learn about the bodily system with interest and surprise. This learning gave them their self consciousness and self and life respect. One pregnant mother expressed her thanks that her second daughter, who had not wanted the mother to have the third baby became to gently touch her mother's tummy after the lessons. These episodes may be certain evidences.

Context of intervention/project/work: The syllabus was examined with the classroom teacher, and the best way to advance was through team teaching, but only along with a Yogo teacher. The classroom teacher observed learning and both expressions and announcements etc. of the children under the class without any problems, the class paper containing the content was distributed to their homes, without any problems, and it informed them of the atmosphere of the class. It was made to satisfy the demand of parents who were thinking about visiting the classroom to learn together with their child to announce parents' feelings after their child was born, gaining cooperation, and to occasionally see the class. The Yogo teacher also outlined the content of study together with the children's impressions and distributed it to their homes, which further informed them.

Methods: We achieved sex education lessons through the general program, cooperated with other teachers, and prepared special devices for the lessons. We also focused on child behavior after these lessons, and programmed the parent observation of the lessons.

Results and Conclusions: Continuous sex education lessons as part of human life, including scientific knowledge, through child development let them understand human behavior, gave family dialog, and shared their knowledge. Sex education has now become part of the general school program.

Disclosure of Interest: None declared

GP-MON-365 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-LIBERALISM SOCIETY-ITEM 1-

S. SHISHIDO*¹

¹Living Science, Yogo Teacher Training Course, Teikyo Junior College&National Network of Yogo Teachers in Japan, shibuya, Japan

Background: Child health in Japan has successfully improved so that infant mortality rate and infectious diseases have dramatically decreased since World War II because of the appropriate child health policies and planning of Japan. However, advanced technology and changes in lifestyle cause new health problems in Japanese children such as increases in STD, smoking, drug abuse or mental disorders. In order to solve the new health problems in Japanese children, new work and practices may be needed. Yogo teachers, who have been allocated in all schools as health teaching staff, may play an important role for improving such new child health problems.

Objectives: The objective of the study is to demonstrate the novel direction of school health and practices of Yogo teachers for solving recent health problem in Japanese children.

Underlying values and principles: Since Yogo teachers have activated the school health and played a key role in improving child health, we might find remedies to combat new health problems in Japan, when we comprehensively analyze the activities of school health and the practices of Yogo teachers. The new health problems experienced in Japan are probably not specific to Japan but common problems throughout the world as such health problems are a result of modern society.

Knowledge base/ Evidence base: The prevalence of infectious diseases such as parasite disease, Trachoma and Tuberculosis and chronic diseases such as kidney trouble, have dramatically decreased since World War II in Japan. In this sense, public health and school health have successfully and systematically cooperated. As the practitioner of the strategy, Yogo teachers have worked solidly on health promotion in school.

Context of intervention/project/work: We planned three analyses to find the direction of new remedies for new health problems concerning the practices of Yogo teachers; the first analysis was to clarify the status of new health problems and their background among Japanese children, the second was a historical analysis of the reports or the documents of Yogo teachers to categorize the practices of Yogo teachers; the third was to evaluate present resources.

Methods: In the analysis, we used statistical data issued by the Japanese government such as the statistics of school health by the Ministry of Education, Culture, Sports, Science and Technology, history books of school health and old reports from Yogo teachers. We analyzed the resources of human and network and the needs of children. Finally, we focused on the novel task of Yogo teachers based on the new child health problems.

Results and Conclusions: The characteristics of the health problem among Japanese children are reflected through material riches and today's competitive society. In addition, the children do not appreciate their own value and lose their self confidence in the differential society. Thus, Japanese children have both physical and psychological developmental disorders, causing complicated problems.

The novel tasks of Yogo teachers have already began to solve such new health problems in Japanese children; the integrated practices with both care and education, the collaborated practices within children's surroundings, or the trial of the creation of healthy schools. However, the expectation of Yogo teachers' practice has exceeded previous levels. We hope that more than one Yogo teacher will be allocated to each school.

Disclosure of Interest: None declared

GP-MON-366 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-LIBERALISM SOCIETY - AN ACTION OF SCHOOL HEALTH PROMOTION ON COMPUTER GAME DEPENDENCE -ITEM 7

A. Saito*¹

¹Health Promotion, FUCHU SECOND Elementary School, National Network of Yogo Teachers in Japan, Tokyo, Japan

Background: At that time, a social, economical situation of the counterplan are reflected dark as for the health matter that the child in Japan holds. The Yogo teacher understands the current state in the state of the mind of the child from relations in the school life and the school health center of daily life. As a result, it was thought that the disorder of the life rhythm by playing lack of sleep, the breakfast pulling out, and the computer game and the TV watching, etc. for a long time was a healthy problem.

Objectives: The objectives of our presentation was to change into healthier life style in the children

Underlying values and principles: Social and economic status have effected on the unhealthy life style in children such as computer games and TV. Our action may provide one of strategies to improve healthy life style in children.

Knowledge base/ Evidence base: It discussed at the school health committee, and the life investigation of actual conditions of the child was done. 50%(The child was included for three hours or more in this) and girls were 27% for 73% an hour and 2 hours or more for the boy one hour the sixth grader 2002 year 50% in the data and 2 hours or more. 93% an hour and 2 hours or more are 7% in 65% for the boy 35% an hour and 2 hours or more and girls in 2004. Children who came to the school health center included the computer child who played a game for three hours or more. It was a child who cannot concentrate on study not calm.

Context of intervention/project/work: To study the evil of the game dependence, and to achieve a healthy life rhythm in cooperation with the child, the parents, and another school personnel, the life rhythm card was done as a concrete way. Child's impression and parent's word were made to write it on the practice card of the life rhythm card. The charge was able to catch a glimpse of the appearance of child's home by checking the card. The charge's child understanding is however different so. Moreover, Yogo teacher mailed the letter every week. The child's reaction with the card and the parent's reaction in that were put.

Methods: To change into healthier life style in the children, we shared the information on children's life style with other school teachers and their parents, and got children recognized their own life style and change into healthier life style with their parents.

Results and Conclusions: Our action has succeeded to change into healthier life style in the children;

Children reviewed own life by this practice, and a healthy life making was started from the game dependence. Also, both their teachers and parents understood the harmful effect of the computer games.

Disclosure of Interest: None declared

GP-MON-367 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-LIBERALISM SOCIETY - A PRACTICE OF SEX EDUCATION IN A COLLEGE- ITEM 4

F. TOMIYAMA^{*1}, S. SHISHIDO²

¹Health science subject, ²Living Science, Yogo Teacher Training Course, Teikyo junior college, Tokyo, Japan

Background: Sexual problems among female college students are terribly serious in Japan. We started a counseling room for students' health problems in our women's college. Since then, most issues for counseling have been associated with sexual problems such as unwanted pregnancy, abortion, damage through rape or molestation, STD, and prostitution. The reasons for these issues lie in the unscientific information on sex they had received, sexual behavior without love, a lack of communication between men and women, and thoughtless sense of birth. Support for the college students on sexual problems and the sexual education to understand the humanity of sex and to create it by themselves will be needed as an emergency topic.

Objectives: The objective of the presentation is to show the present status of sexual issues in college students and as a clue to help solving their problems.

Underlying values and principles: The learning of the bodily system and of sex is extremely important, especially in young people to avoid sexual problems. However, the sexual education of schools is not enough because the teachers who try to teach it have been banished from the school system in Japan. The young people who are deprived proper knowledge about the body and sex based on humanity are apt to become involved into sexual business. Therefore, our study and practices may be significant for improving sexual problems among college students and helping young people live their own sex.

Knowledge base/ Evidence base: The program was effective for the college students to change their sexual behavior.

Context of intervention/project/work: We planned two parts of practice. One was the personal counseling by Yogo teachers, which counsel on individual problems and support on issues. Second was the lectures by Yogo teachers to give scientific sexual knowledge, find the appropriate partnership, solve their own issue by themselves, and establish their own life.

Methods: As for counseling, at least one Yogo teacher stayed in the health center in the college. The students could come to the health center any time and take the counseling. The Yogo teacher instructed and supported the problems of the students such as introducing a hospital, and investigated the background of the sexual problem. In serious cases, the teachers committee discussed and decided to give lectures on sexual education. In the lectures, we instructed on the methods of contraception, abortion, STD, and communication between man and woman, and stressed birth control as the responsibility of both sexes.

Results and Conclusions: Many college students had had trouble associated with sexual issues in many ways. Since the Yogo room and teachers were available in the college, the condition of sexual behavior in the college students was revealed, the personal counseling has solved sexual issues among the college students, and the sharing of the same recognition with other teachers has caused the lectures of sex education in the college.

Disclosure of Interest: None declared

GP-MON-368 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-LIBERALISM SOCIETY -AN ACTION ON MEDIA AND HEALTH IN JUNIOR HIGH SCHOOL STUDENTS-ITEM 6

J. MATUMOTO*¹

¹Health Promotion, Miyuki junior high School, Kanagawa, Japan

Background: Since 1970's, many kinds of media methods such as television, video games, PC, mobile phone etc. have prevailed in Japan. Sixty percent of our school students (N=485) watch TV for more than 3 hours a day and ninety percent of students have mobile phones. Among them, the more excessive users of mobile e-mails or games, the more unhealthy problems they have such as irregular life styles, e-mail abuse, sleep disorder or communication problems with friends.

Objectives: The objective of the presentation is to introduce an action which the students realized their own health problems, developed the hypothesis that the media devices might influence their health problems, and tried to improve their life style in order to solve their health problem.

Underlying values and principles: Action of children with autonomy is important to develop their ability for living, health improvement, and manifestation of their opinions. We would like to show the action by children.

Knowledge base/ Evidence base: As we mentioned above, sixty percent of students in school spend more than three hours a day watching TV and ninety percent of students have mobile phones. We do not know the harmful influence of these media devices on child health yet.

Context of intervention/project/work: Some students in the classes were selected as the health committee. They discussed their own health problems, decided their health goals by themselves, and put it into practice. They also investigated the health knowledge concerning their health problems, evaluated their practice, and gave a presentation on those process to the other students in a school festival and school assembly.

Methods: The students health committee decided the theme "the influence of media on health" as their goal, examined their life style as students, learned about the information on media and health and gave a presentation at a school festival.

Results and Conclusions: The action of students with autonomy in the health committee were motivated to improve their own health. They realized that they spent many hours using media devices, and reported that e-mail from friends controlled their life style. The visitors of their presentation including other students, were their parents and neighbors who were interested in their presentation about such e-mail abuse, game brain, harmful electromagnetic waves, and sexual crime portrayed by media. Afterwards, the community initiated learning and discussion on the matter children having mobile phones.

Disclosure of Interest: None declared

GP-MON-369 CHILD HEALTH PROBLEMS AND THE ROLE OF YOGO TEACHERS IN A NEO-A PRACTICE OF SEX EDUCATION IN A HIGH SCHOOL –ITEM 3

F. BABA*¹, S. HOKAMURA²

¹Health Promotion, Tokyo Metropolitan O-edo Senior High School and National Network of Yogo Teachers in Japan, ²Health Promotion, Tokyo Metropolitan Aoi Senior high school, Tokyo, Japan

Background: In contemporary Japan, sexual liberalization has increased and love has become more like a kind of popular fashion. With the cellular phone it is easy to gain access to sexual content and to meet sexual partners. As a result, a lot of victimization through sex crimes, unexpected pregnancies, abortion or STDs occurred among high school students. These backgrounds seem to be not only insufficient for the understanding of gender and sexuality, but also on the basis of development problems since childhood.

Objectives: The objective of this presentation was to demonstrate the significant roles of the Yogo teacher to educate on topics such as reproductive health and the rights of students through counseling and sex education.

Underlying values and principles: The Yogo teacher has considerable effective significances. Firstly, because the Yogo teacher is able to provide counseling any time students need it. Secondly, because Yogo teachers can build confidence through intimate communication in the health care room, which includes advice on solving sexual problems in the adolescent. This counseling makes students feel that he/she has been treated importantly. Thirdly, because Yogo teachers can flexibly cooperate with parents, the teacher, and the physician to deal with conflict management and preventative education. The sex education that such a Yogo teacher provides helps in understanding sexual problems and is important for the independence of sex.

Knowledge base/ Evidence base: The student who does not know how to obtain correct knowledge, can do so along with skill and judgment from the consultation, and gain power to deal with their own problems. Furthermore, in the process of counseling, the student who gives up, and says "I am trivial", become to develop self-respect. As a result, they restrain from easy and temporal sexual relations.

Context of intervention/project/work: (1) The case of consultation activity by a Yogo teacher is presented and analyzed.

(2) The case of preventative education is presented. For example, in our poster the lectures and workshops about mind and body, gender equality, human rights and a better life, cooperating with doctors and the birth attendant, will be shown.

Methods: The Yogo teacher always accepts a request for consultation and the mutual trust between the Yogo teacher and the student is built. The essence of the problem that the hearing student holds speaking is often obtained, and it judges whose support is necessary from which method. It executes it locating study and work necessary for individual and the group in the curriculum and continuously. The results are checked.

Results and Conclusions: This poster illustrates as followed:

(1) Correct knowledge concerning the body and sex is useful for improving the ability to judge ones own sexual behavior.

(2) Sex education fosters the self respect and the power to think about ones own life and health positively. This means that the Yogo teacher is a key person, important for health promotion.

Disclosure of Interest: None declared

GP-MON-370 SURVIVAL, PROTECTION AND DEVELOPMENT ISSUES IN JAPANESE CHILDREN BASED ON THE 'ANNUAL REPORT OF PHYSICAL AND MENTAL HEALTH AMONG CHILDREN'

S. Noi¹, J. Ueno², A. Shikano³, M. Sakamoto⁴, T. Masaki⁴

¹Faculty of Education, Saitama University, Saitama, ²Faculty of Sport Science, Nippon Sport Science University, Tokyo, ³Graduate School of Education, Saitama University, Saitama, ⁴NGO, Japanese Society for the Protection of Children, Tokyo, Japan

Background: Beginning in the 1960s, the period of Japan's high economic growth, unusual changes have been observed in children's health issues relating to their survival, protection and development. These issues include "abnormalities" which are not necessarily indications of disease, but also neither indications of health.

Objectives: In this report, we would like to provide a picture of the health problems among children in Japan, which is known across the world as a wealthy, first world nation. We would like to make our report based upon the following four categories: "survival," "protection," "development," and "lifestyle."

Underlying values and principles: Based on our ethical responsibility to actualize the tenets of the 'Conventions on the Rights of the Child,' it is our mission to amass "evidence" relating to the reality concerning the status of children's health in Japan, and to continue the "advocacy" of such knowledge both within Japan and abroad in order that it become the collective property of all peoples.

Knowledge base/ Evidence base: This report focuses on the following conditions that are appearing among children in Japan: stillbirths, suicide, poor visual acuity, allergies, autonomic nervous function, higher nervous function, and time to bed.

Context of intervention/project/work: In order to resolve such health problems, we have been holding an annual conference entitled, "Annual Meeting on Physical and Mental Health among the Children," organized by the National Network of the Physical and Mental Health in Japanese Children. There, we meet with many teachers, health promotion experts, physicians, parents, and children, and continue a discussion on issues surrounding children's physical and mental health, based on the 'Annual Report of Physical and Mental Health among the Children.'

Methods: The 'Annual Report of Physical and Mental Health among the Children 2009,' which forms the basis for our report, publishes information on children's health problems based on the four categories of "survival," "protection," "development," and "lifestyle." The sources for the data provided are varied. They include: domestic and international trends, publicized governmental statistics, as well as the research results of the network named above, and its individual members.

Results and Conclusions: The main findings were as follows; 1) The stillbirth ratio of boys to girls has been increasing yearly. 2) The rate of suicide among children has seen a slight yearly increase. 3) Poor visual acuity of children has been increasing yearly. 4) Allergies among children has been increasing yearly. 5) Developmental and physical disorders of the autonomic nervous system among children were observed. 6) Developmental disorders of the higher nervous system have been observed among children. 7) Time to bed among children has become delayed yearly.

As evidenced above, our annual report was very effective in making clear the physical and mental health problems among children.

References: The national network of physical and mental health in Japanese children (2009) Annual Report of Physical and Mental Health among the Children in 2009. Bookhouse HD, Tokyo.

Disclosure of Interest: Ever since the 1960s in Japan, "abnormalities" that are indications neither of disease nor of health, have begun to appear in children's physical and mental health conditions. In these circumstances, the initiation of a discussion based on the evidence regarding children's physical and mental health has become a crucial "first step" in the search for effective strategies for resolution.

Thus, we think that, in order to solve the health issues of children around the world, we must make a "World Report on Children's Physical and Mental Health."