

SYM-MON-001 THE VALUE OF THE ARTS, THEATRE AND MUSIC IN PROMOTING HEALTH AND TACKLING HEALTH INEQUALITIES

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General description: Do the arts and music have any role in contributing to the task of tackling growing health inequalities within and between countries? This is a relevant question to ask in light of the recent report from the Commission on the Social Determinants of Health, Closing the Gap in a Generation (CSDH, 2008), which contains no references to the role of the arts. It is understandable that the arts are absent from discussions of some of the serious and pressing structural challenges the Commission attempted to grapple with in poorer countries in the world – poor housing, lack of secure water supplies, poverty and hazardous working conditions. Nevertheless, the absence of any mention of the arts is surprising, given that the Commission sought 'to make recommendations for actions to address health inequities'. There are in fact, many examples of initiatives from around the world the report could have profiled, in which the power of the arts have a key role in tackling health inequalities. The field of arts and health is attracting growing interest around the world. This is illustrated by the appearance of three new journals during 2009 reporting research on the role of the arts in health promotion and health care: 'Arts and Health: An international journal for research, policy and practice', 'Applied Arts and Health', and 'Music and Medicine'. The international dimension of arts and health research is reflected in the first of these journals through national 'state of the art' reviews covering England, the United States and Australia. Further overviews will appear for Canada, Sweden and Norway. The purpose of this symposium is to present a number of papers which illustrate the power of the arts to address health inequality issues arising out of social disadvantage, social stigma, discrimination and environmental pollution, all of which damage health and contribute to health inequities between and within countries.

Objective(s):

1. To demonstrate the value of the arts and music in promoting health and tackling health inequalities, with examples drawn from the UK, the USA and sub-Saharan African countries
2. To critically reflect on the contributions and limitations of arts and music-based interventions in the light of the recent Commission on the Social Determinants of Health report
3. To stimulate further research and development in the area of arts, music and health, particularly in non-western, low and middle income countries

SYM-MON-002 THE DEVELOPMENT AND EVALUATION OF A SINGING GROUP NETWORK FOR MENTAL HEALTH SERVICE USERS IN THE SOUTH EAST OF ENGLAND

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Background: The prevalence of mental illness in UK adults is estimated between 1 in 6 and 1 in 4. Severe mental illness in England is reported in 1 in 50 adults. In 2007/8, 1.2 million people were in contact with specialist mental health services, an increase of 3.4% from the previous year. Around 130,000 people a year are admitted into acute care. Effective and cost-efficient ways are needed to help prevent, treat and support recovery from mental illness. There is increased interest in the UK in the role of arts and music in helping to support the recovery process.

Objectives: To establish and evaluate a network of singing groups for mental health service users in recovery from severe and enduring mental health issues, across the district of East Kent, UK.

Underlying values and principles: Cultural participation in creative activity and music-making is a social good that should be available to all. Such activities can also provide individual and social resources promoting personal empowerment, skill development and social participation and inclusion. Such resources can help to promote a sense of personal and social wellbeing fundamental to health.

Knowledge base/ Evidence base: There is increasing evidence of the value of group singing for promoting health and wellbeing, and also for helping people with long-term physical and mental health issues improve their quality of life. Clift, Hancox, Staricoff and Whitmore (2008) have systematically mapped and reviewed existing research on singing and health.

Context of intervention/project/work: The project described has been developed in collaboration with the Eastern and Coastal Kent Primary Care Trust. East Kent includes communities, especially along the coastal fringes, having a high level of multiple deprivation and mental ill health. The health trust is interested in cost-effective initiatives in helping with mental health recovery and prevention of relapse and re-entry into acute mental health services. A central role in setting up the network has been played by an existing singing group, The Mustard Seed Singers, which was started by a mental health service user with a musical background, who thought that singing in a group would be beneficial for people attending a day centre that supports mental health service users in the community.

Methods: A longitudinal observational design with a high level of service-user involvement and feedback is being followed in evaluating the network initiative. Two standardised measures, the 'Clinical Outcomes in Routine Evaluation' questionnaire and the ED-5Q are being used to assess the effects of participation, with baseline measures and repeat measures at three and six months. Qualitative evaluation is also being undertaken through observation and feedback from participations and facilitators.

Results and Conclusions: The project is currently underway and in the first three months a network of seven singing groups with over 90 participants has been successfully established throughout the East Kent area. The presentation will discuss the processes of establishing the network including funding issues, collaborative working, recruitment methods, the training of the singing group facilitators and the development of the core repertoire. The results from a longitudinal evaluation over the first nine months of the network will be presented, which includes qualitative evidence, findings from established quality of life and clinical measures, together with considerations of cost-effectiveness. Initial indications are that the singing groups are highly valued by participants. A short extract from a DVD of the network choir performing will be played towards the end of the presentation.

References: Clift, S., Hancox, G., Staricoff, R. and Whitmore, C. (2008) A systematic mapping and review of research on singing and health, Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University.

Disclosure of Interest: None declared

SYM-MON-003 IS THERE A ROLE FOR THE ARTS IN ADDRESSING HEALTH INEQUALITIES WITHIN SUB-SAHARAN AFRICA?

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Background: Within the Commission on Social Determinants of Health report 'Closing the Gap in a Generation' (CSDH, 2008) there was no mention of a role for the arts in addressing stark health inequalities within and between countries in the poor regions of the globe. This is surprising since important examples of arts-based initiatives of relevance to addressing social and health inequalities could have been given. Two remarkable South American projects, for instance, El Sistema in Venezuela and the work of Grupo Cultural AfroReggae in Brazil, provide significant examples of the power of music in transforming the lives and opportunities of young people in communities challenged by cultures of violence and drug use. More attention is needed to the contributions that the arts can make in challenging health inequalities in the lowest income countries, and particularly in sub-Saharan Africa, a region with the poorest health profiles in the world.

Objectives: To identify arts focused initiatives being delivered in Sub-Saharan countries with a particular focus on Rwanda, South Africa and Zimbabwe that directly address issues of health promotion and public health improvement.

Underlying values and principles: Participation in creative activity and music-making can provide individual and social resources promoting personal empowerment, skill development and social participation and inclusion, all of which help to promote a sense of personal and social wellbeing fundamental to health.

Knowledge base/ Evidence base: Arts and health is a newly emerging field of practice and research, with a growing evidence-base reflected in recently established journals such as 'Arts & Health: an international journal for research, policy and practice' and 'Applied Arts and Health'. As yet, however, no attempts have been made to systematically investigate the role of arts and music in health interventions in sub-Saharan African contexts. In a recent analysis of health promotion strategies in Africa, Sanders, Stern, Struthers, Ngulube and Onya (2008) point to the limitations of Western models applied in African contexts for their lack of cultural sensitivities.

Context of intervention/project/work: During fieldwork in Rwanda in late 2008, the first author witnessed the positive impact on community health, cohesion and economic development of the Barefoot Artist Initiative within a genocide survivors' village. A fellowship on the Clore Leadership Programme in London gave him the opportunity to identify further examples of arts and music based health promotion activities in sub-Saharan African contexts.

Methods: In this preliminary pilot investigation, internet searches and personal contacts were employed to identify 17 artist-led health-related creative arts initiatives being delivered in sub-Saharan countries, and mainly Rwanda, Zimbabwe and South Africa. Information on these projects was gathered through email and telephone contacts with project leaders, using a common set of questions regarding the origins, aims, art forms, scale, funding and evaluation of the initiatives.

Results and Conclusions: The projects involved many different art forms but all had at their core an aim of promoting health and wellbeing and addressing social determinants of health. The origins, delivery, scale and evaluations of three projects in particular will be described. A weakness across most projects was the level or research and evaluation of the work delivered, but some schemes did manage to produce compelling qualitative feedback from participants. It is concluded that a role for the arts definitely exists within sub-Saharan countries in helping to address their enormous health challenges.

References: CSDH (2008) Closing the gap in a generation: Health equity through action on the social determinants of health. Final report of the Commission on the Social Determinants of Health, Geneva: World Health Organization.

Sanders, D., Stern, R., Struthers, P., Ngulube, T.J. & Onya, H. (2008) What is needed for health promotion in Africa: band-aid, live aid or real change? *Critical Public Health*, 18(4), 509-519.

Disclosure of Interest: None declared

SYM-MON-004 THE ROLE OF FORUM THEATRE IN RAISING AWARENESS AND GALVANIZING SOCIAL ACTION IN RESPONSE TO ENVIRONMENTAL HEALTH RISKS IN TEXAS / LOUISIANA, USA

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Background: The NIEHS Center in Environmental Toxicology created a curriculum (“Tox & Risk”) grounded in the experiential techniques of Augusto Boal’s Theatre of the Oppressed (TO) and the bidirectional pedagogical principles of Paul Freire. This program seeks equity between local knowledge and professional expertise, promotes scientific literacy, and assists communities in developing capacity to advocate for change and collaborate effectively with university researchers in community-based participatory research.

Objectives: 1) to demonstrate how Augusto Boal’s Theatre of the Oppressed (TO) facilitates grasp of environmental public health and a performative structure for dialogue and public health advocacy; 2) to describe how TO serves as a “translational interface” for bidirectional communication in CBPR style research and interventions with an environmental health focus.

Underlying values and principles: Environmental Forum Theatre promotes inclusion, bidirectional communication, and democratizes the relationship among scientists, health care practitioners and communities with environmental justice issues. Forum projects build scientific literacy and organizational capacity within communities, and extend the scope and range of existing environmental justice networks for more effective advocacy.

Knowledge base/ Evidence base: Communities carrying cumulative health burdens from environmental pollution are disproportionately susceptible to adverse health effects that exacerbate existing health disparities (EHP 2005). The NIEHS Center in Environmental Toxicology at UTMB /Galveston TC created a “Tox & Risk” environmental health curriculum to bolster scientific literacy, enhance community advocacy and promote sound CBPR practice (Lloyd & Sullivan; December 2006).

Context of intervention/project/work: The author has used Environmental Forum Theatre in site-specific projects with petrochemical industry fence-line communities, to promote public dialogue on school and landfill siting issues, transportation / incineration of hazardous wastes, and to conduct community hazard assessments in communities affected by climate-related disasters.

Methods: Community based workshops and performances use Boal’s image-making structures to create images describing environmental health / toxicology concepts. Sociometric techniques (Moreno) and image structures adeveloping ethnographic portraits of risk while Forum performances make concrete linkages among toxic exposures, health outcomes and regulatory policy.

Results and Conclusions: Forum Theatre projects have demonstrably empowered Texas communities by raising science literacy and increasing capacity for effective advocacy. Participating communities have since partnered with regional research institutions in biomarkers of exposure studies, community hazard assessments, and have successfully pressed regional environmental regulators for inclusion and transparency in hazardous waste permitting hearings (VX nerve toxin / VX hydrolysate, PCB laden waste).

References: 1) Environmental Justice, Science and Public Health. Wing, S. Environmental Health Perspectives; Volume 110, #52 April 2005; 2) The Forum Theatre of Augusto Boal: a dramatic model for dialogue and community-based environmental science. Sullivan, J & Lloyd, RS. Local Environment: The International Journal of Justice and Sustainability. Vol. 11, #6. (December 2006)

Disclosure of Interest: none declared

SYM-MON-005 MENTAL HEALTH PROMOTION THROUGH PARTICIPATORY ARTS

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Background: This research was conducted in a socially and economically deprived area in an industrial city in the UK. Health inequalities in this city, common with other cities, are evident with the life expectancy in the area significantly lower than in wealthier areas in the city. Furthermore, the area has the highest incidence of serious mental health problems than anywhere else in the city. The research focuses upon an arts project that reaches out to excluded and vulnerable communities to promote social inclusion and to help develop social capital.

Objectives: To identify the benefits of engagement with participatory arts in an inner-city area in the UK.

Underlying values and principles: It is asserted that engagement with community based arts activities might have social, economic and personal benefits. This narrative research has provided a platform for the voices of those who have participated to be heard.

Knowledge base/ Evidence base: There have been numerous government initiatives seeking to strengthen and renew neighbourhoods by developing social capital and promoting social inclusion. There is however little research investigating the benefits of participatory arts delivered under this umbrella.

Context of intervention/project/work: This programme of work was funded by the UK government's New Deal for Communities that has intended to improve the wellbeing of citizens in economically deprived areas.

Methods: A qualitative narrative research methodology has been employed. Research amongst participants in the programme includes thirty seven in-depth interviews contributing to a longitudinal "case-series".

Results and Conclusions: The findings of this narrative research highlight the significance of human belonging and the construction of personal and social identities as artists amongst participants. The artist identity may enable people with mental health problems to redefine their social role and to achieve more positive personal and social outcomes.

Disclosure of Interest: None declared

SYM-MON-006 PARTICIPATORY ARTS AND EMPOWERMENT IN MENTAL HEALTH CARE

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Background: Arts are increasingly used to deliver a wide range of healthcare outcomes including health promotion and empowerment. This paper reports on a three year research programme in a large UK mental health trust. Commissioned and participatory arts were introduced to enhance the healthcare environment, to promote wellbeing among service users and staff, and to facilitate participation. The research was funded by the Estates and Facilities Division of the NHS and by Bristol City Council.

Objectives: The overarching research aim was to develop and evaluate best practice in arts and mental health. The objectives were: 1) To examine the subjective impacts of arts on mental health service users and staff. 2) To explore the role of participatory arts in facilitating engagement in individuals with a wide range of needs. 3) To identify the skills and organisational prerequisites for effective, inclusive and sustainable arts for health activity.

Underlying values and principles: The arts programme differed from previous arts therapy based interventions, being focused around issues of wellbeing, participation and social capital and involving group based activity leading to public performances and showcasing of participants' work. An underlying aim was the desire to reduce stigma associated with mental healthcare environments by creating new creative partnerships as well as demonstrating the skills and abilities of participants.

Knowledge base/ Evidence base: The research sought to build on the evidence base, following Staricoff (2004) who documented outcomes from studies undertaken over the previous 15 years. Subsequently, there has been a growing number of research studies on arts including RCTs and several Cochrane reviews (Dileo & Bradt, 2009). However, research on the social impacts of arts on health is relatively underdeveloped and it is this area that the research was focused.

Context of intervention/project/work: The intervention was one of 8 UK projects that sought to use arts and design features to enhance healthcare environments. The project took place in a large campus-style hospital in an urban area. The research settings included an adult rehabilitation unit, a medium secure unit, an older adults ward and a dementia ward. The project involved commissioned artists working in collaboration with clinical and therapy staff.

Methods: The research adopted a mixed methods approach including:

- 1) Discourse analysis of over 400 project documents.
- 2) Interviews with over 50 service users, carers and staff.
- 3) Focus groups with staff, artists and stakeholders.
- 4) Participant observation of arts activity.
- 5) A reflective evaluation involving artists and researchers.

Results and Conclusions: 1) The project identified four pathways through which the arts can contribute to health promotion in mental healthcare environments.

2) Participation was a key theme: arts based approaches are particularly effective in engaging and empowering participants with wide ranging communication needs.

3) Empowerment through arts is mediated by micro and macro level politics and discourse. In this project local tensions between notions of 'prestige' and 'authenticity' were reinforced by external funding mechanisms.

4) The project stimulated significant learning and collaboration, shifting perceptions of power relationships between partners. It left a lasting legacy in the hospital, changing the way activities are delivered and raising awareness among staff about the role of arts in mental healthcare.

References: Staricoff, R. (2004) *The Arts in Healthcare: A Review of the Medical Literature*. London, Arts Council England. Dileo, C. & Bradt, J. (2009) On creating the discipline, profession, and evidence in the field of arts and healthcare. *Arts and health: an International Journal of Research, Policy and Practice*. Vol 1 Issue 2 pp. 168-172.

Disclosure of Interest: None declared

SYM-MON-007 HEALTH FOR ALL PEOPLE: JOINING FORCES FOR EQUITY IN SWITZERLAND

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General description: Mentally ill persons, elderly people in need of care, unprivileged and / or undocumented migrants: these and other groups are in danger to be disadvantaged in the health care system. Equal chances for health for all people can only be achieved by joining forces on different levels, dealing with diversity and providing professional support for all groups. The Swiss Red Cross, like Red Cross and Red Crescent societies all over the world, focuses on health care for the most vulnerable people. The Swiss Red Cross is following a multilevel approach to support vulnerable groups directly as well as via improvements in the health care system. Core elements of these activities are

- interventions on the individual level: e.g. supporting the interactive health literacy of migrants within the Swiss health system
- interventions on the professional level: e.g. training the transcultural competence of health care professionals and
- interventions on the system level: e.g. efforts to enhance the health care services for special groups.

The symposium encompasses four contributions:

- "Equity in the health care system: dealing with diversity"

Opening presentation and overview: *Where do we start? What are the challenges and the chances?*

- "Migration specific information and education: The case of the brochure "Depression can affect anybody"

Enhancing the health literacy of migrants in the field of mental health: *What is needed for a transcultural, migrant specific adaptation of an information brochure?*

- "Preventing discriminations and racism in the health care system"

Fighting racist trends and preventing the further spread of discriminations within the health care system:

What sort of activities are needed?

- "National platform "Health care for undocumented migrants" in Switzerland"

Enhancing the health care services for undocumented migrants: *How can different players cooperate in a difficult and complex field?*

After the presentation of these examples the symposium will offer room to exchange experiences and to discuss challenges and chances for health care and health promotion for all people.

Objective(s): Presentation of fundamental concepts and approaches aiming at a better health for all people.

Presentation of interventions on different levels and for different groups of vulnerable persons.

Discussion of the presented concepts and interventions in order to strengthen the forces for equity in health care and health promotion.

SYM-MON-008 EQUITY IN THE HEALTH CARE SYSTEM: DEALING WITH DIVERSITY

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Background: The health care system in Switzerland is not equally accessible to every person living in this country. Access is influenced by socio-economic status, educational level and, depending on the circumstances, whether or not the person has a migrant background. Access is especially precarious for undocumented migrants.

These migrants are less healthy, die earlier and suffer more from misdiagnosed or untreated diseases. The Swiss health care system is of high quality and well equipped. Nevertheless, within Swiss society this system results in considerable differences in health.

Objectives: In this complex situation, action is needed on different levels. For example, the Swiss Red Cross advocates a multilevel approach to support vulnerable groups. Migrants, like all other citizens, should be taken care of by the mainstream care systems and treated according to their specific needs.

Underlying values and principles: One core element of the Swiss Red Cross approach is to support the interactive health literacy of migrants within the Swiss health system. It should be taken into account that migrants often do not have less health literacy but merely of a different type.

Knowledge base/ Evidence base: Over the last decade, the paradigm of transcultural competence has been developed and implemented in parts of the health care system, mainly in courses and continuing education for nurses.

Context of intervention/project/work: Health care professionals should be trained to be transculturally competent. However, this process is not yet complete. Moreover, this concept is based primarily on individual skills. This is important of course, but it is only one pathway leading to equity in the health care system.

Methods: A breakthrough in transcultural competence in the health sector can only be achieved if it is closely linked to quality management in the institutions. Organizations must therefore be diversity-competent so that they can respond to the needs of many different groups in a way that is appropriate for them. This aim must be achieved on a structural level.

Results and Conclusions: Based on the extensive and substantial experiences in this field, some of the crucial points on the subject will be presented and discussed.

Disclosure of Interest: None declared

SYM-MON-009 MIGRATION SPECIFIC INFORMATION AND EDUCATION: THE CASE OF THE BROCHURE “DEPRESSION CAN AFFECT ANYBODY”

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Background: Severe depression that has to be treated stationary is more common in people with a migration background than in the Swiss born population. The migration process means to people to be exposed to a number of stressful factors that can facilitate the onset of depression. In addition, depression is diagnosed either too late or not at all, both generally and even more in the migrant population.

Objectives: On behalf of the Federal Office of Public Health, the existing brochure of the Alliance against Depression was revised by the Swiss Red Cross in order to include migration specific content.

Underlying values and principles: Migration-specific information and education involves a lot more aspects than just translating a brochure into another language. To adapt the existing brochure, quality criteria, that are based on expert's knowledge, were applied.

Knowledge base/ Evidence base: A needs analysis involving both the target group and experts on the subject was carried out.

Context of intervention/project/work: Migration-specific information and education are essential if migrant's health skills concerning mental health, the prevention and early diagnosis of depression in the migrant setting are to be improved.

Methods: A group discussion with migrants from different countries focussed the existing awareness of prevention, causes, symptoms and treatment options for depression as well as information needs in the target group. In a workshop involving representatives from general practice, social services, nursing care, psychiatry and psychology, and also an imam as a religious expert, the specific challenges for professionals related to prevention, early diagnosis and treatment of patients with a migrant background were discussed. In both group workshops the changes needed concerning the content, the linguistic aspects, structure, picture material and layout of the existing brochure were identified.

Results and Conclusions: Further on the evaluation of the empirical survey led to some recommendations to the Alliance against Depression. Measures at different levels are to be taken to improve information and education of the migrant population so that prevention, early diagnosis and treatment are enhanced. These include expanding the Alliance against Depression, developing the transcultural skills of professionals as well as sensitising key figures in the migrant communities. At the structural level measures concerning the destigmatisation of depression need to be implemented focusing on migrant communities. Especially relevant are activities to prevent and combat racial discrimination. At the behavioral level migrants need to be empowered to enforce their mental health skills. Finally the distribution concept has to be adapted taking into account migration specific distribution channels, low-threshold gateways and services, activities that are frequenting migrant communities and educational work applied by oral communication.

Disclosure of Interest: None declared

SYM-MON-010 PREVENTING DISCRIMINATIONS AND RACISM IN THE HEALTH CARE SYSTEM

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Background: Discrimination and racism are both highly tabooed and prevalent in all sectors of society, including the health care system. Migrants are confronted with discriminations and/or racism even before they enter the employment market as well as once they are part of it. There certainly occur incidents of open, direct or structural racism, but – not less considerable – people are often affected by discriminations in an indirect, subtle or personalized way.

Objectives: The Swiss Red Cross has taken up this relevant topic in order to protect the ones concerned and to establish a racism mainstreaming within the Swiss health care system.

Underlying values and principles: Racism presents a health risk, employees that are subject to discrimination may cause internal as well as external costs. Employees with a migration background are still too often seen as less qualified or unskilled, low-price workers. Actions taken in the name of multiculturalism such as country-specific dinners tend to sustain prevailing stereotypes instead of inducing any substantial change for the ones concerned.

Knowledge base/ Evidence base: A first study was carried out in a hospital in the German speaking part of Switzerland, in 2009 a follow-up project was accomplished in an elderly home in the French speaking region.

Context of intervention/project/work: At first, like almost everywhere, in both working places a high diversity is no longer exceptional but has become standard – not only among the employees but also among the patients and residents. Secondly, they feature rather precarious working conditions, especially for the less qualified jobs. Both factors, high diversity and precarity, are likely to enhance discriminations and/or racism.

Methods: Focus group discussions with residents as well as focus group discussions and personal semi structured interviews with both management and staff members of the institutions were conducted and analysed by content.

Results and Conclusions: The results show that although there is an awareness of diversity and although single actions have been taken, they do not seem to be effective enough and (racist) discriminations do exist. One of the major reasons for this seems to be a lack of a concept on anti-discrimination or diversity management and, along with this, a lack of corresponding commitment by the management. Racist discrimination is mostly seen as a phenomenon existing because of personal problems and developing into interpersonal conflicts. In other words, discriminations are being personalized and the concerned are victimized. As a consequence, the problem solving concentrates on the single persons and not on the institutional level.

Disclosure of Interest: None declared

SYM-MON-011 NATIONAL PLATFORM “HEALTH CARE FOR UNDOCUMENTED MIGRANTS” IN SWITZERLAND

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Background: Undocumented migrants often live with special burdens, like traumatic war or escape experiences, unhealthy work situations or in exploitation of their weak position, living in permanent fear to be detected and expelled from the country. Many of them earn little money and live as working poor, others have no work at all. Thus, the health care system, prevention and health promotion mostly is inaccessible to this group.

Objectives: Within the strategy “Migration and Health” (phase II, 2008 to 2013) since 2006 the Federal Office of Public Health supports a national platform “Health care for undocumented migrants” led by the Swiss Red Cross. This platform aims at linking the institutions providing health care and health promotion for undocumented migrants and supporting them with specific information.

Underlying values and principles: The Constitution of the Swiss Confederation guarantees assistance when in need

(Art. 12) for all people, undocumented migrants included. In 2002, the Swiss public authorities instructed the health insurance companies to give access to undocumented migrants without denouncing them. The same decree is directing the responsible local authorities to grant the needed financial support to pay the insurance rate. In some areas in Switzerland this decree helped to install special health care institutions for undocumented migrants, in some others such institutions are lacking until now.

Knowledge base/ Evidence base: The knowledge about the situation of undocumented migrants is consequentially based on the experience of the professionals in the field.

Context of intervention/project/work: Today, about a dozen institutions provide health care for undocumented migrants in different parts of the country. Many of them are organised on a private basis, some in collaboration with a hospital, others linking a network of dedicated physicians. However, their problems and challenges are similar. Specially, the undocumented migrants, lacking of money and fearing expulsion, often delay to contact a health care institution and sometimes these persons have an advanced illness in the first contact already. In such situations specific treatments are needed but additionally advice and support for prevention and health promotion are essential.

Methods: To achieve these goals periodic national meetings, the development of brochures for undocumented migrants as well as for health care professionals and the maintenance of a website (www.sante-sans-papiers.ch) are essential instruments. In 2008 the platform members recommended standards concerning the health care for undocumented migrants in Switzerland, e.g. covering access to health care, quality standards and the essential confidentiality in the contact with these persons.

Results and Conclusions: The platform members experience the knowledge about rights and possibilities in the health care for undocumented migrants as not sufficient yet. Major hospitals and their personal first of all should know more about the legal situation of undocumented migrants in order to support this group in the case of illnesses or emergencies.

Disclosure of Interest: None declared

SYM-MON-012 HEALTH POLICY AND RESEARCH IN EUROPE

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General description: Achieving a 'high level of health protection' for all European citizens has been a clear objective of European Treaties since Maastricht (1992). It is also clearly recognised that high levels of physical and mental health and wellbeing are the foundations for other dimensions of European citizenship, including democratic participation, social and cultural integration, education, skills development and productive working life. A healthy European population is not only an ethical issue, but a cornerstone for economic success in a highly competitive, globalised world. It is essential that Member States succeed in enabling good health for all.

In order to achieve good health for all people living in Europe, European healthcare systems need to deliver high quality and safe healthcare, accessible to all. EU policy and funding should support them in this goal. Maximising quality of life and staying healthy for as long as possible is essential to ensure healthcare costs do not spiral into unaffordable levels, as well as ensuring a healthy population. A holistic approach to health and healthcare is necessary: Europe's economy and society need to deliver health by preventing diseases. The main goals of the strategy must be clear, and the outcomes measurable. Our strategy should be leading us towards our overall goals, and to meet our most pressing challenges. To be prepared for these challenges, and to reach our overall European goals of security, solidarity, stability, equity and well-being, we need to have a courageous and visionary strategy.

Investing in prevention is cost-effective. We need to rethink our public health spending priorities and emphasize prevention. Only approximately four percent of total healthcare spend in Europe is estimated to be spent on prevention and public health.

A priority for Europe should be an investment in public health infrastructure including rebuilding the public health workforce. With the public health workforce diminishing over time, many additional public health workers will be needed by 2020 than are available today. Up-skilling and enabling key workers such as teachers and social workers to deliver public health would improve overall health and social outcomes. R&D efforts in the field of health can create a sound evidence base and serve both public health outcomes and European competitiveness in medical technologies and treatments. At the same time there is a need for far more effective mechanisms for exchanging evidence of the real-life outcomes of treatment and a greater readiness on the part of health systems to evaluate and implement new effective approaches to prevention and treatment. Strengthening coordination of national R&D programmes can generate European added value. Research funding can contribute to the evidence base to improve health and well-being policies. Targeted public-health research is needed to understand how policies and practice at local and national levels affect health determinants, and improve the effectiveness and efficiency of the healthcare system. During this session the above considerations will be discussed in detail by a selected panel which is composed of leading experts in this field which have and will be contributing to this process which was launched by the European Commission beginning of this year.

Objective(s): • To raise awareness about the European Commission's activities on integrating health in a number of other policy areas (successful cooperation and joint initiatives in the field of social policy, environment, research and regional policy) and in particular into the current EU 2020 strategy

• To strengthen further the importance of health in all policies and to raise in this context the profile of the EU health strategy which already addresses many of the goals in the Europe 2020 strategy (innovation, dynamic health systems, ageing and health inequalities) without a specific health initiative being identified

• To stress the importance of reducing health inequalities in Europe and to get input from outstanding experts on policy and research activities in the field of public health

SYM-MON-013 HEALTHY COMMUNITY IN THE CROSS-STRAIT FOUR REGIONS

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General description: A healthy community involves the mobilization of the human and financial resources in promoting different areas of quality of life and promoting healthy environment aspects. It is therefore a great challenge for health educators to equip themselves with the necessary knowledge and skills in disseminating health message to them through health education/promotion activities. Successful health promotion programme is only possible if we meet the needs of the people in the community.

Objective(s): The interactive symposium will seek to understand the role of community based health education/promotion program in enhancing the health status of the population. This will identify and examine the key findings of various community health promotion programmes. The speakers will provide short presentations and participate in discussion on the different aspects of the community health and this would provide future direction for local government and local community organizations in planning the development of healthy community.

SYM-MON-014 EVALUATION OF A FALLS PREVENTION EDUCATION INTERVENTION FOR ELDERLY INPATIENTS IN TAIPEI COUNTY HOSPITAL

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Background: Taiwan Joint Commission on Hospital Accreditation(2001) pointed out “falls” was the most common incident among hospitalized patients, especially in the elderly aged 65 or above. When a patient falls, particularly when fracture is the consequence, the net result is an increased length of stay, increased cost of hospitalization, and prolonged of recovery. Falls are even associated with increased mortality (Perrell et al., 2001).

Objectives: The purpose of this study is to explore the effect of “health education of falling prevention for aged hospitalized patients”.

Underlying values and principles: We expect to improve aged hospitalized patients’ fall-preventing skills, reduce the fall rate in hospitals and make patients stay safely.

Knowledge base/ Evidence base: This study is based theoretically on the health belief model.

Context of intervention/project/work: The involving teaching materials for the experimental group include health education of falling prevention DVD and manual based theoretically on the model of health belief with the contents of 3 parts such as 1.attentions for living (attention for footwear, attention before sleeping, attention for getting on and off bed) 2.arrangement for hospitalizing environment (settings of daily utensils, ground, lights) 3. attentions for actions (attentions for walking and using assistives like wheelchairs, canes and walking-assisting device), and the health educational personnel are the trained researchers and nurses in hospital; as for the control group, it adopted the previous health education.

Methods: In this study, we adopted “quasi-experiment design”--- the experimental group includes the 50 patients of the medical department who are over 65 in Sanchung Branch of Taipei County, while the control group includes the 50 patients of the medical department who are over 65 in Banqiao Branch of Taipei County. Both experimental group and control group accept pre-test and post-test of the survey of “questionnaires for the involving effect of health education of falling prevention for aged hospitalized patients”.

Results and Conclusions: The important results of this study are as follows: I. After the involvement of health education of falling prevention for aged hospitalized patients, through the analysis of covariance, we find scores of the experimental group in “knowledge of falling prevention”, “health belief of falling prevention”, “action clue of falling prevention”, “self-efficacy of falling prevention” and “behavior of falling prevention” are all better significantly than those of control group showing that the involvement of health education of falling prevention for aged hospitalized patients created effects the validity variables of “knowledge of falling prevention”, “health belief of falling prevention”, “action clue of falling prevention”, “self-efficacy of falling prevention” and “behavior of falling prevention”. II. After the involvement of health education of falling prevention for aged hospitalized patients, through the analysis of covariance, we find there is no significant deviation in “frequency of falling” between experimental group and control group.

In this study, though “frequency of falling” doesn’t have effect, but according to the average after frequency adjustment, we find the post-test frequency of falling of the experimental group is fewer compare with the control group; this is possibly because the short time of observation didn’t create effect, so its effect needs longer time of observation. We suggest, in the future researches, they can prolong time of observation and increase such health education content as muscle force training to enhance its effect.

SYM-MON-015 DIETARY PATTERN AND NUTRITIONAL STATUS OF MACAO CHILDREN

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Background: With support from the Education and Youth Affairs Bureau of Macao, a territory-wide study on the dietary pattern and nutritional status of school children in Macao was conducted in 2008. The study composed of six components, including questionnaire survey of students, parents, and schools, survey on school tuck shops and lunches, and physical and nutritional assessment of students.

Objectives: One of the study objectives was to assess students' nutritional status and to identify the possible diet-related health risk factors among school-aged children.

Underlying values and principles: -

Knowledge base/ Evidence base: -

Context of intervention/project/work: -

Methods: A total of 40 schools were randomly selected to participate in the study that accounted for half of the total number of schools in Macao. 4847 questionnaires by students studying in primary four to upper secondary three and 3066 questionnaires by parents with children studying in primary one to three were collected.

Results and Conclusions: : Among these students, a total of 2015 students aged from 5 to 22 were randomly recruited to participate in the physical and nutritional assessment. Results showed that 26.4% of boys and 13.9% of girls were considered overweight or obese using the BMI-for-age growth reference established by World Health Organization. For lipid profile, 27.4% of boys and 31.2% of girls had a borderline or high-risk LDL level. More findings from the questionnaires will be presented in the symposium. To conclude, this study revealed that the problem of over nutrition was common among students in Macao. All segments of the society are urged to unite together to establish comprehensive and long-term strategies to address the growing threat of obesity and its associated health risks of people in Macao.

SYM-MON-016 THE INTERVENTION PROGRAM FOR ENHANCING THE UTILISATION OF PREVENTIVE HEALTHCARE SERVICES FOR THE PRESCHOOL CHILDREN OF IMMIGRANTS IN TAIWAN

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Background: -

Objectives: The objectives of this study are: (1) To understand the actual utilization of preventive healthcare services for the immigrant's preschool children, and (2) To enhance the utilization by implementing the intervention measures

Underlying values and principles: -

Knowledge base/ Evidence base: -

Context of intervention/project/work: -

Methods: : This study targets the immigrants living at Ji-An, Hualien County. A group of 100 immigrants are selected by purposive sampling; 50 immigrants are assigned randomly to the experimental group, and another 50 immigrants to the control group.

Results and Conclusions: This study finds out that: The intervention program generates a statistical significance toward the "preschool children's health check-up" ($t=0.040$, $p<0.05$). This means that the intervention measures effectively increase the willingness to use the service by the control group. The intervention program doesn't create a statistical significance toward the "evaluation of children's physical and mental development" ($t=0.09$, $p<0.05$). The intervention is not effective. From interviewing the immigrant mothers, this study finds out that the content related to the evaluation is very technical, they usually hand over the responsibility to the healthcare professionals, and they are not motivated to learn how to do it. The intervention program generates a statistical significance toward the "health consultation for the children" ($t=0.01$, $p<0.05$). The intervention effectively improves the willingness to use the service.

References: -

Disclosure of Interest: -

SYM-MON-017 HEALTH EDUCATION PROBLEMS OF CHINA'S FLOATING POPULATION

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Background: -

Objectives: -

Underlying values and principles: -

Knowledge base/ Evidence base: -

Context of intervention/project/work: -

Methods: -

Results and Conclusions: -

References: -

Disclosure of Interest: -

SYM-MON-018 CADRE DE RÉFLEXION ET D'ACTION POUR LES INTERVENTIONS VISANT À RÉDUIRE LES INÉGALITÉS DE SANTÉ : UNE CONTRIBUTION DE PAYS DE LANGUE FRANÇAISE

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Description générale: Depuis 2007, l'Institut National de Prévention et d'Éducation à la Santé (France) mène une réflexion en profondeur sur les pratiques et interventions à mettre en œuvre pour réduire les inégalités sociales de santé. Ce symposium vise à présenter les thèmes qui émergent de cette réflexion et qui forment la trame d'une collection d'essais à l'intention des intervenants et décideurs de santé publique de la Francophonie. Le symposium reflètera les cinq sections qui composent l'ouvrage. La première expose le problème des inégalités sociales de santé, tel que vécu en France, et présente un bref tour d'horizon des principales questions liées au rôle de l'intervention de santé publique dans la réduction des inégalités sociales de santé. La seconde section est consacrée à la question des politiques publiques qui sont perçues par plusieurs intervenants et commentateurs comme un passage obligé pour la réduction des inégalités sociales de santé. La troisième section est consacrée à l'exploration des possibilités qu'offre le système de soins pour développer des actions de réduction des inégalités sociales de santé. La quatrième section aborde la question de l'évaluation, plus précisément de l'évaluation multi méthode qui apparaît plus adaptée à la complexité des interventions de réduction des inégalités de santé. Enfin, la cinquième section offre des outils et des expériences pour réfléchir l'action en partenariat. En effet, il apparaît de plus en plus clairement que les actions de réduction des inégalités sociales de santé requièrent des partenariats complexes avec d'une part des professionnels oeuvrant dans une grande variété de services publics (logement, éducation, services à l'enfance, services municipaux, services de soutien à l'emploi, pour ne nommer que les plus évidents) et d'autre part des organisations qui se posent en porte-parole de ceux qui sont touchés par la question des inégalités. L'expérience montre que la bonne volonté ne suffit pas à faire fonctionner ces espaces de collaboration et qu'il est nécessaire de les approcher non seulement avec un regard réaliste et critique mais aussi avec des outils conceptuels et méthodologiques qui en facilitent la régulation.

Objectifs: L'objectif poursuivi par ce symposium est de continuer la discussion amorcée dans ce guide et d'échanger avec un public plus large de façon à examiner quelles pratiques et interventions sont susceptibles de contribuer à la réduction des inégalités sociales de santé et à explorer des solutions potentielles pour l'ensemble des enjeux transversaux qui se retrouvent dans ces pratiques et interventions.

SYM-MON-019 ÉTAT DE LA SITUATION DES INÉGALITÉS SOCIALES DE SANTÉ EN FRANCE

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Historique / Origines: Inégalités sociales de santé

Objectifs: Synthèse de la situation en France

Valeurs et principes sous-jacents: Réduction des inégalités sociales de santé

Fondement de connaissance/Fondement de preuve: Epidémiologie

Contexte d'intervention/projet/travail: Synthèse dans le cadre d'un atelier autour d'un livre

Méthodes: Revue de travaux de recherche

Résultats et Conclusions: Globalement, depuis 1968, la mortalité a diminué. Mais certaines catégories en ont plus profité que d'autres. Pour les hommes il apparaît, de façon évidente, que les écarts ont augmenté : Le risque de décès en 7 ans s'est maintenu à 15 ou 16 % sur la période 1968-1996 pour les hommes sans diplôme. Pour ceux ayant des diplômes supérieurs, il a baissé de façon constante, soit presque 10% sur la première période et à peine plus de 6% sur la dernière. Les comparaisons étendues à l'ensemble des classes d'âge et des catégories de diplôme montrent que, globalement, les inégalités liées au niveau d'études ont augmenté depuis 1968 dans les deux sexes. Comprendre les évolutions implique de s'intéresser aux causes de ces inégalités. Malgré les enjeux qui s'y rapportent, il faut rappeler que le système de soins n'est pas au cœur des inégalités sociales de santé et que les causes sont à chercher en dehors de celui-ci. Il faut également souligner que les causes s'enchainent et qu'il faudra choisir dans une chaîne de causalité le maillon le plus pertinent pour agir.

Conflit d'Intérêt: Rien à déclarer

SYM-MON-020 ÉVALUATION D'IMPACT SUR L'ÉQUITÉ EN MATIÈRE DE SANTÉ

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Contexte: La question des inégalités sociales de santé (ISS) est explicitement devenue à Genève un sujet de préoccupation et un objet de la politique cantonale de la santé pour la première fois en 1998. En effet, c'est cette année qu'a été élaboré le premier programme structuré de promotion de la santé, intitulé « planification sanitaire qualitative 1999-2002 » ; les ISS ont eu droit de cité comme un des axes transversaux de cette politique. Un rapport sectoriel intitulé « Les inégalités sociales de santé : du constat à l'action » a été produit en 2002. Par ailleurs, la participation genevoise au Réseau européen Villes-Santé de l'OMS impliquait la prise en compte de cette problématique mais aussi l'implémentation du nouvel outil des évaluations d'impact sur la santé (EIS).

Objectifs: Les EIS constituent un excellent outil pour lutter contre les ISS en introduisant les questions de santé dans d'autres politiques sectorielles.

Valeurs et principes sous-jacents: Promouvoir des politiques publiques favorables à la santé, est un moyen très efficace pour diminuer les ISS.

Fondement de connaissance/Fondement de preuve: Par leur définition même, les EIS doivent tenir compte de la distribution des impacts sur la santé de tout projet, programme ou politique en devenir. L'incidence sur les groupes de la population les plus vulnérables et défavorisés est ainsi explicitement prise en compte et permet d'élaborer de mesures préventives ou de mitigation.

Contexte d'intervention/projet/travail: La légitimité de l'EIS par rapport aux acteurs des secteurs non sanitaires est clairement renforcée si elle dispose d'une base légale. C'est cette option qui a été privilégiée à Genève. Après quelques modifications apportées pendant le processus législatif, un article de la loi cantonale sur la santé votée par le parlement local le 7 avril 2006 prévoit que : « Si un projet législatif est susceptible d'engendrer des conséquences négatives sur la santé, le Conseil d'Etat peut décider de l'accompagner d'une évaluation de son impact potentiel sur la santé ». La loi est en vigueur depuis le 1er septembre 2006. Durant les trois premières années de sa mise en vigueur, quelques EIS ont été menées à Genève.

Méthodes: Elles avaient plutôt un caractère expérimental, avec pour objectif de tester les performances et la pertinence de l'outil sur des objets divers quant à leur nature et leur thématique. Il était question, en premier lieu, d'acquérir des compétences et de consolider la légitimité de l'unité administrative en charge de la conduite de l'EIS.

Résultats et Conclusions: Bien que la dimension ISS n'était pas explicitement recherchée, elle ne pouvait être omise sans dénaturer l'outil lui-même. Ainsi, cette présentation illustrera à l'aide de quelques exemples de mise en œuvre des EIS à Genève comment ont été prises en compte les possibilités de réduction des ISS à travers différentes politiques publiques.

Conflit d'Interêt: Rien à déclarer.

SYM-MON-021 L'ÉGALITÉ SOURCE D'INÉQUITÉ : L'EXEMPLE DES SOINS PRÉVENTIFS À L'HÔPITAL.

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Historique / Origines: Une part des inégalités de santé serait évitable par des soins préventifs appropriés. Le fonctionnement hospitalier, dominé par le paradigme du soin curatif, manque des occasions de dispenser ces soins. Ce mode de fonctionnement pénalise les utilisateurs les moins favorisés socialement.

Objectifs: Evaluer dans quelle mesure des soins préventifs "égaux" participent de l'entretien d'inégalités sociales de soins préventifs.

Valeurs et principes sous-jacents: Ethique des soins préventifs. Qualité des soins.

Fondement de connaissance/Fondement de preuve: La littérature suggère l'existence d'inégalités d'accès secondaire aux soins. Ces inégalités relèvent du mode de fonctionnement en routine de l'hôpital, "par omission", et du mode d'élaboration des recommandations de pratique et de structuration du système de soins, "par construction".

Contexte d'intervention/projet/travail: De telles inégalités sont principalement documentées en hospitalisation mais assez peu en consultation. Le travail s'appuie sur une enquête descriptive en consultation à l'hôpital public.

Méthodes: Comparaison de 350 consultants de 2 hôpitaux publics "en situation de vulnérabilité sociale" à un nombre équivalent d'autres consultants. Ces personnes ont été interrogées avant la consultation sur leurs caractéristiques personnelles, leurs modalités antérieures de recours aux soins, leurs besoins de soins préventifs déclarés et au décours, sur les soins reçus lors de la consultation.

Résultats et Conclusions: Des besoins de soins préventifs non satisfaits sont observés plus fréquemment chez les personnes "vulnérables socialement", notamment concernant le tabagisme et une consommation excessive d'alcool, mais également pour les actes de dépistage des cancers ou du risque cardio-vasculaire. Une aide a été aussi peu souvent proposée chez les deux types de consultants. Le fonctionnement en routine des soins hospitaliers laisse fréquemment perdurer des besoins de soins préventifs non satisfaits ; comme ces derniers sont plus fréquents chez les consultants les plus vulnérables socialement, ceci contribue à entretenir les inégalités de santé, voire à les créer quand l'hôpital public est la source de soins principale de ces personnes. Dans un système de soins mixte comme celui de la France, où aucun acteur n'a de réelle responsabilité populationnelle, améliorer l'accès aux soins préventifs est un enjeu problématique qui nécessite des mesures en interne à l'hôpital (améliorer la qualité des soins pour tous et (ou) mettre en place des actions de rattrapage ciblées ?) et une coordination avec les partenaires extrahospitaliers.

Conflit d'Interêt: Rien à déclarer.

SYM-MON-022 L'ÉVALUATION RÉALISTE, UNE MÉTHODE ADAPTÉE À COMPLEXITÉ DES INTERVENTIONS SUR LES ISS

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Historique / Origines: L'évaluation de l'efficacité des interventions destinées à réduire les inégalités sociales de santé (ISS) est nécessaire pour orienter des ressources limitées vers les interventions les plus efficaces mais rencontre des difficultés méthodologiques.

Objectifs: Cette communication au "symposium de réflexion et d'action pour les interventions visant à réduire les inégalités de santé " propose le cadre innovant de 'l'évaluation réaliste' (Pawson, 1997) pour relever le défi de l'évaluation des interventions de promotion de la santé dans des systèmes complexes.

Valeurs et principes sous-jacents: La santé est un droit. Agir sur les déterminants des ISS, prioritairement pour les plus vulnérables est nécessaire mais ne suffit pas. Évaluer l'efficacité des stratégies s'impose pour des raisons de responsabilité financière vis-à-vis de l'argent public et pour des raisons éthiques car les stratégies de promotion de la santé, participatives et impliquant les bénéficiaires, ne doivent pas faire perdre leur temps à des personnes en grande difficulté constamment soumises à des choix de priorités douloureux.

Fondement de connaissance/Fondement de preuve: L'évaluation conventionnelle d'efficacité repose sur des méthodes expérimentales pour mettre en évidence une relation entre une intervention et ses effets attendus. Elles sont appropriées pour établir un lien de causalité dans des systèmes simples qui mobilisent des relations isolées et dont les facteurs confondants peuvent être contrôlés. Elles montrent leurs limites dans les systèmes complexes où les relations cause-effet ne sont ni stables dans le temps, ni reproductibles à l'identique car elles interagissent avec des éléments de contexte qui ne peuvent être contrôlés. De nouvelles approches complémentaires doivent être développées.

Contexte d'intervention/projet/travail: Innovante, 'l'évaluation réaliste', s'intéresse aux théories d'action des interventions et se développe dans le champ de l'évaluation des politiques publiques. La description de ses applications fait partie d'une collection d'essais issus des journées de l'INPES 2007. Le symposium dans lequel s'inscrit notre contribution en prolonge la réflexion.

Méthodes: L'évaluation réaliste ouvre la boîte noire des interventions: Elle ne teste pas la stabilité d'une relation causale entre une intervention et son résultat attendu indépendamment du contexte. Elle décrit le mécanisme actionné par l'intervention pour produire ses effets dans un contexte donné, puis le compare à la "théorie d'action", selon laquelle l'intervention est supposée produire ses effets. Au-delà de la question « est-ce que l'intervention fonctionne? », l'évaluation réaliste répond à la question « est-ce que l'intervention fonctionne, comment, pour qui et dans quelles circonstances? ».

Résultats et Conclusions: De projet en projet, de contexte en contexte, l'évaluation réaliste génère méthodiquement une théorie d'action progressivement affinée plutôt que testée pour une efficacité supposée universelle. Le décideur peut alors choisir, adapter piloter les interventions en tenant compte du contexte particulier dans lequel il évolue ou de la variabilité des situations auxquelles il est confronté.

Références: Pawson R Tilley N 1997 Realistic evaluation, Sage Publication, London

Conflit d'Intérêt: Rien A Déclarer

SYM-MON-023 UN OUTIL D'APPRÉCIATION DE LA QUALITÉ DES PARTENARIATS

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Contexte: L'amélioration des conditions de vie des personnes représente, pour la Commission de l'OMS sur les déterminants sociaux de la santé, la première priorité d'action pour réduire les inégalités sociales de santé. Or, la plupart de ces conditions, telles le logement, l'accès à une alimentation suffisante et de qualité, des environnements urbains sécuritaires, relèvent d'autres secteurs que celui de la santé. La poursuite d'objectifs de réduction des inégalités sociales de santé requiert donc que les acteurs sanitaires développent des alliances et des actions en partenariat avec l'ensemble des acteurs pertinents pour construire des interventions qui visent à modifier les conditions menant aux inégalités sociales de santé.

Objectifs: Un frein important à l'élaboration d'une argumentation convaincante pour promouvoir l'action en partenariat est le manque d'outils pour en évaluer la qualité, étant entendu que, pour avoir un effet bénéfique sur la planification et la mise en œuvre d'interventions, l'action en partenariat doit rencontrer des critères de qualité. En réponse à cette lacune, l'Outil diagnostique de l'action en partenariat présenté ici cherche à apprécier les processus de l'action collective autour des dimensions clés de son efficacité telles qu'identifiées à partir d'une série d'études de cas. Cette présentation examine l'Outil, ses fondements et la méthodologie de son élaboration et de sa validation.

Valeurs et principes sous-jacents: Le modèle de l'action en partenariat qui fonde l'Outil identifie deux attributs fondamentaux du processus de travail en partenariat, soit la dynamique de la participation et les arrangements de partenariat, qui en conditionnent la qualité.

Fondement de connaissance/Fondement de preuve: Ces deux attributs ont été traduits par 18 indicateurs et l'instrument a été validé auprès de 28 actions en partenariat totalisant 273 participants. Les résultats, généralement satisfaisants, se déclinent en trois points : 1) Les jugements des répondants d'un même partenariat sont assez convergents. 2) Bien qu'en général les répondants jugent leur partenariat d'une manière très positive, on observe une variation dans les réponses. 3) L'Outil permet de départager les partenariats qui ont des difficultés sur certaines conditions, par exemple, la couverture des perspectives ou l'égalisation des rapports de pouvoir. Pour ces partenariats, leurs résultats sont plus faibles pour le bloc d'items ayant trait à ces conditions.

Contexte d'intervention/projet/travail: L'Outil convient à l'évaluation des partenariats autour d'un projet commun qui doit dépasser le seul échange d'information et doit constituer une réalisation conjointe.

Méthodes: La procédure d'auto-évaluation collective est insérable dans la gestion courante des partenariats.

Résultats et Conclusions: L'Outil fournit un diagnostic du degré d'atteinte des conditions de l'efficacité du partenariat référant aux meilleures pratiques.

Conflit d'Interêt: Rien à déclarer.

SYM-MON-024 BUILDING COLLABORATIVE RESEARCH INFRASTRUCTURES FOR POPULATION HEALTH RESEARCH: LESSONS LEARNED FROM CANADA AND THE NETHERLANDS

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General description: Health inequities continue to persist within and between countries. This focus requires researchers, practitioners and decision-makers to interrogate pathways to health equity and contribute evidence to inform policies and programs that support all people to reach their full health potential regardless of gender, race, socioeconomic status or geographical location. Recent reports throughout the world have called for a greater alignment of efforts both in terms of the generation and translation of knowledge, to systematically tackle these inequities through the efforts of public health and other sectors. This symposium will present initiatives developed in Canada and in the Netherlands to enhance collaborations between academic researchers and public health decision-makers and practitioners. In Canada the Canadian Institutes of Health Research-Institute of Population and Public Health has developed several funding programs to address this issue. In addition to presenting the overall philosophy and strategic orientations for the Institute's program this symposium will present two of its exemplar research funding programs as concrete demonstrations of how research, policy and practice efforts can be integrated to support the promotion of health and health equity.

In The Netherlands a national program has created opportunities in public health to develop and reinforce academic collaborative initiatives between universities (research), public health institutions (practice) and municipal authorities (policy). Academic Collaborative Centers (ACC) instigate and coordinate these initiatives, of which nine have been established so far. The final goal of the program is to improve local public health policy and the delivery of its services. Presentations will examine the challenges of studying the process and outcomes of these collaborative efforts.

Objective(s): 1) To demonstrate how a Canadian research funder has developed strategic research priorities and is aligning its funding mechanisms and investments in support of health
2) To present three perspectives used in studying academic collaborative initiatives in The Netherlands: a network perspective, a combination of qualitative methods and concepts of research utilization.
3) To discuss the challenges of fostering collaborative research between academic and public health practitioners and decision-makers

SYM-MON-025 HEATH EQUITY MATTERS: THE INSTITUTE'S STRATEGIC PLAN

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Background: Research funders play a key role in agenda setting by establishing strategic research priorities and aligning their funding mechanisms to tackle pressing population health problems such as health inequities. The Canadian Institutes of Health Research is the premier health research agency in Canada. One of its thirteen institutes, the Institute of Population and Public Health has been developing population and public health (PPH) research and knowledge translation capacity in Canada. Since 2001, the Institute has pioneered several innovative research funding models, including the Centres for Research Development, which have examined the impacts of physical and social environments on health, and, more recently, the Applied Public Health Chairs program to strengthen public health intervention research, education and knowledge translation capacity. Building on this foundation, the Institute established new strategic research priorities after extensive consultations across the country.

Objectives: To reflect on lessons learned from the institute's experience in creating the necessary conditions to support two novel research funding programs

To highlight how this research funding experience and changes in population and public health science have brought greater focus to the institute's new strategic directions in support of promoting health equity in Canada and globally.

Underlying values and principles: The following values guide the institute's research and knowledge translation initiatives: Excellence, relevance and innovation of funded research; Evidence-based approach to knowledge translation that bridges learning across many settings; Reciprocal and respectful partnerships that span the cycle of knowledge production to knowledge use; Leadership to mobilize and foster commitment for PPH research in Canada and globally; Transparency and accountability

Knowledge base/ Evidence base: The science in PPH continues to evolve and be informed by different disciplines. Our understanding of social and physical health determinants and their interactions provides a robust knowledge base for interrogating multi-level population health interventions and implementation systems in health and other sectors.

Context of intervention/project/work: The PPH landscape in Canada has changed considerably. A number of graduate programs and schools in public health have emerged, in addition to the institute's strategic investments to strengthen PPH research capacity. Many challenges remain, however, that can only be addressed through integrated research, policy and practice efforts.

Methods: Undertake an assessment of research capacity building programs; Conduct an environmental scan of population and public health related research strategies and priorities to identify emerging and relevant opportunities for strategic research and knowledge translation investments by the institute; Conduct targeted consultations and an on-line survey with academic institutions, researchers, government and non-governmental organizations, and community agencies.

Results and Conclusions: Several investments have been made to strengthen research and knowledge translation capacity, including seven Centres for Research Development and 15 mid-career public health chairs. These programs have helped create the necessary infrastructure and conditions to attract a critical mass of interdisciplinary research collaborators and support meaningful interactions with policy-makers to improve population health and health equity. Stakeholder consultations and an assessment of the changing evidence base have informed areas requiring further strategic investment by the institute. This foundation has helped to bring greater focus to the institute's new strategic plan, which includes the following priorities: pathways to enhance equities and reduce inequities in population health, and population health interventions and their implementation systems in public health and other sectors, and theoretical and methodological innovations. Funding opportunities to support interdisciplinary programmatic research are now being developed to address priorities such as population health intervention research and health equity, and are expected to extend the involvement of partners at provincial, national and international levels.

Disclosure of Interest: None declared

SYM-MON-026 LESSONS LEARNED FROM THE CENTRE FOR URBAN HEALTH INITIATIVES

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Background: In 2003, the CIHR-Institute of Population and Public Health established seven centres for research development as infrastructure capacity for research on social and physical environments and health. This presentation will feature the Centre for Urban Health Initiatives (CUHI) at the University of Toronto, as an exemplar of the centres program. CUHI's mandate is to support scholarship in emerging areas of social and environmental health relationships; foster an interdisciplinary approach to define, conduct and apply programs of research; create linkages among researchers and with research users; support knowledge exchange and provide research training and mentoring.

Objectives: To highlight the centre's strategies for building interdisciplinary research capacity in emergent areas of population and public health such as health equity and building capacity for collaboration with research users.

Underlying values and principles: CUHI is dedicated to build research scholarship on environment-health relationships that brings together people committed to improving urban health to work together, share ideas, and make changes for the better in communities.

Knowledge base/ Evidence base: Through the centre's research, knowledge is contributed about the social and physical determinants of health in cities, relationships with local communities are developed and public policy informed.

Context of intervention/project/work: At CUHI, partnerships are built and research is carried out by Research Interest Groups that include academics from a range of disciplines such as sociology, public health and economics and their community or policy partners. Currently, CUHI has four research interest groups: Social Determinants of Youth Sexual Health, Environmental Health Justice, Socio-Ecological Strategies for Chronic Disease Prevention & Management and Policy Pathways to Health Equity.

Methods: Research development strategies include project seed grants, teaching release time, graduate student supports and research interest group administration supports. Knowledge exchange venues and centre outreach activities have facilitated engagement with research users and recruitment of new interdisciplinary research teams to address health equity issues of concern in urban health contexts. Meaningful linkages between researchers, policy makers and community organizations have been documented.

Results and Conclusions: Using key outcomes and learnings of centre research infrastructure, an overview of themes, extent of interdisciplinarity, range and breadth of studies on urban environment and health relationships will illustrate the impact of centre infrastructure in building research capacity. The centre's platforms are providing spaces for interdisciplinary researcher and research user dialogue that responds to local needs. New resources and funding have been leveraged through partnerships with academic, community and policy organizations. Other centre's strategies and outcomes of research development will also be presented.

Disclosure of Interest: None declared

SYM-MON-027 APPLIED PUBLIC HEALTH CHAIR IN IMPROVING YOUTH SEXUAL HEALTH

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Background: Across Canada, many young men and women experience serious health and social problems related to sexually transmitted infections (STIs) and unwanted pregnancies. Despite public health efforts, STI rates among youth are not only high but are still rising; and, while teen pregnancy rates level-off within the general population, these problems manifest disproportionately among vulnerable populations.

Objectives: 1. Develop novel methodologies, theories, and tools to advance participatory approaches to population health intervention research that address health and social inequalities associated with STIs and unwanted pregnancies among youth;

2. Use these approaches to put into action a social determinants analytical framework that informs knowledge translation strategies and inter-sectoral efforts to improve youth sexual health; and

3. Use the Chair's content and structure to promote new training and mentorship opportunities for public health practitioners, policy makers, researchers, and youth themselves.

Underlying values and principles: While a strong body of work describes various risk-factors associated with sexual health disparities, we lack an in-depth understanding of the mechanisms by which social relations and structural forces interact at the micro-, meso- and macro-levels to affect sexual health at the population level. Moreover, we also do not yet fully appreciate how social determinants enhance or detract from interventions to affect sexual health across the youth population. To address sexual health disparities effectively, we need to understand how to develop interventions that address the socio-cultural and structural conditions that put many youth "at risk" of experiencing sexual health "risks".

Knowledge base/ Evidence base: This chair is featured as an exemplar of the Applied Public Health Chairs Program, which includes 15 chairs aimed at building population health intervention research, education, mentoring, and knowledge translation capacity.

Context of intervention/project/work: The Chair and various public health partner – including NGOs and governments ministries – will support the development of several research initiatives, including: Mapping exercises that will elucidate for the first time how social context and structure generate "assets" and "deficits" that ultimately affect youth's sexual health disparities, as well as a series of new studies that examine the influence of interventions outside the health sector.

Methods: In addition to offering new university-based training opportunities (e.g., MSc, MPH), the Chair's program will develop a Sexual Health Research Tool Kit, Summer Schools, the Youth Co-Researcher Approach, Theatre-as-Research, and Research-in-Practice Internships to build local public health capacity (especially amongst young people themselves) for population health interventions related to sexual health inequalities as well as to lever more new participatory research opportunities than exist today in relation to this complex and sensitive topic.

Results and Conclusions: The Chair's results span a variety of populations health interventions, including the launch of the BC On-Line Sexual Health Services (in partnership with the BC Centre for Disease Control). This innovative research-practice partnership includes: (1) On-Line Risk Assessment; (2) Interactive Web-based Counselling and Information; and (3) inSPOT electronic partner notification. All activities are being launched in collaboration with community stakeholders, including the primary stakeholders - young men and women.

Disclosure of Interest: None declared

SYM-MON-028 QUALITATIVE METHODS IN STUDYING NINE ACADEMIC COLLABORATIVE CENTERS IN THE NETHERLANDS

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Background: In 2005, the Netherlands Organization for Health Research and Development financed nine Academic Collaborative Centres for Public Health, in which Public Health Services, university departments, and sometimes municipal policy departments jointly develop solutions to practical public health problems. The ACCs aim for evidence-based practice and socially relevant research. In our research we conceptualize the Collaboratives as coordination structures for interactions between researchers, prevention professionals and policy makers. Because of the complexity and diversity of the Collaboratives, a combination of several qualitative methods is deemed appropriate to investigate these initiatives.

Objectives: Based on the findings of the case studies, a simulation game has been developed, aimed to facilitate a collective learning process by making the participants (from different backgrounds) become more aware of each others' priorities and dilemmas. During the symposium we would like to focus on how we used input from the qualitative case studies to structure the simulation game. A simulation game is a hybrid method which can be applied for research as well as educational aims. It is particularly suitable for revealing the incentives, strategic choices and frames of the participants that would be difficult to address with quantitative methods. A simulation game further reduces the information bias that may result from interviews, in which respondents present their own perceptions and will be less eager to talk about their strategic motives in the process. We would further like to discuss the advantages and disadvantages of this combination of methods and on the possibilities of using simulation games as research tools.

Underlying values and principles: Health 21 (WHO) basic values are:

1. Health as a fundamental human right; 2. Equity in health and solidarity in action between countries, between groups of people within countries, and between genders; 3. Participation by, and accountability of individuals, groups and communities, and of institutions, organizations and sectors in health development.

Knowledge base/ Evidence base: As the Academic Collaboratives are relatively new phenomena, there is hardly evidence available on the effects of such an interorganisational infrastructure. We therefore turn to the science and technology literature on 'boundary coordination' between scientific and non-scientific social worlds, and to organizational studies on 'Communities of Practice' that emerge and provide pragmatist and useable solutions to everyday problems of researchers, care professionals and policymakers.

Context of intervention/project/work: Our research project is funded by, and part of, the first Programme on Academic Collaborative Centres for Public Health 2005-2009 by the Dutch Organisation for Health Research and Development (ZonMw). The project aims at providing insight into the conditions for successful Collaboratives, and recommendations for improving those relationships and the quality of collaborative public health work.

Methods: An explorative round of interviews has been conducted with all coordinators of the Collaboratives, to explore the differences and similarities in organizational structures, developed instruments, perceived outputs, and preconditions for 'successful functioning'. In four case studies we investigate the collaboration between researchers, policy makers, practitioners, and other actors, on a project level. The case studies have been set up according to a 'most different cases' design, taking diversities and complexities into account rather than reducing them.

Results and Conclusions: Preliminary analysis of the case studies shows that in order for projects conducted within the structure of the Collaboratives to be perceived successful to all stakeholders, more than a high scientific quality is needed. In addition, elements such as a shared sense of problem ownership and a 'fit' between scientific findings and their perceived relevance for Public Health Services and municipalities (through timing and contextual embedding of the findings) prove to be important. Dilemmas or problems within the projects are often related to diverging goals and expectations or insufficiently broad communication with regard to important changes in the projects.

Disclosure of Interest: None declared.

SYM-MON-029 MAPPING COLLABORATIVE RELATIONSHIPS BETWEEN ACTORS IN POLICY, PRACTICE AND RESEARCH IN LOCAL PUBLIC HEALTH. WHAT'S IN IT?

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Background: The Academic Collaborative Centre for Public Health (ACC) in the Southern part of the Netherlands started in 2006. Its aim is to bridge the gap between policy, practice and research in public health and to improve the collaboration between these domains.

The program includes an evaluation study to guide the course of the ACC and to assess its functioning after three years.

Objectives: Know how collaborative relationships change over time, due to the activities of the ACC. Network analysis is executed and repeated to answer this question, and further refined with data from qualitative methods.

Underlying values and principles: Collaboration between policy, practice and research is seen as a complex change process. Here addressed by a multi methods approach.

Knowledge base/ Evidence base: The evidence base on academic collaborative initiatives in public health is very small. We want to contribute to enlarge the knowledge base.

Context of intervention/project/work: The evaluator is based at the ACC working in close relationship with the public health service, Maastricht University and municipal authorities in the region

Methods: Network analysis is a tool to describe and analyze the interactions between a defined set of actors. It gives insight in the integration of actors as regards a certain subject. In this case we studied the development and exchange of knowledge on public health among actors in the policy, practice and research domain in the region of Southern Limburg.

Structural characteristics of the actors (centrality) as well as characteristics of the overall network (density and centralization) are calculated. Results of the network analysis 2009 are further used in case studies of a few projects within the ACC.

Results and Conclusions: Network analysis has been done in 2008 and 2009. Graphs and statistics show different network structures at the management and operational level. This counts for knowledge development as well as for knowledge exchange.

In general we see few direct links between municipal actors and those at the university. The ACC and departments at the Public Health Service, being central in both networks, act as bridges between them. Furthermore, we observe more confirmed collaborative relationships in 2009. This might signify that collaboration between policy, practice and research is becoming more common. From the case studies we learn about promoting factors and barriers in the collaborative processes (results will be presented at the conference).

In the symposium we want to discuss on how results from network analysis are used for ongoing discussion in a team of researchers, practitioners and policymakers on topics like:

- ω the involvedness of different stakeholders
- ω the desired structure of the collaborative network in terms of integration, effectiveness and practicality
- ω the specific roles of the ACC and the public health service in the network

In relation with the above we also want to focus on the roles of the evaluator.

Disclosure of Interest: none declared

SYM-MON-030 MEASURING RESEARCH UTILIZATION IN A QUANTITATIVE WAY: SHORTCOMINGS AND ADVANTAGES.

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Background: In the Netherlands every municipality has the obligation to develop local health policy every four years and carry out its plans. It is also stated that local health policy should be based on epidemiological research. Traditionally regional public health services in the Netherlands provide this epidemiological research and communicates the results to local authorities.

Objectives: The aim of our study is to assess the actual use of epidemiological information by local authorities during health policy development .

Underlying values and principles: Eventually we want to make recommendations in order to improve the use of epidemiological research for local health policy.

Knowledge base/ Evidence base: The study on research utilization is by definition placed on the border between policy and scientific research. It is a developing scientific area and the body of empirical evidence is steadily growing, however quantitative research is still scarce.

Context of intervention/project/work: The study was carried out by the Academic Collaboration Center Brabant (Tilburg University)and cooperates with regional health services and municipalities in the mid-south of the Netherlands.

Methods: We conducted an internet survey among civil servants responsible for public health in the Netherlands. There are 443 municipalities. First we approached the regional public health services and asked them if they wanted to participate in our study. If so, we requested a list of names, phone numbers and email addresses of the civil servants. 22 Regional public health services agreed to participate, covering 339 Dutch municipalities. Eventually 176 civil servants representing 172 municipalities responded to the questionnaire.

Results and Conclusions: Preliminary analyses show that 85% of the respondents did use the epidemiological reports for the development of local health policy. We asked them whether the reports were significant for setting priorities within the health policy memoranda. 75% of them found the epidemiological figures crucial or very important to acquire at least several of the national health priorities into the local memoranda. To establish specific local priorities, 59% of the respondents said that the figures were crucial or very important. Furthermore we explored how epidemiological figures were used on a personal level by civil servants(instrumental, conceptual and strategic) and during the process of policy development (discussed by, referred to, were supported by or influenced local policy stakeholders).At the symposium we would like to present how we measured the different types of use by the civil servants. We like to discuss the shortcomings of this type of quantitative research with the audience. We also assert the advantages of it and argue on the need for international agreement on the definitions of research utilization in order to enhance the possibilities for a quantitative approach in this scientific area.

Disclosure of Interest: none declared

SYM-MON-031 THE 'QADEROON' (WE ARE CAPABLE) INTERVENTION: IMPLICATIONS AND CHALLENGES FROM A COMMUNITY BASED PARTICIPATORY RESEARCH INTERVENTION TO PROMOTE MENTAL WELL BEING AMONG REFUGEE YOUTH.

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General description: Community based participatory research (CBPR) has gained prominence in the last two decades as an approach to enhance equity in research programs. However, most discussions of this approach remain grounded in an industrialized setting. Simultaneously, evidence informed practice is gaining ground. RCTs are touted as the premier design to determine impact. Yet, the challenges to RCTs in community settings are not fully explored. Mental health of youth is a significant public health concern in the world today. School based interventions to promote mental health have shown impact in industrialized contexts. Evaluations of after school programs to promote mental health are rare. Although the literature discusses issues of mental health of refugee youth, the focus on long term refugees and on positive mental health is missing.

This symposium will describe the challenges and lessons learned from implementing and evaluating an experimental intervention to promote mental health with refugee youth. Qaderoon, we are capable, was implemented in 2008-2009 in Burj El Barajneh Palestinian refugee camp of Beirut. The frameworks guiding the research were community based participatory research, the ecological model, and positive youth development. Intervention planning, implementation and evaluation was guided by a Community Youth Coalition. Intervention components included sessions with youth, their parents, and with teachers. Schools were randomized to control or intervention groups and outcomes were collected in pre-post questionnaires. A process evaluation was used to track implementation. Symposium sessions will describe the effectiveness of the coalition, illustrate the planning process, provide preliminary data from the pretest, identify challenges to application of an experimental design in community settings, and describe the methods of and results from the process evaluation. The team attending the conference and discussing the project will include members of the academic team, the field team, and youth members of the CYC. In all the above, speakers will highlight lessons learned and implications for interventions with youth in similar settings.

Objective(s): This symposium aims to:

1. Describe Qaderoon
2. Discuss community engagement and lessons learned from a CBPR project in a refugee setting
3. Explore the interface of theory and practice in Qaderoon
4. Identify determinants of mental health in this context
5. Depict challenges to implementation of experimental interventions in complex community settings
6. Describe the methods used in process evaluation
7. Highlight lessons learned and implications for programs in similar settings

SYM-MON-032 COMMUNITY-BASED PARTICIPATORY RESEARCH IN A LOW TRUST, HIGH COMMITMENT CONTEXT: EVALUATION OF A COLLABORATIVE PARTNERSHIP IN A PALESTINIAN COMMUNITY IN LEBANON

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Background: The dissemination of evaluation findings from the early wave of community-based participatory research (CBPR) has prompted public health researchers to adopt it worldwide. It is important to evaluate projects that employ this methodology across different socio-political contexts.

Objectives: To evaluate an academic-community partnership formed as part of a CBPR project (the Community Youth Coalition, CYC) in a Palestinian refugee camp in Lebanon. The goals of the CYC were to improve the mental health of youth and to increase their school attachment. The evaluation of the CYC took place a year after its inception.

Underlying values and principles: The CYC engaged community members in the research project and solicited their input in all its phases, from defining the research question, to planning and implementation, to evaluation and interpretation of findings. This required the formation of a long-term academic-community partnership as well as building and maintaining trust between all members.

Knowledge base/ Evidence base: The evidence base on CBPR is expanding and we employed this evidence in the design and implementation of our evaluation. Trust is a critical factor in the success of CBPR projects. Due to a history of exploitative academic research in disadvantaged communities, trust is often directed toward the academic partner.

Context of intervention/project/work: Palestinian refugee communities in Lebanon suffer from high rates of mental distress and school dropout among youth. As such, members of the CYC decided to focus the intervention on improving the mental health of children and adolescents and increasing their school attachment.

Methods: A participatory evaluation was conducted at the end of the first year of partnership activities. In-depth interviews with 18 academic and community members of the partnership were conducted in the summer of 2006. Interview data were analyzed using standard qualitative methods.

Results and Conclusions: Mistrust between community members was one of the main challenges faced in the CYC. Structural factors related to funding for community projects in the Palestinian community created high competition and low trust. Member commitment to improving the conditions that affect the health of Palestinian youth however moderated mistrust and helped the partnership achieve its goals.

Disclosure of Interest: "None declared"

SYM-MON-033 DEVELOPING THE LOGIC MODEL FOR QADEROON: A YOUTH MENTAL HEALTH PROMOTION INTERVENTION FOR REFUGEE YOUTH

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Background: A survey conducted in 2003 of youth aged 13-19 year living in Burj El Barajneh Palestinian refugee camp (BBC) of Beirut camp indicated that youth were relatively disadvantaged. They lived in households of mean annual income of 4,854,000 Lebanese Liras (approximately \$3,236; Euro 2,215). About half of the sample was out of schools, and a quarter working. Many of them were exposed to stressful life events. The results were disseminated in June 2005 in a meeting with organizations and individuals that work and live in the camp. A decision was taken to move together toward intervention. A logic model was thought to be needed to guide the work.

Objectives: This paper describes the process leading to the development of the logic model for Qaderoon (we are capable) - a youth mental health promotion intervention. The process was grounded in a participatory approach with constant interface between science and practice.

Underlying values and principles: Community based participatory research is based on principles of equity and enhanced relevance and beneficence. Three frameworks guided our thinking: the Ecological Model of Health Promotion, Positive Youth Development, and Social Cognitive Theory.

Knowledge base/ Evidence base: Logic models involve the development of a diagrammatic model that links program activities to program objectives (1,2). Logic models are also useful in monitoring implementation of program activities and in management and evaluation (1). To date, the literature on logic model development is scant and limited to developed countries. The conceptual discussions of logic models suggest that involving stakeholders in the development of the model is critical (2,3). Despite this rhetoric, there is little discussion in the literature of logic model development using a participatory process.

Context of intervention/project/work: The BBC is the 6th largest of the 12 official camps established in Lebanon to house Palestinian refugees after 1948. It houses approximately 14,000 to 18,000 residents over an area of 1.6 square km (4,5). Residents live in difficult economic and social conditions. A Community Youth Coalition (CYC) - consisting of representatives of NGOs, UNRWA, adult and youth camp residents, and academics from the American University of Beirut - was established in BBC in 2005 to guide aspects on intervention development, implementation, and evaluation.

Methods: The development of the logic model consisted of three phases. First, a needs assessment, including quantitative and qualitative data collection was carried out with children, parents and teachers. The second phase was identification of a priority health issue and analysis of its determinants. The final phase in the construction of the logic model involved development of an intervention, informed by evidence and conceptual frameworks. A community coalition which included youth was involved in all three phases.

Results and Conclusions: The outcome of the participatory process was a logic model that described an evidence informed community-based relevant intervention. The process of joining science with practice in the development of the logic model through partnership with community resulted in a relevant and grounded picture of the pathways of influence. The process of logic model development also strengthened our relationship with the community and built trust based on a transparent process.

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Disclosure of Interest: None declared

SYM-MON-034 DETERMINANTS OF MENTAL WELL BEING AMONG PALESTINIAN REFUGEE YOUTH: DOES THE QADEROON LOGIC MODEL APPLY?

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Background: One in every five teenagers (up to 18 years of age) will suffer from some kind of mental health-related condition (1). Low income urban populations are at particularly high risk for mental health complaints due to socio-economic factors, social disconnectedness, harsh physical environments (2-3), and limited access to affordable quality health services (3). These factors are often exacerbated in a refugee setting. As the number of refugees in the world is increasing, identifying effective interventions to promote mental health is crucial. Most recently, a paradigm shift has occurred in mental health research with an emphasis on the concept of positive mental health (4). This shift emphasizes the importance of social skills to enhance positive mental health.

Objectives: This paper analyzes the determinants of mental well being according to a logic model developed for Qaderoon: a year-long community-based intervention to improve mental well being of youth aged 10-14 years in Burj El Barajneh (BBC) Palestinian refugee camp in Beirut, Lebanon.

Underlying values and principles: Ethical principles of beneficence, autonomy and justice were adhered to in this research. This paper is part of an intervention to promote mental well being. The intervention design, implementation, and evaluation were guided by a community coalition, including youth. This enhanced the probability that all aspects of our work were relevant and beneficial to the community. With specific respect to the survey, both parent consent and child assent was included. All children attending 5th and 6th grades in the 6 schools of BBC had the opportunity to participate.

Knowledge base/ Evidence base: Research in youth mental health has identified determinants at a variety of ecologic levels. Most research on youth mental health is in a developed world setting and when in a developing world setting, focused on complex emergencies. The current paper discussed determinants of mental well being in a long term refugee setting. The logic model which guided the analysis of data was evidence informed.

Context of intervention/project/work: Data was gathered from youth aged 10-14 attending one of 6 schools in BBC. BBC is the 6th largest of the 12 official camps established in Lebanon to house Palestinian refugees after 1948. It houses approximately 14,000 to 18,000 residents over an area of 1.6 square km. Residents live in difficult economic and social conditions. The data presented in this paper was gathered as part of a pretest to a year-long intervention program.

Methods: Five hundred and eighty participants attending 5th or 6th grades in 6 schools in BBC completed surveys. The associations between mental well being and various determinants were assessed bivariate and multivariate based on a logic model.

Results and Conclusions: Mental well being was found to be related to skills in communication, problem solving, and conflict resolution; relationship with mother, father, and parents more generally; engaging in violence; attitude towards school; civic engagement; self esteem; stressful life events; and health behaviors and perceptions. Results will be described and implications for practical interventions discussed.

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Disclosure of Interest: None declared

SYM-MON-035a REALITY DRIVES DESIGN OF A COMMUNITY BASED INTERVENTION: OBSERVATIONS FROM RESEARCH INVOLVING A PALESTINIAN REFUGEE COMMUNITY

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Background: The appropriateness and feasibility of using a randomized control design for evaluating community-based social or behavioral interventions is a contentious issue.

Objectives: This paper aims to discuss the challenges and observations from conducting a community based intervention aimed at testing the impact of a social skills building intervention on the mental health of Palestinian refugee youth.

Underlying values and principles: research rigor and application in community settings, giving voice to community and awareness of cultural and social factors in research.

Knowledge base/ Evidence base: Some literature has argued that such interventions are often complex in nature and consequently, addressing the elements of a randomized trial would be hard to achieve, while others see randomized controlled designs as the gold standard and a necessity to ensure rigor regardless of applications and possible barriers.

Context of intervention/project/work: The research setting was a Palestinian refugee camp in Beirut Lebanon, Burj El Barajneh camp (BBC), the 6th largest of the 12 official camps established in Lebanon to house Palestinian refugees after 1948. BBC houses approximately 14,000 to 18,000 residents over an area of 1.6 square kms where residents live in difficult economic and social conditions.

Methods: A logic framework that outlines evidence informed community-based intervention was developed. The main outcome was to improve mental well being of youth aged 10-14 years. The intermediate outcomes were the identified determinants, such as improved communication skills, improved problem solving skills, improved relationship with peers, parents, and teachers, improved self esteem, increased attachment to school, and others. The intervention components included 45 sessions with these young persons, 15 sessions with their parents, and 6 workshops with teachers. The intervention was interactive in nature and was delivered by trained facilitators and youth mentors in group sessions. Schools were randomized to control or intervention groups and change in outcome and intermediate measures was collected in pre-post questionnaires.

Results and Conclusions: The findings present the social, cultural and environmental challenges of fulfilling all elements of a randomized control design in this particular setting and outlines each of the aspects that made it hard to apply the elements including sampling, recruitment, randomization, inclusion/exclusion criteria, blinding and data collection. Although funding agencies sometimes push for a randomized controlled design, it may not be the most applicable in community settings particularly for complex social or behavioral interventions. Given these observations it is recommended to reduce focus on randomized trials as the only appropriate experimental design and support other more feasible designs such as quasi-experimental designs.

Disclosure of Interest: None declared

SYM-MON-035b PROCESS EVALUATION OF QADEROON A COMMUNITY BASED MENTAL HEALTH PROMOTION INTERVENTION FOR REFUGEE YOUTH

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Background: Process evaluation involves monitoring and documentation of program implementation and is necessary to build evidence of intervention effectiveness. It allows for a better understanding of reasons behind success or failure of program implementation and impact.

Objectives: This paper describes the process evaluation of a year long community -based intervention to improve mental well being of youth aged 10-14 years in Burj El Barajneh camp (BBC): a Palestinian refugee camp in Beirut Lebanon. The objective of the intervention was to improve mental health through changing intermediate outcomes such as improved communication skills, improved problem solving skills, improved relationship with peers, parents, and teachers, improved self esteem, increased attachment to school, and others.

Underlying values and principles: The overall frameworks guiding the development of the intervention were the (i) ecologic model hence the emphasis on intervening with youth, their parents and their teachers, and (ii) community based participatory approach to ensure relevance and continuity.

Knowledge base/ Evidence base: An evidence informed logic framework that outlined the pathways from inputs to outcomes. The intervention was developed based on three evidence based interventions which were adapted and tailored to suit local context and setting.

Context of intervention/project/work: BBC is the 6th largest of the 12 official camps established in Lebanon to house Palestinian refugees after 1948. It houses approximately 14,000 to 18,000 residents over an area of 1.6 square km . Residents live in difficult economic and social conditions. The intervention components included 45 sessions with these young persons, 15 sessions with their parents, and 6 workshops with teachers. The intervention was interactive in nature and was delivered by trained facilitators and youth mentors in group sessions. Schools were randomized to control or intervention groups and outcome and intermediate measures were collected in pre-post questionnaires.

Methods: The process evaluation plan incorporated different data collection strategies and tools to measure fidelity, dose delivered, dose received, reach and satisfaction. The evaluation was carried out by observers as well as the implementation team.

Results and Conclusions: Analysis of process evaluation data indicated that intervention session objectives and activities were achieved as planned. Youth were also highly satisfied with the intervention. Compliance and attendance were the two main challenges faced. Strategies used to increase compliance and attendance and implications for community-based interventions in complex settings will be discussed.

Disclosure of Interest: None Declared