

## WS-MON-013 THE CASE OF THE SMOKE FREE CAMPUS

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**General description:** This innovative workshop will provide participants with a true-to-life experience of working with a Community-Based Participatory Action Research (CB-PAR) approach to create a healthy campus community. CB-PAR contains elements of research, action and education (dissemination); community members become co-investigators. Informed by the W.H.O. theories of healthy cities, setting-based health promotion and health-community ecosystems, the workshop will enable participants to experience the processes of engaging diverse community members in healthy community development. We have very successfully used this approach to identify health issues and create sustainable health promoting changes on a university campus in Western Canada.

This workshop will replicate the research, action and education strategies that we have used and studied extensively over the past several years. We will use a guided participant package to allow us to demonstrate issues, challenges and successes when working with diverse interests, skills and agendas. Participants in this workshop will interact with one another using the guided package and thus will engage in an experiential trip through the processes. Each page of the package will represent a time phase from our studies; participants will be assigned a 'role' as student, health practitioner, administrator, faculty member or campus businessperson. Participants will share in each time phase and process as workshop organizers provide explanations (e.g. about research methods, photo-voice, survey approaches, action groups and dissemination activities) along with opportunities for individual expression (according to 'roles') as we move through the workshop.

Results from our program of research (quantitative and qualitative), education/dissemination and actions (behavior, environment, policy) will be integrated throughout the workshop. The integrated results will be both overall and smoking specific, according to that which is most relevant for participant interaction and the time phase

**Rational:** We have found Community-Based Participatory Action Research to be untidy, time consuming and exceptionally effective. While honoring individual talents and agendas, diverse community members learn to work as a whole community thus engaging and acting together to achieve mutually identified goals. The selected case situation for the workshop will provide participants with a view of "what it is like" to work towards a "smoke free" campus using a participatory action research approach. Of the many health issues raised during our work, all have been improved to some extent through use of this same multi-faceted approach.

**Learning objectives:** Participants will:

- Learn the process of Community-Based Participatory Action Research
- Recognize the benefits of using this approach as a framework for community level health promotion
- Recognize and prepare for the issues and difficulties of using this approach

**Expected results:** Participants will engage in this workshop in an innovative way. They will not only learn about the theoretical foundations and strategies of this approach, but will become active participants in the process. They will witness and learn from the process, and learn from our experience of working with competing interests.

## WS-MON-014 SUCCESS STORIES IN INDIGENOUS HEALTH PROMOTION

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**General description:** This four-day workshop, which will run every day of the IUHPE Conference, will draw on international success stories and innovative actions undertaken in Indigenous health promotion. It is based on a workshop format that was adopted during an Indigenous Health Workshop held at the National Population Health Congress in Brisbane, Australia in mid 2008. Participants will be invited to present their Indigenous health success stories by providing information using the following structure:

- What is the story about?
- Why was the project conducted?
- What was the timeframe?
- Where was the project conducted?
- What were the Project Aims?
- Who were the People helped by the project?
- What was done during the project?
- What happened?
- What worked well?
- What did not work well?
- What can others learn from this work?
- What concrete actions can be suggested to policy makers?
- What is the importance or relevance of the project?

Through this process the workshop participants will identify critical success factors that can be used to inform future health promotion activities, health service delivery and strategic policy development in the field of Indigenous health. The group will also work with each story teller to identify critical inputs, processes and outcomes of the project to shape future knowledge transfer, including planning for public presentations, papers and policy briefs.

**Rational:** It is important to enhance the design and implementation of policies and programs that will improve the environmental, social, emotional and spiritual dimensions of Indigenous health. Sharing information globally about what worked and why it worked is an important task of IUHPE 's International Network of Indigenous Health Promotion Professionals (INIHPP). The IUHPE World Conference provides a platform for strengthening collaboration among health professionals, both Indigenous and non-Indigenous.

**Learning objectives:**

- Sharing stories of international best-practice in Indigenous health promotion
- Providing a learning environment to support the translation of successes in Indigenous health promotion across and between research, policy and practice contexts
- Improving cultural understanding in situations where Indigenous and non-Indigenous team members work together
- Respecting individuals and groups for the assets they bring to a project
- Formulating culturally appropriate policies through ownership and stewardship of research data

**Expected results:** Shared information about critical success factors; improved capacity for knowledge transfer, networking and future collaboration in the field of Indigenous health promotion.

## **WS-MON-015 FORMATION EN PROMOTION DE LA SANTÉ EN AFRIQUE FRANCOPHONE SUB-SAHARIENNE : EFFORTS D'AUJOURD'HUI, DÉFIS DE DEMAIN**

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**Description générale:** Les pratiques de promotion de la santé en Afrique francophone sub-saharienne sont souvent confondues avec l'IEC (Information, Education, Communication) voire le CCC (Communication pour un Changement de Comportement). Sans réduire les mérites de l'approche marketing en santé, il faut bien constater que ces pratiques ne permettent pas une dynamique efficace, systémique, participative et pérenne visant les déterminants de la santé, l'autonomisation des populations et la réduction des inégalités.

A ce problème s'ajoute celui de la littérature scientifique, anglophone ou traduite de l'anglais ne reconnaissant pas les pratiques et les concepts porteurs de sens dans d'autres cultures, dont la culture francophone en général et Africaine Centrale ou de l'Ouest en particulier.

Toutefois, des initiatives sont prises dans le sens d'un développement des formations en promotion de la santé basée sur les bonnes pratiques et sur les évidences.

Les exposés (5X10 minutes) introduiront ces constats, présenteront quelques-unes des expériences actuelles, introduiront les pistes de développement et seront suivi d'un débat.

**Objectifs:** Introduire les constats des freins au développement de la promotion de la santé et de la formation en ce domaine;

Présenter les initiatives actuelles en terme de formation;

Identifier les problèmes et les solutions proposées en terme de: (1) formations diplômantes ou non, présentielle ou à distance ; (2) développement et partage de l'information appropriée sous une forme accessible. (3) développement culturel d'une promotion de la santé basée sur les richesses culturelles de l'Afrique Francophone Sub-Saharienne. (4) Identifier de nouvelles activités et les manières de les financer. (5) Favoriser la formation d'un réseau qui continuerait la réflexion après la conférence.

## WS-MON-016 L'UNIVERSITÉ DE DAKAR EN PROMOTION DE LA SANTÉ : BIENTÔT LE TROISIÈME ANNIVERSAIRE

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**Historique / Origines:** Les interventions de prévention en santé et de développement communautaire en santé se développent dans l'ensemble des pays francophones de la Région. Les besoins de formation se font de plus en plus précis et pressants. C'est ainsi que ACDev a adapté au contexte africain la formule de l'Université d'Eté de Besançon en organisant depuis 2008 une formation d'une semaine en promotion de la santé. En effet, en dehors de l'épidémiologie et de la bio statistique, l'offre de formation reste quasiment inexistante en matière de promotion de la santé en général et de réduction des inégalités en particulier.

**Objectifs:** Partager le succès et les problèmes de l'organisation de l'Université d'été de Dakar et susciter des offres similaires dans la Région.

**Valeurs et principes sous-jacents:** Qualité de l'enseignement en promotion de la santé. Réduction des inégalités dans et entre les pays de la région

**Fondement de connaissance/Fondement de preuve:** Comité d'experts internationaux

**Contexte d'intervention/projet/travail:** AcDev organise chaque année une formation d'une semaine, ouverte à toutes les personnes concernées par les questions actuelles de santé publique en Afrique, dans une optique de promotion de la santé.

**Méthodes:** L'organisation de cette formation est basée sur : (1) la réunion d'équipes universitaires et de professionnels de santé publique engagés dans une pratique de terrain, associant des intervenants venant d'organismes de différents pays francophones. (2) un secrétariat permanent et une gestion rigoureuse des finances. (3) le support d'autorités publiques et privées dont principalement l'Université de Besançon mais aussi Equilibres Et populations, le REFIPS, l'ULB et UIPES.

Le Comité pédagogique international assure dans le programme un lien entre action et recherche autour de problématiques concrètes définies pour répondre aux besoins tout en réduisant les inégalités de santé.

Onze modules sont proposés en 2009 et de même en 2010 : des modules techniques (évaluation, développement communautaire) et des modules plus thématiques abordant des sujets le plus souvent délaissés dont les personnes âgées et la santé bucco dentaire.

**Résultats et Conclusions:** Expérience originale et encore unique dans la Région, l'Université en Promotion de la Santé remporte un franc succès dans une ambiance conviviale : 171 participants de 17 pays en 2008, 240 participants de 23 pays en 2009.

Le nombre de bourses offertes en 2009 étaient de 30% de l'ensemble des participants, ce qui permet la participation de toutes les structures, même moins bien financées.

Ce projet renforce les relations entre les actions menées, leur efficacité et leur cohérence. Il reste toutefois à développer l'aspect pédagogique des évaluations de l'Université et une standardisation optimale des concepts de promotion de la santé dans les différents modules. A moyen terme, il faut évaluer l'impact de ces formations sur les projets visant l'autonomisation et la réduction des inégalités.

**Références:** Université de Besançon.

**Conflit d'Intérêt:** Rien à déclarer

## **WS-MON-017 LA FORMATION EN PROMOTION DE LA SANTÉ : COMMENT L'EXPÉRIENCE DU BÉNIN PREND EN COMPTE LES DÉTERMINANTS DE LA SANTÉ**

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**Historique / Origines:** Les formations en promotion de la santé (PS) sont rares en Afrique francophone subsaharienne. Tant les réalités de la mortalité et morbidité évitables que les difficultés d'atteinte des objectifs du Millénaire pour le Développement nécessitent d'adresser les déterminants des problèmes avec efficacité, cohérence et continuité. Les formations en PS peuvent introduire une telle approche combinant des axes d'actions politiques, environnementaux, institutionnels dans un cadre d'empowerment et de réduction des inégalités. L'AMP s'y est engagée par cette formation répondant aux besoins de la région.

**Objectifs:** (1) Partager l'expérience de formation. (2) Identifier les problèmes d'organisation, leurs solutions et les facteurs positifs. (3) Susciter des expériences similaires.

**Valeurs et principes sous-jacents:** Charte d'Ottawa: autonomisation et déterminants de la santé.

Réduction des inégalités en ressources humaines. Amélioration de la qualité des projets basés sur les bonnes pratiques et niveaux de preuves.

**Fondement de connaissance/Fondement de preuve:** Connaissance des besoins sanitaires et pédagogiques de la Région. Consultation d'experts pour l'élaboration du programme. Evaluation de la 1ère année de formation

**Contexte d'intervention/projet/travail:** Jusqu'ici, les personnes désirant une formation spécialisée en PS s'expatrient 1 ou 2 ans dans les pays du Nord ou les pays africains anglophones. Il faut offrir une formation en français, dans la Région, formation moins coûteuse et donc en partie résidentielle et en partie à distance. Les conditions de mise en place d'une telle formation ont été réunies au Bénin et l'AMP a organisé une formation de septembre 2009 à avril 2010. L'ampleur de la demande nécessite de multiplier ce type d'innovations

**Méthodes:** Sur base des besoins de formation, il a été possible pour l'AMP de: (1) rassembler autour du projet 2 institutions de formation expérimentées, des enseignants compétents béninois, belges et canadiens; des bailleurs de fonds, des institutions internationales.

(2) construire un programme répondant à l'analyse des situations de développement, des déterminants des problèmes (« les causes des causes ») et des résolutions techniquement adaptées aux contraintes. (3) organiser en partie l'enseignement autour de situations concrètes, d'études de cas et visites de terrain s'inscrivant dans les réalités des participants

**Résultats et Conclusions:** : Malgré l'annonce tardive (avril 2009), sur 72 candidats inscrits, 28 suivent le programme et proviennent de 13 pays. Les participants apprécient la structure pédagogique, le contenu des enseignements et le concept de PS qui, basé sur les déterminants des problèmes à résoudre et impliquant l'intersectorialité, est plus approprié, selon eux, au contexte africain de forte limitation de ressources financières. D'ailleurs, parmi les projets professionnels (aspect novateur), 5 sont consacrés à l'élaboration de politique nationale de PS, 3 à un plan national de PS à l'école et les autres à la gestion de programmes prioritaires (tuberculose, paludisme, VIH/SIDA). La constitution d'une masse critique de professionnels en PS est le gage de développement en Afrique. C'est là que se trouve le chemin pouvant aider au changement de paradigme d'indicateurs de l'état de santé et de développement. Notre engagement est d'y contribuer à travers cette formation apportant une expertise de qualité immédiatement traduisible dans le contexte professionnel des apprenants

**Conflit d'Interêt:** Rien à déclarer

## **WS-MON-018 D'UNE REVUE DE LA LITTÉRATURE SUR L'IEC ET LE CCC VERS L'ÉTUDE DES CONTRIBUTIONS FRANCOPHONES EN PROMOTION DE LA SANTÉ.**

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**Historique / Origines:** Les concepts IEC (Information Education Communication) et CCC (Communication pour un Changement de Comportement) sont très courants en Afrique sub-saharienne (ASS) et peu utilisés ailleurs.

La littérature scientifique internationale est majoritairement anglophone, d'où difficulté d'accès pour ceux qui pratiquent seulement d'autres langues. Ils ont peu accès aux théories sauf au travers de traductions. Ils participent peu, comme l'ensemble des francophones, à la production des savoirs.

**Objectifs:** 1. Souligner le réductionnisme de l'IEC dans l'identification des déterminants de santé. 2. Documenter les problèmes de traduction anglais/français. 3. Montrer que la non utilisation de concepts porteurs d'une culture appauvrit la démarche de promotion santé (PS). 4. Favoriser une discussion de solutions.

**Valeurs et principes sous-jacents:** La Charte d'Ottawa, les déterminants de la santé. L'égalité de formation, l'égalité des chances de participation des promoteurs santé et le respect des cultures.

**Fondement de connaissance/Fondement de preuve:** Collectes d'informations et réseautage sur une période de 13 ans.

**Contexte d'intervention/projet/travail:** Le travail avec des africains en Belgique ou les missions en ASS ont permis l'identification de freins au développement culturel et scientifique de la PS. Il est nécessaire de mettre en œuvre des solutions, pour l'Afrique et le monde francophone.

**Méthodes:** Revues de la littérature, observations participantes, groupes d'entretiens semi-directifs.

**Résultats et Conclusions:** L'IEC est un concept concernant le marketing social. Cette stratégie s'adresse à la population, excluant des objectifs environnementaux, sociopolitiques ou institutionnels, blâmant la victime et représentant une stratégie universelle. Les articles IEC concernent principalement les pays en développement (PVD) : 95% des 100 premiers articles de Google scholar (IEC, health, santé), 14 articles sur 16 (Health Promotion International, HPI, et Health Education Research). Les autres articles traitent de projets dans les pays industrialisés (1%) ou de questions techniques. Il n'y a pas de référence IEC dans les banques de données de l'Institut de Prévention Education Santé (INPES, France) ou de NICE (National Institute for Health and Clinical Excellence, Angleterre). L'IEC est bien confinée aux PVD. L'observation de bibliothèques d'ASS francophone révèle une pauvreté de livres et revues scientifiques. L'accès électronique aux revues est trop couteux pour être fréquent. Il existe des articles critiques envers l'IEC mais tous en anglais. 3/44 membres du comité éditorial de HPI représentent l'ASS: 2 anglophones et 1 de l'Ile Maurice. Manque d'accès à la littérature scientifique et non connaissance de l'anglais nourrissent l'isolement dont il est difficile de sortir. A cela s'ajoute la mauvaise qualité de documents traduits, Charte d'Ottawa ou Déclaration d'Alma Ata compris. Certains concepts de la PS sont difficilement acceptés par des francophones: PROMOTION perçu comme superficiel et commercial (France) ou EMPOWERMENT (en anglais, le pouvoir ne se prend pas, il se donne). Enfin, les francophones ne trouvent pas dans la littérature internationale les concepts porteurs dans leur culture: la palabre (Afrique de l'Ouest), la pédagogie éducative (Québec) ou la pédagogie par projet (Belgique). On traduit LITERACY par littéracie quand un concept riche de sens comme SAVOIR existe. La situation doit changer.

**Conflit d'Intérêt:** Rien à déclarer

## **WS-MON-019 L'APPORT ET LES CONTRAINTES DES ORGANISMES INTERNATIONAUX DANS LE DÉVELOPPEMENT DE LA PROMOTION DE LA SANTÉ. EXEMPLE DU PROJET DES ÉCOLES DANS LA RÉGION AFRO.**

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**Historique / Origines:** Le Bureau Régional de l'OMS Afro compte la Promotion de la santé parmi ses objectifs stratégiques prioritaires et continuera à jouer le rôle qui lui est propre dans ce domaine. La mission de l'OMS est de fournir aux Etats Membres avis et un soutien pour qu'ils puissent renforcer leurs capacités de promotion de la santé et établir des collaborations multisectorielles et multidisciplinaires efficaces afin d'agir sur les déterminants de la santé et pour accompagner les communautés vers l'autonomisation.

**Objectifs:** 1. Souligner les apports des organisations internationales dont l'expertise est généralement bien acceptée dans la PS. 2. relever les limites des moyens financiers dans le développement de la PS en Afrique.

**Valeurs et principes sous-jacents:** La Charte d'Ottawa, l'autonomisation et les déterminants de la santé. Réduction des inégalités dans et entre les pays de la région, La Charte de Bangkok, l'Appel à l'Action de Nairobi. La stratégie Régionale de PS

**Fondement de connaissance/Fondement de preuve:** Expertise de l'OMS et de ses groupes d'experts. Connaissances des cultures riches et variées dans différents pays africains

**Contexte d'intervention/projet/travail:** Les principales activités de l'OMS comprennent le soutien aux Etats membres pour: 1. le renforcement de leurs capacités de promotion de la santé dans tous les programmes pertinents, 2. la surveillance des facteurs de risque, 3. le développement des politiques, stratégies, interventions, principes directeurs, guides fondés sur les données factuelles pour la promotion de la santé selon leurs contextes et contraintes, tout en renforçant la recherche et les échanges d'expériences autour des bonnes pratiques

**Méthodes:** Pour atteindre ces objectifs, l'OMS mobilise des ressources, développe les compétences des praticiens, tient un plaidoyer à tous les niveaux en faveur des politiques, partenariats et actions intersectorielles, des réseaux et alliances pour la formation, l'intégration de la PS dans d'autres secteurs et la promotion des initiatives visant l'autonomisation des communautés. L'Initiative mondiale de promotion de la santé en milieu scolaire illustre bien cette approche qui est et peut-être répétée dans d'autres secteurs.

**Résultats et Conclusions:** Plus de 30 pays de la Région sont concernés par le projet des écoles en santé avec 300 écoles dont les succès ont été documentés et couvrent par exemple le renforcement des relations école-communauté, l'intégration de l'éducation pour la santé dans les programmes scolaires ou des activités extrascolaires, le développement de la méthode d'éducation par les pairs ou encore l'amélioration des conditions d'hygiène. Le renforcement des compétences a été réalisé par une sensibilisation progressive des autorités qui s'est répercutée sur les formations continues de professionnels de terrain. L'impact des actions de l'OMS est réel, mais diffus et donc, difficile à documenter scientifiquement. La Région est grande, et cet impact peut paraître très faible. Il faut reconnaître que les moyens financiers de l'OMS sont limités. C'est pourquoi il est intéressant, pour l'OMS comme pour d'autres, de conjuguer les efforts avec différentes institutions nationales et internationales (UNESCO, UNICEF), privées et publiques pour un développement plus structuré des interventions (ou des stratégies, approches et méthodes) de promotion de la santé.

**Conflit d'Intérêt:** Rien à déclarer

## **WS-MON-020 LES ACTIONS ET PROPOSITIONS DE L'UIPES EN AFRIQUE FRANCOPHONE SUB-SAHARIENNE**

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**Historique / Origines:** Les différentes stratégies et les activités multiples de l'UIPES malgré les contraintes financières de ces dernières années ont toutefois permis la mise en place de projets adaptés à la région de l'Afrique Sub-Saharienne : formation sur la promotion de la santé cardio-vasculaire, publication sur l'efficacité de la PS, plaidoyer pour le contrôle du tabac, base de données des politiques et programmes de PS au niveau national, et développement d'un consortium de partenaires et d'experts sur les maladies non-transmissibles.

Il faut remarquer que les projets sont généralement initiés en anglais.

**Objectifs:** (1) partager les actions de l'UIPES relatives à l'Afrique francophone sub-saharienne. (2) discuter la faisabilité et recueillir les critiques sur de nouvelles propositions dont une conférence sous-régionale francophone de l'UIPES en 2011. (3) explorer l'adaptation à la région de la Déclaration de Consensus de la Conférence de Galway.

**Valeurs et principes sous-jacents:** La Charte d'Ottawa. "Déterminer l'avenir de la promotion de la santé: priorités d'action". Plan triennal de l'UIPES.

Soutien aux initiatives

**Fondement de connaissance/Fondement de preuve:** Travail en réseau dans la région, identification des besoins de développement de la promotion de la santé

**Contexte d'intervention/projet/travail:** En tant que réseau unique professionnel mondial de promotion de la santé, l'UIPES est pleinement engagée dans le développement des capacités et des infrastructures pour la promotion de la santé. En particulier, l'UIPES est vouée à fournir ce soutien dans un contexte multi-langues, multi-culturel, avec un accent fort sur le renforcement des capacités dans les pays du Sud. La formation joue un rôle majeur dans le développement des connaissances et des compétences, mais ce n'est pas la seule façon de construire un noyau professionnel. L'UIPES est partie-prenante de nombreuses initiatives et d'actions qu'elle mène en collaboration avec ses membres et qui contribuent au développement d'une promotion de la santé prenant en compte les richesses culturelles de l'Afrique Francophone Sub-Saharienne. Les activités de l'UIPES sont trop peu connues dans la région. Elles répondent pourtant bien aux besoins de formation adaptée aux réalités locales et aux exigences actuelles de qualité. Il est nécessaire de dynamiser davantage les membres autour de projets novateurs et cela, malgré les difficultés de communication. Dans un souci d'équité et du souhait même des Africains de l'ensemble du continent, l'UIPES souhaite amener le développement des compétences en PS en Afrique francophone au même niveau qu'en Afrique anglophone.

**Méthodes:** Participation aux événements de la région. Soutien d'initiatives. Publications. Innovations. Travail en réseaux

**Résultats et Conclusions:** (1) L'agrandissement du réseau des membres de l'UIPES (au niveau institutionnel & individuel). (2) Le développement et la mise en œuvre de nouveaux projets (d'action sur le terrain, de recherche, de formation) ou le renforcement des projets existants. (3) Le développement de projets bilatéraux impliquant les membres et les partenaires de l'UIPES. (4) Développement et mise en place d'une stratégie d'action UIPES en PS en Afrique francophone, qui comprend une recherche de fonds et de partenariats pouvant répondre aux difficultés récurrentes en ce qui concerne un financement durable soutenant des infrastructures en PS.

**Conflit d'Intérêt:** Rien à déclarer.

## WS-MON-021 SUSTAINABLE DEVELOPMENT: RETHINKING CAPACITY BUILDING FOR HEALTH PROMOTION AND HEALTH POLICIES

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**General description:** The ongoing process of (industrial) modernization has serious implications for global health, health promotion and health policy. In a growing number of regions and populations the negative consequences of modernization, climate change, economic crisis and burden of disease tend to exceed the positive achievements.

There is however still a good chance to mitigate this process and prevent a major global crisis.

The two leading social theories of modernization, Beck's (2008) theory of World risk society and Rosa's (2005) theory of Social acceleration explain this phenomenon by different albeit complementary underlying processes. They correspond to kindred approaches in medicine and public health. Health risks and diseases develop because of an imbalance between positive achievements ("victories") and negative side-effects ("dilemmas") of modernization. Chronic life strain, psychosocial distress and poor health are more prevalent when acceleration of social, cultural and personal life exceeds resilience and coping potentials. Expansion and acceleration of technologies are the major drivers of change.

There exist mutual causal links between health development and sustainable development at sub-national, national and global levels. Sustainability can benefit from health improvement and population health from sustainable development.

**Rational:** One of the biggest challenges for public health is to strengthen health promotion and protection and capacity building. De-acceleration of life, stress reduction and lifestyle change tend to have a pronounced positive impact on health and sustainability and they tend to alleviate CO<sub>2</sub> emissions and health expenses markedly, provided they are embedded in a comprehensive health policy such as Health in All Policies.

However, in most countries neither political contexts nor community or regional settings are ready to take up effective health promotion activities. Capacity building

is essential to embed the concepts of health and health promotion in the social setting and its political context, to develop social infrastructures, to build up leadership and management, to establish essential health resources, to enable and support participation and empowerment. Good capacity building is indispensable for the promotion of health, for reducing the social gap and for sustainable development.

**Learning objectives:** To explore and discuss challenges for health promotion and health policies deriving from global ecological and economic changes and the needs for sustainable development.

2. To develop and discuss capacity building strategies for integrated health and health promotion policies aiming to protect the climate and to mitigate the risk of global climate change.

3. To identify and discuss capacity building strategies to join in and support sustainable economic, ecological and health development at sub-national, national and global levels.

**Expected results:** A critical test of the proposed workshop concept to analyse and discuss capacity building for health promotion in the context of sustainable development

- Two background papers on the scientific basis and the challenges for health promotion and health policies
- A conclusion paper on the workshop discussion and results
- An interactive network of groups and organisations committed to research and health promotion activities in the field of sustainable development.

## **WS-MON-022 ENVIRONMENTAL EHEALTH – HOW WILL IT IMPACT YOU?**

**R. Scott<sup>1</sup>**

<sup>1</sup>Associate Professor, University of Calgary, Calgary, Canada

**General description:** eHealth is broadly defined as the application of information and communication technology (ICT) to health and healthcare. Environmental eHealth (Env eH), an emerging perspective, is the study of the impact of eHealth (costs and benefits) on the environment and means of mitigation or promotion of these impacts. For example: Benefits - specialist care via videoconference reduces greenhouse gas (GHG) emissions from travel; direct radiography eliminates developing agents and acetate sheets. Costs - storing and transmitting masses of health data in distributed electronic records (EMRs, EHRs) increases GHG emissions; rapid 'evergreening' of technology produces toxic e-waste. eHealth is being applied globally and at an accelerating pace. Its environmental impacts will therefore increase proportionately. In order to implement only environmentally appropriate ehealth solutions it is important to understand and respond to Env eH issues.

**Rational:** Aligning with MDG Goal 7 (i.e. Ensure Environmental Sustainability) there is much to explore in the area of Env eH. Healthcare in general, and eHealth in particular, are technology intensive, contributing to degradation of the environment. But the true environmental impact of eHealth is unknown, with no validated tools to measure and evaluate the costs and benefits. The University of Calgary's Environmental eHealth Research and Training Program is changing this, but needs broad input. This workshop will engage health managers, ICT managers, eHealth practitioners, decision-/policy-makers, vendors, and academics to conceptualise Env eH and explore its scope – in particular its potential impact on health and healthcare practice. This insight will build on our work to appropriately plan and implement eHealth in an environmentally conscious but practical manner, and to develop policy that will decrease and prevent environmental harm and increase efficiency and environmental sustainability.

**Learning objectives:** Upon completion of the workshop, participants will be able to define and understand principles of eHealth and Env eH. They will learn state-of-the-science information regarding how eHealth impacts the environment, and be able to identify specific areas and suggest examples of environmental impact of eHealth using our current categorisation scheme. Finally, attendees will explore how Env eH may impact their future practice, within and across sectors.

**Expected results:** Using a World Café approach, the free-flowing discussions will identify: New environmental costs and benefits (refining the previously identified Env eH categories); new linkages between categories; and direction for appropriate research needs (e.g. policy development, and development of tools for Env eH measurement and assessment). Final plenary will allow participants to share their contributions. All material will be collated, analysed, and sent to participants in a subsequent document.

## **WS-MON-023 IS A SCHOOL-BASED COOKING GARDEN WORTHWHILE FOR THE STAKEHOLDERS?**

**L. Gibbs<sup>1</sup>**

<sup>1</sup>Senior Research Fellow, McCaughey Centre, University of Melbourne, Carlton, Australia

**General description:** This workshop will begin with a brief presentation of the cooking garden literature highlighting the limited evidence base, particularly in relation to gardens that include a cooking component. The model for the Evaluation of the Australian-based Stephanie Alexander Kitchen Garden Program will then be introduced. This is a primary school-based program being extended throughout Australia. Participants will be engaged in an interactive debate about the potential benefits and difficulties for kitchen garden stakeholders – i.e. schools, teachers, children, parents, volunteers and the government. The issues raised will then be discussed in relation to the comprehensive evaluation findings of the Stephanie Alexander Kitchen Garden Program.

**Rational:** Cooking garden programs have been adopted internationally in a range of community, housing and school contexts for various purposes centred on food accessibility, promotion of healthy eating and social inclusion. However, the establishment of community, and more specifically school-based, kitchen programs has been relatively modest in comparison to the burgeoning proliferation of garden projects. Due to the grass roots origins of garden programs, there exists limited evidence regarding their impact and effectiveness. Furthermore, the scarcity of school-based kitchen and kitchen garden programs has ensured only few research studies have been conducted, creating a significant lack of evaluative research available in the current literature.

**Learning objectives:** At the conclusion of the workshop participants will:

- Be familiar with the existing evidence base for cooking gardens
- Have understanding of the different perspectives of school-based cooking garden stakeholders
- Be familiar with relevant theoretical frameworks and a model for evaluating a school-based kitchen garden program

**Expected results:** This workshop will promote comprehensive and rigorous evaluation of kitchen and garden programs and consideration of a multi-perspective approach to evaluation.

## **WS-MON-024 THE ASCD HEALTHY SCHOOL COMMUNITIES PILOT PROJECT: PERSPECTIVES AND FUTURE DIRECTIONS**

**R. Valois<sup>1</sup>**

<sup>1</sup>Evaluation Consultant, ASCD, Alexandria, Virginia, United States

**General description:** This workshop will report on findings of the ASCD Healthy School Communities (HSC) Pilot Project and using World Café Guidelines, generate a collaborative dialogue, active engagement and constructive possibilities of future sustainability for Healthy School Communities.

The ASCD HSC pilot study involved 11 sites, (3 Canadian, 8 USA). Each site used Creating a Healthy School process and the Healthy School Report Card. HSC process included engaging the community via diverse HSC team, assessment of school health environment, development/integration of HSC plan into the school improvement process. ASCD provided resources for Healthy School Communities vision including: Action tool and tracking system; ASCD Membership; Site visits and technical support; resources for HSC efforts; annual conference and opportunity to collaborate with other teams; Online resources for HSC, school improvement topics and professional development opportunities; and g) Technical assistance based on evaluation input and copies of site visit reports.

**Rational:** This workshop is designed to inform the international school health community on results of the ASCD HSC pilot project and engage in a World Café guided dialogue on the successes and challenges of developing, implementing and sustaining Healthy School Communities internationally.

ASCD HSC pilot project and evaluation answered: “what are the levers of change in a school/community that allow for initiation and implementation of best practice and policy for improving school health?”

15 Performance Indicators were used: Use of Healthy School Report Card with fidelity; Quality of the site’s action plan; Role of leadership within the school; Effectiveness of school-community team leadership; Operational/implementation skills of team members; Community-School collaboration; Diverse Stakeholder Involvement; Student Involvement in HSC; School Climate/Culture; Parent & Family Involvement; Professional Development; Supports for staff wellness; Policies/procedures that support healthy environments; Significant changes implemented via HSC; Potential for HSC sustainability. The framework provided a structure for identifying the most important elements in the change process.

**Learning objectives:** At the conclusion of the workshop the learner will be able to:

- Identify components of the ASCD HSC pilot project and evaluation levers of change
- Describe the HSC process and program vision
- Relate findings of the HSC pilot project to school health efforts in their country and community
- Explain how successes and challenges of the HSC pilot project can be applied to future healthy school community efforts
- Evaluate the challenges of changing the culture of a school community to become more health promoting for academic success
- Support a community of school health practitioners and researchers in an ongoing dialogue on the future effectiveness of developing, implementing and sustaining international healthy schools communities

**Expected results:** We expect to connect diverse perspectives/themes, synthesize discoveries, deepen the HSC exploration and share discoveries from a whole group conversation on the “possibilities for action on what works” for developing, implementing and sustaining healthy school communities.

## **WS-MON-025a GOOD PRACTICE IN HEALTH PROMOTION**

S. Weyers<sup>1</sup>

<sup>1</sup>Scientific project officer, Federal Centre for Health Education, Köln, Germany

**General description:** Measures of health promotion and prevention have gained interest in recent years. At the same time, it is becoming more and more important to understand what makes out the quality of an intervention and how to evaluate effects and effectiveness. Solutions need to recognize both the complexity of an intervention, the need for evaluation and quality development and health promotion principles and values as defined by the Ottawa Charter. The good practice approach is one such strategy to evaluate quality and effects of a health promotion intervention.

**Objective(s):** The aim of this symposium is to present good practice concepts from Austria, Germany and Switzerland.

**WS-MON-025b LEARNING FROM PRACTICE: A FRAMEWORK FOR SYNTHESIS OF DESCRIPTIONS AND EVALUATION OF PROJECTS FUNDED BY THE AUSTRIAN HEALTH PROMOTION FOUNDATION 1998-2008 ( SYMPOSIUM #0008)**

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<sup>1</sup>, Ludwig Boltzmann Institute Health Promotion Research, <sup>2</sup>Gesundheit Österreich GmbH, Austrian Health Promotion Foundation, Vienna, Austria

**Background:** The Austrian Health Promotion Foundation (FGÖ) is a nationwide coordinating centre for health promotion and disease prevention. One of its fields of responsibility is the funding of practical health promotion (HP) projects. Up to now documentation and evaluation results of these projects have not been systematically analyzed. However, to improve effectiveness of HP practice, not only scientific but also practice-based knowledge is necessary.

**Objectives:** The main objective is the development of a description and quality assessment instrument which serves as basis for the synthesis of the descriptions as well as the evaluations of the projects. The aim of the synthesis is to provide practice-based findings but also to identify possible shortcomings of practical health promotion (HP) projects. The usefulness of this instrument is exemplified by projects of workplace health promotion.

**Underlying values and principles:** The study addresses the principle of sustainability for practical HP projects.

**Knowledge base/ Evidence base:** Knowledge base regarding the effectiveness of HP interventions is built on research findings rather than practical knowledge. However, the transferability of research knowledge into practice is probably flawed. Only recently some tools for improving the quality of interventions in prevention and HP that combine scientific knowledge and practice-based knowledge were developed in order to close this gap.

**Context of intervention/project/work:** Based on the Austrian Health Promotion Act of 1998, the FGÖ has given grants to health promotion projects and has built up Austrian health promotion capacities for 10 years. Workplace health promotion is one of the priority areas of the FGÖ.

**Methods:** The quality criteria of the FGÖ were used as a starting point. Additionally an extensive literature survey was conducted consisting of two main areas: analysis of the characteristics of projects and analysis of evaluation reports. On the basis of this literature survey, a description and quality assessment framework was developed. Subsequently, the results of the descriptive analysis of the content and the assessment of the evaluation reports are synthesized.

**Results and Conclusions:** The framework was pretested applying it to projects of workplace health promotion. After minor adaptations, the framework proved to be a useful instrument for describing and evaluating projects for workplace health promotion.

**Disclosure of Interest:** None declared

**WS-MON-025c GOOD PRACTICE IN HEALTH PROMOTION FOR THE SOCIALLY DISADVANTAGED - DEVELOPMENT AND APPLICATION OF CRITERIA AS PARTICIPATORY QUALITY DEVELOPMENT (SYMPOSIUM #0008)**

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**Background:** Given the complexity of health promotion interventions, there is need for new strategies to assess quality and effectiveness. The good practice approach has been worthwhile in terms of stimulating state-of-the-art health promotion for socially disadvantaged people. In the German Cooperation Network Health Promotion for the Socially Disadvantaged, 12 criteria for good practice in health promotion for the socially disadvantaged have been defined for the first time.

**Objectives:** The presentation illustrates how the process defining good practice has developed and how the outcome of this process is spread into practice.

**Underlying values and principles:** Within the Cooperation Network, an interdisciplinary working group of experts consists of horizontally and vertically integrated stakeholders from different fields, ultimately leading to (1) a common understanding of central concepts and frameworks of health promotion and (2) increasing consensus in how to describe and assess practices.

**Knowledge base/ Evidence base:** Based on research and discussion a set of 12 criteria has been defined. They include, for instance, an integrated action plan that brings together networks, low-threshold activities, or the participation and empowerment of the target group. Along these criteria, a set of instruments was developed with which to establish the quality of an intervention. In the frame of a research project, criteria have been discussed with representatives from different fields regarding their comprehensiveness, practicability and measurability.

**Context of intervention/project/work:** The National Cooperation Network was initiated by the German Federal Centre for Health Education, BZgA, and meanwhile comprises 54 central actors from the health and neighbouring fields on different policy levels. The main goals of the Cooperation Network are to enhance transparency about structures, players/stakeholders, programmes and projects in the field of health promotion for socially disadvantaged, to spread and multiply successful projects and concepts, to support quality development and to support the development strengthen the structures of health promotion in federal states (Bundesländer).

**Methods:** (1) Good practice criteria are communicated via an internet-platform [www.gesundheitliche-chancengleichheit.de](http://www.gesundheitliche-chancengleichheit.de), in publications, presentations and trainings for practitioners. (2) Along these 12 criteria, examples for good practice are identified and described. Examples are accessible in a nationwide online-database and in a free of charge publication.

**Results and Conclusions:** As a work in progress, researchers and health promotion professionals rate these criteria as a helpful tool to reflect on and to develop health promotion practice. In the long run it is envisaged that criteria and good practice examples serve as a national reference base for activities in the field of health promotion for socially disadvantaged.

**Disclosure of Interest:** none declared

## **WS-MON-025d GOOD, BETTER, BEST PRACTICE? THE SWISS BEST PRACTICE CRITERIA AS TOOL TO SUPPORT ONGOING QUALITY IMPROVEMENT IN HEALTH PROMOTION**

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<sup>1</sup>Head International Affairs, Health Promotion Switzerland, Bern, Switzerland

**Background:** Given the years of evidence-debate in the field of health promotion (HP) and the increasing quality debate or movement, Health Promotion Switzerland (the Swiss national Health Promotion Foundation) reviewed “evidence” and “best practice” related work in peer countries and agencies and held four international expert workshops. Given the complexity of HP interventions and this work, there is a need for a new orienting framework and criteria to define and work towards optimal quality, “state-of-the-art” HP or “excellence” in HP. It is proposed that this rests on three dimensions: explicit consideration of basic values and principles (e.g. equity in health, sustainability), a solid knowledge base (including but not limited to scientific evidence), and context sensitivity.

**Objectives:** contribute to cross-border reflection & consensus oriented discussion about quality labels in HP (such as good, promising, best practice) and the “horizon” towards which ongoing quality improvement in HP might work; and to illustrate this (Swiss practice examples)

**Underlying values and principles:** The basic values and principles of modern Public Health and of HP as laid out in the Ottawa Charter (e.g. equal chances for health, sustainability, participation, empowerment)

**Knowledge base/ Evidence base:** outcomes of (analyses of) the “evidence debate” in HP over the last 8 years or so and of sound best practice approaches and systems or similar work (mainly from North America and Europe)

**Context of intervention/project/work:** The work presented and illustrated was developed against the background of a multi-cultural country (Switzerland) in international collaboration.

**Methods:** Best practice framework, criteria and guidelines were developed in international collaboration and are being tested as a tool to orient, reflect and analyse HP practice mainly in Switzerland

**Results and Conclusions:** The best practice criteria and guidelines help to translate the contents of the Ottawa Charta into today's context and HP practice, guide and improve documentation of practice, systematically analyse what is good, promising or best practice in HP, and to reflect and work towards a common understanding of the quality desired and needed in the field of HP.

**Disclosure of Interest:** None declared

## **WS-MON-026 HEALTH EDUCATION AND HEALTH PROMOTION IN TEACHER EDUCATION: STATE OF THE ART AND PERSPECTIVES**

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**General description:** Schools are considered to be convenient settings in which health education can be delivered and as such are potentially a key setting for the promotion of health and well being. However, the core business of schools is focused on educational outcomes, rather than the reduction of health problems. In some countries, schools give low priority to health promotion and school staffs (mainly teachers) have little awareness of their potential role in health promotion. Studies show that teachers who have received health promotion training tend to be involved more frequently in health promotion projects and have a more comprehensive approach to health education. Given the low priority associated with health promotion and health education in teacher education, this is limiting the effect of health promotion initiatives in schools. It is with this in mind that a group of international professionals, in collaboration with IUHPE, SHE network and ISHN, have launched an initiative to join global forces to advocate for and to strengthen teacher education in health promotion. This collaboration is not a network but is a part of the activity of IUHPE, ISHN and SHE networks. Identify and share relevant information and resources on health education and health promotion in teacher education; Stimulate international partnership work; Promote international research in the field are some of the goals of this initiative.

**Objective(s):** This symposium aims to bring together researchers who focus on health education and health promotion in teacher education and to discuss the most recent and relevant results pertaining to this field. This symposium is closely linked to the wider project. Thus, the expected result is to launch a discussion about the framework for studying teacher education in health promotion and health education in an international research group.

## **WS-MON-027 DEVELOPING PRE-SERVICE SCHOOL TEACHERS' KNOWLEDGE AND SKILLS AS HEALTH PROMOTERS**

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**Background:** In England, Government policy on children's health has until recently focused largely on physical health and equality in access to health care to tackle the rising health problems in children such as obesity, diabetes etc. Additionally policy has promulgated the notion that public health is everyone's responsibility. Recent policies in health and education have bridged both of these directives and moved towards an increased focus on health education and pupil wellbeing in schools.

**Objectives:** This research aims to equip teachers with essential public health knowledge and skills for their role as health promoters during their pre-service training.

**Underlying values and principles:** The health and wellbeing of pupils is of paramount importance to their educational outcomes and life chances. There is now a directive that Personal, Social and Health Education will become part of the statutory curriculum in all maintained state schools by September 2011.

**Knowledge base/ Evidence base:** Practice lags behind policy in training teachers, both at pre- and in-service levels, to fulfil their role as health educators. There is little in the literature concerning the process and evaluation of training teachers to provide health education in schools. What evidence does exist suggests that teachers welcome training but barriers to effective delivery still exist (Buston et al, 2002)

**Context of intervention/project/work:** This paper focuses on pre-service teacher education in relation to the training they receive in health education/promotion.

**Methods:** The paper describes current policy and practice for the development of the wider public health workforce in relation to teachers and health-promoting schools in England and discusses a research and development project that included: a survey undertaken to assess the content of teacher training courses in South-east England in terms of their inclusion of knowledge and skills regarding health and wellbeing; a longitudinal survey of pre-service teachers in two universities at commencement and completion of their one-year postgraduate course; and the curriculum mapping of one training course to explore health and wellbeing content in more detail against the standards required for qualified teacher status and public health competencies.

**Results and Conclusions:** Results obtained from the initial phases of the project show that training provision is patchy and that knowledge levels about aspects of health remained low even after training, additionally there was a small, but significant increase at the end of training, in the number of pre-service teachers who considered that health education was not part of their remit as qualified teachers. These findings were used to revise the curriculum of one institution to have a higher focus on health education for all pre-service (trainee) teachers in 2009-10. The curriculum intervention is described and initial results of its evaluation on the knowledge, attitudes and skills of the trainees are discussed.

**References:** Buston K, Wight D, Hart G, Scott S (2002) Implementation of a teacher-delivered sex education programme: obstacles and facilitating factors. *Health Educ Res*: 17(1): 59-72

**Disclosure of Interest:** V. Speller, Health Development Consulting Ltd, Consultant

## **WS-MON-028 IMPLEMENTING SCHOOL HEALTH PROMOTION IN AUSTRIA - COMPATIBILITY BETWEEN A PILOT TRAINING COURSE AND THE SCHOOL AS AN ORGANISATIONAL SETTING**

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**Background:** In Austria, teacher education in health promotion (HP) and health education (HE) has been integrated into initial teacher training to varying degrees. Different training courses on HP/HE are offered as in-service training. Although HE is a teaching principle and an edict on HE/HP was issued in 1997, a broad implementation of HP in Austrian schools cannot be detected. Furthermore, the traditional job approach of teachers, working mostly independently in their classroom without collaboration with their colleagues, is still an issue.

A pilot training course has been developed in Austria following the health promoting schools (HPS) approach, aiming at helping schools to implement the concept in their own school, supported by management tools like the management cycle.

**Objectives:** The main objective is to investigate the implementation phase of the pilot training course. The main research focus therefore centres around the question on what constitutes compatibility/incompatibility between the concept of a training course and a school as an organisational setting.

**Underlying values and principles:** The study addresses the principle of sustainability for concepts of teacher education in school health promotion.

**Knowledge base/ Evidence base:** There is a lack of knowledge on teacher training in comprehensive HP. More research is centred around classroom-based approaches with a focus on knowledge transfer rather than changing the living conditions. Possible barriers to implementation of school-based interventions as reported in the literature are inadequate provision of training for the implementers and incongruence between programme and organisational needs.

**Context of intervention/project/work:** The context of this study is the school as an organisational setting for HP.

**Methods:** We conducted focus groups with the participants of the pilot training course and applied a coding method for thematic analysis. As this method generally follows a grounded theory approach, a paradigm model was used for further interpretation.

**Results and Conclusions:** Internal cooperation structures in the project play a very important role regarding compatibility/incompatibility between a training course on HP and the school as an organisational setting. Without cooperation, individual teachers have to take on a lot of work and responsibilities - often in their spare time - that can lead to decreased motivation, overstrain and a lack of sustainability. Internal cooperation structures in the project are also influenced by school characteristics, the concept of the training course, and by possible conflicts between those two areas.

**Disclosure of Interest:** None declared.

## **WS-MON-029 EXPLORING THE POTENTIAL FOR TEACHER TRAINING IN THE FIELD OF HEALTH PROMOTION...GLOBAL PERSPECTIVES.**

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**Background:** This paper will report on the first phase of a global research project based on a recent international initiative including Didier Jourdan (University Blaise Pascal, Clermont Ferrand, France), Patricia Mannix McNamara (University of Limerick, Ireland) and Graça S. Carvalho (University of Minho, Braga, Portugal). The research reported here investigated the potential for teacher training in the field of health promotion globally in order to make recommendations in terms of health promotion teacher education.

**Objectives:** Research objectives include:

1. examining current international trends in teacher education in health promotion,
2. identifying international models of good practice in teacher education in this field,
3. making recommendations for teacher education in health promotion.

**Underlying values and principles:** Teacher education has a significant contribution to make to building the capacity of teachers to engage in facilitating the empowerment of their students. Teachers are in a unique position to build health literacy and student commitment to making healthier choices. Teachers need to be facilitated to understand their potential as health promoters.

**Knowledge base/ Evidence base:** The goal of health education is to involve people in collective action to create health promoting environments, institutions and lifestyles (WHO 1995). Schools have been identified as an appropriate setting for health promotion (St Leger et al. 2007) and this has been supported by international recommendations from WHO and UNESCO.

Teachers who receive health promotion training tend to be involved more frequently in health promotion projects and have a more comprehensive approach to health education.

**Context of intervention/project/work:** This project is an international project with the specific intention of building open access to research and resources via the use of an open web site to share international resources.

**Methods:** A comprehensive review of literature on health promotion teacher education has been compiled. This paper will report on the emerging themes that the data analysis yielded as a result of policy analyses and interviews with key personnel in 6 Western European countries: 2 countries of North Western Europe (Ireland and the UK.), 2 countries from South Western Europe (France and Portugal) one from Central Europe (Austria) and 2 from North Europe (Norway and Finland).

Interviews were conducted with 10 teachers involved in health promotion and 10 service providers of teacher education in each country. Therefore the data illuminates current policy and the experience of implementing such policy in each country.

**Results and Conclusions:** The paper identifies the key principles underpinning the approach taken to teacher education in health education and promotion in the six countries. It identifies significant needs that have been articulated by each country and also the strengths of their national approach. It also makes initial recommendations for coherent international practice in teacher education for health promotion.

**References:** St Leger, L. Kolbe, L., Lee, A., McCall, D. & Young, I. (2007). "School Health Promotion – Achievements, Challenges and Priorities" in McQueen, D. V. & Jones, C. M. (eds.) *Global Perspectives on Health Promotion Effectiveness*. New York: Springer Science & Business Media.  
World Health Organization (1995). "WHO Expert committee on comprehensive school health education and promotion". World Health Organization, Geneva.

**Disclosure of Interest:** None declared

## WS-MON-030 HEALTH EDUCATION AS A REAL SCHOOL SUBJECT. A SUCCESS STORY FROM FINLAND

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**Background:** The role of health education in school curriculum differ a lot between countries. In Finland health education is now an independent school subject having an important role and place in national curriculum, e.g. three obligatory courses, 38 hours of each, in secondary schools. All the HE teachers must have the same level qualification and university training as other classical school subject teachers. This innovative and unique school health promotion reform is based on the Basic Education Act (433/2001)

**Objectives:** The focus of this presentation is to analyze and interpret

how this reform has been advocated and realized in political terms. The learning philosophy of the curriculum will be described. A specific topic for discussion is a comprehensive and high qualified two years health education teacher training program developed in Jyväskylä University.

Finally the research results of pupils' and HE teachers' experiences and views about HE as a school subject will be presented.

**Underlying values and principles:** The underlying value of this HE school reform was the principle that health learning and health literacy has to be seen as basic rights of children and young people.

**Knowledge base/ Evidence base:** Health education as a school subject is based on a multidisciplinary foundation of knowledge. The aim of health teaching or health learning is to develop pupils' cognitive, social, functional and ethical capabilities and their capabilities for regulating emotions.

**Context of intervention/project/work:** The Department of Health Sciences in the University of Jyväskylä started a comprehensive HE teacher training program in 2005. Based on legal standards made for subject teacher training, a qualified/licenced health education teacher need 60 credits (ECT) in health sciences (school health promotion/education) in addition to their normal teacher training studies.

**Methods:** The analysis of this school health education reform is based on official documents, documentation of public debate, authentic experiences as well as empirical data on pupils' and teachers' views and experiences about health teaching and learning.

**Results and Conclusions:** The increasing concerns about young people's health trends and a wide consensus in Finnish society about what the school has to do for the health of youth and a strong political support in its highest level were the most important reasons why this unique reform came into force. A comprehensive teacher training program has raised a lot of interest among teachers. This special and tailored HE training program has improved in remarkable way HE teachers' skills in their teaching. The status of health education subject has improved and the feedback from pupils' and teachers' of this reform is a most positive.

**References:** Kannas, L., Peltonen, H., Aira, T. (eds.) Views and experiences of health education teaching at the upper level of comprehensive school. School health education development study. National Board of Education. Helsinki.

**Disclosure of Interest:** None declared

## WS-MON-031 HEALTH PROMOTION DOCUMENTATION BASED ON PROLEAD OUTCOME

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<sup>1</sup>WHO Staff, Regional Advisor, World Health Organization, -, Egypt

**General description:** The workshop aims to bring to the limelight the experience from Eastern Mediterranean Region (six Member States) vis-à-vis health promotion policy development, sectoral engagement, building capacities and improving governance and financing in health promotion inspired by the PROLEAD Health Promotion Exercise

**Rational:** The global public health landscape has been witnessing some dramatic changes over the last few years. Globalization poses new threats while emerging epidemics are increasingly difficult to contain and the phenomenon of complex emergencies is increasingly putting the health of population under threat. The Eastern Mediterranean Region (EMR), in particular, is under-going through a phenomenon where the benefits of economic development and prosperity in some Member States has added to the rising burden of non-communicable diseases and injuries on one hand and the enormous strain put on scarce resources due to persistent nature of the burden of communicable diseases on the other hand. The evolution of Health Promotion-from concept to action-has generated enough debate over the decades. While the Ottawa Charter in 1986 clearly outlined key action areas for health promotion; a uniform mechanism to articulate health promotion and make health promotion everybody's business has never been achievable. In this backdrop, the efforts of WHO EMRO to align national policies with health promotion conceptual debates did not materialize well unless 2005 when fellows from two countries participated in the PROLEAD Health Promotion Leadership Course. This was followed by Regionalizing PROLEAD to EMR by including six more countries from the Region. The PROLEAD process inspired (and ignited) a major shift in some countries from disease specific programmes towards more holistic health promotion approach as well as enhancing the finance base for health promotion. This workshop will give an insight to the challenges faced in health promotion in the Region and the achievements made so far after the PROLEAD process

**Learning objectives:** 1.To get insight into the challenges and gaps faced in applying health promotion in EMR

2.To learn about the different health promotion policy level exercises conducted in EMR after the PROLEAD health promotion courses

3.To discuss (and synthesize) a way forward for health promotion based on the outcome of discussion of participants

**Expected results:** A strategic way forward and possible partnership with other Regions/institutions/experts for expanding the scope and scale of PROLEAD Health Promotion courses

## **WS-MON-032 REALIZING THE MILLENNIUM DECLARATION: REVISED THINKING TO ADDRESS HARMFUL TRADITIONAL PRACTICES**

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**General description:** The aim of this session is to explore the synergy and complementarities between concepts of communication for development (C4D) including social norms, 'social determinants to health (SDH),' and key health promotion principles in developing interventions that address harmful traditional practices in a culturally appropriate but rights-based manner.

Workshop Design

1) Brief overview (15 mn) – MD, Harmful Traditional Practices and Key Change Theories/Concepts

2) Small Group work/debate (45 mn): :

- How can social change theory, health promotion practice and "social determinants of health" contribute to addressing harmful traditional practices and protecting children and women against them in developing countries?
- What are other theories, conceptual frameworks, lessons learnt that should guide the social transformation agenda of the Millennium Declaration?
- What is still missing?

3) Large Group Discussion (30 min) – Conclusions and Learning

**Rational:** Ten years after the Millennium Declaration (MD) and Millennium Development Goals (MDGs), it is an opportune time to re-examine our current knowledge of the interplay between social transformation and individual behaviour change in light of the push to achieve these goals by 2015. While the Declaration embodies the principles of human rights and social transformation, these principles are often overlooked in development programming. It has become clear, however, that the sustainable change envisioned by the MDGs is only attainable if they are respected and achieved.

The Declaration requires us to look more closely at the protection dimensions of the MDGs as well as the influence of such frameworks as social determinants of health and social norms on collective individual behaviour. Previous health behaviour change interventions have tended to emphasize individual action and were guided by such frameworks as the health belief model, social cognitive/learning theory, theory of reasoned action, etc. Recent work in eliminating traditional harmful practices with health consequences such as female genital cutting, honour killing, etc. has directly addressed social norms and their influential role in sustaining these practices. This body of work that has successfully achieved change in female genital cutting has provided new insights about how to change harmful (to health) individual practices that are imbedded in social and cultural contexts. This opens the opportunity to explore further how development programming can integrate the strengths of social transformation frameworks with theories of behaviour change to achieve the sustained changes needed to realize the MDGs.

**Learning objectives:** By the end of the session, participants will be able to:

- Identify key conceptual frameworks/models that are relevant to addressing harmful traditional practices within a broader definition of "health"
- Explain the relative strengths and weaknesses of these concepts/theories in developing interventions to address culturally sensitive, harmful traditional practices

**Expected results:** 1- insights on how multilateral and international development organisations, may define future directions and next steps in incorporating these newer or more robust frameworks in programme and policy planning

2- development and change paradigms that can be most useful in addressing culturally sensitive issues and harmful traditional practices as contributions to the Millennium Declaration

## **WS-MON-032b SOCIETAL LEARNING: FROM SUFFERING TO SOCIETAL CHANGE, OR FROM THE WORLD'S FIRST FIXER ROOM IN BERNE TO SWITZERLAND'S "FOUR-PILLAR POLICY" ON DRUGS**

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<sup>1</sup>Director, President, Contact Netz, Swiss Expert Group Continuing Education on Addiction, Bern, Switzerland

**General description:** What goes on when a society as a whole undergoes a collective learning process? This is known as societal learning. Insights into the mechanisms of such learning processes provide answers to, for instance, basic questions of prevention. How did society react to the wretchedness of addicts in the open drug scenes of the 1980s and 1990s? What form does the learning process take in the case of passive smoking? Societal learning is about building skills in a society, enabling it to jointly analyse complex problems and develop possible solutions. And it's ultimately about institutionalising the changes in values so as to make them sustainable.

The Swiss Expert Group Continuing Education on Addiction has been mandated by the Swiss Federal Office of Public Health (FOPH) to examine the processes of societal learning, to analyse principles and to conceptualise possible courses of action. Here, the focus is on possibilities for practical applications. Which players can, in which phase, and in what form, contribute to targeted societal learning processes?

**Rational:** As initial input, the workshop will provide an introduction to the basic theoretical principles of societal learning. In the second part of the workshop, this information will be reviewed on the basis of experience gained with the Swiss policy on drugs and supplemented by other experience gained in development projects conducted by the FOPH and the SDC (Swiss Agency for Development and Cooperation) in Central Asia. In the final part of the workshop, the participants will be actively involved in compiling a sociogram to represent the assembled collective field and its predispositions. The workshop concludes with individual self-assessment of one's personal attitude and role in relation to processes of change, based on Riemann's typology.

**Learning objectives:** The workshop participants get to know the concept of societal learning and the main theoretical background. They are able to rank its significance with regard to health policy issues. Each participant becomes aware of their own attitude and role in relation to (and within) societal processes of change.

**Expected results:** The workshop raises the participants' awareness of societal learning processes and ways in which they themselves can have an influence within general societal processes of change. In the future, they will be better equipped to assume their responsibility as experts, in that they will be able to assess the significance of their attitude, communication and involvement more effectively, and to purposefully take up their role within the framework of "societal learning".

## **WS-MON-033 Health promotion, equity and sustainable development : using potentials and building cross-sectoral networks among key players. A Swiss case**

**M. Münster**<sup>1</sup>

<sup>1</sup>deputy director, sanu, training for sustainable development, Biel-Bienne 3, Switzerland

**General description:** Most of the participants are expected to be active in one of the fields that make up the triangle of health promotion, (social) equity and sustainable development. Although each of these fields has its own characteristics, priorities and circle of actors, there is a great potential – if not a need - for synergies, cooperation and partnerships. They often pursue similar if not the same goals, and resources could be combined to reach common objectives more efficiently and sustainably.

An organisation coming from one of the three fields is often unaware of what the others do. They speak a different language and often don't see where partnerships could be beneficial.

This workshop, in the form of a world café, discusses and shows how boundaries between actors from health promotion, the social sector and sustainable development can be overcome - by open, trustful exchange, forming networks and partnership and taking specific joint actions.

The world café approach allows and encourages that each participant shares his or her experience and knowledge and provides input. To conclude the workshop, the co-organisers as well as representatives from private for profit sector and international organisations will offer a brief comment and synthesis, followed by a short summary of next steps to take in the "case country" Switzerland.

**Rational:** Presentation: sanu

1. Short welcome: objectives, participants, program. The co-organisers Caritas Switzerland, Health Promotion Switzerland, equiterre present and position themselves within the triangle (10 min)

2. World Café (45 min): all participants and co-organisers discuss 3 questions in changing groups (moderation: sanu)

a. Who is currently doing what to create synergies between health promotion, work for (social) equity and sustainable development?

b. What are the benefits of using these synergies?

c. How can we enhance the benefits and improve synergies?

d. Synthesis of the World Cafe

3. 6 statements for the synthesis: UNESCO, private enterprise, IUHPE, Caritas, Health Promotion Switzerland, equiterre (30 min)

4. Conclusion (5 min)

**Learning objectives:** The participants:

- explore and learn about current trends in Switzerland and other countries in the fields of health promotion, (social) equity and sustainable development

- develop a common understanding of the interdependencies between health promotion, work for equity and for sustainable development

- find promising ways to strengthen sustainable and effective cooperation between the fields

- identify and outline potential partnerships and synergy potentials for the case of Switzerland

**Expected results:** The workshop shall show the potential that lies in an increased cooperation between health promotion, actors in (social) equity and in sustainable development and show how goals can be achieved more efficiently and effectively through stronger cross-sectoral partnerships and a joint appearance of actors.

- A list of active organisations in Switzerland and worldwide and possible specific activities

- A compilation outlining the potentials of collaboration across health promotion, social sector and sustainable development

- New or enforced partnerships across borders

## **WS-MON-034 WRITING FOR PUBLICATION IN THE INTERNATIONAL PEER REVIEW LITERATURE: NINE STEPS TO SUCCESS**

**M. Mittelmark**<sup>1</sup>

<sup>1</sup>Head, Department of Health Promotion and Development, University of Bergen, Bergen, Norway

**General description:** The workshop will focus on practical steps all authors should take to increase the likelihood that a paper submitted to an international peer review journal will be accepted. The perspective taken is that of the editor of a health promotion journal. Several editors working with the IUHPE family of journals will facilitate the workshop. Topics covered will include selecting a journal, researching format requirements, matching writing style to journal style, getting help from colleagues, the inside of the editorial and review process, reacting smartly to reviews, and tips on getting your paper noticed and widely read.

**Rational:** Writing for publication requires a skill set that can be taught and learned. Health promoters that acquire the critical skills can significantly improve their production of published papers.

**Learning objectives:** 1. Understand the concrete ways in which a paper can be improved to enhance the likelihood of its acceptance.

2. Attain an insider's perspective regarding the editorial and review process.

3. Learn ways to increase readership of a paper.

**Expected results:** Workshop attendees who use the information delivered at the Workshop can be expected to enjoy a higher rate of publishing success, due to the practical skills the Workshop will impart.

## **WS-MON-035 DECREASING BARRIERS AND INCREASING WELLNESS: WORKING WITH HIV+ AND HEPATITIS C+ YOUNG WOMEN**

**s. milewski<sup>1</sup>**

<sup>1</sup>WISER project coordinator, YouthCO AIDS Society, Vancouver, Canada

**General description:** This workshop will use unique and engaging activities to educate participants about barriers that HIV+ and/or Hepatitis C+ young women face in regards to maintaining their health and wellness. The workshop will balance lecture, interactive participation and group activities.

The workshop will begin with an introduction of YouthCO AIDS Society's unique peer-driven and harm reduction philosophy, merging into the history of the WISER project (the young women's support project) and information about where the project is now. The following piece of the workshop will discuss both the fears and strengths that participants have around working with HIV+ and/or Hepatitis C+ young women. This piece will be done by allowing each participant to anonymously share a fear and a strength they have around working with this population, and in a group activity these fears and strengths will be discussed. Specifically, each fear and strength will be read aloud and each participant can "step into the circle" to show solidarity in fears, and to acknowledge their existing strengths in working with this population.

The next piece of the workshop will be facilitating a group discussion on the challenges of working with and engaging HIV+ and/or Hepatitis C+ young women. A short lecture will inform the participants about some of the issues that this population encounters, and, then, participants will be divided into groups with a specific task to reflect on challenges and collectively work together to create a variety of solutions. Each group will have opportunity to share with the other groups their proposed solutions.

The workshop will end with a closing round where every participant will have the opportunity to share something they will be able to take back to their personal and/or professional life.

**Rational:** The workshop will give a unique Canadian perspective on working with HIV+ and/or Hepatitis C+ young women, while allowing space for all participants to share their knowledge from their own nations and cultures. This population is extremely hard to reach, and face huge barriers in having their health needs met holistically. Therefore, this workshop will strive to educate healthcare workers, social service providers, academics, etc. to help decrease these barriers by understanding the complexities and challenges faced by these young women.

**Learning objectives:** The main learning objectives are:

1. Gain knowledge on how to engage young, positive women
2. Understand the importance of peer involvement and leadership
3. Understand, in-depth, the complex and multifaceted issues of young, positive women.

**Expected results:** The workshop participants will leave the workshop feeling empowered by their new knowledge, in which they can carry with them into their personal and/or professional lives. Ultimately, the participants will be able to use this knowledge when/if providing support services which will, consequently, benefit the HIV+ and/or Hepatitis C+ women they may serve.

## **WS-MON-036 OUTIL PÉDAGOGIQUE SUR LES INÉGALITÉS SOCIALES DE SANTÉ: CHEMINER ENSEMBLE VERS LA 2E GÉNÉRATION**

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<sup>1</sup>Présidente du Réseau francophone international pour la promotion de la santé - Section des Amériques, Réfips-section des Amériques, en collaboration avec l'Institut national de santé publique du Québec, Montréal, QC, Canada

**Description générale:** Les 17 et 18 novembre 2008 avait lieu à Québec, dans le cadre des 12es Journées annuelles de santé publique, la Rencontre francophone internationale sur les inégalités sociales de santé. S'y sont retrouvées 850 personnes pour débattre de pistes de solutions et d'interventions prometteuses pour réduire ces réelles iniquités.

**Concept:** Un outil pédagogique sur les inégalités sociales de santé (ISS), présenté sur support DVD, a été produit à la suite de l'évènement. L'outil se voulait un moyen de répondre à la volonté collective de produire des matériaux permettant de pérenniser l'intérêt pour la réduction des ISS, soutenir les efforts de sensibilisation, partager les connaissances ainsi que les apprentissages réalisés. Sous l'égide du Réseau Francophone International pour la Promotion de la Santé, 600 exemplaires de cet outil furent diffusés aux 4 coins de l'espace francophone à l'automne 2009. Cette distribution fut accompagnée d'un suivi auprès des demandeurs visant à connaître les différents contextes d'utilisation, ses qualités et défauts d'adaptation liés aux milieux socio-sanitaires et culturels, les améliorations à y apporter pour qu'il soit davantage utile et utilisé, etc.

L'outil ayant reçu un bon accueil et le suivi étant amorcé, il est maintenant possible de cheminer ensemble vers une 2e génération, aux contenus plus complets – améliorés notamment sur la base des facteurs de preuve retrouvés dans la littérature scientifique - et aux objectifs cette fois davantage orientés vers une perspective de développement des compétences pour réduire durablement les ISS.

La 20e Conférence mondiale sur la promotion de la santé de l'Union internationale de promotion de la santé et d'éducation pour la santé apparaît être le moment et l'endroit idéal pour initier le projet de 2e génération de l'outil, en rassemblant des personnes ayant contribué à sa production, sa diffusion ou l'ayant utilisé auprès de divers publics – ou intéressées à le faire. De plus, ce sujet s'inscrit dans les domaines mis de l'avant par le congrès, notamment les déterminants sociaux de la santé et l'interdépendance entre la promotion de la santé et la réduction durable des ISS.

**Objectifs de l'enseignement:** A l'issue de l'atelier, les participantes et participants seront en mesure de:

- Nommer la logique de conception et d'utilisation de l'outil pédagogique dans sa forme actuelle;
- traduire en pistes de solution et d'amélioration les faiblesses de l'outil;
- reformuler les objectifs en termes de développement des compétences pour réduire les ISS;
- identifier les nouveaux contenus à développer et les moyens pour y parvenir.

**Résultats attendus:** À l'issue de l'atelier :

- Les objectifs de l'outil pédagogique sur les ISS auront été révisés dans une perspective de développement des compétences visant la réduction des ISS;
- des informations auront été recueillies pour améliorer les différentes sections, et en ajouter au besoin, notamment sur la question de la mesure des ISS;
- un groupe francophone international, avec pour mandat d'appuyer la démarche de révision de l'outil et de valider les contenus des différentes sections de l'outil, aura été formé;
- des lieux potentiels de présentation ou d'utilisation de l'outil pédagogique (congrès, séminaires, colloques, milieu communautaire, ONG, institutions, milieux universitaires) auront été identifiés avec les participant-es.