# Book of Abstracts

## Globalization and Equity: Consequences for Health Promotion Policies and Practices

**7th IUHPE European Conference**
**on Health Promotion and Health Education**
**18–21 October 2006 in Budapest, Hungary**

**2006**

**Book of Abstracts**

Globalization and Equity:
Consequences for Health Promotion Policies and Practices

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## ORAL

## POSTER

| | 18 October, Wednesday | 19 October, Thursday | 20 October, Friday | 21 October, Saturday |
|---|---|---|---|---|
| 8:00 | | | | |
| 9:00 | | E. Tackling Social and Economic Determinants of Health. The Role of Governments And NGO:s | I. Training And Capacity Building | M. Indo/European Project Initiating Dialogue On Ppp To Develop Appropriate And Sustainable Health Care |
| 9:30 | A. Opening Ceremony | | | |
| 10:00 | | | | |
| 10:30 | | Coffee break | Coffee break | Coffee break |
| 11:00 | Coffee break | F. Parallel Sessions F1-F7 | J. Parallel Sessions J1-J7 | N. Interorganisational Cooperation |
| 11:30 | B. Policy, Evidence and Practice: From Ottawa to Vancouver | | | |
| 12:00 | | | | O. Closing Session |
| 12:30 | | Lunch | Lunch | |
| 13:00 | Lunch | | | |
| 13:30 | | | | |
| 14:00 | | G. Facing The Challenge Of Inequities In Central And Eastern Europe: From Policy to Practice | K. Globalization And Equity In Settings Of Everyday Life And The Role Of Practitioners | |
| 14:30 | C. Globalization and Health | | | |
| 15:00 | | | | |
| 15:30 | Coffee break | Coffee break | Coffee break | |
| 16:00 | D. Evidence Of Health Promotion Effectiveness | H. Parallel Sessions H1-H6 | L. Parallel Sessions L1-L7 | |
| 16:30 | | | | |
| 17:00 | | | | |
| 17:30 | | | | |
| 18:00 | | | | |
| 19:00 | Welcome Reception | | | |
| 20:00 | | | | |

## DAY 2: TACKLING INEQUITIES IN HEALTH
THURSDAY, 19 OCTOBER 2006

**11.00–12.30**
F.1. Closing the Gap
F.2. Health Inequalities: Theories and Research
F.3. Poverty, Child Poverty and Social Exclusion
F.4. Globalization and Health
F.5. Challenges of Men's Health for Health Promotion and Education
F.6. Activities of the WHO Venice Office
F.7. Poster Session

**16.00–17.30**
H.1. Mental Health and Coping
H.2. HIV/AIDS and Drugs
H.3. Ethnical Minorities
H.4. Gender Mainstreaming Beyond Policy
H.5. Health Impact Assessment
H.6. Health Policy and Strategies

## DAY 3: REFLECTING ON THE EFFECTIVENESS OF POLICIES AND PRACTICES
FRIDAY, 20 OCTOBER 2006

**11.00–12.30**
J.1. Health Behaviour of School Children
J.2. Graduate & Post Graduate Training in Health Promotion
J.3. Tobacco Prevention in Settings
J.4. Special Interest Group of IUHPE/EuroHealthNet on Heath Promotion Evidence, Effectiveness & Transferability
J.5. Instrument and Tools for Evaluation of Health Promotion Activities
J.6. Food and Nutrition
J.7. Poster Session

**16.00–17.30**
L.1. Health Education in School Settings
L.2. Health Promoting Workplaces
L.3. Health Promoting Hospitals
L.4. Partnerships for Health
L.5. Civic and Local Initiatives in Health Promotion
L.6. Linking Health Care and Health Promotion
L.7. Getting Evidence into Practice

# FOREWORD

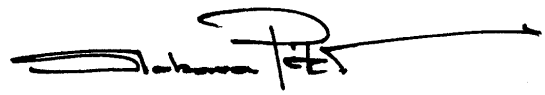
The 7th IUHPE European Conference on Health Promotion and Health Education entitled Globalization and Equity: Consequences for Health Promotion Policies and Practices will focus on different aspects of globalization and of inequalities in health. A major goal of the conference is to provide a platform for review, analysis and discussion of tackling health inequalities at global and community levels to key players in health promotion and health education from across Europe. Over the course of four days, participants and attendees will have the chance to share information about health promotion policy issues, on-going research, existing evidence and practical experience.

One of the main aims of the conference is to animate debate between decision-makers, researchers and practitioners. The parallel sessions offer a broad opportunity to this dialogue.

Papers were invited from researchers and policy-makers and most of the contributions were provided by participants. Around 250 abstracts were received and reviewed by independent technical referees. The abstracts demonstrate the great variety of issues, approaches and national experiences in the field of health promotion. They also indicate the level of development in our activities in the year of 2006. So this abstract book is a characteristic document of health promotion development throughout Europe, a frame of reference for national activities, and a source of inspiration for launching new activities.

I recommend this key document of the conference to everybody as a challenging and useful reading.

On behalf of the Scientific and Organizing Committees



*Peter Makara, PhD*
Deputy-director
Hungarian National Institute for Health Development

## A CANADIAN BEST PRACTICES SYSTEM FOR CHRONIC DISEASE PREVENTION & CONTROL (L-6)

*Marie DesMeules, Director – N. Jetha, Senior Programme Officer*
Evidence & Risk Assessment Division, Centre for Chronic Disease Prevention & Control,
Public Health Agency of Canada, Ottawa

**Background:** Information on the burden of chronic diseases, its determinants and possible interventions is continually increasing in volume and complexity. There is therefore a growing need for enhanced support tools aimed at practitioners and policymakers. A national Best Practices System for chronic disease interventions is currently being developed to address this need. Interventions covered in this System include community-based programs and preventive care, and focus on prevention and promotion for key chronic diseases (cardio-vascular disease, diabetes, cancer, COPD, musculo-skeletal diseases, etc.) and their key risk factors.
**Aims and Methods:** This System selects existing systematic reviews and intervention programs which satisfy criteria developed for the identification of best practices. It also provides practical implementation information for practitioners. A population health framework was adopted for the assessment and classification of interventions. It also provides a mechanism for collecting practice-based evidence on emerging and promising interventions.
**Results:** One of the key goals of the System is to collect and provide evidence (research- and practice-based) on the impact of interventions in various populations (by gender, ethnicity, rural/urban areas of residence, etc.) and vulnerable groups.
**Conclusions:** An overview of the System, and specific examples of findings regarding the impact of interventions on health disparities will be presented using tobacco and obesity as case examples, in a series of 3 presentations.

## A HEALTHY NUTRITION PROGRAM WITH CHILDREN "CUB SCOUT" (J-6)

*Paolo Contu, PhD – A. Sotgiu, PhD – A. Mereu, PhD – G. Spiga, MD – S. Dessi, BSD – V. Coroneo, PhD*
Dipartimento di Sanita Pubblica, Universita di Cagliari

**Background:** The healthy nutrition program, called "In mouth ... to the wolf", is a national project carried on by University and Assoraider (Associazione Italiana di Scautismo Raider), an Italian scout organisation. The program is coordinated by the Department of Public Health of the University of Cagliari and the scout organisation, and involves approximately 800 children (males and females), aged from 6 to 10 years, of 39 scout groups in 28 cities.
**Aims:** Aim of the program is to promote health through healthy nutrition.
**Methods:** The program was defined in September 2005, during a meeting among the University researchers, the Assoraider national cub leaders for cub scout activities (children aged from 6 to 10 years) and the Chief of Assoraider. During the meeting they defined the aims, the time table (January–June 2006), the (human and financial) resources, the tools (activities, forms for process evaluation) in order to develop the project plan.
The program is based on the active participation of the cub leaders, crucial for the relationship with parents, teachers, and other local subjects. The contacts between the cub scout leaders and the University researchers is assured through mail, e-mail, telephone and fax. The University has planned the didactic and research tools (handbook, didactic notes, cards on food, evaluation test) for the program. The cub scout leaders, during the weekly meeting with the children, implement games and activities aimed to involve children in the topics of the healthy and balanced nutrition.

**Results:** The program “In mouth ... to the wolf” offers the opportunity to test and to evaluate the participation of different stakeholders because of the wide intersectoral collaboration. Scouting movement is diffused and integrated in the territory and it is a reference for different members of the community: children, parents, teacher, and volunteers. This context, close for charter and tradition to health promotion approach and principles, could be a good opportunity to foster community empowerment, and to promote the control on health determinants.

## (H-6) A NATIONAL HEALTH INSURANCE LAW AS A POLICY TO REDUCE INEQUALITIES IN HEALTH CARE BUT NOT IN PREVENTIVE SERVICES

*Orna Baron-Epel, PhD, MPH –N. Garty, MSc – M. S. Green, MD PhD*
School of Public Health, Haifa University, Haifa, Israel and
Israel Center for Disease Control, Ministry of Health, Tel-Hashome, Israel

**Background:** Socioeconomic factors, health are services, health behaviors and environment have been shown to contribute to inequality in health. In Israel, inequalities exist between the different populations groups (Jews, Immigrants and Arabs). A National Health Insurance Law (NHIL) was enacted in 1995 providing health care, preventive services and health education to all Israeli residents.
**Aims:** To assess the changes in inequality in utilization of health care and preventive services among the three population groups residing in Israel due to the existence of the NHIL.
**Methods:** A cross-sectional survey based on a random sample of telephone interviews was conducted during 2003–2004 as part of the Israeli component of the EUROHIS project (WHO European Health Interview Survey). This analysis includes 6,756 interviews with the veteran Jewish population, 953 interviews with immigrants from the former Soviet Union (FSU) and 1800 Arabs. Questions included use of healthcare services, preventive services, health status, health behaviors and socioeconomic variables.
**Results:** Immigrants from the FSU reported similar rates of visiting family physicians and specialists after adjustment for age and socioeconomic variables compared to veteran Jews, and Arabs reported higher rates of family physician visits and lower rates of specialist’s visits compared to veteran Jews. However, fewer immigrants and Arabs performed preventive tests such as serum cholesterol tests, mammography and Pap smear tests.
**Conclusions:** The fact that the minority population groups in Israel do not utilize the major health care services less often than the Jewish population may actually show the success of the NHIL in providing equal services, regardless of socioeconomic status. However, the immigrant and Arab populations in Israel utilizes preventive services less often than the veteran Jewish population even after a decade of the NHIL. This may be due to less activity on behalf of the health care services to promote and culturally adapt the preventive services for the minority populations. Therefore, it seems that the NHIL has been successful in providing medical services, but not in providing services that prevent illness and promote health to all.

## A PARTNERSHIP IN CHANGE IN PREVENTING, MONITORING AND COMBATING DOMESTIC VIOLENCE

(L-4)

*Daniel Verman, MD – L. Popescu – V. K. Judd – Ch. Jackson*
Ministry of Health, Bucharest, Romania

**Background:** A Healthy Communities Partnership between US and Romania has been formed since 1999, with funds from AIHA through a cooperative agreement with USAID, for improving women health in Constanta.
**Aims:** The primary goal of the partnership is to promote community involvement in improving the common social good and promoting adoption of healthy behaviors regarding women's health issues. As the first healthy community project in Romania, it serves as model program for the Romanian communities.
**Methods:** The Romanian and American partners were peers to develop a systematic process for setting priorities based on women's health needs in Constanta and for achieving grassroots support for efforts in understanding those needs. The low level of health education in the community and the lack of trained personnel for community health programs compound health problems. The American team serves as the community role model throughout the planning and implementation process engaging leaders from various public and private sectors in a dialogue about strategies to meet needs of the targeted community.
**Results and Conclusions:** Major accomplishments include facilitating professional exchange, program developing for creating local infrastructure to sustain activities in domestic violence area. The project has developed a functional infrastructure aimed at the Center for Women. The necessity of the Center for Women in Constanta was validated by the increased number of victims who addressed. According to the 2003 street survey, of 1,300 women from Constanta, 65% knew about the Center. 70% declared that they would address the Center if needed. The project served as a model for other 6 local communities and for developing the National Strategy (in process of development) on prevention and combating domestic violence. The opening of Constanta Center and the other 6 in Romania is the main result. Since 2001, when the Constanta Center was opened, 983 victims were assisted. The Center develops education programs for different target groups for changing behaviors (primary, secondary, tertiary prophylaxis).

## ADAPTATION AND PRACTICAL USE IN HUNGARY OF HEALTH PROMOTION INSTRUMENT – PREFFI – ONLINE VERSION

(J-5)

*Marianna Penzes MD – B. Pallagi*
Szabolcs-Szatmar-Bereg County's Institute of NPHMOS, Hungary

**Background:** Health promoters should emphasize every day for decision-makers, financers, supporters, other experts and for citizens also that their work effectively contributes to disease prevention and health status improvement. We are not in easy situation because how could we evaluate correctly and acceptably that indeed our programme, activity is instrumental in a health-problem solving. Results of health promotion activities are usually detectable or verifiable after years. But we have to know from the earliest phase, already at planning that we prepare adequate project, implement adequately, we can adapt as fast as possible to changeable environment, different conditions. We have to confirm that we manage consumption of resources (money and human resources) as a good owner.
**Aims and Methods:** PREFFI, worked out by Gerard Molleman, as good instrument for evaluation and development of health promotion projects is a method which can be used in a uniform frame, and in

easy applicable form for answering important questions from the beginning of project. Supported by PHARE and National Civil Found we started adaptation of PREFFI in Hungary. In practice the written type of PREFFI was difficult and consumed time. We developed web based on-line version of PREFFI after translation and practical application in frame of PHARE supported drug prevention programme. We hope that through this programme, beyond easy use of evaluation method, we contribute to forming national and international networks.

**Results and Conclusions:** On-line form and the joint web page call forth:

- fast and easy handleable evaluation method
- comparability of health promotion programmes
- information database about activities, resources, experts
- chance for regional, national, international collaboration.

## (H-2) AN ANALYSIS OF THE REPRESENTATIONS OF HIV/AIDS IN CHILDREN FROM 9 TO 11 IN FRANCE: THE EFFECTS OF AN EDUCATIONAL PROGRAMME

*Dominique Berger, D. Jourdan, J. Barnoin, J. Pommier, R.. Collet*
Health Education Research Team, Teacher's Training College, Lyon, France,
PAEDI, Teacher's training College Clermont-Ferrand

Although most interventions on AIDS concern teenagers or young adults, the WHO texts insist on the necessity for implementing early HIV/AIDS prevention programmes. Primary school is an important setting in which to deliver an education about HIV/AIDS. This paper is an account of a research which was carried out to study the initial representations of primary school pupils (Key Stage 2 French children 9–11) about HIV/AIDS and to analyse the impact of an educational program on these representations. The program is based on a socio-constructivist approach to learning (allosteric learning model). It aims to modify pupils' representations through interventions in the classroom for a project which associated families, teachers and school health services in a comprehensive approach. The method is based on a collaborative research (researchers, teachers, health education actors, parents). On one hand, we give an account of the general course of the study, on the other hand, we analyse and compare the results of the two questionnaires (pre and post questionnaire) which were used to collect information on pupils' representations.

The results show an evolution in the representations of pupils about HIV/AIDS. The intervention led them to build new representations that take more objective facts into account. After the intervention, pupils' knowledge is more precise. The communication between members of the family and different generations improves. The representations shift from a sense of powerlessness and fatality towards a sense of the possibility of acting to forestall infection. Nevertheless, the impact of the intervention is weaker on under-privileged pupils.

In conclusion, it is possible to promote a comprehensive health approach about HIV/AIDS if the whole educational environment is involved, if the intervention is really learner-centred, if the programme is sufficiently open and does not aim at enforcing some form of behaviour, and if the ethical framework is clearly defined. Such an approach, to be effective, must take into account the complexity of health, and the factors which influence it, but also actual science education theory and practice.

## APPLICABILITY OF THE HUNGARIAN VERSION OF THE SENSE OF COHERENCE QUESTIONNAIRE

(H-1)

*Ilona Balajti – K. Kosa – R. Adany*
Division of Health Promotion, Faculty of Public Health, University of Debrecen, Hungary

**Background:** Aaron Antonovsky introduced his salutogenic theory centering around the concept of sense of coherence (SOC) in 1979. Sense of coherence entails a global orientation to view one's environment as comprehensible, manageable and meaningful – having an important positive influence on the person's health status. The salutogenetic theory reflects a paradigm shift from a pathogenic focus on risk factors and disease to a health-oriented focus centering on factors positively determining health. Various measures of health and mental status have been shown to correlate with SOC that can be measured with the original 29-item questionnaire or an abbreviated, 13-item version. Our aim was to develop a questionnaire for the investigation of various elements of health behaviour, mental health, social support and sense of coherence.
**Methods:** The abbreviated SOC-tool (SOC-13) was translated to Hungarian then translated back to English. In order to assess its validity, two measures of health were included in the final version of the questionnaire: a single question on the subjective measure of health and the Hungarian version of the General Health Questionnaire (GHQ). Mental health was assessed by the abbreviated Beck-scale. Items on physical activity, diet, smoking, alcohol consumption and social support were adapted from the tool of the National Health Behaviour Survey of 2003. Questions on basic socio-economic and demographic data were also included in the final version. A chance sample of altogether 120 persons of varying age and education was analysed by Stata 8.0 software.
**Results:** The mean of SOC-13 was 59.24 (SD 13.75) that fell into the range found in a recent meta-analysis on the use of the abbreviated SOC-scale (35.39 [SD 0.10] – 77.60 [SD 13.80]). Reliability (internal consistency) of the SO module was characterized by average inter-item correlation (Cronbach alpha: 0.87, within the range found for Cronbach alpha in the above mentioned paper). As to criterion validity, the SOC module showed good inverse correlation with the Beck depression scale, and similarly good correlation with the GHQ. As to discriminant validity, the SOC showed no correlation with age, sex, smoking or alcohol consumption, but correlated with occupation as described in other studies. Face validity of the Hungarian version proved to be acceptable. Regarding other modules of the questionnaire, consumption of neither fish, nor vegetables, fruits or type of fat used for cooking showed correlation with body mass index which points to a further need to test the reliability of the dietary module of the questionnaire. Correlation between health behaviour and SOC was not investigated due to the chance nature of our sample.
**Conclusions:** Reliability and validity of the Hungarian version of the abbreviated SOC-scale has proved to be acceptable, making it an appropriate tool for further applications in studies aiming at health and its determinants. This instrument might be especially useful in studies that wish to uncover salutogenic factors in order to provide positive foci for future health promoting activities.

## (J-5) APPLICATION OF THE EMPOWERMENT EVALUATION MODEL IN COMMUNITY INITIATIVES

*Anu Kasmel, MD – E. De Leeuw, PhD*
Estonian Union for Health Promotion, Tallinn, Estonia

**Background:** The empowerment evaluation model has been applied in three health promotion initiatives, *Safe Community* program*, Drug Abuse and AIDS Prevention* program, and in *Elderly Quality of Life* program in Rapla, Estonia. Empowerment evaluation is the process through which participants of community program in collaboration with health promotion practitioner work toward enhancement of quality of their health program. The theoretical framework was composed, based on the models of community development, empowerment evaluation, and the "parallel tracks" in program planning.
**Aim:** The aim of this study is to describe an evaluation system developed to examine: first, empowerment expansion, and second, the issue-specific processes, outcomes and impact.
**Method:** Multiple methods were used to evaluate the processes, outcomes and impact indicators. In total six measurement tools were used and seventeen indicators measured by the *Drug Abuse and AIDS Prevention* program team. Nine measurement tools were used and twenty one indicators measured by the *Safe Community* program. Eight measurement tools were used and twenty three indicators measured within *Elderly Quality of Life* program.
**Results:** The application of the empowerment evaluation model contributed to some changes in most of outcome indicators (decrease in children mortality due to injuries, increase in self-assessment of health, social inclusion and physical activity of the elderly, retardation in increasing trend of the drug-use, alcohol and smoking of school-children) and to several social and political changes in the community.
**Conclusions:** The study demonstrates that the use of empowerment evaluation approach establishes a culture of continuous analysis, assessment and learning. While accomplishing issue-specific goals and objectives, community members learn from each other, acquire skills, create commitment and a supportive social environment, and become more capable of handling community problems. Constant participation, communication with each other, sharing information and feedback, assessing situation, learning and searching for solutions increase community empowerment and builds capacity among the community members to control their own lives.

## (L-4) ASSETS FOR HEALTH AND DEVELOPMENT: THE START-UP OF A LOCAL PROJECT

*Pierluigi Struzzo, MD*
Community Research Centre, Martignacco, Italy

**Background:** Introducing new health issues to local politicians can be a challenging task, especially in an affluent region such as Friuli Venezia-Giulia (Province of Udine), north-east of Italy. Regional health services are considered among the best in Italy and traditional illness-preventive actions are usually proposed. Apparently no room exists even for innovative strategies, such as, maybe, the assets for health and development of the WHO Office of Venice.
**Aims:** To explore the possibility to introduce the assets for health and development strategy by involving new actors in the planning and management of local health issues. To develop new, customized knowledge on health determinants among local policymakers.
**Methods:** In order to stir the interest of possible partners, a Community Research Centre was created within a medium size municipality in the north-east of Italy. The idea to investigate possible community

assets with respect to risky lifestyles was introduced and proposed to the Province of Udine that decided to fund a biannual project. One-third of the municipalities of that province were asked to participate. The 34 mayors of the involved municipalities underwent a semi-structured interview and the opinions of the local policymakers were also analysed with a qualitiative research tool (Nud*ist ®). The University of Udine and other partners were actively involved and a risk perception survey was also performed.

**Results:** At the end of the study, the mapping of local assets to protect from risky lifestyles was created in each involved municipality. Capacity building courses were organised for community leaders. Qualitative and quantitative data were published and disseminated to the participating municipalities and other provincial and regional politicians. A video summarising the initiative was also produced.

**Conclusions:** Despite the overall good satisfaction of the regional health services, "new blood" and new ideas conducing to health promotion could still be introduced, provided that new ways are explored. Creating new health systems, such as a community research centre and working on the "visibility" and sense of belonging of small-to-medium size municipalities can be an important step in the achievement of better health.

## BARRIERS TO AVAILABILITY OF INSULIN AND INSULIN SUPPLIES FOR DIABETICS IN ARMENIA

(L-6)

*Susanna Mkrtchyan, MS, MPH – M. E. Thompson, MS, DrPH*
Primary Healthcare Reform Project, Yerevan, Armenia

**Background:** Diabetes, a common non-communicable disease, is reaching epidemic proportions worldwide. The World Health Organization and the International Diabetes Federation have highlighted striking inequalities in access to diabetes care in developing and transitional countries, including Armenia. Approximately 1% of Armenia's population of 2.1 million has been diagnosed with insulin-dependent diabetes. The state guaranteed basic benefits package in Armenia fully covers diabetes management. The effectiveness of this program has not been formally assessed.

**Aims:** This pilot study assessed the availability of insulin and insulin supplies among insulin-dependant diabetics aged 18 and above in Yerevan, Armenia and identified barriers to availability of insulin and insulin supplies.

**Methods:** A telephone-based descriptive cross-sectional study was conducted among insulin-dependent diabetes patients aged 18 and above in Yerevan, Armenia. The sample of 70 diabetics was determined using one-sample proportion formula. In addition, key informant interviews were conducted with two endocrinologists working at the primary healthcare level. Statistical analysis was performed using SPSS 12.0 software. The study was reviewed and approved by the Institutional Review Board at the College of Health Sciences of American University of Armenia.

**Results:** Sixty-nine percent of the sample reported that their insulin supply had been interrupted at least once during the past 12 months. Reasons cited included periodic insulin shortages at primary health care facilities, insufficient amounts of insulin provided to the patient, and lack of the specific type of insulin prescribed. The data showed that 21% were unaware of their specific insulin dose, 30% did not know the normal range of blood glucose readings, and only 53% had ever self-monitored their blood glucose level. A mere 9% had ever monitored their urine glucose level. The major reasons for low urine glucose self-testing included the lack of testing strips (53%) and insufficient awareness of this method (41%). According to the endocrinologist, patients cannot adequately manage their insulin if they do not know their dose and their current glucose level. The endocrinologist emphasized, "By monitoring glucose levels the patient becomes an active participant in diabetes management and thus, helps his/her physician to understand better what he/she needs."

**Conclusions:** The situation in Armenia reflects inadequate supplies via the primary care system compounded by poorly trained and engaged patients in their diabetes self-management. These deficiencies put substantial numbers of diabetics at risk. The government needs to improve the supply and distribution system. Providers need to be more effective in educating their patients, and diabetics need to become more engaged in their diabetes management.

## (L-5) BIRMINGHAM SANDWELL "URBAN LIVING": RENEWING A HOUSING MARKET AND PROMOTING HEALTH IN THE WEST MIDLANDS, UK

*John Middleton, BM, FFPH*
Sandwell Primary Care Trust, West Bromwich, United Kingdom

**Background:** The Birmingham Sandwell Housing Market Renewal Pathfinder (HMRA: "URBAN LIVING") is a major initiative to regenerate housing in the West Midlands of England, in an area covering 60,000 properties, 160,000 residents and 20 kms. The area includes high proportions of vulnerable groups, ethnic minorities asylum seekers, long-term sick and disabled and a high proportion of poor housing stock and high-rise buildings.
**Aims and Methods:** The aim is to stimulate the housing market and improve housing choice. A housing and health group has developed proposals on housing for health: energy conservation and thermal comfort to reduce winter deaths and hospital admissions; Home safety for older people and children; Smart accessible housing to reduce disability; and telecare – remote non-intrusive surveillance for care in the community. The group is also showing what health services can do for housing, linking new health service facilities to new housing to boost the attractiveness of the area. The NHS, through its existing and future workforce has a demand for the full range of housing, so can stimulate the market. The programme is underpinned by an ambitious housing and health database record linkage evaluation which is being set up to evaluate housing improvements and health outcomes over the 20 year programme.
**Results:** There have already been health promoting developments in clearance of poor housing and planned community developments with progressive builders seeking to employ a range of strategies for healthier town planning, sustainable development, resilience, accessible and economically engaged communities. A SMART housing manifesto has been produced with major statutory partners and industry, and we are now devising guidelines for developers on the design for disability and uses of telecare – remote technology to keep people safe and independent in their own homes. The presentation will also describe interim evaluation of the programme, successes and failures. The housing and health database is already identifying housing-related health problems. Winter deaths are higher on the Sandwell side of the HMRA than in Birmingham. The same difference is observed on home accidents and accidental deaths. These findings suggest that despite the similarity of the housing market, the quality of housing is very different. Solutions with housing and community partners are being developed.
**Conclusions:** The Housing market renewal area offers major opportunities to promote health through partnership with housing authorities, town planners and local communities. It also offers an opportunity for health services to contribute to local economic sustainability by encouraging a housing market which enables health services workers to live close to their work – reducing transport time and costs and enabling their workers' spending power to be used for local benefit. The role of health services as a 'corporate citizen is a vital and underestimated vehicle for promoting health. In addition we are exploring new ways to evaluate the health promoting power of partnership interventions – our housing and health longitudinal study will enable long-term evaluation of the effects of new and improved housing on health.

## BUILDING A NATIONAL SYSTEM FOR THE CERTIFICATION OF HEALTH PROMOTION INTERVENTIONS: BALANCING BETWEEN EFFECTIVENESS AND APPLICABILITY

(J-5)

*Janneke Bouwens*
NIGZ, Woerden, Netherlands

**Background:** Decision-makers demand proof of the evidence-base for health promotion and justification of set priorities and funding. Health promotion professionals want to work with principles that reflect quality and effectiveness; they need tailored answers to what might work in their context. Information about effective and/or promising interventions from evaluation studies is forthcoming but does not always find its way to practice.
**Aims:** As a contribution to an optimal knowledge infrastructure of health promotion practice, the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ) with other national institutes elaborated upon the establishment of a certification system for health promotion interventions.
**Methods:** (Inter)national comparable systems/like-wise initiatives were analysed and compared. In an expert meeting, possible criteria and procedures for valuing health promotion interventions were discussed. Follow-up consultation of separate institutes as part of a consensus procedure ensured input for refining of the ambitions. A "task force" worked out relevant aspects and procedures. The system was developed and will be tested and applied.
**Results and Conclusions:** The criteria that are used within the certification system can be categorized as :

- The "Ability to rate the intervention" based on the availability of relevant documents/ material.
- The application of principles that reflect "good practice" like a sound theoretical base, the specification of goals, the fit between goal-target group-intervention.
- Information that offer insight in "results/effects and the strength of evidence".
- The "Transferability and applicability-perspective" with regard to the "end-user": which conditions are needed to implement an intervention in the own specific context?

The system contributes to the quality of health promotion practice by getting evidence into practice and into policy/getting practice into research. It also contributes to the credibility of health promotion in general.

## CHALLENGES OF TEACHING HEALTH PROMOTION FOR PUBLIC ADMINISTRATION STUDENTS

(J-2)

*Katalin Szoke MA, PhD Student – Zs. Fuzesi, MD, PhD*
University of Pecs, Hungary

**Background:** Faculty of Public Administration at Corvinus University, Budapest is the only institution of higher education in Hungary where public administration (PA) officials are trained.
**Aims:** Developing the curriculum and introducing the course on health policy and health promotion aimed to equip PA students with knowledge and skills about the topic. It emphasises the need for comprehensive approaches that address the socioeconomic factors in the context of settings in which people fulfil their multiple life roles.
**Methods:** The optional course on health promotion is provided for full time undergraduate students and part time postgraduates. The course is based on the consideration that experts and officers

working in PA and especially for local governments should consider the current national and local policies and agendas which impact on health promotion and also should get familiar with the health promoting setting approaches.
**Results:** Some 200 undergraduate and postgraduate PA students have been involved in the course. 7 theses have been produced on the issue of health promotion and health policy.
**Conclusions:** A setting approach enables community involvement in health. Making the involvement of various sectors is obvious and essential. Working intersectorally can allow the broader determinants of health to be addressed.

## (F-3) CHILDREN AND YOUNG PEOPLE: SOCIAL INCLUSION AND EXCLUSION, DEBATES AND ISSUES

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**Background:** Awareness and action about the consequences of social exclusion of children and young people at the global, national, local and interpersonal levels of human activity have become the subject of continual scrutiny and debate. Sometimes children and young people can be portrayed as active participants in society, able to define what childhood in the twenty-first century involves, and, to contribute to their communities in a variety of ways.
**Aims:** On the basis of the above awareness, a partnership was created based primarily on the experience of Hungary and the UK, to examine the diversity of meanings of childhood, and illustrate some of the consequences of children being excluded from opportunities to play their part in society. The aim was to assist educators engaged in socialisation processes by placing the values of social inclusion for children and young people, and health promotion into the foreground, this way helping to reduce health inequalities.
**Methods:** Extended national and international references were collected, systematized and collated from Hungary and the UK. Theoretical analysis was extended by evidence of good practice in the participating countries and in the wide world.
**Results:** A teaching material applicable in undergraduate, graduate and postgraduate teacher and health-promoter training was created and published in English. The volume is divided into four parts: (1) general issues arising from including and excluding children and young people; (2) the international legal frameworks and policies to promote children's rights and protection; (3) aspects of service provision to promote children and young people's welfare; (4) the transitions that children have to make in order to be included and progress in society.
**Conclusions:** An important element of health equality is the access to health opportunities and their promotion. This involves addressing the considerable differences and chances between the developing and the developed world and between the developed countries as well. The present teaching material serves the promotion of this aim.

## CLOSING THE GAP: STRATEGIES FOR ACTION TO TACKLE HEALTH INEQUALITIES IN EUROPE

(F-1)

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**Background:** Inequalities in health are a major challenge for public health in the European Union. Although the nature of health inequalities differs within EU member states, all face a health gap between the lowest and the highest socio-economic groups. Overall, there is a great deal of individual measures to reduce health inequalities but on national and international level we lack transparency and sound knowledge. It is yet unclear what is being known and done in European partner countries; how policy processes do impact the health gap and how effective interventions should be shaped.
**Aims:** Given the evidence, the European Partners for Equity in Health have taken action to develop a European infrastructure and knowledge base in order to implement and strengthen strategies to reduce health inequalities. 'Closing the Gap' which has a running time from 2004 to 2007 is funded by the European Commission and is managed in partnership by the German Federal Centre for Health Education and EuroHealthNet, Brussels.
**Method:** A consortium of 22 national public health and health promotion agencies and respective links to European Institutions in the field of health inequalities build the infrastructure of the project. Analytical project work is mainly carried out at the following levels:

- At the EU level, policy processes initiated by the European institutions are identified that can have an impact on health inequalities. The following areas are of special interest: Regional Policy / Structural Funds; Agricultural Policy; Internal Market; Social Policy.
- At the national level, national or regional policies designed and implemented in an effort to eliminate health inequalities have been mapped in participating countries. Based on this mapping exercise, national profiles of countries have been developed. Furthermore, countries have been grouped to transfer knowledge, experience and helpful structures with regard to the following issues: Evidence and Evaluation; Awareness Raising; Working Across Policy Sectors and HIA; Support for Regions.
- At the local level good practices are collected, i.e. local policy measures and interventions that are effective in tackling health inequalities and that are transferable to other European countries. The challenge lies in complementing classical lifestyle-oriented interventions with new ones that focus on social determinants.
- Work is in progress; outputs of the EU project will be accessible through an internet platform. The so-called "Health Inequalities Portal" is available at www.health-inequalities.org.

**Conclusions:** Closing the Gap is an example of how expertise can be integrated at a higher level for further development. The topic of "health inequalities" must be addressed individually in each country and there is no short-term solution. However, European partners – in spite of their cultural differences – can mutually benefit from each other in identifying appropriate and innovative strategies.

(L-5)

## COMMUNITY APPROACHES TO PRENATAL CARE – THE EXPERIENCE OF THE ROMANIAN–SWISS NEONATOLOGY PROGRAMME "RONEONAT" (2003–2007)

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**Background:** Romania has one of the highest maternal mortality rates in Europe. 1 to 2% of newborns die within the first year, almost half of them within the first month of life. Although low quality of perinatal health care is an important cause, users' lack of knowledge about the need for and availability of perinatal services and a low confidence in the health care delivery system contribute significantly to the above results, particularly in the rural and poor areas. The Swiss Development Cooperation funded project RoNeonat, focused on the modernisation of the Romanian neonatology system targeting maternities at all levels of care in two pilot regions. A community based health promotion campaign was implemented integrating community nurses and family physicians as primary entry points of perinatal care with the aim to positively influence users' behaviour and inform about available services. Community nurses were trained on perinatal health concepts to actively participate in the campaign. Family physicians were trained through other interventions prior to the campaign.
**Aims:** To promote a healthy perinatal behaviour and increase demand for primary care services as an entry point to a high quality perinatal care system. To built on and strengthen the primary care level of medical community nurses and to improve collaboration between levels of care in the field of prevention and promotion of perinatal health. To strengthen capacities of all actors in modern approaches of promoting health using a multisectoral approach based on partnerships.
**Methods:** The project used a national working group on Health Promotion, composed of MoH, UN and INGOs working in the field, to conceptualise and plan its promotional activities. The group was chosen in order to highlight the need for health promotion in the perinatology field and to promote national collaboration in Health Promotion. The campaign concept combined community based interventions involving beneficiaries as well as health care providers and mass media channels, with a focus on community education sessions, organised by community nurses. Health district authorities took a coordinating role and community nurses were trained for community education sessions. Promotion materials were developed, pre-tested and disseminated; posters, flyers, outdoor and radio spots were disseminated within the 5 project districts for the period of 3 months (May—August 2005); during the same period community education sessions ("caravans") were organised. A final evaluation included questions of knowledge, attitudes and practices concerning perinatal health as well as problems of accessibility of services. Sustainability of campaign concepts was enhanced using and strengthening existing structures and integrating training of community nurses on prenatal care and communication skills into the national training curriculum. The 2006 activities are integrated into a national campaign, which benefits from the project experience.
**Results:** The campaign evaluation showed that interpersonal communication was generally more effective to increase knowledge and change attitudes as compared to mass media. This was especially the case in rural areas where misconceptions were highest and therefore information needs largest. Messages needed to be simplified and clearly promote action. Improvement of counselling skills of family physicians and gynaecologists evolved as further priority area needing attention. Addressing the social settings, in which women live, was particularly important with regards to increasing partner involvement.
**Conclusions:** The project succeeded in supporting the role of health promotion in the field of perinatology and putting it on the national agenda through reinitiating national cooperation. It showed as well the need for multi-disciplinary and multilevel collaboration for the improvement of perinatal health. Enhanced participation at the district level is needed and can be achieved by transferring responsibilities and promoting cooperation at the primary care level between district health authorities, family physicians and community nurses.

## COMMUNITY HEALTH PLANS IN HUNGARY. A NEW MOVEMENT FOR BETTER QUALITY OF LIFE (H-6)

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**Background:** People in Hungary were alienated from their own health during the period of state socialism, and still are. Health-aware behavior is only to be found among a narrow section of the population.
**Aims:** Building on experience accumulated by the Fact Institute, Soros Foundation pursued a policy-oriented programme aimed at improving the lifestyle of people living in Hungarian villages and enhancing their prospects for staying healthy. The presentation covers the theoretical and practical lessons drawn from running a health prospects enhancement programme comprising the efforts of the community itself.
**Methods:** A bottom-up program directed at disadvantaged small communities, based on community resources and community activity, giving support (knowledge transfer and finance) to implement specific action programs addressing local needs and sustainable in the long term. As a precondition of obtaining support, villages produced a "Health Profile", using the expertise and ideas of those living in the community.
**Results:** Some 700 villages in Hungary have become familiar with the policy-oriented programme, of which 480 have produced a "Problem Mapping" setting out the factors affecting quality of life and health in their communities, and an Action Plan for improving quality of life.
**Conclusions:** Ministry of Health and Foundation for Healthy Communities recognized the programme as the best practice, and took over the methodology as well as the grant-giving scheme.

## COMMUNITY PROJECTS: FOREVER PROMISING? (L-5)

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**Background:** Community projects are regarded as a promising method to promote health and decrease socioeconomic health differences. However, most community projects have not been very effective, and it is unclear why.
**Aims:** To find out whether the limited effectiveness of community projects should be attributed to the community approach as such or to the way these projects are designed and implemented in practice.
**Methods:** Our retrospective multiple case study examined Dutch community projects. Eligible projects described themselves as community- or neighbourhood-oriented, aimed at health promotion or disease prevention, and were finalized or nearly so. The main research material consisted of documents, which were qualitatively analyzed in NVivo. The theoretical model underlying our study hypothesized that effectiveness was associated with a planned approach, the use of theories of change, and the application of community organization principles. To test this, the logic intervention model for each community project was reconstructed, describing the project's ultimate goals, intermediate aims, program components, and organization and delivery process. We evaluated whether the logic intervention models were plausible and to what extent they had been implemented in practice.
**Results:** Sixteen community projects were included. Logic intervention models were difficult to reconstruct and not always plausible. The projects varied greatly in their use of a planned approach, application of community organization principles, and elaboration of the organizational process. The use of theories generally remained implicit. The program components aimed at behaviour change rather than environmental change.

**Conclusion:** Our research method proved to yield transparent, comparable descriptions of community projects in retrospect. Community projects are extremely complex, requiring many different competencies and skills, as well as sufficient time, money, and manpower. Since the limited effectiveness of most Dutch community projects proved to be related to the way they were designed and implemented, the question whether the community approach as such is effective remains difficult to answer.

## (L-5) COMMUNITY READINESS – KNOWLEDGE AND INTUITION FOR A TOUGH ROUTE

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**Background:** This report refers to a best-practice model of community-based health promotion for the elderly, called "Lebenswerte Lebenswelten für ältere Menschen" (3/03-3/06), commissioned by the Fonds Gesundes Osterreich and managed by the Institute of Socialmedicine and Epidemiology of the Medical University Graz.
The project has been realized in 13 Styrian communities located in two districts, which differ in two criteria: population income and percentage of elderly people.
It aimed at developing, exploring and evaluating innovative approaches for community development and at empowering elderly population groups.
**Aims:** As health promotion interventions require substantial efforts using very limited resources, it has to be assured to have reliable and early indicators of success.
These indicators are crucial in guiding the implementation process but should also help decide if a project in a certain community should be started at all. These indicators should answer the question about community readiness.
**Methods:** Based on the idea of capacity building in communities the most important areas of structural and strategic capacities were identified. Within these core areas indicators and subcriteria were identified which describe supporting and impeding factors and conditions in community-based health promotion. Models of good practice were used as reference to benchmark community readiness. To show the capacity building process to our partners in the communities, an easily understandable illustration of the process was provided at the end.
**Results:** In order to be successful it is necessary to evaluate the potentials and manpower of communities and their readiness for a process of building capacities as early as possible. For that reason we have settled on a set of five core areas with four subcriteria each. If all subcriteria in an area are completely met, a score of 16 is reached. To illustrate either the status quo of community readiness or the process of community development in capacity building, a spider-model is used.
**Conclusions:** Health-promoting culture and health-promoting social structures can be developed in rural and semi-urban community settings if appropriate structural and strategic capacities are available. The following five core areas and 20 subciterias used in our project have now to be tested and further improved in other community-based interventions:

- the degree of the incorporation of health in the community administration and the political culture
- the existing infrastructure, partnerships and networks in the community
- available leadership and management competences in the community
- the building and allocation of resources which are essential for the successful implementation of projects/programmes
- community participation and empowerment.

## COMPARATIVE ANALYSIS OF STRESS AND COPING FEATURES OF HUNGARIAN SOLDIERS SERVING IN DIFFERENT MISSIONS

(H-1)

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**Background:** The Health Protection Institute of the HDF handles the mental state of military personnel, its prevention, and improving its coping ability. Within that, psychological preparations for mission duties of the personnel and to strengthen those personality factors by psychological methods which help adjustment to special situations during serving in missions belong to their main tasks. For the sake of the above mentioned tasks we conducted a research on personality traits characterising Hungarian military personnel took part in different missions abroad to reveal the differences concerning each mission (OIF, MFOR, SFOR, KFOR), and identified with the general psychological factors playing important roles concerning stress and coping.
**Aims:** We targeted to assess and compare the psychological status of soldiers serving in missions, and reveal the psychological background of personality and behavioural differences appearing, to map and organize those abilities and personality components which we can clearly define those personal competencies which are able to fulfil the requirements and challenges of mission tasks and to work out the goal-orientated revision of the psychological preparation and reintegration trainings' topics and methodology.
**Methods:** The research was conducted at different mission places – before the end of the 6-month-long period of mission services – in 2004. 384 soldiers participated in the research (OIF, KFOR, SFOR, MFOR). Mean age was 28.5 years. Psychological tests (Big Five Questionnaire, Coping Test, Well-Being Test, PIC, SEMIQ, Mission symptoms and Stress Questionnaires) were used. Processing was done by multi-angled statistical analysis: with regression and variance-analyses.
**Results:** The research set up the collection of psychological factors that can be suitable for declaring one's special promotion for mission service. The identified psychological background factors that have a role in the appearance of mission symptoms and in the development of stress straining are: emotional and impulse control ($p = .001$), cooperativeness ($p = .000$), support-seeking behaviour ($p = .000$), tension control ($p = .002$), feeling of competence ($p = .001$), satisfaction with performance ($p = .000$) and the level of frustration toleration ($p = .000$).
**Conclusions:** On the basis of the significant results of the recent research the method of personal selection for international military service has been reconstructed according to personal competence. We have also integrated the improvement of the revealed protective psychological factors into the thematic of missionary trainings in order to help Hungarian soldiers to preserve their mental health within mission circumstances to fulfil challenging professional expectations and for promoting their healthy reintegration into the military organization in Hungary and back into their families.

(H-3)

## COMPREHENSIVE RESEARCH AND INTERVENTION PROGRAMME TO DESCRIBE AND IMPROVE THE HEALTH STATUS OF ROMA PEOPLE

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**Background:** The recent enlargement of the European Union directed considerable attention to the situation of the Roma (Gypsy) people in Central and Eastern Europe. This attention has been timely considering that the Roma population is the largest minority group of the EU, estimated to include 5–10 million people. The majority of Roma live in the new member states, and attention directed to them is further justified by the unfavourable environmental conditions and health status in which they live, compounded by discrimination from the majority. Their disadvantages are related to low levels of education, high rates of unemployment, poverty, substandard living conditions and worse measures of health than the general population. However, there has been a dearth of reliable research on their health status or access to health care, and few examples of successful interventions to improve their situation.
**Aims and Methods:** The School of Public Health of the University of Debrecen has been building a systematic and comprehensive research programme since 2000 in order to survey the health and living conditions of the Roma and to pilot ways to translate research findings into actions in order to improve their overall quality of life and future prospects. First, a pilot survey of settlements (colonies) was carried out in three counties of the country to identify and characterize substandard human habitats in which, as the survey showed, mostly Roma people live. The survey involved field workers of Roma origin greatly contributing to the success of the project. Work was extended to and completed in the whole country yielding invaluable information on the environmental conditions of these habitats. Second, a health behaviour survey built upon the settlement survey was completed, providing data on the health status of this vulnerable group that could be compared with the general population. Third, a community health development project was launched to test the applicability of participatory methods in a very disadvantaged community.
**Results and Conclusions:** Five years of this complex programme has provided a host of invaluable experiences, allowing several conclusions: (1) Assessing the environmental living conditions of the most disadvantaged Roma communities is wrought with difficulties but can be done and should constitute the starting point for planning interventions. (2) The health status of disadvantaged Roma in certain respect is different from the comparably disadvantaged segment of the majority, calling for further understanding of cultural differences. (3) Community involvement should be an integral part of any health promotion intervention with disadvantaged groups, though it might mean crossing certain boundaries between professional activities and policies.

## CONCEPTUAL FRAMEWORK AND KEY RESULTS FROM THE EFFECTIVENESS OF HEALTH IMPACT ASSESSMENT PROJECT (H-5)

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**Background:** The conceptual framework, methodology and key results produced by the European project on the effectiveness of health impact assessment (HIA) are presented. In the project context, the effectiveness of HIA is defined as the capacity of an HIA to influence the decision making process.
**Aims and Methods:** The analysis is based on the key methodology of in-depth interviews with the decision-makers, stakeholders, practitioners and community members. 21 partners from 19 countries each carried out 4 to 5 interviews related to a specific HIA in order to assess its effectiveness. The development of the questionnaire was built on a common conceptual framework. Four types of effectiveness (direct, general, opportunistic and no effectiveness) and three dimensions of effectiveness (health, equity and community effectiveness) were operationalized. The project identified the factors that facilitate or hinder the successful implementation of HIA (inputs, processes and contextual factors).
**Results:** Preliminary results from the effectiveness analysis show that in most cases, HIAs in Europe show a potential to be both health- and community-effective. However, the equity dimension is seldom taken into account. The preliminary results also show a wide diversity in the forms of HIA and dimensions of effectiveness. Moreover, the results show that the context of the HIA seems to be an important factor in the effectiveness of HIA.
**Conclusion:** HIA is putting evidence into policy and aims at influencing decision making. All case studies show some aspects for effectiveness, although there is ambiguity regarding the equity dimension. Moreover, most of the HIA analyzed raised awareness on health issues among decision-makers.

## COULD A HEALTH IMPACT ASSESSMENT OF A HEALTH PROMOTION PROGRAM BE EFFECTIVE? (H-5)

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**Background:** Health promotion programs are rarely subject to health impact assessment (HIA). A national campaign aiming to increase fruit and vegetable production started in Denmark in 1998. The initiators of the campaign were interested to assess the health and health economic consequences of the program. In partnership with an academic setting, they launched an impact assessment.
**Aims:** To assess in which dimension of effectiveness and to what extent was the HIA effective in case of such an untraditional HIA.
**Methods:** As with all the case studies, interviews were conducted with key stakeholders using a common interview schedule. Four structured in-depth interviews were conducted including the HIA co-coordinator, a representative of the institution who ordered the assessment, and a representative of the ministry. Interview data and information drawn from related reports were assessed against common analytic framework to provide comparison across all case studies.
**Results:** All participants agreed that although no formal model of HIA was followed, the assessment fulfilled major components of an HIA. A steering committee was established and met on a regular basis, in-depth risk appraisal was carried out and results were publicized toward the general public and top politicians. Regarding the dimensions of effectiveness, indirect health effectiveness at the administrative and political levels was identified as extremely important during interviews.

**Conclusions:** This case shows an important phenomenon regarding effectiveness of HIA. Enforcement of a multisectoral, partnership-based work, which is closely linked to HIA by its values and basic elements, present an important dimension of effectiveness. Communication of results toward top policymakers is a necessary step to create a supportive environment for HIA and enhance its effectiveness.

## (J-2) CREATING MULTIDISCIPLINARY COURSES ON HEALTH PROMOTION FOR UNIVERSITY STUDENTS OF DIFFERENT BACKGROUNDS

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**Background:** Health Education requires intensive specialized study. It is based on the biological, environmental, psychological, social, physical and medical sciences. It involves the development of individual, group, institutional, community and systemic strategies to improve health knowledge, attitudes, skills, and behaviours.
Health Education strategies include one-on-one or group education, training and counselling; audio-visual and computerized educational materials development; community development, social action and social planning. Health Education empowers people to take more control over their personal, community and environmental health and well-being. Health promotion is an important issue but not always included in the Curriculum of careers like medicine, physiotherapy, pedagogy, psychology, primary school teachers, etc. These are professionals who will deal in their daily work with people who need to learn about health promotion. This is why we have developed a project based on short and multidisciplinary courses to ensure professionals to learn health promotion methodology.
**Aims:** – To enable professionals from different backgrounds to know different methods of health promotion.
– Give the basic knowledge on the main topics of health promotion like lifestyles to be able to work in this field.
– To create a multidisciplinary team.
– Create specific courses for each professional group.
**Methods:** A two-part questionnaire was distributed among the Faculty of Pedagogy, Psychology, Nursing, Physiotherapy, Primary Care Teachers School and Medicine of the University of La Laguna, to get information about their knowledge on health promotion (methodology, techniques, resources, etc.). The second part was an open part where they had to say about their interest on having specific courses on this issue.
**Results:** We received 630 questionnaires. 92% respond that they need specific courses on health promotion. From 8% that answer no, most are from the Faculty of Medicine and Psychology.
From the 92%, 79% refers that they would prefer multidisciplinary courses integrated by students of different backgrounds. 13% prefers interdisciplinary courses.
**Conclusions:** The results have been indeed positive to our expectation that students at Universities did have access to information on health promotion but they see the necessity of it. Based on this information we have developed four courses from May 2005 and May 2006, the design is short courses of 20 hours, so that students can attend them and with a multidisciplinary background. The courses are for 20 students and we have divided them into three sections: (1) General information on health concept and determinants of health; what is health promotion and principal methodological approach. (2) The second section is about methods and techniques on health promotion, and (3) in the third section the students have to develop a short programme on health promotion and choose an issue that they want. The experience has been indeed positive and some of the projects done by the students have been developed into the community.

## CURRENT HEALTH ISSUES AND FUTURE CHALLENGES OF HEALTH POLICY IN JAPAN (F-4)

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**Background:** Japanese society is changing rapidly in recent years mainly due to globalization of economy and information technology in addition to the increase in life expectancy and decrease in birth rate. These changes have brought about various changes in people's health. In order to cope with these changes, several health-related acts and administrative measures have been enacted, but their relevance or limitations have been rarely discussed.
**Aims:** To clarify current health issues and future challenges of health policy in Japan.
**Methods:** Several sets of documents published mainly by the Japan Ministry of Health, Labour and Welfare were used to illustrate the current health issues in Japan. Newly enacted or revised health-related acts and administrative measures were critically appraised.
**Results:** Current health concerns in Japan were increase in such disorders as lifestyle-related disease, disabled elderly people, depression and suicide, AIDS, and increase in national medical expenditures. Poor lifestyles in nutrition and physical exercise were associated with lifestyle-related diseases such as diabetes, hypertension, coronary heart disease, cerebrovascular disease, and cancers. In order to prevent lifestyle-related diseases, Health Promotion Act was enacted in 2004, in which primary prevention rather than secondary prevention was emphasized. In 2006, Basic Law on Suicide Prevention was enacted to decrease the number of people committing suicide. The Industrial Safety and Health Act was revised to decrease the number of people who were killed by "karoshi: death due to overwork" and "karo-jisatsu: suicide due to overwork". Basic Law on Nutrition Education was enacted in 2005 in order to promote nutrition education in school. Evaluation of Healthy Japan 21 which started in 2000 to promote healthy lifestyles was conducted in 2005, which showed little effectiveness.
**Conclusions:** Considering little effectiveness of the health promotion policies in the past, major change of health policies should be implemented which include collaboration between community, workplace and school in terms of health promotion activities. Effective and efficient health promotion programs should be developed, and evaluation of such programs should be conducted.

## DELINQUENT BEHAVIOUR IN FOSTER HOME ENVIRONMENT (F-2)

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**Background:** The reason for taking a child into child care institution might be very complex but mainly due to disadvantaged family environment (e.g. low SES, unemployed, chronic ill, disabled, incarcerated, or delinquent parents). The social role of child care institutions is to manage this disadvantage or delinquency. Its success will depend on individual factors, educational qualities and some other characteristics of the foster and the school environment.
**Aims:** To identify factors predicting high delinquency scores among adolescents living in foster care either in children's home or in a more family like foster home environment. The protective and risk factors might add some points of view to the prevention practices in order to make it more effective.
**Methods:** We analysed the data of 850 young people aged 15/18 living in child care institutions. They were asked to fill an anonymous, self-administering questionnaire about demographics, school climate, bullying and fighting behaviour, delinquency, risk behaviour, mental health, and children's rights.

**Results:** Analysing delinquency prevalences we could not find important differences between girls and boys, or based on type of school, but there are significant ethnic and age differences between types of the child care institution, too. According to our binary logistic regression, lower self-control, unfavourable attitude towards school, low academic achievement, bullying behaviour (being a perpetrator) are risk factors for high delinquency scores, whereas living in more family-like foster care institutions is evidently a protective factor.
**Conclusions:** As we consider the results it is evident that living in a more family-like child care institution is more beneficial and not only from the aspect of delinquency but it is also in connection with other risk behaviour and mental health issues. It should be considered to support the establishment of such care institutions as they seem to better serve the disadvantage-reducing function than children's home.

## (L-6) DETECTION OF COELIAC DISEASE BY NURSE-CONDUCTED DECENTRALISED POPULATION SCREENING AT AGE 6

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**Background:** Coeliac disase is a life-long intolerance to gluten contained in wheat, rye and barley. In genetically susceptible persons, ingestion of these cereals induce a chronic autoimmune disease characterised by small intestinal villous atrophy and circulating autoantibodies against self proteins transglutaminase 2 and endomysium. Disease manifestations vary from severe malabsorption to mild symptoms. The disease can be effectively treated by a gluten-free diet, but due to the protean nature of symptoms, approximately 90% of patients remain undetected during childhood. Untreated coeliac disease predisposes to subnormal physical performance, anaemia, osteoporosis, other autoimmune diseases, diabetes mellitus and malignancies.
**Aims:** To evaluate whether onsite rapid investigation of coeliac autoantibodies can be used to identify subjects with undetected coeliac disease in the community.
**Methods:** Children born between 1 June 1998 and 31 May 1999 were screened by their district nurses at the school entry examination in Szolnok county, Hungary. The nurses performed onsite the Biocard™ Celiac Disease Test (AniBiotech, Vantaa, Finland), which detects IgA antibodies against transglutaminase 2 (TG2-Ab) from fingertip capillary blood in 5 minutes. Antibody positive subjects were referred for small bowel biopsy. Endomysial (EMA) IgA and IgG, and IgA TG2-Ab in plasma were measured also in laboratory.
**Results:** Altogether 2676 children were screened, which comprised 77% of all 6-year-old children living in the county. 120 nurses participated and each screened a median number of 18 children (range: 4–95). Prior to the screening, 5 coeliac cases were known in this age group (1:530). The screening detected 32 new cases with severe villous atrophy, and thus the prevalence of biopsy-proven coeliac disease at age 6 rose to 1:73 in the screened cohort. Antibody positivity was found by either onsite or laboratory testing in 43 subjects (1:62). Small intestinal villous atrophy was found in all Biocard positive children who underwent biopsy and nurses detected onsite 81% of coeliac children using the rapid test. The agreement between onsite Biocard and laboratory EMA results was good (kappa value = 0.74, CI:0.62–0.85).
**Conclusions:** Onsite detection of coeliac antibodies was simple, fast, and had excellent positive predictive value even if used by untrained personnel. Prevalence of coeliac disease is high already at the age of 6. Early detection and prevention of complications is possible by simple decentralised screening performed in the primary care. District nurses can detect the majority of coeliac patients during their routine daily work.

## DEVELOPING A FOOD AND HEALTH ACTION PLAN FOR NORTH-WEST ENGLAND: IMPROVING NUTRITION THROUGH STRATEGIC PARTNERSHIP WORKING ACROSS SECTORS

(J-6)

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**Background:** The delivery plan for the English Public Health White Paper was supported by a national Food and Health Action Plan which sought, for the first time in England, to bring together a range of policy objectives needed to improve nutrition and promote better access to and awareness of healthier food choices. The North-West (NW) of England had already established important partnerships between regional agencies to promote the availability and accessibility of healthier food, and to promote healthier food choices, and sought to build on this work in developing a comprehensive Food and Health Action plan specific to the Region.
**Aims:** To improve nutrition in the NW of England, through increasing the availability, accessibility and acceptability of healthier food, through the development of a Region-specific Food & Health Action Plan.
**Methods:** Drawing on frameworks provided by the WHO Global Strategy on Diet, Physical Activity and Health, and "Choosing a Better Diet" (the national Food & Health Action Plan, and building on established partnership work on food and health in the region, a Draft Regional Food & Health Action Plan was prepared by the NW Food & Health Task Force and circulated widely for consultation. Focus groups with key stakeholders and professional and community groups were held to inform the development of a Regional Action Plan which would engage the efforts and contributions of a wide range of partners.
**Results:** The final version of the NW Food and Health Action Plan is due to be published in the early Autumn 2006, and will be available at the time of the IUHPE Conference. Results so far indicate that the process of engaging a wide range of stakeholders in the preparation of such a plan is vital to ensuring the relevance, scope and commitment to delivery, of the final product.
**Conclusions:** Strategic action to implement national and regional policy needs the active engagement of a wide range of stakeholders to be effective. The potential to improve nutrition in a Regional population can only be realised by involvement of the economic, local authority and community sectors, as well as the health sector.

## DEVELOPING LOCAL PARTNERSHIPS FOR HEALTH – MAPPING THE STRUCTURES, PROCESSES AND OUTCOMES

(L-4)

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**Background:** Although it is policy and best practice to work in partnerships for health, little is known about how the required synergy or collaborative advantage develops. We do know that the higher the trust and the better the leadership, the better the synergy and the input from the community. In addition, clear goals are necessary to achieve effective outcomes. There has been little research on how this happens in practice.
**Aims:** This national study aimed to analyse the various structures, processes and outcomes that apply to Irish partnerships for promoting health with a view to identifying how synergy and trust is developed.
**Methodology:** Mapping methodology was used and all ten senior managers for health promotion in Ireland were written to and asked to supply a list of the partnerships they and their teams are involved in. This yielded a list of 129 partnerships. A majority of these are locally based; that is at village, town

or city levels, and in community, school, workplace, and health service settings. All lead persons for the partnerships were interviewed (100% response) and asked questions about the structures, processes – synergy and outcomes. In addition, they were asked for terms of reference and a list of members. A grounded theory approach was used as most questions were open-ended. With the exception of three refusals and six tape malfunctions, all interviews were taped and transcribed. A content analysis was carried out on the transcriptions and the written materials sent in by lead persons.

**Results:** Analysis showed that only one person named trust as a determinant of synergy and four listed trust as an enabler in their partnership. In addition, only one person named mistrust as being an obstacle to the development of synergy. Most of the lead people were confused about outcomes and identified outputs, for example, training campaigns, leaflets, instead of outcomes. (The definition of outcome of this study was the effect on their target population or public). These were surprising findings given that trust and a clear goal have been identified in the literature as key components of synergy or collaborative advantage.

**Conclusion:** Policy on partnership working needs to be transformed into effective practice. Health promotion partnerships need to develop trust and synergy to be effective. This needs to be built into the partnership process when they are initiated.

## (L-1) DEVELOPMENT OF A SCHOOL-BASED HEALTH EDUCATION MODEL FOR YEMENI SCHOOLCHILDREN

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**Background:** Republic of Yemen is inhabited by about 15 million people of whom 2–3 millions are infected by schistosomiasis. The highest incidence is among schoolchildren. The disease is largely caused by human behavior principally contamination and incorrect water use practice. In Yemen, there is no formal and systematic health education activities directed to schoolchildren.

**Aims**: To develop a simple and effective schistosomal school-based health education model for Yemeni schoolchildren.

**Methods:** A cross-sectional study was conducted on 20% of the families (527 inhabitants, 251 males and 276 females) of two endemic villages (Karabah and Makrabah) with *S.mansoni* in Taiz Gov. besides, randomly selected 152 students (90males and 62 females) of primary and preparatory schoolchildren of different age and sex group. An interview questionnaire was designed to collect personal and socioeconomic data from both villagers and students. Another questionnaire was designed to collect data on knowledge, attitude and practice (KAP) concerning schistosomiasis from students only to be used as base line data to develop a health education model. This model composed of three modules: Module I focused the problem of the disease, mode of infection, water risky and contamination behavior. Module II directed to the identification of life cycle, symptoms and complications. Module III stressed the importance of health behavior and seeking medical care when necessary. These modules were implemented through formats as lectures, discussions and questions and media as slide projectors and pictured booklets. The questionnaires were filled by face-to-face interview after obtaining informed consent from the participants in case of villagers and parents of the schoolchildren. Early evaluation of the impact of the model was done one month after implementing the program and the 2nd post-intervention were done one year later. Stool samples were collected from every villager and student and examined for detection of *S.mansoni* infection and to estimate its intensity.

**Results:** Villages: *S.mansoni* was found with prevalence rate 54.3%. Infection was higher among age group 20–30 years, lower educational level, who used open trenches to water streams for disposal of their sewerage drainage and among those who using pond water for swimming, bathing, domestic and agricultural activities. Schoolchildren: The prevalence rate of *S.mansoni* was 44.7%. Infection was higher

among males of age group 10–12 years, children whose fathers were farmers, whose mothers were illiterate, who had a history of previous infection and those who received previous treatment. The results of the health education model one month and one year following the implementation of the program revealed that father's education and occupation and mother's education had no effects in changing KAP scores. Children 14 years old and more showed significant results concerning knowledge and practice after one month and one year respectively. Females showed increased mean knowledge score after one month and one year, and increased value in attitude score after one month. Mean practice score increased among those who have at least one information tool, mostly radio, after one year. The mean attitude score was higher after one month among those who had latrine in their houses. The prevalence of infection decreased from 44.7% to 23.1% one year following the implementation of the program.
**Conclusions:** Villagers cannot be expected to change their behaviour unless there are some changes in local environmental conditions, provision of safe water supply and snail control measures supported by appropriate information and health education. Inserting a relatively low-cost behavioral intervention program into routine screening and treatment of schoolchildren may result in reduction of schistosomal infection among them.

## DEVELOPMENT OF AN EMPOWERMENT QUALITY INSTRUMENT FOR HEALTH PROMOTION

**(J-5)**

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**Background:** Empowerment is a key concept in health promotion and the central focus of many projects that aim to tackle inequalities in health, especially community projects. In daily health promotion practice, however, many professionals struggle with this concept, both on a conceptual or theoretical level (what does this concept encompass?) and on a practical level (how to do it? how to measure it?). The struggle is thus with the complexity of the concept and with the difficulty of realizing it in real-life practice.
**Aims:** The aim of this project is to develop an empowerment quality instrument for Health Promotion practitioners. The instrument will be derived from the Health Promotion Effect Management Instrument, Preffi 2.0. Preffi, a guideline for enhancing the effectiveness of HP-projects, is widely used by HP-practitioners in the Netherlands, and, on request, has been translated to various languages including English, French and Hungarian. In parallel projects, an empowerment training and an empowerment measurement and monitoring system will be developed.
**Methods:**

(1) An extensive review by the University for Humanistics of the concept of empowerment in health promotion was used as a starting document. This review included conceptual and research literature as well as experiences of practitioners in projects with an empowerment focus.
(2) The Preffi development team at the NIGZ Centre for Knowledge and Quality Management and a team from the University for Humanistics critically reviewed the existing Preffi 2.0-instrument from the perspective of empowerment. This led to reformulation of quality criteria, addition of new criteria and changes in the structure of the Preffi.
(3) All criteria are underpinned by relevant research findings. The criteria are operationalised and provided with norms that indicate the degree to which a particular criterion is met by the HP-professional in a project from the perspective of empowerment.
(4) The new instrument is discussed in a critical dialogue with prominent Dutch and Flemisch HP-researchers and practitioners.

(5) The validity and usability of the empowerment instrument will be tested by 40 professionals during the summer.

**Result:** A first version of an empowerment quality instrument that is derived from Preffi 2.0 and insight into its validity and usability. In 2007 a website-version of this instrument will be launched.

**Conclusion:** The instrument stimulates the use of principles of empowerment in the development, implementation and evaluation of HP-projects. It makes it possible to assess the degree to which a HP-practitioner is able to realize empowerment in his/her daily professional practice and how (s)he can improve this.

## (H-2) DISSEMINATION OF HIV RISK SEXUAL BEHAVIORS IN THE FLOATING POPULATION FROM COUNTRYSIDE IN CHINA

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**Background:** People in China are now experiencing a rapid HIV/AIDS spreading throughout the country. Although intravenous drug-use and commercial blood/plasma collection contribute to the HIV/AIDS transmission, there are a large proportion of persons who got infected through heterosexual intercourse. Out of the social and economic factors that assisting the HIV/AIDS transmission, population mobility is a prominent factor. Some studies have shown a high HIV Risk Sexual Behaviors (RSB) and HIV/STD prevalence among floating population.

**Aims:** To explore the dissemination pattern of RSB in the floating population from countryside for considering health education strategies in China.

**Methods:** Data were collected anonymously through a structured questionnaire survey among 1,595 men from Hangzhou and Guangzhou using a multi-stage sampling method. Preliminary analyses showed the cumulative adoption of RSB for this population over time, the multivariate regression analysis identified factors associated with the adoption.

**Results:** 57.9–88.1% of those with the pre-stage RSB (receiving shampoo, massage or leisure-seeking activities from "sexual workers"), 79.9% of those with commercial RSB initiated during their working outside hometown. The highest adoption rate (15.2%–26.8%) was in the third month after coming to cities for pre-stage RSB, while the highest rate (14.4%) was in the sixth month for the commercial ones. The transition interval between the two behaviors was about 3 months. The cumulative rate was peaked from 57.3% to 70.4% for pre-stage RSB and 48.9% for commercial RSB. The cumulative adoption curves showed robust increments, which more pronounced in the pre-stage than the commercial RSB. Early adopters were married and holding higher hedonistic beliefs for the commercial RSB. The sexual information communication and behavioral adoption of RSB were associated with the perceived stress and the hedonistic beliefs.

**Conclusions:** The RSB epidemic is a social and group phenomena, therefore the strategies of health education should point to this in this population in China.

## DOES DEPRESSIVE SYMPTOMATOLOGY MEDIATE THE ASSOCIATION BETWEEN SMOKING AND TRAIT ANXIETY? (H-1)

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**Background and Aims**: While the association between depressive symptomatology and smoking is well established, the relationship between smoking and trait anxiety is only partly supported. Depressive symptomatology and anxiety are different but closely related constructs, the common core of them is the tendency to experience general distress. We hypothesize that depressive symptomatology mediates the association between smoking and trait anxiety.
**Methods**: In a cross-sectional questionnaire study, 574 young Hungarian males participated. The mean age was 20.7 years (SD = 1.77). Current smoking status and smoking history were measured with self-report. Psychometric scales were used to measure depressive symptomatology (full version of Beck Depression Inventory) and trait anxiety (STAI). A series of logistic regression analysis was performed to test the mediation hypotheses.
**Results**: Trait anxiety was associated with smoking (OR = 1.69 [1.17–2.45]), and depression was also associated with smoking (OR = 2.10 [1.37–3.22]) in univariate analyses. After entering depression into the regression, the association between smoking and anxiety became nonsignificant (OR = 1.37 [0.91–2.04]), while the association between depression and smoking decreased only slightly (OR = 1.84 [1.15–2.94]). (We have validated this result in an independent sample of Hungarian adolescents.)
**Conclusions**: Our result can explain why certain research showed that trait anxiety is related to smoking, and other research did not. Knowing more on the determinants of smoking can help us to focus on the empirically supported correlates of smoking behavior in order to construct more efficient programs. According to our research anxiety would not be an important variable to work on, however the depressive symptomatology including the symptoms of general distress would be an important target variable in smoking prevention programs.

## EDUCATIONAL PROGRAMME "STRESS UNDER CONTROL" (L-1)

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**Background**: In the Community region a growing deterioration of mental health among children and adolescence mostly results from stress experience. Almost 70% of stress experiences are associated with learning at school. The lack of knowledge of stress, and skills to cope with them or with difficult situations may lead to emotional disorders. The programme "Stress under control" includes the actions aimed at decreasing the stress risk among students of secondary school, in particular, during the period preceding GCSE. Its authors are: Polish Society of Health Education, Institute of Psychiatry and Neurology in Warsaw and Unilever Polska S.A. It consists of 2–4 theoretical lessons and 2–4 relaxation activities. This programme obtained "The Benefactor of the Year 2004" award and is also included in the European Good Practices Directory of Closing the Gap initiative.
**Aims:** *National policy level*: (1) reduce danger of stress at Polish schools, (2) reduce danger of drug addiction as an alternative for stress, (3) increase the interest of the local environments (school, family, local public administration, etc). *Local level*: (1) increase the knowledge about stress, (2) increase the skills to cope with them and with emotional tensions.

**Methods:**

(1) Setting up the team to develop the programme and establishing of the national and regional action coordinators.
(2) Development of training and educational materials.
(3) Training of teachers and other actors implementing the programme including volunteers.
(4) Implementation of the programme and its monitoring.
(5) Evaluation of the programme.
(6) Dissemination of the outcomes.

**Results:**

(1) So far there were 4 editions of this programme, in which 78% of GCSE pupils participated on average.
(2) In the programme annually approximately 5000 parents and 6500 volunteers participated on average.

**Conclusions:** It is the biggest and the most popular programme addressed to the age group of adolescents in Poland. The efficiency of the programme as well as its clear methodology of its implementation show that it can be a perfect example of good practice for other countries in the EU.

## (H-2) EFFECTS OF SOCIO-CULTURAL ENVIRONMENT ON TREATMENT-SEEKING BEHAVIOUR AMONG PEOPLE LIVING WITH HIV/AIDS OF BME IN SOUTH EAST DEVELOPMENT REGION, UK

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National Institute for African Studies

**Aims**: To investigate relationship between socio-cultural environment and treatment-seeking behaviour among people living with HIV/AIDS of Black and Ethnic Minority (BME) community, and to identify the factors that are protective against HIV.

**Methods**: A cross-sectional analytical study design supplemented with in-depth interview of sub-group of participants. Fieldwork was done in Berkshire and the target group selected using random sampling method. Direct interviews using a standard questionnaire and in-depth qualitative interviews of sub-sample of participants were used to collect data. Quantitative data were analysed using EPI Info and in-depth interviews taped and transcribed. Framework analysis was used to identify the main themes and issues emerging.

**Results**: Fifty-seven subjects were recruited. Majority were female (68%, n = 39), and predominantly African (75%, n = 43) some were illiterate (3%, n = 5). Over 90% were found to have a strong "knowledge base" of HIV and common routes of transmission. Study found that socio-cultural environment – the lack of medical personnel (nurses, health advisers, dieticians, doctors) of BME origin at the clinics, different religious beliefs, foods and eating regimes appreciated by different cultures, sexual behaviour enshrined in different cultures – have impacted the treatment-seeking behaviour by patients failing to establish a strong relationship with medical personnel due to language barriers, varying religious beliefs, resulting in a conflict of interest. Interrupting medication adherence, varying eating regimes was also found to impact on medication regime. The survey reported that "gender insensitiveness", "culture incompliance" and "racial discrimination" were the major factors impacting on continuation of treatment seeking.

**Conclusion**: It is quite evident that being knowledgeable about HIV may not be sufficient to bring positive change in their health-seeking behaviour in treatment practice. Therefore, this study suggests that the recognition and acknowledgement of contextual socio-cultural factors at an appropriate level would be an important focus to address the treatment-seeking behaviour among HIV positive BME community.

## EVALUATING A COMMUNITY DRAMA FOR MATERNAL AND NEWBORN HEALTH PROMOTION IN TIMOR-LESTE (EAST TIMOR) (L-5)

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**Background:** Globalization increases the transfer of information, but not equitably. Access to essential health information is a fundamental human right, but it is still denied to many – particularly to poor, rural and marginalized communities. This is the case in Timor-Leste (East Timor), the newest country in the world, where knowledge of maternal and newborn health practices is extremely limited, as is access to health information and education. Women and their families in rural areas have a right to quality, culturally appropriate health information delivered via effective modalities.
**Aims:** Health promotion through drama may be more effective in communicating health concepts and knowledge than traditional didactic approaches. This project implemented a maternal and newborn health promotion drama in three districts of Timor-Leste, and evaluated its efficacy in improving health knowledge. The aim of the drama was to increase knowledge around antenatal, delivery, postpartum and newborn care; pregnancy, newborn, and postpartum danger signs; and breastfeeding.
**Methods:** We collaborated with a Timorese drama group to develop a maternal and newborn health drama, which was debuted and evaluated in four locations on four consecutive nights. A pretest-posttest survey (n=129) with posttest-only comparisons (n=30) was conducted at the four performances. The survey included demographic information and 16 questions (11 closed-ended, 2 multiple-choice and 3 qualitative). Pretest-posttest groups were surveyed immediately before and after performances. Posttest-only groups were surveyed after performances. Pretest to posttest changes in score were analyzed at the group and individual levels.
**Results:** Evaluation results show significant increases in several areas of maternal and newborn health knowledge following performances compared to baseline. Posttest-only comparison group results indicate minimal pretest-sensitization. Results provided important information for improving the drama's clarity and cultural relevance for future performances.
**Conclusions:** This project effectively disseminated maternal and newborn health messages through drama. Results from this evaluation will be used to improve future performances and to develop projects in collaboration with other district-level drama groups. This drama-project and its evaluation can be used as models for other community-based drama and theater projects. Effective dramas do not just teach – they facilitate discourse and conscientization. Health professionals can provide technical expertise, but local groups and community members should maintain strong leadership roles.

## EXPLAINING SOCIOECONOMIC DISPARITIES IN SELF-RATED HEALTH AMONG THE ARAB MINORITY IN ISRAEL (H-3)

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**Background:** While extensive amount of research in socioeconomic inequalities in health focus on comparisons between majority and minority ethnic groups, there is a substantial evidence for similar inequalities within the minority groups themselves. Understanding the pathways and factors that contribute to socioeconomic inequalities in health within minority groups might help to identify specific indicators that might help in formulating specifically targeted health policies and promote health. In Israel, in addition to health gaps between the Jewish majority and Arab minority, previous limited data

show socioeconomic gaps in health within the Arab minority. Nevertheless little is known about factors that explain these inequalities.
**Aims:** To examine an integrated model including cultural, phsychosocial and behavioral factors at the individual level combined with community social and structural variables as explanatory variables of the association between socioeconomic position and self-rated health.
**Methods:** A random sample of 902 individuals aged 30–70 were selected in a multi-stage sampling procedure. By means of face-to-face interviews, data were collected on: SES (education, relative income in comparison with the Arab familties and land ownership), self-rated health, individual-level explanatory variables (accomodation to cultutral traditions, psychosocial stressors and resources, social support, social networks, feelings of discrimination), community explanatory variables (social capital, sense of belonging to community, neighbourhood conditions, social involvement and access to health care services) and an area level SES profile. A five-stage mulivariate analysis using logistic regression models and multilevel modelling were employed for statistical analysis.
**Results:** All SES variables were significantly associated with self-rated health, with those at higher SES levels reporting better health status. OR of poor self-rated health among those with lower education was 4 (95% CI = 2.3, 6.9) compared to those with high education, 7.7 (95% CI = 4.1, 14.6) among those with low relative income as compared to those with high relative income, and 2.5 (95% CI = 1.7, 3.6) among no land owners in comparison to land owners. The inclusion of both individual level and community variables contributed more to the explanation of the association between SES and self-rated health than the contribution of each group of variables (up to 45% reduction in the original OR). However, the contribution of each group of explanatory variables to the association between SES and self-rated health differ according to the SES indicator. While the association between education and self-rated health was explained more by community variables than by psychosocial variables (25.5% *vs.* 13.5% reduction in OR respectively), the associations of relative income and land ownership with self-rated health were similarly explained by both types of variables.
**Conclusions**: Contrary to previous assumptions that community and cultural variables have a major role in mediating the association of SES on health, due to the collective social structure and strong Hamula (extended family) ties in the Arab society, the current results suggest that individual psychosocial variables are equally important explanatory variables of this association. Therefore, future interventions among the Arab ethnic minority should combine both individual empowerment as well as community capacity building in order to minimize the socioeconomic gaps in health.

## (J-5) FIELD EPIDEMIOLOGY AND SOCIAL EPIDEMIOLOGY: TEN QUESTIONS ABOUT A NECESSARY RELATIONSHIP

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**Background:** Health inequalities is a growing topic in Public Health agenda, but field epidemiology practice has to cope with some obstacles to incorporate this priority in its action.
**Aims:** Comparing field epidemiology and social epidemiology, we pretend to think about the no explicit images and meanings operating in both necessary convergent fields, about the obstacles present in epidemiological practice to fulfil its social function and about the necessity of changing epistemological, methodological and practice grounds, beginning with field epidemiologist teaching programmes.
**Methods:** Similarities and differences of both action fields are analyzed, including no explicit images or other reference, through a reflection of the author as result of his professional experience in epidemiology and teaching, his background in relation to epistemology/philosophy of sciences and his fight to go over classic separation between quantitative and qualitative methods in Public Health. As result of this reflection, a questionnaire has been designed to explore the social orientation of field epidemiologists.

**Results and Conclusions:** Field epidemiology would tend to act in an absent theoretical frame. On the other hand, social epidemiology would tend to prioritize theoretical developments (thinking and research about social determinants) without correspondent action, because of the limits to change public policies. Other differences are found at intervention level (micro-macrospace), its aim (outbreak control vs. inequalities control) and the way to communicate with society. They are similar in the methodological concern, the predominance of orientation based on positivism and framed through statistic methods, but in process of epistemological opening, the stress experienced between the alternative relationship to a virtual world of data bases or to the real society, their peripherical situation in relation of the political, social, institutional and professional system and the tendency to professional frustration. Finally, we ask ten questions to the field epidemiologists related with their present practice, in order to consider if they are developing social epidemiology, and propose some changes in epidemiologist teaching and practice.

## FIGHTING DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV/AIDS – A KEY CHALLENGE IN ROMANIA

(H-2)

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**Background:** Romania is a country with a very specific HIV/AIDS profile, due to unusual high number of case samong children that now become adolescents and young people. Of the total of 10,995 persons registered on June 30, 2005, 749 were less than 14 years old, and the rest beyond this age limit. A total of 3,659 registered persons belonged to the age group 10–24 years old. One main issue that these persons face is discrimination when accessing any services they need and also in the everyday social life. The 6/2005 AIDS campaign, as in previous years, is coordinated at national level by the Information-Education-Communication national working group – a non-formal, technical body, with advisory role for Romanian Ministry of Health (RMOH), comprising of all key players in HIV/AIDS (more than 20 NGOs, public institutions and international organizations). Uniform slogan and logo are used in all activities related to the anti-discrimination campaign: Open your heart – *"Deschide-ti inima!"* and the red ribbon became a combination between a heart and a ribbon.
**Aims:** The national AIDS campaign 6/2005 has the goal to change public attitude toward people living with HIV/AIDS (PLWA) and the related behaviors.
**Methods:** According to both theoretical models, as well as from the evaluation done for the 4/2003 campaign, there is a clear need for using mixed approaches when implementing public campaigns aimed at changing and sustaining changed behaviors: media should be complemented with IPC (interpersonal communication) activities. While UNAIDS-supported activities will focus on national media, Romanian Family Health Initiative (RFHI) concentrates efforts toward implementing IPC activities at district level. As RMOH is the coordinating institution at national level, the district public health authorities/health promotion are the coordinators for local-based activities. The key NGO partner is UNOPA – the National Federation of Organizations of People Infected/Affected by HIV/AIDS and all activities are based on team work, offering PLWA the key role to express their needs and insure their voices are heard. The local (IPC) activities consist of: development of a photo contest, implementation of a concert tour and development of a series of tools, e.g.: video testimonial, video spots with the photos etc. The music tour brings together a popular Romanian music band, Vita de Vie and a UNOPA affiliated organization, Galsul Inimii. In May they had concerts in six Romanian cities, jointly with local music bands. Both events were linked by the slogan, logo, testimonial and the presence of PLWA.
**Results**: The photo contest, entitled "World seen through my eyes" brings into public attention feelings and attitudes PLWA face from society. Entire project was managed by young volunteers from 19

UNOPA affiliated organizations, from 17 cities and towns, trained as Youth advocates, ready to speak up about discrimination and stigma they are exposed to. More than 120 youngsters participated in the contest and 10 prizes were offered. A special ceremony was organized by the US Embassy to Bucharest. Final results will be quantified after June 2006. A video will be presented during the IUHPE conference with highlights from the photo contest and music tour.
**Conclusions:** Placing PLWA jointly with public figures to speak up publicly against stigma and discrimination represents a very powerful tool in HIV/AIDS campaigns in Romania and has been proved successful in the last 4 years.

## (F-1) FILLING THE GAPS? ADDRESSING INEQUALITIES THROUGH PUBLIC HEALTH GUIDANCE

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**Background:** Reducing inequalities and improving health requires strategic intervention at individual, community and population level. The Centre for Public Health Excellence (CPHE) at the National Institute for Health and Clinical Excellence (NICE) has a remit for developing guidance to help public health professionals, practitioners in local government, and NHS organisations across England achieve Government public health and inequality targets. CPHE guidance is based on the best available evidence. However, formal evidence is often lacking in areas where the greatest inequalities exist, either because it has not been collated, or because it is not of sufficient quality to be included into formal hierarchies for review and consideration.
**Aims**: This paper addresses the issue of tackling inequalities in health through the development of appropriate public health guidance.
**Methods**: In addition to formal and systematic reviews of the evidence, three processes have been incorporated into the guidance development process in an attempt to "fill the gaps" in evidence around health inequalities: Use of an expert Programme Development Group; extensive consultation with stakeholders; and qualitative research with the field in order to capture alternative sources of evidence and take into account the lived experience of working with vulnerable groups.
**Results**: Using guidance on supporting behaviour change as a case study, these processes are presented. Emerging findings and methodological issues from all areas of the project are discussed. Innovation is required if we are to adequately capture the evidence from excluded and vulnerable groups.
**Conclusions**: This paper illustrates a way in which intervention at policy level can contribute appropriately to a health inequalities agenda. However, much work remains to be done in order to refine and adapt methods of guidance development so that we can incorporate a broad range of evidence, and this paper concludes by outlining the challenges to developing progressive public health guidance.

## (F-3) FREE CONTRACEPTION –A RIGHT FOR POOR POPULATION

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**Background:** Romania in 1990 3 abortions were performed at request for each live birth. In 2004 for the first time, this number decreased, being 0.8 abortions/live birth. This is combined with triple modern contraception use rate increase between 1993 and 2004, while fertility and birth rates marinated constant. While this is a dramatic improvement of health status of Romanian women in such a short period of time, it represents the result of intensive, continuous efforts done by Romanian Ministry of

Health, NGOs and international organizations (JSI, USAID, and UNFPA) and donors in the past 15 years. At practice level, the three pillars concept is being implemented: trained providers (family doctors and their nurses), constant supplies of contraceptives and the population informed. Changes compulsorily included policy level, too: the adoption of a National Sexual and Reproductive Health Strategy endorsed by WHO-EURO, adoption of regulation on eligibility criteria for accessing free of charge contraceptives, thus decreasing inequalities in accessing contraception. Therefore, since 2001, all efforts focused in rural areas, based on the reality that most population there is poor, lacks appropriate access to information and health services, and does not have enough income to afford contraceptive procurement.

**Aims:** The goal is to increase addressability of women from rural areas to their FDs for contraceptive means.

**Methods:** The key message of the campaign was "look for the family planning (FP) logo!" sustained by other messages: free contraceptives as a right, quality services, trained providers. Key activities included: set up teams with DPHA/health promotion and NGOs, local press conferences and mass media programs, outreach activities in rural communities conducted by community nurses, NGO volunteers, Roma mediators, and others. Funds for activities came from both RMOH budget and from two donors: USAID and UNFPA. The donors' funds were managed by three NGOs.

**Results:** There was a clear increase the number of clients benefiting of counselling and free contraceptives from FDs. At the same time, FP subjects were highlighted in the local press, and at least 10 rural communities per district were beneficiaries of group session around FP and reproductive health.

**Conclusions:** Public campaigns implemented continuously that combine media with interpersonal/ small group activities are key to increase demand for FP services. In this effort, cooperation between (health and non-health) public institutions and civil society is essential.

## FROM OUR BEGINNINGS TO OUR FUTURES – A PROJECT FOR INTEGRATION BETWEEN HEALTH EDUCATION AND ENVIRONMENTAL EDUCATION (L-1)

**(L-1)**

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**Background:** Recently published reports from WHO state that changes in the environment globally cause approximately 13 million deaths each year and are behind every fourth case of illness. These facts motivate a far-reaching integration between health education (HE) and environmental education (EE) in schools. There are also didactic reasond and efficiency reasons for such an integration. But in reality there are still very few efforts to combine HE and EE in school in a fruitful way. With changed systems for funding and cutbacks in public budgets, there is instead a risk for negative competition and concurrence between HE and EE.

**Aims:** The first aim of this project is to develop an ICT-based, participatory and action-oriented concept for combined he and ee. The second aim is to stimulate co-operation between students at a teacher training institution and pupils in public secondary schools.

**Methods:** Teacher training students develop a computer based matrix for studying a phenomenon from local to a global perspective and with aspects from the past over the present to the future. This matrix can be used for most subjects in school, but in this case it is applied to health and environmental issues. The pupils, the teacher and the students decide together the issue that shall be studied from all these aspects. They work in a problem-based way with collecting facts and material to gain knowledge of the present situation and the development that has led to this situation. This work is illustrated in the ICT-matrix. The pupils value the present situation and try to see future consequences. If they are not satisfied with their conclusions, they use visioning techniques to create visions of alternative and desirable futures. The computer based matrix is used to build models of these

alternative futures by using simulation techniques. If the pupils are satisfied with their models they are encouraged to develop actions to realize their visions and are also supported to act accordingly.
**Results:** So far the computer based matrix has been developed and used in a number of projects in secondary schools. These projects have taken very different directions because of the participatory and problem-based approach. In most of the projects there is a clear combination or integration of health and environmental issues.
The participating students and pupils have been very engaged in their work and evaluations show that their awareness of environmental and health problems have increased as well as their understanding of the close connections between health and environmental issues.
**Conclusions:** Reality, as well as didactical and efficiency reasons, motivate a far reaching integration between HE and EE in school. With use of appropriate methods and concepts, it is possible to develop an education in (secondary) schools that meet the demands for such an integration. This kind of education can rise the pupils' awareness of health and environmental issues as well as their understanding of the close connections between them. It also has a potential for creating positive attitudes towards healthy and environmentally friendly lifestyles as well as action competence.

## (H-4) GENDER SENSIBILITY IN THE ITALIAN AND SARDINIAN HEALTH PLAN

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**Background:** Women and men develop different roles in different social contexts, these roles are evaluated differently and have an impact on equality and consequently on social and health inequities. In health, gender is not only a tool but also a determinant. Effectively the determinants for health are not the same for women and men, and in this field gender interacts with biological differences and social factors. Gender influences the way of women and men accede to and control the resources and the personal process of decision necessary to protect their own health. Mainstreaming of gender aims to introduce gender perspective in all field: policy, education, social, and health. Gender sensibility is defined as the measure in which Health Plans take into account the existence of gender as a descriptive category and consequently develop actions to reduce such inequities.
**Aims:** This research aims to describe gender sensibility in the Health Plan of the Region of Sardinia (RHP 2005) and in the National Health Plan (NHP) to verify if they have a gender perspective, and analyse eventual gender bias in the health assistance.
**Methods:** The two Health Plans are examined using a framework of a Spanish study to systematically evaluate the symbolic and operative gender sensibility.
**Results:** Reference to symbolic gender sensibility has been found nor in the RHP, neither in the NHP, in fundamental principles and in the principal goals. Both health plans did not describe the general health situation disaggregated for women and men, and also did not mention as important goals the reduction of gender inequities. In the RHP disaggregated by sex only 8,3% of priority health problems are considered, whereas the NHP disaggregate them in 29% of cases. The RHP did not refer any (0%) proposed interventions to reduce gender inequities, and the NHP referred 12%.
**Conclusions:** Sardinia has an important delay on the national level regarding its intentions to consider gender perspective in health to improve its health politcy. But the Italian Heath Plan, too, is very far from giving real consideration to gender perspective in health and only gives a scarce consideration to women as a vector for prevention directed to children. Gender inequities are mainly invisible as they lead at the frontier between sociocultural level (normative models of masculinity and femininity), psycho-social level (processes of construction and transmission of the normative models), and individual level (the gender identity of every individual). Italy does not seem to have measured the importance of gender inequities on health. It is effectively running late among European countries about concrete

improvements in equal opportunities, and the application of gender perspective in health is a subject still not really affronted by health professionals.

## GLOBAL INEQUITIES IN PATIENT-CENTRED HEALTHCARE: IMPACT ON HEALTH PROMOTION POLICIES AND PRACTICES

**(F-4)**

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**Background:** During the past decade there was a radical shift in the way patients were viewed and included in treatment, health and health care decision. The use of the term "patient-centred care/ healthcare" began in the early 1990s but has become more prevalent globally at the start of the 21st century. Although there is a general belief by many national and international groups that patient-centred healthcare is being interpreted and practiced more uniformly today, this actuality is unknown.
**Aims:** The aim or purpose of this presentation is to describe the findings of a study which explored different countries around the world and their actual inclusion of patient-centred care/health care in health related documents, practices and policies. The overall goal of the study was to assess the similarities and differences between countries around health care generally, and more specifically health promotion, chronic disease care management, and primary health care practices and policies.
**Methods:** A two-phased study was established with the first phase being the primary focus of this study. Phase one involved an extensive global literature and document review and analysis of health care practices, services, programs, and policies that spanned from 1990 to present. The documents and literature were searched through the internet and online library publication sources such as Pub Med, Ovid Global Health and Ovid Medline. Key words were used (patient-centred care, primary health care, delivery of health care, integrated patient care, and health policy). Other documents were obtained from different organizations in different countries. All documents were initially screened, and selected articles were categorized, summarized and separated into theme areas for reporting purposes.
**Results:** Limitations were realized with language challenges and the large number of countries to explore. The list was narrowed down to developed countries of the world. Over 3,000 global articles and documents were reviewed with key words of "patient-centred care", "delivery of health care", "consumer participation", "health promotion" and "health policy". This list was narrowed down to 340 relevant articles. These were further analyzed and categorized. Final themes for the study report included patient-centred or consumer-centred care/practices, patient-centred delivery models including health promotion, collaborative care, inequitable patient care systems, and patient-centred health care including health promotion policies.
**Conclusions:** Although patient-centred health care was a term used in many published articles and in many documents in different countries, there are many differences in how these concepts are practiced or proposed for practices and policies. The inequities in patient-centred care as determined from the literature and country document review also suggests different outcomes including impacts on health promotion practices and policies.

## (F-4) GLOBALIZATION AND SOCIOECONOMIC INEQUALITIES IN SELF-REPORTED HEALTH IN THE CZECH REPUBLIC

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**Background**: The basic data concerning socioeconomic inequalities in health in Czech districts (2002) are compared with the new results from the three-year follow-up survey (2005).
**Aims:** To compare the most important changes in the development of socioeconomic inequalities in health in the Czech society before and after the EU membership.
**Method:** A representative sample of Czech citizens obtained by random quota sampling completed (by structured interview) data on self-reported health, income, and level of education in conjunction with Czech national statistical data on sick leave, unemployment, and income in respective districts of the Czech Republic.
**Results**: The presented data will demonstrate the relationships between all mentioned variables: self-reported health, educational level, income, sick leave and unemployment. Income, unemployment and sick leave varies in different districts of the Czech Republic: the poorer districts report a higher morbidity and higher unemployment rate irrespective of the influence of globalization. From the authors' point of view, the specific Czech kind of socioeconomic inequality in health is the close relationship between the sick leave rate and income: the higher the income, the lower the sick leave rate. The similarities and differences between the 2002 and 2005 data will be demonstrated.
**Conclusions:** The transformation of the Czech society, as well as of other societies of Central and East European countries, the new EU members, is associated with a lot of problems. One of the most important is the problem of socioeconomic inequalities in health and its psychological reflection. Both research and policy strategies in these countries must be focused on the closing this gap.

## (F-4) GLOBALIZATION, HOLISTIC HEALTH AND INTEGRATED RATIONALISM

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**Background:** Health promotion (HP) is an area of cooperation of different social spheres. HP directs efforts to increase physical, mental and social well-being of man. The socioeconomic distinctions among different countries are main "support" of presence of oppositions between "globalization" and "anti-globalization", and it, in particular, reduces efficiency of HP-policy in the developing states. This contradiction is necessary to overcome first of all methodologically (theoretically).
**Aims**: To discuss the concepts which allow proving the new approaches to HP-policy in developing countries (they are underlined below in the text).
**Results:** (1) Person is defined as a species with *a mental phase* (*self-consciousness phase*) of his ontogenesis. Modern world is world of interaction and interosculation between different cultures. (2) Within cultures *natural technologies* of social reproduction of persons develop. Traditional societies adapt to global processes forcedly. The historically cultivated systems of social determination of a person who rationally organizes his/her life within societies are collapsing. (3) *Holistic health* is defined as an essence, which can be measured by a degree of the person's well-being in the dynamical development of *an anthrop reality* (or *holistic reality*). Thus each person comes into the world and develops in specific social environments and carries a "cargo" of historically developed values. *Holistic health* expresses current stereotypes of the social self-determination of human nature in a concrete

society. (4) A person reproduces itself in *ontogeny entering* into natural and social space and during the development of ability to determine itself. *Natural social technologies* of reproduction of a holistic health of a person are based on *an initial amnesia of their rational origin*. They are: (à) the biological component (physical), (b) the historically caused social component of rational reproduction of a person (empirical social experience and scientific knowledge) and (c) *personal technology* which is based on individual experience of free critical reconstruction of the traditional (including scientific) rationality, which may be found only in the *mental phase of ontogenesis*. (5) Because of the presence of historical specificity of mass society, in *an information field of their interaction* many barriers of value exist there also. (6) Radicalism which is peculiar for positivism, social analysis, de-constructivism, structuralism and to other modern sociological theories tends to ignore value aspects of human nature or attach absolute importance to them. From the point of view of public health each person does not come into the world with a ready free consciousness. The person can find an ability to have free consciousness only in the mental phase of ontogenesis and at the *adequate anthrop reality*.

**Conclusions:** Rational knowledge always has a universal nature, but development of ethical knowledge is rather isolated in each society historically. The elimination of this contradiction is possible, in particular, if policies of human development are established on *a principle of unity of practice of rationalization – "universalization" of social-ethical knowledges of historical development in mass society with practice of "correction" of rational (universal) knowledges in an ethical (value) field of development of unique societies (PUER)*. PUER is objective principle, which does not contradict the historically caused specificity of societies. PUER is based on the natural initiatives of unique community and universal nature of rational knowledges. It is offered to use PUER as one of basic methodological principles of practice and science in the area of HP-policy. It would allow more effectively directing energy of an opposition between globalization and anti-globalization, to develop of HP-policy in developing countries. Consecutive use of this principle can promote process of their permanent convergence to united global community.

## GYPSY ADOLESCENTS IN FOSTER HOME – MULTIPLE AT RISK GROUP OF MENTAL HEALTH PROBLEMS AND SUBSTANCE USE

(H-3)

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**Background**: Children and adolescents living in foster home are at increased risk of mental health problems and risk behaviour. As children of ethnic minorities facing risk situations usually show more problems than their non-minority fellows, ethnic minority adolescents living in foster home should be at increased risk.

**Aims**: Analyzing mental health state and occurrence of substance use in a sample of adolescent living in foster home and making comparison between gypsy and non-gypsy youths.

**Methods**: Data of a sample consisting of 850 adolescents (age 15–18) living in foster home was examined using a cross-sectional design. Participant responded various questions concerning their ethnical affiliation, substance use, mental health (Child Depression Inventory – shortened version, psychosomatic complains), coping abilities, school-related attitudes, and family contact.

**Results**: Our results are in line with previous findings reporting high prevalence of mental health problems and substance use among adolescents in foster home. Every second person in our sample had depressive mood. 56% of the sample had been drunk twice or more times. 62% of the sample was daily smoker. 41.4% of the sample had tried any illicit drug in his life. Only one out of four adolescents had not used any substance in a risky way. Gypsy youths had higher mean on the Child Depression Inventory, and on the psychosomatic symptom scale than their non-gypsy fellows. A higher proportion of them had ever tried smoking (92.1% *vs.* 87.6% compared to the non-gypsy group), and a higher

proportion of them was daily smoker (70.4% *vs.* 57% compared to the non-gypsy group). A lower proportion of the gypsy adolescents abstained from risky substance use (18% *vs.* 30%).
**Conclusions**: The significant level of mental health problems and substance use among adolescents living in foster home emphasizes that special attention should be paid to this group as a target group of prevention. Within this especially high-risk group, gypsy youth is at more increased risk of mental health problems and certain kind of substance use.

## (J-6) HARNESSING THE POTENTIAL OF A SMALL DEVOLVED COUNTRY: USING POLICY REVIEW TO SUPPORT EFFECTIVE, APPROPRIATE, JOINED UP POLICY ON FOOD AND HEALTH

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**Background:** Food production, manufacture and retail is a globalised business in the hands of large multi-national companies that spend billions on marketing, advertising and sponsorship with little or no regard for public health impacts in particular with regard to diet and obesity. With much of the economic and fiscal controls operating at international and European level, what can small countries do to direct and influence food and health policy? Eating for Health: A Diet Action Plan for Scotland (SDAP) was published by The Scottish Office in July 1996 and, since then, its recommendations have underpinned food and health policy in Scotland. At that time Scotland was governed by the UK Parliament in London and did not have control over many of the identified factors influencing diet. When devolution took place in 1999, the Scottish Parliament was established with full legislative competence over a wide range of issues and this allowed Scotland to take greater action on health improvement generally, and diet specifically, and a substantial number of related policy documents were subsequently produced. Devolved Scotland has embraced the increased control over its own health and has made explicit its ambition to tackle the substantial public health challenges. To do this Scotland needs to learn from and build on its own past experiences and the evidence generated as well as the evidence and experiences from other countries. Health Scotland has initiated a process of policy review, an attempt to embed an evidence-informed process of stakeholder engagement into the policy cycle.
**Aim:** The aim of the first policy review is to help focus policy thinking on future directions for food and health policy in Scotland by reviewing learning from the implementation of SDAP in Scotland over the last ten years (formal evaluation as well as the experiences of implementers and stakeholders), and drawing on expertise from beyond its own borders to provide an external, independent perspective as well as an outward-looking one.
**Methods:** An independent, expert Review Panel was appointed to review the progress, impacts and outcomes of the implementation of the SDAP and to identify strategic areas for action in the future. The process included:

(a) a review of existing data at national and local levels
(b) a stakeholder consultation which included 6 days of “hearings”
(c) an exploration of the contribution of community-based initiatives
(d) an examination of changes in the supply of food
(e) an expert commentary on the international context.

**Results:** A great deal has been achieved as a result of the SDAP and there is still a great deal of enthusiasm and motivation for food and health related action in Scotland. At a national level the appointment of a champion has resulted in focused action and impressive developments particularly within schools. However much of the work has been on a small scale and linkages at local and national level between relevant policies has been limited. Many stakeholders felt that the opportunities for a small, devolved country with a great deal of political support and professional motivation for action

could be more effectively harnessed. If Scotland is to achieve a radical shift in population trends, a radical shift in policy direction is needed. The presentation will rehearse the options.
**Conclusions:** The Review Panel reports in summer 2006. This paper will present its conclusions, focusing on the strategic areas of action required by this small, devolved country to continue and strengthen its policy goal of improving diet and reducing inequalities related to food access, food choice, diet and weight.

## HEALTH AND ACTIVITY IN SCHOOLS – A CROSS-BORDER INTERVENTION PROJECT TO IMPLEMENT HEALTHIER LIFESTYLE ACTIVITIES TO SCHOOLCHILDREN AND YOUNGSTERS 2003–2006 (L-1)

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**Background:** Overweight and lack of physical training is a common health problem in Storstroems county and in the city of Lubeck. The local health authorities as well as the national health authorities have given high priority to initiate health promotions activities dealing with social inequalities in health, prevention of excess weight and more physical training.
**Aims:** The general objectives are to make young people healthier and focus on inequality in health, by setting up special programmes for socially underprivileged children. The specific aims are to support overweight youngsters and children dealing with e.g. lack of exercise, wrong nutrition, behavioural disorders at age 11–16, in improving their lifestyles. A target is also to develop cross-border competence among professionals working with health promotion among young people.
**Methods:** In Lubeck, in 3 extended elementary schools of socially underprivileged parts of the city, courses in exercise, nutrition and cooping with conflicts are held in continuation to the school day.
In Denmark schoolchildren with overweight and lack of physical activity are offered health dialogues with health visitors after the "You Decide Method". The youngsters are participating in fitness courses once weekly after school. Schoolchildren from both countries are taking part in an exchange programme to improve better understanding and support disadvantaged children in sharing good experiences with cross-border neighbours.
Specialists participate in workshops and exchange experiences and knowledge.
**Results:** Facts: More than 400 schoolchildren have participated in over 40 courses. Professionals have participated in 12 workshops and build up common competences. The project period is finished in November 2006 with extern evaluation complemented by the University in Lubeck and Research Institute UCSF, Copenhagen. Results will be available in August 2006. Preliminary results are: better health among the youngsters, exercise is vital, eating at school is important, all/day schools are the most sensible alternative. The professionals have learned new methods to tackle common cross-border problems.
**Conclusions:** Health prevention for schoolchildren from underprivileged families is of utmost importance. Schools are generally a relevant arena for implementing health activities.

(J-6)

## HEALTH ASSEMBLY: A MECHANISM OF HEALTHY PUBLIC POLICY DEVELOPMENT FOR EQUITY IN HEALTH OF THE THAI SOCIETY

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**Background:** Health Promotion focuses on achieving equity in health. People cannot fulfil their health unless they are able to take control of things which determine their health. Thus action strategies of the Ottawa Charter for Health Promotion (1986) are to "Build Healthy Public Policy" in concurrent to "Strengthen Community Actions". But the question was how an alliance across all levels of government, civil society, NGOs, academic institutions can strengthen leaderships, system of governance and upstream policy action on health equity.
Since 2000, Thailand has brought the Charter to practice by initiating a health system reform (HSR) process. The Prime Minister has chaired the National HSR Commission to draft the National Health Bill as a health constitution. Accordingly, the Bill established 3 crucial mechanisms i.e. (1) National Health Committee for consultation to the Cabinet on healthy public policy (HPP) and strategy, (2) Health Constitution for framing national health agenda, (3) Health Assembly (HA) as a participatory process for formulation of HPP by means of deliberate action across the variety of social groups. Since 2001, assemblies have been continuously conducted nation-wide including area-based, issue-based and national scale bodies. As a case study, "Food and Agriculture for Health" issue has been deliberated in the assemblies since 2003. Finally the Cabinet endorsed this proposed issue as a national policy in 2005 and the HPP has been subsequently adopted to be relevant to particular areas. This collective achievement would be shared with international community for further implication.
**Aims:** To demonstrate lessons learned on HPP development through HA process by using "Food and Agriculture for Health" as a case study.
**Methods:** To review and analyze evidences from related literature, forum record, evaluation report on health assemblies during 2003–2005 in case of "Food and Agriculture for Health".
**Results:** (1) Initialization – Several groups of grass-root people who rely their living on agriculture realized negative impact of chemical use in farming to their health. This was the initiation of bringing their collective concern to be public agenda. In 2003 this agenda was proposed and then deliberated in HAs nationwide (70 out of 76 provinces). (2) Policy Formulation – Over 30,000 representatives from several sectors in every level including agricultural, academic, governmental, chemical business and industry participated in the assemblies. Best practices and innovations for alternative ways of food and farming system were shared and intensively studied. Subsequently, deliberate actions were taken place and policies were formulated upstream from area to national level. Then spirit for chemical safety was declared in the National Health Assembly. (3) Policy to Practice – Implications from the endorsement of the Cabinet in 2005 were regulation of advertisement and direct sale of chemical to consumer, integrated food safety in local areas, local authorities participation in chemical control. (4) Policy Evaluation – Locally, civic groups who participated in HAs expanded their networks and shared experiences among each other. Nationally, regulation of advertisement has been imposed into the Third National Master Plan for Chemical Safety (2007–2011). However people participation in particular laws stipulation need following up.
**Conclusions:** HA is an innovative process for participatory HPP development. Lessons learned from this case are (1) Partnership and alliance building whereby every social sector has equity to constructive engagement. This was relevant to the Bangkok Charter for Health Promotion 2005, which stresses alliance building to create sustainable action. (2) HPP processes embrace every sector of the society to think and work together on health issues. It essentially builds on knowledge and love among them. (3) Tool for health impact assessment (HIA) would be developed so as to rationalize the

proposed issue for policy development. (4) Learning process would rely on knowledge which deserve same value either scientific or local wisdom. (5) Real achievement of HA is to accept the right of citizen to make policy. So community strengthening would be conducted by means of capacity building particularly for core group of the assemblies. This will contribute to awareness on right to health as well as capability to analyze and deliberate. The forthcoming National Health Act will pave the way to institutionalize HA as a means to participatory HPP development in the future.

## HEALTH BEHAVIOUR AND ACADEMIC ACHIEVEMENT IN ICELANDIC SCHOOL CHILDREN (J-1)

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**Background:** Interest in the relationship between health behaviours and academic achievement has recently intensified in the face of an epidemic of childhood and adolescent obesity and converging school reforms in the U.S. and other nations with advanced economies. Epidemiologic research has demonstrated that poor diet and lack of adequate physical activity place children at risk for being overweight and obese and thus influence future health status.
**Aims:** To examine the relationship of selected health behaviours and academic achievement in Icelandic school children. Specifically, we sought to identify the relative contribution of body mass index (BMI), diet, and physical activity as correlates of academic performance.
**Methods:** We analyzed cross-sectional survey data from 5,810 Icelandic school children to explore the relationship between selected health behaviours and academic achievement.
**Results:** Body mass index, diet, and physical activity explained up to 24% ($P < .01$) of the variance in academic achievement when controlling for gender, parental education, family structure, and absenteeism. Variance explained increases to 27% when depressed mood ($P < .05$) and self-esteem ($P < .01$) are added to the model, but confounds the role of physical activity.
**Conclusion:** Although not robust, these finding are consistent with previous work and affirm the complexity of the relationship of health to academic achievement.

## HEALTH BEHAVIOUR OF TEENAGERS – A QUALITATIVE APPROACH (J-1)

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**Background:** The health status of Hungarians, especially those above the age of 45, has been unfavourable compared to that of the European population. In order to improve the health of the Hungarian population in the long run, particular attention should be paid to the teenagers of today as they will comprise the middle-aged population group in a few decades. The health status, health-related knowledge, and attitudes of teenagers have been the topic of a number of national and international investigations using dominantly quantitative approaches which have limited power to uncover motivations and attitudes related to health behaviour.
**Aims:** The present investigation was aimed at teenagers studying in secondary schools in order to uncover their attitudes and motivation related to health, as well as their opinions on questionnaire-based health behaviour surveys.
**Methods:** Structured interviews were conducted with four boys and seven girls of 15–18 years of age,

attending six different types of schools. The topics included school performance, social network, body image, diet and intention to lose weight, physical activity, leisure time activity, and motivations behind, as well as opinion on questionnaire surveys on health.

**Results:** All the interviewed subjects reported to make conscious efforts to conduct a healthy life. However, the underlying motivation for that was not due to an intent to preserve their health but much more to conform to external expectations of their friends, to the image projected by mass media, and to have an "optimal" look for success. All boys regardless of school type held their health in high regard, whereas only girls attending the most competitive high schools attached importance to their health. Boys expressed no intention to lose weight but they all paid attention to their diet. Almost all girls, on the other hand, wished to lose weight for which perseverance was held to be the most important condition. Only girls attending competitive schools had a nutritionally sound idea about proper diet; the diets of girls in vocational training were rather far from a healthy one, but interestingly, they were aware of it. All boys had been active in sports, whereas this was only the case for girls who attended competitive schools. All subjects attending competitive schools attend traditional or infrasauna regularly. As to questionnaire surveys on health, all subjects expressed reservation about the reliability of answers given to such questionnaires stating that teenagers do not take them seriously and answers do not reflect the subjects' true opinion or health behaviour.

**Conclusions:** Boys seemed more conscious in terms of activity and diet, whereas the same was true only for girls studying in competitive schools. Their misgivings about health-related questionnaires were a surprise finding. This qualitative study, though is not representative for the age-group, calls attention to the importance of applying qualitative methods alongside with quantitative approaches when investigating health behaviour and its motivations in teenagers in order to design health-promoting programmes better suited to this particular age-group.

## (H-3) HEALTH DISPARITIES AMONG HISPANIC/LATINO IMMIGRANT WORKERS IN THE UNITED STATES: FINDINGS FROM THE GREATER CINCINNATI HEALTH SURVEY

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**Background:** In the past, most Latin Americans immigrating to the United States for employment settled in areas that had existing Hispanic/Latino communities. However, in the last decade, areas of the United States that have not historically been destinations for these immigrants have experienced explosive growth in their Hispanic/Latino populations. Hispanic/Latino immigrants in these areas face many significant challenges related to the lack of an established Hispanic community. Public health agencies in these areas were virtually unprepared to cope with the sudden influx of Spanish-speaking immigrants. Although epidemiological studies suggest the existence of significant health disparities within this immigrant population, little exists in the literature to guide community-level public health interventions in these new destination areas.

**Aims:** This paper will present the findings of public health research conducted in a new destination city comparing samples of recent Hispanic/Latino immigrants with a sample of non-Hispanic residents.

**Methods:** In 2005, The Health Foundation of Greater Cincinnati, in collaboration with researchers from the National Institute for Occupational Safety and Health, and the University of Cincinnati, collected data from a convenience sample of nearly 500 Hispanic/Latino immigrants at a local Hispanic/Latino festival that typically draws between 20,000 and 30,000 attendees. This sample represents approximately 1% of the Greater Cincinnati area's estimated Hispanic/Latino population. The study participants were administered a survey touching upon the following areas: demographics, language fluency, acculturation, personal health, employment, and occupational safety and health. In that same year, The Health Foundation of Greater Cincinnati also conducted a similar survey of over 2000 non-Hispanic households living in the same area.

**Results:** Analysis of the data indicated that over 90% of the Hispanic/Latino immigrants have arrived since 1987 and nearly 60% since 2000. Most reported a low level of acculturation with approximately 80% reporting a preference for Hispanic/Latino social environments and the Spanish language. Slightly over 13% of the sample reported being injured on the job and almost 30% reported receiving no occupational safety training. When compared with the non-Hispanic household sample, the Hispanic/Latino respondents reported lower or similar rates of chronic physical conditions. However, approximately half of the larger community sample was over the age of 45, while almost 85% of the immigrant sample was under that age. Members of the immigrant sample were only half as likely to currently have any kind of healthcare coverage as those from the non-immigrant sample and were nearly 4 times as likely to have had an interruption in such coverage in the last year. These and other findings will be discussed in relation to current National Institute for Occupational Safety and Health studies that are investigating ways to better meet the public health needs of Hispanic/Latino immigrant workers.
**Conclusions**: The evidence for significant health disparities in this Hispanic/Latino immigrant sample was not as clear as might be expected given the findings from other studies. However, the Hispanic/Latino immigrant sample was significantly younger than the non-immigrant sample. Regardless of the ameliorating effects of age, over 1 in 10 Hispanic/Latino immigrants reported being injured on the job while in the United States, many reported receiving no safety training and they were far less likely to have healthcare coverage than members of the non-immigrant sample. Finally, the low levels of acculturation suggest that public health agencies will face considerable challenges reaching these individuals.

## HEALTH EDUCATION FOR STIS AND HIV/AIDS PREVENTION IN SCHOOLS (J-2)

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**Background:** Education system represents, an important factor of development for individuals. The role of the school is very important in development of a solid ground of information and in development of healthy attitudes and behaviors. Health Education represents a component of Education for Life. Health Education has as main goal education for decreasing of morbidity and mortality and increasing life expectancy. Sexual Education and preventing HIV/AIDS infection is just a link in Health Education.
**Aims:** The main goal of the program is to offer correct information to the trained teachers and to develop their abilities to teach Health Education in schools. The IEC campaign's goal is to change high school students' behaviors (regarding sexual life, abstinence, preventing STIs and HIV/AIDS) and to adopt a healthy lifestyle.
**Methods:** In 2001 the Health Promotion and Health Education Department, in partnership with County School Inspectorate, initiated a training program process in Constanta on health education for teachers. Until now, 450 teachers from urban and rural areas of Constanta county have been trained. The teachers are involved in Health Promotion and Health Education activities in their schools. In the same time, IEC campaigns for changing behaviors for high school students from the fifth to the twelfth grade was initiated.
**Results:** During the training process, the Health Promotion Department developed and offered educational materials (leaflets, booklets, posters). In 2002, as a result of our experience and the increasing need for an educational material as support, a Health Education manual was developed. The manual serves as a support for teachers who choose Health Education as an optional curriculum. In 2004, Ministry of Education and Ministry of Health developed a National Curricula for Health promotion – as an optional discipline. In 2006, the Constanta NGOs' network working in HIV/AIDS area asked for training volunteers and using our manual as a training tool.
**Conclusions:** For our health and for future generations health, Sexual Education and Prevention HIV/AIDS infection must be done as a continuous process.

## (H-5) HEALTH IMPACT ASSESSMENT AS A TOOL TO REDUCE SOCIAL INEQUALITIES IN HEALTH

*Elisabeth Fosse, PhD*
Research Centre for Health Promotion, University of Bergen, Norway

**Background:** Reducing social inequalities in health is high on the political agenda in many European countries. Finding efficient policy strategies represents a challenge, both at national, European and global levels. Health impact assessments (HIA) have been developed in a number of countries over the past decade. Over the last years, social inequality has been included in HIA processes, particularly in some European countries.
**Aims:** The aim of this project was to study how social inequalities in health and distributional aspects are included in HIA. How is this type of impact assessment employed to develop policy and interventions designed to reduce social inequalities in health and how can they be further developed and adapted to the Norwegian context?
**Methods:** The research was based on literature and documents from a variety of databases, including those of international bodies such as the EU, WHO, and the World Bank. Information on national strategies from supranational databases was also collected, by searching on the respective countries and by searching literature databases.
**Results:** While the methods used vary to some degree, they have many common features. The various tools are not intended to be static, rigid models, but flexible, adaptable frameworks. It is important to have a varied knowledge base, based on research, on expertise and on assessments by affected parties. Cross-sectoral collaboration and partnership are a prerequisite in HIA. Political interest in the HIA is vital.
**Conclusions:** In several European countries specific tools have been developed successfully to map how HIA can integrate a perspective on social inequalities in health. In addition to the practical lessons from this mapping exercises, it is important to emphasise that the HIA process also functions as an arena for awareness raising, learning and development for the key players.

## (H-5) HEALTH IMPACT ASSESSMENT IN NEW MEMBER STATES AND ACCESSION COUNTRIES (HIA-NMAC)

*Gabriel Gulis – Marco Martuzzi – Peter Otorepec – Fabrizio Bianchi – Didem Evci – Nur Aksakal – Ingrida Zurlyte – Jozef Pastuszka – Jarmila Korcova – Peter Paul Borg –Mileva Hristina – Roza Adany*
Unit of health promotion research, University of Southern Denmark, Esbjerg

**Background:** The “Health impact assessment in new member states and accession countries (HIA-NMAC)” project has been launched in August 2005. The project is supported by EC, DG SANCO and aims to further develop HIA in new member states and accession countries. Capacity building, methodological development, implementation on local level as well as a set of policy HIA case studies create the content of the project conducted by a group of countries from Malta to Lithuania, coordinated by University of Southern Denmark and WHO-EURO, Rome office. More information about project is available at www.hia-nmac.sdu.dk . At the time of the conference the project will conclude its first year. Experience on capacity building, socio-economic determinants in HIA and implementation on local level will be available and presented within the suggested workshop. First experience from case studies on wine production, dietary fiber production, tourism and vulnerable population policies would be presented as well.

**Aims:**

(1) Present health impact assessment as a methodology through the "Health impact assessment in new member states and accession countries" project funded by EC SANCO.
(2) Discuss recent development of HIA.
(3) Discuss training needs related to HIA.
(4) Discuss place and role of socioeconomic determinants in HIA.
(5) Present preliminary results of case studies.

**Methods:** Various methods are employed within the project. In capacity building work package classical in class workshops are conducted in participating countries and Internet-based teaching has been developed and tested in one country (Denmark). Policy analysis involving both decision-making-structure analysis and interview process with key informants is being used within HIA on local level and the case study work packages. Analysis of available indicators, databases and selection of proper indicators consists of main part of work package on socio-economic determinants and their place within HIA.

**Results:** At the time of abstract submission we completed three capacity building workshops in Denmark (21 participants from local level), Turkey (65 participants from both local and national level) and Lithuania (40 participants from local level and 52 from national level). The workshops address non-health sector decision-makers and were well accepted and evaluated by participants. A "standard" teaching model is developed and tested within these workshops which will be outlined during the presentation. A basic survey is conducted on availability of indicators to assess impact on socioeconomic determinants of policies, proposals, plan and project. Data on barriers and opportunities for better implementation of HIA on local level are collected by interview survey developed in Italy. Results of screening and scoping parts of case study HIA's will be presented as well.

**Conclusions:** The project is a work in progress however, already after first 8 months there is growing evidence on interest for HIA among decision-makers on different levels. The capacity building needs expressed during the workshops, the development of Internet based interactive teaching modules for screening and scoping are among first of the results of the project. As we would be happy to use the full time of the HIA parallel session we suggest the following program for the session:

(1) The HIA-NMAC (Gabriel Gulis)
(2) Capacity building for HIA (Gabriel Gulis)
(3) Socioeconomic determinants within HIA (Marco Martuzzi)
(4) Indicators of socioeconomic determinants – overview of country data (to be specified)
(5) HIA on local level (Fabrizio Bianchi)
(6) Case study presentation block (Peter Otorepec, Didem Evci, Nur Aksakal, Roza Adany)
(7) Discussion

Each single presentation will get 10 minutes, the case study block 30 minutes and the general discussion about 20 minutes. The general discussion will be organized by panel system; presenters will create the panel.

## HEALTH OF THE INHABITANTS OF ROMA SETTLEMENTS IN HUNGARY – A COMPARATIVE HEALTH SURVEY

**(H-3)**

*Zoltan Voko, MD, PhD – Zs. Kosa, MD, PhD – Gy. Szeles, MD, PhD – L. Kardos, MD, PhD – K. Kosa, MD, PhD – R. Nemeth, MSc – S. Orszagh, MSc –M. McKee, MD – R. Adany, MD, PhD*
Institute of Preventive Medicine, Faculty of Public Health, Medical & Health Science Centre, University of Debrecen, Hungary

**Background:** Roma is the largest ethnic minority of Europe. A few data showed their unfavourable health, but there is little systematic research on how the health of this population compares with the majority populations in the countries in which they live.

**Aims:** We compared the health of people living in Roma settlements with those of the general population in Hungary.
**Methods:** We performed comparative health interview surveys in 2003–2004 on representative samples of the Hungarian population and inhabitants of Roma settlements.
**Results:** Above age 44, 10% more people living in Roma settlements reported their health as bad or very bad than in the lowest-income quartile of the general population. The prevalence of severe functional limitation was about twofold higher in Roma settlements among 18–44-year-old persons. Of those who used any health services, 35% of Roma persons and 4.4% of the general population experienced some kind of discrimination. The proportion of persons who thought that they could do much for their own health was 13–15% less; heavy smoking and unhealthy diet were 1.5–3 times more prevalent in Roma settlements than in the lowest-income quartile of the general population.
**Conclusions:** People living in Roma settlements experience severe social exclusion, which profoundly affects their health. Imaginative solutions are required to address the health needs of this marginalised population.

## (J-5) HEALTH PROMOTION AT THE UNIVERSITY: A COMPARISON BETWEEN ITALY AND SPAIN

*Elena Gonzalez, PhD student*
University of Santiago de Compostela, Spain

**Background:** Health Promotion within the European University network is a subject which probably demands a more comprehensive analysis but during my PhD enrolment, I had the possibility to spend short interchange periods in Portugal and Italy and I tried to enrich the accuracy of my efforts by gathering all the different elements that arouse from these experiences abroad.
**Aims:** Based on the previous assumption, this overview tries to compare and contrast health promotion politics between the University of Turin (Italy) and Santiago de Compostela (Spain), with particular emphasis on the social and community development. Furthermore this review illustrates the role of health promotion infrastructures provided by the university by taking into account the following:

- A case study in Turin (Italy) and Santiago de Compostela (Spain) as an example of the situation of health promotion at the university; in particular, the support and information services of the university and the links between these services and the health promotion within the university environment.
- The accomplishment of the latest proposals for best practices which are related to health promotion in the university and whose aim is to increasing effectiveness and quality of the university education and university environment.

**Methods:** These case studies have been developed through an appropriate analysis of the documents, data and interviews which have been carried out counting on the help of the responsibles for the university services (counseling, sport activities, culture events, campus accommodations, canteens, etc.). In addition to this, the key-tool has been a questionnaire which has been proposed to a selected sample of the university students' community. The topics of this questionnaire are their behavior, needs, attitudes and consideration upon the role of the university particularly when it is related to the different health themes (such as legal and illegal drugs, physical activities, sexual behaviors, diet, stress…)
**Results and Conclusions:** Although the implementation of the above mentioned was limited to the comparison of just two countries' university systems (even if, it might be extended to Portugal, too, before the end of the PhD), it nevertheless seems accurate enough as to suggest the following result: The university still fails to encourage its social role, misses the point to promoting and strengthening its supportive services and consequently does not increase the coordination and collaboration with the overall community. Present strategies lack of efficiency and should be set up in order to facilitate personal and social development by offering more healthy and supportive social environments.

# HEALTH PROMOTION CAPACITY OF THE NATIONAL PUBLIC HEALTH AND MEDICAL OFFICER'S SERVICE (NPHMOS) IN HUNGARY

(H-6)

*Erzsebet Ulveczki, MD*
Office of the Chief Medical Officer of Hungary
Health Promotion Department, Budapest Hungary

**Background:** The control, co-ordination and supervision of public health – including health development (health protection, health education and promotion) as well as supervision of health services constitute obligation for the state in Hungary. The state fulfils its obligation through the establishment and operation of the National Public Health and Medical Officer's Service under the direct supervision of the minister of health. Act XI on the National Public Health and Medical Officer's Service, which entered into force in 1991, declares NPHMOS a central budgetary agency, funded by the state budget. The Parliamentary resolution 46/2003. (IV.16.) has defined the long-term strategy of national public health in the "**National Programme for the Decade of Health"**, which is a roadmap for NPHMOS' activity, giving its yearly priorities. Although the organizational framework of the Public Health Programme can be the subject of change from time to time, the NPHMOS has a constant health promotion mandate.

**Aims:** The National Public Health and Medical Officers' Service (by Hungarian abbreviation ANTSZ) is a key player in the programmes taking place through the institutional system. The staff in the health promotion at regional and county institutes – the implementing entities – plays important role in organizing and implementing local community and other actions, creating partnerships, initiatives to participate in and support bidding processes. The national level co-ordination of activities of implementing entities is fulfilled by the Office of the Chief Medical Officer. The author takes stock of capacity of regional health promotion divisions of NPHMOS.

**Methods:** The chief medical officers of the county institutes have to report to the Office of the Chief Medical Officer regularly. Their annual report since the establishment of National Public Health and Medical Officers' Service up to now will be reviewed and analyzed in the paper, considering especially the human resources available for wishing to improve health promotion competencies, the knowledge management and infrastructure development in the NPHMOS.

**Results and Conclusions:** Annual report and feedback on activities gives an excellent opportunity for structure, process and outcome evaluation, tracking progress in capacity building, to compare and contrast health promotion practices of the counties, identification of good practices that can be shared with other counties and adapt quality management procedures as well. A key component of successful implementation of the National Public Health Programme is the development of professional workforce, which is based on a firm foundation of postgraduate public health training of international standards offered in Hungary. Masters/PhD in health promotion and public health are available. Based on the results of needs assessment survey whether the workforce is adequate to meet essential health promotion tasks, the Office of the Chief Medical Officer organized in-service short training courses for local health promotion practitioners several times. After reviewing 15 years' annual reports of the 20 county institutes, it can be found, that the NPHMOS health promotion activities, professional workforce, infrastructure, programmes and practices have been showing continuous progress. Even though health development capacity and activities in NPHMOS have shown powerful improvement, under-recognition of the value of their work and lack of resources dedicated to health promotion constitute barriers to the further progress.

(H-3)

## HEALTH PROMOTION CLUBS FOR ELDERLY ROMA PEOPLE IN THREE WESTERN COUNTIES IN HUNGARY

*J. Forrai, PhD – P. Csepe, MSc*, Department of Public Health, Semmelweis University,
*J. Solymosy, MSc*, National Institute for Health Development, Budapest, Hungary

**Background:** Studies on cultural history of Roma communities proved that health related issues are not significant for Roma people. The unfavorable health behavior and health status of the Roma population is well known. Roma's became ill frequently, however attend health care facilities less frequently than general population. The life expectancy at birth in the Roma population is less with 10 years compare with the average population. Besides social intolerance and life-style factors, problems in doctor-patients relationship could also contribute to health-related problems of Roma's. Governmental programs are not able to solve all problems in short and medium terms. Civil initiatives are badly needed.
**Aims:** The project aimed to improve the health risky behavior with information and orientation and promote the needs for services of the basic and specialist health care in the Roma population. The project also aimed to improve the relationship between health care providers in general practice and Roma people.
**Methods:** The SE Foundation established a health promotion club network for elderly Roma people of 66 clubs in 2003. The program was created in three counties of Western region in Hungary in 261 settlements for more than 2,000 elderly Roma people born before 1945. The network operated actively until 2005. Experts of public health medicine, romology, health promotion and sociology worked for the NGO in the project. Reaching the participants organization, operating and administrative work, furthermore the process evaluation was made together with 48 Roma mediators and formal and informal leaders of local communities. Elderly Roma people were contacted by mail based on address list made years ago. Health status and health behavior survey and need assessment survey was made. Roma people participated in health promotion clubs three times. Local physicians were also involved in the program.
**Results:** The club meetings started with interactive lectures on cardiovascular, musculoskeletal and malignant diseases and their risk factors, especially smoking, alcohol consumption and nutrition. Individual and small-groups discussions involving family nurses, family doctors and Roma mediators were also organized. Basic and health care needs of Roma people were considered. There were possibilities for individual problem solving and community development. Disabled Roma people were not able to attend lectures had been visited at home by Roma mediators together with representatives of local health and social services. Social and legal problems were also emerged during the lectures.
**Conclusions:** The health promotion club network proved to be an efficient and effective tool to improve the health status and reduce the health risky behavior of Roma people. The program provided significant help to solve certain social and legal problems. There were favorable experiences on partnership between non-governmental and governmental organization, moreover between local communities and minority governments. There were significant needs to sustain the project on original sites. It would be useful to extend the program for other sites and other target groups.

## HEALTH PROMOTION EDUCATION ON BSC LEVEL (J-2)

*Zsuzsanna Benko, Prof. Dr. – K. Tarko, PhD*
Department of Applied Health Sciences, Faculty of Juhasz Gyula Teachers' Training College, University of Szeged, Hungary.

**Background:** Nowadays our health educator, health promoter professionals should be able to succeed not only in Hungary, but in the job market of the European Union as well. That is why it is important to make degrees compatible with diplomas obtainable in other countries of the European Higher Education Area. A new process is observable in higher education in Europe, based on the Anglo-Saxon education system: a 3-cycle education – BSc, MSc and PhD.
**Aims:** For the sake of strengthening compatibility, enrichment of existing programmes, curricula and teaching materials, the development of new teaching materials are needed. Our educational aim is to provide students with grounded theory and practice through which they will be able to fulfil mediating and promoting roles in health promotion and recreation; and will contribute to the establishment of healthy life-style, to health promotion, to the development, condition founding and correction of recreation and mental health culture in families and in social – health, social, educational – institutions, civil services.
**Methods:** Continuous curriculum development built on content and structural requirements was carried out in multidisciplinary team work. Methods serving the transmission of the above educational aims range from lectures, through field practice, till health promoting project management.
**Results:** On the basis of national and international experiences the Department of Applied Health Sciences, together with the Department of Physical Education at the Faculty of Juhasz Gyula Teachers' Training College, University of Szeged has worked out a 180-hour BSc course called *Recreation, Life-style, Health promotion*. The present lecture will address the course itself, with special focus on its two professionalisations: *Health promotion* and *Minority health coordinator*.
**Conclusions:** The two specialisations comprise of multidisciplinary (sociology, psychology, education, medical sciences, law and social politics, arts, etc.) modules providing participants with knowledge and skills for effective health promotion activity and for integrating Romany and disabled children and young people into the society and reduce health inequalities this way.

## HEALTH PROMOTION STRATEGY AND ACTION PLAN FOR TACKLING HEALTH INEQUALITIES IN POMURJE REGION IN SLOVENIA (F-2)

*Tatjana Krajnc-Nikolic, MD – B. Belovic, MD, MSc*
Regional Public Health Institute Murska Sobota, Slovenia

**Background:** Slovenia is facing growing health inequalities among regions – more developed west versus less developed east part as well as inequalities in health within regions itself, in particular Pomurje region in the east. Since basic health determinants, e.g. higher crude mortality rate, lower life expectancy, higher unemployment rate, lower GDP per capita, higher risk for morbidity and mortality of major diseases etc., are worse in Pomurje region, a broad initiative to improve health of population took place. One of the outcomes is regional strategy for tackling health inequalities using health promotion for Pomurje region.
**Aims:** The aims are to improve health of population in Pomurje region using health promotion, to reduce differences in health status between Pomurje and the rest of Slovenia as well as reducing health inequalities between target groups within region.

**Methods:** The first stage was data analysis on the health status of population, socioeconomic determinants in the region and Slovenia and document analysis. Community-based approach was used to identify health needs and demands most important to the population. Focus groups of adult rural inhabitants helped identifying their health needs, problems and demands during workshops and meetings. Next step was framing strategic goals using SWOT analysis. A modified e-mail Delphi round helped to exchange comments and suggestions among consultants, national and regional health experts. Core group of public health experts modified strategic aims, objectives, activities and indicators.
**Results:** The content of the strategy is divided into five aims, implementing health promotion to strategic areas: vulnerable groups, risk factors and major diseases, politics, evidence base and environment. First aim is putting health inequalities in the centre of attention of community and individuals. Second aim is to increase community capacity, third aim is reducing interregional inequalities using health promotion, fourth one is reducing intraregional inequalities by supporting vulnerable groups and the fifth aim is to support clean and healthy environment. Each of five aims has been divided to objectives, with defined activities and indicators of realisation and success. Some programs and activities have already been successfully performed last few years.
**Conclusion:** Health inequalities is a growing problem in Slovenia. Raising awareness of stakeholders and the public about existence of health inequalities is important contribution of this strategy. Bottom up approach was used in two ways: first, this regional strategy will be basis for creating national strategy and second, community-based approach for identification of main health problems. Some objectives and activities from the Strategy have already been successfully implemented in local rural communities.

## (L-4) HEALTH PROMOTION TRAINING FOR LOCAL DECISION MAKERS: A BETTER OPPORTUNITY TO ACHIEVE HEALTHY PUBLIC POLICY

*Jozsef Bonifacz Solymosy – Julia Kishegyi*
National Institute for Health Development

**Background:** Tackling health promotion issues in local public policy has become of growing importance in Hungary lately. There is more attention focused on embedding health into local development policies based on the needs of the local communities. A change of paradigm would be necessary to shift the attention from dealing only with the improvement of the local health care capacities towards to strengthening the aspects of health development in public policy.
**Aims:** To identify and contact the local public administration stakeholders in order to improve their knowledge and skills about health determinants and health promotion. Public administrators should be able to submit health development projects successfully and to draw up a community health plan.
**Methods:** In 2006 two three-day trainings were organised for small settlements and cities of county rank. The trainings focused on community support and involvement, competence levels and available local resources. The trainings were practice-oriented and the items dealt with local needs and local development project planning.
**Results:** The participants were asked to complete a questionnaire on their satisfaction about the seminar. We received a positive feedback and identified a clear need for more trainings in the future. Participants were interested in developing a network to get more support – both scientific and practical – for further actions.
**Conclusion:** The empowerment and strengthening of local stakeholders and their communities are coherent and necessary elements of sustainable local development policies.

## HEALTHBITS (J-1)

*Gary Wilson*
NHS Health Scotland, Edinburgh, UK

**Backgrounds:** In studies of health-related lifestyles students are an under-researched group. However, the existing studies suggest students have significant health issues which are not being adequately addressed. One study by Brown et al. showed that over a third of student respondents reported a long-standing illness. This study also showed their emotional health is even more of a problem than their physical health and that students scored significantly worse than their peers in the locality across all 8 dimensions (general health, energy, mental health, pain, physical function, role mental, role physical and social function). Fillmore showed excessive alcohol intake is carried into mid-life by around 30% of students. Research also illustrates that young people are high-level users of a wide range of information technologies.
**Aims and Methods:** In order to meet strategic objectives with regards to young people in Higher Education, NHS Health Scotland has been working since December 2002 in partnership with Youth Media to develop, deliver and evaluate a student desktop health resource for learning centres. The student desktop project (Healthbits) delivers health information to Scottish students in Rich media format. This technology has proven an excellent medium for reaching students. Originally aiming to have 6,000 PCS displaying health education messages, the project is now delivering messages on 19,000 PCs at 40 universities and colleges across Scotland.
**Results:** A series of thought-provoking animations, and messages, conveying health information, are launched from the desktop and linked to appropriate sites.

## "HEALTHY EATING – LONG AND ACTIVELY LIVING" – INFORMATION AND EDUCATIONAL PROGRAMME (J-6)

*Agnieszka Radzikowska, MA*
Mazovian Centre of Public Health, Warsaw, Poland

**Background:** The process of ageing of the population is one of the crucial current problems in public health in many countries. According to prognosis of Central Statistical Office in Warsaw (GUS) there will be a constant increase in the number of the elderly in Poland between 2010 and 2030. Nutrition still remains one of the most important health determinants causing many diet-related diseases among the elderly. This programme is a result of collaboration with a Canadian partner (School of Nutrition & Dietetics Acadia University Wolfville) in 2006, having applied for Development/ Planning Grant from Canadian Institutes of Health Research (CIHR).
**Aims:** Reaching the target group of individuals in retirement age (women aged 60 and over, men aged 65 and over) in 36 months, and reducing the rate of chronic diseases rising among the increasing number of the elderly.
**Methods:**

(1) Organising conferences, meetings, seminaries including press conferences.
(2) Disseminating training and information materials.
(3) Setting level of relevant risk factors.
(4) Conducting training courses on nutrition, and health problems resulting from inappropriate eating habits.
(5) Organise recreational events with demonstration of different ways of preparing meals.

**Results:**

(1) Achieving the changes in attitudes of the target group.
(2) The map of the participating partners in the programme.
(3) Articles published in the local and all-Polish press, radio and TV programmes.
(4) Elaboration of the medical analyses of the elderly taking part in the programme.

**Conclusions:**

(1) Previous works on the programme and its positive results show the necessity of its broader and continuous implementation.
(2) The experience gained from its implementation should be used for other age groups and settings in Poland and in other countries.

## (H-6) HEALTHY LIFESTYLE DEVELOPMENT IN KAZAKHSTAN

*Kazbek Tulebayev, MD, PhD – Sh. Karzhaubayeva, MD, PhD – B. Rakhmanov*
National Center for Healthy Lifestyle Development, Almaty, Kazakhstan

**Background**: According to the long-term socio-economic strategy of Kazakhstan development up to 2030 (dated 1997) By President's Decree "About State program of reforming and development of public health in the Republic of Kazakhstan for 2005–2010 years" healthy lifestyle development has become one of the major priorities in the state policy of health care of Kazakhstan citizens. In the context of "Healthy lifestyle" Complex Program implementation the Government has established a Healthy lifestyle development service that operates in the frame of National Center for Healthy Lifestyle Development, 14 regional, 11 city and 10 area Centers for Healthy Lifestyle Development, 241 Health Promoting Centers with more than 1600 people at stuff.

**Aims:** Major objectives of healthy lifestyle development up to 2010 are:

(1) Strengthening healthy lifestyle development at Primary Health Care (PHC) level with orientation of PHC from patient treatment to diseases prevention and healthy lifestyle development at population level.
(2) Enhancing the role of healthy lifestyle education through giving students an opportunity to fully use their physical, psychological and social potential in individual and public health protection and promotion.
(3) Strengthening information, communication and education on the field of healthy lifestyle development through improvement of information delivery by means of new communication technologies.
(4) Providing legal base for healthy lifestyle development, diseases prevention and health promotion of the population by improvement of legislation on healthy lifestyle development and diseases prevention at the base of joint responsibility of the state, employers and every citizen as well as assistance in guarantees of health promotion.

**Methods:** Approaches to healthy lifestyle development policy implementation:

(1) Intersectoral approach in addressing physical, economic, social and cultural factors of population health protection and promotion. At central level: work of Coordination Council on health protection under the Government of the Republic of Kazakhstan; at regional level: intersectoral councils at the local governments.
(2) Complex Primary Health Care with shifting the emphasis from patient treatment to diseases prevention and health promotion of "healthy people"; development standards of prevention activities for PHC medical specialists.
(3) Joint responsibility of the State and citizens for health protection, active involvement of the population, public and nongovernmental organizations at public health activity of all

authority levels, promoting joint decision-making process, ensuring implementation and reporting.

(4) Integration within public health sector (PHC, hospitals, services) directed to final results and coordination effort to reduce morbidity and improve population's health.

**Results and Conclusions:** Healthy lifestyle development policy was met with powerful approval from Ministries, departments and authorities in the frame of intersectoral partnership with target budgeting. For objectives of healthy lifestyle development in Kazakhstan the unique structure, widely represented at local levels, was created for ensuring equal access to prevention services.

## HIV PRIMARY PREVENTION STRATEGIES IN CENTRAL EASTERN EUROPE: ANALYSIS AND DESCRIPTION OF CASE STUDIES FROM ESTONIA, POLAND AND HUNGARY

(H-2)

*Zsofia Nemeth*
National Institute for Health Development

**Background:** A dramatic HIV/AIDS epidemics hit Eastern Europe in the middle of the 1990s with an ongoing growth of HIV prevalence. The spread of HIV is closely linked with a rise in injecting drug use (IDU) and needle sharing but over the years sexual transmission has also become important.
**Aim:** Primary prevention strategies of three Eastern European countries against HIV were selected and compared focussing on similarities, differences and consequences for other countries in the region.
**Method:** Standardised interviews (n = 13) were conducted with experts from the government and several NGOs. Besides secondary literature also primary literature (e.g. governmental documents, reports of NGOs etc.) was analysed.
**Results:** HIV prevention in Estonia is a particular situation due to explosion of HIV incidence in the late 90´s, which was caused mainly by the absence of harm reduction programs for IDUs and the high risk behaviour of the Russian minority. Thanks to the Global Fund grant Estonia has a precise structured national strategy based on the country-specific needs. In Poland an excellent distribution of tasks in HIV primary prevention takes place. The governmental institute implements multimedia based campaigns for the broader population and it co-operates with NGOs who address the risk groups through interpersonal interventions. However, an open discussion on HIV and promoting of condom use seem to be a truly sensitive issue in the strongly catholic country. Hungary has a low prevalence. For this reason the government keeps the financial support for programs very short. However, experts call for a governmental commitment to the HIV problem in referring to the growing hepatitis B and C prevalence among drug users and to the low rate of condom use among youth and vulnerable groups. A protective informal network of gays and sex workers ensure a good basis for the implementation of prevention activities against HIV/AIDS.
**Conclusion:** Eastern European governments referring to the officially low HIV prevalence should pay more attention to primary prevention. Taboos and moralising debates on HIV risk behaviour related to condom use and harm reduction etc. should be replaced by effective activities based on the needs of the target groups.

## (J-6) HOW DOES THE SIZE OF PORTION INFLUENCE FOOD CONSUMPTION?

*Zsuzsanna Lelovics*
National Institute for Food Safety and Nutrition, Hungary

**Background:** Adult women in Europe consume 335 kcal (1407 KJ) more, and men 168 kcal (706 kJ) more food than in 1971. This amount of energy is not only realized on our body but also on our plates. In 2000, 702 kg food consumption was measured per person in Hungary and in the neighboring countries, while this value was only 609 kg/person/year 35 years ago. This period, the 1970s, is said to be the time when portion sizes started to increase dramatically. “Supersize” French fries can be two to five times larger than the original size or the recommended single consumption quantity.
**Aims:** To trace the changes in the size of portions, and to find trends. The impact study of portion size among 166 young adults (54 men, 32.3% and 112 women, 67.7%; average age 24.1 ± 9.7 years).
**Results:** Based on the data analysis, it can be concluded that the size of most restaurant and commercial portions increased significantly (for example the increase in the energy value of a doughnut is 150%, of hamburgers 77%, of a small bottle soft drink 165%, of a plate of spaghetti 105%). The young adults were asked how they think the portions sizes changed in the last five to ten years. 42% said that they became larger, 20% believed smaller, 29% thought the sizes are the same, while 9% did not know how the portion sizes of foods and drinks changed. 41% of the people asked said that the single consumption quantity is determined by how hungry they are; 17% thinks that available (packaged) portion size is the recommended single consumption quantity; 34% eats the amount (s)he is used to from the given foods; and 8% said that the most important factor is how much (s)he gets on the plate.
**Conclusions:** The size of portions increased in case of every food, especially the popular ones, and energy intake exceeds the value measured 35 years ago significantly. There is even a recognizable increase compared to 5 to10 years ago. It is evident that in packaging and in commerce (in prices) larger portions are more advantageous, however, this affects the portion sizes at home, hence our patients have to be informed about this. The oversize food and beverage are beneficial for our wallets (their incentive impact on shopping is known), but not for our waistline.

## (H-2) IMPROVING ADHERENCE TO HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART) IN AFRICA: RESULTS FROM THE DREAM PROGRAM IN MOZAMBIQUE

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**Background**: Highly Active Anti-Retroviral Therapy (HAART) for HIV can dramatically suppress viral load, enhance CD4 counts and decrease morbidity and mortality related to HIV infection. If antiretroviral medications are not taken as prescribed, treatment failure may result. Ensuring high levels of adherence to HAART is a priority in treating people living with AIDS. This study reports the adherence rates of patients served by DREAM (Drug Resource Enhancement against AIDS and Malnutrition) in Mozambique. DREAM, an innovative program of health promotion tailored for implementing HAART in Africa free of charge, was started by the Community of Sant’Egidio, a faith based organization, in March 2002, in collaboration with Ministry of Health and inside the Health National System. It provides patients with HAART and laboratory tests at no charge, and is based on a particular strategy of health promotion organization of services (health education, home care and nutritional support) designed for a population that is predominantly poor and has a low level of formal education. The working methodology of DREAM is aimed at overcoming cultural, linguistic and social barriers present in the areas of sub-

Saharan Africa where the program is operational, both to increase people's awareness, and to increase their ability to take action and promote their own health. The intervention model follows principles of health promotion and basic health-care assistance using the framework of health-care planning "PRECEDE to PROCEED". The elements that comprise the DREAM model are divided into three categories: predisposing, enabling and reinforcing factors. The role of local health-care personnel in the DREAM program is crucial, not only for communicating with the patients in their own language, but also for understanding the mentality of the local populations. Another important role is that of the activists, predominantly HIV positive women who are receiving treatment through DREAM and who are trained in Health Education and Home Care in order to encourage and help other patients to follow the program closely. Their presence shows patients the effectiveness of the program itself in a situation where stigma is a serious factor.

**Aims**: To determine the level of adherence to HAART of a group of people living with AIDS and to evaluate the efficacy of the factors connected to the DREAM Model.

**Methods**: An observational retrospective study conduced with 147 patients receiving HAART in a Day Hospital of Matola. The period of observation was of 9 months, from April 1st to December 31st 2005, by which all the patients were in treatment. In evaluating adherence, the patients' answer to an interview was used. In addition the percentage of appointments kept for check-ups, tests and the collection of medicine and the overall change in the patients' blood chemistry over the 9-month period were examined.

**Results**: Of the 147 patients, only 5 (3.4 %) said they had forgotten to take one or more medications in the previous three days, while 3 of them (2%) said they had made a mistake in the hour of taking the pills. 120 patients (81.6%) kept more than 95% of their appointments. Adherence was further confirmed by a relevant increase of Body Mass Index (BMI), haemoglobin levels and CD4 counts, and a significant decrease in the viral loads among the 147 patients.

**Conclusions:** The results demonstrate that it is possible to achieve a high rate of adherence to HAART even in countries with limited resources. The dedication of time and resources to understanding and identifying what could be called the African aspects of AIDS, both environmental and anthropological, appears to be vital. The high level of adherence achieved by patients in DREAM supports the programme's multidisciplinary and integrated approach and confirm the fact that African countries need health promotion programs, and that high-quality service will lead to benefits that amply repay the costs.

## INFORMING, COUNSELLING AND ADVISING YOUNG WORKERS BY OCCUPATIONAL HEALTH PSYCHOLOGISTS

**(L-2)**

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**Background:** Young workers enter the workforce at the same time as they are undergoing significant changes in their psychological, social, and career development. Informing, counselling and advising (ICA) activities of occupational health psychologists may help young people in adjusting to the work life. This questionnaire study of ICA in occupational health services (OHS) is the second phase of a larger research project aiming to produce novel scientific knowledge about the practices of ICA in OHS of young workers and to develop a model of good ICA to promote their health, work ability and well-being.

**Aims:** The objective of the study was to examine contents, situations, and methods of ICA and the role of different OHS-specialists in ICA. In addition, it was asked whether ICA directed especially to young workers differed in any aspects from ICA in general. This part of the study focused especially on the ICA given by the occupational health psychologists.

**Methods:** A questionnaire was sent to 66 psychologists working full-time or part-time in occupational health services in 55 OHS-units. The final response rate was relatively low, N = 35, 54%. Sixty-eight percent of the respondents worked full-time in OHS.

**Results:** The most common ICA given by psychologists, unlike the other OH-personnel, related to the different aspects of the working community. Psychologists also discussed usually with workers about the work ability, health, and leisure time activities. The psychologists thought that the most important effects of ICA were discussions on the life control of an individual. Concerning the working community the most important effects were regarded to be on the supervisor–worker relationships and mastering crises. Psychologists had less ICA-activities with the employers and other stakeholders in the organization than the other OH-personnel. ICA practiced by psychologists was not directed especially to young workers but to all workers. Yet, in the open-ended questions psychologists reported that they often discussed with young workers about career planning.
**Conclusions:** The results suggest that occupational health psychologists used ICA most in the individual discussions with the workers. Yet, psychologists discussed more than the other OH-personnel about the topics of working community and human interaction in the work. They emphasized the general life situation of young workers. The role of the psychologists seems to be quite traditional, concentrating to the individuals and working groups. In order to be more effective in their work psychologists should probably collaborate more with the employers, managers, and other stakeholders in the organizations.

## (J-1) INTERNET BASED DISTANCE EDUCATION IN HEALTH PROMOTION

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**Background:** The most important setting of health promoting interventions is the school. Apart from the presence of well-prepared health promoter professionals, to be able to fulfil health promotion programmes at schools, educators of other specialisations should also be aware of the approach of health promotion on a basic level.
**Aims:** Apart from traditional delivery of in-service training courses, there are other alternative channels. Our aim was to develop an educational programme where possibilities offered by information technology can be effectively combined with health promotional objectives.
**Methods:** To fulfil the above aims, an international multidisciplinary team was set up from prominent professionals from Hungary, Germany and England, to work out a 30 hours introductory course in health promotion. The form of distance education was selected to promote the educational opportunities of those living far from the training institutes. Distance education enables students to eliminate time pressure and create a learning pace most suitable for their life-style. Information technology ensures the web-based development of the course material. The Internet offers the use of multimedia illustrative materials and the possibility to arrange materials in a way that makes procession easier. It also creates the possibility of proceeding the educational material in an interactive form among students and tutors, students and students.
**Results:** The distance education material was prepared in English and is available on the Internet for students of the three participating countries enrolling in the course. The course contains: Basic notions of health and health promotion in the perspective of the World Health Organization; "Principles and values of health promotion"; Strategies of the introduction, support and management of health promoting activities in different social and cultural settings; How to change skills and how to foster skills; Communication skills, teaching skills and group dynamics; Environments and settings as targets of health promotion; Evaluation and using informational sources.
**Conclusions:** The teaching material created contains English, German and Hungarian case studies, and by doing so, these exemplify the effect of historical, national, cultural and religious versatility on the settings of everyday life.

# INTRODUCTION OF THE HUNGARIAN DEFENCE FORCES' DRUG PREVENTION ACTIVITY

(H-2)

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**Background:** The results of the last years' drug epidemic surveys have proven that the level of drug consumption in the civil population shows a constant increasing tendency. As the army is closely connected with the society and the soldiers are recruited from members of civil population we had to face the fact that different forms of deviant behaviour (for example illegal drug consumption) had appeared in the army.
On the other hand, keeping strict discipline in the organization is very important because of fulfilment of basic function of the army. Therefore any kind of illegal drug consumption is strictly forbidden and the principle of zero tolerance prevails in the army's drug policy.
According to this principle the drug prevention activity of the Hungarian Defence Forces consists of the following two main fields:

- reduction of demand (drug epidemic surveys; primary preventive programmes; special courses for doctors, psychologists and other helper specialists in the field of prevention and intervention; constant improvement of the professional helping network)
- reduction of supply (prevention the availability of illegal drugs in the army, reconnaissance of any illegal activity related to drug consumption, efficient drug screening test system).

**Aims:** In general, our main aim is to maintain the principle of "zero tolerance" in the army and minimize the number of cases related to illegal drug use. We try to reach this purpose with the means as mentioned below:

- In the last few years we have built a professional helping network of doctors, psychologists and other helper professionals in order to recognize the crisis states and to prevent the deviant behaviours due to this state. This network has already covered the whole organization by now. The constant improvement of this network is very important because of efficient primary prevention, early detection and quick and adequate intervention. The well prepared professionals of this network can do local primary prevention work so they can recognize the special local problems and can make adequate interventional steps immediately. Our aim is to perfect the system, to train new prevention professionals and to make postgraduate courses for them.
- Our drug prevention activity also includes promoting the healthy way of life among the soldiers and their family members. We regularly carry out complex health promotion programmes in the whole army where we can reach a lot of people directly by our professionals and preventive stuffs. In this field our goal is to continue the successful cooperation with the civil organizations and to pay extra attention to the families as dynamic systems. Satisfactory family surroundings can be a very important protective factor in the field of addictological problems.
- In the field of reduction of supply we are doing continuous drug screening tests all around the Hungarian Army. This work needs a constant revision of the army's inner legal system regarding the drug screening system. We regularly consult with our legal experts on improving the legal background of our screening system. Our aim is to perfect the rules related to this field.
- Additional aim in the field of reduction of supply is to exclude narcotic stuffs from the army. It requires increased security steps.

**Methods:** Making special courses for the members of the helper network; organizing and carrying out campaign in the field of health promotion; improving the connection between the civil and the military

helping network. It is very important to take part in civil programmes so we can share our experiences with other professionals.
Our methods consist of interactive educational lessons in small groups; projections of preventive films; holding lectures for specialists in the field of health promotion and addictology; create efficient professional materials.
In the field of reduction of supply, our methods consist of doing drug screening tests (quick test) that indicates the positive sample from the urine; using drug-seeker dogs in the forts; increased checking at the entrance, etc.
**Results:** We have a well prepared preventive network that consists of approximately 100 professionals in the field of drug abuse, crisis intervention and health promotion. The level of drug abuse shows a decreasing tendency in the army (it has decreased from 31,5% in 1996 to 0,7% by 2005), which is the result of our efficient primary preventive efforts and our professional helping network.
**Conclusions:** The transformation into professional military force and the expansive, improving and efficient drug prevention projects lead to new results. The drug consumption in the Hungarian Defence Forces has decreased for the last few years. The number of proven drug cases has been decreased in a large measure. We have to maintain the principle of "zero tolerance" and to improve our helping network.

## (L-4) JOINED-UP HEALTHY SETTINGS: THE INTERFACE BETWEEN HEALTH PROMOTION PLANNING, LOCAL DELIVERY AND CAPACITY BUILDING

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**Background:** The Healthy Settings Development Unit was established at the University of Central Lancashire in 2001. The unit has worked within and across a variety of settings – including hospitals, prisons, sports stadia, workplaces, universities and colleges – within the context of wider regional health promotion and public health policy, planning and programme management.
**Aims:** The unit's aims are:

- to improve health and reduce health inequalities in North-Western England, through supporting "whole system" healthy settings initiatives
- to develop integrative models for "joined-up" healthy settings and coordinate IUHPE's workstream
- to generate evidence of effectiveness.

**Method:** The unit has coordinated a range of regional and national programmes focused on particular settings – such as hospitals, prisons, sports stadia, workplaces, universities and colleges. It has also carried out generic development work exploring and supporting the development of links between settings – creating a comprehensive web portal (www.healthysettings.org.uk), producing newsletters, holding seminars and developing postgraduate training modules. In addition, it is developing a research programme to build upon its development work.
**Results:** The unit has gained national and international credibility and is widely recognised to be a leading player in the field of healthy settings. Its particular distinctiveness has been to go beyond supporting isolated programmes of work within particular settings – to encourage and support integrated and joined-up approaches that can promote health in and across the settings of everyday life.
**Conclusions:** As a result of its work and growing international profile, the Healthy Settings Development Unit has been asked by the President of IUHPE to lead a virtual working group on joined-up healthy settings – developing a programme of work towards Vancouver 2007 and beyond. This parallel session will reflect on the development of the work, explore the interface between health promotion planning, local delivery and capacity building, and generate further thinking that can contribute to IUHPE's work in this area.

## LEGAL AND POLITICAL PRECONDITIONS FOR MULTI-SECTORAL RESPONSIBILITY FOR HEALTH ON THE PROVINCIAL LEVEL IN AUSTRIA (H-6)

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**Background:** Health and health inequalities are mainly determined by factors and actions that lie outside of the health sector. Consequently the HFA (Health for all) 21 policy framework of the WHO calls for efforts to make other sectors recognize and accept their responsibility for health. To achieve this target health promoting policies and legislation in other sectors than health has to be developed.
**Aim:** To explore the extent to which the legal and political framework is already enforcing multi-sectoral responsibility for health in Styria, Austria.
**Methods:** A systematic review of provincial legal documents and of proposals and decisions of the provincial parliament was undertaken. Strategies and actions proposed by target 14 of HFA 21 were used as an analytical framework (adding education, environment and health as sectors). Only documents that explicitly referred to the term "health" and that at least involved two sectors were included.
**Results:** 121 legal and 213 political documents were retrieved, 17 and 109 documents respectively were excluded from the analysis. The analysis of the 208 remaining documents showed that health is most often referred to in laws and political proposals and decisions relating to the responsibility of the business and social welfare sectors, followed by agriculture and environment. Explicit responsibility for health was rather scarce in the tourism, transport, media, energy, finance and legislation sectors.
**Conclusions:** Even though there are major limitations in our study, it gives a good indication for the extent to which accountability for health is developed in other sectors and which sectors have been neglected so far by creating multi-sectoral responsibility for health. The accountability for health in the business, social welfare, agriculture and environment sectors needs to be expanded. Initiatives to create accountability for health in the tourism, transport, media, energy, finance and legislation sectors should be undertaken.

## "LET'S BUILD HEALTHY FAMILIES" – FAMILY PLANNING CAMPAIGN IN UZBEKISTAN (L-4)

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**Background:** Contraceptive use in Uzbekistan is relatively widespread – 63% of married women using contraception in 2002 –, IUD being the most frequently used method, knowledge regarding other methods and their usages is limited. Focus groups conducted by the ZdravPlus project in Ferghana Oblast revealed many common misperceptions about family planning methods among married women of childbearing age. These misperceptions, combined with a traditional deference to the doctor as decision-maker on family planning issues, has contributed to high prevalence of IUD use and lack of knowledge about other forms of modern contraception. Because no single contraceptive method is right for everyone, couples need to be informed of their options and should able to work with their health care providers to make an educated decision about the contraceptive choice that is right for them.
**Aims and methods:** In an effort to increase knowledge on a wide range of family planning methods, such as oral pills, injectables, IUDs and condoms, and to encourage couples to take responsibility for decisions about childbearing and contraceptive use, ZdravPlus and Ministry of Health undertook a health promotion campaign in April 2003 targeting primarily women and men of 18–49 years of age, secondarily elderly women (mothers-in-law) in Ferghana Oblast, Uzbekistan. Based on a review of existing research, supplemented by additional formative research to assess the population's knowledge,

attitudes and practices on family planning, including their current practices and traditional beliefs, as well as data available on use of contraceptives, and information from focus group discussions, a series of key messages were developed for the campaign. Materials such as radio and TV products, newspaper articles and advertisements, brochures and posters using so-called "edutainment" were prepared to convey key messages to the target audiences. Materials were pre-tested with the target population, reviewed and approved by the campaign advisory committee before going into production. Primary health care workers (doctors, nurses, midwives) were trained on modern contraceptive methods whereas health promoters participated in interpersonal communication skills training.
**Results:** The campaign had been running over a period of six weeks during which health promotion centers, NGOs, primary health care (PHC) facilities, and others conducted a range of interpersonal communication activities around the oblast and distributed posters and brochures developed for the campaign. A soap opera, entitled "Family Happiness", TV spots, and radio spots were also widely aired. In addition, newspaper articles and printed ads reinforced the campaign's key messages in Ferghana newspapers. Approximately 1–1.2 million people in Ferghana Oblast were estimated to be reached through TV, radio, newspapers and IEC materials. There was a 13% increase in the population in Ferghana overall who said they talked to their spouses about when to have a child. The campaign had a positive impact on public attitudes toward couples' right to decide about contraceptive use in Ferghana.
**Conclusions:** The campaign increased the population's awareness of family planning methods, improved communication between couples on contraceptives of choice, and resulted in a modest shift from IUD to injectables and oral contraceptives. Its effects probably could be improved by sustained efforts including capacity building. Continuous collaboration between communicators, health education experts and health care workers supported by national decision-makers, and generous international funding (USAID) were the key elements of success of the campaign.

## (L-4) LET'S DO TOGETHER FOR BETTER HEALTH IN LOCAL COMMUNITIES THROUGH CIVIC ORGANIZATIONS

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"Let's Do Together for Better Health Quality" Foundation, Budapest, Hungary

**Background:** The life expectancy and healthy life expectancy in Hungary lags behind not only EU-average, but also CEE-average. In spite of many national programs in the last 15 years a better informed population and a constructive dialogue between relevant stakeholders have not been achieved. The reason of inefficiency is the very different approaches between individuals vs. communicators, and between financial, budgetary players vs. actors in health promotion issues.
**Aims:** The aim of this study is to present "health is investment" in Hungary which is our common interest, duty in order to fully integrate the social and economic determinants of health into development strategies. The Foundation has sought to examine multi-sectoral discussion how itself can take a role as a "bridge" between different stakeholders.
**Methods:** Data on health are obtained from KSH Database and EU (Eurobarometer, EC COM data). Estimates are based on study by Andras Klinger: Mortality Differences of Subregions in Hungary, 2002.
**Results:** From 2007 the implementation of National Development Plan II brings available resources for health promotion in national and sub-regional complex programs where TESZ Foundation can gain national and local "leaders" over access health issues in the development programs through MOTESZ (Association of Hungarian Medical Societies) national program of cardiovascular and heart diseases and own initiatives.
**Conclusions:** The study highlights experiences, policy responses to improve better health quality enhancing economic competitiveness both on sub-regional and national level.

## LOCAL HEALTH DEVELOPMENT STRATEGY BASED ON THE SURVEY OF PATIENTS SUFFERED MYOCARDIAL INFARCTION (L-6)

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**Background:** The mortality of cardiovascular diseases is very high in our county comparing to the national or the EU average. In this group we have to focus on the avoidable death causes such as Myocardial Infarctions (MI). Death according to these diseases would be avoidable if the threatening conditions were cared or if the patient suffering from infarction had suitable, fast medical attendance, or if the management of the patients were fast and appropriate. In Hungarian health care, unfortunately there are no data to evaluate the appropriateness of the different care givers, mainly not the knowledge and compliance of the patients.
**Aims:** Our aim was to plan and implement local health strategy against Myocardial Infarctions, which built on valid information of the care.
**Methods:** In 2005 we conducted a survey among patients, who suffered from MI earlier. In this way, our expert stakeholder team analysed the results and identified the critical point of care. This team appointed the responsible people to develop and implement the strategy, which should be able to improve the care of MI. Our strategy, based on consensus by care giver stakeholders, consists of 3 means:

(1) improving and implementing the local guideline of the MI
(2) communication strategy of the MI's preconditions and symptoms to our population
(3) setting on and implementing the monitor database system of MI.

**Results:** We would like to show the outcome of the patient survey and the main elements and results of the strategy. Among others, we introduce the booklet of guideline for care givers, the poster and different leaflets to inform the population and the software for data collection.
**Conclusions:** We would explicitly like to introduce the process of development and implement of our health improvement strategy which was identified.

## LOCAL STRATEGIC PARTNERSHIPS – KEY TO REDUCING INEQUALITIES FOR POOR URBAN POPULATION (F-3)

*Irina Dinca – Corina Popa*
JSI Research and Training Institute

**Background:** Romania witnesses a dramatic positive change in the women's health status, especially in reducing abortions and increasing contraception use, while maintaining the natality rate constant. While efforts focused mainly in rural areas, where most of poor women live, there was a remaining under-served group – almost 11% of women who are the urban poor and near-poor that need specific approaches and interventions to increase their access to and use of health services. This group of women continues to be hard to reach, as they often have other problems associated with poverty and/or cultural barriers. The urban poor in slum areas face additional health inequities that may erase the urban health advantages.
**Aims:** The Urban component of Romanian Family Health Initiative aims to mobilize local communities and strengthen their commitment, efforts and resources to provide sustainable opportunities to access and utilize FP/RH (family planning/reproductive health) services, including free contraception for poor people, especially hard-to-reach women of reproductive age (15-49 years old) in 11 of Romania's largest cities.
**Methods:** RFHI Urban is an experiment, as the local authorities in the 11 cities jointly decide how to

act in order to insure increased access to and use of FP services of the poor population in their respective city. It is the very first time when local authorities – (elected) city assembly – join health, social and other local authorities to tackle health issues of a certain population group of their voters. The leading role is offered to the City Hall and their specialty services, i.e. social services, as poor people usually have first links with any kind of local authority through social sector. They are not aware that they have right to free health care, at least the basic services from a family doctor. Similarly, these populations may have problems with the police, or with the child protection services, as most of them also have a lot of children. The project aims at taking advantage of all "entry points" between poor people and any services in a city and build a "safety net" for them for insuring access to FP services. The RFHI Urban is also aiming at insuring a functional integration of services that represents the basis of the safety net and also to bridge the gap between health and social services so therefore the safety net become larger and more tailored to poor people's needs. Field activities are based on the three pillars approach: trained provider, continuous supplies and public campaigns. In each city health promotion network groups have been set up, in order to design workplans that will increase access to information to urban poor done by a variety of health and especially non-health professionals.

**Results:** FP service provision has been introduced in the social-service network in two cities and the social workers and community police are key professionals talking to poor urban about free FP services, in the context of their right to free healthcare. Innovative educational tools, e.g. "True Women" tele-series are being applied using the national TV station. Excerpts of this will be shown to the audience. Almost 500,000 women were exposed for an estimated price 2 cents/person to the show, that besides the mini-series included discussions afterwards, involving "lay people", public figures and seldom medical professionals.

**Conclusions:** Breaking the barriers beyond the health system insure success in accessing hard-to-reach poor population to motivate their behaviour change. Using social workers, community police, and NGO volunteers represents key "entry points" for the poor into accessing information. Using modern, popular "edutainment" approaches both in national and local media, in a de-medical zed, fashion attracts women to more efficiently comply with health messages.

## (F-2) MAPPING HEALTH LITERACY RESEARCH IN THE EUROPEAN UNION

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**Background:** Quantifying health literacy research efforts is an important step in recognizing the work done throughout Europe. Our analysis serves as a stepping-stone in understanding inequalities regarding research productivity in the selected fields between the various European countries.

**Aims:** To examine and compare the research productivity on selected fields related to health literacy of the current members of the European Union, the four candidate countries waiting to join the EU, the United States, Norway, and Switzerland.

**Methods:** A bibliometric analysis. Data sources included manuscripts published by authors from each country separately and from each group of countries for the period of 1991 to 2005.

**Results:** The 25 European countries produce less than 1/3 health literacy research when compared to the US (13,710 articles were published by authors with main affiliation in the European Union and the four candidate countries, and 49,523 in the US, respectively). The Netherlands and Sweden (followed by Germany, Italy, and France) are the European countries with the highest number of research published in fields related to health literacy. After adjustment for population Sweden, Finland, and Norway were on the top of the relevant list. In addition, Sweden, Finland, and Ireland were on the top of the list of countries regarding research productivity on the selected fields after adjustment for gross domestic product (GDP).

**Conclusions:** Inequalities in research published on the topic of health literacy exist among Europe, the US, Norway and Switzerland. More research needs to be done in all areas of health literacy in Europe.

## "MILKY WAY TO SCHOOL" (J-6)

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**Background:** The program "A glass of milk" for all children in the kindergardens and in the schools was carried out by Mazovian Centre of Public Health in Warsaw. "A Glass of Milk" is an intervention that aims to increase efficiency of popularization of a glass of milk for each child in the area of the Mazovian voivodeship. The chance for milk drinking at schools has increased since the EU provided the subsidies for milk and dairy products consumption for the education centres. There are about 1 million children in the region of Mazovia who are entitled to drink a glass of milk every day what makes up 1/6 of the Polish population of children. The interest in subsidies for milk was insufficient so Mazovian Centre of Public Health took up this intervention to increase the number of childern regulary drinking milk in schools.

**Aims:**

(1) Increasing the population of children drinking a glass of milk everday.
(2) Strengthening healthy nutrition habits.
(3) Encouraging cooparation between many partners in this field.
(4) Organising other health education activities within milk consumption programme.
(5) Reducing health inequalities.

**Methods:**

(1) Intervetion is for all children (support from local government or from school to those who are in bad economic situation).
(2) Children and youth may contribute to the shape of this intervention in a planning stage.
(3) Children are encouraged by the teacher who also participates in the programme.
(4) Organising various competitions on milk subject.
(5) Organising the Conference with all partners to diagnose the problems.
(6) Organising two meetings with many partners, who cooperated in this intervention every year.

**Results:** Intersectoral cooperation on many levels of the society, and gathering data showing an increase in the number of children participating in the above intervention.

**Conclusions:** The implementation of this intervention has required cooperation beetwen many people (partners). It is important to work with scientific and research institutes. Children must participate in this intervention. This programme may be used throughout Europe. Children all over the world have very unhealthy eating habits. Health education and creating proper habits is a crucial idea for this population group. We can reduce obesity, osteoporosis. We can prevent many diseases, especially if we start our actions with the youngest children.

## (H-1) MULTI-LEVEL ACTION PLAN FOR PREVENTION OF DEPRESSION AND SUICIDE

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The Institute of Behavioural Sciences at Semmelweis University is the Hungarian coordinator of the European programme "European Alliance against Depression" (EAAD). The Hungarian project has started in 2005 in Szolnok sub-region. The original "Nurnberg Alliance against Depression" proved to be effective in reducing suicides and in improving the care of depressed patients. Based on this 4-level intervention concept and complementing it with materials and experiences available in other European countries, the intervention concept of the EAAD was used to initiate interventions on a regional level in 21 European countries, including Hungary. In the second step of the European programme from 2006 we have extended the activities to four more Hungarian sub-regions. The expected outcome in the intervention regions will be an improved care of depressed patients and change in the attitudes regarding depression and suicide. By comparing the different levels of the programme EAAD will obtain complementary information about the most effective components of the action programme. The results will provide guidance on how to organise economically structured action programmes in the field of depression and mental health in general.

## (F-2) NATION-WIDE CO-OPERATION STRATEGY ON TACKLING HEALTH INEQUALITIES IN GERMANY

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Federal Centre for Health Education (BZgA), Koln, Germany

**Background:** As in any other European country, inequalities in health are observed in Germany. They are a challenge for public health. Against this background, the German Federal Centre for Health Education (BZgA) has initiated a nation-wide co-operation strategy which is called "Health Promotion for Socially Disadvantaged People". The project is based on the co-operation between BZgA and some 40 high-level actors from the policy and health sector; it is accompanied by an advisory board of experts, scientists and affiliated actors from the health field.
**Aims:** Strengthening good practice of projects and measures as well as capacity building in tackling health inequalities are central aims of this co-operation strategy.
**Method:** The strategy contains the following modules:

- A nation-wide survey on projects and measures for health promotion of socially disadvantaged was completed with the result that more than 2,700 projects could be identified. In an online database, project information such as goals, target groups, fields of action, contact addresses etc. is made available to interested parties.
- This database is part of an internet platform at www.gesundheitliche-chancengleichheit.de, which also includes an event calendar, materials (information on relevant laws, guidelines, etc.), reviews of research work, addresses and links related to the topic of health inequalities.
- Furthermore, focal points in 11 from 16 Lander have been established nation-wide to build structures at regional and local level. At these focal points, good practice projects are identified and supported. Identification and support are based on criteria which have been developed by exchange of scientists and other experts. On site, practical quality assurance methods are provided in the framework of a participative quality development process together with the project agencies.

– The strategy undergoes a continuous evaluation procedure of outputs, outcomes and impact results.
– At international level this national strategy is closely linked to the EU-project "Closing the Gap: Strategies for Action to tackle Health Inequalities in Europe" led by BZgA and EuroHealthNet in co-operation with 22 partners.

**Conclusion:** The aim of the nationwide initiative is to transfer and strengthen good practice. A very important result in this field is the realisation of communicating and working together with many high level co-operation partners from different sectors in the field of health promotion and social work. This cooperation has to be established. Foreseen is to intensify capacity building and networking between national, state and local level via installing focal points in the remaining five federal states in 2006. With a view of the needs of health promotion practitioners and their projects it is aimed to transfer good practice experiences and to provide tool boxes.

## OCCUPATIONAL WELL-BEING OF SCHOOL STAFF – DEVELOPMENT PROJECT OF STAFF AND OCCUPATIONAL HEALTH NURSES (L-2)

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**Background:** This participatory action research study reports the results of a schools' staff and occupational health nurses' development project, titled Promotion of school community staff's occupational well-being in co-operation with occupational health nurses 2001–2004, which was a part of a broader ENHPS programme (The European Network of Health Promoting Schools) implemented in Finland. The development project aimed to promote school staff's occupational well-being by activities to maintain the ability to work in 12 comprehensive schools in co-operation with their occupational health nurses. This study reports the results on the outcomes of the development project by comparing the situation in the planning and final phases of the project and by pointing out the possible changes that had occurred.

**Aims:** Study questions: (1) How did the school staff's occupational well-being and the activities to maintain the ability to work change during the course of the development project in 2002–2004? (2) How did working conditions, working community, worker and work, and professional competence as aspects of occupational well-being change during the course of the development project?

**Methods:** The data were acquired using the Well-being at your work index form in the years 2002 and 2004. Altogether 141 persons took part in both the basic and the follow-up surveys, of whom 104 were women and 37 men. The total evaluation of occupational well-being and activities to maintain the ability to work were evaluated with Likert scale variables (1 = very poor, 2 = quite poor, 3 = moderate, 4 = quite good and 5 = very good). The school staff's occupational well-being and activities to maintain the ability to work in the years 2002 and 2004 are described based on means and standard deviations. The Wilcoxon test was used to find out whether the changes in occupational well-being and activities to maintain the ability to work were statistically significant between the samples of 2002 and 2004. The aspects of occupational well-being (working conditions, working community, worker and work, and professional competence) were also studied by Likert scale variables. The staff were asked to give their opinions on each variable (altogether 51 variables of the aspects of occupational well-being) separately (1=totally disagree, 2=quite disagree, 3=neither agree nor disagree, 4= quite agree, 5=totally agree) as well as to evaluate the need for development in the matter in question (1=very much needed, 2=much needed, 3=somewhat needed, 4=hardly needed, 5=not at all needed). To summarise the data, sum variables were formulated separately for all aspects concerning both the opinion and the need for development sections. The different aspects of occupational well-being (working conditions, working community, worker and work, and professional competence) are reported in terms

of the sum variables for the years 2002 and 2004, which enables a comparison of these samples (mean, SD) with a follow-up design. It also gave the possibility to test the statistical significance of the change that took place during the course of the project using the Wilcoxon test.

**Results:** During the two-year follow-up period, no change occurred in the school staff's satisfaction with their own occupational well-being, whereas the occupational well-being of the working community was perceived to be slightly better in the final evaluation. Positive development had also taken place in satisfaction with the activities to maintain the ability to work; satisfaction with the personal activities to maintain the ability to work and particularly with the working community's activities to maintain the ability to work had increased during the project. Positive development was also seen in the different aspects of occupational well-being (working conditions, working community, worker and work, professional competence).

**Conclusions:** In this research and development project, the occupational health nurses had a crucial role as modern health educators and experts in occupational well-being and activities to maintain the ability to work in co-operation with the school staff. The role of the occupational health nurse was especially important in evaluating the need for the activities to maintain the ability to work and in planning and initiating these activities. The nurses need to have a broad view of the environment and the community to be able to work as health promoters in working communities. This requires them to concentrate more than ever on community-oriented health promotion, including activities to develop the working community, organisation and conditions, to renew the working practices and to support the entire staff's mental well-being, together with individual-oriented health promotion. These results cannot be widely generalised, but they can be considered as suggestive in comparable situations. Consequently, the portrayal of the development project and the results of the staff's evaluations are valuable in planning projects concerning occupational well-being for school and other working communities.

## (L-5) OPENING THE STATE SYSTEM TO NON GOVERNMENTAL PROVIDERS FOR HEALTH PROMOTION AND PREVENTION – THE EXPERIENCE OF THE UKRAINIAN SWISS PERINATAL HEALTH PROGRAMME

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**Background:** "Promoting healthy lifestyles" was accorded high priority in the first Ukrainian national public health strategy "Health of the Nation 2002–2010". However, these activities were particularly affected by shortages of funds following independence in 1991. The domain remained underdeveloped due to a lack of capacity building in modern approaches to health education and health promotion. Though decentralisation of the health system is ongoing, the current system allows little involvement of civil society and the few existing Non-Governmental Organisations (NGOs). Traditional and medicalised one-way and top-down strategies prevail over participatory approaches.

**Aims:** Introduce major principles of the Ottawa Charter and adapt them to the Ukrainian context to develop the collaboration between the public and the non-governmental sector in the field of prevention and promotion of perinatal health. Strengthen capacities of all actors in modern approaches of promoting health using a multisectoral approach based on partnerships.

**Methods:** Technical assistance for piloting the process was provided to the Ukrainian partner, the Department Organisation and Development of Medical Care for the Population of the Ministry of Health of Ukraine (MoH), by experts from the Swiss Centre for International Health in the frame of the above mentioned project. Approaches were jointly developed and based on creating partnerships across sectors and disciplines. Campaign topics were selected in each of the participating oblasts according to local priorities. The lead for the health promotion campaigns was delegated to NGOs that

were selected jointly by the Ukrainian and Swiss project partners through a tendering process. The NGOs were supervised and technically assisted by the respective oblast public health authorities. Involved NGO actors received training in the fields of operations research, communication and health promotion, whereas authorities of the Ministry of Health at various levels received capacity strengthening in training, coordination, supervision and monitoring and management skills. Technical support in developing this partnership was first provided by an international specialist in collaboration with national experts of the MoH and was gradually handed over to the Christian Children Fund Ukraine (CCF), a local NGO with longstanding experience in social mobilisation.
**Results:** Pre- and post-intervention studies involving some 15,000 respondents document the outcomes at the level of the target population in terms of change in awareness and attitudes. However, the most remarkable outcomes of this pilot intervention funded with support from the Swiss Agency for Development and Cooperation are to be situated at the level of organisation development, the adaptation of modern approaches to health promotion to the Ukrainian context and the establishment of multisectoral and interdisciplinary collaborations. Involved actors felt empowered and continued activities even in the absence of external funding, once the intervention ended. Local ownership could be further strengthened by building the capacity of a national NGO to take over the role of the international experts in the future.
**Conclusions:** The experience succeeded in profoundly strengthening the previously used approach to health promotion – at the level of the intervention oblasts and also to some extent at the national level in shaping current strategies. It contributed to a locally adapted and owned shift towards a civil society based approach and a certain “de-medicalisation” of health promotion.

## ORGANIZING PUBLIC HEALTH PROGRAMMES WITH MARKETING PLANS AT A MUNICIPAL INSTITUTE OF ANTSZ, FROM 2002 TO 2006 (L-6)

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**Background:** As a part of the Public Health Programme, the mammographic screening in Celldomolk and its municipality in 2002 was organized with the help of a marketing plan. The same method, considering the previous experiences and outcomes, was applied in 2004, too.
**Aims:** The aim of the presentation is to show that in all aspects of the public health programme, marketing techniques can be exploited to achieve better results.
**Method:** The application of a health-focussed marketing concept.
**Results:** In the case of Celldomolk and its municipality, with the help of a marketing plan, a turnout of over 60% was achieved at the annual mammographic screenings, in 2002 and 2004.
**Conclusions:** The relatively high turnout rate in the municipality, especially when compared to national average results, justifies the use of a marketing concept in health promotion. On the basis of our experiences, starting from 2002, we plan other (i.e. other than screening) health promotion activities, such as those relating to food safety and consumption, by making good use of marketing plans. Apart from these, we apply marketing methods in environmental health programmes, for instance in projects targeted at a ragweed-free environment in the municipality. In the light of these, I would like to present the opportunities and challenges that the application of a health-focussed marketing concept offers, and to discuss the actual practical possibilities, difficulties and hindrances that municipal public health institutes face when using marketing in their activities.

(J-1)

## PARENTAL SOCIAL CLASS AND ADOLESCENTS' HEALTH IN ITALY: THE ROLE OF SELF-ESTEEM AND SELF-EFFICACY

*Alessio Zambon, PhD – P. Lemma, MD – P. Dalmasso – A. Borraccino – F. Cavallo*
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**Background:** Following the recommendations of WHO, health education should aim at improving the fundamental life skills and psycho-social characteristics enabling individuals to better control their health status. In particular the development of such dimensions could help tackling the phenomenon of health inequalities. The role of self-esteem and self-efficacy seems to be particularly important in this field and, if it turns out to mediate the effect of social class on adolescents' health, it would be recommendable to foster educational interventions aiming at improving these dimensions.
**Aims:** This paper checks the hypotheses that self-esteem and self-efficacy mediate the effect of parental social class on adolescents' health. This association has been verified in our data.
**Methods:** Data derive from the Italian version of the HBSC (Health Behaviours in School-aged Children) study, 2001–2002: a representative sample of Italian children in the age group of 11, 13 and 15 (N = 4,386) were interviewed through a self-administered questionnaire. We compared two logistic models testing for the effect of economic well-being on health and behavioural outcomes, one excluding and one including self-esteem and self-efficacy among the determinants.
**Results:** Perceiving a worse health, eating not enough fruits and vegetables and having too few physical activity have shown – contrary to smoking – to be affected by economic well-being (ORs of the best-off compared to the worst-off are 0.65, 0.83 and 0.46, all statistically significant). Including self-esteem and self-efficacy in the model significantly lowers or annihilates the effect of economic well-being on these outcomes, especially for eating habits.
**Conclusions:** Economic well-being actually affects adolescents' health in Italy, and it is likely that psychological dimensions like self-esteem and self-efficacy are among the mediators of this effect; different socialisation patterns by social class may therefore partially explain the perpetuation of health inequalities. Health education in schools should be oriented at reducing this influence by improving the quality of these psycho-social features.

(J-1)

## PARTICIPATORY LEARNING AND TEACHER SUPPORTS TO INCREASE STUDENTS' PERCEPTION IN HEALTHY EATING AND APPROPRIATE EXERCISE BEHAVIORS

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**Background:** Eating and exercise behaviors are two important factors to children is growth and development. However, evidences showed that only 44% of Thais who were 15 years and older had exercised in 2001, and obesity among children 5-15 years had increased rapidly from 5.8% in 1990 to 13.3% in 1996. It was found that Thai children had, generally, changed their eating behaviors. They consumed more junk foods and food rich in sugar and fat, but less vegetables and fruits. Per capita sugar consumption increased from 12 kilograms in 1983 to 30.5 kilograms in 1995. Survey data among primary schools in target area showed that 51–74% of fifth and sixth graders had inappropriate eating behaviors and, despite the substantial amount of students who exercised, only 4–5 % of them had adequate level of exercise.
**Aims:** This quasi-experimental study aimed at increasing perceived susceptibility to and severity of being malnourished and benefits of healthy eating and appropriate exercise behaviors among the fifth and sixth graders in Samut Sakorn province by applying participatory learning and teacher supports.

**Methods:** Two primary schools were randomly selected, one from Muang district and the other from Ban Paew district to be an experimental and a comparison group, respectively. The experimental group consisted of 76 fifth and sixth graders, while the comparison group had 154 students of the same grades. Data were collected, using self-administered questionnaire, before and after an intervention, which was participatory and activity-based learning and using teacher support. The intervention lasted three months. Statistical methods used for data analysis were descriptive statistics and t-test.
**Results:** Results showed that after the experiment, the experimental group had significantly improved their perceived risks to and the severity of being malnourished, and the improvements were significantly better than in the comparison group ($p<.05$). Although the eating and exercising behaviors among the experimental groups had also significantly improved, there were some concerns that about 38% and 62% of them did not have breakfast and favored fried foods, respectively. In addition, despite the overwhelming proportion of exercisers among the experimental group, only 13% of them had met the adequate level of exercise, at least 30 minutes a day, at least 5 days a week and got sweat.
**Conclusion:** This study clearly demonstrated that participatory learning and teacher support significantly improved perceived susceptibility to and severity of being malnourished, and the benefits of healthy eating and appropriate exercise behaviors among the fifth and sixth graders. To make students' behavioral changes sustainable, parents, guardians and supportive environment such as the sale of soda and sweetened soft drinks and unhealthy foods should be prohibited in the canteen. Safe and decent places for exercise should be made available to the students.

## PATIENTS' RIGHTS IN BULGARIA AND THE ROLE OF LOCAL HEALTH OMBUDSMAN (L-4)

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**Background:** Health rights derive from the basic human rights and freedom, the regulation of which can take the form of professional codes and agreements, legislative acts and court decisions. The current level of functioning of the Bulgarian health care system is tied up with many unsolved issues: low level of information among citizens about health rights; lack of participation in decision-making process; lack of an effective system to guarantee and protect patients' rights.
**Aims:** The aim of the study was to collect data on the degree and sources of information of the respondents for their rights as patients and their attitude toward implementation of a health ombudsman.
**Methods:** The methods used are literature review and semi-structured questionnaires with qualitative and quantitative characteristics, grouped in separate thematic sections: health; patients' rights; complaints; health ombudsman; civil society; health system. The study was conducted in 2005 with a sample of Bulgarian citizens.
**Results:** The majority of the respondents think that there is no clarity in the legislation regarding patients' rights and 98% support the idea for more explicit information and publicity. More than 50% think that the rights to access and consent are respected; however the right for respecting patient's time (defined in the European charter of patient's rights) is not reaching 73%.
**Conclusions:** Citizens are not sufficiently informed about their health rights, which make them passive – 32% have not taken any action in cases of violated rights, however 81% would have approached the health ombudsman if it existed. Indeed, there is a lack of confidence in the complaint procedures. Respondents express suggestions on the possible changes in the health system of which the most pronouncing is the need to strengthen patient's rights and mechanisms for protection, e.g. establishment of functioning authorities with competence in the area of patients' rights (local health ombudsman) and complaints' system.

## (L-5) PHYSICAL ACTIVITY FOR THE ELDERLY. EXPERIENCES OF A WALKING-CLUB

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**Background:** Scientific facts prove the beneficial physical, mental and social effects of regular physical activity in all age groups, both for men and women. Physical activity is an important factor in the reduction of the risk of osteoporosis and diabetes mellitus (type II).
**Aims:** Our goal was to elaborate a health promotion program which is not expensive but helps to protect the health of elderly people, and together with the medical therapies can help the healing process. In this case a club was organised for the retired inhabitants of the Hungarian capital, where they can do physical exercises regularly together, and can receive advice in relation with healthy life-style.
**Methods:** Organisation of club-like occupations: common warming-up, common walking at two different distances (by using stepping meter), always at the same location. After the physical activity they can discuss their health problems with experts, together or separately. A self-filled questionnaire was answered by 61 members of the club. These questionnaires were evaluated.
**Results:** More than 350 persons participated at this walking-program and formed a basic group with 60–70 people. The proportion of men is very low in the club, only 15%. 70% of the club members are living alone. Almost 50% of the singles are widowed. 85% of the club members finished high-school, and a lot of them have a university degree. 51% of the members are overweight, and 24% of them are obese. 40% of the club members used to take part in sporting contests regularly. Every second member does other sports also regularly besides walking. 80% of the participants in the survey considered regular physical activity as an important part of healthy life-style. Almost all of the questioned people (98%) answered that it is better walking together in a club than alone.
**Conclusions:** The walking-club network gives the possibility of regular physical activity for the elderly people, and helps them learn about healthy life-style. It is easier to turn life-style healthier by regular physical activity in a community with the help of the experts and using a stepping meter.

## (H-1) PLANNING FOR LOCAL MENTAL HEALTH PROMOTION IN THE ELDERLY

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**Background:** Ageing and its health consequences are major challenges for public health. The importance of ageing as an issue in health promotion will be increasing as the populations of developed countries are getting older as effective health promotion actions for the elderly can improve their quality of life and social participation, reducing health care costs. Assessment of needs of the elderly is a basic requirement for planning local interventions in cities. The city government of Gyor in North-western Hungary with the county Institute of the National Public Health Service, supported by the Healthy Cities Network of the World Health Organization started a project for improving health in the population above the age of 50.
**Aim:** As the first step of the project, a survey on health needs and mental health was carried out in a sample of people above the age of 50.
**Methods:** A representative sample of persons above the age of 50 was chosen to fill an anonymous questionnaire. The questionnaire was developed according to recommendations of the WHO, including items on demography, living conditions, leisure time activities, health status, health behaviour, diseases, and diet. Mental health (depression) and social support as its determinant were investigated by validated questionnaires. Data were analysed by SPSS 14.0 software.

**Results:** Basic demographic data: 55% women, 45% men. 25% of the population live alone. 54% of the analyzed population are married, 29% are relict, 8% are single, 8% are divorced and 1,8% live in common-law marriage. Mild depression was characteristic for 55% of the respondents, while 8% was severely depressed. Depressive symptoms were more frequent and more severe with increasing age. 62% of those above the age of 70, and 83% of those above the age of 80 were depressed. Two-third of those living alone were also found to be depressed. Determinants of depression were education, family status, income, and the extent of social network; strong association with self-rated health was found. The most significant explanatory factor for depression was identified as loneliness.
**Conclusions:** According to our results, depression is a major problem in those above the age of 50 in our city. Depression is determined by a host of socio-economic factors. From the viewpoint of health promotion actions, social support and the prevention of isolation seem to be the most appropriate determinant that could be influenced by effective actions. The second step of the project is to plan actions and means to evaluate them.

## PRACTICES AND REPRESENTATIONS OF SCHOOL HEALTH EDUCATION AMONG PRIMARY SCHOOL TEACHERS

**(J-1)**

*Jeanine Pommier, MD, PhD – D. Jourdan, PhD – D. Berger*
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**Background:** Education is a fundamental human right. It is the key to sustainable development. Health problems interfere with students' ability to come to school, stay in school, or make the most of their opportunity to learn. Schools can do a great deal to improve student health and thus educational outcomes.
**Aims:** A better understanding of primary school teachers' practices and representations towards health education (HE) constitute important goals in health education research.
**Methods:** A quantitative study was conducted on a sample of primary school teachers (n = 626) in two French regions.
**Results:** Almost three-fourths of the teachers declare to work in HE. Their intervention is massively topic based since only one-third of them declares to work in a comprehensive HE perspective. The HE approach is often thought in terms of specific unique curriculum intervention since only one-third of them work within a progressive framework and only one-fourth of them within an HE project. The initiative to develop an HE approach is rarely an institutional solicitation and in two-thirds of cases it is the teachers' individual decision to develop HE. Two thirds of the teachers say they work alone in HE, the other third associate other partners and choose mainly school health services, health insurance organisms and dentists. Parents are rarely associated to HE initiatives. This study shows that it is essentially the practice of HE and teachers' representation of HE that conditions their motivation to develop HE. Furthermore, it shows that it is essentially the practice of HE and the training in HE that conditions their self-perceived competency in HE.
**Conclusions:** These results suggest that a policy aiming to generalise the inclusion of health education in primary schools must develop teacher training as well as support and accompany the collective dynamics in school.

## (L-6) PREVALENCE AND USE OF CLINICAL PATHWAYS IN 23 COUNTRIES — AN EUROPEAN/INTERNATIONAL SURVEY. ARE CLINICAL PATHWAYS A HEALTHCARE MANAGEMENT APPROACH IN HUNGARY?

*Marcus Bollmann, Dipl.–Kfm.*
Sana Hospital Trust

**Objectives:** To give an overview on the use and prevalence of clinical pathways.
**Design:** Cross-sectional descriptive study.
**Study participants:** European Pathway Association contact persons in 23 countries.
**Results:** Clinical pathways, also known as critical pathways or integrated-care pathways have been used in health care for 20 years. Although clinical pathways are well established, little information exists on their use and dissemination around the world. The European Pathway Association (www.E-P-A.org) has performed their first international survey on the use and dissemination of clinical pathways in 23 countries. At present, pathways are used with a minority of patients, mainly in acute hospital trusts.
Our survey showed that clinical pathways were predominantly viewed as a multidisciplinary tool to improve the quality and efficiency of evidence-based care. Pathways were also used as a communication tool between professionals to manage and standardise outcome-oriented care.
**Conclusions:** There is a future for the use of clinical pathways, but there is need for international benchmarking and knowledge sharing with regards to their development, implementation, and evaluation.
**Keywords:** Critical pathway, clinical pathway, integrated care pathways, management, patient safety, quality of care

## (F-3) PRISONS: THE NEW PUBLIC HEALTH?

*Mark Dooris – Michelle Baybutt – Nick DeVigianni, Dr.*

Epidemiological evidence plainly shows that prisoners have experienced – and continue to experience – worse health than the general population, despite the fact that prison settings across the European Union have been targeted for health promotion by the World Health Organisation since 1994. In 2005, WHO launched a new ten-year prison public health plan, which will begin to address key prison health determinants. In the UK, New Labour has identified prison health as a key public health objective within Choosing Health, though the current drive is towards delivering more efficient and effective primary and secondary health care services, with much less attention towards developing progressive public health and health promotion.

Prison is a unique and powerful setting through which addressing health inequalities and making a major contribution to improving the health of some of the most disadvantaged and excluded individuals in society is possible. Good health is also central to successful rehabilitation and resettlement, requiring a prison environment that is supportive to health and links to community-based healthy settings work.

This presentation will open up the debate on prison public health, by exploring and criticising the notion of “prison health”, drawing on key theory the authors will argue that a new perspective on prison health should be developed that incorporates an “upstream”, public health approach, where prison health determinants are acknowledged and operationalised as means towards improving the health of people in custody. This could be a progressive and much more sustainable approach to developing and commissioning health services for prisoners.

## PROFESSIONAL SYNERGIES FOR INTERVENTIONS WITHIN EXCLUDED POPULATION (F-3)

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**Background:** Social exclusion is strongly linked to health inequities. There are various multiprofessional resources, belonging to several institutions, working in the illegal settlements of "Villa de Vallecas" District, in Great Madrid's surroundings (Spain), where more than 40,000 people are estimated to live. The paramount importance of developing an effective inter-service coordination to tackle inequities in health in an effective way is well known. Several public services: social, educational, housing, public health and primary care, as well as various NGO's working in the district, have created a networking experience plenty of effectively combined interventions with this excluded population.
**Aim:** To describe professionals' participatory process towards the generation of synergies among individuals, resources, services and institutions. To improve the access to public services, as a way of social integration and also of improving their health status.
**Methods:** The Commission for Excluded Population (hereafter CPE) was set up by Primary Care services in 1997. The CPE is a monthly plenary forum which operates as an interprofessional space for sharing efforts in order to help people living in those illegal settlements to improve their health. CPE also organises workgroups to lead and perform the initiatives approved on its plenary meetings. A Senior Public Health trainee was integrated in the CPE activities for six months. Qualitative information from her participatory observation was gathered with the information contained in the CPE minutes, the Needs Assessment and Evaluation and the rest of material provided by the initiatives carried on in the last 9 years. Data are analysed focusing on coordination strategies, organizational culture and level of real coordination, as well as any other relevant outcome (combined actions implemented, reports edited, media presence) in relation to effective intersectoral collaboration.
**Results and Conclusion:** CPE uses a participatory and democratic approach; decision-making is often by consensus, participants have a high level of involvement, discrepancies are openly talked when necessary, the attitude of welcome to everyone involved with the settlements' population is cultivated. A consolidated steering group gives rhythm to a dynamic forum (people coming in and out along the years, continuity and co-leadership). Informal networks are also facilitated. The good institutional relationships from the personal level have produced some "staff exchanges" among different institutions/ entities, which had in general a very beneficial impact in the continuity of interinstitutional links and programmes. Resources optimisation is one of the consequences of an effective coordination. Some examples of combined initiatives are: (1) Needs Assessment Report for Canada Real 2005 (currently waiting for printing), performed by an interdisciplinary workgroup. (2) Health Education Workshops on Family Planning with childbearing-age women from the Canada Real illegal settlement. (3) Vaccination campaigns among the illegal settlements' children. Commissioners' links with Regional Government Inequities-in-Health Group brought a proposal for the extension of this model to other Districts in Great Madrid. Everything indicates that along a 9-year process this interprofessional forum has learnt to establish real synergies successfully.

## (J-3) PROMOTING ACCESS TO SMOKING CESSATION PROGRAMS IN SETTINGS VIA A NATIONAL MOBILE UNIT BASED ON A SOCIAL MARKETING APPROACH

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**Background:** Twenty-four percent of the population in Israel smoke cigarettes on a daily basis. Although the rate has declined over the past few decades, the rate of smoking initiation, particularly among women, has not declined. Smoking cessation methods, particularly group workshops and nicotine replacement therapy have been proven effective in Israel, with 54% smoke-free one year after attending workshop. Yet, many active and passive smokers are not aware of the cessation methodology that is available to them. Furthermore, there is a need to apply the settings approach to smoking cessation. Finally, the amount of air-time in the media dedicated to smoking cessation is minimal.
**Aims:** To implement and test the concept of a mobile unit to promote smoking cessation in settings using innovative intervention and social marketing techniques.
**Methods:** A mobile unit in the form of a semi-trailer was developed to reach the population in the following settings: workplaces, colleges and universities, communities among the Arab populations on the topic of smoking cessation. The intervention included the viewing of video portraying testimonials of former smokers documenting the cessation process, a CO examination, group and individual instruction regarding accessible smoking cessation methods and distribution of printed material. The program was planned for each setting in coordination with the setting management and/or worker/citizen participation. The unit was developed and sponsored by Clalit Health Services, Israel's largest non-governmental health organization, in cooperation with independent organizations.
**Results:** In the first three weeks of activity, the mobile unit visited 30 different settings nationally and over 2400 individuals took active part in the program. Television (news and talk-shows), newspaper and internet coverage of the initiative helped focus the public's attention on the initiative and on smoking cessation.
**Conclusions:** The study showed that the initiative of implementing a mobile unit for smoking cessation is feasible and acceptable in a variety of settings serving heterogeneous populations contemplating smoking cessation. The widespread media coverage of the initiative and the exposure to the mobile unit brought further requests to implement the program in high schools, workplaces and in colleges and universities. The initiative was particularly successful in settings in organizing pre-defined groups to participate that invested in policy infrastructure. Because of the results listed above, efforts are underway to support the mobile unit for work all year round and expand to add several other topics that promote a healthy lifestyle and prevent injury.

## (L-2) PSYCHOSOCIAL STRESS AT WORK AND ITS EFFECTS ON HEALTH

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Health promotion in workplaces has been gaining increasing attention due to the fact that the performance of employees has been shown to be greatly influenced by the conditions under which they work. Physical work conditions and chemical, biological exposure traditionally constitute the center of attention for occupational health; whereas screening for various diseases, nutrition and physical activity have been dealt with by workplace health educators. In addition to physical, chemical and biological risks, stress in the workplace can also cause serious physical and mental health problems, and can be an explanatory factor for deteriorating work performance. The source of stress in the

workplace can result from various conditions, some are more investigated such as working far away from home, working while homeless, integration into a workplace after being in jail. However, a number of other factors related to the organization and management of work, workplace hierarchy and communication can also generate stress in the workplace, the role of which has been less well known. Such sources of stress include among others lack of or inadequate social support, bullying, working overtime, too much or too little responsibility, over- or underqualification for the job, role conflicts, inadequate relationship with the boss, or unsatisfactory communication at the workplace. Psychosocial factors causing stress have been recently recognized as contributors to impaired work performance, absenteeism or increased employee turnover. Moreover, several investigations have provided convincing evidence that stress generated by job conditions can contribute to organic diseases as well: cardiovascular diseases, mental disorders such as depression, sleeping disorders, burnout syndrome, back pain, cancer, alcohol and drug dependence, and smoking. Other studies pointed out the importance of these psychosocial factors in accidents occurring in workplaces. The authors present a summary of evidence for the relationship between psychosocial stress in workplaces and the health status of employees. Based on available evidence, large-scale investigations into the relationship between employee health status and psychosocial factors at the workplace are called for. Already existing model programs use organizational change to reduce psychosocial work stress. Organizational change usually involves a change in leadership and management style as well as work organization, resulting not only in a greater control of employees over their work but an improved overall performance of the organization/ workplace. Examples will be presented from developed countries on how the resistance evoked by such a project can be overcome leading to a reduction of psychosocial stress and enhanced satisfaction both of employees and employers.

## (QUALITY) INDICATORS FOR INTERVENTIONS IN HEALTH PROMOTION (J-5)

*Vivian Bos, PhD – C. F. Hekkink, PhD – G. R. M. Molleman, PhD – J. A. M Saan, MA – J. F. E. M. Keijsers, PhD*
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**Background:** Quality indicators are measurable elements for which there is consensus or proof that they can be used to establish and thereby improve quality. In the field of health promotion quality indicators are scarce.
Existing indicators mostly focus on outcomes like mortality, morbidity and lifestyle factors and are developed at a macro-level. There are hardly any indicators at the level of health promotion interventions and on structures and processes that are causally related to effective intervention outcomes. To adjust interventions in time and to give account for the implementation of an intervention such quality indicators are needed.
**Aim:** To develop a set of generic (quality) indicators for interventions in health promotion.
**Methods:** We will come to the set of indicators through the following steps:

(1) Identifying a set of possible indicators based on brainstormsessions with health promotion experts in the Netherlands, aspects of the health promotion framework (1) and criteria of Preffi 2.0 (2).
(2) Scan of potential indicators by applying criteria (measurable, influenceable).
(3) Literature research for evidence.
(4) Consensus round between experts: which are crucial indicators for the quality of an intervention?
(5) Elaborate the final set of indicators into a premised format.

**Results:** Preliminary results of the first step (possible indicators based on brainstorming) are:

(1) several (local) partners are involved in the project

(2) a mix methods is used
(3) managerial and governmental support
(4) expertise
(5) continuity is warranted
(6) decision making conducted by local government and support
(7) project makes intelligent use of (epidemiological) data
(8) clear leadership
(9) target group contributed to development of intervention
(10) clear ownership of intervention

This list of indicators will be completed with aspects of the health promotion framework and criteria of Preffi 2.0 prior to step 2 to 5. During the conference more results will be presented.

**Conclusions:** The (generic) indicators we identify will contribute to the quality improvement of interventions in health promotion since they provide information on aspects of the intervention that are thought to be crucial for reaching effective outcomes. They enhance possibilties to adjust interventions in time and to give account for their implementation.

## (L-1) REPRODUCTIVE CAPACITY OF ADOLESCENTS AND WAYS TO PRESERVE

*Gulmira Aitmurzaeva, PhD – K. D. Abdraimov – A. A. Sulaimanova – J. T. Derkenbaeva*
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**Background:** The condition of reproductive health of adolescents in Tjup rayon of Issyk-Kul Oblast and Issyk-Ata rayon of Chui Oblast was analyzed, the necessity of the system of comprehensive sexual education of youth is proved, including propagation of preservation of reproductive health and reproductive-health-related rights. Within pilot project "Improvement of quality of sexual and reproductive-health-related service delivery through expansion of rights and opportunities of service consumers" under financial support of UNFPA in 2002 the Republican Center for Health Promotion carried out educational workshops on Sexual and Reproductive Health and family planning for adolescents in piloted regions of Issyk-Kul and Chui Oblasts.

**Aims:** To achieve the increase of knowledge of the population on SRH problems.

**Methods:** PRA methods (Participatory Rural Assessment were used for workshop delivery.

**Results:** 38% of respondents consider themselves to be sufficiently informed on physiology and hygiene of reproductive system and family planning. Approximately as much respondents believe they are aware sufficiently on planning family (37.4%). The question "Do you know what contraception is?" by 74.1% was answered positively. But the question "Can you prevent yourself from undesirable pregnancy?" was difficult for respondents to answer. Workshops were carried out at 16 secondary schools of Tjup rayon and 14 schools of Issyk-Ata rayon, where 672 persons were trained on topic called "Reproductive health of adolescents, hygiene and risk factors". The training was carried out for the audience separately by sex and age. At workshops the following was reveled jointly with adolescents: concepts of public and personal hygiene; observance of skills of hygiene of genitals with the purpose of disease prevention; and issues of puberty of adolescents and relevant physiological changes in the organism. Besides, themes of violence, safe behaviour and sexually transmitted diseases, HIV/AIDS were touched upon. The adolescents were offered to jointly define the harmful factors of use of drugs, tobacco and alcohol influencing the reproductive health. During the workshop the interactive methods were used: brainstorming, work in small and big groups, discussions, role plays, mini-lectures with use of posters and demonstration of native helminth preparations. Adolescents noted availability of used methods of work, the timeliness of the given workshop and they expressed wishes to regularly carry out workshops on SRH issues. Many participants expressed opinion that they have received the information and from now on will impart skills of hygiene. (For example: "We now

shall not think that mum carps forcing to wash hands"; "We now see ourselves differently and we shall correctly behave"; "We have understood that much depends on ourselves", etc.).

**Conclusions:** As a result of the study among adolescents it is revealed that there is a necessity to introduce the specialized training courses on SRH in curriculums of general schools with use of interactive training methods and to plan on improvement of professional skills of teachers, doctors and Primary Healthcare workers.

## ROMANIAN FAMILY HEALTH INITIATIVE, INCREASING ACCESS OF URBAN POOR POPULATION TO FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

**(F-3)**

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**Background:** In each of the major Romanian cities, one in six persons lives under the poverty threshold. Poor people have difficult access to housing, education, jobs and a decent living environment. Although in cities availability of health services is good, there still exist disparities in accessing health services by the poor population: the lack of information regarding their rights to health, the lack of identity cards, their inability to pay health insurance taxes result in poor use of health services. Although the Ministry of Health implements a National Program through which rural and urban poor have access to free-of-charge family planning (FP) services and contraceptives, the use of these services is still on a low level. In order to ensure a sustainable use of FP services of this category of population, a specially designed program that integrates the FP services within the community should be put in place with the involvement of local community and local authorities.

**Aims:** The project goal is to improve the poor population reproductive health status in 11 major cities of Romania by increasing access to FP/RH services.

**Methods:** The beneficiaries of the project we are presenting below are unemployed, low income families with risk of child abandonment, low-education people living in Craiova. This population has a tremendous need for FP services but at the same time lack knowledge about services available, are afraid of rejection and are not accustomed to use preventive health services. All these factors make them reluctant to use FP services. At the same time, this population is facing the largest number of abortions and child abandonment. In order to solve this problem, the project employs a unique approach: a strategic partnership between local authorities, civil society and private sector in a synergic effort to raise population's awareness regarding the benefits of FP and increasing accessibility and addressability to FP services. For achieving this objective in Craiova a Local Coordination Group was organised under the leadership of the City Hall comprised from 10 local authority institutions and several nongovernmental organisations: District Public Health Authority, Social Assistance and Child Protection Directorate, Directorate of European integration, The Bureau for Roma Population, The District Labor Authority, Local Health Insurance House, School Inspectorate, District Police, District Agency for Employment, Red Cross, Women Association, ARAS, SECS, Population Services International Romania – PSI, Physicians Students Associations, etc. This group assumed the responsibility to elaborate the local strategy for ensuring access to FP services, by identifying the barriers to accessing services and finding solutions to overcome them.

**Results:** The project started the implementation phase In June 2005 with the signing of a Memorandum between the institutions mentioned above. The results achieved so far are as follows:

Development of a strategy for ensuring access to FP services for poor population in Craiova endorsed by all the members in the Local Coordination Group.

– Training of all available human resources (social workers, clerks, students, teachers, policemen, volunteers) in promoting FP services and its benefits in the community (234 persons).

– Training primary health care providers in providing FP counselling tailored to the specific needs of poor population (11 family doctors and 7 nurses).
– Initiation of a Behavioral Change Communication (BCC) Group coordinated by the District Public Health Authority – Health Promotion Department with the role of (1) developing a behavioral change communication strategy, (2) designing activities and materials, (3) training human resources and (4) coordinating the implementation of the campaigns.
– Developing a communication package consisting of a soap opera with six series covering FP, reproductive health and prenatal care topics, an education CD, info sessions "Among us Women", an education package to present how a pregnancy occurs, the action of contraceptive methods, etc.
– Around the Year campaigns for promoting FP available services: meetings with beneficiaries, distribution of informative flyers, brochure, articles in press, interviews at local TV stations, thematic shows at local TV stations, local events. All these activities were implemented with the support of the over 200 available human resources comprised from social workers at City Hall, Child Protection, Labor Directorate, etc., volunteers, policemen, counselors, teachers etc.

**Conclusions:** The involvement of all stakeholders with social agenda in a health project proved to be a good solution for ensuring a sustainable access to family planning services for population with special needs. By bringing together the human and financial resources of several institutions, medical, social, educational and civil society it was possible to overcome some of the major barriers that are faced by poor population in accessing health services such as lack of papers, lack of knowledge about where the services are located and lack of information about their rights to health.

## (H-5) ROUTE 73 – THE SWEDISH CASE STUDY

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**Background:** The Swedish Parliament has adopted quality objectives both for environmental and social (public health) sustainability. It is an overall aim of the Swedish public health policy to create social conditions which ensure good health for the entire population. Route 73 is the main trunk road between Nynashamn and Stockholm and a part of this road is a very accident prone. As the flow of traffic is gradually increasing, seven solutions were examined in the Environmental Impact Assessment (EIA) and alternative E was recommended. Alternative E involves the construction of a new stretch of Route 73. A Health Impact Assessment (HIA) was performed and was narrowed down to a comparison between alternative E and the zero alternative (no action). The HIA was initiated at a stage when the Environmental Protection Agency announced that they could not accept alternative E and the Ministry of Environment had to make the decision whether to accept alternative E or not.
**Aims and Methods:** In order to assess the effectiveness of HIA, six interview partners were selected. The different levels of effectiveness were presented to the interviewees to facilitate the discussion.
**Results:** The HIA performed showed the same result as the EIA but with more positive effects on public health. Although the interviewees had different opinions about the effectiveness, HIA appeared to be effective in regard to health, equity and community aspects. The HIA had an obvious connection to environmental and social aspects of health, to vulnerable groups and to the aims of the national public health policy.
**Conclusions:** A number of factors have been outlined as factors that hinder or facilitate HIA. The most important facilitator is the growing public health culture in Sweden which is a result of the decisions taken by the Parliament and the government. Some hindrances are that the practitioners are missing

some political guidance on the practice of HIA. During the interviews, it also became clear that an integrated approach in HIA is desirable, so that both environmental and social aspects should be assessed.

## SCREENING FOR ORAL CANCERS AND THEIR RISK FACTORS IN THE ROMA POPULATION

(H-3)

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**Background:** Oral cancer has been identified as a significant public health threat. It is reported that more than 2,800 new cases of oral cancer are diagnosed in Hungary each year with approximately 1,700 associated deaths. Oral cancer is the 6th most common cancer in men. Most oral cancers are preventable, 75% of cases are related to tobacco use, alcohol use, or both. While there is insufficient evidence to support or refute the use of visual examination as a method of screening for oral cancer in the general population, screening programs targeted on high-risk populations are highly recommended. It was presumed that high-risk behavior including tobacco and alcohol use is one of the characteristic of Roma people.
**Aims:** The main aim of the study was to elaborate a screening model program for Roma population to determine risk factors of oral cancer and establish early diagnosis to improve response to treatment and reduce mortality. In the program we planned to survey the risk factors in the target population, establish the diagnosis of oral cancer and/or pre-cancer and refer the patients to health care facilities.
**Methods:** First we determined the target population in four Hungarian towns with the help of Roma social workers and local public health officers. We accomplished a questionnaire on risk factors. Training for Roma social workers and screening personnel was also accomplished. Screening for oral pre-cancer and cancer and the survey of the risk factors in the target population were performed in the same time. Patients screened to be positive were referred to specialists.
**Results:** Altogether 1,146 persons, 656 male and 490 female (age 20-77 years, mean 40 years,) participated in the screening and 84% of them reported some kind of complaints. We managed to get valid data on risk factors in connection with oral cancer. More than fifty percent of participants did not brush tooth regularly, 75% were smokers, and 45% were drinking alcohol regularly. Among the screened participants, 1.6% had oral lesions that did not require referral to a specialist; 2.6% had referable oral mucosal lesions including leukoplakia. Overwhelming majority (93%) of the participants screened to be positive did not see dentist regularly.
**Conclusions:** We elaborated a screening model program, which is applicable for disadvantaged (e.g. Roma) population to determine risk factors of oral cancer and to establish an early diagnosis. We surveyed the risk factors in the target population, established the diagnosis of oral cancer and/or pre-cancer and referred the patients to care facilities. We also assisted them to get appropriate long-term care and follow up.

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(L-1)

## SECONDARY SCHOOL SUBJECTS AND HEALTH PROMOTION: CONCEPTION AND IMPLEMENTATION OF TRANSDISCIPLINARY TEACHING CONTENTS

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**Background:** In France the Ministry of Education has long considered that only physicians and nurses could be in charge of health promotion in schools. This option showed poorly productive due to the low health agent/student ratio. Whereas students are exposed to their teachers' direct teaching during about 1,000 hours each year, it has been then decided that the teachers would join and engage in health education actions. Therefore a wealth of official texts referred to health promotion conceptions have been published during the past 15 years. Yet the teachers' actual response has been very modest, especially in secondary schools.
**Aims:** It is our purpose (1) to point out the main determinants of this apparent reluctance of teachers at integrating health appropriate contents within their teaching activities, (2) to develop a hypothetical framework fit for such an integration, and (3) to confront this framework with in-class realizations.
**Methods:** 12 groups of 2 to 5 secondary school teachers participated to a collaborative multiple site case study for periods of 1 to 3 academic years. The subjects taught were Arts, Biology, French, History-geography and Physical education. Each group was initially and periodically exposed to a theoretical framework, which combined health promotion concepts and guidelines with elements of curricular and didactical analysis. The framework tended towards enabling the students to build a healthy habitus while incorporating elements of knowledge and know-hows. The data collected and analysed were professional texts, teachers written preparations and reports, videographs of teaching activities, field notes and interviews of participants.
**Results:** The attitude of secondary school teachers towards school health promotion appears to be deeply rooted in their professional identities, in their perceived, disciplinary knowledge domain and in their representations of health. Adapting the initial framework for relevant and durable changes in teaching contents can only result from taking into account these determinants. An actual curriculum reconstruction is progressively carried out through epistemological analyses as well as empirical in-class adjustments. A selection of calibrated study themes and teaching objects emerges such as Transforming the Body through Physical activity, History of the Representation of the Body, Physical Identity and Gender Norms, etc. Objectifying the students' subjective perceptions of their bodies is implemented through optimized, transdisciplinary settings.
**Conclusions:** The usual attitude of decision-makers gears to a double contradiction: between the participatory essence of health promotion and the prescription of mandatory changes in teaching; and between the objective of empowering the students and the traditional, normative teaching processes. Integrating efficient, health education appropriate activities within the actual curriculum will only ensue from long range, contextualized research anchored in the specific culture of teachers. We suggest prioritary orientations for further research.

# SECOND-HAND SMOKING EXPOSURE CONCERNING TOBACCO USE AMONG JUNIOR HIGH AND SENIOR HIGH SCHOOL STUDENTS IN TAIWAN

(J-3)

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**Background:** Second-hand smoking can cause or contribute to a wide range of negative health effects, including adverse reproduction effects, cancer, cardiovascular disease, respiratory infections, and asthma. In Taiwan, 42.5% of adult males and 4.5% of adult females are smokers in 2003. The government estimates that 20% of illnesses and deaths are (second-hand-)smoking-related, costing society US$580 million per year.
**Aims:** The objective of the study is to investigate the exposure to second-hand smoking, key-others smoking behavior among junior, general senior and vocational senior high students in Taiwan to serve as a reference for future youth second-hand smoking prevention policies.
**Method:** The target population of the study was the junior and senior high schools students in 2004 and 2005, in Taiwan. The senior high included students in both vocational and general tracked schools. Both the junior high and senior high samples were stratified by urbanization. The junior high sample included 52 schools and the senior high 61 schools. The school response rate was 100% for both and the student response rate was 97.0% for the junior high and 93.4% for the senior high. In total, 4,689 students participated in the junior high survey and 4,426 students participated in the senior high survey. For the senior high, 2,074 students were in general schools and 1,844 in vocational schools. The research instrument used is the Chinese version of GYTS designed by the WHO and CDC in the U.S. The data were collected through self-administered questionnaires.
**Result:** For each school type, exposure to second-hand smoking at home was significantly higher for current smokers than for never smokers. The never smokers in senior high general schools were significantly less likely to have been exposed to second-hand smoking at home in the past week than students from junior high and vocational senior high. Exposure to second-hand smoking in public places was over 90% among students who currently smoked cigarettes in all three types of schools compared to 50–60% among never smokers. Current smokers were significantly more likely to have at least one parent who smokes in junior high and general senior high schools than never smokers. Among never smokers, the increase was just over 300% from junior high students to general senior high and 500% between junior high and vocational senior high school. Among current smokers, the increase in the proportion of students who had best friends who smoke was just over 600% between junior high and general senior high school and just under 650% between junior high and vocational high school. The ratio of current smokers to never smokers who reported having best friends who smoke was about 9 to 1 among junior high students. This ratio increased to about 17 to 1 among general senior high students and to 11 to 1 among vocational senior high students.
**Conclusion:** In addition to preventing youth from starting to smoke and helping current smokers to quit, this report shows that Taiwan must improve efforts to reduce second-hand smoking exposure. Creating smoke-free areas and educating the public about the dangers of second-hand smoking will have complementary effects on tobacco control efforts by reducing the social acceptance of tobacco use. Ongoing surveillance is necessary to measure progress toward eliminating second-hand smoking exposure, track implementation of laws and policies to reduce exposure and enforcement of these measures, and gauge public support for a smoke-free society.

## (J-3) SMOKING IN THE HOME: THE NATURE, EXTENT, AND IMPLICATIONS FOR THE DEVELOPMENT OF HEALTH PROMOTION INTERVENTIONS

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**Background:** Children are at high risk of being harmed by Environmental Tobacco Smoke (ETS), and the home is the key setting where this exposure takes place. In Ireland and elsewhere, health promoters have a key role in removing inequities in levels of exposure to ETS in the home, as legislation does not protect children in this setting. Knowing the extent of the problem is therefore critical in developing strategies to target socioeconomic groups where the problem is greatest.
**Aims:** To assess the extent and type of exposure to ETS which children from different socio-economic groups experience in the home. It also aimed to determine why people allow smoking in the home, and what prevented them from asking people not to smoke in their homes.
**Methods:** A household survey was administered to a quota sample of 425 households, representative by age, gender, and region. Chi square and independent T tests were undertaken to assess the significance of any differences between key variables.
**Results:** Half the households surveyed allowed smoking, with 38% of the children in the study exposed to ETS. Significantly more households from lower socioeconomic groups allowed smoking ($p<0.05$). For those who allow smoking, 60% allowed it anywhere in the home and 40% confined it to selected rooms. Of those who allowed smoking in the home, 40% would like to ban it. The main reasons given for not asking people to refrain from smoking indicated a lack of assertiveness skills.
**Conclusions:** A significant proportion of households are exposed to ETS, which is greater for lower socioeconomic groups, and exposes more children than adults. It highlights the need to address the socioeconomic determinants of health. There is a clear need for accurate information on the dangers of smoke migration and for more targeted media campaigns focusing on the concept that "it's OK to ask me not to smoke in your house". There is also a need for health promoters to develop assertiveness training that is targeted at lower socioeconomic groups, where the risk of exposure to ETS is greatest.

## (F-2) SOCIODEMOGRAFIC DETERMINANTS OF FOLIC ACID SUPPLEMENTATION IN PRECONCEPTIONAL PERIOD

*Ewa Mierzejewska, MD – J. Mazur – K. Szamotulska – Z.J. Brzezinski*
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**Background:** Folic acid (FA) supplementation during periconceptional period reduces considerably risk of neural tube defect in offsprings. FA plays a role also in preventing other congenital anomalies, as also miscarriages and pre-eclampsia.
**Aim:** The aim of the survey was to determine when pregnant women started FA supplementation in relation to pregnancy as also to analyse socio-demografic factors (age, education level, place of residence, having a stable partner, number of children, smoking habit, knowledge about folic acid) favourable for preconceptional folic acid supplementation.
**Methods:** Cross-sectional study was conducted in 2003 at primary health centres in 31 randomly selected administrative subregions, proportionally to number of residents and urbanisation rate. Standard questionnaires were administered by trained staff to sample of 259 women 18–35 years of age, pregnant at the time of or during 2 years before the survey. Multiple logistic regression analysis was applied.
**Results:** The proportion of pregnant women taking folic acid during the pregnancy was 67.6%. 13.9% of women started supplementation with FA before the pregnancy and 43.2% of women in the first

trimester. The lack of usage of FA before pregnancy was significantly related to educational level (OR = 5.1 for women with low vs high educational level), place of residence (OR = 4.9 for women living in town vs. city), smoking (OR = 2.8 for smoking vs non-smoking women) and knowledge about principles of periconceptional FA supplementation (respectively OR = 3.9 for women with average knowledge and OR = 10.8 for women with no knowledge vs. women with good knowledge about FA).
**Conclusions:** The lack of FA supplementation before pregnancy is related to both social inequalities and inappropriate knowledge and behaviours concerning healthy lifestyle. There are comprehensive activities needed in scope of health education and health promotion among women in reproductive age.

## STATES FACING THEIR RESPONSIBILITY TO ENSURE ACCESS TO MEDICINES IN DEVELOPING COUNTRIES: BILL C-9 IN CANADA

**(F-3)**

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**Background:** The global poor still lack access to essential medicines. This situation is intolerable for individuals, and a barrier to development for countries devastated by diseases of poverty and epidemics. Recently, the international community has become increasingly critical of the intellectual property regime instituted under the World Trade Organisation's Trade Related Intellectual Property Rights (WTO/TRIPS) Agreement, that has failed (a) to facilitate universal access to drugs adequate in terms of quality, quantity, accessibility and price, and (b) to orient pharmaceutical Research & Development investments to the health needs of persons, regardless of wealth. This dissatisfaction culminated in the signing of the Doha Declaration (14/11/2001) which affirmed the commitment of WTO members to prioritise public health in the TRIPS Agreement. States remain responsible for aligning their national legislations on WTO rules. Canada was the first member to act in 2004, while adopting Bill C9.
**Aims:** The Canadian Bill C9 aimed at adjusting domestic legislation on patents to the WTO Decision of August 30th, 2003, which pertained to the export of affordable medicines to countries without capacity for local production, the last item outstanding from the Doha meeting. This paper examines Bill C9 with the goal of extracting lessons for Canada and elsewhere. We investigate why, as for similar attempts to exploit the flexibilities of the TRIPS Agreement, the bill proved powerless in improving access to medications.
**Methods:** The analytical framework is based on comparison between the initial potential of the WTO Decision, and its declination in national legislations, in Canada and Europe. The achievements of Bill C9 are appraised by investigating legal, technical and practical purposes of the initiative through three main challenges: to conform to international patent rules, to build a system prioritizing developing countries' health needs, and to implement efficient measures to concretely improve access to (trade flexibilities and) medicines.
**Results:** We sketched out a combination of five strategic attitudes to adopt, and illustrate them by theoretical alternatives to the current system for pharmaceutical innovation: (1) to acknowledge the framework of international obligations regarding the human right to health; (2) to tackle ethical stakes as a priority for action on health in poor countries; (3) to follow a complex formulation of issues by which aims induce means; (4) to stimulate public consultation and the involvement of all individuals, groups and organisations concerned, particularly from the developing world; and (5) to supply all kinds of supportive resources, necessary to manage the implementation and efficiency of initiatives, and to meet real outcomes.
**Conclusions:** Bill C9 unfortunately weakened the consensus of the Decision, and elaborated a sterile system centred on economic interests rather than addressing ethical stakes. However, the revision of intellectual property rules is currently the main institutional frame to organize obligations toward the human right to health, and cooperation of States to meet health and ethics needs.

(L-2)

## STUDY ON BURNOUT PHENOMENON OF HUNGARIAN HEALTH VISITOR NURSES OF FAMILY PROTECTIVE SERVICES

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**Background:** There is no comprehensive and effective health promotion strategy for workplaces in Hungary and relatively few available results about local effort at organisation level against professional burnout of experts of health care and health promotion services. Supervisions, special professional trainings, workshops and Balint-groups are working on the field of psychotherapy, counselling, family therapy and social work, and in training of different helping professionals, but there is little opportunity for health visitor nurses to accept similar interventions against occupational stress.
**Aims:** Measuring amount of workload, patterns of occupational stress, forms of informal and formal social support and levels of burnout among health visitor nurses of Family Protective Service organized by Hungarian National Institute of Health Development (NIHD) who provide counselling. Developing preventive health promotion strategy based on conclusions of study.
**Methods:** Surveying 144 workplaces by measuring different dimensions: level of burnout by Maslach Burnout Inventory (MBI-HSS Version); occupational stress by Cooper-Scale; family and occupational social support by Biro-Scale (Hungarian Questionnaire); special data of educational background, professional carrier and complex parameters of working conditions. The parameters of measured dimensions were statistically analysed by MS Excel and Ministat 3.2 programmes.
**Results:** 90% of the administered questionnaires were answered and 17 nurses wrote special comments about their experiences. Nurses – one fifth of the studied population – supported by supervision in the previous year have experienced significantly less depersonalisation attitude toward clients comparing those who were not supervised. Earlier supervision than one year does not have influence on depersonalisation effect. The huge amount of experienced occupational stress is in close relationship with degree of burnout. More frequented participation in continuous special workshops means significantly higher personal efficacy. Lower level of working conditions are in relationship with higher emotional instability, and frequented supervisions with more stable emotionality – it resulted as a tendency.
**Conclusions:** Results support further strategy development at Family Protective Service of NIHD. There are needs on personal level for developing more awareness and sensitivity, reinforcing professional helping motivation and self-esteem and providing psychological knowledge for coping with burnout more effectively. It is important to develop comprehensive training and supervision programmes at organizational level and get it available for health visitor nurses. Special screening and intervention programmes are needed for those, who are prone to helper-syndrome. Further suggestions: reorganizing work-load by extending time dedicated to for clients, giving one day per week for health visitors to reinforce professional expertise and gaining energy by special training. Entering more specialists into the service and enhancing communication between different levels of organizations.

## TACKLING INEQUALITIES IN HEALTH: SUPPORTING LOCAL HEALTH PROMOTION (F-1)

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**Background:** Across the world, socioeconomic inequalities in health present one of the main challenges within the public health sector. Inequalities in health between and within European countries are widespread, serious, persistent and – in most cases – growing.
**Aims:** Traditional health campaigns and health promotion activities often fail to reach people with a low SES in an adequate way. If health activities are to reach these people, policy and interventions should be implemented closer to them, to the places where they live and work. This means that the programmes should be developed and implemented at a local level. We will discuss the change in paradigm from health education to local health promotion or community approach. This shift is analogous to the widely respected slogan: "think global, act local!" The Netherlands Institute for Health promotion and Disease prevention (NIGZ) offers several services to communities and municipalities to help them address health inequalities in local settings.
**Methods:** In this presentation we will present the innovative ways in which NIGZ, in close co-operation with professionals at the local level, contributes to effective health promotion methods to reduce inequalities in health, both in cities and rural areas. We provide examples of two support strategies: developing new methods in co-operation with local partners and implementing existing and effective methods in local communities.
**Results:** Dimension of this support are:

- an overview of projects, policies, methods, measures
- toolkits for working in settings (school, work, neighbourhood)
- a helpdesk (telephone, email, face-to-face)
- the development of new strategies in direct co-operation with local partners
- the provision of exchange groups
- human resources development (training, leadership, project management, applying grants etc)
- research, monitoring and evaluation of local action for health equity
- advocacy for tackling inequalities in health
- a bridge between local policy and the outcomes of successful European projects (Closing the Gap, Social Inclusion)
- and last but not least a sound interactive website providing all the information: www.nigz.nl/wijkslag (in Dutch).

To facilitate local support in a more structural way, an agreement for 5 years was signed between the association of the 480 Dutch municipalities, the association of the 40 Dutch Health Services and the NIGZ, supported by the Ministry of Health.

# (J-2) TEACHING PUBLIC HEALTH NETWORKS IN ENGLAND: A NEW VEHICLE TO BUILD CAPACITY IN HEALTH PROMOTION TRAINING

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**Background:** At a time when the English government policy is favourably directed towards public health promotion and health promotion, national authorities are belatedly looking at the need to expand the availability quality and range of public health teaching at all levels and in all the settings in which public health is practised. Teaching public health networks (TPHNs) are a new English Department of Health initiative, which began in December 2005. The purpose of TPHNs is to improve the coordination, quality, quantity and range of public health training in the English regions.

**Aims:** The West Midlands TPHN consists of higher education and other training commissioners, university schools of public health and health promotion, and other public health service providers. In the West Midlands it is led by the commissioners/service providers by JM, a service director of public health, on behalf of the Regional Director of Public Health. There is broad contribution from the 14 universities of the region, which also involves related disciplines including management, social policy and environmental science.

**Methods:** We are using the "Skills escalator" as our model for public health training. This recognises levels of training from high school national vocational training qualifications through to higher postgraduate masters training. The ambition is to increase public health capacity from generic community health advocacy through to higher specialist competence. We aim to offer a wider range of multi-professional, multidisciplinary training experience. Public health is multi-agency and multidisciplinary, but it is rarely taught this way. We are also seeking to gain efficiency in training programmes for example:

- Academic trainers sharing expertise to run more courses and sharing lecturers to cover the modules they do poorly, rather than competing for students. This requires trust and constructive peer review. It is challenging but ultimately rewarding.
- Exploring the use of new technologies to enable remote lecturing and distance learning; teaching a whole region from a single lecture venue, using video conferencing, for example.
- Most crucially the network will seek to align service training requirements and budgetary cycles to enable universities to respond with training placements for example on masters course creating efficient supply and demand.

**Results:** The teaching public health programme has already demonstrated the capacity for universities to work together instead of in competition. It has also shown the potential for service providers and commissioners of education to jointly plan with education providers to ensure efficient availability of training places and course. The English initiative has had a "false start"as initial central funding allocations were frozen as part of general health service budgetary review. However, it has now been given a start with a reduced but workable amount of money.

**Conclusions:** This presentation will encourage discussion of collaborative methods in developing in-service public health training, in training for communities without formal health qualifications and building health promotion knowledge and competence in health service workers. It will explore the institutional barriers, constraints and incentives for partners working together for health improvement.

## THE CANADIAN POPULATION HEALTH INITIATIVE – ADDRESSING THE DETERMINANTS OF HEALTH (H-6)

*Elizabeth Gyorfi-Dyke, Director*
Canadian Institute for Health Information, Ottawa, Ontario, Canada

**Background:** Understanding what makes people healthy is as important as understanding what makes them sick. In 1999, the Canadian Institute for Health Information launched the Canadian Population Health Initiative (CPHI) to expand the public's knowledge of population health. CPHI works closely with partners across the country to: generate new knowledge about the factors affecting the health of different groups of Canadians; analyze evidence about the effectiveness of policy initiatives and provide a range of policy options based on best evidence; and bring researchers, policymakers and health practitioners together to move the most current population research findings into policy and practice.
**Aims:** This presentation will review the role and activities of CPHI over the past six years and present findings and future directions for population health.
**Methods:** CPHI uses a variety of methods to achieve the mission. These include reports on Improving the Health of Canadians, commissioned research, investigator-initiated research, bringing policymakers and researchers together to move the agenda forward, among other initiatives.
**Results:** A summary of key reports and research findings on population health and the social determinants of health in Canada will be provided.
**Conclusions:** CPHI is a unique initiative that aims to: foster a better understanding of factors that affect the health of individuals and communities, and to contribute to the development of policies which reduce inequities and improve the health and well-being of Canadians.

## THE EXAMPLE OF GOOD PRACTICE – FOR BETTER HEALTH CONDITIONS OF ROMA IN THE REGION OF POMURJE, SLOVENIA (H-3)

*Zdenka Verban Buzeti – Branislava Belovic*
Reginal Institute of Public Health, Murska Sobota, Slovenia

**Background:** This contribution describes an innovative and integral approach of activity for better health conditions of Roma people in the Prekmurje region. The estimated number of Roma people in this region is 4,000.
**Aims:** The aim of these activities is to reduce the differences in health conditions and the social exclusion of the Roma population of Prekmurje by health promotion.
**Methods:** The approach to Roma population is based on frequent influence and relying on the specific needs of the Roma people. In our activities we used the following methods of work:

- in-depth interview with the members of Roma community
- research on lifestyle of the representative sample
- formation of a group of Roma coordinators for fieldwork
- interactive learning workshops
- family counseling
- participatory health education
- conference
- internet activities
- media activities
- adjusted health and educational material and publications.

**Results:** This contribution describes the execution and implementation of these work methods in practice, and fieldwork with the members of Roma community. Suggestions for further work with the ethnic Roma community were prepared on the basis of experience.

## (H-5) THE HEALTH IMPACT ASSESSMENT OF REMEDIATION PROPOSALS FOR A LANDFILL SITE IN WALES

*Eva Elliott, PhD*
Cardiff Institute of Society Health and Ethics, Cardiff University, Wales

**Background:** The potential threat that a landfill site for waste in South Wales posed to the health of local residents was the subject of community fear and professional concern since the early 1990s. Community protest and independent research led to its closure in 2002. The Local Authority set up a remediation sub-group to search for a safe and acceptable long-term solution. Given the concerns on the health of local people, it was decided that a health impact assessment (HIA) should be undertaken.
**Aims:** To assess the extent to which the HIA was effective in the remediation proposals and to identify the contextual and procedural reasons.
**Methods:** As with all the case studies, interviews were conducted with key stakeholders using a common interview schedule. this case study, five structured in-depth interviews were conducted including the HIA coordinator, a member of the decision-making remediation group, a local authority politician, and a community- and voluntary-sector representative. Interview data and information drawn from related reports were assessed against common analytic frameworks to provide comparison across all case studies.
**Results:** The remediation sub-group accepted all of the recommendations of the HIA and the process appears to have been successful. It had a direct influence on some of the decisions where health was a concern. It was particularly effective in involving the community. Finally, the HIA was considered to be effective in highlighting the relevance of health for non-health service officials.
**Conclusions:** A number of factors have contributed to the success of the HIA including the funding of a coordinator to work on the HIA, the commitment of the decision making group itself, the involvement of the Local Authority, the community involvement and the national commitment to HIA.

## (H-1) THE NEED FOR HEALTH-PROMOTING IN AT-RISK YOUTHS – HEALTH BEHAVIOUR AND MENTAL HEALTH AMONG ADOLESCENT DELINQUENTS

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Lorand Eotvos University, and National Institute of Child Health, Budapest, Hungary

**Background:** The prevalence and persistence of adolescent substance use is a public health issue. Among at-risk youth the high prevalence of regular use of legal and illicit substances are well-established. Most studies utilize samples of students from clinical ambulatory or inpatient settings. Less is known about risk health behaviours among marginalized, out-of-school adolescents – among delinquent youth.
**Aims:** Identifying protective and preventive factors of regular illicit drug use among adolescent delinquents could reveal the needful properties of interventions with a goal to decrease potential health cost.
**Methods:** By using a cross-sectional design, we examined the data of sample consisting 176 juvenile delinquent boys (51.2% of them reported to be the member of a minority [e.g. Roma] ethnic group). Participants reported their frequency of legal and illicit drug use, risky sexual behaviour; completed questionnaires of mental health, coping abilities, family practices, free-time activities, and school-related attitude.

**Results:** Our results reinforce the earlier reports about the high prevalence of substance use among delinquent boys, 25.0% of the sample was heavy user of at least one illicit drug, 80% of the sample was daily tobacco smoker. The most of sexually experienced boys (60.0%) do not use any contraceptive methods to prevent pregnancy and sexually transmitted diseases. Depressive mood and frequent psychosomatic problems also characterized the sample. Binary logistic regression revealed that any parental bonding, any coping abilities could predict regular illicit drug use; manipulative, selfish interpersonal orientation and negative attitude towards school were the predictive factors.
**Conclusions:** In spite of the striking prevalence of adverse health behaviours among delinquent juveniles neither prevention, nor intervention programmes are available for them in Hungary. Longitudinal studies, qualitative, and community studies with juvenile offenders would add important to the rich body of literature of adolescent substance use.

## THE PUBLIC HEALTH IMPORTANCE OF RAGWEED ALLERGY IN HUNGARY (L-6)

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National Institute for Health Development, Budapest, Hungary

**Background:** Allergy as a public health problem has increasing importance worldwide and in Hungary as well. The number of patients suffering from respiratory allergic diseases increased during the last 20 years in Hungary. The prevalence of asthma is 2%- and allergic rhinitis was over 20% in the whole population in 2005. More than half of the patients suffering from allergic rhinitis are also allergic for ragweed. Ragweed is the most important and widespread allergic weed plant in Hungary. Its elimination has been a public health topic in the country, addressed by various policy and communication means. A national public health campaing was aimed at reducing the ragweed-infested areas of the country in 2005.
**Aims:** Our first goal was to measure the prevalence of bronchial asthma in childhood (between 0–18 years) in the capital of Hungary (Budapest). The second goal was to estimate the financial burden of ragweed allergy on health insurance, and we also wanted to evaluate the national anti-ragweed campaign of 2005.
**Methods:** In collaboration with pediatricians working in the districts of Budapest, we calculated the prevalence of asthma in childhood in 1995, 1999 and in 2003. Data on the monthly turnover of prescription medicaments and trade in public pharmacies were received from the National Health Insurance Fund. Information on the methods and results of the anti-ragweed campaign, and the pollen counts of ragweed in different parts of Hungary were obtained from national institutes organizing the campaign, and being involved in ragweed monitoring, respectively.
**Results:** In a sample of more than 100, 000 children in Budapest;, 1.9% was found to have asthma in 1995; 2.3% in 1999, and 2.8% in 2003. According to data from the National Health Insurance Fund, more than HUF 18 billion was spent on anti-allergic medicines in public pharmacies in 2003. 40% of more money was spent during the ragweed season on anti-allergic medications than in two other (winter) months, and 25% more, than during the grass-pollen season (June and July). The HUF 3.5 billions spent on anti-allergic medicines in pharmacies open to the public during the ragweed pollen season in 2003 is only one-third of the full health-related expenses due to ragweed. As to the evaluation of the national ragweed eradication campaign of 2005, a decreased pollen count was registered in most parts of the country compared to previous years.
**Conclusion:** The prevalence of childhood asthma has risen in the past decade in Budapest. At least 1 million adult Hungarians suffer from ragweed allergy, making it a serious public health issue which is associated with increasing health care costs. Effective interventions, such as the ragweed elimination campaign of 2005 can provide results, especially if cooperation with the agricultural sector can be improved.

## (L-5) THE RIGHTS BASED APPROACH TO DEVELOPMENT – THE NEW ROLE OF NGOS IN GLOBAL DEVELOPMENT

*Hans Einar Hem, Associate Professor*
Vestfold University College, Tonsberg, Norway

**Background:** Over the last ten years both national and international non-governmental organisations, as well as UN organisations such as UNICEF, has moved from a needs based approach to development in poor countries, to a rights based approach. Through advocacy the NGOs/INGOs want to keep national governments accountable for meeting their citizens right to security and to basic services within health and education, as well as livelihood and human dignity.
**Aims:** This paper looks into the principle foundation for this approach, and argues that this has some very problematic sides especially when INGOs mix their role in their European country of origin and their role in the developing country where they work.
The aim of this paper is to outline an analytical framework for studying the implications of the NGOs/INGOs approach.
**Methods:** The paper will use examples from Scandinavian NGOs to illustrate the role in the European setting, and from South Asia to illustrate the situation in poor countries.
The material presented is generated over several years of studies through participation in the practice field, observation, interviews and document analysis; mainly qualitative.
**Results:** So far the study indicates that many NGOs/INGOs lack a consistent theory of the nation state, and a full analysis of their role in globalisation. This can in some cases lead to the opposite of the intended result.
**Conclusions:** If this is the case, policymakers in NGOs/INGOs would benefit from a cooperation with independent researchers to develop a better bases for policies, and more consistent strategies for their work in the poor countries. This would involve major organisational development in the NGOs/INGOs and an action research approach would be needed.

## (L-6) THE ROLE OF HEALTH CARE PERSONNEL IN ADVISING PERSONS WITH HEALTH RISK BEHAVIOR IN LATVIA

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**Background:** Health promotion advice on important lifestyle issues such as nutrition, consumption of alcohol and cessation of smoking is most effective if it is persistent, consistent and continuous, and if it is offered to families and communities at all levels. Within this population context, WHO policy Health 21 suggests that individual advice can be given on an opportunistic basis to those who attend health services for whatever reason. There are studies confirming the effect of brief behavioral counseling based on advice may be valuable in encouraging healthy lifestyles among patients in primary care.
**Aims:** To assess exposure of the persons with health risk behaviour to advice to quit smoking, reduce alcohol consumption and change diet from health care professionals in Latvia.
**Methods:** Data were collected by nationally representative health behavior survey of adult population aged 15–64 in Latvia in 2004. Regular smokers, binge drinkers and overweight persons were analyzed. We measured exposure to professional advice for each behavioral change at least once during 12 months preceding the survey.
**Results:** The prevalence of overweight (BMI > 25) among men was 42%, among women 43%. Only one fifth of overweight persons were advised by doctor to change dietary habits.The prevalence of

daily smoking was 51% for men and 19% for women. Only 15% of daily smokers were adviced by doctor to quit smoking. Smoker exposure to cessation advice and overweight person exposure to advice to change diet from health professionals is extremely low. Even lower is exposure of excessive drinkers to professionals' advice to reduce alcohol consumption. Doctors are advising only 5% of excessive drinkers. Relatively higher exposure have been found among male smokers and excessive drinkers compared with females.

**Conclusions:** Physicians have the potential to impact health behaviors, related to diet, excessive alcohol consumption and smoking through simple discussions during routine checkups, but only few are using this opportunity. Large proportion of population in Latvia is in health risk due to daily smoking, overweight and excessive alcohol consumption. In spite of this, doctors are advising surprisingly low proportion of persons who are in need of such advice. The findings of this study suggest the development of new approach to involve health professionals in Latvia in health promotion initiatives.

## THE ROLE OF POVERTY AND EXCLUSION IN HEALTH EXPERIENCES: THE CASE OF ANKARA

**(F-3)**

*Yelda Ozen, MSc*
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**Background:** One of the greatest social inequities is that people who are marginalized experience more illnesses, disability, and shorter lives than those who are more affluent. Varying patterns of health and illness, life expectancy, mortality and access to health care by gender, age, social class or employment status attracts attention to the significance of social determinants of health in society. For last two decades, changing in the structure of work, polarization of wealth and poverty, increasing level of inequality enable social scientists to rethink poverty and therefore exclusion with health dimension.

**Aims:** The main aim of this presentation is to display complex relationship between poverty, exclusion and health by revealing how poor people experience poverty, exclusion, and health. This study investigates the role of processes of poverty and exclusion in affecting how the poor conceptualize, perceive and define health, how the poor access to health care, what are their health-seeking behaviours, beliefs and practices and the sick role and status in the community. Also, this study attempts to indicate mechanisms which reinforce and reproduce close relation of poverty with poor health.

**Methods:** In order to fulfil the study's objectives, descriptive research method is used on basis of primary and qualitative data. The research is carried out in two low-income districts of Ankara. In-depth interview was used as ways of data collection in the research.

**Results and Conclusions:** Research is now ongoing so findings have not yet obtained.

## (H-1) THE ROLE OF THE PSYCHOLOGICAL IMMUNE SYSTEM IN THE WELL-BEING OF HUNGARIAN PEACEKEEPERS

*Gyongyi Kugler – Zs. Szilagyi, PhD – A. Olah, PhD*
Institute of Health Protection, HDF, Hungary

**Background:** Institute of Health Protection (IHP) is responsible for health promotion projects, which help maintain the well being of professional soldiers serving in Hungary and in peacekeeping missions abroad. Our staff plans, organizes and carries out different programmes in the fields of drug-, alcohol and tobacco prevention, stress management, crisis management and psychological preparation of peacekeepers. A.Olah (2004) introduced a complex system responsible for psychological immunity, which provides protection against stress.
**Aims:** Our aim was assessing the level of psychological immunity among soldiers in a post deployment phase (arriving back from Afghanistan).
**Methods:** We used three type of measures:
(1) The 80 items of Psychological Immune Competence (PIC), which assesses a total of 16 social-cognitive personality traits covering the 3 subscales of The Psychological Immune System (Approach-Belief Traits, Monitoring-creating-Executive Traits and the Self-regulating Traits).
(2) The "patch" test, also developed by A. Olah (1987), which assesses several personality traits that can be brought into connection with well-being and resilience against stress.
(3) SEMIQ(half projective) test measuring some important personality traits and level of agression, anxiety, dominance, etc.
**Results:** We identified some important coping-related personality traits which play an important role in the functioning of the psychological immune system of soldiers who fulfilled their task well in a difficult mission.
**Conclusions:** Having identified the personality traits and cognitive, behavioral and motivational dimensions that help soldiers cope better with stressful situations in the mission we can (1) build up a test battery for selecting soldiers for peacekeeping missions, (2) develop the abilities of soldiers to use their stress resistance resources in order to work more effectively and stay healthy during difficult missions.

## (J-3) THE SMOKING PREVALENCE IN THE REPUBLIC OF MOLDOVA AMONG YOUNG PEOPLE

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**Background:** A major risk factor in the Republic of Moldova leading to severe consequences for health is smoking. This study was part of The Global Youth Tobacco Survey with the aim to provide nationally representative data on the prevalence of smoking among young people in the Republic of Moldova. The study was carried out with the support of CDC Atlanta, USA and WHO Regional Office of Europe.
**Aims:** The study provides a mechanism by which countries can monitor tobacco use among 13–15-year-olds. It aims to understand and assess students attitudes, knowledge and behaviour related to tobacco use and its impact on health, to obtain representative data on young smokers of Moldova including cessation, environmental tobacco smoke, media and advertising, accessibility for children and the young people concerning the tobacco, to assess the impact for health within the school curriculum in promoting of a healthy lifestyle free of smoking.

**Methods:** A school-based nationally and regionally representative survey was administered using two stage cluster sampling method in grades 7, 8 and 9 (i.e. the grades that contain most of the students aged between 13 and 15 yeas). Data collection was carried out by the use of internationally standardized questionnaires.
**Results:** Over 4 in 10 (43%) of students had smoked cigarettes some time. Almost half of them started smoking before the age of 10. Some 15% of students were currently smoking cigarettes, significantly more boys than girls. Almost 8 of 10 of students (79.3%) were taught about the dangers and effects of smoking at school. Current smokers were significantly more likely to be exposed to smoke at home than those who never smoked (76.2 vs. 55.1%). Almost all students (97%) of current smokers and 95% of those who never smoked were exposed to smoke from others in public places. Some 79.3% of students had seen antismoking messages on television, 70.8% at community events, 61.8% in newspapers and magazines and 60.8% on billboards.
Some 71.5% of students had seen pro-tobacco messages on television, 65.1% in newspapers and magazines, 61.8% on billboards and 60.7% at sports events. About 1 of 10 current smokers usually smoked at home. Only 2 of 10 students consider that smoking of other persons is harmful for them. Almost half of the current smokers wished to give up smoking. More than 4/5 (81%) attempted but failed. More than 3/4 of the current smokers had never faced problems in procurement of cigarettes in shopping units because of the age.
**Conclusions:** The results of the study reveals the high prevalence of smoking among young people in the Republic of Moldova. The main activities should be directed to evidence and control measures of tobacco. To implement all these it is necessary to:

- adopt a more severe law on tobacco
- smoking prohibition in schools and public places
- to improve the professional skills of the involved persons in giving up of smoking
- to establish counseling Centers of the young people dealing with giving up smoking ensuring confidence and privacy
- prohibit of the advertising of tobacco products
- initiate programs of abandoning smoking
- reduce the access of tobacco products to young people, with more attention payed by the authorities to these problems
- implementation of the educational antismoking programs oriented on students as well as on parents
- involving all community in tobacco reducing activities.

## THE USE OF COMBINED QUALITATIVE AND QUANTITATIVE METHODOLOGY FOR RESEARCH ON HEALTH AND GLOBALIZED MEDIA AMONG ADOLESCENTS (F-4)

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**Background:** Among the noted determinants of health behavior during adolescence, the exposure to health messages in mass media has emerged in the scientific literature. Yet, the mechanism that explains more clearly the association between exposure to media-related mass media, health empowerment and health behavior is still unclear. In order to understand the mechanisms involved, a study was conducted to test a new model entitled Media Related Health Literacy (MRHL).
**Aims:** To define the relation between adolescents' exposure to messages in the media, media-related health literacy, health empowerment and selected health behaviors among adolescents using a combination of qualitative and quantitative methods. In addition, the study examined the perception of the role of the mass media in providing health information to youth.

**Methods:** In stage 1, adolescents from 7th, 9th and 11th grades in Israel participated in six focus groups in order to develop the health concepts with which to develop the media-related health literacy questionnaire. In stage 2, the group participants completed a media diary throughout the course of one week. The results of these two stages were used to develop the survey questionnaire, completed in stage 3, quantitatively measuring the role of mass media in providing health information for youth, health empowerment, media-related health literacy, and selected health behaviors (cigarette smoking, sexual health, physical activity, intentional and unintentional injury and nutrition). The data collection stage (stage 4) involved the completion of a questionnaire and the screening of television segments (programs and advertisements) produced both abroad and locally, frequently mentioned in the media diaries, after which the participants completed an answer sheet measuring the various components of media-related health literacy.
**Results:** Sixty 7th, 9th and 11th graders participated in the focus groups and completed the media diary, expressing high satisfaction from the process, providing them with an opportunity to reflect on the role that mass media plays in their daily life. The quantitative questionnaire was completed by a representative sample of 1,260 adolescents from the above mentioned grades in fifteen different schools with full cooperation from the school management.
**Conclusions:** When examining the association between exposure to mass media, particularly that which is broadcast globally, and their association with health behavior indicators, it is important to establish local terms of reference based on qualitative research methods. These terms of reference allow for interpretation of the results vis-à-vis the worldview of the adolescents as well as the local context for health information and health promotion, accessible to the adolescents.

## (F-4) THE USE OF EMERGING TECHNOLOGY TO BUILD HEALTH PROMOTION CAPACITY IN REGIONS WITH DIVERSITY IN LANGUAGE AND CULTURE

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International Union for Health Promotion and Education (IUHPE), Saint-Denis Cedex, France

**Background:** Today in the human development arena three actors play complementary, sometimes competing, and even conflicting roles on the world stage: governments, commercial enterprises and non-governmental organisations. Given their mission and available resources, each of these interact in different ways between each other, but have the same basis and needs for communication among each other. Two of the factors that come into play in these actors' operations are technology and internationalisation. We currently live the digital era brought on by the technological revolution. This has provided international actors with speed and flexibility over traditional communication formats to propagate their work and collaborate more closely in real time and across geographical, cultural and language barriers. In order to be efficient and effective, these actors have begun and must continue to engage in this global transformation. All this is relevant to the IUHPE as a global organisation with members in over 90 countries. The hundreds of cultures and languages of the members enrich our ability to advocate for health in every corner of the world. However, our diversity can hinder our effectiveness. Language barriers separating even neighbours can make collaborative work difficult. There are several solutions that the IUHPE is adopting to bridge this divide, among them, using Information and Communication Technology (ICT).
**Aims:** Within this context, the presentation will examine the different multi-dimensional dialogue and information platforms offered by ICTs today and its future developments. This will include advantages and limitations with regard to both technological and financial nuances.
**Methods:** The use of technology will be defined in relation to the implications for knowledge acquisition, conversation and action. The scenarios include the web as a global resource database and ICTs, including machine translation, for one-on-one and multi-party communication.

**Conclusion:** In a world that is increasingly entwined across borders, technology provides organisations with the opportunity to communicate more efficiently and effectively than at any time in history. By adopting new ICTs the IUHPE places itself on the avant-guard of internal and external communications and in comparative advantage to influence the other two major global actors.

## TOBACCO PREVENTION PROGRAMME IN THE HUNGARIAN DEFENCE FORCES (J-3)

*Gyongyi Kugler – R.Urban, PhD – Zs. Szilagyi, PhD – A. Olah, PhD*
Institute of Health Protection, HDF

**Background:** Institute of Health Protection (IHP) is responsible for health promotion projects, which help maintain the well being of professional soldiers serving in Hungary and in peacekeeping missions abroad. Our staff plans, organizes and carries out different programmes in the fields of drug- alcohol and tobacco prevention, stress management, crisis management and psychological preparation of peacekeepers.
**Aims:** Our purpose was (1) assessing the prevalence of smoking among professional soldiers, and (2) working out smoking cessation programmes appropriate for this target group.
**Methods:** Using self-report measures and Fagerstrom Test of Nicotine Dependence we assessed the prevalence of smoking among professional soldiers. It was significantly higher compared with the Hungarian population average. Relying on high motivation of soldiers to stop smoking we worked out a cessation programme with the method of psycho-education and cognitive behaviour therapy.
**Results:** (1) Prevalence of smoking was 7% higher than among Hungarian population. Participants claimed professional help and showed high motivation (40%) for quitting.
(2) Pilot programme was introduced in two groups, the percent of cessation was 58% after two months following the programme.
(3) A complex cessation support programme (N = 100) with 4 groups, each group provided with different type of support (cognitive behaviour therapy, Nicotine substituion, both, and control group).
Hypothesis: Combined method results in higher cessation rate. (End of programme July 2006)
**Conclusions:** Smoking is a serious addiction problem in HDF. Our cessation support programme is supposed to give effective help for those, who show high motivation to give up. The next step: We are planning to train the facilitators who will be able to work in a network “in the barracks”, multiplying the effect of the support programme.

## TOWARDS A NEW PUBLIC HEALTH IN THE REPUBLIC OF KAZAKHSTAN (H-6)

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**Background:** Over the last several years the Government of the Republic of Kazakhstan has increasingly focused its’ attention on public health policy in an attempt to address many of the population health problems. The Development Strategy was entitled “Kazakhstan – 2030” and series of the important state programmes identified the prevention of disease and the health promotion as a key element in the eight health policy areas. These priorities and the broad goals that accompanied them reflected the principles of the WHO Health for All strategy and the goals of these programmes. Quantifiable targets were set across a wide range of population health issues. Under the terms of the latest policy decrees the health structure across the country is being analysed, not only to reflect Almaty Declaration and Health for All strategy, but to also reflect the Government’s apparent desire to deliver a more effective, and locally based health promotion programme.

**Aims:** To analyse the development of public health and health promotion in the Republic of Kazakhstan.
**Methods:** Examination of demographic and health data, state documents and laws, research materials regarding public health policy in Kazakhstan.
**Results:** Against a background of continuing negative trends in most lifestyle data and an apparent lack of resources for health promotion much has been achieved in a relatively short time. The establishment of a clear ambitious Strategy for Health "Kazakhstan – 2030", and the setting up of both the Kazakhstan School of Public Health and the National Center of Healthy Lifestyle Development has created the essential conditions for the development of a public health movement in the Republic. Although the Government still has difficulty in understanding some of the concepts underpinning health promotion, public health practice and regional differences and lack of resources make it difficult to tackle some transnational causes of morbidity and premature mortality, there is some ground for optimism. Issues of intersectoral approach, involvement of population in the health improvement processes and social capital, the increasing role of non-governmental organizations in the development of new public health in the country will be presented. The progress and milestones concerning these issues will be illustrated.
**Conclusion:** The specialists should work out new conceptual approaches to develop new public health in the country. They incorporate scientific, technological development, political, social and economic action in the Republic. Also the issues regarding the creation of the Unified Information System of health care will be elucidated. They will be the key elements for development of managerial, financial and medical technologies. These will result in quite another culture, level of health care organization and capacity development of new public health in the country.

## (F-1) TRANSPARENCY AND QUALITY IN HEALTH PROMOTION OF SOCIALLY DISADVANTAGED BY SELECTING GOOD PRACTICE: THE GERMAN COOPERATION NETWORK "HEALTH PROMOTION OF THE SOCIALLY DISADVANTAGED"

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**Background:** Epidemiologic studies show the close connection between low social status and bad health. The necessity for efforts to tackle health inequalities is unquestioned. In Germany the young and heterogeneous field of health promotion lacks transparency (who is doing what?) and is at the starting point of developing quality-assured interventions. The German network "Health Promotion of the Socially Disadvantaged" wants to enhance transparency in this multi-methodological and often unstructured field of action and to improve communication between the players. The network involves partners like the Federal Center for Health Education (BZgA), the federal and regional associations for health promotion (like Gesundheit Berlin and others) and the Federal Association of Company Health Insurance Funds (BKK Bundesverband).
**Aims and Methods:** In the course of the year 2006 "Good Practice"-interventions will be selected in a structured process and will be presented to the public. A set of 13 indicators for Good Practice in health promotion with socially disadvantaged has been developed by the advisory board of the cooperation network and will be used in cooperation with regional partners to identify the relevant interventions. The selection process can tie up to the German project-database containing more than 2,700 health promoting interventions (www.gesundheitliche-chancengleichheit.de). Together with practitioners the concept of "Good Practice" in health promotion with socially disadvantaged will be developed in a participatory process. There have been already several pretests at the Freie University Berlin (Institute Health Research), the Humboldt-University Berlin (Charite) and the University of Applied Science in Magdeburg/Stendal (Childhood Studies).
**Results:** Practitioners in health promotion are looking for easy-to-handle instruments helping them to

improve the quality of their interventions. This observation is supported by the positive response from the practice in the course of the preparations for the Good Practice selection process.
**Conclusions:** The structured selection and presentation of examples for Good Practice seems to be a concept worthwhile to be developed and spread.

## UNDERSTANDING THE ROLE OF THE PREVALENCE OF AN OUTCOME IN MEASURES OF SOCIOECONOMIC INEQUALITIES IN HEALTH (F-2)

*James P. Scanlan, JD – James P. Scanlan, Attorney at Law*

**Background:** For several decades, socioeconomic inequalities in health have been studied intensively in Western Europe and the subject is increasingly being studied in Eastern Europe. In general, these inequalities have been measured in terms of relative risks of experiencing adverse outcomes, but without recognition of the extent to which relative risks are a function of the prevalence of the outcome and, in particular, without appreciation of the tendency for relative risks to increase as the prevalence of an outcome declines..
**Aims:** To illustrate the way measures of inequalities in experiencing adverse or favorable health outcomes are affected by changes in the prevalence of such outcomes.
**Methods:** Using data on actual and hypothetical distributions of risk of advantaged and disadvantaged groups, the presentation will illustrate the patterns of changes in relative and absolute risks in experiencing or avoiding outcomes that flow solely from changes in the prevalence of an outcome.
**Results:** All standard measures of health inequalities are affected by the prevalence of the outcome being measured. Most notably, when an outcome declines, relative socioeconomic differences in experiencing an outcome tend to increase while relative differences in avoiding the outcome tend to decline. Other measures, such as absolute differences, odds ratios, concentration indexes, and Gini coefficients, also tend to change solely as a result of changes in the prevalence of an outcome. Thus, none of the measures so far employed, at least not in way they are currently interpreted, afford a ready means of distinguishing between changes in differences between groups that are solely functions of changes in prevalence of an outcome and those that reflect a more meaningful change in the relative situation of the groups.
**Conclusion:** All research into health inequalities to date is suspect due to the failure to recognize the extent to which measure of inequalities in experiencing an outcome are affected by the prevalence of the outcome. Priority in health inequalities research should be given to developing tools for identifying changes in measures that are not solely the function of changes in the prevalence of an outcome.

## USING HP-SOURCE.NET TO MAP HEALTH PROMOTION CAPACITY IN EUROPE (H-6)

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**Background:** Mapping national health promotion policies, infrastructures and key programmes in Europe provides data for researchers, practitioners and policymakers. Capacity mapping shows where gaps need filling, and illuminate examples of excellence. Capacity maps also provide coordinates, enabling key documentation about capacity to be accessed quickly.
**Aims:** Summarising present country-level health promotion policy, infrastructure and programmes in Europe, from HP-Source.net, a project that developed a uniform system for collecting information on health promotion policies, infrastructures and practices.

**Methods:** In collaboration with teams of health promotion experts from most European countries, HP-Source.net creates databases and an access strategy so that information can be accessed at inter-country, country and intra-country levels, by policymakers, international public health organisations and researchers. It analyses the databases to support the generation of models for optimum effectiveness and efficiency of health promotion policy, infrastructure and practice. HP-Source.net also actively imparts this information and knowledge, and actively advocates for the adoption of models of proven effectiveness and efficiency, by means of publications, seminars, conferences and briefings, among other means.
**Results:** Of 40 countries mapped in 2005, the numbers in parentheses indicate the proportion having these elements of health promotion capacity: published national policy (75%), national policy evaluated (60%), MS/PhD training available (63%), health promotion in national budget (23%), health promotion monitoring (53%), information dissemination to health professionals (38%).
**Conclusions:** A large scale, highly collaborative approach to capacity mapping is possible today due to developments in communication technology and the spread of international networks of health promoters. However, in capacity mapping, local variation will always be important, to fit variation in local contexts. The results presented here show that while many elements of health promotion capacity are present in many European countries, there is substantial room for improvement. National level policy, infrastructure and key programmes require further development in virtually all European countries.

## (F-2) WIDENING MORTALITY GAP IN HUNGARY IN THE FIRST YEARS OF MARKET ECONOMY

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**Background:** Mortality differences between socioeconomic groups in Hungary were relatively large already in the 1980s. Social disparities have grown enormously during the transition to market economy in the country. Although the widening of income inequalities seemed to stop in the last few years, social disparities are still large by any indicators of socioeconomic position. Consequently, mortality inequalities could have been expected to increase on. Comparing mortality in years around 1990 and 2000 some studies have already indicated that inequalities in mortality have actually grown, but the dynamic of the process in time has not been explored yet.
**Aims:** The study aims to describe changes of overall mortality differences between educational groups of the adult Hungarian population and cause specific mortality differences among the middle-aged Hungarians in the time period between 1989 and 2004. The main goals are to measure the extent of mortality inequalities and to identify the period of the most dynamic growth of the inequalities.
**Methods:** First, life expectancy at age 30 was calculated for each educational group, and for each calendar year between 1989 and 2004. Mortality data are given by calendar year. The corresponding population figures for each calendar year were estimated from census population data of 1980, 1990 and 2001, using a combination of the dynamic and static estimation methods. For time trends four-year averages were proved useful. Secondly, we calculated directly standardized cause-specific mortality rates by some specific groups of causes of death, averaging three, four or five calendar years for population aged 30–59. Two causes were selected to analyses (ischaemic heart disease and breast cancer) as major killers among the middle-aged in general. Three broad causes of death (cardiovascular diseases, cancers and external causes) were also included. In order to assess the role of health care provision and usage we also analyzed mortality due to amenable causes.
**Results:** Male life expectancy at age 30 in general was 37.9 years around 1988 and 39.6 years around 2003. Men with higher education could expect 43.7 years in the beginning of the period and 48.4 years

at the end of it. Life expectancy was lower by 6.9 years for those males who completed only elementary education around 1988 and 10.6 years around 2003. Life expectancy has actually shortened by 2.9 years among those with less than elementary education in the period of transition. This small and marginalized group can expect no more than 31.9 years at age 30 around 2002. Female life expectancy at age 30 in general has improved by 2.1 years between 1988 and 2003. The improvement was 4.6 years among women with higher education, 5 years among women with medium-level education and 2.2 years among those with elementary education. Life expectancy at age 30 among women with less than elementary education has actually worsened by 0.4 years. The difference in life expectancies between those with higher and elementary education has grown from 2.8 years to 6.2 years in the period of transition. Women with less than elementary level of education today can expect no more than 42 year at age 30. Life expectancy of the most marginalized groups started to worsen already at the late 80s for both men and women. From the early 90s life expectancy showed no fall but any improvement either. Differences between the life expectancies of other educational groups started to grow in the early nineties. The widening of the gap is mainly due to the significant improvement of life expectancy among those with medium and high level of education parallel to the very moderate improvement of life expectancy of those with elementary level of education. In the cause-specific analyses inequalities parallel to social inequalities were found considering all groups of causes of death examined except breast cancer. The extent of inequalities was moderated and only slowly growing for cancers, and not moderated but again only slowly growing for external causes of death. Mortality inequalities in ischaemic heart diseases and in cardiovascular diseases in general have been dynamically growing. The most dynamic increase of inequalities was taken place in the second part of the nineties. Among men inequalities in mortality due to amenable causes increased dramatically in the last years of the period considered. Among women inequalities in mortality due to the same causes remained stable from 1989 till 2004, but the gaps between the highly educated, and between the average and the average and the less educated are especially large.

**Conclusions:** Inequalities in mortality call for more attention in future public health policies in Hungary. Future health policies must be strongly targeted toward the lower social strata. In terms of educational groups the small but strongly marginalized group of the less educated and of the larger group of those with elementary educated need attention. Future policies toward these groups should be different. Inclusion measures aiming to improve access and usage of health care into both of these policy packages seem beneficial.

## WORKPLACE HEALTH PROMOTION WITHIN NATIONAL POLICIES AND STRATEGIES IN SOME EUROPEAN COUNTRIES

**(L-2)**

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**Background:** Various functional and structural changes are occurring in workplaces, which have direct and indirect impact on health of workers and their families. The most challenging is the demographic changes of the labour market including the ageing of the workforce, increasing female participation rates, labour market deregulation and changes in job contracts (temporary work, precarious work, part-time work, short- and long-term temporal dismissals etc.). Another feature of importance is the currently high levels of unemployment and low levels of labour market activity in Europe. WHP may bring comprehensive approach to health at work and keep people at work, rebound people back to work or prolong staying at work.

**Aims and Methods:** The survey of national policies, strategies and actions plans was conducted in the framework and collaboration of the European Network for Workplace Health Promotion (ENWHP). The survey aimed to find frameworks of WHP activities, like legislative frames and definition based frames

for WHP in the European countries. In addition national policies and strategies for WHP in several European countries were analysed. In the analysis the focus was on the processes of formulating content, form, and definition of challenges in policies, which included WHP. Also priorities of policies, target setting and strategies to achieve objectives and targets related to WHP were studied. The study looked also different stakeholders for WHP in the European countries and their role in pushing WHP to workplaces.

**Results and Conclusions:** Firstly, WHP depends on context according to development of welfare state and health system in general and specifically is dependent on cultural, historical, economic and political context of each country. WHP was mentioned or interpreted in several different policy areas and policy papers, like health and safety at work, labour market and employment, health, and social policies and also tripartite agreements between employers, employees and state. Many European countries have their own definition for WHP based on their context and inclusion of variety of aspects of working life into WHP concept. However the tasks of WHP have evolved towards more organisation development than remaining purely as a lifestyle advisory project for workers. The development of WHP in European countries displayed differences depending on the starting position, but indicated the importance of the planning and implementation as crucial phase in the process to achieve better WHP involvement of different stakeholders. Nevertheless the legislation, policies and strategies used for planning and legitimization of WHP are mainly based on interpretation of general health promotion, health and safety at work or prevention and protection of workers at work than on data about WHP activities as such. This makes decisions on political or policy grounds inaccurate. The equal opportunities of the European workers for health at work require enhanced collaboration between public health and occupational health systems and other actors at work. Therefore the close cooperation and partnership between enterprises, occupational health services, occupational health and safety, and public health services is crucial to study the opportunities of integrated services for better health at work.

## (H-5) WORKSHOP: THE EFFECTIVENESS OF HEALTH IMPACT ASSESSMENT

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Health impact assessment (HIA) predicts the health consequences of pending decisions and intends to influence and assist decision-makers. But is HIA effectively influencing and assisting decision makers? The workshop presents the conceptual framework, key results and selected case studies produced by a European research project (21 partners from 19 countries). The common conceptual framework comprises four types of effectiveness (direct, general, opportunistic and no effectiveness) and three dimensions of effectiveness (health, equity and community effectiveness). The key methodology on which the analysis is based is in-depth interviews with the decision-makers, stakeholders, practitioners and community members involved in one individual HIA per country. The layout of the workshop comprises four presentations. The first focuses on the conceptual framework and key results. This is followed by three case studies on the effectiveness of three individual HIAs. The first presentation will take 15 minutes, while the following three presentations will take ten minutes each, allowing enough time for discussion with workshop participants. The workshop adds value to the conference theme since HIA is about the link between public health knowledge, policy and decision-making and the health of the population. The workshop also adds value to the European debate on HIA because it advances the understanding of HIA effectiveness and what can be achieved under what circumstances.

## ACTIVITIES OF UNION OF ANTI-CANCER SOCIETIES OF VOJVODINA IN STRUGGLING WITH TOBACCO

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**Background:** The Union of Anti-cancer Societies of Vojvodina is an NGO almost 40 years old. Its aims are the primary prevention of cancers, early detection and rehabilitation of cancer patients. One of the most developed primary prevention activities is prevention and control of tobacco use as the most frequent and most preventable risk factor of various malignances.
**Aims:** In order to reinforce the battle against smoking, The Tobacco Cessation Counseling Service (TCCS) was established.
**Methods:** Implementation of behaviour group method by McFarland and Folkenberg combined with medicamentous therapy (if needed).
**Results:** TCCS was established in November 2005. This unit recruits present smokers via mass media and they access the programme only by their will. Tobacco cessation programme consists of 5 group meetings and control meetings once in a week during 3 months. After that, abstinents have telephone follow-ups. The tobacco cessation group therapy strengthens the will of the patients to quit smoking through positive motivation and assists them in changing their smoking related lifestyles. Every day they are counseled and being given flyers with quitting tips. They also have their blood pressure checked and once they have spirometry testing. During last 6-month period 19 men (average age 41 years) and 20 women (average age 48 years) attended the program. After evaluation of the level of their dependence using Fagerstrom test and the examination of their health status, heavy addictives were counseled to combine behaviour and medicamentous therapy (Zyban). So far, 44% of patients are abstinents, mostly women. The combination of behaviour treatment and Zyban increased success rate ($p = 0.000$).
**Conclusions:** Due to very high tobacco use prevalences in population, it is necessary to target future activities in TCCS towards the population in order to increase the number of patients and to improve the quit rates.

## ADOLESCENTS COUNSELING SERVICE – UJVIDEKI MODEL

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**Background:** Adolescence is a very turbulent period of life. Adolescents are vulnerable to “new morbidity” and very susceptible to experiment with risky behaviours. Painful economic transition period in recent history of our country reflected on adolescents by increasing prevalences of risky lifestyles which imposed the need of establishing the Adolescents Counseling Unit.
**Aims:** To assess the satisfaction of adolescents who attended peer education workshops.
**Methods:** Evaluation of anonymous feed-back questionnaire by 1,163 adolescents since opening of Unit (November 2004).
**Results:** Since establishing the Unit, 440 adolescents of both sexes, mainly aged 16 and 17 attended promotion of reproductive health workshops, 292 adolescents aged 15 and 16 attended drug abuse prevention workshops and 431 adolescents 13 and 14 years old attended tobacco prevention workshops. All of 1,163 adolescents found workshops very useful and interesting, feeling very comfortable and safe there. They found doctors very focused on their problems and needs.

**Conclusion:** Increased prevalence of risky sexual behaviour, drug abuse and tobacco use gave us justification to establish multidisciplinary Adolescents Counceling Unit in primary health care setting. Adolescents showed very high level of satisfaction during and after workshops, which rises our hopes of adoption of given information and translation to their peers.

## ADVISING PEOPLE TO CHANGE UNHEALTHY HABITS BY HEALTH PROFESSIONALS: LITHUANIAN CINDI PROGRAMME

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**Background:** The Countrywide Integrated Noncommunicable Disease Intervention (CINDI) programme aims to reduce the risk of diseases by reducing the risk factors common to them, such as unhealthy nutrition, physical inactivity, smoking and alcohol abuse. Health professionals have a unique opportunity to counsel patients to change their unhealthy habits. CINDI Health Monitor system is used for evaluation of health promotion activities.
**Aim:** To evaluate the participation of health professionals and family members in advising people to change unhealthy habits in Lithuania.
**Methods:** In 2004 the random sample of 3,000 Lithuanians aged 20–64 was taken from the National Population Register. The study material was collected by mailed questionnaire. The response rate was 63.4%. The respondents were asked to indicate who advised to change their nutrition, physical activity, smoking and alcohol consumption habits during the last year.
**Results:** A doctor advised 14.7% of respondents to change dietary habits for health reasons, a nurse only 2.6%. The most common changes in dietary habits were reduction in the consumption of fat, and increasing use of vegetables. Family members were most active in giving advice to change dietary habits and physical activity: 27.3% of people were advised to change nutrition habits and 21.1% of people to increase physical activity. Every fifth smoking man and 15.9% of smoking women were advised to quit by a doctor. A majority of smoking men (79.9%) and women (71%) reported that they had been advised to stop smoking by family members. Only 5.4% of men and 1.2% of women got the recommendation to decrease consumption of alcohol. Such advice from family members was received by 47.2% of men and 7.7 of women.
**Conclusion:** The low rate of dietary, physical activity, smoking and drinking advice reported by patients implies that more lifestyle counselling should be provided by health professionals.

## ARSENIC IN NATURAL CONFINED AQUIFER- AND DRINKING WATER IN BEKES COUNTY AND ITS RELEVANCE TO HEALTH PROMOTION

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**Background:** Arsenic, known to cause several different types of cancer and disease, is naturally present in groundwater. Groundwaters in Bekes county of Hungary have been known to have high arsenic content constituting a problem for safe water supply because the EU standard for arsenic in drinking water is set at 10 mg/l as opposed to the earlier national standard of 50 mg/l.
**Aims:** We compared the monitoring of arsenic content in drinking waters, and the public health communication methods on water safety in the 1980s and in 2001.
**Results:** The National Enviromental Health Institute completed a survey in 1981 to determine heavy metal pollution including arsenic in water supplies from diverse sources. Arsenic concentration in

drinking waters was found to be above 100 ìg/l in 22 settlements of Bekes county. Miscarriage and stillbirth rates were higher in these settlements compared to other settlements with lower levels of arsenic in drinking water. However, results of this investigation were classified as secret, preventing the communication of information and all effective countermeasures. A water quality improvement program was initiated in the second half of the 1980s. Water quality has been continuously monitored, and a second program to reduce arsenic concentration in water was launched in 2000 in preparing for the EU-accession. Information on drinking-water quality became publicly available, and its communication has been a major topic in public health in our county. Miscarriage and stillbirth rates became reduced in those settlements where earlier before they were higher than the county mean.

**Conclusions:** People have a right not only to safe drinking water but also to information on water quality. Proper health promoting communication measures especially aim at pregnant women and families with small children to reduce the unfavourable health consequences of high arsenic content in drinking water.

## BURDEN OF FALLS IN OLDER AGE. WHOSE RESPONSIBILITY IS PREVENTION?

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**Background:** Ageing is an overall problem in the whole of Europe. Chronic non-communicable diseases usually exist in a larger number in age 60 or 70, prevention of those should be started in early age. Injuries, especially falls are exceptions: those are preventable at any age.

**Aims:** Our aim was

(1) to determine the burden of falls among the elderly (age 65 and more) in Hungary, comparing with other EU countries
(2) to calculate incidence of falls
(3) to identify intrinsic and extrinsic factors of falls.

**Methods:** Basis of analysis of injury mortality data was WHO Health For All database, and data of the Hungarian Central Statistical Office. (Population of the European Union was taken as a standard. Standardization was done at the University of Athens.) According incidence and risk factors of falls the survey was conducted on a representative sample of elderly living alone in Tolna County, in 2005. The survey was coordinated by a professor of the Institute of Social Workers. Students filled out questionnaires face-to-face.

**Results:** Injury mortality data among the elderly are the highest in Hungary: 270.8 injury deaths per 100 000 of elderly age 65+. The difference between the best and the worst mortality data are fourfold. As to falls, the gap is even wider: 164.5 /100 000 deaths in Hungary versus 14.4 /100 000 in Greece. The personal face-to-face questionnaires were filled among elderly living alone. Total sample 314, 32 % of them have fall history in the previous 3 months. The intrinsic factors of the falls are numerous: high blood pressure reported in 63%, musculo-sceletal disorders in 60%, diabetes 16%, osteoporosis 12%, depression 10%. 41% of elderly have hearing problems. Vision has to be corrected at half of them. The survey showed the environmental circumstances (extrinsic factors) are quite general: the elderly live in older age the same way as before, without throwing away obstacles, and put into the house safe devices.

**Conclusions:** The examples of other countries show that fall among the elderly are preventable. Health promotion is the field where the people should work more active, effective for gaining this aim. The most inexpensive way to prevent falls: to inform people about possibility of falls, consequences of falls, and give advice how to avoid fall with making homes safer, and last but not least to keep bones stronger. In ageing Europe the prevention is crucial in older age.

## CAN JAPAN PROVIDE EFFECTIVE HEALTH EDUCATION FOR METABOLIC SYNDROME?

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**Background:** In 2005 Japanese criteria for the metabolic syndrome was released and several measures against metabolic syndrome were started. Health education for hypertension, diabetes mellitus, and hyperlipidemia has been performed by municipalities for lifestyle-related diseases. To disseminate health education for metabolic syndrome, it is necessary to extend these educations and cooperate with other organizations such as hospitals, schools and so forth.
**Aim:** To clarify points of future education, present status of cooperation in health education was investigated.
**Method:** A questionnaire asking cooperation for health education between municipalities and other organizations was sent to all municipalities in Japan.
**Results:** 1196 out of 3,199 municipalities replied to the questionnaire. In health education for diabetes mellitus, 30.3% of municipalities had information of public hospitals, 20.3% of them had that of private hospitals, 6.7% them had that of enterprises, 8.0% of them had that of schools and 6.0% of them had that of NPO/NGOs. 14.0% of municipalities gave knowledge of health education to public hospitals, 14.4% of them gave to private hospitals, 7.3% of then gave to enterprises, 7.1% of them gave to schools and 5.6% of them gave to NGO/NPOs. In health education for hypertension and hyperlipidemia, proportions of municipalities that had and gave information to other organizations are almost same or smaller than that for diabetes mellitus. These results show that there is little cooperation between municipalities and other organizations and the present situation is insufficient to disseminate knowledge about metabolic syndrome. Municipalities can pick up candidates for health education of metabolic syndrome according to their healthcheckups, but without cooperation with other organizations it is impossible to reduce number of patients.
**Conclusion:** Without new strategies to strengthen cooperation between municipalities and other organizations, measures against the metabolic syndrome will not improved.

## COINCIDENCE OF MORTALITY FROM ISCHEMIC HEART DISEASE DATA ACCORDING TO THE ISCHEMIC HEART DISEASE REGISTER AND OFFICIAL MORTALITY STATISTICS IN KAUNAS MIDDLE-AGED POPULATION

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**Background:** The official mortality statistics is the main source of data for analyzing and estimating the population health state. Data of mortality from ischemic heart disease (IHD) given by official mortality statistics raise doubts all over the world, especially while using the data for estimating trends of mortality. Official mortality statistics do not avoid inaccuracies that can be detected by particular disease registers.
**Aims:** The aim of this study was to evaluate the coincidence of mortality from ischemic heart disease (IHD) rates according to official mortality statistics and IHD register among Kaunas middle-aged (25–64 years) population during 1992, 1997 and 2002.
**Methods:** Data presented deals with official mortality statistics and IHD register in Kaunas population aged 25–64 years during 1992, 1997 and 2002. All mortality rates were age-standardized by the direct method and using the Segi's world population as a standard. The trends were estimated from the logarithms of the annual age-standardized rates using an ordinary linear regression. According to Kaunas, official mortality statistics the out-of-hospital mortality from IHD during the analyzed years amounted 522 Kaunas middle-aged residents: 422 (80.8%) men and 100 (19.2%) women.

**Results:** There were 78.6% of men with verified IHD diagnosis in 1992, 76.2% in 1997 and only 63.0% in 2002 (–2.2%/yrs, p = 0.25), meanwhile analyzing data of 1992 and 2002 years, statistically significant difference was estimated. Women with verified IHD diagnosis in 1992, 1997 and 2002 comprised 65.8%, 58.1% and 48.4%, respectively (–3.1 %/yrs, p = 0.07). The other most frequent not coronary disease among both men and women were: indefinite acute heart failure and acute alcohol intoxication that amounted about 3/4 of all not coronary causes of death among men and more than a half (56.2%) among women. Other not coronary diseases were: diseases of arteries, arterioles, capillaries and respiratory system, disorders of cerebral circulation, chronic alcoholism, diabetes mellitus, malignant neoplasm and other heart diseases.
**Conclusions:** The rates of men and women with verified IHD diagnosis in 1992, 1997 and 2002 tended to decline.

## CRISIS INTERVENTION IN THE HUNGARIAN ARMY

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**Background:** Being a soldier means to have an extremely stressful profession that effects the whole spectrum of the individual's life. The military organisation itself had been established to handle crisis and critical situations. That puts an extraordinary pressure on the individual, because besides to fulfil the expectances of his profession he had to handle his own life's crisis, too.
**Aims:** Our aim was to map to possible crisis indicating situations in the soldiers' life, to monitor its process and give help as soon as possible in order to recover again. For doing this we have to have a stable social supporting net among the collegues, because the professionals must always be within easy reach, but cannot be always there where the situation emerges. Crisis itself needs to be handled urgently.
**Methods:** We have introduced a special training to the soldiers in order to recognise the individual's crisis and to take the most important interventions in the situation as soon as possible. In the training they got the latest and most useful information, and got the chance to get to know each other to work together in a more effective way, and in the crisis situation to have the personal contact to turn to each other.
**Results:** In the missions and in the other long-term stressful situations that puts the pressure on the soldiers our net worked properly, its members recognised the potential crisis indicating situations and successfully handled them.
**Conclusions:** Having a properly working network means continuous attention, and being always in a living contact, if not, it will maybe falling apart to its individual members. So we had to handle the network very carefully to keep it alive because it can give an extremely useful help to the professionals in crisis intervention, to the individuals and to the organisation, too.

## DECREASING SOCIAL INEQUALITIES IN URBAN AREAS BY PREVENTING UNEXPECTED PREGNANCIES

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**Background:** In Romania, 44% of entire population live under the level of poverty. The majority of this population lives in rural areas. 11% of urban population is poor, too. Only a few of them have sufficient information regarding the access to medical services. The number of abortions by request for unexpected pregnancies is still high. In 2005, in Constanta county there were recorded 4,956 abortions by request

(3,267 in urban areas and 1,689 in rural areas). Constanta county was selected together with other 10 counties to develop a new component of the ISFR urban project with the support of the MoH, JSI and USAID.

**Aims:** The Initiative for Family Health in Romania (ISFR) has as main goals increasing access to family planning and reproductive health services for the poor population and increasing the use of these services, especially to women aged 15 to 49. The main areas in which ISFR urban activities are developed deal with family planning. Poor women from urban areas represent the target group. A strategic partnership between local authorities, civil society and other sectors from urban areas was designed in Constanta for increasing access to and utilization of the family planning services by poor women.

**Methods:** In Constanta governmental–nongovernmental partnership was facilitated. The Health Promotion and Health Education Department together with SECS and PSI assured the coordination of the activities. Social Assistance Services from City Hall, County School Inspectorate, Police, Women NGO's, mass-media were involved. The IEC/CSC campaign promoted the idea of preventing unexpected pregancies by using free of charge contraceptive methods for targeted women. Until now 21 sessions for target group women (10–12 women by session) were developed, from universities, high schools, and aged 18–25. The Health Promotion Department talked with target groups about the movie "Real Women". After the movie presentation more than 1 hour of debates with target groups about contraceptive methods were initiated.

**Results:** The main results are:

– increasing the level of information of the target population regarding family planning services
– increasing target groups' interest to debate information together with specialists
– increasing the level of addressability to the family planning services and adoption of a contraception method in accordance with partners
– increasing the addressability to family planning services of the students' mothers
– increasing the addressability to gynecologists, STI specialists for other health problems (periodic check-up, early diagnostic of cervical cancer, STIs).

**Conclusions:** There is a high need of funds to maintain free of charge services for poor population and for developing IEC/CSC. There is also a high need of such kind of projects in other areas of reproductive health: STIs, breast and cervical cancer, domestic violence. Mass-media involvement in promoting medical assistance services is very important for correct information. Working with mass media is essential in promoting medical services and medical information.

## DEMAND FOR SMOKING CESSATION CLINICS IN JAPAN

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**Background:** Since April 2006, the consultation and therapy for smoking cessation at qualified medical facilities has been approved for coverage through the national health insurance plan in Japan. As to be qualified as smoking cessation clinic covered by the plan, the medical facilities have to achieve complete non-smoking site. This condition keeps many medical facilities away from opening smoking cessation clinics.

**Aims:** To find the demand of smoking cessation clinic and other possible smoking cessation campaign.

**Methods:** In October 2005, universities, private offices, senior citizen's associations in a prefecture were randomly selected and a questionnaire was distributed to the students, staff and members of each agency. Later on, the questionnaires were collected by mail or by the staff of each agency for analysis.

**Results:** Many heavy smokers in any agency of both sexes demand their support for smoking cessation at medical facilities. More light smokers in private offices demand their support for smoking cessation at their offices while other light smokers in other agencies demand that at medical facilities.
**Conclusions:** To meet the demand of the smokers for their support for smoking cessation, strict condition for the coverage through the national health insurance plan of the smoking cessation clinics should be reconsidered. At the same time, smoking cessation campaign at offices also should be more activated.

## DEVELOPMENT AND INTRODUCTION OF NONCOMMUNICABLE CHRONIC DISEASES RISK FACTORS PREVENTION INTO ACTIVITY OF RURAL PHC MEDICAL WORKERS OF KAZAKHSTAN

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**Background:** Noncommunicable Chronic Diseases (NCD) such as cardiovascular (CVD), chronic respiratory diseases, cancers, diseases of digestion and urinary excretion systems, diabetes and others are leading causes of mortality, morbidity, disability and major contributors to overall disease burden all over the world. About 85% of deaths and 70% of health burden accounted for main classes of NCD in the WHO European Region. Clinical, biological and social research conducted in the 20th century has proven a role of risk factors in NCD development. In particular, it is well known that major NCD are bound to preventable behavioral risk factors such as smoking, unhealthy diet, obesity, physical inactivity and others. Also, a big role in NCD development is given to social, economic and environmental health determinants. Globalization, changed social and economical conditions have major impact to the NCD level. Interpenetration of economics supports a growth of production and trade of tobacco, alcohol and food industries along with change of human working and living conditions developing unhealthy lifestyles of population. At this situation poor and vulnerable communities experience health inequalities, because there is evidence that NCD is widespread among poor populations with low level of education, widening the health gaps within the country. In Kazakhstan, NCD also became an epidemic with high mortality rates from CVD (518.6 per 100,000 in 2004), cancers, respiratory diseases. Rural population of Kazakshtan is about 43% of total population and according to statistics one-third of them have very low income level, more than a half have middle education. Some rural PHC settings are understaffed. All aforesaid created pre-conditions for presented research.
**Aims:** Study of NCD risk factors prevalence at rural settings; study a knowledge level of rural PHC professionals on NCD risk factors prevention. At the base of the research to develop pilot prevention model, using CINDI (Countrywide Integrated Non-communicable Diseases Intervention) integrated approach. Target groups: rural population from 25 to 64 years old of one typical village at four demonstration regions; medical workers of rural PHC.
**Methods:** Questionnaire based on CINDI Programme approach was used to collect data. The study population (n = 4,416) was selected at random. The following risk factors were evaluated: hypertension, obesity, unhealthy diet, alcohol use, smoking and low physical activity. Medical workers (n = 26) were interviewed by questionnaire, including such issues as knowledge about NCD, behavioral risk factors, prevention methods, prevention skills, using total sampling.
**Results:** More than half of respondents (51,5%) evaluated their health as satisfactory. Level of smoking was 29.7% at the average. Two-thirds (65%) of smoking people wanted to quit. Only 41.8% of respondents knew their own blood pressure. 16.9% had hypertension. About 11% of respondents had sedentary life, only 34% had more or less physically active lifestyle. More than third (37.5%) reported of use alcohol. Most of the respondents (87.7%) consume fruits and vegetables less than 400

grams recommended per day. Chronic digestion system diseases were the most frequently observed (15,0% of participants) followed by chronic respiratory diseases (14.2%), diseases of urinary excretion system (12.0%), cardiovascular diseases (10.5%), diabetes (0.9%). The survey among rural health care professionals showed insufficient knowledge about NCD risk factors, and about its prevention. Based on the results an experimental NCD prevention and healthy lifestyle promotion program has been developed and introduced at demonstration regions. The program includes main components such as policy development, needs assessment, training of medical workforce, issue of practical guidelines on NCD prevention at PHC level.

**Conclusions:** High level of behavioral risk factors of NCD development and NCD prevalence among Kazakhstan rural population is found. Only one-third of rural PHC medical workers know measures of primary and secondary prevention, and aspects of healthy lifestyle development. Needs for future actions are: NCD policy to be further developed at local level. An effectiveness of prevention program and monitoring is under implementation through new survey to reveal the tendency of risk factors changing among rural population. However, to effectively address NCD prevention, besides population programs, the development of intersectoral partnership and improvement of socioeconomic status of rural population are essential. In other words, there is a call for efficient strategy on health inequality.

## DIETARY HABITS AMONG DANISH AND KOREAN COLLEGE STUDENTS

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**Background:** Few qualitative studies have examined dietary habits of university students with a cultural approach. Students from Denmark and South Korea have been chosen because of their cultural differences and the fact that they are the first generation that really experiences globalization in terms of new communication technologies and consumption patterns.

**Aims:** The aim of this study was to identify differences in sociocultural perceptions, beliefs, attitudes and behaviors related to health and dietary habits between Danish and Korean undergraduate students.

**Methods:** Four qualitative focus group interviews with 10 students in each group were conducted in Denmark (University of Southern Denmark) and South Korea (Seoul National University). The questions focused on general health beliefs, traditional food beliefs, dietary beliefs and attitudes, dietary habits and behavior, beliefs in food, sociocultural values of food and intervention strategies.

**Results:** By employing a sociocultural background model, new themes emerged. These themes were national identity, health beliefs, globalization, media and behavior. National identity revealed to have some similarities in the social meaning of foods whereas the symbolic values of food differed a lot. Health beliefs and behaviors showed cultural variations in the sense that Danish students lacked a holistic view of health while Korean students lacked coping strategies to improve their health. Media proved to be a source of societal influence in both countries. However, students in both countries mentioned confusing nutritional messages and Korean students tended to believe most in these messages without critical appraisal. Globalization was found to have a great and somewhat negative influence on traditional food patterns in Korea since purchasing and consuming western style foods were regarded as trendy and socially prestigious by the Korean students. Danish students perceived globalization as having a positive influence on traditional food patterns given that new food inspirations can motivate healthier consumption behaviors.

**Conclusion:** It can be concluded that cultural diversity exists and have an influence on the health and dietary beliefs. Globalization can create intracultural variation and change traditional dietary norms, especially in countries in transition processes.

## ESTONIAN HEALTH PROMOTING HOSPITALS UNITING AS A COMMON FRONT AGAINST TOBACCO

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**Background:** The National Strategy for Prevention of Cardiovascular Diseases (CVD) 2005–2020 is implemented in Estonia. CVD are the main reason for early loss of work capacity (at an age below 65) and death in Estonia. CVD mortality in Estonia is the highest in Europe. Out of 100,000 people at least 250 men and 80 women under the age of 65 die of heart diseases per year. 45% of men and 18% of women are regular smokers in Estonia. 2,000 deaths and 3,500 new diseases per year are caused by smoking in Estonia.
**Aims:** The aim of CVD prevention strategy is to increase the number of physically active people, to reduce unhealthy nutrition practices and smoking prevalence.
Hospitals can effectively contribute to better health in society and must take up a leading role in the fight against tobacco, the number one preventable cause for premature death and disease. Hospitals must play an important role to protect patients and staff from dangers of passive smoking and support those who want to quit the harmful habit.
The reduction in prevalence of tobacco consumption is a long-term national priority (2005–2020).
**Methods:** Ensuring the availability of long-term counselling and treatment services for quitters together with training of the relevant staff and appropriate guidance material are the tasks of Estonian health promoting hospitals (HPH). Estonian Network of HPH joined the European Smoke Free Hospitals Network in 2005. Since 2005 the counselling service for quitters is provided in 20 smoking cessation clinics of health promoting hospitals throughout all 15 counties in Estonia. 62 health professionals are trained as smoking cessation counsellors. 3 Estonian HP hospitals have declared themselves as smoke-free.
**Results:** By 2020 the CVD mortality of men and women under 65 should be reduced by 40 and 30% respectively. The smoking habit is diminishing among the 16–64-year-old men to 40% by 2008 and to 30% by 2020, and among the 16–64-year-women to 16% by 2008 and to 10% by 2020.
**Conclusions:** The efficient implementation of the National Strategy for Prevention of Cardiovascular Diseases requires working as a united front at all levels. It is the only way expected results for 2005–2020 can be achieved.

## FILM BASED RESILIENCE EDUCATION: A REVIEW ABOUT CINEMA PEDAGOGICAL STRENGTHS TO FOSTER RESILIENCE IN HEALTH EDUCATION PROJECTS

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**Background:** The aim of this paper is to present a review about the possible use of cinema to foster resilience in health education projects. Globalization could work for instability, conflict and health inequalities. At the same time multicultural societies, changes in families' boundaries, chronic illness or other traumas could affect human beings' well-being. Resilience needs to be fostered to overcome adversities and, for this reason, expressive and creative educational strategies to get people involved in health education projects become necessary. Cinema offers a global language that is capable to reach people of different cultures, ages, education degrees, and economic status. It involves people critically and emotionally with sounds, rhythms, images, verbal and non-verbal communication. It offers a way for problem posing about health issues but it also supports active participation in people. In fact, cinema enhances the production of critical thinking and personal thoughts about one's own

well-being. In addition, from a pedagogical point of view, it develops capacities in using images to explore, understand and recognize resources both in people and in the context. Therefore, cinema can be studied in health education and medical education as an art based methodology using narratives and visual techniques. Besides a lot of movies are accessible for people and health educators, and it is no easy to find those with positive messages and anchored in health promotion principles. Our review, developed within the Master in Health Promotion and Health Education, would like to answer two questions: which movies could be used to argue resilience themes? Which are cinema's strengths from a pedagogical perspective?

**Aims:**

(1) To collect movies in which resilience dimensions are present.
(2) To develop a check list of movies chosen.
(3) To discuss pedagogical strengths and critical points of cinema to foster resilience.

**Methods:** A qualitative research design has been developed. A previous review of resilience, cinema pedagogy and methodology in the field of health education has been organized to define resilience dimensions and possible cinema contribution. A second review about resilience dimensions in movies has been developed using an Italian Anthology of International and Italian films with 20,600 abstracts. Films that cope resilience features and dynamics have been selected and organized in thematic fields with general notes (author, year, title, plot, resilience elements). A third review consisted in watching the selected films to compare the anthology selection with literature review. A final synthesis has been elaborated for the most meaningful films on resilience. Finally results have been discussed and shared in a panel committee during a Master thesis discussion in health promotion.

**Results:** 76 movies have been selected in a first review. They have been organized in thematic schedules describing the general characteristics of the movie and resilience features in individuals and communities. 14 films appeared the most meaningful to foster resilience factors and dynamics. A more specific paper has been worked out for each film. It contains discussions about resilience dimensions, target orientation, and pedagogical opportunities.

**Conclusions:** Results have produced new insights for the possible use of cinema to foster resilience in health education practice. Even if they are clearly linked to an Italian anthology, the project offers an example for an experimental design in a film-based research in health education. Other relevant elements come from the panel discussion. Resilience captures interests in different fields of health education (patient education, ethnic minorities, disabilities, adoptive families, traumas, divorce, accidents, substance abuse, etc). Cinema reveals its potential because it is capable to create bridges between individuals, groups and communities and in this way it empowers people. Otherwise, the pedagogical analysis argues that a movie could not be a model to follow or a moral preach about how to cope adversities, on the contrary films are another chance to develop one's own life skills and use different kind of communication in order to pool resources, build community and be empowered.

## HEALTH BEHAVIOR OF SCHOOLCHILDEN: COMPARISON BETWEEN NATIONAL AND HPS SAMPLE OF THE CZECH REPUBLIC

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**Background:** The background for the research is Agenda 21 (Czech modification of WHO's Health For All in the 21st century). One of the particular aims is to conciliate the inequity in health promotion in schools and health education based on skills. WHO's Health Promoting Schools (HPS) programme is a tool for achieving this particular aim (13.4: to ensure that at least 50% of children have an opportunity to be educated in Health Promoting Kindergarten and at least 95% of children in Health Promoting Basic School till the end of 2015).

**Aims:** The aim of the research was to compare the data from national sample of the CR (May 2002) and HPS programme sample (October 2005) acquired by HBSC questionnaire and use it as one of the sources for evaluation of effectiveness (evidence-based) of HPS programme in CR.
**Methods:** The only method for gathering the comparable data was HBSC questionnaire administrated to approximately 4,500 pupils at 5th, 7th and 9th grades of 72 basic schools involved and certified in Czech HPS programme network and obtained data was statistically compared with approximately 5,000 pupils at the same grades of basic schools in the whole CR.
**Results:** The results show statistically significant differences in social climate in schools and alcohol, tobacco, cannabis and other drugs consumption (among others) – in favour of HPS programme.
**Conclusions:** The research showed the effectiveness of the HPS programme realised in the CR in essential issues for schools: better social climate in school community and effective prevention of drug use. This provides another argument for spreading WHO´s HPS programme ideas and hereby helps with lessening the inequity in health promotion for pupils and teachers in Czech kindergartens and basic schools.

## HEALTH INEQUITIES IN SOUTH ASIA: WHAT IS THE SITUATION LIKE IN PAKISTAN? WHAT ARE THE UNDERLYING CAUSES AND HOW CAN THEY BE REDRESSED?

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**Background:** Over the past few decades there have been gains in health and other social sectors in average terms, but the cost has been deepening inequalities, with widening gaps in health outcomes between the haves and the have nots. Development activities, without a focus on redressing inequities, create and exacerbate existing inequities. For example health systems without a focus on equity, tend to inequities. A variety of strategies are used in health systems, public health, and other social sectors to redress these imbalances.
**Aims:** The presentation will discuss health situation in South Asia by comparing certain health and other development indicators across Pakistan, India, Bangladesh, and Sri Lanka especially from the point of highlighting inequalities in various health-systems- and public-health-linked indicators.
**Methods:** The situation is then closely assessed for Pakistan in the backdrop of inherent inequities, present at the systems, social structural levels, and at the broader political economy and macro-policy levels. The findings are further corroborated using evidence from two primary sources of information, as studies using interviews and group discussions with various stakeholders in health in Pakistan. This is followed by a description of two development initiatives in Pakistan, mainly in the area of research, which have a common approach of addressing inequalities in health by developing partnerships between academics and a range of different actors including civil society organizations and government institutions.
**Results:** Results will be described mainly at various levels of operation of social instituitions. At the very basic family level, for example, decision to access health care is largely influenced by gender. At the community level, the hierarchy works mainly in the form of ascribed status to different social groups based on wealth and power. Service delivery and local governance levels are seen at the interface of core societal values and the broader political economy situation that prevails and thus reflects aspects of both these levels at work. At the overall macro-policy and political economy level, decisions to allocate resources in health and other social sectors are influenced by underlying class and power differentials.
**Conclusions:** The description of the two initiatives tries to highlight the values that underpin these efforts, the overall approach, and a focus on structural and process issues. The aim, while highlighting

the commonalities of these initiatives, is to bring forth their focus on redressing inequalities to attain health and development goals. Policy conclusions are drawn mainly to highlight the centrality of equity: for reaching International Development Goals; as a focus for health systems and other systems affecting health; in the area of research for development and; to address root causes of inequalities in society.

## HEALTH PROMOTING BEHAVIOURS AT HEALTH PROMOTION SCHOOLS IN LATVIA

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**Background:** Effectiveness evaluation of Health Promoting Schools (HPS) is on the agenda now. According to health promotion concept, promoting health behaviours should be one of priorities at HPS. Thereby percentage of students practising health promoting behaviours could be one of the indicators to evaluate effectiveness of HPS.
**Aims:** To assess differences on health promotion behaviours on individual level between HPS and non-supportive schools.
**Methods:** Representative sample of 3,481 students (aged 11, 13, and 15 years) were studied in a cross-sectional survey – Health Behaviour Study in School-aged Children (HBSC) 2001/02 in Latvia. 460 students were from 16 HPS, but a total number of participating schools was 135. Main outcome variables: physical activity, tooth brushing, fruit and vegetable consumption.
**Results:** Only 29.9% of students in HPS and 30.1% in other schools report undertaking physical activity at a level that meets the guidelines: one hour or more of at least moderate intensity on five or more days a week. On average more boys (37.6%) than girls (23.4%) have sufficient physical activity and the proportions meeting the guidelines decline with age ($p<0.001$). 50.5% of students versus 49.4% in non-supportive schools reported recommended tooth brushing – more than once a day. The proportion of tooth brushing increases with age ($p<0.001$). Only 24.6% of students in HPS (versus 23.9% at non-supportive schools) report eating fruit and 31.9% (versus 28.2%) eating vegetables daily. Statistically significant differences on health promoting behaviours between HPS and non-supportive schools were not found.
**Conclusions:** Emphasis on promoting healthy behaviours is essential in all schools in Latvia. Development of effective structural indicators should be considered to evaluate differences between HPS and non-supportive schools on the policy level.

## HEALTH PROMOTION IN PRACTICE: A STUDENT LEARNING APPROACH

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**Background:** South Africa's inheritance of the apartheid legacy has led to severe inequities in health. It is in this framework that future health professionals are trained to gain skills in health promotion. In response to redressing previous inequities, the Primary Health Care (PHC) approach was adopted as a lead theme in the Faculty of Health Sciences (FHS) curriculum to train students who will be able to have a contextual understanding of health care needs in the country. As a response, the teaching of health promotion and training across departments in the FHS is firmly grounded on the FHS Charter principles which include non-discrimination, supportive culture, capacity building, empowerment, equity, facilitation of learning, research, service, consultation, monitoring and evaluation and community participation.

**Aims:** This paper aims to provide information regarding the teaching of health promotion as a strategy for the implementation of the PHC approach in the Faculty of Health Sciences (FHS) curriculum.
**Method:** In the first year of study, all students in the FHS complete the course Becoming a Health Professional (BHP) which provides an opportunity to visit communities to gain a contextual understanding of factors that impact on the general health of individuals and communities. Similarly, students in 3rd year Health and Rehabilitation Sciences and 4th year medicine are placed in different community based settings to conduct health promotion projects based on the Ottawa Charter principles. This learning process allows students to gain skills such as consultation, needs assessment, networking, problem solving, negotiation, advocacy, health education, organising, communication and critical reflection to promote health of individuals and communities.
**Results:** Students have showed insight into addressing health needs from using different health promotion approaches and tools. In addition, students are evaluated and assessed on how they apply health promotion theory and PHC principles in their projects which include poster presentations, written reports and health education material. These learning activities highlight their understanding of the Health Promotion process, implementation and final outcome.
**Conclusion:** Students are exposed to the theory of multi-disciplinary approach to Health Promotion, however more intergration across disciplines still needs to occur to encourage the holistic management of health problems.

## HOW DO NGOs EVALUATE HEALTH PROMOTION – EXPERIENCES AND STUDY ON THE JARVI PROJECT

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**Background:** The project JARVI was launched by the Finnish Centre for Health Promotion and the Finnish Federation for Social Welfare and Health approximately two years ago. Both initiators are national NGOs. They have together more than 180 member organisations. The JARVI-project is aiming for strengthening evaluation capacity of the NGOs and developing evaluation tools. The project is funded by Finland's Slot Machine Association. The necessary first step was to define, how do NGOs evaluate their projects and advocacy in the field of health and welfare.
**Aims:** The main questions were: How do NGOs evaluate in practice? What kind of support NGOs needed for improving their assessment? The basic idea is that evaluation should help NGOs in their daily work. The aim was to construct a basic knowledge on evaluation practices of the NGOs. The study was focused on evaluating projects and evaluating advocacy. The themes were: What are the aims of operations? When is the right and proper time for evaluation? Who should evaluate? What is the focus of evaluation? What kind of methods should be applied? What are the main problems?
**Methods:** A questionnaire was sent to 180 members of the Finnish Centre for Health Promotion and the Finnish Federation for Social Welfare and Health. Over hundred member associations replied. The questionnaire consisted mainly closed questions but there were open ones too. However, there were a number of ambiguous responses. That is why a couple of group interviews were run during the spring 2006. Both quantitative and qualitative methods were used in analysing research data.
**Results:** NGOs are a very heterogeneous group. There are some difficulties in generalising results. Some conclusion are, however, available. Attitude to evaluate is mostly positive in NGOs but there is lack of financial resources. More knowledge on evaluation is needed as well. The main challenge is to connect assessment with daily work. The results will be utilised in the planning and evaluating project JARVI.
**Conclusion:** NGOs can surely use same kind of evaluation methods that are applied in public or private sector. The methods should be adjusted for NGOs. It is important that the evaluation criteria

are discussed carefully. In the future the main focus of JARVI project will be on self-assessment. There are also some specialities (e.g. voluntary work, empowerment etc.) in the work of NGOs, which are needed to evaluate in the special context of the NGOs.

## IN THREE DIFFERENT OLDER STUDY SAMPLES ACTIVITY RESTRICTION BY CHRONIC CONDITION AND GENDER (ANKARA, TURKEY)

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**Background:** Within the next 20 years, the proportion of the older people will reach 10% in Turkey.
**Aims:** The purpose of the study is to compare the results of three different studies realised in older groups in Ankara so to improve data pool about the subject.
**Methods:** Data of three studies have been collected with the application of a questionnaire by face to face interview technique to the older applicants at a government bank, an academic hospital, and a health centre.
**Results:** Though for both genders the most difficult activity of daily living was to go up- and downstairs and the most difficult instrumental activity of daily living was to do heavy cleaning, mean scores were increasing with age and were higher in women.
**Conclusions:** Definition of activity restriction among different older groups and the burden of their dependency seem crucial for Turkey as for other developing countries.

## INEQUALITIES IN HIGH SCHOOL CHILDREN'S SPORTING BEHAVIOR

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**Background:** Similarly to other health behaviors, physical activity is also influenced by many factors. Studies among youth draw our attention to the important sociodemographic differences and inequalities in physical activity such as gender, age, school achievement, social status and residential area. The residential differences in youth's sports activity is a relatively understudied research field.
**Aims:** The main goal of the present study has been to detect sociodemographic factors and social inequalities influencing high school children's sport practices with special attention put on the possible residential differences.
**Methods:** Our data were collected in 2004 from secondary school students at the Southern Plain Region of Hungary (n = 1114) using self-administered questionnaire. Questionnaire contained youth's health behaviors, attitudes and various sociodemographics and social factors (SES, residential variables).
**Results:** Sports activity among high school students is relatively favourable but lower in amount and more irregular than it is among elementary school children. We have found significant differences in physical activity according to county, settlement type, gender and school achievement. We could also reveal the "J" formed connection between physical activity and social status, but in the multidimensional regression model, parents' assignment and qualification have lost their effect with the exception of mother's schooling qualification.
**Conclusions:** Our findings draw our attention: (1) to the residential differences in high school children's sports activity; (2) to the need of further research the role of sociodemographics and social inequalities in sporting behavior and (3) to the most important focal points in health promotion.

# INEQUALITIES IN OCCUPATIONAL STATUS AND HEALTH INEQUITY IN MIDDLE-AGED POPULATION IN LITHUANIA

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**Background:** Socioeconomic factors have been shown to be one of the strongest determinants of health. In recent studies the discussion on health inequalities has shifted from the consequences of occupational position to the prognostic value on all-cause mortality. This change in interest occurred without comparative analyses of different sources of health inequalities.
**Aims:** The aims of this study were to examine the prevalence of risk factors in different occupational groups among Kaunas men and women aged 35–64 years and to assess the prognostic value of occupation on all-cause and CVD mortality in twenty years follow-up.
**Methods:** In the framework of the Multinational Monitoring of Trends and Determinants in Cardiovascular Disease (MONICA) study in Kaunas four different random samples of subjects aged 35–64 years were selected and screened (n = 6,854, 3,292 of men and 3,561 of women). The mean response rate was 65.1%. Every screening included physical measurements (blood pressure, height, body weight), blood examinations (serum cholesterol, triglycerides, high density lipoprotein (HDL) cholesterol, fasting glucose), interview for self-rated health, smoking, alcohol consumption, physical activity. CHD forms were evaluated by standard G. Rose questionnaire, ECG coding by Minnesota Code and documented MI. The International Standard Classification of Occupations (ISCO-88) was used to classify respondents into non-manual and manual workers. All death cases were obtained from mortality register. Two groups of death cases were analysed: the first group consisted of death from all causes (codes 001-E999 and A00-Z99), and the second group comprised of deaths from CVD (codes 390-458 and I00-I99). The estimates of hazards ratio (HR) and 95% confidence intervals (CI) were based on Cox's model. The difference between parameters compared was considered to be greater than 1.95 (<0.05). Standardization of the screened population was performed using the age structure of European population.
**Results:** At the beginning of the survey the proportion of the non-manual workers among men was 35.9% and among women 44.6% ($p<0.001$), and proportion of manual workers among men was 64.1% and among women 55.4%. Twenty years later the proportion of non-manual workers increased and the proportion of manual workers statistically decreased among both men and women. The distribution into categories of self-rated health showed no difference between the male manual and non-manual workers, but among women 23.2% of non-manual workers rated their health as very good or good compared with 12.9% among manual workers ($p<0.001$). The proportion of men with high level of serum total cholesterol (7.8 mmol/l or more) was lower among non-manual workers as compared to manual workers. 47.8% of manual workers and 30.1% of non-manual workers were smokers ($p<0.001$). The proportion of obesity was lower among non-manual workers as compared to manual workers. Among manual workers the risk of death from CVD was 1.5-fold greater than among non-manuals. AH, HDL cholesterol, alcohol consumption and diabetes were associated with the risk of death among non-manual workers. The risk of death among manual workers showed a positive association with obesity, hypertriglyceridemia, high level of fasting glucose and CHD diagnosed at initial survey.
**Conclusion:** The results emphasize different association between occupational groups and risk of mortality. The effect of changes in risk factor distribution among occupational groups will become apparent in future mortality.

## INEQUITIES IN MENTAL HEALTH: CHALLENGING PSYCHIATRIC STIGMA AND DISCRIMINATORY ATTITUDES AMONG GREEK ADOLESCENTS

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**Background:** Society has long faced the challenge of breaking down stigma and discrimination associated with mental ill health. Prejudice against those with mental illnesses increases social isolation and is a source of harassment and discrimination in employment, housing and insurance. Stigma means that people are reluctant to present with psychiatric problems to primary care and often default from specialist services. This discrimination affects social behaviour and damages self-confidence. Despite efforts to try to change attitudes by both individuals and groups, stigma still exists. Furthermore, while there is a growing literature on mental health illness stigma, and strategies for reducing stigma among adults, less is known about how children and adolescents view people with mental illness. Young people are a particularly important group, not only because their opinions and knowledge will determine future attitudes, but also because of high prevalence of mental health problems in childhood and adolescence.
**Aims:** The aim of our study is threefold: (1) to study the attitudes and opinions of Greek adolescents with regard to psychiatric illness, (2) to assess the effectiveness of a short-term intervention with adolescents aimed at increasing mental health literacy and challenging negative stereotypes associated with mental disorders, and (3) to achieve positive changes of attitudes of adolescents towards people with mental disorders and community rehabilitation settlements.
**Methods:** A total of 85 students (16–17 years old) of a secondary school attended three mental health awareness workshops and completed pre- and post-test questionnaires detailing knowledge, attitudes and behavioural intentions. The pre- and post-study design included a control group (83 students) of a secondary school in the same school district (Chalandri, Athens).
**Results:** At present, data collection has just been completed and no results have been yielded yet. However, the results are expected to be available by July 2006.
**Conclusions:** The above mental health educational sessions with adolescents are expected to function as a useful approach for challenging the development of stereotypical attitudes towards people with mental health problems facilitating the social reintegration of these people.

## INTEGRATING RESIDENTS' PERSPECTIVES AND NEEDS INTO THE PLANNING OF LOCAL HEALTH AND DEVELOPMENT: PROCESS AND FIRST RESULTS

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**Background:** Residents of a socially deprived quarter in Hamburg were interviewed to gather primary data for the planning of local health and development. Around 60% of the 3,000 residents are migrants. More than 30% of them are younger than 18 years, around 40% dependent on social welfare. The project aims to evaluate a health prevention program for children and their parents, which is conducted currently in this quarter. The survey is part of the planning process.
**Aims:** The study has three main aims: (1) to increase the knowledge and acceptance of the health promotion activities, (2) to identify the residents' unmet needs as well as barriers and restrictions for the access to health care services, (3) to identify social determinants of personal health care and the (non-)use of local health care services.

**Methods:** 156 persons aged 15 to 55 were interviewed face-to-face. The sample was not representative for the whole community, but selected according to suggestions of local key persons. The amount of migrants in the community (60%) was reflected in the sample. People with insufficient German language skills were interviewed with questionnaires in the six most common foreign languages by trained mother-tongue interviewers with good German knowledge. The items of the survey were easy to understand by using explanations and visual aids. To increase the acceptance flyers and posters at different places in the quarter gave information about the purpose and methods of the survey.
**Results:** The majority reported a slight improvement in the health promotion activities after the implementation of the prevention program. However, the knowledge about the different services on offer was still rather low: depending on the service around 20% up to 50%. Like the experts, also the residents identified the most urgent need for concrete activities in the areas “nutrition” and “addiction”. Reported barriers to the use of services were: lack of information (35%), little interest in the health promotion activities (25%), lack of time (12%), and language problems (5%). Around a third of the interviewed persons are willing to participate in health promotion activities.
**Conclusion:** The survey integrates the residents’ perspectives and living conditions into the further planning of health promotion activities. However, a data collection in this field is too extensive for becoming a regular task of the local authorities or other local players. In respect to the interpretation of the results, a possible bias due to the selection of interviewees has to be taken into consideration. Therefore results should be discussed within the context of additional information and/or studies (triangulation).

## MAJOR RISK FACTORS OF NONCOMMUNICABLE DISEASES IN INDONESIA, 2004

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**Background:** Some major risk factors of noncommunicable diseases are Hypertension, Diabetes, Hyperlypidemia, Hypercholesterolemia, obesity, unhealthy diet (undernutrition, insuffeciency of vegetables and fruits consumption), physical inactivity, as well as tobacco/alcohol consumption. However, the first five risk factors are still closely related to the diet and physical activity. Therefore, unhealthy diets, physical inactivity and smoking become the leading causes of the major noncommunicable diseases, including cardiovascular diseases, type 2 diabetes, cancer, and contribute substantially to the global burden of disease, death and disability. As one of the WHO country member who supports “The Global Strategy On Diet And Physical Activity and Health”, Indonesia has some considerable data, which enabel the country to develop some major global, national, and regional policies.
**Aims:** The study is aimed to determine major risk factors (i.e. smoking, vegetables and fruits consumptions and physical activity) of noncommunicable disease in Indonesia, using data derived from from National Socio Economic Survey (NSES) 2004.
**Methods:** NSES 2004 used face to face interview, where respondents aged 15 years and above were questioned about their behaviour of the risk factors mentioned above. The questions adopted WHO STEPSwise approach to NCD risk factor, which consists of: (1) How many servings of fruit and vegetables are consumed daily, and (2) How many days in a week one consumed fruits and vegetables; (3) How many days one usually do “vigorous”, “moderate”, and walking activities at least 10 minutes continuously, and (4) The total amount of time spent on a day in one week in doing those activities. The definition of “sufficient” in consuming vegetables and fruit is one consumes vegetables and fruit every day, at least 2 servings of fruits and 3 serving of vegetables, or vice versa, in a week. To achieve “sufficient” physical activities, one must do at least 10 minutes activities, continuously, and 150 minutes or more cumulatively over at least five sessions in the week. “Insufficient” physical activity means activities less than 150 minutes in a week, while “sedentary” physical activity means activities

less than 10 minutes for each activity or never do any physical activity at all. Current smoking is considered as one who smoked during the last 1 month, including daily and occasional smoking.
**Results:** A total of 35% of Indonesia's population aged 15 years and above are smokers, demonstrating an increase of 3% from to 2001 and 2003 Susenas data. The increase of smokers occurred almost in all age groups and all education levels between the year 2001 and 2003. The percentage of male smokers remains constantly high (i.e. 63% in 2001, 2003 and 2004). Although the figures for female smokers are much lower, an increase is found, from 1.4% (2001) to 1.7% (2003), and 4.5% (2004). The least percentage of smokers (i.e. 30%) are found in the lowest economic level, while the better off show a higher percentage (36–37%). Susenas 2004 demonstrates that the largest increase of smoker percentage (6%) is evident in the higest economic level, compared to the 2001 and 2003 Susenas. Almost complete population (99%) consume vegetables and fruits insufficiently, especially those in low education level (never go to school, not completed primary school, and only completed primary school), and low economic level (1st and 2nd quintile). In terms of physical activity, 6% of population are sufficient, 9% are sedentary, and 85% are insufficient. From those who are insufficient, females has a higher percentage (87%) than males (83%), whereas urban population has a higher percentage (86%) than rural (84%). The percentage is higher in a higher education level (82% in the lowest compared to 88% on the highest education level) and in higher economic level (81% and 86% in 1st and 5th quintile, respectively).
**Conclusions:** According to the the highest precentage of population with 3 major risk factors (smoking, insufficiently consume vegetables and fruits, and insufficient physical activity), the Non Communicable Diseases Prevention and Control program should be encouraged and focused on the efforts to reduce the risk factors.

## MEASURING QUALITY OF WORK: INEQUITY IN PRIMARY CARE

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**Background:** Primary care is an essential setting not only for providing medical care, but also to prevent diseases and promote healthy life. The quality of its work may play a key role in the health status of the population. Qualified paediatricians cover almost two-thirds of the childhood population of Hungary, while for the rest of children, especially in villages, primary care is provided by general practitioners.
**Aims:** To assess the quality of work of primary care, paediatricians and the general practitioners all in prevention, acute care, and chronic disease maintenance, by comparison of the rate of prescribed indicator drugs that refer to these elements of primary care.
**Methods:** We have compared the age-specific rate of prescribed indicator drugs ordered by the two different types of primary care providers. The Hungarian National Health Insurance Fund's database has been used that covers all Hungarian citizens. All medical prescriptions of selected indicator drugs for Hungarian children 0–19 years old have been analysed for the period of one year (1 July 2003–30 June 2004). ÷2 test was used for statistical analysis.
**Results:** The amount of prescribed Vitamin D, Vitamin K, Meningococcal vaccine and partially hydrolysed infant formula, referring to the preventive work, was significantly higher in paediatric practices than in general practices. Usage of drugs for iron supplement was also higher for paediatricians, while they used fewer antibiotics in total. The spectrum of prescribed antibiotics has shown significant differences as well. Paediatricians have less prescribed intramuscular penicillin injection, sulfonamids and quinolons, while the 3rd generation of per os cephalosporins has been much used. Inhalative antiastmatic drugs, both for preventing asthma attacks (local anti-inflammatory drugs) and bronchodilatators have also been much ordered by paediatricians.

**Conclusions:** Our data indicate that paediatricians provide higher quality of primary care either in preventive and acute care or chronic disease maintenance. This may play role in the improvement of the health status of Hungarian children. Implementing a well-planed health promotion strategy addressed to health professionals in primary care would minimize the gap between the two types of caretakers.

## MECHANISMS FOR PROMOTING HEALTH AT WORKPLACES IN THAILAND: A MANAGEMENT SYSTEM FOR QUALITY OF WORK LIFE

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**Background:** Workplaces are places where people stay for long periods each day. To be competitive, businesses have to make acceptable profits and human resource management is key to success. In 2004, the National Statistical Office of Thailand found that about 13,226 million baht (US$340 million) had been spent for medical treatment due to illness or accident of the working age population. The Federation of Thai Industries, the main organization of industrial manufactures, in cooperation with the Thai Health Promotion Foundation, the main catalytic health promotion organization in Thailand, have been developing workplace health promotion through a new management system, the Management System of Quality of Work Life (MS-QWL 1:2004). This system relies on the quality of life considerations indicated by the World Health Organization (WHOQOL-100) and requirements of the Occupational Health and Safety Assessment Series (OHSAS 18001). The MS-QWL principles come from management system principles plus 4 quality of work life focuses: physical well-being, emotional well-being, social well-being and spiritual well-being.
**Aims:** (1) To develop workforce quality in workplaces through a systematic mechanism that acts to increase productivity and country competitiveness through emphasis on human well-being, the central potential of work. (2) To review and analyze the World Health Organization's quality of life indicators and work management systems and then develop a standard and relevant system such as an advisory and/or evaluation system.
**Results:** (1) Initialization – the Thai Health Promotion Foundation and the Federation of Thai Industries had a common concern about increasing workforce expenses for medical treatment. In September 2003, a memorandum of understanding between ThaiHealth and FTI to develop a workforce standard was signed. (2) Mechanism formulation – In 2004, a draft of the MS-QWL was developed by health promotion experts and management system experts, and this draft was reviewed through six panel meetings. Finally, the MS-QWL was formalized with 6 elements: general requirements, a quality of work life policy, planning, implementation, checking and corrective action and management review. (3) Mechanism to Practice – The second year of the project involved standard implementation. Twenty manufactures of various sizes piloted the standard as well as a factory advisory and evaluation system. At the end of the second year, 13 workplaces were certified as meeting this standard. (4) Evaluation – Strong Point: Due to the system, a management policy and commitment from top management to 4 quality of work life elements have been established in the daily operation of both management and workers. Weak Point: The first phase of the mechanism implementation was only 1 year. So, the evaluation of effectiveness of the mechanism cannot be completely assessed yet. Like the ISO system, this system has no manuals or examples of implementation. The interpretation of quality of work life is still under discussion and the incentive package is not yet instituted to persuade other new workplaces to join.
**Conclusions:** MS-QWL is an innovative mechanism for improving the quality of life via the management system. However, the indicators for measuring standards in some areas like spiritual well-being have to be further developed. After finalizing the system, it is expected to stimulate employees to apply the standard, through incentives introduced in the near future.

## MEN'S HEALTHGUARD CLUB – A UNIQUE FORUM IN HUNGARY FOR THE PHYSICAL, INTELLECTUAL AND PSYCHIC WELL-BEING OF MEN ABOVE 40

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**Background:** Morbidity and mortality data of men above 40 are to be improved in Hungary. Men's behaviour is based on non-complaining manners, bearing physical and psychic torture – this does not drive them towards prevention and health protection. They are not likely to attend screenings and even with symptoms they do not turn to a physician. There are many forums for women's health questions, and certain diseases and health problems are very well discussed for people, but men's health and male problems above 40 – although it concerns many men – are rarely and not deeply discussed.
**Aims:** By education and giving answers especially to male-centered, intimate, never or poorly answered health problems, our intention is to improve men's health status and on this basis give them the possibility for a better quality of life above 40 when male health problems become more frequent.
**Methods:** The project of MEN'S HealthGuard Club was launched in 2006 by the contribution of professional institutions, Ministry of Health and sponsored by Richter Gedeon Ltd. to fulfil the above mentioned aim. The project consists of a monthly renewed home page where men can anonymously ask questions about male health problems also, a free of charge phone-line and a regularly published magazine, the latter only for club members. Male health problems are discussed interestingly/excitingly even by specialists writing about a topic and through the personal example of well-known or outstanding people. Men's physical, psychic and intellectual existence is always mentioned as a complete whole unity in the articles dealing with male health questions.
**Results:** Within three months we registered more than 1000 members, a number of well-known public figures and institutions wanted to cooperate with us. The number of phone calls and visitors of the home page is increasing day by day.
**Conclusions:** The success of the project proves that our immediate aim to fulfil a gap in health promotion and education that men awaited for is reached. To change men's attitude in connection prevention and health care, to improve morbidity and mortality figures needs a much longer time.

## MENTAL HEALTH, PAIN, AND SOCIAL FACTORS IN A BIO PSYCHOSOCIAL PERSPECTIVE

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**Aims**: The aim of this study is to examine the degree to which positive and negative aspects of the social environment explain variation in social functioning, while accounting for the effects of chronic pain and psychological distress.
**Methods:** The hypothesised relationships were tested empirically using hierarchical multiple regression with data from the Hordaland Health Study '97–'99 (HUSK). The sample was the 1,649 HUSK-participants aged 40–44 who reported one or more chronic pains lasting several months in duration or longer.
**Results:** The results of the analysis show that chronic pain, psychological distress and interpersonal stress are all significant predictors of social functioning (adjusted $R^2$ = 0.34 for the fully specified model). Furthermore the results indicate that interpersonal stress explains additional variation in social functioning when controlling for chronic pain and psychological distress. On the other hand, no significant effects are found for social support variables.
**Conclusion:** The results of this study indicate that chronic pain, psychological distress and interpersonal stress have independent and significant effects on social functioning. From a health promotion perspective

the implications of these findings imply that to improve social functioning a multifacted approach is warranted. Medical interventions should be combined with psychological and social interventions to achieve optimal results.

## METABOLIC CONTROL FOLLOWING PATIENT EDUCATION IN TYPE 2 DIABETES – A 2–8 YEAR FOLLOW-UP OF PARTICIPANTS FROM A PATIENT-CENTRED AND EXPERIENCE-BASED GROUP EDUCATION PROGRAM

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**Background:** Patient education is an important approach to improve patients' knowledge and self-management in type 2 diabetes. To improve the health service and people's everyday life with diabetes, a nation-wide study circle program was introduced in Sweden in the late 1990s. The complexity of the program can be summarized in three main streams: reflection, understanding and experiences. Participants' problems and the immediate current interest related to diabetes treatment were discussed both with others with the same diagnosis and with experts in a group.
**Aims:** The aim of the study was to investigate how participants from a patient-centred and experience-based group education program had succeeded in maintaining metabolic control over a longer period of time.
**Methods:** A total of 412 persons who had participated in a year-long patient education program for people with type 2 diabetes were followed up from 3 to 8 years. They represented 60 groups held at 18 pharmacies throughout Sweden, 1997–2005. Data were collected at baseline, at six-, twelve-, and twenty-four months, and an additional measurement was carried out at a long-term follow-up. The outcome measurement was glycated hemoglobin (HbA1c). Paired t-tests were used to detect changes in HbA1c between the different time points.
**Results:** Data were received from 298 participants (72%). Most of the informants reduced their glycated haemoglobin and maintained those low levels over time. The reduction of HbA1c after six months was 0.31%, ($p = 0.000$), and 0.19% at 12 months, ($p = 0.000$), whereas at 24 months there was no significant change (0.09%, $p = 0.137$) compared to baseline measurements. HbA1c at the long-term measurement was unchanged compared to baseline (increased by 0.023%, $p = 0.746$) on the group level, contrary to the expectation that HbA1c values increase as the disease progresses.
**Conclusions:** For this self-selected type 2 diabetes population, HbA1c values were stable over time, following a year-long educational intervention, which is a clinically significant result. Participants may understand and integrate essential information about diabetes management during the educational program, which could have made it easier for them to keep control of their disease over time. Focusing on participants' understanding of diabetes was an important didactic strategy because patients usually had information or knowledge about diabetes treatment, but they did not understand how to manage the disease. Our results suggest that educational programs intending to promote the health of people with chronic diseases could be more effective by putting focus on the patients' needs and wishes for their disease management.

## MORBIDITY OF ACUTE MYOCARDIAL INFARCTION IN KAUNAS (LITHUANIA) POPULATION DURING 1983–2003

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**Background:** Over the past 20 years an increasing trend of morbidity rates of acute myocardial infarction (AMI) was observed in many Eastern European countries. According to the data of epidemiological studies in Kaunas (Lithuania) conducted in recent years (2001–2002), the prevalence of arterial hypertension in male and female patients became statistically significantly lower, the prevalence of hypercholesterolemia did not change, meanwhile the female smoking prevalence increased over the past 10 years.
**Aims:** The aim of the study was to evaluate the trends in morbidity of AMI in Kaunas population during 1983–2003.
**Methods:** Kaunas population-based ischemic heart disease (IHD) register was the source of data. The methods used for data collection were those applied by the WHO MONICA project. The target group was all permanent residents of Kaunas aged 25–64 who experienced AMI in 1983–2003. Trends were analyzed using the method of linear regression on logarithms of the age-standardized annual rates.
**Results:** According to the data of IHD register, among Kaunas men aged 25–64 years the average morbidity rate of AMI was 415.8/100,000 in 1983–2003. From 1983 to 2003, the morbidity of AMI among Kaunas men aged 25–64 years was without significant changes b = –0.4%/yrs, p = 0.2. Among women, the AMI morbidity rates were about five times lower compared to those among men and comprised 86.6/100,000 on average during the study period. Among women of the same age the morbidity of AMI rates were increasing statistically significantly (b = +1.4%/yrs, p = 0.002). Analysis of the data during the two time periods revealed that during 1983–1992 morbidity among Kaunas men significantly decreased by 1.5%/yrs (p = 0.04), so among Kaunas women was without significant changes, and during 1993–2003 the morbidity rates of AMI did not change significantly among both Kaunas men and women.
**Conclusions:** The morbidity of acute myocardial infarction was without significant changes among Kaunas men aged 25–64 years, while it increased statistically significantly among Kaunas women of the same age from 1983 to 2003. In summary, it can be concluded that the causes for the morbidity from AMI in middle-aged people increasing over the recent years are still not clear. It is necessary to conduct new studies to evaluate the health status of Kaunas city residents (especially women), more closely examine social and economic, behavioural and environmental factors, which may have impact on changing AMI morbidity and in the future offer new health promotion and education programmes.

## NARRATIVE APPROACH TO DESCRIBE DAILY LIFE IN A HOMELESS RESIDENCE

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**Background:** Participatory observation is a well known research technique used to investigate groups of individuals through researcher's intensive involvement with people in their natural environment. Narrative has been used by humankind to describe its outside and inner world since the beginning and therefore it is deeply integrated in every culture. For this reason, narrative techniques can be applied to disseminate information related to population health in a way that facilitates reader comprehension

of a particular phenomenon. A participatory observation was used to gain knowledge about the determinants influencing health of users of a residence for homeless people in Madrid (Spain).
**Aim:** To describe daily life in a residence for homeless people and its implications on health by using narrative techniques.
**Methods:** For one week the researcher lived in the residence as a regular user. Notes regarding daily life (timetable, meals, regular activities, habits, behaviours) were taken. All notes were provided with a narrative structure in a diary form. This diary and a reflection about health determinants were edited and spread, using IT tools, among health professionals (medical doctors, nurses, public health professionals).
**Results:** A diary, in which residence user's daily life was described, was produced. This diary allowed health professionals to know more about daily life experiences in this population group. The researcher also reflected on the health implications of user way of life. For example, smoking was a highly extended habit and was used as a way to cope with life and to socialize with other users. Illegal drug use and mental disease were more frequent than in the general population. Dental health was the visual proof that excluded population does not have access to some health services. Physical, Psychological and Structural violence was integrated in most users' lives as a way of relation with the external world.
**Conclusions:** Health professionals who read the diary had access to the daily life of an excluded sector of the population in a way only possible by using narrative techniques. Narrative techniques provide practitioners with useful knowledge that complements the rest of methods to gain knowledge usually applied in health promotion and are particularly useful when dealing with excluded populations.

## NITROGEN-DIOXIDE IN THE LIVING AREA AND THE RISK OF MYOCARDIAL INFARCTION AMONG MIDDLE-AGED WOMEN

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**Background:** The investigations have shown that ambient air pollution by nitrogen-dioxide (NO2) was directly related to hospitalization and mortality rates due to heart and blood-vessel diseases.
**Aims:** The aim of the study was determine the association between NO2 level and myocardial infarction (MI) to 35–64 year old women comparing indexes in different zones of air pollution.
**Methods:** We conducted a prospective case-control study among 35–64 year old women in Kaunas city, Lithuania. First non-fatal myocardial infarction cases (N=368) were identified from the hospital register (ICD, 10th revision, code 121) and 848 population controls were selected in 1997–2004. We used measurements of ambient NO2 exposure, collected at 12 monitoring posts to assess the residential exposure levels. Multivariate logistic regression was used to estimate the effect of NO2 on the first myocardial infarction, controlling for potential cofounders, such as age, smoking blood pressure, body mass index and psychological stress.
**Results:** The living area was classified into three pollution tertiles according to the NO2 level. We investigated the rate of MI in the tertiles by multifactor analysis. MI risk had a tendency to be increased for women living in the area of the second tertile of NO2 pollution, as compared to women living in the area of the first tertile (OR = 1.08; 95%, CI 0.78–1.50). Women in the area of the third tertile had a higher risk (OR = 1.60; 95%; CI 0.85–1.67), but the results were not significant statistically. Ambient air pollution by NO2 had a higher risk for the development of MI among the 55–64-year-old women than among younger women. The OR for the women of this age living in the area of the second tertile, was 1.14; 95%; CI 0.76–1.72 as compared to the women aged 55–64 years, living in the area of the first tertile. The OR was 1.23; 95%; CI 0.79–1.93 for the women living in the area of the third tertile, as compared to the first tertile.
**Conclusion:** Ambient air pollution by NO2 in the living area had a tendency to increase the risk of MI among middle-aged women.

## OCCUPATIONAL CORRELATES OF FEAR OF VIOLENCE, HARASSMENT AND THREATS AMONG 112 EMERGENCY AID HEALTH WORKERS (ANKARA, TURKEY)

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**Background:** Violence in the workplace is accepted as a serious public health problem in today's world. The findings suggest that specific groups of workers including workers of health services are at risk for physical assault on the job. The Occupational Safety and Health Administration (OSHA) has identified health care settings as workplaces at heightened risk for violence.
**Aim**: The aim of the study was to investigate sociodemographic and occupational correlates of fear of violence, verbal/physical harassment, verbal threat, and physical assaults among health workers who work in 112 emergency aid services in Ankara province (Turkey).
**Methods:** Sample has been selected with multi-stage cluster sampling method from the universe (N = 360) and consisted of total 200 persons. Data has been collected in December 2002 according to self-reportings of the study group by the application of a questionnaire form with face-to-face interview technique.
**Conclusions:** Possible causes of the statistically significant differences that had been found between sociodemographic and occupational subgroups have been tried to put into light. Health sector has to establish violence prevention programmes, including institutional awareness development policies throughout the Country in Turkey.

## OCCUPATIONAL SAFETY AND HEALTH OF HISPANIC/LATINO IMMIGRANT WORKERS IN THE UNITED STATES: FOCUS GROUP FINDINGS

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**Background:** In the last decade, the immigrant stream of Hispanic/Latinos from Latin America into the United States has undergone a significant change in flow. Historically, these immigrant workers went to areas with established Spanish-speaking communities. However, in recent years the rate of immigration to these traditional destinations has flattened and areas such as the American Midwest and Southeast that have not previously been destinations for these immigrants have seen an exponential increase in the size of their Hispanic/Latino communities. This sudden and unexpected increase has created considerable stress within these new areas as both agencies and employers come to understand and build relationships with these recent immigrants. This stress is also reflected within the immigrant community, particularly in the workplace. It is important to recognize that economic opportunity is the primary, if not the only reason for most Hispanic/Latinos to immigrate to the United States. A very large majority of these immigrants are undocumented and as a consequence are socially marginalized. For many, the workplace is their primary site for interaction with the larger American Society. Therefore, investigation of their workplace concerns and experiences has the potential to provide a very rich and deep understanding of the Hispanic/Latino immigrant experience in the United States.
**Aims:** This presentation will present findings from 8 focus groups conducted with Hispanic/Latino immigrants from Latin America and will discuss reports of occupational safety and health concerns, risk perception, risk acceptance and evidence for the impact of culture on workplace safety.
**Methods:** Four of the groups were held in Santa Fe, New Mexico, a traditional or "old settlement" area and 4 of which were held in Cincinnati, Ohio, a non-traditional or "new settlement" area. The

participants in these focus groups were all recent immigrants, all averaging less than 18 months in the United States. Half were male and half female. All had less than a high school education. The participants were asked to share their perceptions of safety risks and their experiences related to occupational safety and health.

**Results:** Analysis of these focus groups suggest that most Hispanic/Latino immigrants, regardless of settlement location, share similar problems related to illegal immigration status and from working low wage, physically demanding jobs. However, there are also indications that immigrants to old settlement areas may benefit in key ways, such as access to health care, range of employment opportunities and somewhat better workplace safety. There also appears to be evidence that hypothesized Hispanic/Latino cultural traits do impact risk perception and risk acceptance in the workplace.

**Conclusions:** Overall, many Hispanic/Latino immigrants tend to perceive low levels of risk on their jobs. Even those who do acknowledge unsafe work activities tend to downplay the level of risk. Almost all report that financial need would compel them to accept all but the most clearly dangerous situations. Clearly, effective occupational safety and health interventions for Hispanic/Latino immigrant workers will need to address these issues.

## PLANNING AND IMPLEMENTING HEALTH INTERVENTIONS, EXTRAPOLATED THEORIES OF HEALTH EDUCATION AND CONSTRUCTED DETERMINATS OF RISK-TAKING

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**Background:** Health interventions are usually preceded by calculations of risks, i.e. ascribed or supposed problem(s). An initial series of meta-reviews (n = 5+14) revealed that there is a lack of research that makes problematic the planning and implementation of educational health interventions, and that reviews in the area of health interventions overwhelmingly focus on effectiveness and outcomes. Based on this, two systematic reviews, a total of 42 peer-reviewed articles, describing educational sexual health interventions targeting youths, have been conducted.

**Aims and Methods:** The aim of the initial meta-reviews (n = 5+14) was to investigate how to improve search and analysis techniques and then in a first systematic review (n = 21) to analyse how risk-taking adolescents from Europe and North America, were “constructed”. A further aim was to extrapolate explicit and/or implicit theoretical premises and possible divergences among them. On the basis of the first analysis, methods were refined and a second review (sample n = 21) from the same population was carried out.

**Results:** Results revealed that causal relations regarding risk were presented as operating non-mutually, as one-sided or as reciprocal causes between environmental, behavioural and personal determinants or antecedents. Normative descriptions of ascribed problems were shown as possibly legitimating interventions. Pedagogical strategies embraced more or less conscious use of pedagogical theories. Some articles, where an explicit theory was presented, were regarded as not convergent when comparing the explicit theory with tacit assumptions extrapolated from the text. Other texts combined different theories without any apparent reflection.

**Conclusions:** The results of this study could contribute to improved review techniques, enhance quality assessment of empirical research and extend the review approach by emphasising how theoretical premises are reflected in the planning and implementation phases of health interventions. Results also offer an opportunity for reflecting on how risk-taking is constructed. A protocol of critical questions that ought to precede planning and implementing of health interventions is proposed.

## POST-GRADUATE TRAINING IN HEALTH PROMOTION WITHIN THE CENTER OF PUBLIC HEALTH IN MACEDONIA

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**Background:** Macedonian Center of Public Health has a mission to prepare a critical mass of public health professionals who are competent in public health teaching, research, providing public health services and analysis/formulation of national health promotion policy.
**Aims:** The aim of this paper is to present the experiences from curriculum for health promotion (HP) within post-graduate study programme.
**Methods:** Descriptive and statistical methods were used for analyzing the data from evaluation forms, presented health promotion programmes produced by students, during 2003–2005.
**Results:** There is 1 credit for health promotion course which is based on 14 hours of contact time. Students learn to be able to select the priorities for HP in the 21st century, develop competence in HP attitudes, knowledge, skills to prepare HP programmes, to manage, design, deliver and evaluate training, to work with media, advocate, have effective communication skills. HP programmes prepared by students (promotion of healthy nutrition, prevention of HIV/AIDS, cardiovascular diseases, environmental health in the community) are with appropriate contents and measures regarding the needs. The scores from student's evaluation for the organization of course, presented topics, presenters, practical exercises are around 97%.
**Conclusions:** Students are mostly satisfied and their expectations are fulfilled, which is a good motivation for further improvement in quality of public health training and continuing education.

## POST-GRADUATE TRAINING IN ITALY: AN INTEGRATED APPROACH

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**Background:** Health promotion, according to the international guidelines, is rarely included or even mentioned in Italian national or local policies. A post-graduate training in HP could be important for the implementation of such innovative health policies. In this respect, primary and secondary schools could play an important role in the dissemination of new HP knowledge and in the creation of innovative strategies.
**Aims:** To propose healthy life-styles teaching as an important link between the old expert-oriented model and a new intersectoral approach to health promotion. To provide integrated training in health promotion for primary and secondary school teachers, psychologists, medical doctors and other primary care workers. To propose, starting from the trainees, specific HP actions with strong local partnership. To modify existing teaching modules in primary and secondary schools.
**Methods:** A group of experts decided to propose a two years' HP university master course for all the professionals involved in children's health and teaching (max 30–50). 300 hours of training and 300 hours of practical experimental work were proposed for primary and secondary school teachers, general practitioners, paediatricians, psychologists and other experts that usually get in contact with 10–18 years-old children. The teaching hours cover all the traditional aspects of health education and illness prevention, but they also introduce important issues such as community development and empowerment, capacity building and life skills development through peer education. Innovative aspects such as intersectoral work, investments for health and assets for health and development are

also introduced to the participating trainees. Regional administration was involved in order to obtain administrative and financial support.
**Results:** The Friuli Venezia-Giulia regional administration decided to support the initiative and fund the first course. According to the training modules, the regional administration decided also to pilot the local training in a group of six municipalities, involving the local school directors and providing incentives for the future work of the trainees.
**Conclusions:** The Udine experience we are presenting here can be an important step in the direction of HP local implementation. Starting from a group of motivated experts, a second level master course in Health promotion was proposed to and accepted by the local university. The regional politicians supported the action and disseminated it locally. By the end of 2007 trainees will acquire the new knowledge on international HP, will develop new, updated teaching capacities with children and develop new capacities to tackle health determinants by interacting with other local policymakers.

## PROMOTION ACTIVITIES FOR THE NATIONAL NO-TOBACCO DAY IN SERBIA 2006

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**Background:** This year's National No-Tobacco Day, 31 January, was celebrated under the slogan "Serbia against Tobacco Smoke". The purpose of the activities for the National No-Tobacco Day was to show the public that the state has undertaken responsibility for putting use of tobacco under control.
**Aims:** The main aim was to present promotion activities for the National No-Tobacco Day.
**Methods:** Prior to the National No-Tobacco Day, we have organized a Professional Conference in the Assembly of the City of Belgrade, as well as a street performance in the very centre of the city.
**Results:** The participants of the Professional Conference came from different health and non-health institutions, government and non-government organizations from all over Serbia. When asked "Do you support ban on smoking in enclosed public places and premises?", 96.9% of the participants of the Conference answered positively. The street performance was full of various activities: exchange of cigarettes for fruits with citizens, distribution of T-shirts with the slogan "Serbia against Tobacco Smoke", throwing things at the "cigarette models", demonstrating the exercise "What Smoke does to our Lungs", and distributing promotion material (leaflets, stickers, no-smoking signs, posters). The National No-Tobacco Day billboards were also placed in the busy parts of the capital. The TV, radio and press participated in the shared action "Serbia against Tobacco Smoke" by broadcasts in informative, expert and morning programmes.
**Conclusions:** Different promotion activities with adeqaute slogans stimulate people for action and produce results

## REGIONAL TOUR FOR HEALTH PROMOTION IN FINLAND – HEALTH IS WORTH: FROM WORDS TO ACTIONS

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**Background:** The population of Finland is ageing and it is expected that it will begin to decline towards the end of the 2020s. There are problems concerning overweight, alcohol, tobacco, mental health and unmobility of people. The costs of health care are growing. The leading idea behind the tour was that it would support implementation of the national health policies on local level and inform about the changes in the law of public health. The regional seminar tour for health promotion was carried out

during January–March of 2006 in 19 cities or towns in Finland. It was planned and organized in cooperation with the Ministry of Social Affairs and Health, National Research and Development Centre for Welfare and Health (STAKES), National Public Health Institute, The Association of Finnish Local and Regional Authorities, State Provincial Offices and Finnish Centre for Health Promotion.
**Aims:** The goals of the tour were: to increase health promotion and its visibility, to increase the understanding of the main challenges and tasks of health promotion, to strengthen health promotion both as a multisectoral task and as a duty of health care. Also the aim was to bring out tools and courses of action. The overall aim was to support the improvement of public health and to hold back the growth of the needs for health care services.
**Methods:** The programme was built in cooperation with the actors mentioned above. Also a wide background material was produced. Invitations were sent to a wide spectrum of different actors in the regions, including municipal sector, companies and NGOs. The programme of the seminar day consisted of different presentations of the national level about the situation of health of the population in that area and different tools that the national level can offer to support the regions and municipalities. In the afternoon the stage was given to the local and regional level. There were presentations from municipal managers, elected local councillors and health care managers. They were asked to interpret the profile made of the health indicators of the area.
**Results:** There were 2,262 participants all together. Mostly there were participants from administration and employees of the health sector, but also elected local councillors and from other sectors, NGOs and other actors of the area. Based on the feedback of the participants of the tour, the participants assessed the tour to be important support for health promotion.
**Conclusions:** The major conclusions from the organisers of the tour are: health promotion has a legal basis but the work needed to reach a mutual understanding of content of health promotion in Finland. Health promotion needs structures and cooperation locally and regionally. To control peoples' state of health and the state of programmes and action in health promotion, there is a need for more accurate quantitative and qualitative indicators. Evaluation is going on concerning the tour. It consists of 2 surveys made for the participants and an interview of the steering group. The implications are being observed and future actions are based on that evaluation. The most important thing to find out in the evaluation is if the tour has brought about some action concerning health promotion locally and regionally. First results of the evaluation will be available in October 2006 and the final report will be published in spring of 2007.

## RESULTS OF CANCER SCREENING IN THE REPUBLIC OF KAZAKHSTAN

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**Background:** Parameters of cancer survival rate in many countries have improved not only due to progress of medical science, but also owing to improvement of diagnostics, regular screenings of the population for revealing a cancer at early stages. In recent years the number of the persons, exposed to regular physical examination has sharply decreased in Kazakhstan. Cancer screening had aimed: to improve availability to the population to have specialized cancer care; to raise population awareness about importance of early cancer detection and necessarily of following principles of a healthy way of life.
**Aims:** The analysis of the influence of population awareness on cancer screening results in Kazakhstan.
**Methods:** During 7 days in April of 2004 screening of population was done by joint efforts of oncological service and common profile health service. Earlier the population has been informed about forthcoming screening in mass media. More than 400 clauses have been published in republican newspapers and magazines, 250 performances on TV and 370 by radio, almost 200,000 information materials (posters,

information leaflets) and 595 audio-rollers informed about a week of screening "Exclude cancer and live easy". On realizing symptoms suspicious of cancer, the investigated person turned to advanced medical examination. The common accepted methods for screenings were: cytological research of cervical smear, breast radiography, endoscope research of a stomach and thick intestines. In time before carrying out a screening people were informed that medical examination is free of charge. The economic forces motivated many people to consult with medical specialists.

**Results:** As a result of wide information campaign 42.2% of references were did by personal initiative that is one of the positive parties in increasing of population activity. During a seven-day campaign in the medical organizations of all levels from rural primary medical service up to Kazakh Scientific Research Institute 1,323,417 persons have been addressed. That has made 8.9% of all population or 13% of adult population. From people turning to physicians, 69,608 persons (0.7% of adult population) have been sent to advanced examination. During screening 558,328 references were registered in the medical organizations to avoid cancer. Special attention has been given to target groups. Target groups joined the people having suspicion of lung, breast cancer or stomach cancer. 175,509 people (13.3% of all references) consulted with a physician in order to avoid lung cancer, 225,712 (17.1 %) in connection with breast cancer, and 157,107 (11.9 %) related to stomach cancer. At 845 people were found out different types of cancer. In result of medical examination, 12,887 patients were included in group of the high cancer risk. In the greatest quantity of the revealed patients visually accessible forms of cancer were found: cervical carcinoma (33.3% of all revealed cancer patients), lips cancer (27.3%), breast cancer (22.5%), malignant skin tumors (22.3%), cancer of a thyroid gland (14.9%), malignant melanoma (13.3%), cancer of both oral cavity and pharynx (12.3 %).

**Conclusions:** The joint actions of authorities, the Ministry of Finance, Ministry of Health and physicians have reached good efficiency of screening. It proved in an active wide-ranging information campaign and high visiting level of population in medical institutions during screening days. In 2004 cancer detection due to screening amounted 15.6% of all cancer cases. For last years gradual growth of early cancer detection index is observed in many respects owing to screening and population awareness. Among the revealed diseases the first three places are taken by breast cancer (20.5%), skin cancer (19.8%) and lung cancer (17.0%). It is expected, that the further knowledge of the population will make more people turn to medical specialists and will strengthen effectiveness of health promotion activity in Kazakhstan.

## SELECTION OF A MINIMUM DATA SET OF HEALTH INDICATORS FOR ADOLESCENTS IN THE SCHOOL SETTING

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**Background:** The national and regional health and social policies in Italy devote special attention is devoted both to adolescents – thought as a crucial life point for the achievement of health competences relevant for their future – and to the school setting for the role that "success" plays in determining wellbeing of girls and boys. The EUHPID Health Development approach highlights health as an evolving process, not a defined status, within the social context, in which saluto-genesis is the way in which human beings save their bio-psychosocial identity in a balance with risk factors (patogenesis).

**Aims:**

(1) To achieve the state-of-the-art of research in the field of health indicators in the adolescent age particularly with reference to the setting and determinants approach.
(2) To establish a minimum set of health indicators, aimed at supporting sustainable health planning and evaluation processes by the primary health care authorities in a small region in the middle of Italy.

**Methods:**

(1) Literature review based on a scientific approach (MATRIX method).
(2) Consensus process involving social, school and health professionals active in the geographical area of application of indicators.
(3) Pilot research, based on the HBSC questionnaire, in order to test the availability of data (this part not included in the presentation).

**Results:**

(1) A general conceptual framework, in order to give a coherent base for modelling the set of indicators.
(2) A consensual list of 50 indicators, for the pilot research phase.
(3) A partnership with the schools at local level, for data collecting and reporting.
(4) A sustainable and effective way of involving other stakeholders (paediatricians, social services, non-profit organisations).

**Conclusions:** The results reinforce the idea that "getting evidence into practice" requires a close collaboration between researchers and practitioners, and this is of particular importance if we want to build up a sustainable system of collecting, elaborating and reporting health data at local level. Traditional health information systems do not allow – at the moment – to get information for planning and evaluating processes according to a health promotion orientation. On the contrary, the research work made possible to identify and manage the main obstacles and constraints against the implementation of an information system really health-promotion oriented.

## SOCIAL INEQUALITIES IN ADOLESCENTS' BINGE DRINKING AND DRUG TAKING IN A SOCIAL-PSYCHOLOGICAL CONTEXT

*Dora Skulteti, MA – Bettina Piko, MD, PhD*
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**Background:** In Hungary as well as in the Central Eastern European region the social inequalities are characterized by huge material and power differences between the two extreme poles which may contribute to health problems, harmful habits and the social-psychological factors like the anxiety level, competitiveness and social comparison. Despite this fact, however, some research data document a less significant divergence in the quality of life and health behaviors among adolescents because the social differences are more or less "equalized" during the period of adolescence.
**Aims:** The main goal of our present study has been to discover the role of subjective socioeconomic status and objective indicators (that is, social position of the family and parental education) which may determine health state and harmful habits of youngsters. Besides this we supposed that high levels of competitiveness and state of anxiety may increase the likelihood of alcohol and drug use.
**Methods:** The self-administered questionnaires were completed by high school students at the Southern Great Plain region of Hungary (N = 548, aged between 14 and 20 years).
**Results:** Most students belong to the middle class (65%), 20% to the lower layer and 15% to the higher layer. Our findings suggest that SES self-assessment and parental education are associated with youngsters' addictive behaviors. Alcohol use and drug taking prove to be the most frequent in the lower and higher social layers, furthermore these students' anxiety and competitiveness levels are the highest. On the other hand, in terms of the objective socioeconomic status, children whose parents are graduated have higher risk for alcohol drinking and drug taking (father OR: 2.56, mother OR: 5.47). In addition, there is straight-line coherence between the frequencies of addictive behaviors and levels of anxiety and competitiveness.
**Conclusions:** Although there are no sharp differences in the subjective SES among adolescents, social indicators have significant influences on health behaviors. Thus, further investigating SES–health links shows a huge importance in the post-communist countries.

## SPECIAL PHYSICAL ACTIVITY DURING THE PERIOD OF MENOPAUSE

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**Background:** Menopause is an inevitable process happening to all women in their lives. It is not only a hard period, but can be starting point of many latent deseases. Physical activity is beneficial for everybody, but it is of great importance for middle-aged women. Exercise contributes to the solution of many physical and psychic problems, which might occur during menopause and with the proceeding of age. These problems might be: depression, obesity, decrease in muscle weight and loss of bone density, which are susceptible to contracture, cardiovascular diseases, different vasomotoric symptomes and appearance of problems caused by the weakness of pelvic muscles.
**Aims:** We would like to show efficacy of our work by data recorded during the classes (pulse and blood pressure), tests carried out (Hans Dieter Kempf, recording the strength of a patient's grip, Zung's depression skale, risk test) and measurement with DEXA.
**Methods:** The training must include cardiorespiratoric exercises to improve endurance, muscular strengthening and stretching exercises, and exercises strengthening the pelvic muscles. It is very important to do weight-bearing activity in order to prevent bone loss. The special exercises improve balance and coordination, increase elasticity and harmonized movement, enhance general condition and bone metabolism. Besides hormone replacement therapy this training is one of the most efficient vehicle to stop bone loss, what is even more, you can increase bone density, thus it should be put into the foreground as secunder prevention during the period of menopause.
**Results:** As a result of the training carried out twice a week for one year we can conclude that endurance, muscular strength and elasticity have enhanced, bone density has either increased or stagnated and the rate of depression has diminished.
**Conclusions:** Based upon the results we can discover correlation between the applied training and the preservation of health for women in their menopause.

## STUDY ON LEGAL AND ILLEGAL DRUG USE AMONG SECONDARY SCHOOL STUDENTS IN THE SCOPE OF AN INTERVENTION ANALYSIS

*Judit Kiss – E. Kovacs*
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**Background:** Drug use has shown a dramatic increase in the last two decades in our country, mainly among secondary school students. This trend triggered different defensive measures in the society from the 90s and there is a growing clear need for steps which could reduce drug abuse. Accordingly, a wide range of drug prevention and health development programmes were introduced at schools, comprehensively approaching problems related to alcohol consumption, smoking, as well as drug and medicine abuse. The factual drug-epidemiology is one of the pillars of the "National Strategy to Eliminate Drug Problems", without exact data it is not possible to monitor the results or give an account for the preventive measures. For this reason regularly repeated surveys are required concerning the primary target group – namely the schoolchildren – both on national and local scale.
**Aims:** Referring to the above-mentioned issue, the aim of our research was to scrutinize legal and illegal drug use, certain behaviour risks (life-prevalence data, self-reported age of first drug use), the frequency of drug use (annual and monthly prevalence) and the circumstances of drug use (types of drugs, ways of use etc.) On the basis of previous national surveys other factors were examined related to those background variables which show a correlation with drug use: basic demographic data (sex,

age, type of residence, family's socioeconomical status), features of their relations with their families or mates and their mental hygiene.
**Methods:** The analysis was based upon a questionnaire survey made in the schoolyear 2004/2005, primarily aimed to evaluate the effects of health development and drug prevention programmes. This survey was carried out in 50 representatively selected Hungarian secondary schools – in two classes respectively. The questionnaire was filled by 2,213 individuals. In this representative sample we compared the 35 schools where in 2002 all students received organised drug prevention training – financed by the Ministry of Health – with a matched sample of 15 secondary schools – as a contol group – without any prevention training. These 15 schools were matched according to their geographical location and their type of education on quota basis.
**Results:** 79.3% of the sample students have already tried smoking in their life, the rate of current smokers is 38.6%. This sample also showed a rate of 70% drunkenness; 81% annual prevalent alcohol use, the monthly prevalence was 68%, while the weekly prevalence was 23%. 24.7% of the interviewed have ever tried an illegal drug – generally at the age of 16 – mainly those containing THC. The use of certain legal and illegal drugs showed a significant correlation with the individuals' gender, family background, family and peer relations, family prevalence of deviant behaviour, poor communication style and poor mental well-being of the family.
**Conclusions:** Results show that preventive school programmes might be hindered if they fail to involve family support effectively. And thus might not provide significant results against the spreading of risky behavioural patterns. It has also turned out that the majority of these responding youngsters usually gain information from friends, moreover, they take this information the most authentic. We would like to highlight this fact during the prevention programmes, emphasizing the importance of group trainings. We have also come to the conclusion that the youth's mental-hygienic problems show a strong correlation with drug taking. This factor should also be addressed during the elaboration of prevention schemes. That is why we consider it substantial to increase trainings as conflict-handling or self-knowledge during the school's drug prevention schemes, because these are the most promising alternatives to reduce the risk of drug use.

## THE EDUCATIONAL AND TRAINING SITUATION OF THE GIPSIES IN HUNGARY

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**Background:** One of the most serious problems in Hungary today is the disadvantageous social and economic situation of the Gypsy minority – which makes up about 6% of the entire population – and the discrimination towards them which is apparent in the area of employment and education as well.
**Aims:** In this study we attempted to answer the question if there is a justifiable reason for the existence of special gipsy educational programs or we should seek the solution through integrated programs for all the other, non-gipsy ethnic groups in order to overcome their handicapped position.
**Methods:** After studying the published specialist literature about the programs for people in handicapped social position, then we collected data based on structured interviews.
**Results:** We identified nine institutions/programs that aimed at dealing with school-aged Gypsy children. Five of them are working within the educational system and four are not. There are 1,447 students learning in these institutions altogether. The standard procedure in these institutions is to work out methods and materials which fit the needs of young Gypsies. It is a source of disorder in the educational network that the soothing of the disadvantageous social situation and the care for ethnic culture get linked and mixed up. Both aims are right and acceptable, but it is necessary to differentiate one thing from another clearly. It is possible to examine the effectiveness of the programs we have analysed, but it is also essential to make progress and outcome assessment to preserve the programs.

**Conclusions:** On the basis of the interviews we can state that there is a good reason for the existence of "Gypsy only" educational programs.Without government funding built into the national budget, the future of extra-curricular forms of education will be rather uncertain in the long run. Moreover, their reason for existence cannot be proved either. Beside representative projects there is basic need to transform the educational institutions, so that the integrated education of socially handicapped Gypsy youths and preparing them for trades or for going on to higher education will take place within the framework of the public (state) education system

## THE EFFECTS OF LEGISLATIVE ACTIONS ON THE PRIMARY SCHOOLS' HEALTH-PROMOTING ACTIVITIES

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**Background:** Many international comparative researches and Hungarian national studies concluded that the health status of the Hungarian population is extremely bad. The discovered problems are very complex, only an interdisciplinary approach could lead to a solution. Social politics, the health system and the mass media are the main fields of action, but schools as settings for socialization play a more and more important role as well. In Hungary, schools define their own pedagogical programmes, which determine their educational goals. In 2004, the Hungarian Public Education Law made it compulsory for schools to include health promoting tasks in their pedagogical programmes.
**Aims:** This poster shows the results of a content analysis on the schools' health promoting programmes. Our main objective was to research the embedding of health in educational activities. We also studied the different teacher roles in the development of the programmes and in the process of health promotion.
**Methods:** The research was carried out in Hodmezovasarhely, a Hungarian town in the Southern Great Plain Region. The content analysis was prepared on the health promoting programmes of eleven elementary schools, where 410 teachers and 3,996 students work and study.
**Results:** The compilation of the programmes had several results. The most important result was the completion of a strategic analysis of the schools' relation to health. The programmes influenced the organisation and management structure of the schools. These programmes became the base of health promoting activities. The schools also reviewed their pedagogical practices.
**Conclusion:** Besides the promising results, schools are running campaigns, however, they miss the concept of properly planned and coordinated interdisciplinary program activities. The teachers noticed the importance of mental health care in schools, but no specific action was taken, only general principles were phrased. School faculty is rather looking for the help of external experts like the members of the school health service and other professionals than taking actions themselves. The necessity of building on the children's socio-cultural background was discovered, its effectiveness in promoting health was proved, but the teacher-parent relationship is not a priority. It is important to state, that the goal of health promotion is not the transfer of knowledge, but the shaping of the children's attitudes and behaviour.

## THE EXPERIENCES OF THE REINTEGRATION TRAININGS AFTER THE MISSIONS

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**Background:** The Hungarian Army and its soldiers are having an important role in several different peacekeeping missions. In these missions the individuals are taking part in extremely stressful situations that are hard to handle emotionally and have their consequences on the person's everyday life and profession. Because of this reason, it is hard to reintegrate them into the family and at the workplace, too.
**Aim:** Our aim was to map the process of reintegration and to give professional help to the soldiers after finishing their mission as soon as possible in order to avoid the harmful effects of the extraordinary situations that they have been through and to stop the emerging of the PTSD.
**Methods:** We are continuously monitoring the soldiers' psychological state before the missions, under the missions and after the missions. They are getting training before and after their mission. In the reintegration training – after the mission –, we call their attention to PTSD and its symptoms, and put their emotion evaluation in process, with focusing on the emotional and mental stages they have to face after returning.
**Results:** After every extremely stressful mission all of the soldiers who took part in are getting reintegration training and we are planning to do this in all of our missions. It is important to recognize by the professionals in what stage of reintegration to give the training to the soldiers because it has special consequences on their psychological state.
**Conclusions:** The soldiers who are taking part in peacekeeping missions are taken out to extremely stressful situations. These situations cannot be handled like normal and everyday life situations and emotionally puts pressure on them. We had to help their process of reintegration in the most effective way we can in order to protect them to their family and to their profession.

## THE IMPACT OF A SINGLE "FRUIT-VEGETABLE ACTION" ON THE DIETARY HABITS OF YOUNG ADOLESCENT STUDENTS

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**Background:** The leading cause of premature mortality in Hungary is due to cardio-vascular diseases, a major risk factor of which is unhealthy nutrition. Education aiming at nutrition is particularly successful among kindergarten- and school-age children.
**Aims:** We wanted to investigate the dietary habits of 13-year-old adolescents, the impact of teaching healthy nutrition in school, and the impact of a single "fruit-vegetable action".
**Methods:** Questionnaire and a written educational material on healthy nutrition was sent to 876 adolescent students in 21 elementary schools in different regions of Hungary. Advice on nutrition classes was given to schools along with the distribution of funds for the purchase of fruits and vegetables. Nutrition classes were held in the framework of which salads and fruit-plates were prepared and consumed at schools. Participants anonymously filled a questionnaire two weeks later.
**Results:** 25% of the boys and 11% of the girls are overweight, and 15% of the girls are underweight. 1/3 of the students never have breakfast, and 1/5 of the girls do not have dinner daily. 58% of the girls and 72% of the boys are engaged in regular sport activities. 63% of the girls think that they are in good health but only 53% of them felt well. These proportions for boys are 54% and 48%, respectively. Girls

eat more healthy diets than boys. Girls drink less coke and more milk, and eat more fruits and vegetables than boys. A higher proportion of students eat fruits and vegetables every day in the capital compared to students in villages. Almost all students thought of the "fruit and vegetable action" at school as good and suitable. Two weeks after the action 28% of the boys and 36% of the girls claimed to have changed their nutrition habits, eating more fruits and less cakes than earlier.
**Conclusions:** Subsequent to distributing information, dietary action (collectively preparing and eating fruit and vegetable plates in schools) seems to be an appropriate method not only for improving knowledge on healthy nutrition but altering nutritional habits in a favourable direction among young adolescents.

## THE REGIONAL INEQUALITIES OF THE HEALTH IN HUNGARY

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**Background:** The marked deterioration in the state of health of the Hungarian population has been going on since the middle of the 1960s. The general state of health of the Hungarian people is worse than justified by the level of economic development.
**Aims:** The aim of my research project is to present and explain the spatial inequalities in the state of health within Hungary. The basic assumptions are: The economic spatial structure of the country determines the arrangement of the regions with good or unfavourable states of health. The general state of health is good in Budapest by Hungarian standards, however the health of the population in the districts of the capital show marked differences.
**Methods:** The empirical part of the study is based on quantitative data analysis – primarily statistics of morbidity and mortality – as well as qualitative methods such as questionnaire surveys. For the analyses of the regional inequalities of the state of health, regional inequality indicators were used.
**Results:** According to most examined statistical indicators, the regions with the most favourable general state of health include North-West Transdanubia (Gyor-Moson-Sopron, Vas, Veszprem counties), while the most disadvantageous area can be found in North-East Hungary (Szabolcs-Szatmar-Bereg, Borsod-Abauj-Zemplen counties). Budapest in general has favourable values regarding the examined indicators, nevertheless it has a bad reputation for the high rate of deaths caused by malignant tumour. The difference between the life expectancy of the counties of the best and the worst values is only 2.5 years, while in the capital it is five-fold, meaning a 10 years difference between the most and the least “healthy” districts (this gap is 15 years in Europe).
**Conclusions:** The role of the transformation in the deterioration of health is easy to detect, however, differences can be experienced in its social and spatial dimensions. As I see social determination is essential in the development of inequalities regarding the state of health. The outcome of my research project can be used in practical planning tasks as background material, and can also generate further research questions and case studies.

## THE ROLE OF COMMUNITY NURSE TO PROMOTE HEALTH EQUITY

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**Background:** The long period of transition crossed by Romania since 1989, determined an increased level of persons with a law socioeconomic level, persons who live at the poverty level. For this category, more numerously day by day, ensuring a good health status is harder to obtain. Good heath is a

fundamental human right. There is substantial evidence that socioeconomic conditions related to income, education and employment are the roots of inequalities in health. Among these conditions there appears to be a necessity of a link which have the role to inform and educate poor population from rural and poor urban areas and to facilitate the access to medical services. In 2002, Ministry of Health developed, as a pilot program, the system of community nurses, including Constanta county, too. From 2005, the system which proved its efficiency, was developed at national level. In Constanta county there are 23 community nurses.

**Aims:** The medical nurse needs to be trained in such a manner to be able to make herself accepted and respected by poor community members, to know how to facilitate access to medical and social services. Also, in isolated areas, where no medical facility is available, she has to offer medical assistance, due to her competence.

**Methods:** The Health Promotion Department organized several focus-groups with community nurses to obtain information regarding:

- health problems discovered in disfavored communities: poor hygiene, communicable diseases, STIs, children with dystrophy, alcohol consumption, domestic violence, cardiovascular diseases, etc.
- problems of the disfavored communities
- proposals for improving community nurses' activity (which were sent to Ministry level).

In partnership with Constanta Branch of Nurses' Association, the Health Promotion Department developed two courses: Education for Health and Communication in Health System (the first one in Romania), which were useful for developing ways for providing good services for communities.

**Results:** In poor communities, due to their work, a high rate of vaccination was obtained, good epidemiological inquiries were performed, contraceptive methods started to be used, newborn were periodically visited (in the first year of life), social and domestic violence problems were solved, too.

**Conclusion:** Improving equity in health is one of the cores of modern health philosophy and practice. It serves not only the direct interests of individuals or families, but also human development interests at all levels of the Romanian society. Recognizing their importance, Ministry of Health decided to increase, this year, the number of community nurses, up to 50 in Constanta county. The Health Promotion Department will develop an IEC campaign to underline community nurses' role.

## THE ROLE OF SMOKING IMAGES IN HEALTH PROMOTION

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**Background:** Prior research and theory suggest that adolescents' behavioural decisions related to smoking are influenced by their social images. The concept of social images suggests that most people have clear images of the type of person who smokes and they often have experiences with substances to acquire the desired social images. The positive attitudes towards risk behaviour may increase the initiation of unhealthy behaviour. Adolescents are more likely to choose trying of smoking if they have a positive image of the type of smokers.

**Aims:** The main goal of the present quantitative research is to determine what young people think about smokers and how it affects their risk behaviour.

**Methods:** Data were collected in a high school student population (N=548, 42% males and 58% females, age range 14–21 years) in two counties of Hungary during the second half of the year 2005. We used the prototype scale to detect students' perception of smokers (this model consist of 12 items, namely smart, cool, popular, careless, dull, childish, good-looking, confused, self-confident, considerate, independent, and selfish).

**Results:** The results show differences between smokers and non-smokers in social images of smoking. Smokers have more positive attitudes towards smokers than non-smokers do. Adolescent smoking behaviour is influenced by other health risk behaviours like alcohol drinking and drug use.
**Conclusions:** The results suggest that preventive interventions on smoking should count on adolescents' smoking images.

## TOWARDS A PAN-EUROPEAN HEALTH PROMOTION PRACTICE: A PILOT STUDY ON HOLISTIC AND EMPOWERMENTAL EVALUATION IN THE ITALIAN MASTER PROGRAMME

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**Background:** Health practitioners need to understand and advocate a holistic and empowermental approach. According to EUMAHP model this could be possible if "they have the opportunity to explore the process of empowerment in their training". The holistic and empowermental approach in higher education is also demanded by the Universities' movement towards a global curriculum – the Magna Charta Universitatum and the Bologna Declaration –, even the Health Promoting Universities' network argues the necessity of thinking on the whole person who learns and lives in the university setting. These perspectives recognize curricula capable to create coherence from the individual and national level to the complexity of multicultural society systems, further, it is stated that Universities should "provide settings in which students develop independence and learn life skills". As a consequence, training in health promotion should develop not only learning strategies capable to empower health promoters but also evaluation strategies capable to support this process. Starting from these assumptions, an evaluation research design has been developed during the last three years in the Italian Master in Health promotion and education. The project gets through the Bologna process and the principles of the Ottawa Charter linking adult education and life-long learning to empowermental evaluation and quality assessment. In this space for research participants' well being in a Master programme has an important value in data analysis.
**Aims:** To analyze evaluation strategies used in the master program, and to develop strategies for formative evaluation in order to show quality in learning environment and participants' perception of quality.
**Methods:** A qualitative research has been developed in two phases during three years and three edition of the Italian Master programme using several techniques. In the first phase a content analysis of participant learning diaries has been organized. In the second phase narrative and arts based methodologies have been developed. In the second phase other instruments have been experimented such as syllabus, observational cards of learning environment, story-dialogue method, thesis evaluation, peer evaluation tools. Each new instrument has been evaluated through an open-ended questionnaire.
**Results:** Insights about personal learning strategies, tutorial relationships, learning environments, teamworking emerged from all data. Moreover it is possible to recognize a link between quality in higher education, evaluation strategies and the experience of life skills and well-being during life-long learning. New instruments for empowerment evaluation have been introduced, investigated in their impact. An evalution design for diagnostic, formative and summative assessment has been discussed.
**Conclusions:** New methods for holistic and empowermental evaluation are demanded to empower health promotion practitioners. Any innovation in curriculum, so even in post-graduate master programme, should be evaluted. An evalution design that puts together Bologna process, life-long learning theories and Ottawa principles has been developed thorough a qualitative study along three years. Qualitative results are very anchored in the context in which they are produced, but the study shows the relavance of developing research in the field of higher education in health promotion practice for two reasons.

First, new methods in health promotion higher education should be developed. Second, our results show a link between quality in higher education, good outcomes and feelings of well-being during the training enhanced by learning and evaluation strategies. This depends also on the possibility of creating coherence between learning and evaluational strategies, between contents and methodologies, between university rules and personal needs, all elements that contribute to elaborate en evaluation design.

## USING THE HEALTH TECHNOLOGY APPROACH IN HEALTH PROMOTION

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**Background:** During the past years the question of what works and what does not work in health promotion has been brought into focus emphasising the need of assessing and communicating the evidence base of health promotion interventions. In Denmark this has been a task for the Danish National Board of Health (NBH) since 2002.
**Aims:** The aim of the activities is to encourage the use of evidence-based health promotion interventions at local level, and to encourage systematic evaluation where the evidence is sparse.
**Methods:** So far the focus has been on making the existing knowledge accessible by publishing reviews of evidence using the health technology approach and by communicating the findings to practitioners and administrators at local level. The reviews of evidence are written in Danish by researchers and contain reflections on the target group for intervention, the arena, a description of the intervention, and a systematic assessment of the effects of the intervention – as well as reflections on the organisation, economy and ethics. The literature searches are carried out seeking the evidence at the highest level as possible. The findings are synthesised and the reviews peer reviewed and published on the website of the NBH (http://www.sst.dk/Metodekataloget).
**Results:** Examples of recent evidence reviews: The risk of illness as perceived by ethnic minorities; the home as setting for health promotion; lifestyle counselling in general practice; patient schools and patient education; self care; exercise prescription.
**Conclusions:** Assessing the effect of public health interventions is often challenging as few interventions have been tested, and evidence may be collected from a variety of sources. The evidence is often sparse but can, however, deliver some qualified hints about how you might plan and organize a public health intervention in the most effective way.

## WELL-BEING AMONG HEALTHCARE STAFF – A MATTER OF YOUNG PEOPLE EXPERIENCING EMPLOYMENT SECURITY?

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**Background:** During the last decade, report of illness and sick-listing have increased in many working populations, among health care staff in particular. The labour market in general has been and is characterized by flexibility, organizational change, downsizing and a change towards more time-limited and insecure forms of employment. Research and development work is often related to ill health, but in order to promote work-related health a salutogenetic approach is emphasized.
**Aims:** The aim was to explore possible salutogenetic factors for well-being among health care staff.
**Methods:** A questionnaire was sent to the health care staff at two departments in two southern Swedish hospitals in May 2005. The response rate was 73% (n = 446). The areas covered in the

questionnaire included individual factors such as age, sex, lifestyle, self-esteem, social network etc. and work-related factors from the physical, social and psychological dimension. A logistic regression analysis was used to calculate positive odds ratios (POR) of predictive factors for well-being. The concept of POR has previously been published by Ejlertsson et al. in BMC Public Health 2002/2: 20.
**Results:** Bivariate analysis showed that self-reported well-being was related to many factors in both the individual and the work-related area. In the final model self-reported well-being was related to age below 40 years (POR 3.68), high self-esteem (POR 2.79), predictable work tasks (POR 1.89), a supportive work environment (POR 2.30), satisfaction with working hours (POR 2.50) and feelings of employment security (POR 1.72).
**Conclusions:** The results indicate that workplace health promotion in this particular context needs to focus on both individual and work-related factors. The link between predictable work tasks, satisfaction with working hours, supportive work environment, feelings of employment security and well-being needs to be highlighted due to the characteristics of working life today. For example, there might be a risk of inequalities in health if a difference in employment security is related to different age groups in society.

## WHAT DOES HEALTH MEAN TO THE KOSOVARS

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**Background:** Health plays an important role to everybody. Different societies and cultures have different approach to the definition of health. This depends from their preoccupation, gender, age, settlement, profession also from their self-confidence. Health determinants represent an important role too. There are few data concerning this issue in our country.
**Aims:** The aim of this study is to analyse how do Kosovars understand health, what does health mean to them and which are health determinants.
**Methods:** Methodology of this study was developed using quantitative interviews. The questioner had eighteen different definitions for health, ranged in three levels, taken from a Practical Guide on Promoting Health. There were interviewed 2320 randomly selected inhabitants of Kosova. Statistical methods were used in analyzing data. Data are presented through tables, graphs and tested for significance.
**Results:** The results have shown that more than half of interviewed were females (51.64%) with average age of 38.3, a variability of 14.97 and range from 15-85 years old. Less than half of interviewed (45.17%) were employed, which is similar to the employment rate for Kosovars. The answers for the question what does health mean to you in 33.84% have shown that respondents selected at the first place the definition: “Enjoying being with my family and friends” with no significance by gender for $p>0.05$. A study, conducted one year ago with clients of Main Family Medicine Center showed similar results, 48.35% of clients selected above-mentioned definition. Among 8.47% of Kosovars employment was selected as a first choice, at the second place by 10.53% and third by 9.71%. After testing we have got significant difference ($p<0.05$) between employed and unemployed respondents.
**Conclusions:** We can conclude that the feeling of being healthy relates with being with family and friends, followed by employment. Main concerns of the population have great influence in determining the meaning of being healthy. The implication of the study will play a great role in utilizing the planning of health promotion and education activities toward our population in the future.

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