

HPR*news*

| Health Promotion Research News | Issue 8 - October 2012 |





editorial

health in all policies

The “Health in All Policies” (HiAP) approach became part of the public health agenda especially after the Finnish presidency of the European Union in 2006. Shortly after, in December 2007, health ministers of the member states signed the Rome declaration on Health in All Policies committing themselves to introduce this approach into their health policies.

Because of the solid evidence showing that health can be influenced by policies of other sectors, and that health has, in turn, important effects on realisation of the goals of other sectors such as economic wealth, the Health in All Policies strategy aims to strengthen the link between health and other policies across all policies such as agriculture, education, the environment, fiscal policies, housing and transport. It seeks to improve health and at the same time contribute to mechanisms and actions planned and managed mainly by sectors other than health. Thus HiAP is not confined to the health sector and to the public health community; it is a complementary strategy with a high potential towards improving population’s health, with health determinants as the bridge between policies and health outcomes.

To implement HiAP requires a strong political commitment and support of the whole government whether it is on national, regional or local level. Structures, methods and tools are necessary for successful implementation and as examples the following could be enlisted:

- Structure – governmental intersectoral committees, inter-departmental committees and support units, joined budgets, health promotion foundations, etc.
- Methods – different types of impact assessment methods such as health impact assessment, environmental impact assessment, social impact assessment, integrated impact assessment, etc.
- Tools – priority setting mechanisms, financing, advocacy systems, co-ordination tools, health conferences, round table discussions, etc.

Following the two key publications, the Finnish presidency book (available in electronic format at http://www.euro.who.int/_data/assets/pdf_file/0003/109146/E89260.pdf) and the Rome Declaration (available at http://www.salute.gov.it/imgs/C_17_primopianoNuovo_18_documenti_itemDocumenti_4_fileDocumento.pdf) a new document, the Adelaide statement on Health in All Policies has been presented recently (available at http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf). Another new book

summarizing structures, methods and activities supporting HiAP has been published in September 2012 by WHO and is available at <http://www.euro.who.int/en/who-we-are/partners/observatory/studies/intersectoral-governance-for-health-in-all-policies.-structures,-actions-and-experiences>. The 8th Global Health Promotion conference of WHO scheduled for 10-14 June 2013 in Helsinki has HiAP as the main theme.

One can conclude that HiAP during its short time of existence has established its position in public health and especially in international public health policy; what is needed and where we are lagging behind, is practice and research. All of us in public health know about intersectorality; we all know this is what is needed, we know it works, but we are rather poor in concrete methods how best to implement HiAP or how to relate it to concrete health improvements or how to ensure active and equal involvement of all stakeholders and sectors whether it is on local, regional or national level. At the Unit for Health Promotion Research we have for long time been interested in tackling these questions from different angles. The ongoing seven-country REPOPA project (www.repopa.eu, described in previous issues of HPR news) works with HiAP approach using physical activity as an example. REPOPA studies and develops interventions on how best to integrate research evidence with cross-sectorial policy development. The recently finished RAPID project (www.sdu.dk/rapid described in earlier issues of HPR News as well) provided guidance on how to identify sectors necessary to involve in cases of special policies, or disease. However, more research projects are needed on single diseases (or disease groups) responding e.g. to the question “what can other than health sectors do to minimize cancer risk of population” or, in an opposite way, “what can a single sector do to improve population health?”.

The present issue of HPR News presents HiAP examples from Denmark. The case study of Varde policy, supported by WHO Kobe, Japan, taught us how important is the equal involvement of all sectors in application of health in all policy approach. The manuscript of this experience is submitted to be published internationally and Maja Larsen presented her work at World Urban Forum in Naples, Italy, invited by WHO. Sidsel Hansen, a master student in Esbjerg, presents her experience gathered via conducting her master thesis in Esbjerg and Fredericia attempting to implement HiAP approach. Stella RJ Kræmer and Mette W. Fredsgaard present the newest information discussed at the 12th International HIA conference in Quebec, Canada, upon the linkage of HiAP to health impact assessment (HIA) and how HIA community sees its role in supporting and implementing HiAP.

At the Unit we welcome suggestions from practice and ideas for new collaborations in the HiAP area. Those interested are welcome to contact me at ggulis@health.sdu.dk.

Gabriel Gulis

tværsektorielt sundhedsarbejde og – politik

Tværsektorielt sundhedsarbejde og – politik 'Health in all Policies' (HiAP) blev en del af folkesundheden specielt efter det finske præsidentformandskab i EU i 2006. Kort efter i december 2007 underskrev medlemsstaterne Romtraktaten for 'Health in all Policies', hvor de forpligtede sig til at indføre dette i deres sundhedspolitik.

En ny bog, der opsummerer strukturer, metoder og aktiviteter der understøtter 'HiAP' er udgivet i september 2012 af WHO, og kan nu fås gennem <http://www.euro.who.int/en/who-we-are/partners/observatory/studies/intersectoral-governance-for-health-in-all-policies.-structures,-actions-and-experiences>.

Det kan konkluderes at 'HiAP' i den korte tid, det har eksisteret, har etableret sig i folkesundhed og specielt i den internationale folkesundhedspolitik. Hvad vi har brug for og hvor vi sakker bagud er i praksis og forskning. I vores forskningsenhed har vi i lang tid været interesseret i at tackle dette på forskellige måder. Det nye REPOPA projekt (www.repopa.eu beskrevet tidligere i Nyt fra Sundhedsfremmeforskning) arbejder med HiAP med fysisk aktivitet som eksempel. Det nyligt afsluttede RAPID projekt (www.sdu.dk/rapid også beskrevet tidligere i Nyt fra Sundhedsfremmeforskning) vejledte i hvordan man finder sektorer, der er nødvendige at få involveret i specielle politikker eller sygdomme.

Dette nr. af Nyt fra Sundhedsfremmeforskning, viser eksempler fra Danmark. Et 'case study' af Vardes politik støttes af WHO Kobe, Japan viste os, hvor vigtigt det er med jævnbyrdig involvering af alle sektorer ved tværsektorielt sundhedsarbejde og – politik. Manuskriptet af denne erfaring er indsendt til et internationalt tidsskrift og Maja Larsen præsenterede sit arbejde med dette ved 'The World Urban Forum' i Napoli, Italien (WHO). Sidsel Hansen, kandidatstuderende i Esbjerg, præsenterer sine erfaringer hun har samlet til sit speciale, med fokus på Esbjerg og Fredericia, hvor der er gjort forsøg med HiAP tiltag. Stella RJ Kræmer og Mette Fredsgaard fortæller om det nyligt afholdte '12th International HIA Conference', Quebec, Canada hvor temaet var "hvordan SKV gør en forskel i HiAP".

I vores forskningsenhed modtager vi gerne forslag om praktiske tiltag og idéer for..... fra nye samarbejdspartnere. Interesserede er velkomne til at kontakte mig, Gabriel Gulis: ggulis@health.sdu.dk

issue 8, October 2012

2 Editorial: Health in All Policies

Tværasektorielt sundhedsarbejde og – politik

tværasektorielt

*sundhedsarbejde og – politik
health in all policies*

6 Challenges and facilitators for intersectorial action on health in Varde

*Udfordringer og facilitering af tværasektorielt arbejde og sundhed i
Varde*

8 Tværasektorielt arbejde i Esbjerg og Fredericia Kommune

Intersectorial Health in Esbjerg and Fredericia Municipality

saudi arabien

saudi arabia

10 Uddannelse i Sundhedsfremme og sundhedsuddannelse på PNU

Education in Health Promotion and Health Education at PNU

13 Et unikt miljø på PNU

A unique environment at PNU

14 Health promotion challenges in the Kingdom of Saudi Arabia

Sundhedsfremme udfordringer i Kongeriget i Saudi Arabien

conference news

konference nyheder

17 Health Impact Assessment Conference in Quebec, Canada

Sundhedskonsekvensvurderings Konference i Quebec, Canada

18 9th European IUHPE

IUHPE Konference

19 Alumni experience at Harvard

Alumni oplevelse på Harvard

research news

forsknings nyheder

22 Information sources for public health/health promotion

Informationskilder i Folkesundhed/Sundhedsfremme

study news

studie nyheder

23 The Public Health Programme

Folkesundhedsprogrammet

unit news

enheds nyheder

24 New position filled at our Unit

Ny stilling besat i vores enhed

25 New intern

Ny praktikant

andre nyheder

other news

26 Future events

Kommende events

26 Announcements

Annonceringer

Front page photo White House, Washington DC

Abstracts by authors

Editor-in-chief Arja R. Aro



araro@health.sdu.dk

Managing Editor Stella Kræmer



skraemer@health.sdu.dk

HPR News is the 'voice' of the Unit of Health Promotion Research, NOT of the SDU as a whole.

HPR News udtrykker meninger fra Enheden for Sundhedsfremme, IKKE SDU som helhed.

challenges

and facilitators for intersectorial action on health in varde

Working together across sectors in for instance a municipality to improve health and influence its determinants is often referred to as intersectorial action on health (ISA). Despite being a widely recognized approach, successful initiatives in this area remain a challenge for cities around the world. World Health Organization (WHO) has supported a series of case studies on how to improve this kind of work. We did one of these case studies in Varde Municipality.

The specific aim of our study was to identify challenges and facilitators in collaboration between sectors when developing and implementing an intersectorial health policy in Varde Municipality, Denmark. The study was carried out during spring 2011 using the case study method. Approximately 500 pages of documents from the period 2007-2011 were analysed and semi-structured interviews were carried out with 9 key informants from different sectors in Varde Municipality.

We found several challenges as for example: The policy was perceived as an extra task and not as a supporting tool for working with health issues. There was no additional funding provided for intersectorial collaboration initiatives and activities. It was perceived that health sector employees have a reputation of being self-righteous and more important than other sectors. Employees from other sectors found themselves in unknown territory while working with health issues. Level of ambitions for the intersectorial health policy was not matched between the different sectors. A lack of ownership to the policy in other sectors than the Social affairs and Health sector was found. Lack of clear objectives in the policy and lack of baseline measures made it hard to create concrete actions. We also found several facilitators as for example: Great political support which gave the policy a lot of attention during the development phase. Public involvement through dialogue meeting and use of local media for distributing “good stories” gave the policy a lot of positive attention in the public. Establishment of a “fund for health” facilitated initiation of concrete projects and overcome a part of the challenge of no funding. Establishment of “health networks” in all sectors facilitated dissemination of knowledge about the health policy and collaboration between sectors. Involvement of research in the form of a PhD project about evaluation of the use of evidence and intersectorial collaboration in the health policy gave the policy a good image within the municipal organization. Finally, use of Health Impact Assessments is considered to be a facilitator for intersectorial action on health; this tool although part of health policy, has not been implemented in Varde Municipality yet.

Based on this and other case studies, WHO has developed a guideline for working across sectors to improve health and health equity. The booklet can be found here:

www.who.int/kobe_centre/publications/intersectorial_action_health2011/en/index.html

The booklet was presented at The 6th World Urban Forum organized by UN-HABITAT in Naples, Italy, 1-7 September 2012. We got a chance to present our case study as a part of this session. To read more about this please see:

http://www.who.int/kobe_centre/mediacentre/news/WUF-6_WKC_nw_event_20120903/en/

Maja Larsen

udfordringer og facilitering af tværsektorielt arbejde og sundhed i varde

Indenfor de seneste år er det blevet mere og mere klart, at en effektiv indsats på folkesundhedsområdet kræver samarbejde på tværs af sektorer i fx en kommune. På trods heraf er det stadig en udfordring at få sådanne samarbejder til at fungere. Verdenssundhedsorganisationen (WHO) opfordrede derfor til gennemførelse af en række casestudier på området i perioden 2010-2011. Vi gennemførte sådan et casestudie i Varde Kommune og fandt frem til en række faktorer, der henholdsvis fremmede og hæmmede det tværsektorielle samarbejde. WHO har på baggrund af casestudierne udarbejdet en folder med en række anbefalinger

Se mere her:

(www.who.int/kobe_centre/publications/intersectorial_action_health2011/en/index.html).

Resultaterne blev også præsenteret på "6th World Urban Forum" i Italien 1.-7. september 2012

(http://www.who.int/kobe_centre/mediacentre/news/WUF-6_WKC_nw_event_20120903/en/).

tværsektoralt

arbejde i esbjerg og fredericia kommune

WHO har i mange år været fortalere for at samarbejde på tværs af sektorer på flere niveauer for at skabe markant bedre sundhedsmæssige resultater og reducere den sociale ulighed i sundhed (1, 2). De senere år har Sundhedsstyrelsen ligeledes sat øget fokus på særligt sundhed på tværs af de kommunale forvaltninger, for derved at få hele den kommunale organisation til at inddrage sundhed i opgaveløsningen og optimalt set samarbejde herom (3). Der eksisterer dog nogle forhold i de danske kommuner, som ikke nødvendigvis er befordrende for et sådant tværgående samarbejde, hvorfor jeg i mit speciale har undersøgt, hvilke barrierer og faciliterende faktorer der eksisterer i implementeringen af sundhed på tværs af kommunale forvaltninger. Specialet tager udgangspunkt i casestudiemetoden, og empirien er således indsamlet i Esbjerg og Fredericia Kommune, hvor i alt 14 semistrukturerede interviews er gennemført med embedsmænd og politikere.

Både i Fredericia og Esbjerg Kommune er det i kraft af den kommunale sundhedspolitik politisk vedtaget, at der skal være fokus på sundhed på tværs. Det opleves dog udfordrende at implementere i praksis, og en række forhold, der har en indflydelse herpå, synes at gælde på tværs af både Esbjerg og Fredericia. Følgende barrierer er identificeret i undersøgelsen: (1) Udvalgsstyrer: sundhedspolitikken er forankret i sundhedsudvalget, men en stor del af politikens udmøntning foregår i andre forvaltninger og dermed under andre fagudvalg. (2) Økonomi og ressourcer: fagudvalgene har separate budgetter, hvilket vanskeliggør tværgående tiltag. Herudover er kommunernes stramme budgetter svære at forene med gode tværgående løsninger. (3) Manglende ejerskab: der er i begge kommuner et manglende ejerskab til sundhed på tværs herunder sundhedspolitikens udmøntning. (4) Øget kompleksitet i opgaveløsningen: sundhed er blot et ud af flere elementer, som embedsmændene forventes at integrere i opgaveløsningen, hvorfor kompleksiteten er steget og der stilles større krav til den enkelte medarbejder.

Der eksisterer også nogle forhold i Esbjerg og Fredericia Kommune, som i højere eller mindre grad faciliterer et tværgående samarbejde omkring sundhed. Følgende faktorer er i denne sammenhæng identificeret: (1) Kommunestørrelse: en mindre kommune har bedre forudsætninger for at samarbejde på tværs, idet den frie kommunikation fungerer bedre grundet overblik over og kendskab til andre embedsmænd. (2) Netværksdannelse: kommunernes tværgående netværk øger kendskabet til andre embedsmænd, ligesom det giver mulighed for at diskutere tværgående problemstillinger. (3) Organisationskultur: særligt i Fredericia Kommune er der en organisationskultur på vej, som bygger på en opfattelse af, at sundhed er et fælles ansvar.

Der er ingen tvivl om, at der stadigvæk venter både Esbjerg og Fredericia Kommune et stykke arbejde forude. Det er vigtigt, at der fortsat holdes fokus på området, selvom det til tider kan synes vanskeligt at implementere. Ændringer tager tid i en kommunal kontekst, og sundhed på tværs er ingen undtagelse, idet tilgangen kræver, at hele den kommunale organisation ændrer nogle indgroede arbejdsvaner og -opfattelser. Det vil i begge kommuner være befordrende for sundhed på tværs at opprioritere området for eksempel i form af en kommunal pulje til tværgående projekter. Dette vil uden tvivl gøre det nemmere for de ansatte at opstarte nye tværgående tiltag. Herudover kan det i begge kommuner være en fordel at fokusere den tværgående sundhedsindsats mere, så hele kommunen arbejder på færre problemstillinger. Dette vil i højere grad lægge op til et tværgående samarbejde omkring sundhed. Det kræver dog både politisk mod og vilje at gennemføre ændringer af denne slags.

Referencer

1. Kickbusch, I. and K. Buckett (2010). Implementing health in all policies - Adelaide 2010. Adelaide: Government of South Australia.
2. WHO (2008). Closing the gap in a generation: health equity through action on the social determinants of health: final report of the Commission on Social Determinants of Health. Geneva: World Health Organization.
3. Sandø, N., Finke, K. et al. (2010). Sundhed på tværs. København: Sundhedsstyrelsen, Center for Forebyggelse.

Sidsel Hansen

intersectoral health in esbjerg and fredericia municipality

In my master thesis I have studied barriers and facilitators in implementing intersectoral collaboration on health in Esbjerg and Fredericia municipality. The study was carried out using primarily a qualitative case study method. Thus, semi-structured interviews with fourteen key informants from different sectors and administrative levels were carried out. The following barriers were identified across both municipalities: the local governance structure; economy and resources and lack of ownership. The facilitating factors identified were: a small municipality size; the formation of networks and organizational culture.

uddannelse

i Sundhedsfremme og sundhedsuddannelse på PNU

I slutningen af maj 2012 drog vi - Arja R. Aro, Pernille Tanggaard Andersen, Sisse Grøn og Solveig Dohrmann - af sted til Saudi Arabiens hovedstad Riyadh, hvor PNU er lokaliseret.

Den første dag gik med at rejse. Vi forlod Kastrup ved middagstid og landende i Riyadh sidst på aftenen. Vi blev hentet i lufthavnen og kørt til vores hotel, hvor der lå en velkomsthilsen fra vores værter samt et program for de følgende dages aktiviteter på vores værelser.



Photo 1 Solveig, Pernille and Arja on their first day at PNU

Den følgende morgen blev vi hentet på hotellet og kørt til PNU. Her havde vi fornøjelse af at mødes med Rektor, Dekanen for Fakultet for Fysioterapi (som BA i Sundhedsfremme og



Photo 2 Pernille and Arja as abaya models

Sundhedsuddannelse er placeret under), PNU's Kvalitetschef samt konsulenten for health college affairs. Det var et langt og konstruktivt møde, hvor vi bl.a. fik indblik i PNU's mål om at bistå Saudi Arabiens unge kvinder i at udvikle kompetencer og færdigheder, som efterspørges i samfundet. Desuden blev mangt og mange emner drøftet, hvilket bl.a. gav afkast i form af svar på praktiske spørgsmål samt ideer og input til det fremtidige samarbejde. Vi mødte også potentielle kandidat- og Ph.d. studerende, som alle fremstod som

engagerede, interesserede og kompetente studerende. Mødet sluttede midt på eftermiddagen, hvorefter vi tog på abaya-shopping i de lokale gader – en oplevelse helt for sig!

facts

The Princess Nora bint Abdul Rahman University (PNU) is the first women's university in Saudi Arabia. It is the tenth largest university and largest women-only university in the world. It is composed of 32 campuses including 10 faculties across the Riyadh region and a new library capable of holding 4.5 million volumes. The university was founded as Riyadh University for Women in 1970. King Abdullah Bin Abdulaziz launched the building of the world's largest and most modern women's institution of higher education in a self-contained higher education city. This vision has become a reality with the opening of the University City for the Princess Noura Bint Abdulrahman University for Women which is expected to be fully functional by 2012 with a capacity of 200.000 students. A new campus built in 2010-2012 can accommodate 40,000 of these students along with 12,000 employees. It has a 700 bed teaching hospital and research centers for nanotechnology, information technology, and bioscience.

Efter en sen middag og en tiltrængt nats søvn blev vi atter kørt til campus, hvor ca. 40 kvindelige studerende, som alle var i gang med deres forberedende år til universitet, ventede på os. Arja R. Aro og Pernille Tanggaard Andersen præsenterede BA i Sundhedsfremme og Sundhedsuddannelse, og vi fik selskab af Nagla Sahal, en tidligere Ph.d. studerende ved Forskningsenheden for Sundhedsfremme, SDU, som vi får fornøjelsen af at arbejde sammen med igen, da Nagla bliver ansat ved PNU i efteråret 2012. De studerende var interesserede i BA uddannelsen, men også en smule eftertænksomme da uddannelsen er den første af sin slags i Saudi Arabien, og svarene på "hvad

man kan bruge den til?" og "hvad kan man arbejde som bagefter" endnu ikke står mejslet i sten. Om aftenen spiste vi middag og mødtes med et team fra Erasmus Universitet i Holland, som etablerer en BA i klinisk psykologi ved PNU, og erfaringer og oplevelser blev udvekslet flittigt. På tredjedagen blev vi atter hentet på hotellet om formiddagen og kørt til den del af PNU, hvor vi skal bo og undervise fra uddannelsens start i januar 2013. Denne del af campus er stort, meget stort, med 14km. togsinnerrundt på området. Vi så undervisningslokaler, øvelokaler, grupperum, kontorlokaler, kantineområde og sportsfaciliteter for medarbejdere, og alt var af højeste standard.



Photo 3 SDU staff checking PNU facilities



Photo 4 Nagla was handed her PhD diploma half a year after her defense

Photo 5 Checking lecture rooms

Om efter middagen drog vi igen ud i de lokale gader med et forsæt om, at købe vores egen personlige abaya, og efter mange overvejelser og grundig søgen lykkedes det. Her var vores eventyr så småt ved at nå sin afslutning. Med vores personlige abaya på blev vi samme aften kørt i lufthavnen. Vi lettede fra Riyadh midt om natten, og satte igen benene på dansk grund ved middagstid den følgende dag. Det var en fantastisk og oplevelsesrig tur, og vi fik mange brugbare informationer med os hjem. For Arja R. Aro var det også en tur, der bød på et væld af minder samt et gensyn med den arabiske kultur og det arabiske sprog, da Arja tidligere har boet og arbejdet fem år i Saudi Arabien. Hermed slutter beretningen om vores tur, og tilbage er der blot at sige, at vi glæder os til at komme tilbage til PNU, og ikke mindst til at starte undervisningen op.

Solveig Bøggild Dohrmann

education in public health and health education at pnu

Late May 2012 Arja R. Aro, Pernille Tanggaard Andersen, Sisse Groen and Solveig Dohrmann left for Riyadh, Saudi Arabia to visit PNU. The first day we met with representatives from PNU, hereunder Rector, the Dean of Physiotherapy, the head of quality and a Consultant for health college's affairs. It was a long and informative meeting along which we also had the opportunity to meet with potential master and PhD students. The second day we met with about 40 students, who were all in their preparatory year and potentially interested in being enrolled at the BSc in Health and Health Promotion program at PNU from January 2013. We met a lively group of students who were engaged in their studies and curious about their future. They were very curious about our BSc program – and about us – but also a bit pensive since a health promotion and health education is still a new discipline in Saudi Arabia. Next day we were taken to the new campus area at PNU to see the place where we are going to live and work when the BSc in Health Promotion and Health Education will be up running from January 2013. This new campus is huge, very huge. Everything is of highest standard and very beautiful. At this point in time our adventure was about to end as we had to leave for the airport at the night of this third day. Tired and with a lot of new impressions, experiences and knowledge we flew back to Denmark all looking forward to go back and not least to start up teaching January 2013.

et unikt miljø

på pnu

April 2012 blev startskuddet for et samarbejde mellem Syddansk Universitet (SDU) og Princess Nora Bint Abdulrahman University (PNU) om at etablere en BA i Folkesundhedsvidenskab med særlig fokus på Sundhedsfremme og sundhedsuddannelse. Siden midt i foråret har der på forskningsenheden for Sundhedsfremme foregået et intenst arbejde bl.a. med at gennemskrive curriculum. Gennemskrivningen af curriculum havde to formål. 1). Dels at justere i forhold til en anden kulturel kontekst, og 2). dels at dreje vores nuværende BA uddannelsesprofil, så det i højere grad fokuserer på sundhedsfremme og sundhedsuddannelse. Dette har bl.a. betydet etablering af nye fag som; sundhedsfremme og sundhedsuddannelse, projektarbejde og tematiske justeringer i fag omkring sundhedssystemer mv. Primært har medarbejdere og modulansvarlige fra sundhedsfremme har været involveret i dette arbejde, men også interne undervisere fra Trombose og Sundhedsøkonomi har bidraget. Det endelig curriculum, som udgør BA uddannelsens formelle ramme er klar her senere på efteråret, når det er blevet godkendt af PNUs formelle akademiske styrelse.

Organisatorisk er BA uddannelsen struktureret omkring 21 moduler af 4 – 5 ugers varighed, og efter planen sender vi en senior, en junior og to studentermedhjælpere derved pr. modul over de tre år uddannelsen varer. Der vil også være akademiske medarbejdere tilknyttet uddannelsen fra PNU's side, og planen er, at de selv undervejs får ansat nok medarbejdere til, at de selv kan køre uddannelse videre på sigt. De første modulansvarlige og studentermedhjælpere rejser til PNU i Riayadh i januar 2013.

Vi glæder os til at komme i gang.

Pernille Tanggaard Andersen

a unique environment at pnu

In April 2012 the University of Southern Denmark and the Princess Nora Bint Abdulrahman University, Saudi Arabia (PNU) joined forces in implementing a BA in Health Promotion and Health Education program at PNU. This BA program is to start in January 2013, and the curriculum is being evolved in the time of writing. The program consist of 21 modules of four to five weeks and each module will be run by one senior staff member, one junior staff member and two student assistants. Local staff is increasingly engaged on the way in the process and are expected to take over in the end of a four years

health promotion

challenges in the kingdom of saudi arabia

Da Kingdom of Saudi Arabia (KSA) is the largest Arab country in the Middle East. It also holds the largest oil reserves of the world, which means that KSA is a wealthy country. Further, of its 27 million inhabitants six million are immigrants of a wide range of ethnic and cultural backgrounds. They are foreign workers working largely for a vast number of private companies but also in public sector. Since 2005 remarkable investments have been made in KSA in the infrastructure to improve health care, education, transport etc. Several modernization changes have been made e.g. concerning enhancing women's education, rights to work in businesses such as in shops, and in 2015 women will get the right to vote and to be elected in local elections.

The SDU BSc curriculum in Health Promotion and Education will add to the empowerment of women by providing them competences to enter the workforce and so become more independent. Although there is education for health education in KSA, health promotion is a new discipline and has thus major challenges in delivering its message.

Health status & problems

As a rapidly modernizing society KSA faces the same public health challenges as Western societies: sedentary life style being the main problem with its consequences of high blood pressure and overweight. Chronic diseases such as cardiovascular diseases and diabetes are thus common and rapidly increasing. Smoking, especially among young girls, is also increasing.

Social and cultural challenges for health promotion

Special challenges for prevention and health promotion are largely related to societal structure and culture, but also to hot climate. For example everyday physical activity in hot climate is naturally limited and there are also limited possibilities especially for women to move around on their own. Also organized sports for women are still rather rare.

A further challenge from the Nordic perspective is rather individualized health care approach. This means that public health policies including organized disease control are not fully developed. On the other hand, KSA has universal health care coverage for its citizens and other people working in the public sector. Private companies are obliged to provide insurance coverage for the employees. The national health system is built on provincial structure and the local level service is organized in primary health centers. In addition, there are parallel systems for maternity and child care, military, defense and some other sectors.

Primary health centers have health promotion clinics, which seem to be outpatient risk factor clinics and centers for counseling. Work of some of these centers has also been evaluated meaning that monitoring results e.g. of blood pressure measurements and weight is done.

Teaching health promotion in KSA

Our aim is to enhance understanding of the importance of structural health promotion based on environmental facilitators such as transport infrastructure but also attitudes - and ultimately policies. The approach probably feasible for our health promotion teaching is to build on the existing community studies and family studies as well as setting-based approach with health promotion clinics and hopefully also within universities.

A good start will be the impressive sports facilities PNU has built both for the students and staff. Our challenge will be to encourage our female students to do sports so that they would learn to integrate it into their daily lives. This might then facilitate sustainable physical activity also after the studies when they might not have protected sports environment any more. But also times might change and in four years when our students finish their bachelor degrees, they might already have better access to public spaces. This summer the London Olympic Games already had – for the first time - two Saudi female athletes.

Daily physical activity will be a challenge in Riyadh also for us, SDU staff, since biking and forest walking are not options there. Even I have to move indoors to do sports, which will be a really huge challenge. Maybe I don't start with wall climbing; perhaps I will try squash, then go swimming and after that to the Turkish and then Finnish sauna – which all are available there.



Photo 6 A Finn in a Finnish sauna in Saudi Arabia (Arja R Aro at the PNU Recreation Center)

Arja R Aro

sundhedsfremmeudfordringer i saudi arabien

Siden 2005 har Saudi Arabien investeret massivt i bl.a. sundhed og uddannelse. Især uddannelsen af kvinder og kvinders rettigheder er blevet styrket, og SDU's bachelor uddannelse i Health Promotion and Health Education vil bidrage aktivt til denne udvikling. De folkesundhedsmæssige udfordringer i Saudi Arabien relatere sig, som i de vestlige lande, til en inaktiv livsstil med f.eks. diabetes og hjertekarsygdom til følge. Det varme klima, kulturen, samfundsstrukturen og det faktum, at sundhedspolitikker og en infrastruktur der støtter forebyggelse og sundhedsfremme er så godt som ikke eksisterende i Saudi Arabien bliver den største udfordring for implementeringen af forebyggende og sundhedsfremmende tiltag i landet. For at imødekomme denne udfordring er et af vores mål med BSc uddannelsen i Health Promotion and Health Education at udbygge de studerendes forståelsen af, hvor vigtige især strukturelle rammer og politikker er i arbejdet for at påvirke sundheden i positiv retning

hia conference

how hia matters in hiap

August 2012 the Health Impact Assessment (HIA) conference was held in Quebec, Canada. The theme was “How HIA matters in Health in All Policies”. With 44 individual sessions and four plenary sessions the two day conference was well packed with knowledge and opportunities for discussions aimed at all levels of HIA knowledge.

Related to the core theme of the conference it was discussed how health considerations can be ensured in decision-making and when the use of HIA is feasible in informing decision makers. The HiAP (Health in All Policies) approach was presented as an overarching approach from which HIA serves as an important part of working towards HiAP. Also, two HIA approaches were noted: The consensus approach based on cooperation and partnership, and the confrontational approach based on advocacy. As always the optimal choice of approach would be dependent on the political context, the sectors in question, and the organization carrying out the HIA (extra- or intergovernmental).

An issue often discussed is the question of if or how HIA could or should be institutionalised. ‘Institutionalised’ does not necessarily mean legislated, but it does mean a more rigid approach than a seemingly random request for HIA. The general opinion was that institutionalisation should not be a standalone approach and several conditions to enhance chances of success were listed. One of the main challenges pertains to the perception of HIA being difficult and or expensive to achieve.

On the matter on enabling HIA in decision making five building blocks were emphasised.

- an approach based on evidence;
- intersector action;
- cooperation between decision-makers, stakeholders, and researchers;
- bringing research and practice closer together through dialogue between those working in the field and researchers;
- a proactive approach (“Health Impact Action”) to include public health experts in teams that develop government policies.

The social activities included a guided tour of the old city of Quebec and a cocktail party with a spectacular theatrical light show on the history of Quebec.

The 13th International Conference on Health Impact Assessment will take place in Geneva on October 2-4, 2013.

To see more see <http://www.hia2012.ca/en/home.aspx>.

Stella RJ Kræmer and Mette W Fredsgaard

sundhedskonsekvensvurdering (skv) konference

Dette års internationale SKV konference blev afholdt i Quebec, Canada. Temaet var "hvordan SKV gør en forskel i HiAP", her blev to tilgange fremhævet:

1. Konsensus tilgang baseret på samarbejde og partnerskaber
2. En mere konfronterende tilgang baseret på "advocacy".

Der var en generel enighed om at institutionalisering af SKV ikke bør være det eneste redskab i implementering af SKV. Fem byggeklodser blev fremhævet:

1. En tilgang baseret på evidens
2. Tværsektorielle handlinger
3. Samarbejde mellem beslutningstagere, interessenter, og forskere
4. At bringe forskning og praksis tættere sammen gennem dialog mellem dem der arbejder i feltet og forskere
5. En proaktiv tilgang ("Health Impact Action") der inkluderer folkesundhedseksperter i grupper der er med til at udvikle regeringspolitikker

9th european iuhpe

health promotion conference in tallinn, estonia: health and quality of life –
health, economy, solidarity

This conference of about 300 participants was a good show place for the state of the art in health promotion advocacy but also research. Speakers included known names for the health promotion field such as Don Nutbeam, Maurice Mittelmark, Glenn Lawerack, Mark Dooris, Viv Speller etc. I also had an honor to be one of the invited speakers with my topic on evidence-informed practice and policy development. The main session tracks covered globalization, social determinants, health promotion competences, health promotion across lifespan, disease prevention, and communication.

In addition to the scientific programme and more in decision making and advocacy fields, this conference had attracted central WHO and EU speakers, too. One central theme was the strategic and contents planning of the upcoming (invitational) WHO Global Health Promotion meeting June 2013 in Helsinki and how health promotion – and the whole world - had developed since the Ottawa meeting days from the mid-1980. E.g. Don Nutbeam presented a vivid and partly personal story from Ottawa to Helsinki.

At the conference the ComPH Project Handbook - Developing competences and professional standards for health promotion capacity building in Europe was launched. This handbook is a product of a wide consultancy process. It includes three books: The ComPH core competences framework for health promotion handbook; The ComPH professional standards for health promotion handbook; and The ComPH Pan-European accreditation framework for health promotion. The electronic handbook is available via <http://www.iuhpe.org/?page=616&lang=en>

Link to the Tallinn conference: <http://www.conferences.ee/iuheli2012/>

Link to the WHO Global Health Promotion Helsinki meeting:

http://www.stm.fi/en/ministry/international_cooperation/who/healthpromotion2013

iuhpe konference

Denne konference var et godt sted at fremhæve det nyeste i sundhedsfremmeformidling. Adskillige anerkendte talere deltog og jeg var meget beæret over at være blandt de inviterede oplægsholdere.

Et centralt tema var planlægningen af det strategiske formål og indhold af det kommende (invitationsbetingede) WHO globale sundhedsfremme møde i Helsinki juni 2013.

Under konferencen blev ” The ComPH Pan-European accreditation framework for health promotion” lanceret. Se mere: <http://www.iuhpe.org/?page=616&lang=en>

Se mere om konferencen: <http://www.conferences.ee/iuheli2012/>

Se mere om WHO globale sundhedsfremme mødet i Helsinki

http://www.stm.fi/en/ministry/international_cooperation/who/healthpromotion2013

alumni experience

with a health rights litigation course at harvard school of public health

After my MSc Public Health studies at SDU and after finalizing two articles on the issues of female genital mutilation and violence against women (please see HPR NEWS, June 2012), I started to advance my know-how through courses related to health and human rights. I think this

will be an asset in my prospective graduate study, hopefully in collaboration with SDU and other public health career ladders. I was invited to attend an intensive course 'Health Rights Litigation' at Harvard School of Public Health. The course was offered as a part of the Global School on Socioeconomic Rights and it was from June 18-22, 2012.

The course gave me an opportunity to develop special knowledge in relation to litigating health-related rights at the national, regional and international level. The topics the course covered were reproductive and sexual health; rights issues arising in health care settings; abuses in institutional settings; palliative care; access to medicines and approaches to health-care rationing; structuring remedies to facilitate democratic deliberation; strategies with respect to implementation of structural judgments and factors to consider in assessing the equity impacts of judgments. Lecturers were leading experts in the field and came e.g. from Harvard University (USA) and University of Oslo (Norway), the University of the Andes (Colombia); Human Rights Watch, the Center for Reproductive Rights.

During the course, I presented my area of interest and research work as well as future ties with my institution in Ethiopia (University of Haramaya) and University of Southern Denmark. All participants agreed that sharing experiences that show inequality are crucial factors to provide quality of care in public/primary health care services. After finishing this course I attended a workshop on "Ethical Issues in Global Health Research" from June 25-29. Participants of this workshop were researchers and experts and several ethical issues in global health research were



Photo 7 Health Rights Litigation Course participants representing different continents, Harvard School of Public Health, Boston, MA June 2012. Wondimu Shanko Yirga is to the right in the back row in light blue shirt.

discussed. After the course and workshop in Boston I am back home in Ethiopia and I have started sharing the knowledge and experiences gained. I acquired this special knowledge with a support from Unit for Health Promotion Research, University of Southern Denmark. Therefore my special acknowledgement goes to professor Arja. R. Aro with whom I am going to pursue my future research and academic work. I plan to continue working with the Unit also in the future and will be contributing to HPR news.

Wondimu Shanko Yirga, SDU Alumni 2011

alumni oplevelse med 'health rights litigation' kursus på 'harvard school of public health'

Efter min kandidat I Folkesundhedsvidenskab, SDU Esbjerg og efter udgivelsen af to artikler omhandlende vold mod kvinder og lemlæstelse af kvindelige kønsdele (se Nyt fra Sundhedsfremmeforskning juni 2012).

Et af disse kurser var "Health Rights Litigation" på "Harvard School of Public Health" juni 2012. Emner der blev dækket på dette kursus inkluderer: reproduktiv sundhed og seksuel sundhed, rettigheder omkring rammer for sundhedsvæsenet, mishandling i institutioner og meget mere. Undervisere var førende eksperter på området.

information

sources for public health/health promotion

The National Board of Health (Sundhedstilsynet) launched during summer 2012 its disease prevention package series providing short evidence summaries related to major risk factors such as alcohol, smoking, mental health, sexuality, physical activity ("forebyggelsepakke" at <http://www.sst.dk/Udgivelser/2012/Forebyggelsespakke%20-%20Alkohol.aspx>) .

Internationally there are several similar resources and starting by this volume of HPR News we will provide examples of them.

The "Guide to Community Preventive Services" available at <http://www.thecommunityguide.org/index.html> provides summary information on more than 200 interventions on different public health topics. It is a USA based website, so the context need to be considered, yet it contains important and relevant information for community health planners.

informationskilder i folkesundhed/sundhedsfremme

Sundhedsstyrelsen lancerede i starten af sommeren 2012 en pakkeserie i sygdomsforebyggelse, der giver en kortfattet evidens og opsummerer relateret til vigtige risikofaktorer som alkohol, rygning, mental sundhed, seksualitet, fysisk aktivitet på dette link: <http://www.sst.dk/Udgivelser/2012/Forebyggelsespakke%20-%20Alkohol.aspx>. Internationalt findes der adskillige lignende foranstaltninger og vi starter denne udgave af HPR News med at bringe eksempler herpå.

'The Guide to Community Preventive Services' kan findes på følgende link: <http://www.thecommunityguide.org/index.html> her opsummeres informationer om mere end 200 interventioner på forskellige emner indenfor folkesundheden. Dette er en webside fra USA, så konteksten skal tilpasses, men den indeholder vigtige og relevante informationer for kommunale sundhedsplanlæggere.

Gabriel Gulis

the public health

study programmes

The academic year 2012/2013 has started with many good news for the public health programmes. Especially the uptake of new students in both programmes is the highest ever with 43 new bachelor students and 89 new master students. The increase in the bachelor uptake can be regarded as a success for the move of the programme to the larger Odense campus. We are now able to offer the programme in an attractive environment and at the same time with new contributions of teaching staff from the National Institute of Public Health (SIF). Teachers from SIF are responsible for six modules in the bachelor programme, mainly in the research methods fields and SIF is also part of the teaching coordination with Mette Rasmussen as new vice head of studies for the bachelor programme. In the master programme Gabriel Gulis is now the new vice head of studies, because Pernille Tangaard Andersen took over the head of studies function for the new programme in health promotion and health education at Princes Nora bint Abdulrahman University in Riyadh. In the master programme we are happy to offer some new modules in the elective phase of the 3rd semester.

Christiane Stock

nyheder fra folkesundheds-uddannelsesprogrammet

De er mange positive nyheder omkring uddannelsen i folkesundhed. Vi glæder os over et rekord høj optag af nye studerende både på bachelor- og kandidatuddannelsen. Bacheloruddannelsen på campus Odense fik forstærkning af underviseren fra Statens Institut for Folkesundhed (SIF). SIF er nu også repræsenteret med en vice studieleder for bacheloruddannelsen, som Mette Rasmussen. Gabriel Gulis er ny vice-studieleder for kandidatuddannelsen. Pernille Tangaard Andersen er hoved ansvarlig til organisering af nye samarbejde med Princes Nora bint Abdulrahman University i Riyadh i forhold til at etablere en ny bacheloruddannelse i sundhedsfremme af sundhedsuddannelse.

new position filled

at our unit

Balázs Ádám was appointed for the new post doc position at the Danish Center for Risk Research, Unit for Health Promotion Research. The Danish Center for Risk Research has been established in co-operation between the University of Southern Denmark and Aalborg University with the aim to carry out high standard research and teaching activity in the field of risk management with special focus on risk perception and communication. Balázs Ádám is to undertake the task to actively participate in the development of the research portfolio of the Center as well as of a new specialization track in risk assessment, management and communication within the Public Health Master program of the Unit. He was an associate professor in the Faculty of Public Health at the University of Debrecen, Hungary, teaching in various areas of public health and preventive medicine. He is a medical doctor with license in preventive medicine and public health and specialized in the fields of environmental and occupational health. The areas of his research interest are the genotoxicological characterization of the DNA damaging effects of chemicals in the ambient environment, mainly in workplace settings, the assessment and management of occupational health risks as well as the health impact assessment of industrial developments and policies. He has experience in using quantitative methods for assessing risk and in adopting such methods, like calculation of disease burden in the process of health impact assessment. The investigation of differences in the level of risk as lay people perceive it and as it can be quantified using the best available scientific evidence as well as the integration of findings in the risk management and communication strategy will provide the future work of the Center and the Unit for Health Promotion with valuable new perspectives.



Photo 8 Balázs Ádám

Anja Leppin

ny stilling besat i vores enhed

Balázs Ádám er ansat som post doc ved det danske center for risikoforskning. Balázs er læge med speciale i forebyggende medicin og FSV og har arbejdet i sundhed i miljø og arbejdsmiljø ved Debrecen, Ungarn hvor han var ansat som lektor.

Balázs vil som del af sit arbejde varetage udviklingen af forsknings porteføljen i dette center samt udarbejde en ny specialiseringslinje for i kandidatuddannelsen i Folkesundhedsvidenskab ved SDU Esbjerg.

new intern

anne wiechmann supports the repopa team for 5 months

From October 2012 to February 2013 Anne Wiechmann a German student joins the REPOPA team. She especially will assist Maja Larsen in preparing the work package number 3 but she will also be engaged in the REPOPA administration and its daily tasks. Anne was trained as a Physiotherapist and is currently studying Health Sciences (M.Sc.) in her last year at the University of Applied Sciences in Hamburg. Field of her interest is the changing perspective of the physical activity environment – from the individual therapeutic level to policy development in an international framework.



Photo 9 Anne Wiechmann

Maja Larsen

ny praktikant

Fra oktober 2012 til februar 2013 vil Anne Wiechmann være at finde på SDU, Esbjerg som praktikant i REPOPA projektet.

future events

kommende events

Research seminar program autumn 2012

20th November 14.00-15.30:

"Sorrow and Pride: Filipino Seafarers and the Meanings of Secondary Work."

By Steve McKay

Presentations are held at SDU Campus Esbjerg, Niels Bohrs Vej 9. Please follow the Unit website for the topics and speakers, but mark the date for the last seminar of the year; 20th of November, in your calendars already now. For more information about the program and speakers

www.sdu.dk/healthpromotion

next publication

næste udgave

The next HPR News will be circulated in February 2013. Please forward contributions to Stella at skraemer@health.sdu.dk before the 15th of January 2012.

Det næste HPR News vil blive sendt ud februar 2013. Fremsend venligst indlæg til Stella på skraemer@health.sdu.dk før d. 15. januar 2012.