HPR*news*

| Health Promotion Research News | Issue 14 - June 2015|
|ISBN: 978-87-91245-21-3|

Healthy Cities

| Nyt fra Sundhedsfremmeforskning | SDU Esbjerg |

Editorial

It was an honour and a pleasure to be asked by professor Arja R. Aro to be guest editor of HPR News on the topic of Healthy Cities. As some of the readers may remember, I have a long association with Syddansk Universitet – with a few pioneers I was asked to develop the Unit for Health Promotion Research and design a public health curriculum at SDU in 2000.

My pet project, 'Healthy Cities', has always been a part of my work, including in Denmark. In fact, Denmark is in many respects the global headquarters of the Healthy Cities movement: the World Health Organization European Office that has been so pivotal in its development is based in Copenhagen, Horsens was one of the first Healthy Cities (and brought many innovations to this world, including the Sund By Butik), and the Danish national network of Healthy Cities could easily claim to be one of the strongest.

An issue of HPR News on Healthy Cities is therefore natural. But I am incredibly pleased to see that the scope of this issue goes much beyond Denmark, with inspirational contributions from Italy and most importantly, Africa.

I would suggest a deal with the SDU Unit for Health Promotion Research: We will produce another issue of HPR News on Healthy Cities in the year 2020. And then we will see contributions from all over the world by people with strong research and practice associations with SDU, be it Mongolia, Saudi Arabia, Indonesia, Paraguay, or anywhere else. A mission for health promotion and Healthy Cities remains, and SDU can continue to play a critical role in that mission.

Evelyne de Leeuw, professor of public health and health policy, guest editor.

Dansk resume:

Sund By. **Evelyne de Leeuw, professor, folkesundhed og sundhedspolitikker, gæsteredaktør.** ”Det har været en ære og glæde at blive spurgt af professor Arja R. Aro, om jeg ville være gæsteredaktør af HPR News med emnet ’Sunde Byer’. (Healthy Cities). Jeg har et længerevarende samarbejde med Syddansk Universitet, hvor jeg i 2000 sammen med andre pionere var med til at udvikle Forskningsenheden for Sundhedsfremme og designe uddannelsen i folkesundhedsvidenskab.

Min kæledække, projektet ’Health Cities’ har altid været en del af mit arbejde, også da jeg var i Danmark. Faktisk er Danmark på mange områder det globale hovedkvarter af bevægelsen af ’Healthy Cities’: Det europæiske kontor for WHO (http://www.euro.who.int/en/countries/denmark) har hovedsæde i København og har haft en afgørende rolle i udviklingen af ’Healthy Cities’ og Horsens var en af de første Sunde Byer som opfandt bl.a. Sund By Butik (http://www.horsenssundby.dk/). Det danske nationale netværk af Sunde Byer er givet vis et af de stærkeste på verdensplan i dag.

Derfor er det også ganske naturligt at HPR News bringer en udgave af ’Healthy Cities’. Det glæder mig desuden også virkelig meget at læse bidrag fra andre lande som Italien og især vigtigst Afrika.

Jeg vil foreslå en aftale med SDU, Sundhedsfremme: at lave endnu en udgave af HPR News om ’Healthy Cities’ i år 2020. Der vil vi kunne se bidrag fra hele verden fra mennesker med dygtig forskning og samarbejde i praksis med SDU – lige fra Mongoliet, Saudi Arabien, Indonesien, Paraguay til hvor som helst. Der forbliver der en mission for sundhedsfremme og ’Healthy Cities’ og SDU kan spille en virkelig afgørende rolle i denne mission.”

“Healthy Cities”

A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential.”
Health Promotion Glossary (1998)

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

Healthy Cities in Denmark – a part of a larger whole

Thomas Skovgaard, University of Southern Denmark (SDU), Department of Sports Science and Clinical Biomechanics.

For many years now, both in Denmark and internationally, attention has been focused on what is known as a broad concept of health. In this respect the point of departure has been a dynamic perception of health and of its causes, whereby – according to the World Health Organization's (WHO) 1986 Ottawa charter – 'health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.' The Ottawa charter is often used as the definitive dividing line between old and new ways of thinking as regards prevention of illness and promotion of health. Over the past decades this (no longer quite so) new way of thinking has made significant contributions to the development of ways of 'working with health across the board' and to the implementation of health strategies and policies based on committed partnerships. In Denmark, the Healthy Cities Network has been in the vanguard of developments as regards proposals for how to transform, into practice, the ideals for a holistic approach to health and health initiatives deriving from such a broad concept of health.

In 1987 Horsens became the first Danish city to join WHO's international Network. The Danish Healthy City Network was set up in 1991 on the initiative of the municipalities of Horsens and Copenhagen, and today it consists of about 50 municipalities and some regional partners as well. The aim of the network is, among other things, to integrate health into the everyday lives of citizens.

The Danish network is closely allied to the European superstructure above it, which includes around 30 countries.

The rationale for using the city (in an extended sense) as a framework for health promotion initiatives is fundamentally that the majority of the world´s population lives in urban areas. Taking the city as the arena offers an opportunity to reach both a wide cross-section of the population and a whole range of selected target groups. Here a carefully considered integration of urban policy, urban planning and health policy can play a decisive role. In that respect an important factor is that members of the Healthy Cities Network are obliged to develop, implement and

evaluate innovative ways to strengthen qualities that characterize a health-promoting city, such as:

- Infrastructure and traffic planning are optimal
- Community participation is an integrated part of the city's processes of development and decision-making
- Agencies from numerous sectors cooperate and co-create – in order to make health, equity and sustainability issues an integrated part of urban development
- The city is characterized by high levels of social capital – which basically means that our interactions with others in social networks have positive effects both for citizens in society and for society as a whole
- The effort to grow as a healthy city is systematically monitored in order to strengthen accountability, inform further development and promote sharing of best/next practice
- The urban environment is an aesthetic pleasure and basic environmental aspects are in place
- The city's approach to subjects such as prosperity, health and well-being are clearly linked to the broad concept of health, which focuses on all those processes '…enabling people to increase control over their health and its determinants, and thereby improve their health', to quote, once again, WHO's ideal definition of health promotion.

National networks constitute the cornerstone of WHO's Healthy Cities Networks. With almost 30 years of work and experience behind it, the Danish network can offer a mass of resources and expertise in the area of prevention and health promotion. This means that it can act as a reliable sparring partner in connection with local, national or international development and dissemination of practice and knowledge about the many factors that influence people's health and well-being.

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Sund By Netværket: http://sund-by-net.dk/

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Dansk resume:

Sund by netværket i Danmark – en del af en større helhed, **Thomas Skovgaard, SDU, Institut for Idræt og Biomekanik.**

I 1987 blev Horsens den første danske Sund by. I dag er en stor gruppe kommuner og regionale parter en del af det nationale Sund By Netværk. Netværket er forpligtet på at udvikle, implementere og evaluere tiltag, der styrker byen som arena for sundhedsfremme. Med næsten 30 års erfaring er det danske netværk rig på ekspertise og ressourcer indenfor forebyggelse og sundhedsfremme og derved være en god sparringspartner nationalt og internationalt.

Kilde: https://www.healthycitieskuopio2015.com/

Sund By Netværket – et forsker-praktikernetværk?

Charlotte Skau Pawlowski, ph.d.-studerende, SDU, Institut for Idræt og Biomekanik

I 2007 fik landets 98 kommuner ansvaret for en række borgernære opgaver indenfor forebyggelse og sundhedsfremme (Sundhedsstyrelsen, 2005). I Fredericia Kommune valgte man at nedsætte et sundhedssekretariat bestående af tre strategiske sundhedskonsulenter og en sundhedschef. Jeg følte mig privilegeret som ny-udklækket kandidat i Human Ernæring og med en bachelor i Idræt og Sundhed, at være med til at danne den ramme for sundhedsopgaven, der nu var sat i Fredericia. Næste skridt var så, hvordan sundhedsopgaven skulle løses?

I tiden hvor det kommunale apparat skulle køres i stilling på nye måder, blev videndeling og erfaringsudveksling i særdeleshed afgørende kodeord i strategier møntet på at sætte sejl og få sat en kurs for Fredericia kommunes sundhedsarbejde.

Som studerende havde jeg lært, at Healthy Cities strategierne med succes havde været med til at styrke og udvikle sundhedsfremme lokalt (de Leeuw, 2009). For at drage nytte af andre aktørers erfaringer med at arbejde lokalt med forebyggelse og sundhedsfremme var det derfor nærliggende at anbefale sundhedsudvalget i Fredericia, at kommunen meldte sig ind i det nationale Sund By Netværk. Fredericia Kommune stod i den henseende ikke alene. Tilbage i 2007 og 2008 nærmest eksploderede medlemstallet i Sund By Netværket fra 30 til 65 kommuner (Friis, 2008; Friis, 2009). Ifølge sekretariatschef i Sund By Netværket, Gitte Grønnemose Butler, tæller Sund By Netværket i dag 58 medlemskommuner.

Set fra et kommunalt synspunkt var det meget gavnligt i denne etableringsfase at udveksle erfaringer og kundskaber i et netværk af kommuner. Summen af "grønne" kommuner ud i sundhedsarbejdet var imidlertid stor. Set i bakspejlet betød det, at kommunale sundhedsindsatser snarere blev implementeret på baggrund af tværkommunal erfaringsudveksling end et evidensbaseret grundlag, som faktisk var ambitionen (KL, 2008; Skovgaard et al., 2007).
I dag sidder jeg i en ph.d.-stilling på Institut for Idræt og Biomekanik, SDU. Videndeling er også her forudsætningen for et veludført arbejde. Men hvor kommuner videndeler med andre kommuner

deler forskere viden med andre forskere. Det, der tæller er at publicere artikler i internationale tidsskrifter og at præsentere sine fund på internationale forskerkonferencer.
Men hvis forskningsarbejdet virkelig skal gøre en forskel, og omvendt hvis det kommunale sundhedsarbejdet skal baseres på evidens, bør vi som forskere så ikke i højere grad kanalisere vores viden derhen, hvor det sker? Der, hvor der arbejdes med borgernær sundhedsfremme og forebyggelse? Er det ikke på tide, at vi mere systematisk snakker sammen - forskere og praktikere? Sund By Netværket kunne i den sammenhæng være det helt oplagte bindeled for videndeling på tværs af professioner for fremme af folkesundheden i Danmark.

Fakta-boks
Fredericia Kommune er i dag stadig med i Sund By Netværket og ser fortsat erfaringsudveksling mellem kommuner som en central funktion i en kontinuerlig optimering af det lokale sundhedsarbejde. Fredericia Kommune ønsker imidlertid også et tættere samarbejde med forskningsverdenen og en sikring af at de indsatser der igangsættes i kommunerne er evidensbaseret (Sille Kloppenborg, nuværende strategisk sundhedskonsulent i Fredericia Kommune og Sund By koordinator).

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English summary:

The Danish Healthy Cities Network – a connecting link between researchers and practitioners? **Charlotte Skau Pawlowski, PhD student, Department of Sports Science and Clinical Biomechanics.** In 2007 the Danish municipalities were given the responsibility for health promotion, particularly knowledge - and experience sharing were key words to start up the work of health promotion in the City of Fredericia. Therefore, Fredericia joined the National Healthy Cities Network, as did many other municipalities. Many of the municipalities were unexperienced in working evidence-based with health promotion which was the ambition. For local health promotion to become evidence-based researchers ought to systematically share knowledge with practitioners working with local health promotion. The National Healthy Cities Network is an obvious connecting link for knowledge sharing between professions to enhance public health in Denmark.

Healthy Cities in Europe – a global inspiration

Evelyne de Leeuw, professor of public health & health policy
Director www.glocalhealthconsultants.com

Never before the people of our planet have moved to live in cities at the rate we are witnessing in the early years of the third millennium. Half the world's population is already urbanized, and estimates are that at least 60% of the world population will live in large conurbations by 2030. More people are going to live in cities, even more will live in mega-cities. Taking the size of a mega-city to be at least ten million population, nearly three hundred million people are living in twenty such cities by the year 2015.

The acceptance by European member states of the World Health Organization in 1981 of 38 targets for Health for All marked a shift in European health policy development. One of the action programmes that subsequently developed aimed at the establishment of an innovative health promotion perspective, stepping away from only behaviour change for health towards more structural and policy-oriented approaches for the promotion of health. The innovation first culminated in The Ottawa Charter for Health Promotion and eventually led to the Jakarta Declaration on Health Promotion and new insights for Health in All Policies.

The WHO perspective on health promotion has its foundation in the recognition of the fact that the creation of health is a multi-causal phenomenon for which, among other things, intersectoral collaboration, community action and political support are required (WHO Healthy Cities Project, 1988a).

Figure 1.Eleven Qualities a Healthy City should strive to attain (Hancok & Duhl, 1988)

Both the Charter and the Declaration consist of visionary statements regarding the development of health promotion. To the World Health Organization, and the participants in its International Health Promotion Conferences, the promotion of health goes beyond mere behaviour modification. Following the logo of the first conference (where the Ottawa Charter was accepted) health promotion should start with enabling, mediating and advocating strategies towards an overall, integrative and intersectoral health perspective. Action areas would include the reorientation of health services to include health promotion, the creation of supportive physical and social environments for health, and finds its foundation in community action and personal skills for health. The development of healthy public policy is an inextricable part of health promotion endeavours.

In order to demonstrate that such visionary statements could be implemented in real-life situations, the WHO Regional Office for Europe decided to initiate an urban health promotion

programme in 1986. This programme came to be known as the 'Healthy Cities' project, and quickly it was found that hundreds if not thousands of European cities wanted to join, giving rise to the observation that a project had become a movement (Tsouros, 1991). This has inspired thousands of cities and towns around the world, with the smallest 'Healthy Village being l'Isle Aux Grues (Canada, population around 160), the largest metropolitan Shanghai (China, population in excess of twenty million).

Hancock & Duhl (1988) carried out a literature review, based on their earlier work on Healthy Cities, of the characteristics that a Healthy City should aspire to. They found eleven qualities they should strive to attain (figure 1).
In Europe, Healthy Cities as supported by the World Health Organization has developed over five distinctive Phases and has recently entered Phase VI (table 1, Tsouros, 2015).

Phase	*Countries/national networks*	*Key focus*	*Global, WHO and Healthy Cities policies and declarations*	*Historical*
I *(1987–1992)*	35/	Creating new structures for and introducing new ways of working for health in cities. City health profiles – an essential tool.	Health For All Ottawa Charter Milan Declaration	Berlin Wall Break-up of former USSR
II *(1993–1997)*	37/25	Emphasis on inter-sectoral action, community participation and comprehensive city health planning.	Rio Declaration on Environment and Development	War the in former Yugoslavia (1991–2001)
III *(1997–2003)*	56/	Action on health and sustainable development and healthy urban planning. Action on key NCD risk factors. Addressing the social determinants of health. City health development plans - an essential tool. Partnership with other city networks in Europe	Jakarta Declaration Athens Declaration Agenda 21 – Rio plus 10 Health 21 European Sustainable Cities and Towns Campaign Millennium Development Goals	9/11 Globalization
IV *(2003–2007)*	70/	Increasing emphasis on partnership-based health development plans. Core themes include healthy urban planning, health impact assessment and healthy ageing.	Belfast Declaration Report of the WHO Commission on Social Determinants of Health (2008)	IPCC climate change report – Nobel Prize

V *(2008–2013)*	100/	Health and health equity in all local policies. Core thematic strands: caring and supportive environments, healthy living, health urban environment and design.	The Tallinn Charter: Health Systems for Health and Wealth Zagreb Declaration European review of social determinants of health and the health divide Governance studies	Global financial and economic crisis
VI *(2014–2018)*	100/	Leadership for health City health diplomacy Applying Health 2020 lens with emphasis on life-course approaches, community resilience and health literacy.	Health 2020 Athens Declaration Sustainable Development Goals	

Ever since the initiative was formally launched in 1986 it has been subjected to an evidence-based health paradigm, asking whether Healthy Cities actually 'deliver' health. This is a highly contentious issue (O'Neill and Simard, 2006), as a core tenet of the paradigm that embeds the movement is that health is not the absence of disease, but a resource for everyday life. It is created by individuals, communities and heavily determined by public and corporate policy. It is therefore no surprise that the eleven qualities listed above have been translated by Healthy Cities into an enormous range of actions, themes and interventions. Sofia (the Bulgarian capital) was member of the movement for a short while in the late 1980s and used its designation to upgrade the public transport system. Liège (Belgium) addresses the high prevalence of anti-depressant use tackling GP's prescription behaviour while at the same time running programs in community-driven neighbourhood clean-ups. Kuressaare (Estonia) used the Healthy City-label to restore its tsarist-era reputation as a great spa town on the Baltic. Accra (Ghana) aims to coordinate the international aid industry's attempts to clean up its heavily polluted Korle Lagoon under the Healthy City banner. Curitiba (Brazil), positioning itself as an 'ecological city', is highly successful in generating synergy between enhanced (public) mobility, poverty reduction, and primary education. Wonju City (Korea) has established innovative programs in health promotion financing, just as Recife (Brazil) has. Noarlunga (South Australia), one of the longest running Healthy City projects in the world, has effectively addressed health inequity, multiculturalism, severe environmental degradation, and sustainability issues. Several cities around the world are involved in approaches such as community gardening, walkability, urban design, safety and the informal economy. Virtually all cities look at equitable access to services reaching far beyond the health sector alone.

This presents challenges to evaluation of Healthy Cities. It is not just a matter of applying a classical epidemiological 'gaze' to determine whether and how urban living presents particular

challenges (e.g., Rydin et al, 2012) but needs to incorporate much broader insights, perspectives, theories and methodologies (de Leeuw et al., 2014). Over the various Phases described above the methodological approach and scope of evaluation has become increasingly sophisticated. In the most recent evaluation effort (Tsouros, de Leeuw & Green, 2015) we successfully applied a realist synthesis approach (Pawson & Tilley, 1997, Pawson et al., 2004) which was trialled successfully in the British-led European DECiPHEr (2015) programme.

Any city or town can be a Healthy City. This issue of the journal attests to the success of the effort in Denmark and internationally.

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Dansk resume:

Sunde byer i Europa – en global inspiration. **Evelyne de Leeuw, professor i folkesundhed & sundhedspolitik samt direktør i *www.glocalhealthconsultants.com*** *Sund By s*tartede ved WHO i 1986 som et sundhedsfremmende byprojekt, som siden har udviklet sig til meget mere på verdensplan gennem årene. Vi kommer til at bo i større og større multi-byer med dertil krævende sundhedsudviklende foranstaltninger. I Europa findes i dag 100 såkaldte Sunde Byer med tilhørende netværk og på verdensplan findes tusindevis af Sunde Byer (Healthy Cities). Der er fokus på planlægning og udvikling af sundhedspolitikker og sundhedsfremmende tiltag i byerne for at forbedre befolkningens vilkår og fjerne uretfærdigheder også udover den normale sundhedssektor så som kulturelle, miljømæssige, økologiske og kunstneriske opgaver. Evalueringer laves på byerne og enhver by stor som lille kan blive en del af de Sunde Byer.

Source: http://ieet.org/index.php/IEET/more/Inayatullah20120619

Building capacity for Health Impact Assessment in Danish municipalities – a 3-year project

Mette Winge Jakobsen, PhD Student, Health Promotion, SDU

Health impact assessment (HIA) was identified as a core theme to implement the European Health for All policy (WHO, 1998) in the PHASE IV (2003-2008) of the WHO European Healthy Cities Network.

HIA is a way to support sustainable policymaking and development in relation to health and safety. HIA is defined as:

"A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population" (WHO Regional office for Europe, 1999).

In Denmark, there were only a few pioneering municipalities, who took active measures to implement HIA during the PHASE IV period, including the municipalities of Copenhagen, Horsens and Sønderborg.

In 2011, the Danish Ministry of Health financed the Danish Healthy Cities project Health Impact Assessment in Danish Municipalities and Region. The aim of the project was to increase capacity in HIA in a Danish context through development of training material, workshops, development and testing of implementation models for HIA in selected municipalities and development of a platform for knowledge exchange.

The overall goals of the project were to:

- Promote the highest attainable health for Danish citizens
- Promote equality and equity in health
- Quality assure municipal and regional planning in relation to health promotion
- Ensure that strategies, policies, programs and plans do not harmfully affect the public's health

- Ensure cross sectoral responsibility for health
- Qualify political and administrative decision making processes concerning health promotion and disease prevention
- Obtain highest value for money in relation to health

A mapping exercise was performed in 2010-2011, surveying local and regional health coordinators to assess past and current activities related to HIA. A one-year pilot study followed with the aim of developing and testing different models to implement HIA in Danish municipalities. The pilot process also included capacity building and expert consultation. Based on the results of the HIA mapping exercise, three models were developed in the spring 2011 and tested in three municipalities in the autumn 2011- spring 2012, all members of the Healthy Cities Network.

A model to integrate HIA into the statutory environmental impact assessment of plans and programmes was tested in the municipality of Viborg and the municipality of Kolding. A model including a case by case assessment of the need for HIA on both plans and projects was tested in the municipality of Fredericia. Finally, a systematic strategic sustainability assessment model was tested also by the municipality of Kolding. The evaluation of the pilot-study was presented at the EUPHA Conference in Malta in 2012 (workshop session no H.4.):

http://ephconference.eu/documents/past_conferences/2012_Abstract_Book_Malta.pdf

The evaluation of the pilot study identified influential mechanisms and outcomes which provide knowledge for the further support of the implementation of HIA as well as the development of learning points for local governments in Denmark in how to implement HIA in Danish municipalities.

The testing of the implementation models continued after the pilot study in order to gain further experiences with the implementation models, also recognizing that obtaining results from implementation interventions take time.

Due to a delay of the project, a final evaluation of the implementation interventions and the overall project was carried out in the spring of 2014. The scope of the evaluation included procedures and examples of integrating a health concern into local planning, cross-sectoral collaboration, decision making processes relevant for the integration of health in local planning, the impact of the Healthy Cities' HIA project including the support of the Healthy Cities Coordinators participating in the intervention as lead facilitators, and suggestions for future actions.

The evaluation included a survey of intervention participants, who were public officials from the areas of health promotion and disease prevention, environment, urban and rural special planning, business development as well as climate and sustainability. Only 50 % responded to the questionnaire; however the key informants identified completed the questionnaire.

The survey results showed that systematic cross sectoral collaboration was a key facilitator to integrate a health concern in physical planning, highly strengthened by close dialogue, personal relationship and common language for health relevant for physical planning including an overview of responsibilities and contributions to integrating a health concern in the planning process. The evaluation also showed an increase benefit of integrating a health concern on a higher strategic level as well as better overall coordination of health promotion and disease prevention actions to ease implementation of health concern in more detailed planning. Barriers to assessing health impacts are lack of good, local contextual data as well as access to others' local data, lack of formal collaboration with other sectors (e.g. education, employment, etc.) and support from these other sectors and disciplines. Simple tools and improving existing planning procedures showed quicker results than larger structural changes, however the latter may deem more effective in the long run. Also a more proactive approach was preferred to instead of a reactive approach, integrating a health concern and cross sectoral knowledge sharing on health early in the planning process.

In the actual plans, increase in the following areas was identified: Movement patterns, community involvement, physical and social activity. In general, more focus on health in the planning process was reported as a result from the HIA project including the implementation models for integrating a health concern in physical planning.

For future actions to support integration of health in physical planning, more health in the Law of Physical Planning (in Danish 'planlovgivningen'), more capacity building and more cross-sectional collaboration on a national level were suggested.

For more information visit http://sund-by-net.dk/viden/sundhedskonsekvens-vurdering or contact Mette Winge Jakobsen, mwjakobsen@health.sdu.dk

Dansk resume:

Implementering og kompetenceudvikling inden for sundhedskonsekvensvurdering (SKV) - et 3-årigt projekt. **Mette Winge Jakobsen, ph.d.-studerende, Sundhedsfremme, SDU**

Sundhedskonsekvensvurdering (SKV) beskrives som 'en kombination af procedurer, metoder og værktøjer, som kan anvendes til at vurdere potentielle sundhedseffekter af et politikforslag, et program, en plan, eller et projekt, heriblandt også fordelingen af disse effekter blandt befolkningen' (oversat fra Gothenburg consensus paper, Brussels, WHO European Centre for Health Policy, 1999). Sundhedsministeriet finansierede i 2010 et Sund By Netværksprojekt med formålet at fremme implementeringen af SKV i danske kommuner og regioner. Det overordnede mål var at fremme danske borgeres sundhed, lighed og retfærdighed inden for sundhed ved at kvalificere politikker/strategier, planer og projekter i fht. forebyggelse og sundhedsfremme. Der blev lavet workshops, øvelsesmateriale samt test af implementeringsindsatser, hvor tre kommuner deltog i afprøvningen af implementeringsindsatser indenfor den lovpligtige miljøvurdering af planer og programmer, generelt inden for det tekniske område (både planer og projekter) og på et mere strategisk niveau, hvor alle styrende dokumenter blev vurderet i forhold til ikke kun sundhed men et bredere bæredygtighedsbegreb. For fremtiden er der foreslået øget fokus på forebyggelse og sundhedsfremme som en del af Planlovgivningen, mere kompetenceudvikling og tværfagligt samarbejde både lokalt og nationalt omkring forebyggelse og sundhedsfremme.

Kilde: http://sund-by-net.dk/

Public Health students report from Healthy Cities around the world

Texts collected by Okje Anna Koudenburg, student assistant

Bologna - City of European Healthy Cities Movement

Tiziana Sanna, intern from Bologna

Bologna is the largest city and the capital of the Emilia-Romagna Region in Italy. With a population of about 385.000 inhabitants, it is the seventh most populous city in Italy, located in the heart of a metropolitan area of about one million. It has very ancient origins and has always been an important center of commerce and culture. It is animated by a cosmopolitan culture fueled by the presence of the oldest university in the world and by the presence of thousands of students who enrich the social life of the city. Bologna is also one of the wealthiest cities in Italy, often ranking as one of the top ten Italian cities in terms of quality of life.

The city of Bologna is part of the Italian Healthy Cities Network since its establishment in 1995. It has held the presidency and the national coordination until May 2010 and it is still a member of the executive committee; moreover it has also been recently designated 'City of European Healthy Cities Movement', together with other 8 Italian cities.

Following this latter recognition, the municipality of Bologna for many years involved in the dissemination of correct lifestyles, has implemented an integrated system of projects and activities aiming at the prevention and promotion of health and wellbeing. These projects, addressed at different population target, are conceived and planned in close cooperation with the local Public Health Authorities, Public administrations, Universities, Schools, third sector and other public and private actors involved in health promotion.

In the awareness that health care is a common good to actively defend, it has been tried to encourage the direct and responsible participation of citizens and communities in the development and implementation of public health policies. The municipality has therefore launched various investigations to promote public debate and formulation of innovative proposals on collective interest issues (e.g. youth problems, asbestos); moreover, workshops of participatory city planning have been set up and collaboration agreements between citizens and the city for the care and regeneration of urban commons have been created.

The many urban requalification projects that have affected the city in recent years (extension of the bike path, recovery of abandoned places and buildings, care of green areas, the revitalization of some municipal districts) are the result of a shared work between the institutions, stakeholders, the free citizens and their associations. They are for the most low-cost interventions with strong e lasting benefit on mobility, security and urban quality, that will help make Bologna a city more

beautiful and livable and will lead to a general improvement in the citizens' quality of life.

Dansk resume:

Bologne - En by i europæiske sunde byer bevægelsen. **Tiziana Sanna, praktikant fra Bologne.**
Bologne er den 7. største by i Italien med vigtig handels- og kulturcentrum. Verdens ældste universitet ligger i byen, der er en af de rigeste i Italien. Bologne har været en del af 'Sund By Netværket' siden 1995 og er nu blevet en del af bevægelsen 'by i europæiske Sunde Byer' sammen med 8 andre italienske byer. Der er fokus på projekter og aktiviteter i forebyggelse, sundhedsfremme og velbefindende i samarbejde med de lokale folkesundhedsautoriteter. Andre involverede er kommunen, universiteter, skoler og private aktører i sundhedsfremme og der er lavet forskellige undersøgelser for at fremme den offentlige debat i politik om folkesundheden. Workshops er lavet for deltagelse i byplanlægning: udvidelse af cykelstier, renovering af gamle bygninger og områder, nye grønne arealer så Bologne fremstår mere livlig og smukkere for en bedre livskvalitet blandt borgerne.

Kilde: private fotos, Tiziana

Ghana: Promoting Healthy Cities

Emilia Udofia, PhD Student from Ghana

Ghana attained independence in 1957. This was followed by a short period of political instability until the mid-1980s.[1] With the subsequent recovery of the national economy, overall population increased accompanied by rapid urbanization, both of which outmatched infrastructural development and basic utilities. The urban population growth more than tripled between 1984 and 2013 from under 4 million to nearly 14 million. Although successes such as a rapid economic growth (5.7% annual GDP growth) and a 20% point decline in Accra's poverty incidence (1991-2012) were accomplished, the expanding population and proliferation of settlements placed heavy demands on basic and health services.[1]

In urban areas, the proportion of residents with access to piped water has declined. In Accra, the proportion dropped from 91% in 2000 to 69% in 2010.[1] Environmental sanitation and waste management have been problematic due to constraints in human, technical and financial resources. Another major achievement in health is the increase in life expectancy from 45 years in 1957 to 64 years in 2011, but health disparities exist and have improved slowly, especially for the poorest, owing largely to limited financial and geographical access to health services.[2] With an estimated housing deficit of 1.7 million housing units, informal settlements and slums proliferate at urban fringes due to unaffordability of formal housing to the average citizen.[3]

In pursuance of a healthy environment, public participation in environmental sanitation has been promoted through environmental sanitation days and organization of stakeholder fora. Institutional research promotes local technology and solutions for sustainability.[4] Public-private partnership for waste management and administrative oversight for environmental sanitation were decentralized to district authorities. To address the housing deficit, the government embarked upon the construction of 4,720 housing units for low and middle income groups through the Affordable Housing Program.[3] To achieve equity in the health sector, the government seeks to promote universal access to health services through an effective and efficient National Health Insurance Scheme, has improved primary health care coverage through Community Health Based Planning and Services (CHPS) strategy and engages in health system strengthening to improve service quality.[2]

In Ghana, the WHO Healthy Cities Project dates back to 1992. At its onset, key areas clustered for health action plans were environmental sanitation, waste management and urban planning;

health problems, health service coverage and school health programs; education, communication and community involvement in sanitation and health.[5] An example of an implemented strategy to integrate health in policy implementation in the area of environmental sanitation was the training of municipal staff responsible for environmental services in Accra in concepts and practice of health education and promotion, to enhance their capacity to undertake health promotion as part of their community level work.[6] Eventually, the Accra project reviewed and narrowed its focus on school health programs which have been sustained till date.[5]

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Dansk resume:

Ghana: At fremme de Sunde Byer. **Emilie Udofia, ph.d.-studerende fra Ghana**
I Ghana bor der 14 mio. indbyggere efter en rivende vækst fra 4 mio. i 1984 – 2013. Dette har medført et stærkt behov for vækst i sundhedssektoren også. Mangel på rent vand er steget drastisk og andre foranstaltninger indenfor miljøet har været nødvendige at sætte fokus på. Ikke mange har råd til at bo i huse med gode sanitære forhold og det er også problematisk med store mængder af affald især i slumområderne omkring de store byer. For at imødekomme behovet for bedre vilkår i sundhedssektoren er der blevet dannet en national sundhedsforsikningsplan for at forbedre kvaliteten for sundhed for den enkelte borger. WHOs 'Healthy Cities' projektet i Ghana stammer fra 1992, hvor der bl.a. i hovedstaden Accra løbende er blevet uddannet kommunale ansatte til at se på områder som miljø, sanitet, sundhedsfremme og undervisning i sundhed i skoler. Der er stadig fokus på bevarelse af skolers sundhedsprogrammer i dag.

Source: http://www.huffingtonpost.com/david-weiss/good-governance-a-sustain_b_5595807.html

Dar Es Salaam City: Urbanization and Social Determinants of Health in the House of Peace

Edward Komu, MSc Student in Public Health Science Programme

Source: https://commons.wikimedia.org/wiki/Category:Dar_es_Salaam

The port city of Dar Es Salaam found along the coast of Indian Ocean is Tanzania's largest and richest city. The name Dar Es Salaam is commonly translated as 'The House of Peace' based on the Arabic words dar (house) and es salaam (of peace). The name was coined by the city's founder Seyyid Majid Sultan of Zanzibar in 1862 (1).

With a population of more than 4.5 million people, Dar Es Salaam is the largest city in eastern Africa by population and is among the fastest growing cities in the world (2). The city's high rate of population growth and urbanization means an increased pressure on the city's infrastructures and social services including health services. This situation has led to disproportionate levels of quality of life and health status whereby the urban poor of Dar Es Salaam are hit hardest.

According to the World Health Organization (WHO) the social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. WHO defines social determinants of health (SDH) as the conditions in

which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life (3).

Poverty and income inequality are important social determinants of health in Tanzania, Dar Es Salaam included (4). This is partly due to the very limited health insurance coverage and high prevalence of out-of-pocket payment for health care services as a result limiting access of health services by the poor households.

Other major determinants of health are level of education, area of residence (slums and informal settlements areas vs. non-slums areas, see photo above), employment status, and gender inequality due to unequal resource distribution and unequal decision making power between men and women.

The city of Dar Es Salaam participates in WHO Healthy Cities Initiative which aims to put health high on the social, economic and political agenda of city governments. The Dar Es Salaam city council through different policies, projects and initiatives such as the City infrastructure upgrading program, housing, water supply and solid waste management projects; works in close collaboration with city residents to address the social determinants of health and challenges of infrastructure inadequacy facing the city.

I am very optimistic about the efforts made by the city council in addressing social determinants of health, also their commitment towards improving the health and quality of life of all city residents so that Dar Es Salaam can live up to the meaning of its name – The House of Peace.

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Dansk resume:

Dar Es Salaam City. Urbanisering og sociale sundhedsdeterminanter i 'Fredens hus', **Edward Komu, kandidatstuderende, folkesundhedsvidenskab.**

Havnebyen Dar Es Salaam i Tanzania er den største by i Østafrika. Livskvaliteten i denne hurtigt voksende by har lidt under pres på infrastruktur, sociale serviceområder og sundhedssektoren. Fattigdom og ulighed i indkomst er en af de vigtigste sundhedsdeterminanter i Tanzania. Der findes mange slumområder, der er hurtigt voksende samt høj arbejdsløshed og ulighed mellem kønnene, hvor mænd har større adgang til magt end kvinder har. Der er i regeringen i byrådet lavet projekter og politikker til at afhjælpe disse uligheder (økonomiske, sociale og sundhedsmæssige) og til at fremme opgradering af infrastrukturen, byplanlægning, vandforsyning og renovationsfornyelse. Edward Komu selv er meget optimistisk omkring de sociale sundhedsdeterminanter, som byrådet i Dar Es Salaam har fokus på. Således at Dar Es Salaam kan leve op til betydningen af byens navn – 'Fredens hus'.

New staff members

Birthe Marie Rasmussen

Research assistant

From November 2014 I have worked as a research assistant in the Unit for Health Promotion Research in Esbjerg. I work on a social norms project on alcohol consumption and binge drinking among 8th and 9th graders in the Region of Southern Denmark called 'Det gode liv mellem de unge' together with assoc. professor Christiane Stock and Lotte Vallentin-Holbech, who is a PhD student. For this study I will conduct the process evaluation on two levels; qualitative interviews and a quantitative survey. We expect to find funding for a PhD of my own. This would regard cost-effectiveness within the project.

I am from Vejle, but relocated to Esbjerg 9 years ago with my family due to my studies in midwifery. Having gotten two kids along the road, I finished my bachelor degree from UC Syd 2011. The following year I worked in the municipality of Esbjerg with a focus on smoking cessation for pregnant women and new mothers. August 2012 to October 2014 I completed my studies in Master of Science of Public Health. During my time as a student I grew fond of quantitative methods and enjoy them very much, thus I have been instructor twice in bridging course and once in applied biostatistics. Currently I prepare the new 'bridging course' that will consist of more e-learning and video podcasts than the previous ones.

Dansk resume:

Birthe Marie Rasmussen, har siden november 2014 arbejdet som videnskabelig assistent på Forskningsenheden for Sundhedsfremme i Esbjerg. Birthe arbejder på et projekt om alkohol og unge kaldet 'Det gode liv mellem de unge'. Hendes arbejdsopgaver vil fortrinsvis være process-evaluering af projektet. Det forventes, at der vil blive fundet funding til et ph.d.-projekt om Cost-effectiveness indenfor projektet. Birthe blev færdig i 2014 som folkesundhedskandidat herfra SDU i Esbjerg. Tidligere er hun uddannet jordemoder og har desuden erfaring med sundhedsfremme fra Esbjerg Kommune. Hun er glad for de kvantitative metoder og har i sin studietid fungeret som instruktor i både suppleringskursus og Applied Statistics. Videreudvikling med lektor Gabriele Berg-Beckhoff suppleringskurset til i større grad at være internetbaseret og med flere video podcasts. Hun er glad for at være på SDU, hvor der er gode muligheder for at forske såvel som at undervise.

Lotte Vallentin-Holbech

Ph.d.-studerende

Det gode liv mellem de unge - En sundhedsfremmende indsats blandt folkeskoleelever

Baggrund

Danske unges indtagelse af alkohol er anset som et af de højeste i Europa og debut alderen som en af de laveste (Grønbæk, 2007). Heldigvis er meget allerede blevet ændret i danske unges brug og misbrug af alkohol, tobak og andre rusmidler, men mere kan gøres for at fastholde og forstærke den positive udvikling af et reduceret forbrug (Sundhedsstyrelsen, 2011).

Jævnaldrende er den gruppe, der har størst indflydelse på unges adfærd og holdninger, og forskning har vist at især unge ofte overvurderer omfanget af deres jævnaldrendes forbrug af alkohol, tobak og andre rusmidler. Denne flertalsmisforståelse får mange unge til selv at drikke mere, fordi de gerne vil være som de tror vennerne er. Men hvis vi kan ændre denne forestilling om vennernes forbrug har det i både danske og udenlandske undersøgelser vist sig, at have en vellykket reducerende effekt på de unges brug af alkohol, tobak og andre rusmidler (Foxcroft & Tsertsvadze, 2012)

I Danmark er det seneste større forskningsprojekt, der har undersøgt sociale normers betydning for skoleelevers valg og fravalg Ringstedsforsøget, der for 10 år siden viste at en korrektion af elevernes flertalsmisforståelser bidrog til en reduktion i brug af blandt andet tobak og alkohol (Balvig, Holmberg, & Sørensen, 2005).

I Ringstedforsøget blev der brugt klasse undervisning, men nyere undersøgelser har vist at en mere direkte og personlig feedback omkring elevernes overdrivelser og misforståelser giver den enkelte elev et mere realistisk billede af jævnaldrenes forbrug af alkohol. Ved at anvende faktuelle og positive budskaber får eleverne et realistisk indblik i deres jævnaldrenes forbrug af alkohol, tobak og andre rusmidler. Dette bidrager til at ændre deres opfattelse af normerne omkring alkoholforbrug og alkohol relateret risikoadfærd og dermed reducere deres eget forbrug (Long, 2012; McCambridge et al., 2013).

Desuden er det i modsætning til mere generelle plakat- og mediekampagner, ideen her, at informere de unge om den faktiske risikoadfærd og afliver myterne omkring disse ved netop, at anvende positive og realistiske budskaber som de nemt kan relatere sig til.

Formål og metode

Formålet med projektet er at reducere alkoholforbruget samt forbygge de risici der er forbundet med alkoholbrug, blandt unge i folkeskolens udskoling.

Projektet er designet som et eksperimentelt studie med både interventions skoler og kontrol skoler. Begge grupper besvarer indledningsvist et internet-baseret spørgeskema. Herefter bliver

interventionsgruppen præsenteret for positive og realistiske budskaber om forbrug og risikoadfærd blandt skolens elever.

Budskaberne bliver leveret via en kampagne der både informerer og involverer de unge i processen, der skal medvirke til en ændring i deres opfattelse af normerne omkring alkoholforbrug og alkohol relateret risikoadfærd. Gennem projektet opnår eleverne kendskab til sociale faktorers betydning for sundhed, trivsel og risikoadfærd. Elever og lærere får et unikt grundlag for en dialog om rusmidler, sociale normer og individuelle valg, der vil underbygge læringsmålene i de forenklede Fælles Mål for sundhed og trivsel (7.-9- klasse).

Efter ca. tre måneder besvarer begge grupper igen spørgeskemaet så der bliver mulighed for at udføre en effektevaluering af interventionen. Desuden vil kontrolgruppen også få adgang til interventionen, når projektet afsluttes. Spørgeskemaundersøgelserne måler primært på personligt alkoholforbrug, frekvens, mængde og 'binge drinking'. Desuden måles der på elevernes forforståelse af, hvad deres klassekammerater alkoholforbrug er.

Resultaterne fra studiet vil øge vores viden om gennemførlighed og effekten af interventioner, der bygger på sociale normers betydning for vores adfærd samt bidrage med data om forbruget af alkohol blandt unge og de forbundene risici.

Tidsramme: november 2014 – 31. oktober 2017

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English summary:

Lotte Vallentin-Holbech: A social norms intervention to prevent alcohol use and its harmful consequences among Danish adolescents. Lotte has continued as PhD student from a position as research assistant in the research unit in 2014.

The use of alcohol among young people in Denmark is regarded as one of the highest in Europe and has serious short term consequences. One of many is that one third of boys and girls performed poorly at school due to drinking. As a part of the project *'Det gode liv mellem de unge'*, this study is based on the Social Norms Approach which promotes positive behaviours and prevents alcohol use and its harmful consequences among adolescents through credible data.

It is known that individuals and young people in particular, tend to overestimate the frequency and quantity of alcohol consumption of their peers, and also overestimate how acceptable their peers feel heavy drinking to be. The Social Norms Approach focuses on the positive attitudes and practices reflecting the majority of young people and therewith fosters social cohesion and inclusion rather than discriminating and pinpointing towards adverse or anti-social behaviour. The approach works on the premise that if misperceptions are challenged then the social pressure on the individual will lessen and the persons own rate of use will fall. Interventions using the Social Norms Approach have had measurable positive effects on drug use and the harmful consequences of alcohol and other drug use, such as reducing violence and anti-social behaviour.

The aim of this project is to evaluate a school-based social norms intervention that seeks to reduce alcohol use and misuse, among adolescents (14-17 years) in public schools in Denmark.

The project is designed with pre- and post-intervention surveys in both intervention and comparison sites. After the first survey pupils will be presented with normative feedback that shows their own behaviour compared to the norms among peers in their own school. These social norms message will be delivered via the campaign. Main outcome to be surveyed is personal alcohol consumption; frequency, amount and binge drinking. Perceptions of rates of peer substance use will be assessed using items based on the corresponding personal use items.

The results will be useful to develop feasible social norms interventions in school settings and also contribute to the knowledge on alcohol consumption and risk behaviour among adolescents.

Okje Anna Koudenburg

Student assistant

From March 2015 I have been working as a student assistant at the Unit for Health Promotion Research. My main task is to contribute to the research and analysis that currently takes place in the EC-funded research project Research into Policy to enhance Physical Activity (REPOPA).

REPOPA is a project that aims at developing methods and interventions that facilitate the integration of research evidence into the policy making process in the field of health promotion and disease prevention with a specific focus on policies aimed at health enhancing physical activity. Working with health policies has been one of my main areas of interest throughout both the bachelor and master program in Public Health at the University of Southern Denmark, which was also one of the reasons I specialized in Health Economics and Management on master level.

My interest in health policies and cross-sectoral collaboration on health has formed the foundation for both my bachelor project, which consisted of a case study to identify facilitators and barriers in developing and implementing an intersectoral health policy in Varde Municipality, and I am currently writing my master thesis about cross-sectoral collaboration in national guidelines. I have also had the great opportunity to apply the theoretical knowledge I have gained at the university into practice when working with real life health policies during my studies, contributing to developing a new municipal health policy in Varde Municipality and the local implementation of the regional health care agreement in a cross-organizational collaboration between hospital, municipalities and general practitioners in South West Jutland.

I am looking forward to taking part in the REPOPA project and collaborating with the many national and international project partners in the REPOPA team.

Dansk resume:

Okje Anna Koudenburg, studentermedhjælper er ansat fra marts 2015, hvor hun vil arbejde i REPOPA-projektet. Okje har en stor interesse i sundhedspolitikker og tværsektorielt samarbejde om sundhed, hvilket både har afspejlet sig i emnevalget for bachelorprojektet og den kandidatafhandling, som hun arbejder på i øjeblikket. Okje har tidligere arbejdet med bl.a. at evaluere, udvikle og implementere sundhedspolitikker og – aftaler i Varde Kommune og på Sydvestjysk Sygehus i Esbjerg. Hun ser frem til at samarbejde med de mange nationale og internationale projektpartnere, der tilsammen udgør REPOPA-teamet.

Tiziana Sanna

Intern from Bologna

In April 2015 I have started my internship at the Unit for Health Promotion Research in Esbjerg and I will be here until July. Under the guidance of my supervisor, I am working on the Pedometer Study that is part of a health promotion intervention study at the PNU campus (Princess Noura Bint Abdulrahman University, in Riyadh, Saudi Arabia).

Just some words about my background: I am Italian and I come from a small village in Sardinia. I have studied Medicine at the University of Bologna and I graduated in February 2012 presenting a thesis on the risk of infectious disease in thermal swimming pools. Currently I am a medical resident in Hygiene and Preventive Medicine (Public Health). Last year, I have been engaged in two research projects. The first one was related to the promotion of physical activity and healthy eating habits in children aged 8-10 years. The second one is more recent and refers to a trial to assess the benefits and feasibility of an Adapted Physical Activity Program in postmenopausal women with vertebral compression fractures caused by osteoporosis.
I am also collaborating on an environmental health surveillance programme consisting in the assessment and control of infection risk due to the contamination of water from pathogenic or opportunistic microorganisms in community environments (swimming pools and spas) and healthcare settings (dental units).

I am very pleased to have the possibility to spend a period at SDU. I am taking advantage of the multidisciplinary context of this Research Unit to explore deeply and from different points of view some topics about Public Health and Health Promotion.

Dansk resume:

Tiziana Sanna, praktikant fra Bologne, Italien.
Siden april frem til juli har Tiziana været praktikant i Forskningsenheden for Sundhedsfremme, hvor hun arbejder med et 'skridttæller-studie', som er en del af et sundhedsfremmende interventionsstudie på PNU (Princess Noura Bint Abdulrahman University, Riyadh, i Saudi Arabien).
Tiziana kommer fra Sardinien og er oprindeligt uddannet læge med speciale i infektionssygdomme og arbejder i øjeblikket inden for folkesundhed med flere projekter omkring fysisk aktivitet og spisevaner blandt børn. Et andet projekt, hun også er en del af omhandler infektionssygdomme i swimming pools og spabade.

Anne Marie Møller

Videnskabelig assistent

Anne Marie er blevet ansat som videnskabelig assistent ved Sundhedsfremme, SDU i Esbjerg, hvor hun i øjeblikket har fået 2 måneder til at oversætte og tilpasse en rapport til Esbjerg Kommune. Rapporten er et 'review' udarbejdet af Anastasia Samara om sundhedspolitikker og interventioner, der retter sig mod faktorer, der kan nedsætte antallet af overvægtige i lokalsamfundet.

Sideløbende samarbejder hun med lektor Pernille Tanggaard Andersen om at udvikle og beskrive et forskningsprojekt i tilknytning til en evaluering af Region Syddanmarks nye tilbud om konsultationer via videokonference i psykiatrien. I 2013 blev der oprettet et Telepsykiatrisk Center i regionen, som står for at facilitere den nye konsultationsform. De yder bl.a. teknisk bistand, og udbreder viden om forskningsresultater fra udlandet, der viser, at der er lige god effekt ved konsultationer via videokonference, som der er ved personligt fremmøde. Centeret har bl.a. stået for, at aflønningen af de to konsultationsformer er ens i Region Syddanmark, som det eneste sted i Danmark. Derfor bliver den nye teknologi langsomt udbredt og implementeret som tilbud på de forskellige psykiatriske afdelinger. I den forbindelse skal Anne Marie bl.a. undersøge patienter og behandleres motiver for at bruge telepsykiatri, samt oplevelse af kvaliteten af behandlingsformen. Projektet udarbejdes i samarbejde med Telepsykiatrisk Center der ligger i Odense, og er foranlediget af Pernilles forskningsarbejde i NICE Welfare (Narratives, Indicators and Concepts in Changing European Welfare Societies). Anne Marie forventer at projektet kommer til at udmønte sig i et ph.d.-forløb med start i slutningen af året.

Hendes baggrund er en bachelor- og kandidatgrad i folkesundhedsvidenskab ved SDU i Esbjerg. Efter uddannelsen har hun arbejdet i en forskningsenhed i psykiatrien, hvor hun afprøvede en computerbaseret motorisk træningsform for børn med eksekutive vanskeligheder. Generelt finder Anne Marie psykiatrien meget spændende og er meget interesseret i evalueringsaspekter af sundhedsfremmende interventioner. Derfor er hun rigtig glad for at få muligheden for at samarbejde og gennemføre et projekt med både psykiatrien og Forskningsenheden for Sundhedsfremme.

English summary:

Anne Marie Møller, research assistant

is working at the Unit for Health Promotion Research in Esbjerg. She is preparing a research project on the topic of tele-psychiatry. The Mental Health Services in the Region of Southern Denmark is implementing the opportunity for outpatients to use videoconferencing when consulting with a clinician. The implementation process is very scattered and depending on the individual clinicians' interest. She is therefore, among other things, going to do research on both the patients' and the clinicians' incentives and motives for taking the new technology into use, and their experienced quality assessment on the treatment form. She expects this to turn into a PhD project with start at the end of 2015. Anne Marie has a background in Science of Public Health from Esbjerg, and has previously worked as a research assistant in the Mental Health Services. She is happy for the opportunity to work in the research unit, and is looking forward to further collaboration.

PNU News

Since January 2013 the Unit for Health Promotion Research has been running the two BSc programmes at PNU (Princess Noura Bint Abdulrahman University, in Riyadh, Saudi Arabia) http://www.pnuproject.com/

Associate Professor Pernille Tanggaard Andersen has been the SDU-PNU study leader from January 2013. From the 1st September 2015 Pernille will step down from the study leader position, but will continue as a member of the SDU-PNU management group.

Associate Professor Leena Eklund Karlsson has been appointed new SDU-PNU Study Leader and she will also be responsible for the Health Education and Promotion specialization.

Post Doc Anastasia Samara has been appointed co-study leader and she is responsible for the Epidemiology specialization and the quantitative courses in the first 1.5 years of the combined study program.

This year the autumn semester at PNU starts 23.08.2015, which is a little earlier than usual, and we are all looking very much forward to continuing the good work.

Source: http://www.pnuproject.com/

Dansk resume:

Nyheder fra PNU. Siden 2013 har enheden stået for to bacheloruddannelser ved universitetet PNU i Saudi-Arabien (se engelsk tekst) Ny studieleder fra 1. september vil være Leena Eklund Karlsson som overtager den nye rolle efter Pernille Tanggaard Andersen, der dog stadig vil bidrage med erfaring i en ledelsesgruppe. Anastasia Samara har fået ansvaret som vice-studieleder.

Grandma summaries

Lack of facilities rather than sociocultural factors as the primary barrier to physical activity among female Saudi university students.

Samara A et al.

Int J Womens Health. 2015; 7: 279-86

Saudi Arabia is experiencing a dramatic increase in physical inactivity, with women having higher levels of inactivity than men among all age groups. It is assumed that factors such as dress codes, restrictions on going outdoors and conservative norms are the main reasons for women's low physical activity. Our aim was to explore the different parameters related to physical activity such as 1) self-efficacy meaning that someone would be encouraged to exercise even if there were difficulties (for example bad weather) 2) places of exercise and company, 3) encouragement or not from community, family, university etc. and 4) perceived barriers and benefits of physical activity. Ninety-four first-year Saudi university students in Riyadh, KSA, participated in the present study in 2014. The students exercised at home and alone, and there was low self-efficacy for physical activity. Among social factors, attending university was the only factor that hindered physical activity. Physical activity was overall positively perceived. Students showed that they know that there are benefits of physical activity for health and well-being. The most important barrier was the lack of designated areas available for physical activity. Students disagreed that family or the Islamic community were barriers to physical activity. The lack of facilities and lack of encouragement from the university but not a lack of knowledge and/or restrictions from families and society seem to restrict their physical activity.

Dansk resume:

Barriere der hæmmer fysisk aktivitet blandt kvindelige universitetsstuderende i Saudi Arabien. **Anastasia Samara**. Fysisk inaktivitet er voldsomt stigende blandt kvinder mere end blandt mænd. Studier fra 2014 viser, at faktorer som beklædning påkrævet i det fri samt konservative normer i det saudiske samfund ikke umiddelbart har noget at gøre med den fysiske inaktivitet blandt disse kvinder. Sociale faktorer som at studere på universitetet dvs. væk hjemmefra var den eneste forhindring ifølge de 94 adspurgte kvinder. Mangel på faciliteter samt opmuntring fra universitetet så ud til at være den mest betydelige begrænsning for fysisk aktivitet. Kvinderne havde dog en positiv opfattelse af de sundhedsfremmende fordele ved fysisk aktivitet men manglede en stærkere tiltro til egne evner og ansvar for velbefindende.

Projektevaluering - Sædding og Ådalen på Toppen

Christina Radl-Karimi, videnskabelig assistent
Pernille Tanggaard Andersen, lektor

Fra 2011 til 2014 blev der 'zoomet' skarpt ind på sundheden og trivslen i projektet 'Sædding og Ådalen på Toppen' i Esbjerg. Overordnet kan man sige, at projektet lykkedes på nogle punkter og ikke så godt på andre. Men alle erfaringer kan bruges på hver sin måde til fremtidige initiativer og det er i sig selv rigtig fint.

Projektet favnede bredt i forhold til indsatsområder, målgrupper og lokale samarbejdspartnere. Der er blevet afprøvet en del metoder til at inddrage og fastholde især mindre ressourcestærke borgere til forskellige sundheds- og trivselstiltag. Det blev tydeligt at denne målgruppe kræver rigtig meget opsøgende arbejde. Det viste sig nemlig, at dem der har mest brug for det, er sværest at engagere og involvere.

Over halvdelen af de igangsatte initiativer er i dag helt eller delvist forankret i nærmiljøet, eller endda i hele kommunen. To nævneværdige tiltag er *den sociale vicevært* og *frivillighedskonsulenten*. Med sin opsøgende rolle kunne viceværten rådgive især ressourcesvage mennesker og bygge bro mellem borger og kommunen. Frivillighedskonsulenten har derimod haft en stor betydning for at sikre at tilbud på frivillighedsområdet kunne blive forankret i nærmiljøet.

Evalueringen peger dog også på, at der har været flere tilbud, der ikke har haft ret stor opbakning og ikke har kunnet forankres i lokalsamfundet, blandt andet indenfor motion og idræt. Selv om kommunen er godt i gang med at bevæge sig væk fra den silo-opdelte tænkning, kan det stadig være vanskeligt at gå skridtet fra plan til handling.

> *'Man kan sige, det er lige som i vores egen familie. Hvis ikke alle familiemedlemmer arbejder sammen, ender man med at blive skilt.'* (en leder på børneområdet)

Forskningsenheden for Sundhedsfremme, Syddansk Universitet i Esbjerg har gennemført projektets slutevaluering på baggrund af interviewsamtaler med både borgere, frivillige og projektledere.

Link: http://dinsundhed.esbjergkommune.dk/om-sundhed/projekter/saedding-og-aadalen-paa-toppen.aspx

English summary:

***Evaluation of a health project in two neighborhoods in Esbjerg*, Christina Radl-Karimi and Pernille Tanggaard Andersen, SDU.**

The project 'Sædding & Ådalen på Toppen' (2011-2014) focused on citizens' health and empowerment in the two neighborhoods in Esbjerg. The experiences gained in this community project are considered very valuable for future health initiatives in Esbjerg. The project included a wide range of activities, addressed many target groups and built collaborations with local partners. As it turned out, those in the greatest need for changing health behavior are often those most challenging to motivate and involve.

Today, more than half of the initiatives are fully or partially embedded in the community, or even in the whole municipality. Two initiatives worth mentioning are the *social care taker* and the *voluntary consultant*. By 'being out there' in the local neighborhoods, the social care taker was able to build bridges between the municipal services and (especially socially disadvantaged) citizens. The voluntary consultant contributed in the build-up of voluntary activities that can grow roots in the community. Even if moving from plan to action still is a big challenge – the municipality has in the last four years taken important steps away from a top-down and silo-divided mindset in community health promotion work.

Kilde: http://dinsundhed.esbjergkommune.dk/om-sundhed/projekter/saedding-og-aadalen-paa-toppen.aspx

Personal and Perceived Peer Use of and Attitudes Toward Alcohol Among University and College Students in Seven EU Countries: Project SNIPE

Christiane Stock, et al.

Journal of Studies on Alcohol and Drugs, 76, 430–438, 2015

We call the perceptions of what other people do 'social norms'. Young people often tend to have wrong perceptions about the behavior of others. When it comes to alcohol drinking they often believe that more people drink high amounts of alcohol than people really do. This attitude encourages them drink more themselves.

The current article reports new knowledge on alcohol use and attitudes among university students across Europe collected as part of the Social Norms Intervention for the prevention of Polydrug usE project (Project SNIPE). In total, 4,482 students from universities in Belgium, Denmark, Germany, the Slovak Republic, Spain, Turkey, and the United Kingdom took part in an online questionnaire study.

The results showed that students thought that the alcohol use among their peers were higher than their own use. They also thought that more peers were accepting drinking alcohol than they self were. Although there were some variations of the finding s between countries and sexes, generally such overestimations were found in all participating countries and among male and female students.

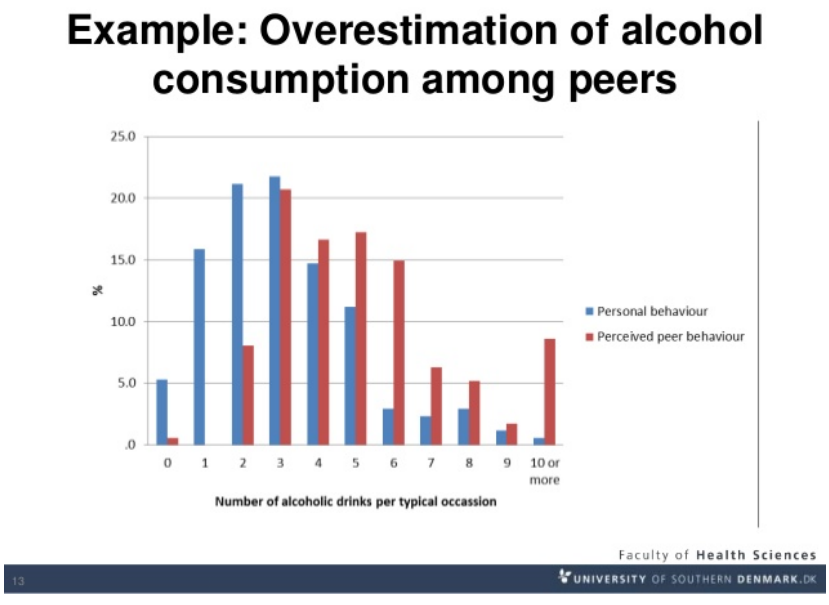
Our research showed that students at the participating institutions across selected European countries have overestimations of risk behavior of their fellow students. This is similar to what has been found by other researchers on American college campuses. We suggest that through social norms campaigns at universities students should receive messages containing information on realistic data about the behavior among fellow students. This is likely to be a good method to reduce alcohol consumption among students at European universities similar as it is already practice in the USA.

Dansk resume:

SNIPE-projekt: Alkoholholdninger blandt universitetsstuderende og gymnasieelever i syv EU land. **Christiane Stock, SDU.** Publiceret i Journal of Studies on Alcohol and Drugs.

Opfattelsen af hvad andre mennesker gør, kalder vi for 'sociale normer'. Unge mennesker kan ofte have den misopfattede holdning, at det er normalt at drikke mere end, hvad virkeligheden er. Derfor indtager de ofte mere alkohol i den tro, at det er normalen. Unge universitetsstuderende fra syv forskellige europæiske lande (Belgien, Danmark, Tyskland, Slovakiet, Spanien, Tyrkiet og Storbritannien) deltog i et online-spørgeskema.

Resultatet viste, at de unge tror, at deres medstuderende indtager mere alkohol, end de vitterligt gør. Det varierede lidt mellem kønnene og landene. I USA er der gjort lignende resultater på universiteter. Kampagner for sociale normer vil være med til at bringe det rette budskab ud til de unge universitetsstuderende, så de får et mere realistisk billede af det egentlige alkoholforbrug. Dette skulle få forbruget til at falde, hvilket også har været tilfældet i USA.



Source: www.sdu.dk

Reintegration på arbejdspladsen efter langtidssygemelding

Eva Ladekjær Larsen

Dansk sygefraværspolitik har de seneste år indeholdt en række nye tiltag, der forsøger at gøre op med den tidligere dominerende holdning, at sygdom er ensbetydende med 100% uarbejdsdygtighed. Via lovgivningen er det sikret, at sygemeldte aktiveres under sygemeldingen enten i form af reduceret arbejdstid eller deltagelse i kurser, der er relevante for eksempel i forhold til stresshåndtering. I dag bevarer sygemeldte typisk tæt tilknytning til arbejdspladsen mens sygemeldingen står på, og arbejdet genoptages gradvist ved over en periode at skrue op for arbejdstiden og eventuelt have andre arbejdsopgaver end normalt.

Mens der er forskning, der beskæftiger sig med sygemeldtes og leders perspektiver på tilbage til arbejde (TTA) forløb, har ganske få projekter undersøgt kollegaers perspektiv. I et netop afsluttet projekt har SDU i et samarbejde med Center for Folkesundhed, Region Midt, undersøgt hvordan tilbagevendelsesforløbet finder sted med særligt fokus på kollegaers rolle. Arbejdspladsen betragtes her som en social organisation med egne regler og normer for socialt acceptabel adfærd, indenfor hvilken ansatte hver har sine roller, funktioner og identiteter. Undersøgelsen er baseret på antagelsen om, at ansatte gennem interaktioner skaber en egen identitet og som udmøntes i arbejdslivets rutiner. En langtidssygemelding anskues som en større forstyrrelse, som bryder ind i arbejdslivets rutiner og som udfordrer den identitet, man har på arbejdspladsen. Sygemeldingen betyder altså, at roller og identiteter 'genforhandles' i samspil med andre aktører på arbejdspladsen, en genforhandling der er fortløbende i en TTA proces.

Et vigtigt resultat i undersøgelsen er, at den sygemeldtes sociale position under TTA forløbet er uigennemsigtig. Kollegaer til sygemeldte, oplever typisk tvivl i forhold til hvilke arbejdsopgaver den sygemeldte kan påtage sig, hvor meget de kan inddrage den sygemeldte og om man kan regne med, at sygemeldte kan give en hjælpende hånd i pressede arbejdssituationer. Den måde vi normalt omgås hinanden i sociale fællesskaber er typisk bundet af et normsæt, der er afhængig af de roller vi har i forhold til hinanden. Vi kategoriserer hinanden efter køn, alder, social status, etnicitet osv. I situationer hvor det ikke er muligt at kategorisere hinanden, opstår let tvivl og frustrationer i forhold til, hvordan man skal relatere sig til hinanden. I det sociale fællesskab, som en arbejdsplads er, er det i et TTA forløb vanskeligt præcist at kategorisere sin sygemeldte kollega, der vender tilbage. Han eller hun er ikke helt rask, men ej heller helt syg. Vedkommende kan i forløbet kun vanskeligt betragtes 'kollega', da denne typisk er karakteriseret af dels at kunne varetage sit arbejde fuldt ud og efterleve de sociale spilleregler, der hænger sammen med at være kollega, som fx at give en hjælpende hånd. Den sygemeldte befinder sig mellem kategorier eller med andre ord han eller hun er hverken fugl eller fisk. En måde at håndtere denne usikkerhed på er ved at inddrage kollegaerne i TTA forløbet.

Det vil sige at leders information til kollegaer omkring sygemeldtes arbejdsevne er præcis og kontinuerlig gennem TTA forløbet, at kollegaer deltager i beslutningsprocessen omkring opgaveløsning og at sikre et støttende miljø for både den sygemeldte og kollegaer.

Studiet er publiceret i Disability and Rehabilitation. Online 1-10. Betwixt and between: workplace perspectives on work reintegration in the eldercare sector in Denmark

English summary:

***Betwixt and between: workplace perspectives on work reintegration in the eldercare sector in Denmark*. Ladekjær Larsen E, et al.**
Published in Disability and Rehabilitation 2015, Early Online: 1–10
DOI: 10.3109/09638288.2014.982831

Contemporary return-to-work policies in Denmark and other welfare nations recommend employees on long-term sick leave to return to work gradually rather than waiting until full recovery. Factors that influence the process of work reintegration is well documented, however, co-workers experiences of this process is a rather new research topic. The aim of this study was to explore co-workers' experiences of the reintegration process and how these experiences are related to social positions at the workplace. The results illustrate that during the return-to-work-process, the returning worker enters a social position of being between fixed categories. The returning worker is neither sick nor 100% fit for duty. This complicates the social interactions between the returning worker and his/her colleagues. The in-between position causes uncertainty among colleagues of how much and in which work situations they should integrate the returning worker.

Kilde: http://images.slideplayer.dk/8/2294882/slides/slide_1.jpg

Ph.d-forsvar, Kristine Crondahl

Forsvaret fandt sted på SDU, Campus Esbjerg, 18. februar 2015.

Hovedvejleder, lektor Leena Eklund Karlsson, Sundhedsfremme, SDU

Roma Empowerment og social inklusion

Romaer er den største etniske minoritetsgruppe overalt i EU og de har været genstand for fordomme, stigma, diskriminering og undertrykkelse. Derfor er romaerne den mest økonomisk og socialt ekskluderede og marginaliserede befolkningsgruppe i Europa. Romaerne, der bor i Sverige, er ingen undtagelse. Mange lever på grænsen af samfundet og har problemer med social eksklusion, institutionel diskriminering, lav uddannelsesniveau, arbejdsløshed og dårlig objektiv sundhed. Romaerne er blevet behandlet som en hjælpeløs gruppe med behov for 'ekspert'-hjælp og handling fra autoriteterne. De har for det meste ikke været involveret i at deltage aktivt i at tilpasse deres behov og situation. En alternativ tilgang til roma-situationen er at tillade romaerne at tage den ledende rolle til at iværksætte processer og aktiviteter vedrørende befolkningsgruppen. Dette er grundlaget for det 3-årige empowerment-projekt baseret på en forskningstilgang kaldet Participatory Action Research (PAR) påbegyndt i det vest lige Sverige i 2009. Gennem den såkaldte Work-Integrated Learning (WIL) og princippet i at 'træne trænerne' (training the trainers) var målet med programmet at styrke 'Roma empowerment' og deltagelse i samfundet ved at muliggøre roma-ledet integration. Det ordnede mål med denne ph.d.-afhandling var at analysere og gennemarbejde en 'WIL'-model til brug i empowerment og voksenuddannelse for roma-minoriteter og andre udsatte grupper i lignende situationer. Afhandlingen er baseret på fem artikler. (Resumé fra afhandlingen) Online tilgang: http://www.sdu.dk/Om_SDU/Institutter_centre/Ist_sundhedstjenesteforsk/Forskning/Forskningsenheder/Sundhedsfremme/Ph,-d-,d,-d-,-projekter/Kristine+Crondahl

Reception, Kristines datter i forgrunden med stolt mor i baggrunden – der ønskes tillykke. Interne fotos.

English summay:

Kristine Crondahl, from Sweden defended her PhD dissertation on 18 February 2015: The Roma people are the largest ethnic minority group in the EU and all over, they have been subject to prejudice, stigma, discrimination and oppression. Thus, Roma are the most economically and socially excluded and marginalized group in Europe. The Roma living in Sweden are no exception; many are on the margins of society and face problems of social exclusion, institutional discrimination, low education, unemployment, and poor objective health. The Roma have been treated as a helpless group in need of 'expert' help and action from the authorities. They have usually not been permitted to actively participate in adjusting efforts to their needs and situation. An alternative approach to the Roma situation is to allow the Roma to take the leading role and to initiate processes and activities concerning the group. These were the foundations for the 3-year health promotion project based on participatory action research (PAR) initiated in West Sweden in 2009. Through work-integrated learning (WIL) and the principle of training the trainers, the purpose of the programme was to strengthen Roma empowerment and participation in society, enabling Roma-led integration. The overall aim of the PhD thesis was to analyse and elaborate a WIL model to be applied in empowerment and adult education for the Roma minority- and other vulnerable groups in similar situation. The thesis is based on five papers. (From abstract in the dissertation.)

University of Southern Denmark

PhD Thesis

Towards Roma Empowerment and Social Inclusion Through Work-Integrated Learning

Kristine Crondahl
Unit for Health Promotion Research

Faculty of Health Sciences
University of Southern Denmark

2015

Research seminars in the unit

The research seminar takes place every month on last Wednesday in meeting room E2 or other rooms announced from 12:00-13:00

For SDU staff, students, collaboration partners from municipalities, etc.

Date	Referee	Topic
Upcoming seminars in 2015		
28/08/15	Patricia Olayac	'Epistemology of Science'
28/09/15	Lene Povlsen	'New developments in Health Literacy'
27/10/15	Pernille Tanggaard Andersen, Christina Mathilde Radl-Karimi	'Borgerinddragelse i to kommunale sundhedsprojekter – muligheder og udfordringer' Presentation is in Danish as the campus and Esbjerg municipality will be invited it takes place instead on **Tuesday at 13:00**
25/11/15	Anja Leppin	'Risk perception research'
16/12/15	Simon Chang	'Klinefelter syndrome – male hypogonadism, testosterone treatment and thrombosis proneness'

We are looking forward to meeting you!

We already plan a research seminar about fatigue among seafarers presented by Solveig Bøggild Dohrmann in 2016. For future topics in 2016 please contact, Gabriele Berg-Beckhoff, gbergbeckhoff@health.sdu.dk

Next issue

Næste udgave

Next issue No. 15 will be in the autumn 2015 on the subject *'Empowerment in Health Promotion'.*

All other contacts, e.g. to be added to or deleted from the mailing list of the HPR News:

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