

HPRnews

| Health Promotion Research News | Issue 15 - November 2015|

|ISBN: 978-87-91245-22-0|

Empowerment



| Nyt fra Sundhedsfremmeforskning | SDU Esbjerg |

HPR NEWS – Nyt fra Sundhedsfremmeforskning 2015;15



Editorial

Anja Leppin, editor-in-chief

It is 35 years since the first scientific articles about empowerment and health were published, but interest in this topic has remained strong and is still growing. A recent search in the Pubmed-database for publications including the term “empowerment” in their title and/or abstract yielded a total number of 7,614 from 1980 to today, 3,457 of which, i.e. nearly half, have appeared in the last five years alone. However, a closer look also shows that this popular concept actually covers quite different approaches, from community empowerment aimed at challenging social inequality to rather traditional individual health education, and many issues such as whether empowerment is mainly a means or an ends, a process or an outcome or which relevance is assigned to bottom-up versus top-down methods are still contentious.

For us it therefore seemed timely to contemplate on where and how the empowerment concept figures in our own work in the Unit for Health Promotion Research. Hence, the current issue of HPR News, which has been guest-edited by Leena Eklund Karlsson, has been devoted to this topic.

First, Eva Ladekjær Larsen presents an overview over the concept of empowerment and its development, but also describes a module on empowerment and social policy, which has been a core component of our Master of Public Health track for many years. Glenn Laverack in his contribution on migrant health and empowerment then picks up an issue of obviously high actuality in view of Europe’s current challenge to integrate high and growing numbers of refugees and migrants. Leena Eklund Karlsson and Pernille Tanggaard Andersen in turn, each offer insights into the findings of two specific research projects. One of these is the FELIS-project aimed at empowering citizens living in an economically disadvantaged neighborhood of Fredericia Municipality in Denmark faced with a high burden of health problems, the other a project from West Sweden aiming at enabling Roma to take charge of their own social integration and introduce favorable social change.

What unites these otherwise quite different perspectives is a shared emphasis on the positive potential of empowerment-based health promotion approaches. At the same time, all authors also accentuate challenges and contradictions inherent in empowerment concepts. Thus, for example, Glenn Laverack points out that empowerment interventions – being based on “Western” values - tend to emphasize individual autonomy and choice-based decision-making. Such an approach, however, might inherently be difficult to understand or follow for migrants coming from

cultures oriented towards group values, norms, and obligations. Eva Ladekjær Larsen draws attention to further problems, like for instance that it is often those already empowered who tend to participate in empowerment-based health promotion projects. Another dilemma is those of professionals who on one hand are needed but also might take charge of health promotion projects to an extent where it undermines actual empowerment processes. Both issues are also raised by Pernille Tanggaard Andersen in relation to the FELIS-project where the question arose how sustainable empowerment can be, once professionals draw out. Leena Eklund Karlsson finally spotlights yet another problem, which might plague projects working with an empowerment approach, and which occur when “traditional” economic success criteria are used for such projects while quality of life criteria are neglected.

Pinpointing the potential of empowerment approaches but also highlighting some of the more controversial issues involved, is thus the intention of the current issue.

Dansk resume

Anja Leppin og redaktør.

Det er 35 år siden, at de første videnskabelige artikler om empowerment og sundhed blev udgivet. Der er stadig en stigende interesse for dette emne og hvis vi ser nærmere på populariteten, så dækker den faktisk over mange forskellige tiltag lige fra empowerment i samfundet rettet mod social ulighed til mere traditionel individuel sundhedsuddannelse. Dette nyhedsbrev dedikerer vi til at se på begrebet Empowerment i forhold til vores forskningsarbejde i forskningsenheden. Eva Ladekjær Larsen beskriver i sin artikel udviklingen af empowerment og social politik, som der bl.a. undervises i på kandidatdelen i Folkesundhedsvidenskabsuddannelsen på SDU. Glenn Laverack beskriver sundhed blandt immigranter og flygtninge i forhold til begrebet Empowerment. Leena Eklund Karlsson, som også er gæsteredaktør for denne udgave om empowerment, og Pernille Tanggaard Andersen bidrager hver især med artikler om projektarbejde omkring empowerment i befolkningsgrupper, der er marginaliseret økonomisk eller på anden måde socialt utsatte. Det hele samles her i nyhedsbrevet med beskrivelser af positive sundhedsfremmende muligheder, men også mangfoldige udfordringer såsom kulturelle forskelle, værdier, forpligtelser og normer samt hvad der sker, når de professionelle trækker sig fra udviklingen i forløbet.

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Empowerment and Social Policy

Eva Ladekjær Larsen, adjunkt, Forskningsenhed for Sundhedsfremme

Faget Empowerment and Social Policy er et 3. semesters valgfag for studerende på den internationale kandidatuddannelse Master of Science in Public Health, som undervises på SDU i Esbjerg. I undervisningsforløbet behandles bl.a. empowerment-begrebets oprindelse, som har rod i 1960'ernes globale politiske udvikling. I denne periode så vi opblomstringen af borgerrettighedsgrupper, som f.eks. afroamerikaners krav om deltagelse i det amerikanske samfund på lige fod med hvide amerikanere. Ligeledes begyndte kvinder, homoseksuelles og etniske minoritets rettigheder at blive italesat. Parallelt med denne udvikling i industrialiserede lande, sås en tendens til anerkendelsen af, at teknologi og viden udviklet i den vestlige verden ikke blot kunne overføres til udviklingslande uden, at der var taget højde for lokal viden, normer og samfundsmæssige strukturer. Anerkendelsen af lighed mellem etnicitet, køn og politisk og seksuel orientering førte til nye metoder i udviklingsarbejde, som er kendetegnet af borgerinddragende og deltagende metoder, hvor borgerne involveres på egne præmisser og under hensyn til eksisterende resurser, ønsker og barrierer. For at styrke borgernes deltagelse i samfundet kræves, at individet er bekendt med eksisterende samfundsmæssige strukturer, deres egen position heri, at de er i stand til at formulere egne og realistiske mål og handle herefter. Empowerment består netop af den proces, hvor individ eller grupper bliver i stand til at kontrollere beslutninger og handlinger, der vedrører deres eget liv.

I dag anvendes begrebet empowerment i mange forskellige discipliner som har med forbedring af menneskers livsvilkår at gøre. Også Folkesundhedsvidenskab har taget begrebet til sig og bruges i flere forskellige sammenhænge og på forskellige niveauer. Der skelnes mellem et individuelt niveau, som vedrører styrkelse af individets kontrol og handlekraft, et gruppe- eller lokalsamfunds niveau, hvor samhørighed og kapacitet til samarbejde og udvikling styrkes, samt et strukturelt eller organisatorisk niveau, som sikrer at borgere har mulighed for at deltage i og præge samfundets udvikling. Niveauerne hænger uløseligt sammen. For eksempel hvis borgers rettigheder ikke er sikret i samfundet, kan det synes meningsløst at 'empower' individet. Ligeledes kræves det for at kunne 'empower' et fællesskab, at medlemmerne af dette fællesskab må være 'empowered'. Empowerment kan yderligere betragtes både som middel og mål. Empowerment kan være midlet til at opnå målet at påtage sig ansvaret og være motiveret for at ændre sundhedsadfærd, f.eks. i forbindelse med rygestop, vægtab eller til at håndtere en kronisk sygdom bedre. Omvendt kan empowerment betragtes som et mål i sig selv. Her formodes det, at 'empowered' individer er i langt bedre stand til at håndtere livets udfordringer og derfor er bedre i stand til at træffe hensigtsmæssige og sunde valg.

På trods af at empowerment har rødder i en humanistisk tankegang, som sætter mennesket i centrum, er der imidlertid også en række udfordringer forbundet med begrebet. Kritiske røster hævder, at empowerment i praksis fastholder de eksisterende magtstrukturer i samfundet, som paradoksalt nok oprindeligt var det, det søgte at nedbryde. Det hænger bl.a. sammen med, at det ofte er i forvejen 'empowered' individer, som deltager i empowerment-projekter på lokalsamfunds niveau, som derigennem og indirekte udelukker mindre 'empowered' individer. En anden problemstilling vedrører hvordan fagprofessionelle indgår samarbejde med borgere i projekter baseret på empowerment. Ideelt bør den fagprofessionelle spille en meget passiv rolle i forhold til at tage beslutninger. I praksis lader det sig vanskeligt gøre, da den fagprofessionelle også besidder en ekspertviden, som kan være vanskelig og i visse tilfælde også uetisk at tilsidesætte til fordel for borgerens eget valg, fravælg eller manglende stillingtagen.

Gennem undervisningsforløbet behandles ovenstående problemstillinger via forelæsninger og gruppearbejde. De studerende skal desuden selv tilrettelægge et projekt, hvor de får muligheden for at planlægge et sundhedsfremmende projekt, der bygger på empowerment. Det er et fag som i høj grad er præget af diskussion med referencer til aktuelle samfundsrelevante debatter. Der er som regel gode tilbagemeldinger fra de studerende og de giver udtryk for at faget både giver dem teoretisk indsigt i begrebets udvikling og kernelementer samt redskaber til at anvende begrebet i praksis.

English summary

Empowerment and Social Policy

Eva Ladekjær Larsen, Assistant Professor, Unit for Health Promotion Research

Empowerment and Social Policy is an elective module for 3rd semester candidates in MSc in Public Health at the University of Southern Denmark in Esbjerg. Since the Ottawa Charter was launched in 1986 there has been a growing interest in developing approaches to health promotion, which tackle broader social, economic, and environmental determinants of health. These developments have, in part, been the response to the recognition that individually focused behavioural interventions for health promotion and disease prevention have had a relatively small but none the less significant impact. In this context, community actions, psychological and organizational empowerment became essential elements of modern health promotion. Empowerment is a concept that links individual strength and competencies, social settings in everyday life, and proactive behaviours to social policy and social change. The key topics during the module are:

- Concepts of empowerment constructs; participation, efficacy and power
- Theories of empowerment, which have been developed within the social sciences
- An empowerment perspective on research
- Developing empowerment interventions

A perspective on Empowerment and Migrant Health

Glenn Laverack, Honorary Professor, Unit for Health Promotion Research

Empowerment has become a universal concept. There may not be a clear definition or even a word for empowerment in every culture but everyone understands the idea of helping themselves or helping others to gain more control over their lives and health. Twenty five years ago when I first got involved in empowerment it was an unfashionable term in health promotion but now it is here to stay. A key reason is the important role it plays in redressing health inequalities and social injustice. To do this, we must engage with others and help them to gain more control through the process of empowerment. We also have a range of empowerment approaches that can be used in health promotion including salutogenesis, critical education, health literacy, moral suasion and capacity building.

Many European and Nordic countries have the challenge of working with newly arrived migrants. When living in a new country many migrants are faced with restricted legal rights, a poor understanding of the local language, culture, different spiritual beliefs and a low income. This can lead to feelings of alienation and as a consequence they can be placed in a vulnerable position of poor health with a limited understanding of how to access essential services. The concept of empowerment can also hold different interpretations for people who come to live in a new country. The idea of democracy and civil society, for example, may be new and migrants may not understand interventions that are designed to facilitate greater autonomy and choice. In New Zealand I found that the concept of empowerment in Pacific people's was not based on an individual level of control but was built around a cultural framework of returning a favour, supporting other peoples' capacities and working as a team, family group or community. The way in which people viewed their role differed from a westernised perception of individual actions and the control over material resources.

Understanding these different perceptions of empowerment can have important implications for practice. For example, there has been a tendency to combine different migrant groups together under one category for the purposes of delivering services and policy. Categorising migrants in this way runs the real risk of advantaging some at the expense of others because it does not recognise the subtle cultural and organisational differences between groups.

In health promotion the first challenge is to identify the communities' own sources of power such as decision making authority, technical skills, local knowledge etc. Rather than begin from the perspective that they are, in general terms, relatively powerless, the practitioner looks for, and works from, areas in migrants' lives in which they are relatively powerful. Local champions, for example, can be an important factor in enabling others to take control of their lives. This can be facilitated by having an approach that gives more responsibility within health promotion interventions. The second challenge is to assist communities to create an adequate resource base for community action and to do this the practitioner can act as a link between external resources, such as government grants, and the migrant community. The third challenge is to assist the community to resolve any internal conflict that may exist.

Historically, what has defined a contemporary health promotion practice has been its willingness to work with others to address the causes of social injustice and health inequalities. Being empowered means being politically engaged and aware of the underlying causes of one's powerlessness. The role of empowerment is to work with the marginalised in society, such as migrants, and this is as relevant today as it has ever been.

Dr. Laverack is seen as a leader in health promotion and empowerment and has a distinguished career in public health for more than 25 years working in Europe, Africa, Asia, North America and the Pacific regions. He is presently a Technical Officer (Health Promotion) at the WHO in Geneva and an honorary professor at the University of Southern Denmark. Dr Laverack has a wide range of publications regarding health promotion in international settings including books in English, Portuguese, Russian and German. He has a significant range of professional experience in cross-cultural settings that facilitates a broad insight at both a theoretical and practice level. Dr. Laverack is committed to working with others to find solutions to the practical application of health promotion in different cultural contexts and in different settings.



Private photo: Glenn Laverack



Photo: PowerPoint presentation by Glenn Laverack

Dansk resume

Et perspektiv på empowerment og sundhed blandt immigranter

Glenn Laverack, adjungeret professor, Forskningsenhed for Sundhedsfremme

Empowerment er indenfor de sidste 25 år blevet et universalt koncept rettet mod "Hjælp til selvhjælp" i alle kulturer med kontrol over eget liv og sundhed. Mange europæiske og også nordiske lande har især udfordringer med at arbejde med nyligt ankomne immigranter, som står over for mange forskellige problemer som kultur, sprog, religion, juridiske rettigheder, analfabetisme, fattigdom og mere. I et sundhedsfremmende perspektiv er en af udfordringerne at identificere samfundets egne ressourcer, beslutningstagende autoriteter i stat og kommune, tekniske redskaber, lokal viden i de små samfund samt kompetenceopbyggende muligheder indenfor uddannelse og sundhed. Lokale støttegrupper kan her være en stor hjælp til selvhjælp og agere som formidler mellem de utsatte grupper og autoriteter i kommune og stat. Dette betyder at kunne håndtere social uretfærdighed og ulighed i sundhed på et politisk niveau.

Dr. Laverack er ledende indenfor sundhedsfremme og empowerment og har i over 25 år arbejdet med folkesundhed i Europa, Afrika, Asien, USA og i lande omkring Stillehavet. I øjeblikket arbejder han ved WHO i Geneve og er tilknyttet Forskningsenheten for Sundhedsfremme som adjungeret professor ved SDU.

Empowerment & Participation of Roma People – Case West Sweden

Leena Eklund Karlsson, Associate Professor, Unit for Health Promotion Research

After several years of work the action research project “Empowerment & Participation of Roma People in West Sweden”, in which I was involved as a project leader and researcher, came to a happy conclusion in February 2015. Over the years the project has provided: employment for Roma people who before the project had been unemployed and without formal education; mobilisation of 300 Roma in community health issues at the participating municipalities; an innovative, work-integrated training programme for local (Roma) health coordinators to be educated as community health workers; competence development for over thousand civil servants about Roma history and culture. As scientific output there were several international conference contributions, and many local conference and meeting contributions both by researchers and Roma participants, a number of scientific articles and book chapters, as well as a doctoral dissertation.

Roma people have been known in Europe for nearly a thousand years. A great deal of that time they have been subjects to discrimination and oppression leading to isolation and powerlessness. These characteristics also have influenced development opportunities for the Roma community as a whole and their integration in the job market and community social life as well as their health, wellbeing and coping. The originally two-year-long project “Empowerment & Participation of Roma” funded by the European Social Fund focused on tackling these difficulties. The overall objective of the project was to strengthen the skills of the participating Roma to be able to take lead of their own social integration and social change and at the same time to facilitate Roma access to employment and education. In parallel the Roma were trained (see picture below) to work with issues meaningful for them (related to both the Roma communities and the entire community). Part of their work was to put their skills and knowledge into action by providing regular lectures for public health officials (including dialogue sessions between the participating Roma and these civil servants) in order to increase their knowledge about Roma history, culture and general issues regarding Roma.

The results showed, among other things, that the employed and trained Roma employees perceived increased self-confidence, increased knowledge and strengthened personal empowerment. Their participation in the project also increased their motivation and capacity to continue studying. The project reached more than thousand officials from the public sector through the so-called ‘café meetings’ organised by the employed Roma, where they lectured about various Roma issues. The evaluation of the project showed some increased knowledge about Roma people and better understanding of Roma culture by the officials. The impact of the project on the Roma community was limited though, largely due to the regulations of the Social Fund. For instance, the Roma employees were not allowed to carry out activities targeted to the Roma communities during working hours. Positive health impacts were perceived by the local Roma at the individual level as well as a stronger sense of community among Roma in the four participating municipalities. The participatory approach of the project was based on the Roma needs and worked well for the employed Roma. Also the work-integrated way of working showed to function well in training of vulnerable groups.

The traditional project evaluation done by the funding body showed, however, that the project was economically not viable while, on the other hand, a quality-of-life perspective was omitted. Therefore, projects of this kind are difficult to assess, or might lead to one-sided perspectives since the effects sought in empowerment processes are primarily not economic in nature. Even though the project officially is over, the trained Roma continue their work in the communities as employed civil servants and are now recognized resources, advocates and lobbyists of Roma issues at the local level.



Private photo: Group work with Roma people – future planning

Dansk resumé

Empowerment & deltagelse af romaer – projekt i det vestlige Sverige

Leena Eklund Karlsson, lektor, Forskningsenheten for Sundhedsfremme

Leena Eklund Karlsson har været projektleder for et forskningsprojekt som handler om empowerment og roma-folk, der bor i det vestlige Sverige. Over 300 romaer blev mobiliseret og lokale roma-sundhedskoordinatorer deltog i et arbejdsintegreret træningsprogram. Mange konferencer både lokalt og internationalt samt videnskabelige artikler og én ph.d.-afhandling har været en del af dette projekt. Diskrimination og undertrykkelse har været en del af det stigma, som roma-folket har lidt under igennem flere tusinde år. Formålet med projektet var at styrke deltagelse af roma-folkets egen rolle i sociale ændringer og integration samt at hjælpe med at få bedre uddannelsesmuligheder og derved nye jobs. Roma-folket selv har været med til at formidle information om deres egen kultur og historie. Dette gav positiv motivation til yderligere uddannelse, øget selvtillid og viden samt en personlig styrkelse af empowerment for denne befolkningssgruppe. Gennem café-møder fik tusindevis af kommunale ansatte mere viden omkring romaernes kultur og værdier. Projektet er nu afsluttet og romaer fortsætter deres arbejde i samfundet og ses i dag som en stærk ressource for roma-folket på det lokale niveau.



Private photo: Teaching activities – Leena Eklund Karlsson in the middle

Delanalyse af empowerment-processer i Korskærparken, Fredericia (FELIS-projektet)

Pernille Tanggaard Andersen, lektor, Forskningsenheden for Sundhedsfremme

Baggrund og datagrundlag

Dette indlæg er et sammenkog af nogle af de væsentligste analyser om Empowerment, som er udarbejdet i relation til forskningsprojektet FELIS (Flerstrenget Evidensbaseret Lokale Indsatser for Sundhedsfremme). Formålet med dette forskningsprojekt er primært at undersøge og evaluere, hvilke typer af lokale sociale og sundhedsmæssige interventioner, der kan reducere den sociale ulighed i sundhed. Udgangspunktet for projektet er en større empirisk og flerstrenget undersøgelse af beboernes sundhedsvaner, trivsel og hverdagsliv (2008-2014) i det sociale bogligbyggeri Korskærparken, Fredericia.

Datagrundlaget bygger dels på gennemførte lokale sundhedsprofiler i 2008 og 2013, samt på kvalitative individuelle interviews med 38 beboere, 7 fagprofessionelle og 5 eksterne aktører. I løbet af perioden er der også indsamlet interviewdata ind fra 5 fokusgruppe-interviews med frivillige brugere af Medborgerhuset og ansatte. I projektet opereres med en bred forståelse af sundhed, hvor helbredstilstand og trivsel ses i sammenhæng med indflydelse på egen livssituation og strukturelle forskelle i levevilkår.

Fakta

Lokalområdet Korskærparken er et boligområde i Fredericia. En sundhedsprofil udarbejdet i 2007 viser, at der er væsentlige forskelle i borgeres sundhedsprofil i forhold til bopælsadresse. Blandt andet fortæller den lokale sundhedsprofil, at beboere i Korskærparken ofte føler sig stressede, her er flere rygere, flere har usundere kostvaner og er hyppigere fysisk inaktive sammenlignet med den pågældende kommunens borgere som helhed. Korskærparken har en stor sammensætning af borgere uden tilknytning til arbejdsmarkedet eller uddannelsesinstitutioner, og en høj andel af beboerne har dom for overtrædelse af straffeloven, våbenloven eller loven om euforiserende stoffer. Grundet Korskærparkens karakteristika, kan det kendetegnes som et boligområde, der er præget af koncentreret social eksklusion og følelse af marginalisering fra de omgivende samfund.

Sundhedsprojektet i Korskærparken er et innovativt, brugerdrevet projekt, der har været i gang i Fredericia Kommune siden 2008.

Projektets overordnede mål har været:

1. at understøtte og fremme udviklingen af det gode og meningsfulde liv og sundheden blandt beboerne i Korskærparken.
2. at medvirke til at øge beboernes deltagelse og engagement i bydelen og dets udvikling.
3. at anvende flerstrengede metoder, erfaringer og viden til udvikling af andre bydele/lokalsamfund i Fredericia Kommune, og at formidle viden til interessererde i og udenfor kommunen.

Projektet har haft til formål at afprøve og udvikle metoder samt dokumentere effekterne heraf, så viden fra Korskærparken kan overføres til andre lignende områder i kommunen og evt. inspirere andre kommuner. Sundhedsfremme i lokalområder som Korskærparken kan gribes an på mange forskellige måder for at forsøge at påvirke de mekanismer, der skaber mistrivsel og ulighed i sundheden. Den strategi som blev udarbejdet for sundhedsindsatser i Korskærparken er i høj grad baseret på principper om ejerskab og borgerinddragelse. Inddragelse af beboerne i beslutninger, der vedrører dem selv, er ikke blot en demokratisk ret og etisk mest forsvarligt, men har også vist sig at styrke kvaliteten i forebyggende indsatser målrettet socialt udsatte borgere.

Teoretiske betragtninger om FELIS-projektets tilgang til Empowerment-begrebet

I forbindelse med samtaler med beboere, aktive, ansatte og et større feltarbejde i området, er der en ting som er blevet mere og mere vigtigt at kigge nærmere på, og det er empowerment-processer generelt i sundhedsprojektet og i relation til opbygning af bl.a. Medborgerhuset, Korskær. Empowerment bliver ofte defineret som "*at sætte i stand til at eller at give andre evnerne til at opnå kontrol over deres egen livssituation*" (Rappaport 1981). Empowerment er et multikomplekst begreb, der både kan ses som en proces og et endemål. Der tales ofte om empowerment både på individuelt, organisatorisk og lokalsamfundsplan (Kieffer 1984).

Empowerment refererer således både til den *subjektive* erfaring, at kunne gøre en forskel og forandre sin livssituation, og til det *objektive* faktiske handlerum der eksisterer i de samfundsmæssige magt- og ressourcessystemer, og som udstikker rammerne for forskellige gruppers livschancer (Andersen & Tyrol Beck 2003). Empowerment omhandler således processer der udspiller sig på mikro-, meso- og makro-niveau og grundideen er, at empowerment på et niveau kan smitte af på de andre niveauer. Udgangspunktet for studiet af empowerment-processer er derfor at se på praksis og relationer både mellem beboerne i et område, mellem forskellige tiltag (de organisatoriske rammer) og i forhold til det politiske system (her kommunen og nærområdet). Ideelt set er hensigten med empowerment at skabe transformation både i forhold til personligt selvværd og følelse af kontrol, at skabe grobund for at være en handlende

aktør med deltagelsesfærdigheder og som på sigt kan afføde social deltagelse i hverdagslivet og evt. også medføre politisk deltagelse i nærområdet (Tanggaard Andersen, Jørgen & Larsen 2009).

Organisering af sundhedsprojektet

Sundhedsprojektet har i perioden primært været organiseret omkring et par ansatte beboere (med få timer om ugen) og en fuldtidsansat projektleder, som er uddannet sygeplejerske. Projektlederens primære funktion har været en koordinerende rolle mellem borger, kommune og Korskærparken. Derudover har hun fungeret som direkte kontaktperson i Medborgerhuset i Korskærparken og i området generelt. Projektlederen har i sit daglige arbejde anvendt den brugerinddragende metode ved at fokusere på kommunikation, og mulighed for medbestemmelse, samt støtte til diverse aktiviteter i Korskærparken. Lige fra begyndelsen af projektet har beboerne defineret, hvad sundhedsprojektet skal indeholde, og hvordan det skal udvikles og være med til at sætte dagsordenen for de aktiviteter, som blev igangsat. Projektlederen har således gennem sit arbejde formået at være deltagende i aktiviteter uden at overtage styringen og ejerskabet af projektet. Et omdrejningspunkt for koordinering og organisering af arbejdet i sundhedsprojektet har været etableringen af Medborgerhuset.

Udfordringer ved at etablere et medborgerhus i området

Ifølge Medborgerhuset har der været en fælles vision, som kort kan beskrives som: et medborgerhus som kan danne en fælles ramme og base for mange forskellige aktiviteter. Hensigten er, at Medborgerhuset skal understøtte og forbedre beboernes trivsel og samhørighed i Korskærparken. Endemålet er yderligere, at huset skal være beboernes hus.

Med hensyn til visionen virker det som om, der er enighed om, hvad endemålet er. Det synes dog som om, der er forskellige forståelser af, hvordan dette endemål nås. Dette kan skyldes:

- Der mangler en nærmere strategi for, hvordan de forskellige initiativer i huset skal supplere hinanden og samarbejde mod den endelige vision.
- De ansatte i huset, der er knyttet til de to projekter, har forskellig professionsbaggrund – og disse professionelle forskelle kommer til udtryk i forskellige tilgange:
 - Til at forstå og arbejde med brugerinddragelse,
 - Til at arbejde med frivillige,
 - I arbejdet med empowerment kommer disse bl.a. til udtryk i strategierne top-down vs. bottom-up.

I følge sidstnævnte punkt har projektet vist, at der kan være god logik i at arbejde både top-down og bottom-up orienteret i etablering af og daglig drift af medborgerhuset. Det er vigtigt, at der lægges en strategi herfor, så de to empowerment-tilgange ikke kommer til at spænde ben for hinanden i forhold til arbejdsopgaver og igangsættelse af aktiviteter. Sundhedsprojektet er et godt

eksempel på, hvor vigtigt det er med ejerskab og en meget åben strategi, men samtidig er projektet også et godt eksempel på en balanceret styring undervejs som strategien skal imødekomme tilslut.

Borgerinddragelse er lykkes

Metoden med at arbejde borgerinddragende har været mestret på højt plan i projektet og er meget knyttet sammen med projektlederens tilgang, kompetencer og personlighed. Det gennemgående i sundhedsprojektet har været, at stort set alle aktiviteter er igangsat på baggrund af borgernes ønsker, behov, interesser, engagement og ikke mindst initiativ. De har således været med til at definere og redefinere løbende den retning projektet skal have. Dette har sikret et højt deltagerantal i aktiviteter under sundhedsprojektet, eksempelvis indenfor svømning, zumba, madlavning, kvindeklub, mandeklub osv. (Status rapport, 2012 og evaluering af motionsaktiviteter 2013).

Det høje deltagerengagement i diverse aktiviteter og på tværs af aktiviteter har skabt en solid grobund for etablering af beboernetværk, lokal selvbestemmelse og skabelse af individuel og organisatorisk empowerment. Samtidig har den borgerinddragende metode den fordel, at den øger ejerskabet af projektet og de forskellige aktiviteter, og det skaber rammer for forankring og bæredygtighed. Beboerne giver udtryk for, at netop metoden er årsag til, at projektet er lykkedes langt hen af vejen.

Fordele og ulemper ved frivillighed, og tanker om fremtiden

Sundhedsprojektet bygger i høj grad på *frivillighed* og beboernes vilje til at engagere sig i aktiviteter på flere planer. Mange af beboerne bliver frivillige i takt med, at de bliver engageret, men opfatter ikke nødvendigvis sig selv som frivillige. I evalueringen peger beboerne på, at der både er fordele og ulemper ved frivilligheden. Fordelene ved frivillighed ses af beboerne som værende drevet af lyst. En beboer siger, at fordelen er, at man som frivillig ”er det med hjertet” og dermed forstås, at det er et aktivt tilvalg, hvor man indgår i et fællesskab af lyst til at give og få. Frivillighed bygger dermed på ejerskab og engagement, og er nødvendigt for at arbejde borgerinddragende.

Frivillighed er ikke noget, der kan tvinges ned over nogen. Man bliver ikke betalt for at engagere sig. Ulempen ved, at sundhedsprojektet i fremtiden skal drives hovedsagligt af frivillige, kommer til udtryk ved bekymring hos beboerne. Manglende tro på evnen til at drive projektet videre uden en fast støtteperson/projektleder synes central for flere af beboere.

Projektet har løbet over fem år, hvor den borgerinddragende metode har dannet grundlag for forankringen og overtagelse af projektet blandt beboerne i lokalområdet. Projektet viser dog som så mange andre af *overlevering og bæredygtighed* ofte er svært og vanskeligt, hvis det alene skal bygges videre på civilsamfundets frivillighed og kompetencer.

Afrunding

I visionen bag projektet lå en høj grad af borgerinddragelse, som en bærende værdi og gennem etablering af samarbejde mellem projektlederen, kommune og beboere i lokalsamfundet er det lykkes at bygge en platform for rummelighed, medbestemmelse og fokus på social inklusion i Korskærparken. Sundhedsprojektet har på flere punkter favnet bredt og bl.a. betydet samarbejde både mellem beboerne, projektmedarbejdere, instruktører og eksterne samarbejdspartnere og kommunen som har medvirket til at skabe forskellige typer af netværk mellem beboerne og givet et større engagement og ansvar. Der har dog også været udfordringer i forhold til samarbejdet med andre aktører, der har haft andre tilgange og perspektiver for området.

Et kendetegn for sundhedsprojektet er, at der løbende er blevet evalueret på diverse aktiviteter og indsatser. Den gentagne lokale sundhedsprofil har medvirket til at få skabt grundlag for en vurdering af de tiltag, der er gennemført. Sundhedsprofilerne kan vise tendenser i området, men da sundhedsprojektet ikke i tilstrækkeligt omfang har arbejdet med konkrete målgrupper og fulgt dem over en længere periode, er det ikke muligt at vurdere bestemte effektmål, når det gælder beboernes sundhedstilstand. Til gengæld kan man vurdere processerne, og den generelle trivsel i området, og det er et vigtigt resultat.

Selvom borgerne selv føler stort ejerskab til projektet og er blevet aktivt inddraget løbende i beslutninger vedrørende aktiviteter i området, er det værd at hæfte sig ved det faktum, at sundhedsprojektet oprindeligt er blevet idéudviklet i sundhedssekretariatet af akademiske medarbejdere, men ud fra en prioritering af at konkrete indsatser og metoder udvikles løbende sammen med beboerne. Der behøver således ikke være en modsætning mellem et lokalt forankret sundhedsprojekt, beboere og kommunen i forhold til den videre fremtid for projektet. Snarere gælder det om at udnytte de erfaringer, der kan drages fra dette projekt til andre projekter. Sundhedsprojektet i Sønderparken, et andet boligområde i Fredericia, er allerede et eksempel på et forsøg på at videreføre erfaringerne.

De næste år vil vise, om det lykkes at fortsætte alle projekterne og initiativerne uden en økonomisk forankring fra kommunen og hvor den bærende kraft bliver civilsamfundet og de frivillige. Der er ingen tvivl om, at der er udviklet empowerment–processer både individuelt, på gruppeniveau og organisatorisk, men spørgsmålet er så, om disse kan blive forankret i boligområdet som bærende værdier og forblive levedygtige også på den lange bane. Studier her viser, at det er muligt via konkrete strategier at skabe god grobund? for udvikling af empowerment–processer, men peger samtidig også på, at disse mulighedsstrukturer er skrøbelige og ofte kræver en strukturel forankring som koordinerende og retningsvisende led.

I løbet af projektet er der bl.a. blevet udarbejdet følgende publikationer på dansk og engelsk.

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Andersen, PT, Bak, CK og Clausen, C (2014): Svømmertilbud målrettet etniske kvinder. Procesevaluering af en svømmeintervention. *Nordisk Tidsskrift for Helseforskning*

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Bak, CK, WD, J, og Andersen, PT (2011): *Systematisk sundhedsfremme i utsatte lokalområder – brobygning mellem forskning og praksis*. Syddansk Universitet. Forskningsenheden for Sundhedsfremme i samarbejde med Sundhedsstyrelsen.

Andersen, PT og Folsgaard, LP (2012): Lokalsamfund og sociale netværk. I: *Sociologi og rehabilitering*. (red) af Schrøder, I og Schultz, K. Munksgaard Forlag.

Bak, CK, og Andersen, PT (2012): Lokale sundhedsprofiler: Et godt redskab til at forebygge social ulighed. I: *Social Politik*, Nr. 6.

Bak, CK. & Andersen, PT(2013): Anvendelse af flerstregede interventionsprogrammer i sundhedsfremme projekter. (Using multi-pronged intervention programs in health promotion.) Ugeskrift for Læger: 175, 16, s. 1100.

Bak, CK. & Andersen, PT (2013: Selvvurderet helbred, etnicitet og social position i et utsat boligområde (self-rated health ethnicity and social position in a deprived neighborhood). *Nordisk Tidsskrift for Helseforskning*.

Larsen EL, Andersen PT, Bak CK (2012): Fortællinger om et liv som arbejdsløs og socialt ekskluderet. (Tales of a life as unemployed and socially excluded.) *Tidsskrift for forskning i sygdom og samfund*. (16):83-103.



<http://korskaerparken.dk/>

English summary

Subanalyses of empowerment processes (FELIS project)

Pernille Tanggaard Andersen, Associate Professor, Unit for Health Promotion Research

A successful health promoting project in 'Korskærparken' established by the municipality of Fredericia has been evaluated to identify potentials and barriers in health promotion targeting the citizens in the area. Factors crucial to the success included the target groups' ownership in the different interventions, the consideration of building the intervention up via network and resource persons in the local community, for instance mentors and other participants and the building of a community centre to sustain the wellbeing of the residents in the community. Barriers included dependence on economic support and the necessary practical arrangements; therefore it can be difficult in the future to keep the empowerment process if it is all based on voluntary work embedded in the local society. Experiences from this project should be and actually have been transferred to other similar residential areas in Denmark.



<http://ajoursystem.dk/om-ajour-system/cases/soenderkaerparken-korskaerparken.aspx>

Staff news



Lene Povlsen

Guest researcher, Unit for Health Promotion Research

I worked as a paediatric nurse and diabetes educator in and around Copenhagen for about 30 years and had actually never considered becoming a 'proper' academic person.

In 1995 I started working in the largest paediatric diabetes centre in Denmark. The centre was situated in Glostrup and targeted children and adolescents 0-18 years old with primarily Type 1 Diabetes from the entire Greater Copenhagen area. Besides participating in the treatment and education of the children, families and other relevant persons, the centre was also very involved in clinical trials and development of educational material which was later distributed both nationally and internationally.

In 2000 I was asked to develop a project on diabetes in children and adolescents from non-western immigrant families, with special focus on how education and support related to diabetes self-management could best be adapted to their background, preconditions and needs. At the same time, I was encouraged to start studying and try to complete a Master of Public Health (MPH) exam.

This initial project was completed in 2003 and I achieved both a MPH and MScPH degree as a consequence of it. From 2005, the project continued as part of my affiliation as candidate for the doctorate at Nordic School of Public Health NHV (NHV) in Gothenburg, Sweden – a university college within the framework of Nordic Council of Ministers and financed by the five Nordic countries 1953-2014.

In 2008 I worked for the medical company Novo Nordisk as a consultant on their DAWN Youth program. In January that year I also defended my doctor's thesis and began working as a senior lecturer at NHV from May and until its closure at the end of 2014. In 2012 I was appointed as associate professor.

I have been a member of the Nordic Network of Health Promotion since 2008 and a large number of my publications are related to this network. I mainly apply qualitative research methods and prefer to participate in research studies in collaboration with others. My main educational and research interests are:

- Health promotion; Equity and equality in health
- Health education; Health literacy; Chronic disease education and support
- Migration and health; Non-western immigrants in the Danish healthcare system
- Culture, acculturation and health education

Besides a large number of supervision tasks, I am a frequent reviewer of scientific publications. I also participate in examinations/memberships of examination committees in Sweden and Norway, and has since 2010 been appointed as external examiner of Danish educations in Public Health and related areas.

I was affiliated to the Unit for Health Promotion Research at the University of Southern Denmark as guest researcher in January 2015.

Dansk resume

Lene Povlsen, gæsteforsker, Forskningsenhed for Sundhedsfremme

Sygeplejerske fra 1975 og arbejdede frem til 2000 som sygeplejerske på forskellige børneafdelinger, alle med speciale i type 1-diabetes. Senere har Lene uddannet sig og er blevet doktor i folkesundhed (Dr. PH) i 2008 med ph.d.-afhandlingen "Diabetes in children and adolescents from non-western immigrant families – health education, support and collaboration". Hun har bl.a. arbejdet for Novo Nordisk som konsulent og som senior forsker på Nordic School of Public Health (NHV) i Göteborg siden 2008 og blev udnævnt til lektor i oktober 2012. Da NHV lukkede sidst i 2014 blev Lene efterfølgende i januar 2015 tilknyttet Forskningsenheden for Sundhedsfremme ved SDU som gæsteforsker.

Lotte Skøt

PhD Student



Lotte Skøt joined the unit as a PhD student on the 1st August, 2015. Her project focuses on identifying whether life stress is a facilitator or barrier for health risk perception. She was born in Denmark but has lived most of her life in the United Kingdom. She earned her Bachelor's degree in psychology from the University of East London in 2004, after which she moved back to Denmark to continue her studies. She graduated in 2011 with a Master of Science degree in psychology from the University of Copenhagen. Her prior work experience includes being a volunteer counselor at a crisis support center and a research assistant at the Center for Psychotraumatology, University of Southern Denmark. She joined the unit after the summer holidays. She is currently course instructor on the module Risk Communication, Master of Science in Public Health. In December she will start as a course instructor on the module Health Measurement Scales, Master of Science in Public Health.

Dansk resume

Lotte Skøt startede som ph.d.-studerende 1. august 2015. Hendes projekt fokuserer på at identificere, om stress fremmer eller hæmmer menneskers opfattelse af sundhedsrisici. Hun er født i Danmark, men har boet det meste af sit liv i Storbritannien. Hun har en bachelorgrad i psykologi fra University of East London. Hun flyttede tilbage til Danmark i 2005 for at videreuddanne sig. I 2011 dimitterede hun som kandidat i psykologi med speciale i klinisk psykologi fra Københavns Universitet. Hun har tidligere arbejdet som frivillig rådgiver på et krisecenter og som videnskabelig assistent ved Videnscenter for Psykotraumatologi, Syddansk Universitet. Som en del af ph.d.-uddannelsen er hun 'instructor' på kandidatmodulet Risk Communication. Til december starter hun som 'instructor' på kandidat-modulet Health Measurement Scales.

Julie Dalgaard Guldager

PhD Student



Julie Dalgaard Guldager is one of our new PhD students who started working with our unit in August 2015. Julie is employed as an adjunct at the Centre of Excellence in Health Promotion at University College South Denmark where she has been granted a leave of absence the next three years to conduct her PhD. Her project focuses on which factors influence the implementation quality of the project “Aktiv rundt i Danmark” – an annual three-week- national school based health competition. In 2006 Julie finished her degree as a Master of Science of Public Health from the University of Southern Denmark where she was one of our first cohort of students. Since then she has worked as a health consultant for the municipality of Esbjerg. She has spent four years in Qatar with her family and afterwards she worked as a health consultant for the municipality of Vejen.

Dansk resume

Julie Dalgaard Guldager er vores nye ph.d.-studerende, som startede i enheden i august 2015. Julie er ansat som adjunkt ved Videncenter for Sundhedsfremme ved UC Syddanmark og har fået orlov de næste tre år til at lave sin ph.d.-afhandling. Hendes projekt fokuserer på hvilke faktorer, der påvirker kvaliteten af implementeringen af projektet Aktiv Rundt i Danmark - en tre uger lang national skolebaseret sundhedskonkurrence. I 2006 færdiggjorde Julie sin kandidatgrad i folkesundhedsvidenskab fra SDU i Esbjerg hvor hun var på vores første årgang. Siden da har hun arbejdet som arbejdsmiljøkonsulent i Esbjerg Kommune. Herefter var hun fire år i Qatar med sin familie og arbejdede derefter som sundhedskonsulent i Vejen Kommune.

Sofie Buch Mejsner

Research Assistant



From August 2015 Sofie Buch Mejsner has been working as a research assistant at the Unit for Health Promotion Research in Esbjerg. She is currently writing articles based on her master thesis project regarding governance and informal payments (gifts and bribes) in the Serbian health care system together with Leena Eklund Karlsson, guest editor of this issue, and they expect to find external funding for an extension of this project.

Sofie is from Copenhagen, where she lives with her husband. She obtained a bachelor degree in Occupational Therapy in August 2012 and completed the Master of Science Programme in Public Health at The University of Southern Denmark from August 2012 to April 2015. During her studies she grew fond of global health issues, equity and integration. Her interest in this area is illustrated through the work she does at the Unit for Health Promotion Research. She also volunteered in different NGOs near Copenhagen and is currently volunteering as an activities leader on an integration project for Red Cross in Copenhagen.

Dansk resume

Sofie Buch-Mejsner har siden august i år arbejdet som videnskabelig assistent ved Forskningsenheden for Sundhedsfremme, SDU, i Esbjerg. På nuværende tidspunkt producerer hun sammen med Leena Eklund Karlsson, gæsteredaktør for denne udgave, artikler baseret på sit speciale vedrørende regeringsførelse og uformelle betalinger (gaver og bestikkelse) i det serbiske sundhedsvæsen og derfor ventes også at finde ekstern finansiering til en udvidelse af dette projekt. Sofie er fra København, hvor hun bor med sin mand. Hun har fået en bachelorgrad i ergoterapi august 2012 og tog en kandidat i Folkesundhedsvidenskab fra august 2012 til april 2015 på SDU. Under sine studier voksede hendes interesse for globale sundhedsspørgsmål, lighed og integration. Hendes interesse for dette illustreres gennem det arbejde, hun gør ved forskningsenheden. Hun har desuden arbejdet frivilligt i forskellige ngo'er nær København og i øjeblikket er hun frivillig aktivitetsleder på et integrationsprojekt for Røde Kors i København.

Karolina Ivanciu

Intern from Romania



Karolina Ivanciu was given the chance as an Erasmus student to experience Denmark (August-October 2015) with a mobility programme. She was an intern at the University of Southern Denmark in Esbjerg, at the Center of Health Promotion.

She learned and improved many skills during her stay in the unit. Among other things she took part in a class on epidemiology and learned how to use STATA and also improved her knowledge in SPSS. She managed to get a better insight on “The GOOD Life” project which lead her to a better understanding of social norms and the way young people from Denmark think.

Living in a different country for 3 months has been both an experience and a challenge for her, as she had to get accustomed to a new environment and new people. To sum it up, she felt that she has grown as a person - not just professionally, but also spiritually.

Dansk resume

Karolina Ivanciu, Erasmus-studerende fra Rumænien har været udvekslingsstuderende ved Forskningsenheden for Sundhedsfremme i tre måneder fra august til oktober 2015. Hun har været en del af forskningsmiljøet, arbejdet med STATA program til data management og fået indsigt i projektet ”Det gode liv mellem de unge”, se link:

http://www.sdu.dk/Om_SDU/Institutter_centre/Ist_sundhedstjenesteforsk/Forskning/Forskningsenheder/Sundhedsfremme/Forskningsprojekter/detgodeliv

Lenka Marincova

Intern from the Czech Republic



Lenka Marincova graduated from the International Development Studies (IDS) Program at Palacky University, Olomouc in the Czech Republic and currently she is enrolled in the PhD programme. Her main professional interests are in global health issues, health impact assessment, health literacy, community participation and other public health challenges, not only in least developed settings. During her studies Lenka has also spent some time abroad – attending some projects, summer schools and internships. Thanks to GLEN (Global Education Network) she got the opportunity to volunteer for a Vietnamese NGO - SCDI - focusing on support of development of HIV/AIDS affected communities. Her experiences from the south-east Asia region and other places around the world inspired her for her further personal development and education.

At the moment, she is really enjoying her stay at the University of Southern Denmark in Esbjerg at the Unit for Health Promotion Research. She says it is a very inspiring and enriching internship with great people around.

Dansk resume

Lenka Marincova er udvekslingsstuderende fra Tjekkiet fra Palacky University
<http://www.upol.cz/en/menu/about-pu/> hvor hun er ph.d.-studerende med hovedtemaer som global sundhed, sundhedskonsekvensvurdering, sundhedskompetencer og andet folkesundhedsrelaterede tiltag. Hun er i forskningsenheden fra november-december 2015.

Lay Summaries

Advice to Stay Active Markedly Increases Activity Level in Patients With Acute Severe Low Back Pain

Patricia Olaya-Contreras, Guest Researcher, Unit for Health Promotion Research

This was a randomized clinical trial to study the early effect of movement, i.e. physical activity, among persons with acute low back pain. The point is that any of the participants included in this study had not been suffering from any prior long-lasting back problem, thus it allowed us to follow the effect of the treatment on the acute low back pain (ALBP), as well as the compliance with treatment advice.

All participants had acute low back pain and they underwent several examinations to rule out other complications in the back. This way, we were able to ask a patient to be as active as possible. In other cases, the treatment and handling should be different.

99 patients (age 18 - 65 years) with acute severe lower back pain were distributed at random into 1 of the following 2 groups within 48 hours of pain onset.

Stay active group: patients were advised to stay active in spite of pain.

Adjust activity group: patients were advised to adjust their activity to the pain.

All of the patients completed a 7-day diary in which they recorded daily step counts recorded by a step counter as well as ratings of pain intensity, pain location, and pain-related disability during the following 7 days.

Patients with acute severe low back pain who were advised to stay active in spite of pain were significantly more active than their counterparts who were advised to adjust their activity to pain level. Pain level decreased at the same rate in both groups, suggesting that the stay active advice did not alter the course of acute low back pain. “To be active is a personal decision in all ways”. It can help patients to focus more on the positive resources they have to handle the pain and master various physical movements even though it hurts.

Reference:

Olaya-Contreras P, Styf J, Arvidsson D, Frennered K, Hansson T. The effect of the stay active advice on physical activity and on the course of acute severe low back pain. *BMC Sports Sci Med Rehabil.* 2015;7:19.

Dansk resumé

Rådgivning omkring aktivitetsniveau ved patienter, der lider af kritiske stærke smerter over lænden

Patricia Olaya-Contreras, gæsteforsker, Forskningsenheden for Sundhedsfremme

Patienter med kritiske stærke smerter over lænden blev rådgivet at udføre fysisk aktivitet. Disse patienter forblev mere aktive sammenlignet med patienter, som mærkede deres smertegrænser og derfor stoppede fysisk aktivitet ved denne smertegrænse. Resultatet af denne undersøgelse viser, at patienter bør tage en mere aktiv rolle og ansvar i egen behandling. Der er positiv fokus på fysisk aktivitet som behandling til disse patienter på trods af oplevelsen af smerter i lænden.

Roma Empowerment and Social Inclusion through Work-Integrated Learning

Leena Eklund Karlsson, Associate Professor, Unit for Health Promotion Research

Roma People in West Sweden are able to take an active role in their own integration process. This is possible if they have the opportunity to work while at the same time getting an education and practical training related to this work. The training can be organised as a special input from their employers or as a competence development programme. These results are based on a participatory action research project conducted by the University West in Trollhättan 2010-2012. The idea of this kind of approach is that the Roma participants are not seen as passive objects but as active co-researchers. They were also seen as key actors in their own integration process and in the social change needed for tackling oppression, discrimination and stigma often attached to Roma people. The findings, based on interviews with the Roma participants, showed that the participatory nature of the program, and the trust and support from the Roma colleagues and non-Roma facilitators were essential for the development of their empowerment and capability to take lead in their own integration process.

Reference:

Crondahl, K., & Eklund Karlsson, L. (2015). Roma Empowerment and Social Inclusion through Work-Integrated Learning. *SAGE Open*, 5(1), 2158244015572275.

<http://sgo.sagepub.com/content/5/1/2158244015572275.abstract>

Dansk resume

Roma Empowerment og social inklusion gennem arbejdssintegreret læring

Leena Eklund Karlsson, lektor, Forskningsenheden for Sundhedsfremme

Roma-folk i det vestlige Sverige har muligheden for at deltage aktivt i deres egen integrationsproces. Dette gøres gennem undervisning og praktisk træning med henblik på at få et arbejde. Arbejdsgivere kan også tilbyde organiseret træning. Resultaterne stammer fra et projekt gennemført ved University West (Högskolan Väst) i Trollhättan 2010-2012. Andre områder som undertrykkelse, diskrimination og stigma blev også berørt. Tillid og støtte fra andre Roma-kollegaer var af essentiel betydning.

Politicians learned to request more research knowledge

*Christina Radl-Karimi, Research Assistant, Unit for Health Promotion Research
on behalf of the Danish REPOPA team, WP3, REPOPA results*

Policy makers can be motivated to use different types of knowledge sources for developing local health strategies. Politicians seem to request more knowledge from research for local health strategies. These are some of the promising results of a joined project between the unit for health promotion at the University of Southern Denmark (SDU) in Esbjerg and the two municipalities Kolding and Varde.

SDU researchers met with groups of professionals from all administrative departments of the two municipalities for several workshops. The participants worked independently towards a common strategy on physical activity in their municipality. Workshop discussions included also why and how to best include different types of knowledge – from research to interest groups and target groups – in their daily work.

One year later the working group in Kolding is still meeting regularly, discussing cross-sector health strategies and Varde had worked out its own strategy with the vision that physical activity becomes a natural part of every citizen's daily life. Asking the working groups which knowledge sources should be most important, their answers were rather clear: knowing what research says and what the citizens want themselves should be top priorities. Political agendas on the other side should not be given a front row seat when it comes to health strategies for municipalities.

The project is part of the European Commission research project REPOPA (www.repopa.eu), which explores how knowledge from research, expert know-how and other knowledge sources can shape health strategies that promote health and prevent diseases among European citizens.



Dansk resume

www.repopa.eu

Politikere har lært at bede om mere forskningsviden

Christina Radl-Karimi, videnskabelig assistent, Forskningsenheden for Sundhedsfremme

Motivationen, som politikere har brugt ved at anvende forskellige typer af viden, skal bruges i lokale sundhedsstrategier. De lovende resultater er kommet ud af et fælles projekt med forskellige arbejdsgrupper mellem Forskningsenheden for Sundhedsfremme samt Kolding og Varde kommune. Fælles strategi var fysisk aktivitet i disse kommuner. Arbejdsgrupperne mødes stadig og udarbejder nye sundhedsstrategier omkring borgernes hverdag i kommunerne. En vigtig kilde til viden er klart at spørge forskningen og borgerne selv. Projektet er en del af EU-projektet REPOPA (www.repopa.eu) som forskningsenheden er koordinator for.

Consumption of fruit and vegetables is associated with less stress, less health complaints and better self-reported health in university students from Finland

Gabriele Berg-Beckhoff, Associate Professor, Unit for Health Promotion Research

Everybody knows that eating fruit and vegetable is healthy; it is discussed to protect against cancer and cardiovascular disease. We looked at more general health outcomes in university students from Finland and found that fruit and vegetable consumption is associated with less stress, less health complaints like headaches, or sleep disturbances and better self-reported health. This leads us to emphasise, that regular fruit and vegetable consumption needs to be recommend. We could additionally show that particular overweight students profit more from eating fruits and vegetables with regard to stress. The association between fruit and vegetable consumption and stress was more pronounced in overweight students. The analysis was based on a cross sectional study in 1,189 undergraduate students at University of Turku in Finland. When planning daily nutritional habits people need to consider fruits like e.g. apples, bananas or berries and vegetables like for instance, carrots, peas, cauliflower, or root vegetables. The Danish official nutritional recommendation recommends eating 6 portions per day. For more information please look at <http://altomkost.dk/raad-og-anbefalinger/de-officielle-kostraad/>.

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Dansk resume

Forbrug af frugt og grøntsager er forbundet med mindre stress, færre klager over sundhed og bedre sundhedstilbagemeldinger fra universitetsstuderende fra Finland

Gabriele Berg-Beckhoff, lektor, Forskningsenheden for Sundhedsfremme

Universitetsstuderende fra Turku i Finland oplever mindre stress og forøget sundhed efter indtagelse af frugt og grøntsager. Udover at beskytte mod kræft og hjertekarsygdomme har frugt og grøntsager vist sig at have positiv effekt også bl.a. på mindre tendens til hovedpine, bedre søvn og overvægt i forbindelse med stress. De officielle kostråd i Danmark anbefaler seks stykker frugt og grønt om dagen.

Do patients at risk for stroke know that they are at risk?

Anja Leppin, Professor, Unit for Health Promotion Research

Atrial fibrillation is a disease, which is increasingly common in many Western countries. In fact it has been described as a developing epidemic because the number of people who are affected is rising rapidly. Atrial fibrillation is an arrhythmia of the heart, where the rate or rhythm of heartbeat is irregular. Left untreated it increases the risk for stroke. Many people with atrial fibrillation also have other health problems, such as obesity or smoking, diabetes and/or high blood pressure, which also heighten stroke risk. Treatment with so-called anticoagulants or “blood thinners”, which prevent clotting of the blood, reduces that risk considerably. This treatment, however, can have side effects, and it is known that many patients have problems with adherence, meaning they might not always take medication as scheduled and prescribed. To be motivated to consistently and correctly take medication, patients need to be aware of the health risk they face if they fail to stick to their medication schedule. Also, to make lifestyle changes, such as reducing weight or stopping smoking, awareness about personal health risk might be necessary.

No study has yet investigated whether patients with atrial fibrillation have a realistic perception of their personal stroke risk. The purpose of this study was therefore to investigate and describe the association between patients' own stroke risk perception and their actual risk based on the number and type of risk factors they possess.

In the study conducted at the Hospital of South West Denmark, Esbjerg we surveyed 178 patients with an average age of 70 who had been diagnosed with atrial fibrillation and who were treated with anticoagulant treatment (blood thinning treatment).

When comparing physicians' assessment of patients' risk based on the number of stroke risk factors with the subjective stroke risk perceptions patients had, we found that the two were not related. About 60% of the patients who the physicians had classified as “high risk” had an unrealistic perception of their own stroke risk, and a majority among those patients underestimated their risk. There was no significant increase in risk perception from those with a lower number of risk factors to those with a higher risk factor load

The results of the study cause concern because particularly patients who underestimate their risk for stroke might lack the motivation for lifestyle changes, such as exercising or losing weight, or might fail to strictly adhere to taking necessary medication. Additional efforts for patient education might be needed to target this particular group of patients.

Reference:

Fournaise A, Skov J, Bladbjerg EM, Leppin A. Stroke risk perception in atrial fibrillation patients is not associated with clinical stroke risk. *J Stroke Cerebrovasc Dis.* 2015 Nov; 24(22):2527-32.
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Dansk Resume

Ved patienter med risiko for slagtilfælde at de er "at risk"?

Anja Leppin, professor, Forskningsenheden for Sundhedsfremme

Arterie-hjerteflimren er en sygdom, som er stærkt stigende i mange vestlige lande, hvor det endda betegnes som en epidemi. Sygdommen beskrives som en uregelmæssighed i hjerteslagsrytmen og kan føre til et slagtilfælde, hvis den ikke behandles i tide. Disse patienter har ofte også andre symptomer som overvægt, diabetes og forhøjet blodtryk. Behandling med blodfortyndende medicin nedsætter risikoen for blodpropper betydeligt. Dette studie er udført på Sydvestjysk Sygehus i Esbjerg og beskriver forbindelsen mellem patienternes egne opfattelser af at være i risikogruppe for slagtilfælde og den aktuelle risiko baseret på antal og typer af risikofaktorer, der er involveret. Resultaterne af studiet er bekymrende, da mange patienter undervurderer deres risiko for slagtilfælde og derved muligvis mangler den fornødne motivation for livsstilsforandringer og overholdelse af korrekt indtag af ordineret medicin. Sundhedsfremmende programmer for at støtte patienter i at tabe sig, rygestop og bevæge sig mere vil være en nødvendighed for disse patienter.

Other news

Experiences from the International Conference on Health Promoting Universities and Colleges

Christiane Stock, Associate Professor, Unit for Health Promotion Research

The aim of Health Promoting Universities and Colleges is the embedding of health into everyday operations, business practices, and academic mandates, to enhance the success of our institutions. They aim to create campus cultures of well-being and equity, to improve the health of the people who live, learn, work and play on our campuses and to strengthen the ecological, social and economic sustainability of communities and the wider society. The approach takes advantage of the fact that universities and colleges have a unique opportunity and responsibility to educate, develop new knowledge and model practices of benefit to society. Associate Professor Christiane Stock was invited as a panel speaker to the International Conference on Health Promoting Universities and Colleges that was held June 22 - 25, 2015 in Kelowna Canada. The aim of the conference was to mobilize the power, identify the responsibility and highlight the opportunities for universities to 1) develop vibrant campus environments 2) provide exceptional learning opportunities and 3) advance knowledge and practice that contributes to other campuses and communities locally and globally. Although the approach is appealing in many ways, the settings-based health promotion was applied to higher education relatively late, with the first Health Promoting Universities being established in the mid-1990s. In addition to the WHO taking up the Health Promoting University under the umbrella of the Healthy Cities programme¹. Networks of universities and colleges interested in development towards Health Promoting Universities were established in the United Kingdom and Germany during the 1990s. In 1995 the German Health Promoting University Network was founded with initially five network members in Germany (among them Christiane Stock was one of the founding members). The network has defined its goals as to support the member organisations in their processes towards becoming a Health Promoting University and thereby promote healthy working, living and learning environments for students and staff². Similar networks of Health Promoting Universities exist in the United Kingdom, in Spain, and in Central America and in the Asian-Pacific Region. In a panel discussion the different networks exchanged their experiences in sharing expertise in promoting health in this setting. While the German network has grown extensively and has now more than 200 members and four regional sub-networks with regular meetings, conferences and common advocacy for health promotion, the development of Health Promoting Universities in Denmark is relatively slow. Single actors at university colleges and universities have an interest in such an institutional

and settings-based approach to health promotion, but up to now no Danish university has adopted the idea and has integrated health into the institutional agenda.

In order to foster the international development of Health Promoting Universities the conference has revised the pre-existing Edmonton Charter and has newly released and signed the **The Okanagan Charter for Health Promoting Universities and Colleges** (for a draft of the charter visit: <http://www.internationalhealthcampuses2015.com/>)

References:

1. Tsouros A, Dowding G, Thompson J, Dooris M. Health promoting universities: concept, experience and framework for action. Copenhagen: WHO Regional Office for Europe; 1998.
2. Stock C, Milz S, Meier S. Network evaluation: principles, structures and outcomes of the German working group of Health Promoting Universities Global Health Promotion 1757-9759; Vol 17(1): 25–32.



Private photos: Conference delegates prepare to sign the Okanagan Charter at University of British Columbia Okanagan

Dansk resume

Erfaringer fra international konference om sundhedsfremmende universiteter og professionshøjskoler

Christiane Stock, lektor, Forskningsenheden for Sundhedsfremme

Christiane Stock deltog i denne konference i juni 2015 i Canada. Disse uddannelsessteder har en unik mulighed og et ansvar for at udvikle ny viden og modeller, som kan være til fordel for samfundet. Målet med konferencen var at udvikle nye identiteter og 1) bedre dynamiske campus miljøer, 2) formidle exceptionelle læringsmuligheder, 3) at sprede høj viden ud i samfundet globalt og internationalt. Initiativer som rundt om i verden allerede har fundet sted. Universiteterne i Danmark har dog ikke taget disse ideer til sig og integreret sundhed på denne måde endnu.

Danish Natural Science Festival 2015

Lotte Vallentin-Holbech, PhD Student and Christina Radl-Karimi, Research Assistant, Unit for Health Promotion Research

On 23 September 2015 the Unit for Health Promotion Research attended the 7th Danish Natural Science Festival organized by Esbjerg Gymnasium and HF. Through the festival children should be encouraged to explore the world of science and technology.

The event is for all 7th graders in Esbjerg municipality and this year the theme was *Wonderful Wild World*. This year the interest for the festival was overwhelming, and only half of all interested classes got the opportunity to participate.

For us the day started with preparing our SDU booth along with other participants such as Aalborg University and Rambøll. Little by little almost 500 students from 7th grades all over Esbjerg municipality arrived as well. After a brief welcome, the classes were guided around the festival by volunteer students from Esbjerg Gymnasium and HF.

The groups of youngsters that visited our SDU corner over the day were given a quick introduction to the world of health promotion research by doing a mini health survey among the students. By using one of SDU's Student Response Systems *PollEverywhere*, we illustrated the state of health among Danish youth. This resulted in some good discussions about how health is measured and how the health status in Denmark has developed over the years.

A total of 23 classes visited the festival, which aims at creating children's enthusiasm and interest for science. The students had the opportunity to visit 17 science booths of companies and educational institutions from Esbjerg. Not only the young target groups benefited from the festival – also participating institutions and organisers got new ideas for future collaboration and dissemination projects.



<http://www.e-gym.dk/galleri/naturvidenskabsfestival-2015/>

Facts about the Danish Science Festival:

- The festival's purpose is to create enthusiasm for science among children and adolescents
- The festival takes place every year in week 39 all over Denmark, with more than 100,000 participating children and young people
- Inspiration theme for the festival 2015: *Wonderful Wild World*
- For more information: www.naturvidenskabsfestival.dk

Dansk resume

Dansk Naturvidenskabsfestival

Lotte Vallentin-Holbech ph.d.-studerende og Christina Radl-Karimi, videnskabelig assistent,
Forskningsenheten for Sundhedsfremme

For 7. år i træk arrangeret af Esbjerg Gymnasium og HF. Temaet i år var *Vidunderlige Vilde Verden*. Dette var så stort et tilløbsstykke, at kun halvdelen af alle de interesserede klasser fik mulighed for at deltage. Den største udfordring var, at alle stande kun havde 10 minutter til at begejstre de forventningsfulde folkeskoleelever. Der blevet lavet en miniature folkeundersøgelse blandt eleverne. Ved at anvende et af SDUs Student Respons Systems *PollEverywhere*, illustreredes hvordan sundhedstilstanden er blandt danske unge. Dette gav gode diskussioner om, hvordan sundhed og helbred måles, samt hvordan den har udviklet sig gennem tiden. I alt besøgte 23 klasser festivalen, der har som mål, at skabe begejstring for naturvidenskaben samt stimulere børn og unges interesse herfor. Eleverne havde mulighed for, at besøge 17 naturvidenskabelige stande, der var bemandet af virksomheder og uddannelsesinstitutioner fra Esbjerg.



Private photo: Talk on Health Promotion

Folkesundhedsdage 2015 med fokus på Samarbejde Sammenhæng og Synergi

Mette Winge Jakobsen, ph.d.-studerende, Forskningsenheden for Sundhedsfremme

Vi var fire fra enheden, som havde fornøjelsen af at deltage i Folkesundhedsdagene 28. - 29. september 2015 på Nyborg Strandhotel. Stemningen var spændt fra starten på, hvad dagene ville byde på. Hovedfokus var på Health in All Policies (HiAP), hvor man havde valgt temaerne Samarbejde, Sammenhæng og Synergi. HiAP har interesseret os længe på Forskningsenheden for Sundhedsfremme, da tværfagligt samarbejde omkring sundhed er en af hjørnestenene i vores enhed og i WHO's Regional Office for Europe herunder også WHO's Healthy Cities Network (Sund By Netværket).

Der var nogle rigtig gode oplæg omkring børn og unges sundhed, mænds sundhed og tilbagevenden til arbejdet efter længerevarende sygdomsforløb.

Der var repræsentation fra EU-projektet REPOPA (REsearch into POlicy to enhance Physical Activity), som Forskningsenheden for Sundhedsfremme koordinerer. Det var vores projektpartner, Cathrine Juel Lau fra Region Hovedstadens Forskningscenter for Forebyggelse og Sundhed, som præsenterede et interaktivt værktøj til at fremme tværfagligt samarbejde omkring sundhed, og især fysisk aktivitet (arbejdspakke 2). Der var endvidere en studerende i Folkesundhedsvidenskab, Jonas Bech Andersen fra SDU, som præsenterede et hollandsk værktøj til at undersøge etableringsgraden af HiAP, som han havde testet i Esbjerg Kommune i forbindelse med hans speciale (vejleder lektor Gabriel Gulis fra Forskningsenheden for Sundhedsfremme, SDU).

Sund By Netværket holdte en workshop med eksempler på samarbejde på tværs af forvaltninger samt borgerinddragelse i udviklingen af sundhedspolitikker, samt hvad politikere egentlig er i stand til, når de bliver involveret i sundhed og borgerinddragelse.

Det var tydeligt gennem hele konferencen, at deltagerne var bekymret for den retning, som den nuværende regering har sat i forhold til sundhed, hvor fokus primært er på behandling og ikke på forebyggelse og sundhedsfremme. Men så valgte den tidlige formand for Dansk Selskab for Folkesundhed, Finn Kamper-Jørgensen, at rejse sig op ved et fælles oplæg og mindede alle deltagerne om, at Sundhedslovens paragraf om kommunernes pligt for at skabe sunde rammer for borgerne stadig gælder og vil være nødt til at være fundamentet for et fortsat fokus på forebyggelse og sundhedsfremme gennem samarbejde, sammenhæng og synergi.

Så alt i alt en udbytterig konference og en fælles bekræftelse i, at samarbejde, sammenhæng og synergi er vejen frem for at skabe effektiv forebyggelse og sundhedsfremme i Danmark.

English summary

“Folkesundhedsdagene” 28 - 29 September 2015 at Hotel Nyborg Strand

Mette Winge Jakobsen, PhD Student, Unit for Health Promotion Research

The main focus was on Health in All Policies (HiAP), where the themes Collaboration, Coherence and Synergy were selected. Preliminary research findings were presented from the EU project REPOPA (REsearch to Policy to enhance Physical Activity), which is coordinated by our unit. Our project partner, Cathrine Juel Lau from the Capital Region's Research Centre for Prevention and Health, presented an interactive tool to promote interdisciplinary collaboration on health, particularly physical activity (work package 2). There was also a student presentation on a Dutch tool to examine the implementation degree of HiAP, which he had tested in Esbjerg Municipality as part of his thesis (supervisor Associate Professor Gabriel Gulis). A Danish Healthy Cities Network workshop was held with examples of cross-sectoral collaboration and citizen involvement in the development of health policies. A certain worry was detected among the participants about the current focus on treatment instead of prevention and health promotion by the Government. In this regard, the former chairman of the Danish Association of Public Health reminded all participants that the responsibility of municipalities to create healthy environments for citizens, stated in Health Law, is still valid and should still act as the foundation for a continuous focus on prevention and health promotion through collaboration, coherence and synergies. So all in all a fruitful conference and a common acknowledgment that collaboration, coherence, synergy is the way forward to create effective prevention and health promotion in Denmark.



<http://www.folkesundhedsdage.dk/>

Report from the 8th EPH-conference in Milan, Italy 2015

Arja R. Aro, Professor, Health Promotion

This year's European Public Health (EPH) Conference in Milan gathered over 1,700 participants from 71 countries among researchers, practitioners and policy makers. EPH Conferences are both scientific meetings and for networking. Especially, partners in European Union funded projects often organise their pre-conferences, workshops, roundtable and other meetings there.

This year's conference in Milan had the theme 'Health in Europe - from global to local policies, methods and practices'. The theme fit very well our unit's major work contents and interests, e.g. two workshops presented results of the REPOPA project (www.repopa.eu), and WHO/Euro organised a pre-conference meeting on Evidence-Informed Policymaking. There were ten unit staff members actively participating at the conference; three workshops with several oral presentations were organised by the staff; further, several posters and also individual oral presentations were given. The abstracts of the presentations have been published in the peer-reviewed European Journal of Public Health: http://eurpub.oxfordjournals.org/content/25/suppl_3.

The 2016 EPH Conference will be in Vienna, Austria (<http://ephconference.eu/>) and the year after that in Stockholm.



8th European Public Health Conference
**Health in Europe - from global to local policies,
methods and practices**
MiCo - Milano Congressi, Milan, 14 - 17 October 2015

<http://ephconference.eu/>

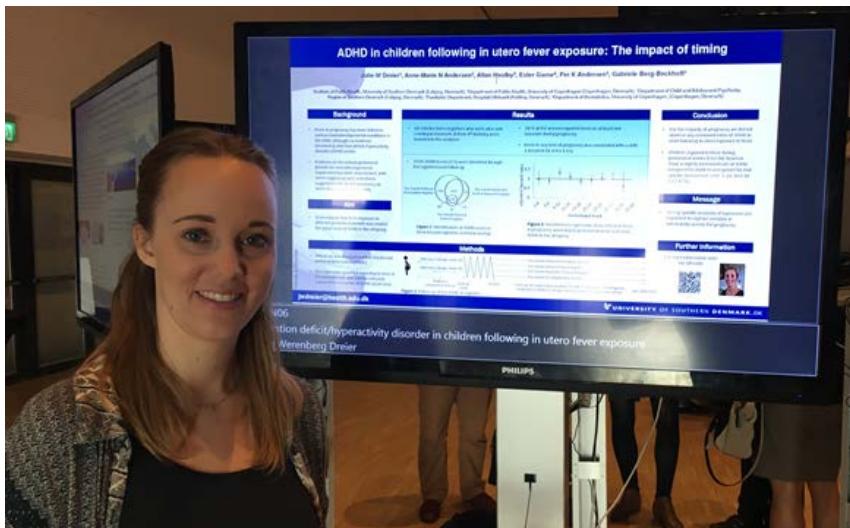
Dansk resume

European Public Health Konference 2015

Arja R. Aro, Professor, Forskningsenheden for Sundhedsfremme

Ti kollegaer deltog i den årlige European Public Health konference 2015 i Milano, Italien: "8th European Public Health Conference Health in Europe - from global to local policies, methods and practices", arrangeret af The European Public Health Association (EUPHA) <http://www.eupha.org/>. Næste år 2016 afholdes konferencen i Wien, Østrig. 'Abstracts' af præsentationer er blevet publiceret i peer-reviewed European Journal of Public Health: http://eurpub.oxfordjournals.org/content/25/suppl_3.

Private photos: Julie W Dreier presenting her poster on screen, colleagues at the conference venue and Mette W Jakobsen during a pitch presentation



Unit Head as an invited speaker at Gulf “Diabesity” conference in Riyadh

Arja R. Aro, Professor, Unit for Health Promotion Research

The Executive Board of The Health Ministers' Council for GCC States organised an international conference in Riyadh, 20 - 21 October 2015 to find common ways to manage the ever increasing diabetes and obesity challenge in the Gulf countries. Presentations called for comprehensive country or community-wide interventions 'in the style of Finnish North Karelia project' (of the 1970's). They also provided best practice diabetes prevention examples e.g. from Jordanian communities.

Our Unit Head, Professor Arja R. Aro was invited to speak at the conference. Her presentation summarised the international research on lifestyle changes done so far among those at increased risk for diabetes 2. She concluded that we have enough evidence that lifestyle interventions are useful and often better than medication in decreasing diabetes risk. It is time to move towards needs-based implementation of community interventions in ways which fit each cultural context and resources best.

Professor Jesper Bo Nielsen and Professor Henning Beck-Nielsen from SDU were also among the invited speakers of the conference; the former presented how the diabetes challenge can be countered by research and education; the latter talked about diabetes disease process and treatment developments. Post Doc Anastasia Samara from our research unit was a member of the conference organisation committee.



<http://www.icod-sa.org/>

Dansk resume

Diabetes-konference i Saudi Arabien

Arja R. Aro, Professor, Forskningsenheden for Sundhedsfremme

Forskningsleder inviteret til konference om diabetes i Golf-området, Saudi Arabien, Riyadh.

Diabetes og overvægt er et stort stigende problem i golfstaterne. Vores forskningsleder i Forskningsenheden for Sundhedsfremme, professor Arja R. Aro deltog med præsentation omkring international forskning i livsstilsændringer for øget risiko for diabetes 2. Livsstilsinterventioner i kulturel kontekst er nødvendige og ofte bedre end medicin. Professor Jesper Bo Nielsen og professor Henning Beck-Nielsen fra SDU var også inviteret med præsentationer. Post Doc Anastasia Samara fra vores enhed var medlem af komiteen, der organiserede konferencen.

Borgerinddragelse i nærmiljøsprojekter kræver ildsjæle og professionel rygdækning, Campusseminar på SDU, Esbjerg

Pernille T. Andersen, lektor, Christina Radl-Karimi, videnskabelig assistent, Forskningsenheden for Sundhedsfremme

Det er kun to af de interessante nøglepunkter fra campusseminaret om borgerinddragelse, som blev afholdt den 27. oktober på SDU i auditoriet på Esbjerg campus. Lektor Pernille Tanggaard Andersen og videnskabelig assistent Christina Radl-Karimi fortalte om deres erfaringer fra to nærmiljø- forskningsprojekter i henholdsvis Fredericia og Esbjerg Kommune, hvor borgerinddragelse er blevet anvendt både som mål og middel.

Foredraget kastede bl.a. lys over, hvordan projekterne påtog sig opgaven for at inddrage borgere i nærmiljøsindsatser, og hvilke udfordringer og muligheder der er forbundet med denne bottom-up- orienterede tilgang i kommunale sundhedsprojekter. Det blev også drøftet, hvad de frivilliges motivation er bag deres engagement, og hvad der skal til, for at indsatserne succesfuldt kan blive forankret i nærmiljøet på langt sigt.

De fremlagte resultater på seminariet er baseret på forskning omkring sunde boligområder og bygger konkret på forskning og evalueringsrapporter af sundhedsprojektet i Korskærparken/Fredericia (2008-2014) og Sædding og Ådalen på Toppen i Esbjerg (2011-2014).

Campusseminarer på SDU i Esbjerg henvender sig både til fagprofessionelle, praktikere, forskere samt studerende, der er interesseret eller nysgerrige på emnet.

English summary

Citizen participation in community health projects requires dedication and professional backup
Pernille T. Andersen, Associate Professor, Christina Radl-Karimi, Research Assistant, Unit for Health Promotion Research

That's only two of the interesting key points at the campus seminar on citizen participation, held on 27 October at SDU in the auditorium, Esbjerg Campus. Pernille Tanggaard Andersen and Christina Radl-Karimi talked about the research results and experiences of two community health projects in Fredericia and Esbjerg Municipality. In the two projects citizen participation was being used as both goal and means. The lecture shed light on how citizen participation can be used in local community initiatives, and the challenges and opportunities associated with this bottom-up oriented approach in public health projects. Further topics of discussion were the volunteers' motivation behind their engagement and how to secure sustainability of those initiatives in the community. The results presented at the seminar were based on research around healthy residential areas. Campus seminars at the University of Southern Denmark in Esbjerg target occupational professionals and practitioners, as well as researchers and students who are interested in or curious about the subject.

REPOPA Project Consortium Meeting, Cluj-Napoca, Romania, 2 - 4 November 2015

Natasa Loncarevic, Research Assistant, Unit for Health Promotion Research

In the beginning of November 2015, REPOPA (www.repopa.eu) consortium members met in Cluj-Napoca, Romania for their Annual Meeting. That was the fourth REPOPA Consortium meeting, this time hosted by Romanian REPOPA partner Universitatea Babeş-Bolyai, Cluj-Napoca.

The aim of the meeting was to discuss the project results, dissemination, financial aspects as well as future steps in the last year (2016) of the project. The Unit for Health Promotion Research, SDU, Esbjerg, is the project coordinator. Together with other project members from Denmark, Italy, The Netherlands and Canada we had an opportunity to present our research results and other work done since the last consortium meeting a year ago. This year's meeting was also about discussing the sustainability of our work in the future. Moreover, we had the pleasure to hear a presentation by an external speaker, Prof. Dr. Catalin O. Baba, who showed us how research and practice can find common interest and collaboration in the Romanian context.

Dansk resume

REPOPA Project Consortium Meeting, Cluj-Napoca, Rumænien, 2. – 4. november 2015

Natasa Loncarevic, videnskabelig assistent, Forskningsenheden for Sundhedsfremme

REPOPA medlemmer mødtes for fjerde gang i starten af november 2015 til det årlige konsortiumsmøde denne gang i Cluj-Napoca i Rumænien. Projektresultater, status, finansielle aspekter og fremtiden blev bl.a. diskuteret. Forskningsenheden for Sundhedsfremme er projektkoordinator for dette EU-projekt, som nu går ind i det afsluttende projektår (2016). (www.repopa.eu)



Private photo: Participants in Cluj-Napoca, REPOPA

Dansk ImplementeringsNetværk

In November 2015, the Unit for Health Promotion Research became a member of the Danish Implementation Network (DIN). DIN was founded in 2012 as an inspiration from the Global Implementation Conference – in Washington DC, 2010.

The main DIN vision is to create attention and awareness of the importance of the development of implementation within the health care sector. This is a necessary step towards bridging the gap between research and practice to be put on the agenda of society and to develop a separate field within politics on a social, health, work and training level. For more information about DIN visit:
<http://implementering-dk.dk/>

Dansk resume

Forskningsenheten for Sundhedsfremme blev i november 2015 medlem af Dansk ImplementeringsNetværk (DIN), der vil bidrage til udviklingen af implementeringsfeltet i Danmark. DIN ønsker at fremme ‘implementering’ som en særskilt disciplin i velfærdsforskning og -praksis. Implementering – som det nødvendige skridt til at bygge bro mellem forskning og praksis – skal sættes på samfundets dagsorden og udvikles til et fagfelt inden for social-, sundheds- og uddannelsesfaglig politik, praksis og forskning.



<http://implementering-dk.dk/>

PNU News

Nyheder fra PNU i Saudi Arabien

The first BSc students trained by SDU write their theses at PNU, Riyadh

Arja R. Aro, Professor, Unit for Health Promotion Research

Almost sixty BSc students at our PNU (Princess Noura Bint Abdul Rahman University) are writing up their BSc theses right now. These students belong to the first cohort in the two BSc programs which our Unit is running in Riyadh. This autumn already a fourth cohort started their studies; altogether over 250 female students are studying according to SDU programs at PNU.

The theses are written in groups of 2 - 3 students and their topics are largely related to health and well-being issues of PNU students in different programs, PNU staff members and patients in the various clinics in Riyadh. After finishing the theses and the required courses, the students do a one year internship before officially graduating with BSc in Health Education and Promotion and BSc in Epidemiology degrees.

The first student cohort has been taught entirely by SDU staff; the second cohort got two thirds of its teaching by us, the third only one third; and the fourth is taught fully by PNU staff. This kind of gradual take-over of teaching by the locals is part of the central idea of knowledge transfer of the SDU-PNU collaboration.



Private photo: SDU teachers at PNU in October-November 2015: From left: Leva Vaitkeviciute, Sunita Dhungel, Leena Eklund Karlsson, Maria Palianopoulou (October-November teachers not in the picture: Nagla Sahal, Ranjila Joshi).

In June this year Associate Professor Leena Eklund Karlsson took over the SDU-PNU study leadership from Pernille Tanggaard Andersen, Unit for Health Promotion Research. Also from our unit Post doc Anastasia Samara took over the co-study leadership; she is responsible for the Epidemiology track. Normally the SDU group at PNU consists of two senior staff members and 3 - 4 juniors; the seniors stay there 1 - 2 months while the juniors as a rule remain for a longer period. Interestingly, SDU staff members at PNU are mostly non-Danish; at the moment they come from Finland, Sudan, Greece, Nepal and Lithuania.



Private photo: Anastasia Samara, who took over co-study leader tasks of our SDU-PNU Epidemiology programme

Dansk resume

Nyheder fra PNU i Riyadh, Saudi Arabien

Arja R. Aro, Professor, Forskningsenheden for Sundhedsfremme

Forskningsenheten underviser på Princes Noura Bint Abdul Rahman University (PNU), og bachelorstuderende er lige nu i gang med at skrive deres speciale. 250 kvindelige studerende er i gang med deres bacheloruddannelse og undervises af undervisere fra SDU. Sundhedsfremme stod for hele undervisningen i starten, men nu tager de lokale undervisere på universitetet delvist over, så der er tale om vidensformidling mellem SDU og PNU. Leena Eklund Karlsson er studieleder og Anastasia Samara er vicestudieleder og ud over seniorforskere assisteres disse af 3 - 4 juniorer i de perioder, hvor de underviser i Riyadh.

Next issue

Næste udgave

The next issue of HPR News No. 16 will come out in the spring 2016.

If you want to be added to or deleted from the mailing list of the newsletter, please contact:

Næste udgave af HPR News nr. 16 udkommer til foråret 2016.

Hvis du ønskes at blive tilføjet eller slettet som modtager af nyhedsbrevet, kontakt da venligst:

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