

HPR *news*

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editorial

health promotion around the world through the eyes of the staff and students

The theme of this issue is *'Health Promotion around the World'*. The contributors are our foreign staff members as well as international Master of Science graduates and students. We bring examples from Romania, Uganda, Ethiopia, and Australia. Related to this theme is also Nagla Sahal's recent PhD thesis on infectious disease control in Sudan, and Anu Kasmel's thesis about empowerment in Estonia. I report about my visit to Chiang Mai in Northern Thailand during my Christmas holidays and work carried out by one of my great idols of philanthropy, Dr Prakong Vithasayai and her Protect the Children Foundation there.

In this issue we also shortly report about the 10-year anniversary of the Unit and the public health study programme, and about the kick-off of the EC-funded REPOPA project (Research into Policy to enhance Physical Activity). Still, we write shortly about our collaboration with the Chicago-based Northwestern University, from which we had visitors in Esbjerg to meet municipality representatives and the Unit staff. From the Danish context we report on an evaluation done about the three-year collaboration between the Unit and municipalities.

Many of the readers might have heard about our Bachelor study moving to Odense, where the main part of the SDU health faculty is. Study leader Christiane Stock describes the present situation and future challenges related to this move.

Enjoy taking a tour through several countries' health promotion scenery and update yourself about research and study developments in Esbjerg!

Arja R Aro, Editor-in-Chief

leder

Temaet for denne udgivelse er 'Sundhedsfremme – et udenlandsk perspektiv' hvor der bringes et lille indblik i Rumænien, Uganda, Etiopien og Australien. To af de tre Ph.d.er fra Enheden for Sundhedsfremme som har forsvaret deres afhandlinger siden sidst giver yderligere et lille indblik i sundhedsfremme i Sudan og Estland. Undertegnede har desuden besøgt Dr. Prakong i det nordlige Thailand og bringer en rapport om hendes arbejde der.

Dernæst berører vi flere nyheder inden for vores enheds sundhedsfremmearbejde, samt flytningen af vores bacheloruddannelse i folkesundhedsvidenskab.

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

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

uganda

a health promotion perspective

Like most countries in Sub-Saharan Africa, the public health situation in Uganda remains precarious. Communicable diseases account for 54 percent of the total burden of disease in Uganda. Malaria, HIV and AIDS and tuberculosis remain the leading causes of morbidity and mortality (MoH, 2010). The HIV prevalence currently stands at 6.7 percent, among the adult population, and 0.7 percent among children. Thus an estimated 1.2 million people in the country are living with HIV or AIDS. The country is also ranked 16th on the list of 22 high burden tuberculosis countries in the world, with an estimated incident rate of 330 cases per 100,000 population in 2008 (WHO Global TB Report, 2008 cited in MoH, 2010). On the other hand, Non Communicable Diseases (NCDs) like diabetes, cancer and heart diseases are an emerging problem in Uganda, as is the case in all developing countries. The burden of NCDs has been increasing over the years—although the magnitude remains to be ascertained i.e. there are no reliable figures for the national prevalence of NCDs. Uganda also has the world's 2nd highest accident rate, with over 20,000 road accidents a year and 2,334 fatalities in 2008 (MoH, 2009).



Photo 1: Nyanzi Ismail Ddumba, who is a MSc in Public Health student, SDU, Esbjerg

Life expectancy at birth is estimated at 52 years. And maternal and child indicators remain grim. The infant mortality rate (IMR) currently stands at 75 deaths per 1000 live births, while under-five mortality (child mortality) stands at 137 deaths per 1,000 live births (MoH, 2010). This means that the country is still falls far too short of meeting Millennium Development Goals (MDG) 4 target for Uganda which has been set at 56 per 1,000 live births for under-five mortality. 70 percent of overall child mortality is due to malaria, Acute Respiratory Infections (ARIs), diarrhoea and malnutrition. The Maternal Mortality Rate (MMR) is estimated at 435 deaths per 100,000 live births (MoH,

2010). The leading direct causes of maternal deaths include haemorrhage, sepsis, obstructed labour, unsafe abortion, and hypertensive disorders in pregnancy.

Health promotion

Health promotion activities in Uganda are implemented in context of a decentralized health system. At the national level, the Ministry of Health (MoH) is responsible for policy formulation,

planning, coordination, and monitoring and evaluation of health service delivery—including preventive and promotive services. Within the ministry, two departments are directly responsible for coordination of health promotion related activities: the Community Health Department (CHD) and the department for National Disease Control. Health promotion is prioritized under Cluster one of the Uganda National Minimum Health Care package (UNMHCP) in the Health sector Strategic Plan. The UNMHCP defines the most cost-effective priority health care interventions and services addressing the high disease burden that are acceptable and affordable. The aim of cluster one is to increase health awareness and promoting community participation in health care delivery and utilisation of health services.

Most of the health promotion activities in the country take place at the health-facility level under the supervision of the District Health Management Team (DHMT). Such activities include client education on disease prevention, provision of IEC (Information, Education and Communication) materials, health-related counselling. The health facilities also conduct community outreaches. Over the years, increasing emphasis has been placed on the operationalization of Village Health Teams (VHT) — to facilitate the process of community mobilization and empowerment for health action. VHT members are community volunteers who are selected by communities to provide correct health information, and work as a link between health facilities and the community. VHTs members are trained in the basic health promotion and community mobilization skills.

In addition, several other population based health promotion programmes involving different sectors (e.g. other ministries, schools, Civil Society Organizations (CSO) etc.) are implemented in the country. For example, a number of CSOs, particularly national and international NGOs, are involved in tailored health promotion activities at community level; including nutrition education, promotion hygiene and sanitation etcetera. The MoH in collaboration with the Ministry of Education and Sports (MoEs) also implements a range of school-based health promotion programmes including programmes on sexual and reproductive health, nutrition—with support from development partners such as UNICEF. The MoH also works in collaboration with other line ministries such as the Ministry of Agriculture, the Ministry of Trade, The Ministry Water and Sanitation etc. to ensure that health promotion-related issues are integrated in the sectorial plans and policies.

The above notwithstanding, much more needs to be done. First, although health promotion has greatly been appreciated at policy level, the demand does not match the resource allocation. Second, there has been little investment into research and documentation on the effectiveness of the different health promotion intervention. Third, inter-sectorial collaboration as required in health promotion remain weak. Lastly, no systematic efforts have been undertaken to review existing training curricula of relevant health and related professionals to incorporate a strong element of health promotion.

Country Overview

Uganda is found in Eastern Africa and remains one of the least developed countries. It has an estimated population of 32 million people (of which 56 percent were under the age of 18)—with a high population growth estimated at 3.2 percent and a dependence ratio of 1.12 (UBOS, 2010). Uganda is still an overwhelmingly agricultural country and its main export is coffee.

By and Large, it is a beautiful country: Winston Churchill was so besotted by the country that he gave it the name that has endured: the "Pearl of Africa"

References

- 1) MOH (2010). Health Sector Strategic Plan III. 2010/11-2014/15. Ministry of Health, Kampala, Uganda.
- 2) MoH (2009). Uganda National Health Policy. Ministry of Health, Kampala, Uganda
- 3) UBOS (2010). Statistical Abstract. Uganda Bureau of Statistics. Kampala. Uganda.

Nyanzi Ismail Ddumba

uganda

Nyanzil Ismal fortæller om sundhedsforholdene i Uganda. Uganda ligger i det Østlige Afrika, og der bor ca. 32 millioner mennesker. I Uganda er levealderen i gennemsnit 52 år og børnedødeligheden er estimeret til 75 dødsfald ud af 1000. Hovedårsagerne til sygelighed og dødelighed i landet er, malaria, HIV og AIDS, samt tuberkulose. Eksempelvis lever ca. 1.2. millioner mennesker i Uganda med HIV eller AIDS. På den anden side udgør sygdomme som diabetes, kræft og hjertesygdomme ikke et alvorligt problem i landet.

If. sundhedsfremme udgør det en mindre del af sundhedsvæsenet, og udmøntes ofte i decentraliseret enheder. De fleste aktiviteter på sundhedsfremme – området foregår på en form for sundhedscenter niveau, og er underlagt supervision fra distrikts teams (DHMT). Blandt de aktiviteter som foregår i det regi er eksempelvis; sygdomsforebyggelse, rådgivning og forskellige former for undervisning af befolkningsgrupper.

ethiopia

a health promotion perspective

Ethiopian Ministry of Health has recently established a new strategy to reach the community to promote health promotion activities, especially manpower, in the rural areas. As a part of this strategy Health Extension Programme (HEP) was launched. HEP aims to enhance the access to health services in remote parts of Ethiopia. It addresses primarily Hygiene and Environmental Sanitation, Diseases Prevention and Control, and Family Health Services. These issues pose enormous challenges in the country, which is

located in eastern part of Africa, called the horn of Africa with total population of 82,4101,998, population growth rate of 3.2 % and total fertility rate of 5.4, (DHS) 2005. The population growth in Ethiopia is faster than among other developing countries in Africa. 85% of the country's population resides in rural area.

Maternal and child health

Maternal and child health in Ethiopia is considered one of the top priorities in the new strategy since maternal and child mortality rates are high in the country. In recent years, the maternal mortality rate showed a marked decline from 871 in 2000 to 673/100000 in 2005 (DHS2005). The Millennium Development Goal (MDG) target is to bring maternal mortality rate down to 250/100,000 by the year 2015. To reach this goal it is still a big challenge for the country without addressing the issues from different angles. Health promotion is integrated with the community health programmes and clinical settings. The programmes include Maternal and Child Health Services (family planning, growth monitoring, antenatal care, health education, screening for prevention of mother-to-child transmission for HIV and immunization) at the clinical setting and house-to-house health education and community mobilization. Apart from communicable diseases as the prevention targets, there are practices that affect women's health and life. Research on women's health is rare in most of rural parts of Ethiopia where majority of women live.

My special research interests are reproductive health, violence against women and harmful traditional practices (e.g. female genital mutilations, abductions, early marriage). These, traditional practices are still prevalent and are among the main factors that contribute to the high maternal mortality and disability. The Federal Ministry of Health has recognized the strong preventive role of the health and has prioritized the prevention of the various acts of harmful traditional practices including violence against women. In this work WHO supports the ministry. These issues are also addressed in partnership with other governmental and non-governmental sectors. The challenges are the existing gender inequality and the lack of awareness on the part of the general public including health providers.

Violence against women

In my recent publication (1) I reported that 20% of women surveyed in Kersa district of Ethiopia had experienced domestic violence and 71 % of the perpetrators were intimate partners/husbands. Only 20% of women reported violence incident to the legal bodies; the reason for not reporting was that they did not want to expose the issue and lack of awareness where to go and get help. Failure to report to the legal bodies was associated with socio-demographic and cultural factors that hinder women not to disclose the case. This might further give a chance for perpetrators to continue the act in dominating decision making for various health promotion services (family planning, antenatal care, education, and screening)

Female genital mutilation

In my other recent publication (2) based on the same data set of 858 women in the Kersa district the prevalence of female genital mutilation (FGM) was as high as 94%. This traditional non-therapeutic practice was mostly (76 %) performed by local healers. However, only 39% of the respondents said that they knew about the practice of FGM in their community. Two thirds of the women perceived that FGM is practiced to reduce women's hyperactivity in sexual practice; further, 88% of women reported that one or more their daughters had been cut. Majority of the women did not know any health related problems associated to the FGM practice. Few women were committed to stop the practice These results show that research on

women, health promotion, education and communication should be integral parts of the strategies in the Ethiopian health care system to meet the designed goals of health promotion services.



Photo 2: Wondimu Shako Yirga, who has a background as Bachelor of Science in Nursing, successfully defended his master thesis on female genital mutilation in October 2011

References

- 1) Domestic violence against women in Kersa, Oromia region eastern Ethiopia; by Wondimu Shako Yirga, Nega Assefa Kassa, Mengistu Wolday Gebremichael & Arja R. Aro. Eastern Mediterranean Health Journal (accepted for publication)
- 2) Female genital mutilation: prevalence, perceptions and its effect on women's health; by Wondimu Shako Yirga, Nega Assefa Kassa, Mengistu Wolday Gebremichael & Arja R. Aro. International Journal of Women's Health 2012, in press).

Wondimu Shako Yirga

referat

I Etiopien har sundhedsministeriet netop etableret en ny sundhedsfremme strategi. Her er der bl.a. er fokus på sundhedsservice i fjerne egne af landet og det fremhæves at forholdene skal forbedres på hygiejne området, sygdomsforebyggelse og kontrol, samt familie sundhedsservice. Dette vil blive en enorm udfordring ikke mindst fordi befolkningen i Etiopien vokser hurtigere end noget andet land i Afrika og 85 % af befolkningen bor uden for storbyerne.

For kvinderne i Etiopien er en af de primære årsager til overdødelighed og invaliditet den traditionsprægede lemlæstelse af kønsdelene og anden vold. I Kersa regionen af Etiopien har en undersøgelse vist at 20 % af kvinderne oplever vold i hjemmet og at det i 71 % af tilfældene er tale om deres partnere/ægtemænd der gerningsmanden. I samme undersøgelse kom det også frem at det er 94 % af kvinderne i denne region der er omskåret.

romania

a health promotion perspective

I grew up in a country where the public health policy was leading to women's death or infirmity, unwanted children, rose in orphanages with dramatic consequences for their psychological development, and broken families. Due to the lack of family planning services over more than two decades, in December

1989, before the communist regime collapsed in Romania, the maternal mortality rate was the highest in Europe and sky-high. The mortality indicators reversed almost overnight through changes in the health policy. The development of family planning services and healthy reproductive behaviours are still on-going processes. In 1990, international bodies such as WHO, UNFPA, UNICEF, IPPF, USAIDS rushed to Romania to assist in the implementation of measures for health improvement. One of the priorities was the training in health promotion of professionals with various backgrounds. I was involved for ten years in health promotion programs in both governmental and nongovernmental networks, at local and national levels, in close collaboration with international organizations, and in international programs. The very few national health research studies conducted in the first post-communist decade were framed in medical epidemiology, useful for health status assessment rather than designing interventions to promote health. However, intervention programmes have developed to address health needs of various kinds and they have been successfully conducted in partnerships between communities, governmental and non-governmental organisations. To mention just an example, I refer to the partnership between Youth for Youth Foundation and the Ministry of Education and Research in introducing health education and promotion in the national school curricula and the training of teachers in this regard.

As a psychologist trained in Romania I developed a theoretical perspective on health promotion and research skills during the MSc, PhD and post-doctoral studies of ten years at the Research Centre for Health Promotion (HEMIL), part of the Faculty of Psychology in Bergen, Norway. I had the opportunity to learn from and work close with pioneers in health promotion. At HEMIL the research based on theories of social and cross-cultural psychology became a meaningful tool to advance knowledge from determinants to mechanism of risk and resilience related to health. My research in Norway focused on multivariate relationships between interpersonal stress coping resources and mental health indicators. Using structural equation modelling as statistical method to analyse data, I was able to explore complex models of mediating, moderating factors and longitudinal measurement providing evidence of dynamic processes. New findings resulted from studies on adolescents and adults, gender, cross-countries comparisons and psychometrics.

I have spent the last two years at the Unit for Health Promotion Research. This time has given me insight into the policy, social and medical sciences approaches to health. While stress continued to be the main research theme, the approach has included socioeconomic and environmental (deprived neighbourhood) determinants and comparisons between ethnic groups looking for sources of inequalities in people's wellbeing.

I will move soon to the USA but regardless the work responsibilities I will take on one day, the experience achieved in health promotion in Europe and in special in Scandinavia will inspire my activity and critical thinking.

Delia Bancila Draghiciu

rumænien

På grund af to årtier med manglende familieplanlægningservice var kvindedødeligheden i Rumænien 1989 den højeste i Europa og tårnhøj. Derefter kollapsede det kommunistiske styre og på grund af de efterfølgende ændringer i sundhedspolitikken faldt denne dødelighed dramatisk stort set fra den ene dag til den næste. Et af de tiltag der blev iværksat pga. ændringerne i sundhedspolitikken var at en bred gruppe af professioner blev undervist i sundhedsfremme, herunder også undertegnede som har en baggrund inden for psykologi.

Min personlige rejse fremad har været præget af denne introduktion til sundhedsfremme og har bragt mig til Norge og Danmark, og om kort tid videre til USA.

australien

sundhed i al politik – at sætte en sundhedslinse på

Når man taler om sundhed og sundhedsfremme har de fleste et mentalt billede af hvad dette betyder. For nogle handler det om et godt sundhedsvæsen eller hospitaler, for andre handler det mere om personlig livsstil og arbejdsmiljø. Begge disse måder at adressere forståelsen af sundhed vil af de fleste accepteres om end der kan være uenighed om hvilket område man efterfølgende bør sætte ind over for og hvordan der bør prioriteres i mellem de forskelligartede tiltag. Ser man på definitioner af sundhedsfremme forlyder det at det handler om at skabe rammer og muligheder for sundhed. Det betyder blandt andet at sundhed kan fremmes gennem strukturelle og politiske beslutninger dvs. ikke kun gennem et velfungerende sundhedsvæsen og gode personlige beslutninger. Siden det finske formandskab for EU har Sundhed i Al Politik (SiAP) været italesat i EU såvel som resten af verdenen og der er udgivet diverse bøger, artikler, rapporter og vejledninger til at opnå at der tænkes sundhed ind i politiske beslutninger der er uden for sundhedssektoren. Yderligere blev vigtigheden af at tænke sundhed ind på tværs af sektorer understreget i 2007 med Rom Deklarationen underskrevet af alle 27 EU medlemslandes Sundhedsministeriers delegationer.

Som en del af mit Ph.d. studie relateret til sundhed i politik har jeg i perioden juli 2011 til januar 2012 været på Griffith University i Australien for at opleve et miljøskifte. Mens jeg var en del af "School of Public Health" var jeg rundt og besøge forskellige eksperter inden for sundhed.

I november deltog jeg på WHO's sommerskole i SiAP i Adelaide, South Australia. I South Australia arbejdes der på højtryk på at fremme sundhed gennem SiAP ved at sætte en "Sundhedslinse" på flere og flere dele af det arbejde der udføres i regionen. Den primære årsag til at man i Adelaide har taget konceptet bag SiAP til sig er at de i 2007 havde inviteret Ilona Kickbusch til at være i

deres "Tænketank". Her var hendes opgave at assistere regionenes ledelse i at formulere nye tiltag i sundhed, velfærd og sundhedsstyring inden for regionen.

De afgørende milepæle for denne succes har været, at sundhed er blevet skrevet ind som en del af South Australias strategiske plan, at der var et ministerium der var modtagelig og proaktiv, samt at der var en administrerende direktionschef der var villig og bakkede op om forløbet. Eksempler på opgaver hvor der succesfuldt er sat en sundhedslinse på inkluderer indfødtes trafiksikkerhed, bæredygtig vand, digital teknologi, forbedring af forældres engagement i deres børns læsekompetencer, og bæredygtig regional vandforsyning til mine områder og landbrug.

Rent praktisk fortalt er der i regionen South Australia en SiAP afdeling der har til opgave at skabe en stærk kontakt til andre afdelinger, identificere hvilke(n) opgave(r) der påvirker sundhed, indsamle viden så der kan foretages evidensbaserede beslutninger, producere anbefalinger til en endelig rapport, hjælpe med at navigere disse anbefalinger gennem den beslutnings processen, og endeligt evaluere på effektiviteten af sundhedslinsen.

De udfordringer der hidtil er identificeret er; sprog, at det er svært at klart linke de(n) valgte politik(ker) med sundhedsdeterminanter, at takle sundhedspolitiske problemer i SiAP strukturen, mellemlange og lange konsekvenser for sundhed og andre politiske mål, og at opbygge kapacitet samt at tilpasse tilgangen på en måde så andre kan bruge strukturen for sundhedslinsen også.

South Australia som SiAP case var især interessant fordi de i løbet af få år har opnået at skabe en stærk kontakt til adskillige sektorer i regionen og det var tydeligt, at når et sundhedslinseprojekt var gennemført med en ny partnergruppe/sector så gik der ikke længe før denne gruppe/sector kom og efterspurgte fremtidigt samarbejde på andre projekter.

Relevant litteratur:

- 1) Rome declaration 2007:
- 2) http://www.salute.gov.it/imgs/C_17_primopianoNuovo_18_documenti_itemDocumenti_4_fileDocumento.pdf
- 3) Health in All Policies Prospects and potentials 2006:
http://ec.europa.eu/health/archive/ph_information/documents/health_in_all_policies.pdf
- 4) Implementing Health in All Policies Adelaide 2010:
<http://www.who.int/sdhconference/resources/implementinghiapadel-sahealth-100622.pdf>

Stella R.J. Kræmer

australia health in all policies – health lense approach

As a part of my PhD I was a visiting scholar at Griffith University in Australia from July 2011 to January 2012. The theme of my thesis is related to health in policy and it was therefore with great pleasure that I attended the WHO summer school in Health in All Policies (HiAP).

During this week the South Australian model for applying a health lens on the Regional Governments work. The model can be summarized in five key elements. **Engage:** establishing and maintaining strong collaborative relationships with other sectors. **Gather evidence:** establishing impacts between health and the policy area under focus, and identifying evidence-based solutions or policy options. **Generate:** producing a set of policy recommendations and a final report that are jointly owned by all partner agencies. **Navigate:** helping to steer the recommendations through the decision-making process. **Evaluate:** determining the effectiveness of the health lens.

At the summer school it was highlighted how this approach had several success stories and how they are working on overcoming barriers like language, making clear links between policies and health determinants and looking at medium as well as long term impacts etc.

3 phd defences

3 forsvar af phd

Three of the PhD students of the Unit defended their theses in the last three months.

In the beginning of December 2011 Nagla Hashim Sahal defended her thesis on infectious disease surveillance in Khartoum Sudan.



Photo 3 Nagla Hashim Sahal between the co-supervisor Ralf Reintjes and the main supervisor Arja R Aro

Early February 2012 Mathias Meijer defended his thesis on neighbourhood characteristics and health outcomes.



Photo 4 Mathias Meijer (on the far right) receiving congratulations from the main supervisor Christiane Stock (on the left) and the co-supervisor Kim Bloomfield

Three af Enhedens Ph.d. studerende har hen over de sidste tre måneder forsvaret deres Ph.d.er.

I starten af december 2011 forsvarede Nagla Hashim Sahal sin afhandling i monitorering af infektionssygdomme i Khartoum Sudan.

Link to the summary of the thesis:

[http://static.sdu.dk/mediafiles//B/6/6/%7B668B9F9-CC27-419B-BF9C-8B0302181231%7DNagla%20PhD%20thesis%20for%20digital%20distribution16%2011%202011\(final\).pdf](http://static.sdu.dk/mediafiles//B/6/6/%7B668B9F9-CC27-419B-BF9C-8B0302181231%7DNagla%20PhD%20thesis%20for%20digital%20distribution16%2011%202011(final).pdf)

Tidligt I februar 2012 forsvarede Mathias Meijer sin afhandling i nærmiljøets karakteristika og sundhedseffekter.

Link to the summary of the thesis:

<http://static.sdu.dk/mediafiles//2/A/3/%7B2A36E7D7-2921-48E3-8A94-B7A54641B609%7DMathias%20Meijer%20PhD%20thesis.pdf>

Mid-February 2012 Anu Kasmel defended her thesis on empowerment and health promotion in Estonia.

Midt februar 2012 forsvarede Anu Kasmel hendes afhandling i handlekraft og sundhedsfremme i Estland.

Link to the summary of the thesis:
<http://static.sdu.dk/mediafiles//4/8/C/%7B48C94ECA-FDC7-41B3-9AD0-8C35B1C8577F%7DAnu%20Kasmel%20PhD%20thesis.pdf>



Photo 5 Anu Kasmel (2nd from the left) together with the thesis evaluation committee members: Thomas Skovgaard (on the left), Elisabeth Fosse and (on the right) Danielle Piette.

All PhD project descriptions of the Unit can be found at:

http://www.sdu.dk/en/Om_SDU/Institutter_centre/Ist_sundhedstjenesteforsk/Forskning/Forskningsenheder/Sundhedsfremme/Ph,-d-,d-,d-,,-projekter

Arja R. Aro

workshop report

risk communication of electromagnetic fields: how you can deal with uncertainties of knowledge?

Controversial discussion about potential environmental and health impacts of electromagnetic fields is still alive and on-going for years. In 2011 a new Science Forum on electromagnetic fields was initiated in Germany. It is intended to allow dialogues and discussions on controversial topics in science and society and to consider the relationships between science, the public and politics.

A two day workshop on risk communication was held in Berlin at the end of August 2011. The aim was to elaborate the WHO research recommendations for risk communication (Wiedemann 2011). Recently the IARC (International Agency on Research for Cancer) defined radiofrequency electromagnetic fields as possible cancerogene (categorized as 2b; Baan et al. 2011). This was done even though there are only some hints but no 100% evidence for such an association. The aim of the workshop was to discuss the meaning of risk communication in the context of uncertainty of scientific results with stakeholder from science, political organization from different countries and industrial organization. The structure and policy of risk communication in general but in specific focus on electromagnetic fields was presented. Science in risk communication is well established but the greatest challenge in the context of electromagnetic fields is the topic that 100 % evidence is still not available. Controversial study results and controversial scientific discussions hampers to recommend a straight forward communication, but it hampers also to measure the quality or success of communication programs. National research programs on EMF risk communication were presented. There are studies available to look in deeper detail on different tasks, kinds, and possibilities in risk communication procedures. Unfortunately, it is difficult to measure neutral the success of risk communication in this context.

My own opinion during the workshop was that the net providers are doing a clear, understandable risk communication. They are interested in having mobile phone base stations placed in inhabited areas. They need to talk to the population to explain that there is no health risk of mobile phone base stations. Fortunately, in this particular view, some evidence is available that there is no risk. They have the task to do risk communication because they want to show that the risk is purport less. Risk communication from other institutions is hampered by the missing evidence. Why should it be communicated to anybody that scientists did not know if there is a risk for example in using a mobile phone? Would it be a purport less communication? Most of these institutions like to decrease the overall concern because there is only a little evidence for having really a health risk of mobile phone use. If risk communicators do not explain the overall evidence which is

unfortunately still not available, the corresponding institutions lose credibility or trust. However, trust is also one of the important information vehicles in risk communication. Further research is necessary to look in the main tasks and problems of risk communication of unknown risks.

References:

- 1) Wiedemann et al. 2011: Network meeting risk communication Meeting organized by WM-EMF (Scienceforum ElectroMagnetic Fields) COST (European Cooperation in Science and Technology), and FSM (ForschungsStiftung Mobilkommunikation). Materials available: <http://www.wf-emf.org/de/workshops/network-meeting-risk-communication-oeffentlich> (accessed: 3rd November 2011)
- 2) Baan R et al. on behalf of the WHO IARC Monograph Working Group: Carcinogenicity of radiofrequency electromagnetic fields. Lancet Oncology 12: 624-626, 2011.

Gabriele Berg-Beckhoff

arbejdsrapport om risiko kommunikation af elektromagnetiske felter: hvordan kan du håndtere usikkerheden af viden?

Det er endnu uvist om - og i så fald hvordan og i hvilket omfang - elektromagnetiske felter påvirker vores miljø og sundhed, og uvisheden vanskeliggør risiko kommunikationen på området. Disse vanskeligheder var omdrejningspunktet for en workshop afholdt i Berlin i August 2011. Den overordnede konklusion på workshoppen var, at mobil-net-udbydere kommunikere deres budskab om, at brug af mobile telefoner er risikofrit, på en klar og forståelig måde, mens andre instanser er hæmmet af den manglende evidens, og ønsker generelt at nedtone risiciene. Derfor er forskning om kommunikation af ukendte risici ønsket.

Eph highlights

The European Public Health conference, EPH, was arranged in Copenhagen in November 2011. The conference theme is "All inclusive Public Health".

Health in all policies and health impact assessment

Health in all policies (HiAP) and health impact assessment (HIA) were both strongly present in scientific programme of the EPH conference. A workshop organized by EUPHA (European Public Health Association) provided space for discussion around needs for better implementation of "Health in all policies" approach. Reflection of EU presidency conference in Poland on the theme, data need, availability of methods and tools, support of health impact assessment for health in all policies, application of composite measures like the burden of disease approach were all discussed through 5 individual presentations and in panel discussion in a by conference participants well attended workshop.

The most important progress on health impact assessment within EUPHA has been achieved by establishment of a new EUPHA section on HIA ending a one year process initiated after Amsterdam EPH conference by some of EUPHA members. The section has already 97 members from all EUPHA member countries and about 15 attended the opening section meeting. Themes around future work of section were discussed and Gabriel Gulis (SDU-Denmark) together with Rainer Fehr (Germany) were confirmed as section chair and vice-chair. The first “product” of the section the so-called EUPhacts on HIA is available on the EUPHA website and is open for translation to national languages.

(<http://eupha.org/site/publications.php>)

Public health research into policy making

Since the Amsterdam conference in 2010 EUPHA has given increased attention to the knowledge translation in public health. At the Copenhagen conference our unit contributed by a workshop ‘Research into Policy in Physical Activity – which theories and methods are useful? The workshop was officially organized by the REPOPA Consortium (www.repopa.eu) and EIRA Network, the latter now already merged into REPOPA. The workshop introduced the latest theories of knowledge exchange; it also critically analyzed dissemination of the Finnish physical activity policy; further, innovative game simulation was introduced as a potential tool to facilitate cross-sector decision making.

Health promotion theory and practice

The Unit for Health Promotion Research contributed to both workshops that have been submitted by the EUPHA section health promotion. The first workshop with Thomas Abel (University of Bern) and Christiane Stock (SDU) as chair was entitled “The social determinants of health: Bridging the gap between structure and agency” and discussed relevant social theory and its applications in health promotion. The second workshop with Liselotte Ingholm (SIF/SDU) and Christiane Stock (Stock) as chairs on “Drug prevention in educational settings: The role of social networks and social norms” discussed prevention approaches based on the social norms approach as well as approaches using social networks in adolescents and young adults.

Gabriel Gulis, Christiane Stock and Arja R. Aro

eph højdepunkter

Afdelingen for Sundhedsfremme, IST, SDU bidrog aktivt til EPH konferencen. Forskningstemaerne ”Sundhed i Al Politik” og ”Sundhedskonsekvensvurderinger” dannede rammer om en workshop, og en ny EUPHA om sundhedskonsekvensvurderinger blev dannet. Også forskningstemaet ”Research into Policy and Physical Activity” blev behandlet på en workshop, og flere af afdelingens personaler bidrog som ordstyrer og som oplægsholdere på et antal af konferencens mange workshops, ”The social determinants of health: Bridging the gap between structure and agency” and ”Drug prevention in educational settings: The role of social networks and social norms”

10 years

of health promotion research and public health teaching in esbjerg

Mid-September 2011 over a hundred students, staff members and guests took part in the 10-year anniversary of the Public health study programme and the Unit for Health Promotion Research in Esbjerg. The theme of the day was 'From training and research to health promotion'. The programme consisted of presentations from the study and research side; from international exchange programme; greetings from different stakeholders and also an interesting panel with the title: 'Are researchers from Venus and policy makers from Mars?' The panelists represented researchers and municipalities. The anniversary day continued by a reception and dinner party in Tobakken, Esbjerg.

Photo 6 The panelists from the left: Knud Juel, Søs Fuglsang, Maja Larsen, Rolf B.H. Jakobsen, Charlotte Glümer, Susanne Vangsgaard. Torben Jørgensen (not in the photo) was chairing.



Photo 7 Jakob Lose 1. viceborgmester i Esbjerg



Photo 8 Student participants during a break

For a more detailed report on the anniversary as well as the posters presented at the occasion and slides of the presentations, please see

(http://www.sdu.dk/en/Om_SDU/Institutter_centre/Ist_sundhedstjenesteforsk/Forskning/Forskningens_nyheder/Sundhedsfremme/Nyheder/anniversary).

Arja R. Aro

10-års jubilæumsdag for sundhedsfremme forskning og folkesundhedsvidenskab uddannelserne i esbjerg

Midt september 2011 deltog flere end hundrede studerende, ansatte og gæster i fejringen af 10 års jubilæum for sundhedsfremme forskning samt folkesundhedsuddannelserne i Esbjerg.

Temaet for dagen var "Fra uddannelse og forskning til sundhedsfremme", og dagens program bestod af bidrag fra repræsentanter fra studiet samt forskningens del, internationale udveksling program samt lykønskninger fra forskellige stakeholders. Et diskussions panel med temaet "Er forsker fra Venus og politiker fra Mars?" med deltagende forsker samt kommunale ansatte var også en inkluderet i programmet. Om aftenen blev en mere uofficiel del afholdt med fejringen på Tobakken i Esbjerg.

For mere information samt posters og præsentationer fra dagen se følgende:

http://www.sdu.dk/en/Om_SDU/Institutter_centre/Ist_sundhedstjenesteforsk/Forskning/Forskningens_nyheder/Sundhedsfremme/Nyheder/anniversary

evaluering

af kommunesamarbejde

I 2008 indgik Forskningsenheden for Sundhedsfremme på Syddansk Universitet et samarbejde med Esbjerg, Tønder og Varde Kommune. Formålet med projekterne var at skabe en bro mellem forskning og praksis med håbet om at gøre arbejdet i kommunerne mere evidensbaseret samt forskningen på universitetet mere praksisnært. Projekterne blev afsluttet i april 2011. I den forbindelse blev der i perioden oktober til december 2011 udformet en ekstern evaluering, hvor samarbejdets positive og negative udfald kom til udtryk gennem interviewsamtaler afholdt med de involverede i henholdsvis kommunerne og på universitetet.

At mødes på midten

Evalueringen vidner om tilfredshed og en stor interesse i at indgå lignende samarbejde mellem de to partnere i fremtiden, men det står samtidigt også klart på hvilke områder, forskning og praksis arbejder forskelligt. Evalueringen fremhæver nemlig forskellige udfordringer, der er opstået gennem samarbejdet, hvor blandt andet *forventnings-afstemning* og *mangelfuld kommunikation* karakteriseres som to af de største og mest generelle udfordringer ved projekterne.

Samtidig har *brobyggeren*, i form af den Ph.d. eller post.doc studerende, der har været tilknyttet kommunen, til tider haft en vanskelig position mellem de to verdener, hvor forskelle i arbejds- og formidlingsmetoder, tidsrammen og behovet for produkter har gjort opgaven udfordrende. Denne form for samarbejdsmodel har bragt både positive og negative erfaringer med sig og tyder på, at der er mange faktorer i spil, før et sådant samarbejde skal lykkes. Blandt andet peger evalueringen i en retning af, at både de ydre og de indre rammer skal være på plads. Det skal forstås således, at det naturligvis er af stor betydning, hvad der står skrevet i kontrakten af endelige mål, men samtidig er en klar arbejdsfordeling, milepæle og succesindikatorer medvirkende til om processen kan blive kompliceret eller decideret opholdt undervejs. Af samme årsag tegner evalueringen et billede af, at sådanne samarbejdsprojekter er kontekstafhængige, hvilket indebærer, at behovsafklaringer, ønske om forandringer, personodynamik og engagement influerer udbyttet betydeligt. Et vigtigt nøgleord, der går igen i evalueringen, er *investering*. Ikke kun økonomisk, men også personligt, tidsmæssigt og prioriteringsmæssigt, hvor et ejerskab, der rækker ind i enheden og i ledelsen kunne sikre en mere gennemgående brobygning: En brobygning, hvor videns udvekslingen har et bredere udbytte end kun blandt de, der er i tæt og måske daglig kontakt med brobyggeren.

Fordelene ved at dele viden mellem forskning og praksis bliver af forskningsfeltet udtrykt som en forskningsmæssig udvikling, hvor praksisnær forskning i større grad indgår i universitetets arbejde, blandt andet indenfor undervisning samt i videnskabelige publikationer. Et af de største udbytter

fra samarbejdsprojekterne beskrives som den viden og erfaring, der kan trækkes på i fremtidige projekter, både fagligt, men også samarbejds-mæssigt og organisatorisk. Blandt kommunerne har projekterne medført forskellige erfaringer. Klarest står indsigten i forskningsverdenen, mens andre specificerer udbyttet som kompetenceløft samt nye metodiske og analytiske redskaber, hvor fokus på evidensbaseret praksis er i højsæde.

Til næste gang

Med den brede enighed omkring det givende og nødvendige samarbejde mellem forskning og praksis, er det vigtigt at drage på de erfaringer, disse forskningsprojekter har bragt med sig og diskutere de ideer om fremtidige brobygning, som samarbejdet har plantet.

Samtidig fremgår det, at de opstartsvanskeligheder og uklarheder om målsætninger, som blev fremhævet i evalueringen, vil kunne afhjælpe fremtidige udfordringer. Det står klart, at det er nødvendigt at investere tid og ressourcer, hvis et lignende samarbejdsprojekt skal opnå størst muligt positivt udbytte. En optimering af en sådan samarbejdsrelation vil betyde en bredere og mere systematisk brobygning, hvor engagement og ejerskab hviler på fleres skuldre, og hvor målsætninger afstemmes i form af milepæle, mere frekvent mødeafholdelse og statusopgørelser undervejs i projektforløbet.

Set bort fra den nye faglige viden, som projekterne har medført, så har samarbejdet også bidraget til ny viden omkring behovet i sundhedsfremmefeltet samt erfaringer omkring, hvordan behovet i begge verdener kan imødekommes. For at dette skal kunne lade sig gøre, er det blandt andet nødvendigt at afstemme hvilke krav, der er til brobyggeren, hvilket også relaterer sig til behovet for produkter. En behovsafstemning kan være med til at forhindre de uklarheder om arbejdsopgaver og målsætninger, som i evalueringen bliver fremhævet som problematiske og udfordrende i perioder.

Evalueringen peger på, at en brobygning mellem forskning og praksis er nyskabende, nytænkende og er ikke sådan lige til. Til en næste gang – for det er der enighed om, at der skal være – kan der justeres, optimeres eller måske endda tænkes i helt andre samarbejdsformer, men vigtigst af alt er, at broen mellem forskning og praksis er kommet et skridt nærmere.

Anne Nistrup Hansen (MSc student) & Gabriel Gulis

Evaluation of municipality collaboration

The Unit for health promotion research of SDU in Esbjerg and three municipalities, Esbjerg, Varde and Tønder launched in 2008 a collaborative work via shared positions funded on 50-50 principle with aim to increase research- practice collaboration on both directions. PhD and Post-doc positions were created at the Unit with one research person working with each municipality. The contract was for 3 year work and so, formally reached its end in spring 2011. The following evaluation conducted by external person revealed that all partner continue to have interest in such collaboration, although maybe in other formats. More concrete milestones, deliverables and steps to reach them should be agreed in future collaboration which is requested unanimously by all partners.

the repopa

project properly kicked-off

In November 9-10 2011, representatives of all the REPOPA project (Research into Policy to enhance Physical Activity) partners visited Glostrup Hospital, which is the headquarters of the Research Centre for Prevention and Health (RCPH), Capital Region of Denmark, for the official REPOPA kick-off meeting.

At the kick-off meeting the project members were properly introduced and the first stepping stones toward five years of close collaboration were laid. The representatives of each partner country expressed the meeting as a success and many stayed a few more days to attend the following European Public Health Conference in Copenhagen, where a REPOPA workshop was held.

The REPOPA project has already since its start-up in October 2011 been announced in various newsletters and magazines including the Parliament Magazine - Politics, policy and people (Danish EU Presidential issue340, Dec 19th 2011, <http://www.theparliament.com/digimag/issue340>), the ERA-ENVHEALTH Newsflash (issue 21, Nov-Dec 2011) and will be announced in the upcoming Public Service Review: European Union number 23 and 24 (http://www.publicservice.co.uk/pub_selectissue.asp?publication=European%20Union).

For more information, visit the REPOPA project on the project website www.repopa.eu or contact Project Coordinator Arja R Aro (mobile: +45 6011 1874, email: araro@health.sdu.dk) or Project Secretary Mette W Fredsgaard (tel. +45 6550 4200, email: mfredsgaard@health.sdu.dk).



Photo: Sarah Viehbeck

The REPOPA partners at the kick-off meeting in Glostrup, November 2011

repopa kick off møde

D. 9-10. november 2011 mødtes repræsentanter fra hele REPOPA (Research into Policy to enhance Physical Activity) projektet på Glostrup Hospital, som er Forskningscenter for forebyggelse og Sundhed (FCFS), Region Hovedstaden til det officielle Kick-Off møde.

Ved mødet blev projektets medlemmer introduceret til hinanden, og de første grundsten imod de næste fire års samarbejde lagt. Mødet blev betegnet som en succes af deltagerne og efterfølgende deltog flere i REPOPA workshop ved den europæiske konference for Folkesundhed (EUPHA).

Mere information kan findes på REPOPA- projektets hjemmeside www.repopa.eu

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dr. prakong

and her 300 families

***D**uring my Christmas holiday I did my 'pilgrimage' to meet one my greatest idols of philanthropy: Dr. Prakong Vithasayai in Chiang Mai, northern Thailand. This was the third time I met Dr. Prakong in the last 10 years. Imagine someone over 60 years of age, grandmother herself, retired physician, active campaigner, lecturer, author, and at the same time feet on the ground volunteer supporter of over 300 families infected and affected by HIV! Yes, this is Dr.*

Prakong, who is also called ‘godmother of HIV-infected children’. She has received international and Thai awards for her incessant work first on the abandoned HIV children and raising 24 of them in four ‘homes’ and arranging foster families for all of them, supporting over 500 families infected and affected by HIV, still currently taking care of 300 families and educating people, mostly media,



Photo 9 Dr. Vicharn Vithasayai, me, and Dr. Prakong Vithasayai, Chiang Mai, Dec 2011

politicians and religious leaders in Thailand about HIV prevention. She has also widely travelled and e.g. visited also Denmark lecturing on HIV. All this work belongs to the tasks of the Support the Children Foundation (SCF), which Dr. Prakong and her husband Vicharn Vithasayai established in 1992 and which they still run. SCF is run by donations both from Thailand and abroad. The Vithasayai’s are both medical doctors with specialization in immunology.

I learnt five lessons during the two days I followed the work of Dr. Prakong.

Lesson 1: Let it go

Now all the 24 HIV orphan children who lived in the houses of Dr. Prakong, have been adopted by either relatives or other foster families, some are studying in universities, the first one got married recently. The children have left Dr. Prakong for good. She told that she used to ask the children if she was old already; the children answered ‘yes’; then she asked ‘wouldn’t it be good to have new parents (foster parents) to take care of you when I die’. The children agreed and were later willing to move away. Dr. Prakong follows their lives, receives post cards and is there to help e.g. by paying study fees if it is really needed. However, she does not meet the children after they have left. She says it would be impossibly difficult if they continued to come back to her. She wants to let it go and to stay in the background.

Lesson 2: Infected vs. affected

HIV/AIDS is not difficult only to those who are *infected*. It is difficult also to those who are *affected* by their significant others being infected. Discrimination of children of HIV parents is common in Thai schools and can lead to not accepting affected children to attend schools or some activities. Dr. Prakong told how she got rid of at least some resistance. She challenged teachers to be tested for HIV; she argued that if any of them were found to be positive, they should resign – surprise: no teacher wanted to be tested – and both infected and affected HIV children could stay in school.

Lesson three: Give something sustainable, not cash

One challenge Dr. Prakong is facing is the mainstream practice of charity work to give cash money. Her principle is to empower people. She has created jobs for the affected families; the jobs range

from sewing clothes (some of these clothes are for sale) to vegetable gardening to ice cream factory. Lately, the government of Thailand provides HIV drugs free of cost, so there is no need to finance the medication. Instead, SCF supports by small practical help by giving seeds for plants, ceramic fund for making candles etc. Further SCF makes outreach visits to over 300 affected families in and around Chiang Mai area. Social workers hired by SCF visit these families once a month and bring rice and other necessities; officially they support only person per family, but naturally the supplies are shared.

One day I joined these outreach visits meeting three HIV-infected and affected families. The first one lived (without permission) in a shelter made of card board and iron sheets in the back yard of a temple. There were 10 people living there in addition to two pigs and chicken. The conditions were unbelievable; I was told that the family can stay only a few months in one place. However, the HIV farther and one girl went to work regularly. The second family was an old couple; the husband was over 90 years and wife somewhat younger, both were very thin, sitting on floor of a modest house when we arrived. The man had worked as a volunteer for SCF previously. Food supply was given. The third family lived in a somewhat better countryside house; there were grandparents and a 17-year old boy, who had lost his parents for AIDS when he was small. He had been through many difficult phases in his life but was now on track again and working; he was very shy and timid. The grandmother wiped tears, talked incessantly to me and showed photos of her beautiful daughter in a wedding photo, as a young mother with a small baby boy etc. I saw deep pain in her eyes; however, all I could say in Thai was 'beautiful' pointing to the daughter. During all these visits both Dr. Prakong and a social worker talked with these families for about half an hour, checked their medicines, gave advice and encouragement. The visits were not sad; there was laughter, joy, sharing feelings and news. The day made deep impression on me; I was filled with compassion but also joy when I saw how important it was for those families to get these visits.

Lesson four: Influence those with power

After a long period of health education on HIV prevention to individuals via CD's, leaflets, books, lectures, TV programs etc., Dr. Prakong now concentrates on influencing those who can influence large groups - that is media people, politicians, policy makers, religious leaders. This structural health promotion work starts to carry fruit more effectively than convincing individuals to change their behaviours e.g. in the condom use.

Lesson five: Individuals can do great deeds if they really care

The Vithasayai couple does heroic work in alleviating suffering; as hospital doctors they started since they saw abandoned HIV-infected children; they have raised 24 HIV orphans and helped them to go on with their lives; now they continue to support hundreds of HIV- infected and affected families and they have extended their work to the policy level. At the same time they have brought up and educated four sons of their own and are taking care of a grandson one day each week. I cannot help feeling guilty of dreaming of quiet retirement with my family around me

and enough time to read and sleep! For more information, please see www.Support-the-Children.org

Arja R Aro

dr. prakong og hendes 300 familier

Arja R Aro mødte under hendes juleferie i Thailand en af hendes største idoler indenfor velgørenhed: Dr. Prakong Vithasayai i det nordlige Thailand. Dr. Prakong er frivillig hovedstøtte for mere end 300 familier, der er direkte eller indirekte påvirket af HIV. Hun har modtaget flere nationale samt internationale priser for hendes arbejde og uophørlige indsats med forladte børn inficeret med HIV. Arja lærte flere vigtige lektioner under hendes to dages ophold sammen med Dr. Prakong. F. eks at indsatsen skal rettes mod uddannelse samt at indsatsen også skal rettes mod medier, politikere samt religiøse ledere, som kan påvirke større grupper med budskaber.

Mere information kan findes på www.Support-the-Children.org

esbjerg-chicago

collaboration on evidence based behavioral practice (ebbp)

As part of a grant to support international networking activity of Forsknings- og Innovationsstyrelsen, the Unit for Health Promotion Research has established research collaboration with the Northwestern University Chicago in the development and validation of web tools to enhance evidence-based decision making in healthy lifestyle choices. This will be done by making use of combining the expertise in this field held by Prof. Bonnie Spring et al in relation to Evidence Based Behavioral Practice (EBBP) online training modules (www.ebbp.org), and the experience of collaboration in practice with policy makers held by Arja R Aro and her team

A workshop was held in Esbjerg February 3rd, with the representation of Danish municipalities, the unit, and the EBBP group, represented by professor Bonnie Spring and colleague Jeremy Steglitz.

esbjerg - chicago samarbejde på evidence baseret adfærds praksis (ebbp)

Som en del af Forsknings- og Innovationsstyrelsen har Enheden for Sundhedsfremme forskning etableret et forskningssamarbejde med Northwestern University Chicago i udviklingen og validering af et web-baseret redskab. En workshop blev derfor afholdt i Esbjerg d.3. februar for danske kommuner, enheden samt EBBP gruppen

folkesundheds-

uddannelsen i esbjerg og odense fra 2012

Alle nye studerende, som bliver optaget i bacheloruddannelsen i folkesundhedsvidenskab i år, begynder deres studium i Odense på hovedcampus. En mangel på ansøgere til bacheloruddannelsen er hovedgrunden for dette skift og det forventes at Odense som en større by kan tiltrække flere studerende til uddannelsen. Ved at flytte uddannelsen til Odense har den fordel at folkesundhedsstuderende vil være tilknyttet et større studiemiljø sammen med andre sundhedsuddannelser såsom idræt og sundhed. Med Odense som uddannelsessted gør det også lettere for alle de øvrige relevante institutter på fakultetet at bidrage til uddannelsen. I fremtiden skal Statens Institut for Folkesundhed (SIF) overtage ca. 1/3 af undervisning i bacheloruddannelsen med hovedansvar for de metodiske og statistiske moduler. Forskningsenheden for sundhedsfremme i Esbjerg fortsætter med koordination af de moduler som er rettet mod sundhedsfremme eller til studietekniker. Øvrig undervisning vil blive tilbudt af undervisere fra Institut for sundhedstjenesteforskning i Odense. Det er ikke planlagt nogle større ændringer i studieordningen, og det fremhæves at det at alle bachelorstuderende på nuværende tidspunkt har 4. semester som en praktik periode sikrer en særlig praksisrelevans af uddannelsen. Lektor Christiane Stock fra Forskningsenheden for sundhedsfremme i Esbjerg fortsat være ansvarlig for studieledelsen i bachelor og kandidatuddannelsen, men Lektor Mette Rasmussen (SIF) vil fremadrettet varetage opgaven som vice-studieleder for bacheloruddannelsen.

I forhold til kandidatuddannelsen i folkesundhedsvidenskab er der forsat et højt antal ansøgere fra både ind- og udland. I alt 54 nye kandidatstuderende blev optaget sidste september, hvoraf ca. 20 % var fra udlandet. For fremtiden skal Forskningsenheden for sundhedsfremmes undervisningsressourcer af fokuseres mere og mere på kandidatuddannelsen. Dette betyder blandt andet at der startes en specialisering i risikohåndtering. Denne vil blive udviklet i 2013 i samarbejde med Aalborg Universitet. Overordnet er målet at fremme det sundhedsfremmende perspektiv i kandidatuddannelsen. Vi håber også at et større antal af bachelorstuderende i Odense vil bidrage til at der for fremtiden vil være flere folkesundhedsbachelor der søger ind på kandidatuddannelsen i Esbjerg. Pernille Tangaard Andersen vil fremadrettet være vice-studieleder for kandidat uddannelsen.

Christiane Stock

public health training in esbjerg and odense from 2012 onwards

Students who apply for the Bachelor of Science in public health programme in 2012 will be enrolled in the programme at campus Odense. We hope to attract more students to the bachelor programme, if it is located in a larger city and linked to the larger study environment of other health programmes. Odense as place for the bachelor programme makes it also possible that the National Institute of Public Health, Copenhagen (SIF) takes over responsibilities for the methods related modules of the programme. The Master of Science in public health programme has still a high number of applicants. The teaching resources of the Unit for Health Promotion Research will be focused even more on the master programme in the future. This will be visible in the development of a new specialization track in the field of risk management in 2013. While Associate Professor Christiane Stock remains the head of studies for both programme, Associate Professor Mette Rasmussen (SIF) is new vice-head of studies for the bachelor programme and Associate Professor Pernille Tangaard Andersen for the master programme.

who, geneva

internship report

Fortunately, I stumbled across the information on the internships when visiting the WHO website. I was happy to know about it and applied via WHO online system. Later, I was contacted by my supervisor from Safe Injection Global Network Secretariat who took my interview which provided me an opportunity to work as an Intern in WHO Head Office, Geneva.

My prime responsibility in WHO was to assist for developing a project proposal which is planning to be implemented in Nepal to reduce the public health impact from unsafe syringes practices. It was bit challenging and new sector for me in the beginning but realized the importance of it very soon. I began with literature review at first which was often difficult in many developing countries. However, I was able to prepare synthesis of literature review based on published and unpublished articles. The findings from literature review strongly supported the need and urgency of injection safety project in Nepal.

Second specific work was to collect the basic information of health facilities in Nepal. After collecting basic information, I designed a project proposal in a close guidance with my supervisor. I had been in close contact with WHO SEARO office, WHO Country Office and Ministry of Health and Population in Nepal. The internship was not finished yet. I also developed a financial project

proposal and translated all the tools of injection safety assessment in Nepali language. Finally, I helped to find potential partners in Nepal to implement this project.



Photo 10: Dinesh Neupane did his Bachelor in Public Health (BPH) from Tribhuvan University, Nepal, worked four year in practice and is currently studying MScPH at SDU, Esbjerg.

I felt that the three months were spent very quickly. My supervisor and other staff in the department were very supportive, helpful and friendly. The internship provided me tremendous opportunities to enhance skills, enrich knowledge, and socialize in multi-cultural environment and establishing a network with staff, expert and other interns all over the world.

Dinesh Neupane

who, geneve – en praktikrapport

Min primære opgave ved WHO var at assistere i udviklingen af en projektbeskrivelse. Projektet er planlagt at blive implementeret i Nepal og handler om hvordan skadelige sundhedskonsekvenser ved usikker praksis omkring håndtering af kanyler kan reduceres. Indledningsvist til dette udførte jeg et litteraturstudie der inkluderede grå litteratur og fandt at der er et kanylesikkerhedsprojekt er stærkt tiltrængt i Nepal.

Efterfølgende indsamlede jeg basis information omkring sundhedsfaciliteter i Nepal og udviklede en projektbeskrivelse i tæt samarbejde med min vejleder.

Alt i alt var det en meget positiv og givende oplevelse.

research seminar

forskningsseminar

Program spring till summer 2012

21st of March

To be confirmed

25th of April

“Atrial Fibrillation Patients Risk Perception” Anders Vestergaard Fournaise, M.Sc. PH. Student. Presentation of Master Thesis

23rd of May

“Public Health Genomics European Network II – Best Practice Guidelines for the Use of Genome-Based Information and Technologies” Christina Mischorr-Boch, Research assistant, Unit for Health Promotion Research

20th of June

“Health Promotion Interventions in a Maritime Context; Strengths and Weaknesses” Lulu Hjarnø, PhD. student, Centre of Maritime Health and Safety

Presentations are held at SDU Campus Esbjerg, Niels Bohrs Vej 9. Please follow the Unit website for the topics and speakers for the spring programme, but mark the two first dates; 21st of March and 25th of April, from 12.00 to 13.00 in your calendars already now. For more information about the program and speakers www.sdu.dk/healthpromotion

next publication

næste udgave

The next HPR News will be circulated in June 2012 and the theme will be Social Inequality. Please forward contributions to Stella at skraemer@health.sdu.dk before the 1st of May 2012.

Det næste HPR News vil blive sendt ud september 2011 og temaet vil være social ulighed. Fremsend venligst indlæg til Stella på skraemer@health.sdu.dk før d. 1. maj 2012.