

CURRENT INFORMATION ON HEALTH PROMOTION

healthy europe

IN CONVERSATION WITH



“ Working together for a healthier Europe ”

CAROLINE COSTONGS,
MANAGING DIRECTOR
OF EUROHEALTHNET

In Focus

Health Promotion
in Europe and
Worldwide

Interviews

Beate Grossmann,
Zsuzsanna Jakab, Evelyne de
Leeuw, Sabine Oberhauser

Out in the Field

International Projects
for Physical Activity
and Healthy Ageing



Disclosure in accordance with §25 of the Austrian Media Act (MedG)

Media owner:

Gesundheit Österreich GmbH (GÖG),
Stubenring 6, 1010 Vienna, Austria;
FN 281909y; Vienna commercial court

Publisher:

Georg Ziniel (GÖG Managing Director) and
Dr Klaus Ropin (Head of Fonds Gesundes
Österreich, a division of GÖG)

Editorial address:

Fonds Gesundes Österreich,
Aspernbrückengasse 2, 1020 Vienna, Austria,
Tel.: +43 1 8950400-0, fgoe@goeg.at

Editorial office:

Dietmar Schobel, Meidlinger Hauptstr. 3/5-7,
1120 Vienna, Austria, www.teamword.at,
schobel@gmx.at, Tel.: +43 1 9093346

Editors:

Marie Assmann, Gudrun Braunegger-Kallinger,
Dr Rainer Christ, Linden Farrer, Petra Gajar,
Rita Kichler, Anna Krappinger, Hermine Mandl,
Ariane Moret, Gabriele Ordo, Gerlinde
Rohrauer-Näf, Dietmar Schobel (Editorial
Director), Jürgen Tomanek-Unfried,
Gabriele Vasak, Petra Winkler

Translation/Proofreading:

Rosemary Bridger-Lippe

Graphic design:

Gottfried Halmschlager

Photos:

Johannes Hloch, Klaus Pichler, Fotolia, private

Cover photo: Johannes Hloch

Printing:

Ferdinand Berger & Söhne Ges.m.b.H.

Publication frequency:

“Healthy Europe” is a one-off special edition
and the English translation of the “Gesundes
Österreich” issue from December 2014
Published and produced in Vienna, Austria

Publisher’s post office: A-1020 Vienna

Editorial policy:

The magazine “Gesundes Österreich” is
Austria’s platform for health promotion. It
presents people and conveys content from the
worlds of politics, science and practical issues.

CONTENTS

23 IN FOCUS

Current situation and future prospects: Health promotion
in Finland, Germany, Switzerland and the Netherlands.
pages 23 to 29



Photo: KorayErsin - Fotolia.com

PEOPLE AND POLICIES

Three profiles: Zsuzsanna
Jakab, Felix Wettstein
and Beate Grossmann. **4**

Pressure in the workplace
has increased in recent
decades. Is Workplace
Health Promotion (WHP)
an effective remedy? **6**

Austrian Minister for
Health Sabine
Oberhauser talks about
health as a task for
society as a whole. **7**

COVER STORY

Caroline Costongs,
Managing Director of
EuroHealthNet, explains

why commitments to
promote health and
well-being in Europe
should be followed by
appropriate action. **8**

German expert Eberhard
Göpel writes in his guest
article that a turnaround
in favour of better health
in Europe is possible. **11**

Survey: Three experts on
the biggest challenge
facing health promotion
in their countries. **12**

KNOWLEDGE

**The current status of
health promotion in
Europe and worldwide.**
14-32

Health promotion was
always a concept for global
circulation. A description of
the achievements since the
first WHO conference for
health promotion. **14**

Information on the huge gap
between theory and practice
in health promotion in Euro-
pean countries. **18**

Zsuzsanna Jakab, WHO
Regional Director for Europe
in an interview: “Inequality is
unnecessary and unfair”. **19**

Evelyne de Leeuw, the Editor-
in-Chief of Health Promotion
International, in an interview
on the Ottawa Charter as a
political programme. **21**



Photo: Sergey Nivens - Fotolia.com

“ Health promotion is a global strategy. ”

How health promotion is implemented around the world and specifically in Europe.

- Service: How to access EU funds for health promotion. **22**
- For more than 40 years Finland has led the way when it comes to health promotion. However, cuts are now threatening to jeopardise progress. **23**
- In Germany, health promotion measures have been implemented since the 1980s. However, critics claim that there are too many projects running in parallel. The planned Prevention Act aims to change this. **24**
- Why health promotion in Switzerland is lacking efficiency. **26**

- In the Netherlands new initiatives for health promotion will be based on existing models of good practice. **28**
- Seven important international networks for better health – a brief introduction. **30**
- OUT IN THE FIELD**
- In brief **33**
- A project shows how more room can be created for healthy exercise in Europe. **34**
- What can help to increase the interest of young people in safe sex? A project has answered this question. **36**

- A project in Styria has shown the best way to generate interest in “healthy teeth” among children and parents with migration backgrounds. **38**
- Caring for older people with disabilities was the focus of a health promotion project in Europe. **40**
- An international project examined how to maintain mental fitness among older people. **42**

EDITORIAL

Dear Readers,

Health promotion was a global strategy right from the very beginning,” says health promotion pioneer *Ilona Kickbusch*. In 1986, the World Health Organization organised its first international conference on this subject in Ottawa, Canada, which was attended by 240 participants from 35 countries. The manner in which the concept of health promotion has evolved since then, worldwide but especially in Europe, was the main topic of an issue of the magazine published by the Fonds Gesundes Österreich (FGÖ) health fund, the Austrian centre of expertise in health promotion. We are pleased to be able to send you this magazine as a special issue in English – “Healthy Europe”. We hope that this will help to bring the concept of health promotion to an even wider audience and that it will help people who are active in this area to network more effectively with one another.

The English-language print publication is a co-operation between the FGÖ and EuroHealthNet, the European umbrella organisation for health promotion. The individual articles deal, among other things, with the current state of health promotion in countries such as Germany, Finland, the Netherlands, Switzerland and Austria. We also spoke to three leading experts about the greatest challenges facing Sweden, Scotland and Slovenia, and our service article on page 22 includes tips on which EU funds support health promotion projects. This kind of financial support is important given that European Union programmes and those of individual European countries repeatedly cite health promotion as the only way to reduce the growing burden caused by non-communicable diseases such as diabetes and cardiovascular disorders and the rising costs for healthcare. However, the “implementation gap” between the current and the desired scenario remains very large. Starting on page 33, we therefore outline examples of a number of international projects that have already been successfully carried out. For instance, they deal with how children and young people can avoid becoming overweight or obese, how more room is being made for healthy exercise in cities, and how “mental fitness” can be encouraged among older people.

We hope that you will find this an informative read and a source of inspiration for your work.

Klaus Ropin, Head of FGÖ health fund & Caroline Costongs, CEO EuroHealthNet



Photos: Jo Hloch



“In Europe we must place greater emphasis on health promotion.”

ZSUZSANNA JAKAB, WHO REGIONAL DIRECTOR FOR EUROPE

The challenges presented by non-communicable diseases can only be overcome if we place greater emphasis on health promotion”: this is the clear belief conveyed by the Director of the World Health Organization’s Regional Office for Europe *Zsuzsanna Jakab* (63). Jakab comes from Budapest and studied political sciences there from 1969 to 1974. From 1975 she was employed in various positions at the Hungarian Ministry of Health and Social Welfare and became Director-General of the Department for International Relations in 1989. From 1991 Jakab held management positions at the WHO Regional Office for Europe in Copenhagen. In 2002 she was appointed Secretary of State at the Hungarian Ministry of Health, Social and Family Affairs, and in 2005 she became Director of the European Centre for Disease Prevention and Control in Stockholm.

In 2010 Jakab was elected WHO Regional Director for Europe and in September 2014 she was nominated for a second term of office. As Regional Director she is responsible for 300 employees at the WHO office in the Danish capital, and also for about another 300 people in 29 country offices and six scientific “Centres of Excellence”. “As a WHO Regional Office we strive to maintain good relationships with the Member States and to support the national governments in their efforts to perform their responsibilities,” says Jakab. And, as an expert, how does she take care of her own health? “I watch what I eat, do exercises in the morning, and I like to go swimming,” the WHO Regional Director explains. She continues: “I also try to maintain a balance between work and leisure, and I spend as much time as possible with my family.”

FELIX WETTSTEIN, PROFESSOR AT NORTHWESTERN SWITZERLAND UNIVERSITY OF APPLIED SCIENCES

“A lot can be learned from one another through international exchange.”

“In the field of health promotion the similarities between various countries in Europe and worldwide are more numerous than their differences. This means that a lot can be learned from one another through international exchange,” says *Felix Wettstein* (56), Head of the “Health Promotion and Prevention” course of study at Northwestern Switzerland University of Applied Sciences in Olten and a member of the coordination group for the D|A|CH health promotion network in the German-speaking regions. Wettstein studied Theory of Education, Geography and Folklore at Zurich University and worked with children and young people from 1985, initially for Pro Juventute

and later for the canton of Aargau. Since 2000 he has taught and researched at the Northwestern Switzerland University of Applied Sciences.

“I have examined the concept of health promotion since 1987,” explains Wettstein, and continues: “Right from the outset, I liked the fact that it focusses on success rather than health risks.” Swiss-born Wettstein is married and works voluntarily for the district where he lives, for the town of Olten, and also as a politician in the canton parliament. He wouldn’t describe all these responsibilities as “stressful”: “The response I receive from others is my most important resource for good health,” he says. “It gives



me the feeling that I and what I believe in really matter.” Wettstein does not have a driving licence, so he travels by train and rides his bicycle for everything in the vicinity. In this way he ensures that exercise remains part of his everyday life.



“International exchange enables you to take a fresh look at your own work.”

BEATE GROSSMANN, IUHPE VICE-PRESIDENT FOR EUROPE

Beate Grossmann (55) comes from Troisdorf, in the Rhine-land area of Germany. She studied Theology, Philosophy and Educational Studies in Bonn from 1977, aiming to become a teacher. “However, when I completed my studies in 1982, there were too many prospective teachers for the number of jobs available,” recalls Grossmann. As she had worked as a journalist while at university, she also applied for a position as an editor, and from 1983 she worked

for a medical journal that was published every fortnight. In 1986 she joined the Federal Association for Disease Prevention and Health Promotion (BVPG – Bundesvereinigung Prävention und Gesundheitsförderung e.V.) in Bonn – which was still called the Federal Association for Health Education at that time (Bundesvereinigung für Gesundheitserziehung) – as a public relations adviser. Beate Grossmann is Deputy Managing Director of the Association, to which 127 organisations belong, including the Federal German health-care associations. The office

is situated in Bonn, and the team is currently made up of ten people. In August 2014 Grossmann was also elected Vice-President of the International Union for Health Promotion and Education (IUHPE) for the European region and thus focusses on the networking of 35 health promotion organisations plus more than 100 individual members. “Looking at projects in other countries enables you to see your own work from a different perspective and allows you to improve,” Grossmann says. She is married and has two grown-up sons aged 23 and 26.



The new EU Commissioner for Health and Food Safety Vytenis Andriukaitis:

"Health promotion, disease prevention and health protection must be awarded greater significance in Europe."

Europe makes a healthier choice

EUROPEAN HEALTH FORUM GASTEIN 2014

"Health promotion, disease prevention and health protection must be awarded greater significance in Europe" – this was the message communicated by the new European Commissioner for Health and Food Safety, surgeon and former Lithuanian Minister of Health *Vytenis Andriukaitis* at the European Health Forum Gastein (EHFG) at the beginning of October 2014.

The EHFG is the most important platform for EU debates

on future health policy; it was held for the 17th time in 2014, entitled "Electing Health – The Europe We Want", and was attended by about 600 leading experts and decision-makers from around 45 countries. The individual events at the forum in 2014 focussed on topics such as the leading role of public health in the healthcare system, patient empowerment and health literacy.

EHFG Secretary General *Dorli Kahr-Gottlieb* pointed out: "Health promotion is a central theme of the European Health Forum Gastein, not least because it plays a key role both

in the EU strategy 'Europe 2020' and in the World Health Organization (WHO) strategy 'Health 2020'." She continued: "However, this commitment to the promotion of health has yet to be followed by a sufficient number of practical measures with appropriate reach. Prevention and health promotion are still only awarded a very small part of health budgets in all European countries."

Slovenian EU parliamentarian *Alojz Peterle* took a similar view. He commented that healthcare systems must abandon their practice of only

focussing on the late stages of illness. Peterle stressed that "a definite turnaround is required here; we need to concentrate on result-oriented preventative measures and early intervention strategies instead." He added: "In the long term, promotion of health and prevention are the most cost-effective measures for the improvement of health in Europe."

Working on stress

Pressure in the workplace has increased in recent decades and also the number of days missed owing to psychological complaints. Is Workplace Health Promotion (WHP) an effective remedy? This was the main topic at a Three-Country WHP Conference.

Through workplace health promotion, organisations are systematically structured along healthier lines overall. In the future, we must pay particular attention to psychosocial health. This is because psychosocial stress in the workplace has been on the rise in recent decades and at the same time more and more people at work are being affected by psychological complaints", said *Klaus Ropin*, Head of FGÖ, at a Three-Country WHP Conference organised by the health fund in Bregenz on Lake Constance at the end of March. Some 200 experts from Germany, Austria and Switzerland discussed how workplace health promotion can be used most effectively to overcome the challenges posed by changes in today's working environment.

The fact is that the working environment has been experiencing fast and fundamental change since the 1980s. Competition has intensified: not only between companies but also between employees. Many people no longer have the work and income security that they had before and there is an increasing trend away from work structures defined by time and place. Great importance has also been attributed to new technologies such as fully automated production systems and new digital media. "The megatrends in today's working environment are flexibility, mobility and acceleration,"



Klaus Ropin: "We must pay particular attention to the question of psychosocial health."



said *Thomas Mattig*, Managing Director of Swiss health foundation Stiftung Gesundheitsförderung Schweiz, summing up the current developments. All of these, he added, have led to a marked increase in work-related psychosocial stress in all Western countries.

Fast pace and time pressure

This is confirmed by the European Working Conditions Survey (EWCS), conducted in 34 European countries and published in 2012. No fewer than 62 per cent of employees surveyed indicate that they work against the clock for at least a quarter of their working time, while 59 per cent have to work at a fast pace. In Germany, an extensive initiative is geared specifically towards promoting psychosocial health at work: the "psyGA" project, which is being overseen by *Reinhold Sochert* of the Federal Association of Company Health Insurance Funds (BKK Bundesverband). "We bundled the existing know-how and prepared it for the various areas in the working world and are now publicising it with the help of 20 experienced institutional cooperation partners," reported *Gregor Breucker*, Head of the

Health Promotion department at BKK Dachverband, at the conference. Further information on this can be found at psyga.info.

Antje Ducki, Professor of Work and Organisational Psychology at Beuth University of Applied Sciences in Berlin, agrees: "We are in the throes of a far-reaching shift in our working environment, which harbours new risks but also presents new opportunities. Because of this, we must shape these changes positively in the interests of people in the workplace – and we will ultimately succeed in doing so." Above all, this should also involve using workplace health promotion measures to target those steadily growing groups of workers who have not yet been reached to a sufficient degree to date. Ducki remarked: "The number of target groups that are hard to reach for reasons relating to outlook, geography, time, culture or language is high and ranges from very small companies, highly mobile employees, freelancers and migrants to people with minimal qualifications. But this is precisely why we have to gear our concepts to the specific starting scenario of the individual groups in question."

A healthy lifestyle should be easy to achieve in everyday life

Austrian Minister for Health Sabine Oberhauser talks to “Healthy Europe” about the state of health promotion in Austria and about health as a task for society as a whole.

HEALTHY EUROPE

Minister Oberhauser, is health something “that needs to be addressed by society as a whole”, as defined in the “Health 2020” concept prepared by the WHO Regional Office for Europe?

Sabine Oberhauser: Yes, the need to preserve health must be actively addressed in all areas and departments. We too have opted for this “whole society” approach, as recommended by the WHO. To give an example: the Health Ministry is not solely responsible for the question as to whether children can get to school safely on foot or by bicycle or whether, in the “worst case scenario”, they need to be brought by car to the school gates. Nonetheless, this question also concerns the area of healthcare, given that how children get to school has a direct influence on the amount of exercise that they get. This means that other areas of policy can influence people’s health through their decision making.

Needless to say, taking into account all these factors requires a coordinated approach. Because of this, representatives from all areas were included in efforts to prepare the child health strategy and overall health objectives for Austria. These included other ministries, federal states, interest groups and scientific societies – but also members of the public who are directly affected. This approach has proved to be very effective. It improves acceptance among people and increases their general awareness of health.

HEALTHY EUROPE

Compared with our European counterparts, Austrians spend relatively few years of their lives in good health. Where should our health



promotion and prevention activities be focussed in order to bring about a positive change here?

I am concerned first and foremost not with behavioural prevention but rather with situational prevention. Wagging fingers at people and dictating what they should or shouldn’t do is not going to encourage them to lead a healthier life. Rather, it is a question of offering them opportunities to take sufficient exercise, eat healthy food and much more besides. These opportunities not only need to be of a suitable quantity and quality, but should also be as accessible as possible. A healthy lifestyle should be easy to achieve in everyday life.

According to the national health objectives for Austria, the main focus should be on child health and on diet, exercise and health literacy. As befits the “Health in all Policies” approach, all organisations are now involved in

developing and implementing specific measures. This includes the Austrian Health Ministry’s nationwide initiative “Our School Buffet”, which promotes healthier eating. This has already been implemented in 310 schools, reaching some 222,000 school-children and teachers.

HEALTHY EUROPE

How do you rate the status of health promotion in Austria based on international comparisons?

Austria has a large number of small projects that usually begin at municipal level. These projects are important but they have a very low profile. Of course, there is always room for improvement, but I think that we can be happy with what we have achieved so far. For example, I can safely say that the Fonds Gesundes Österreich health fund is the most important organisation in the field of health promotion. It promotes projects both in municipalities and in companies, and sets great store by sustainability and quality. I feel that we are very much on the right track here.

PROFILE

Sabine Oberhauser (51) has been Minister for Health of the Republic of Austria since September 2014. She graduated in Medicine in 1987 and completed training as a general practitioner and paediatrician in 1997. She has also completed university courses in Hospital Management and Healthcare Management. Sabine Oberhauser is married to radiologist Gerold Oberhauser and has two grown-up daughters.

Commitment must be followed by appropriate action

*Interview with **Caroline Costongs**,
Managing Director of EuroHealthNet,
on the current state of health promotion in Europe
and why commitments to promote health
and well-being should be followed
by appropriate action. Text: Dietmar Schobel*

HEALTHY EUROPE

Ms Costongs, where do you see health promotion positioned in the European Union today?

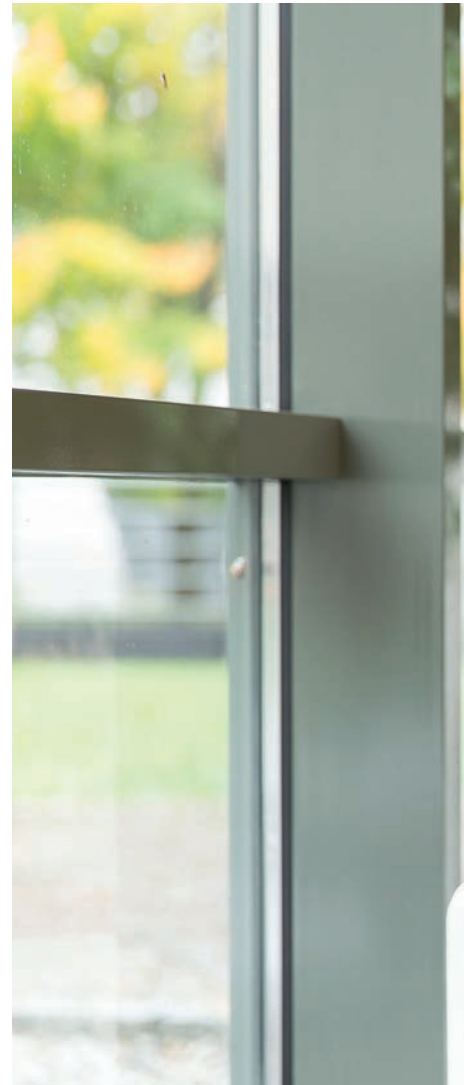
Caroline Costongs: For some years now, European Union officials and decision makers in Brussels have shown great interest in concepts and practical measures concerning health promotion. In many countries, public expenditure on health is still on the increase, and there is concern that healthcare systems may not be affordable in their present form in the near future. Health promotion is seen as a way of contributing towards a greater sense of well-being and also as a

potential opportunity for cost savings in the medium and long term.

HEALTHY EUROPE

The organisation of public healthcare services is the responsibility of each Member State. EU competencies only cover support for Member States in this area and promotion of cooperation between the countries. Is health promotion gaining in importance in European countries themselves?

It is generally recognised that health promotion is important and that health is an interdisciplinary issue that affects all areas of policy. As far as practical implementation is concerned,



PROFILE: CAROLINE COSTONGS

Born: 28 June 1969 in Apeldoorn and grew up close to Eindhoven, The Netherlands.

Star sign: Cancer

I live in Tervuren near Brussels with my husband Matthijs Roukens, self-employed IT specialist, and our children Tristan (aged 13), Ella (aged 11) and Violette (aged 6).

My hobbies are mountain biking, yoga and hiking in the Forêt de Soignes, which is near to our home.

I like to go on holiday to Italy or France with my children, and once a year our family goes on a skiing holiday.

I like to eat Italian food.

I listen to Latin American music, and I am especially fond of salsa.

On my bedside table there is a copy of "Thrive", a book by Arianna Huffington who is co-founder of the online news website "Huffington Post". It deals with how a "healthy life" is possible in a world

which is busy seven days a week, 24 hours a day.

I keep healthy by doing what gives me pleasure, whether it is a day out with the family, meeting friends or doing sports.

What makes you ill is wanting to be part of everything, working too much and not giving yourself enough breaks.

These three characteristics describe me best: I am open to new things, dedicated and positive.

there are naturally major differences between the 28 countries in the European Union. It is generally acknowledged that more money should be invested in disease prevention and health promotion. On average, these areas only account for three per cent of total healthcare budgets. We must therefore use good arguments to con-

communities are built and that every single person is given the opportunity to live a healthy and fulfilled life. Ever since EuroHealthNet was founded almost 20 years ago, the driving force behind our work has been to reduce health inequalities within and between European Member States. As a not-for-profit part-



Caroline Costongs: “EuroHealthNet wants to contribute to a Europe where people are given the opportunity to live a healthy and fulfilled life.”

vince decision makers that some expenditure on healthcare should be shifted to health promotion.

HEALTHY EUROPE

What can be done about this by EuroHealthNet?

EuroHealthNet wishes to play a role in Europe to ensure that healthy

partnership, we would like to bring together like-minded public organisations in Europe that strive to promote health, well-being and equal opportunities at a local, regional, national and international level. We want to support the work of our members in the EU and affiliated countries to develop strategies and projects, and

EUROPE'S VOICE FOR HEALTH PROMOTION

EuroHealthNet is headquartered in Brussels and is run by a team of 13 people. It was originally founded in 1996 as the European Network of Health Promotion Agencies (ENHPA). The network is open to national and regional organisations for health promotion, public health and prevention in Europe and **currently has 29 members** – ranging from the Flemish Institute for Health Promotion and Disease Prevention in Belgium and Austrian health fund Fonds Gesundes Österreich to the Tuscany region and Public Health Wales. EuroHealthNet also has 16 **co-operation partners**, including the National Institute for Public Health in Croatia and Montenegro, and the Ministry of Health, Social Affairs and Equal Rights in Spain.

EuroHealthNet promotes co-operation between national organisations and EU institutions. The exchange of information and “good practice” aims to guide decision-making processes in European healthcare policy in the direction of health promotion. The network supports the implementation of the “Health 2020” strategy from the World Health Organization (WHO), and has committed itself to contributing to **a healthier Europe**, where equal opportunities for health and well-being within and between the European countries are given greater significance. “We send decision makers within the European Union in Brussels relevant statements on these issues on behalf of our members. We want to be the voice for health promotion at a European level,” explains EuroHealthNet Managing Director Caroline Costongs.

EuroHealthNet has three fields of activity: **Health Promotion Europe (HPE)** is the core area which focusses on international networking and knowledge exchange. The **Centre for Implementation of Research & Innovation in Health & Wellbeing (CIRI)** supports partnerships for applied research. And the **European Platform for Action on Health and Social Equity (PHASE)** aims to bring together experts and partners from other areas who advocate social equity and well-being. More information can be found at eurohealthnet.eu.



PROFILE

Caroline Costongs was born in the Netherlands. In 1987, she enrolled at Maastricht University to study Public Health and specialised in physical activity and health. She graduated in 1992 and subsequently worked for a national institute in Honduras, conducting policy research on how education for children with disabilities should be structured. After her time at the project, Costongs spent several years with the Netherlands Olympic Committee where she developed and co-ordinated the programme "Fit & Fun", which aimed to motivate children to engage in more physical exercise. She subsequently participated in a scientific research project for the European Union at John Moores University in Liverpool which examined how to shape inter-sectoral cooperation for a healthier population across all departments in line with the concept of "Health in all Policies". In 1999 Costongs was appointed coordinator of the European Network of Health Promotion Agencies, which was founded by the Directorate-General for Health and Consumers of the European Commission – DG SANCO – out of which EuroHealthNet was formed in 2002. She has been its Managing Director since 2014.

to build up the evidence base, set up networks to increase co-operation and action, and communicate on the issue.

HEALTHY EUROPE**What are the specific measures being taken?**

It is about learning from one another, exchanging know-how, being innovative and leading the way together in order to give greater weight to health promotion and disease prevention at the European level. This is growing even more important because 60 to 70 per cent of national legislation is defined by the European Union, and this legislation must then be implemented in each Member State. We also keep a close eye on whether and how the topics of health promotion, disease prevention and equal opportunities for health and well-being are being implemented by the European Union in campaigns and programmes, and we provide decision makers in Brussels with relevant statements on these issues on behalf of our members.

"We want to be a voice for health promotion at a European level."

CAROLINE COSTONGS,
MANAGING DIRECTOR OF EUROHEALTHNET

HEALTHY EUROPE**What are the biggest challenges for the future?**

In times of prolonged economic crisis and austerity in Europe, we must remain committed to highlighting why health promotion is necessary and cost-efficient, and to providing good reasons for this. Otherwise there is the risk that this expenditure will be the first to be cut back on, because those responsible will fail to recognise that it is indispensable for better health. Good quality control is the best prerequisite for this. We must try even harder to evaluate projects and programmes systematically. In particular, we should conduct cost-benefit analyses to provide evidence for the effectiveness of health promotion.

Besides this, we must try harder to combine health issues with social and sustainable development issues, even though it has been widely known for more than 15 years now that health is influenced by social factors such as education, income and the living and working environment. However, more must be done to address these influences and thus work beyond the healthcare sector as well. We must stop talking and start actually doing something for improved health and well-being in Europe.

Europe needs more experts in health promotion

A turnaround in favour of better health in Europe is possible, German expert Eberhard Göpel writes in his guest article.



Health 2020" – the health policy framework strategy from the World Health Organization (WHO) Regional Office for Europe – focusses on systematically expanding health promotion in line with the Ottawa Charter. The programme also follows the European Union Sustainable Development Strategy and aims to implement measures throughout state and society to achieve the **following goals**, among others:

- Significantly improve health and well-being in people's everyday lives
- Reduce healthcare inequalities
- Ensure universal, people-centred healthcare systems that are equally accessible to all and offer high-quality services.

The WHO Regional Office for Europe has explained **how this will be achieved**:

- On the one hand, "citizens, organisations, communities and whole nations should be supported in their efforts to adapt to the changing parameters effectively"
- And on the other, those specific stakeholders "whose actions have negative consequences for the health of the population should be challenged".

"Epidemic" spread of lifestyle diseases

There is actually a close connection between the epidemic spread of non-communicable diseases and the cultural and economic hegemony of global corporations in the nutrition, entertainment and other industrial sectors. Therefore the biggest challenge is to evaluate the effects on health and quality of

life of different economic activities, and to develop measures to counteract these negative effects.

At present, nine out of ten people in Europe die after experiencing many years of chronic suffering with reduced quality of life, which is frequently dominated by social isolation. The help offered by acute medical treatments is often part of the problem rather than the solution. By contrast, social measures can reduce health hazards through comparatively simple means, though these conflict with the interests of those who benefit from the growth market associated with illness.

Enabling a health turnaround

However, a turnaround in favour of better health is possible. The necessary considerations for politicians and practical purposes were outlined in recent years by the international associations for health promotion. These include the International Union for Health Promotion and Education (IUHPE), the partnership between national health promotion agencies in Europe EuroHealthNet, and the D|A|CH network for health promotion in German-speaking countries.

More experts in health promotion are needed as well. Moreover, it is important that a qualification for this discipline is established that is recognised by all countries in the European Union. The "Core Competencies Framework for Health Promotion" (CompHP) has already been put together by international experts and

describes the work to be covered in the training. The key areas include:

- Making use of public space in the interests of the common good
- Helping health promotion to become an inherent part of everyday settings such as businesses and schools.

The endeavours themselves range from neighbourhood activities to health promotion in childcare facilities and schools, and also health promotion in towns and villages. The CompHP Project not only contains details of the core competencies to be acquired by European experts, but also serves as orientation for educational institutions and practical health promotion. A good groundwork has thus already been laid and will allow theoretical commitment to health promotion in Europe to be followed by appropriate action.

PROFILE

Eberhard Göpel, 67, has taught health promotion at the University of Applied Sciences in Bielefeld, Magdeburg and Berlin. His positions have included Board Member of the European Network of Health Promoting Schools and the International Union for Health Promotion and Education. He lives in Bielefeld and Berlin and would like to "provide his children and grandchildren with the prospect that civilisation will evolve in a way that is sustainable, fair and promotes health".

What is the biggest challenge in your country?

We asked experts from Sweden, Slovenia and Scotland about the biggest challenge facing health promotion in their countries.

Bosse Pettersson

Independent adviser and former Deputy Director-General of the Swedish National Institute for Public Health

In Sweden and other Nordic countries, the difference between the health of socially disadvantaged people and that of privileged people is not as large as in many other European countries. Nevertheless, we consider reducing health inequalities the biggest challenge facing health promotion. For instance, the difference in the life expectancy of Swedish men presently amounts to six years, depending on their educational qualifications. This really is far too high. And we are noticing that the number of years during which Swedish middle-aged women enjoy good health is continually decreasing. Those who were only educated for a relatively short period of time are most affected. The causes of this may be found in the triple burden borne by many women in this age group: working, looking after the family and caring for parents. In addition, Swedish women smoked more on average in the past than men. Moreover, the policy of retrenchment and austerity that began in Sweden in the mid-1990s has increased health inequality overall during the past ten years.



Mojca Gabrijelčič Blenkuš

Senior Adviser at the National Institute of Public Health (NIJZ) in Slovenia

The concept of “health promotion” has also become increasingly better known among experts in Slovenia in the years since 1986, when the first international conference on health promotion was held in Ottawa. Our biggest challenge, however, is still helping people beyond specialist circles to become more aware of what “health promotion” in this sense really means, which involves learning by doing. As is generally known, it is primarily a question of what keeps us healthy and how we can promote these influences, while prevention concentrates on what makes us ill and how we can avoid those influences. The change in paradigm from a “pathogenic” to a “salutogenic” approach has not yet been fully embraced. We shall explore structural and individual factors that keep us healthy in greater detail, and also what we should do to improve the quality of life. In this way, we can gain knowledge of how the enhancement of a person’s well-being can be extrapolated to entire populations. As health promotion does not focus on one particular field, we must attempt to understand precisely what multidisciplinary competence for health promotion involves, and how this can be gained. Above all, however, we still do not know enough about how to make the idea of health promotion accessible to stakeholders. We need to explore knowledge transfer and new approaches, thus anchoring it more effectively on a political level.

Andrew Fraser

Director of Public Health Science for the National Health Service Scotland

In Scotland, the differences in the health of various parts of the population are particularly pronounced compared to many other European countries. An example: in the ten per cent of the Scottish regions where the average income is highest, the life expectancy of men at birth is 82 years. Seventy of these years are free of health problems. In the ten per cent of the Scottish regions where the average income is lowest, men can only expect to live for 69 years when they are born, and they only spend 47 of these years in good health. The reasons are many and go all the way through life; early life experience and the health and well-being of parents, low income, the extreme strain due to poor sense of control at work, poor living conditions, the high intake of alcohol and nicotine and so on. The health of women in Scotland also varies greatly and is dependent on the social situation. The biggest challenge facing health promotion in Scotland is therefore to improve equal opportunities for health. Unfortunately, recent decades have not yet brought any significant successes – social and health differences have actually grown since the 1980s. However, we have at least been able to learn from our previous experiences. We now know that we must not rely on short-term programmes, but must instead plan over the long term and be persistent. The early support for pregnant women, mothers of infants and young children, and urban renewal measures aiming to provide improved living conditions and larger green areas, are particularly promising.





The best strategies for healthy ageing

EUROHEALTHNET

According to information from Eurostat – the EU Statistical Office, the proportion of people older than 65 years of age in the European Union (EU) will increase to 23.6 per cent of the population by the year 2030. This figure was only 17.5 per cent in 2011. It is therefore becoming increasingly important to create conditions in which it is possible to remain healthy, continue to enjoy active participation in society, keep your

independence and maintain a high quality of life, even in old age. In order to help achieve this aim, EuroHealthNet, the umbrella organisation for 29 health promotion institutions from all over Europe, has set up the portal www.healthyageing.eu. The website contains information such as practical examples from across Europe of how the health and well-being of older people can be specifically promoted.

In addition, the European Union is currently conducting a project

titled “Intervention Research On Health Literacy among Ageing population” (IROHLA). The project aims to systematically determine the best strategies for greater “health competence” among older people and make these available to a wider public. As is generally known, health competence is on the one hand the ability of people to gather health-relevant knowledge and to take this as a basis for making the best-possible decisions in everyday life in the interests of their own health. On the other hand, however, organ-

isations are expected to increase their “health competence” as well. For example, this can involve making health information more easily readable and understandable and therefore enabling health services to be better accessible to all. The most important findings from the project will be presented at the IROHLA closing conference in the Management Centre Europe in Brussels on 17 November 2015.

Further information is available on the website: www.irohla.eu

Health promotion is a global strategy

Health promotion was always designed to be a concept for global circulation. “Healthy Europe” describes the worldwide achievements since the first WHO conference for health promotion. Text: Dietmar Schobel

Health promotion was a global strategy right from the very beginning,” says *Ilona Kickbusch*, who has extensive knowledge of the original concept having worked in leading positions for the World Health Organization (WHO), and is now a self-employed adviser on health issues for national governments and international organisations. Kickbusch played a key role in shaping the content of the first WHO worldwide conference for health promotion in 1986, held in Ottawa, Canada. “Haldan Mahler, who was WHO Director-General in those days, specified that a concept needed to be developed for the conference to outline how to reach the goal of the WHO conference in Alma Ata in 1978 that claimed ‘Health for All’ by the year 2000,” she remembers. The final document for the first international health promotion conference brought this process to fruition.

As is generally known, the Ottawa Charter defines “health promotion” as a “process of enabling people to increase control over their health”. It is no longer only a matter of giving people medical “treatment”, but rather creating the prerequisites for them to act independently and improve their health. The basic conditions for this are described in the Charter as being “peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity”. Health promotion is therefore “not just the responsibility



of the health sector”, but of all areas of policy. This approach, known as “Health in all Policies”, is now recognised around the world.

A concept for all continents

“Since Ottawa, seven more WHO conferences on health promotion have taken place, where the concept has been further developed, deepened and enriched with new elements,” explains *Jürgen Pelikan*, Senior Researcher at the Ludwig Boltz-

mann Institute for Health Promotion Research in Vienna. The individual conference venues were chosen by the WHO to enable the idea of health promotion to be “spread around the world” gradually. The second international conference was held in Adelaide, Australia. This was followed by Sundsvall, Europe and the Indonesian capital Jakarta in Southeast Asia. The fifth conference took place in Mexico City, and the sixth in Bangkok. In 2009 Kenya’s capital city

Nairobi was chosen as the venue, and in 2013 it was Helsinki in Finland. Host countries were usually those that had already showed commitment to health promotion and were regarded as pioneers. For instance, in Australia the VicHealth Foundation was founded as early as 1987 in the south-western federal state of Victoria. On its website www.vichealth.vic.gov.au the organisation describes itself as a “pioneer in health promotion” and, in line with the Ottawa Charter, sees this as a “process of enabling people to increase control over and improve their health”.

Walking to school in Australia

In the years before 1997, a budget that was directly financed by a designated five per cent increase in the state tobacco tax in Victoria was allocated to reaching this goal. This later became the model for similar “sin taxes” in Thailand, Korea, Finland

and Portugal. VicHealth currently has more than 26 million Australian dollars per year at its disposal for projects and programmes, which amounts to around 18 million euros. One practical example is the “Walking School Bus Program” (now “Walk to School”), which was started in 2002 with the aim of motivating primary school children to walk to school together.

In Sweden, where the third WHO conference on health promotion was held, the National Board of Health and Welfare noticed back in 1985 that only a strategy in which all sectors of society work together and strive to reduce social inequality in medical conditions can enable the entire population to remain healthy. In 2003, following many years of preparation by the parliament, 18 national health goals were specified by law in this Scandinavian country. These include, for example, boosting a sense of solidarity and community

in society, providing a healthy working environment, and creating easily accessible green areas in order to enable better relaxation among the Swedish population.

Not only for rich nations

However, it is not only the rich nations such as Australia or Sweden which are regarded as pioneers around the world. In Thailand, for



Ilona Kickbusch: “Traditional forms of nutrition are being ousted increasingly by ready-made products with a high energy content.”

NON-COMMUNICABLE DISEASES ARE BECOMING MORE FREQUENT WORLDWIDE

In 2013, non-communicable diseases such as cardiovascular disorders, cancer, respiratory diseases and diabetes were responsible for the deaths of 36 million people, according to the WHO. Nine million of these deaths were “premature” – the definition given by the World Health Organization for deaths that occur before the age of 60.

Non-communicable diseases are more frequent in those countries where the average income of the population is low or average compared to the rest of the world. As many as four-fifths of the deaths caused by non-communicable diseases were in these countries in 2013, affecting around 29 million

people. Around eight million of them died before the age of 60. At the same time, there has been a **particularly large increase** in the number of overweight and obese people in the developing and emerging countries. For instance, in Latin America, North Africa and the Middle East the proportion of overweight and obese adults compared to the total population almost doubled between 1980 and 2008, and it is now at a high level similar to that of Europe, at almost 60 per cent. This can be seen from figures supplied by the British Overseas Development Institute.

“This increase is linked to economic globalisation and the

growing availability of consumer goods and particularly industrially produced foods in developing and emerging countries,” says internationally renowned expert for health promotion *Ilona Kickbusch*. She adds: “**Traditional, healthier forms of nutrition** are being increasingly ousted by ready-made products with a high energy content and low nutrient level.”

As overweight and obesity, along with lack of exercise and smoking, are important risk factors for non-communicable diseases, a connection can be made between the increasing number of overweight people and the growing burden of disease due to non-communi-

cable diseases. “The manner in which the global consumer society contributes towards the **creation of illnesses** – and not health – in developing and emerging countries is therefore a question that should be awarded special attention in future research areas,” says Ilona Kickbusch.

At the opening of the 8th World Health Organization conference in Helsinki, Finland in 2013, WHO Director-General *Margaret Chan* (67) named several potential causes: “It is not just **Big Tobacco** anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol,” emphasised the physician, a native of Hong Kong.

ENSURING BETTER GLOBAL HEALTH

The International Union for Health Promotion and Education (IUHPE) is committed to health equity and effective strategies to fight non-communicable diseases worldwide.

“Health promotion is currently facing **two essential challenges worldwide**: on the one hand, growing health inequalities, and on the other hand the increasing number of people who are affected by non-communicable diseases such as cardiovascular disorders or diabetes,” says **Beate Grossmann**. And this, adds the Deputy Managing Director of the Federal German Association for Prevention and Health Promotion, is also a consequence of the worldwide increase in overweight and obesity.

In August 2014 Grossmann was appointed as the new Vice-President of the International Union for Health Promotion and Education for Europe. IUHPE wants to counteract both growing health inequalities and the growing burden of non-communicable diseases through measures such as the international exchange of ideas, knowledge and practical experiences. There is a broad consensus about the strategy that is best suited to this, remarks Grossmann. “The health challenges are so complex and so deeply rooted in the way in which we live that the healthcare systems are unable to deal with them without help,” explains the IUHPE Vice-President.

In political discussions, the view is becoming increasingly popular that health must be seen as a task that needs to be addressed by the whole of society, which corresponds entirely with the view outlined in the Ottawa Charter for health promotion from the year 1986. Grossmann says: “Instead of just wanting to influence the health-related behaviour of individuals, the living environments must be designed as healthier places overall so that ultimately **the healthier choice is the easier choice** for each and every one of us.”

IUHPE was founded in 1951 and is a non-governmental organisation. 840 member organisations and individual persons in seven regions belong to the association, of which 184 are in the European region. Meetings are held in each of the regions and every three years within a **worldwide conference**, most recently in August 2013 in Pattaya, Thailand with around 2,200 participants. The next world conference will be held in the year 2016 in Curitiba, Brazil. Further information is available at www.iuhpe.org.



Beate Grossmann: “Health promotion is currently facing **two essential challenges worldwide**: on the one hand, growing health inequalities between people, and on the other hand the increasing number of people who are affected by non-communicable diseases.”

example, a foundation for health promotion was established by the government as early as 2001. As mentioned above, the “Thai Health Promotion Foundation” was financed by a “sin tax”. This amounts to two per cent of the existing tobacco tax, which stands at 30 per cent. Representatives from eight different ministries are members of the foundation’s administrative board, reflecting the inter-sector approach of the concept. According to a report from the WHO Regional Office for Southeast Asia, the total budget of the Thai Health Promotion Foundation in the year 2010 amounted to roughly 100 million US dollars, which is around 79 million euros. These funds were used to enable measures targeted at groups such as young and older people, and also for health promotion in districts and neighbourhoods. “Involvement of the population plays a key role, and many projects are managed by those who are affected themselves,” explains Ilona Kickbusch.

Networks for healthy settings

The central strategy of health promotion, in line with the Ottawa Charter, is the “settings” approach, according to which entire living

environments such as districts, businesses and schools are to be designed in a healthier manner, and those affected involved to the greatest extent possible. “In the years following 1986, the WHO therefore set up international networks for health promotion in cities, schools, hospitals, businesses, childcare facilities, colleges and prisons, which in some areas have been embraced with great success at a national level,” explains Jürgen Pelikan, who also works as Director of the Collaborating Centre for Health Promotion in Hospitals and Health Care for the World Health Organization in Vienna.

The health promotion researcher also notes that even in those countries regarded as pioneers in health promotion, the concept has not developed linearly over the past 30 years. The reasons for this are easily explained: “When a country elects a new government, this often affects how much importance is placed on health promotion,” says Jürgen Pelikan.

The current situation

And how is health promotion positioned today? “From a global perspective, it should be emphasised

that health promotion has long played a central role in the work performed by the WHO," comments Ilona Kickbusch (see also box with information on the World Health Organization). In each of the six Regional Offices of the World Health Organization – Africa, the eastern Mediterranean, Europe, the western Pacific, Southeast Asia, and America – there is now a separate department for health promotion which has considerable influence on the overall work of the WHO in each region. This growing importance is connected to the fact that health promotion is regarded as the only promising strategy to counteract the growing disease burden from non-communicable diseases such as cardiovascular disorders, diabetes and chronic respiratory illnesses – which are increasingly also affecting the developing and emerging countries. According to the WHO, in 2013 non-communicable diseases were responsible for the deaths of 36 million people. Four-fifths of these deaths were in countries whose inhabitants only have a low or



Jürgen Pelikan: "When a country elects a new government, this often affects how much importance is placed on health promotion."

average income when compared with the rest of the world. "Never before has health promotion enjoyed such prominence and had such powerful policy tools at its disposal," emphasised the Director-General of the WHO *Margaret Chan* in 2013 at the opening of the 8th WHO health promotion conference in Helsinki.

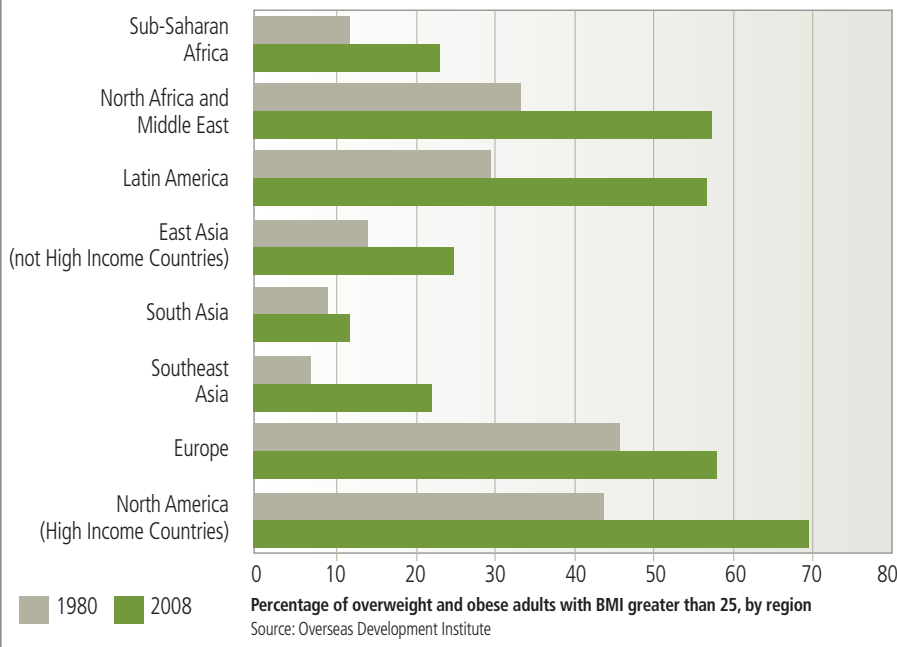
She adds, however, that: "At the same time, never before has health promotion faced such daunting challenges."

THE WORLD HEALTH ORGANIZATION (WHO)

The World Health Organization (WHO) is a special United Nations organisation headquartered in Geneva. Its role is to coordinate public health on an international level. Founded in 1948, 194 countries now belong to the organisation, which is currently headed by its Director-General, physician *Margaret Chan* (67), who comes from Hong Kong. The WHO Director-General is elected for five years by the World Health Assembly, which comprises representatives from all members. Slightly more than 2,000 people work for the WHO in Geneva, **and there are 8,000 employees worldwide**. Offices have been set up in Brazzaville – capital city of the Republic of the Congo, in Cairo, Copenhagen, Manila, New Delhi and Washington, D.C. for the six administrative regions around the world. The WHO is known above all for its success in the fight against infectious diseases and its vaccination programmes. For example, it was possible to declare the world free of smallpox in 1980. The responsibilities of the World Health Organization also include making data available on the health status of people all over the world.

Being overweight has become a global "epidemic"

The number of overweight and obese adults with a BMI of more than 25 increased drastically in all regions of the world between 1980 and 2008. The increase was greatest in developing and emerging countries.



A healthier approach for European countries

Health promotion plays an important role both in European Union programmes and also in the health policies of the individual Member States. However, in the majority of the countries there is still a huge gap between theory and practice.

Text: Dietmar Schobel



Europe is as diverse as its individual, contrasting Member States – such as Sweden/Italy, Portugal/Estonia and Iceland/Cyprus – and yet with respect to health promotion, European countries have a lot in common. This was the opinion expressed by experts surveyed by “Healthy Europe”. “There is no

health-related policy in European Member States today which isn’t centred on health promotion or at least contains health promotion as one of its elements,” remarks *Bosse Pettersson*, Vice-President of EuroHealthNet, the European network of organisations and institutions for health promotion, which is headquartered in Brussels.

Matthias Wismar from the European Observatory on Health Systems and Policies confirms: “Health promotion as described in the Ottawa Charter of the World Health Organization is now taken seriously by the health ministries of the European nations and its importance for the health of the populations has been recognised.”

The European Commission also listed health promotion and greater health literacy as two of the three focal areas in the second European Union health programme which ran until 2013. The third area was improvement of health protection. In the current EU health programme running until 2020, health promotion is one of four goals together with disease prevention. The programme is funded to the tune of 449 million euros. In particular, Member States are “invited to exchange best practices on smoking prevention, abuse of alcohol, and obesity. Specific action should also help to prevent chronic diseases, including cancer.”

The biggest challenges

A closer look at national and international programmes shows that health promotion is repeatedly described as the only potentially successful strategy for dealing with the three essential challenges in the area of health and social affairs: these are the growing burden of non-communicable diseases such as diabetes and cardiovascular disorders, the rising costs for healthcare, and the increasing average age of populations in Europe and other continents. This final point makes it necessary to develop strategies both for healthy ageing and to keep people working for longer.

Overall, health promotion aims to enable as many people as possible to maintain good health throughout their entire lifetimes – and the ideal starting point is the provision of appropriate measures for pregnant women and parents of small children, called early support. Changing the environment is seen to be the best strategy, instead of attempting to change the behaviour of individual people. “Settings” or living environments such as child-care facilities, schools, businesses or local communities should be designed so that they make “the healthier choice the easier choice”.

Zsuzsanna Jakab, WHO Regional Director for Europe in an interview on health inequalities in Europe and the WHO “Health 2020” strategy.

HEALTHY EUROPE

Ms Jakab, what are the biggest challenges facing the World Health Organization’s European Region?

Zsuzsanna Jakab: Non-communicable diseases such as diabetes, cardiovascular disorders, cancer, chronic respiratory illnesses and psychological illnesses are responsible for 86 per cent of the deaths and 77 per cent of the burden of disease in the WHO’s European Region. And the majority of the avoidable cases of illness and death are connected to four risk factors, namely tobacco use, harmful alcohol consumption, lack of exercise and an unhealthy diet.

HEALTHY EUROPE

What are the goals of the WHO “Health 2020” strategy?

“Health 2020” is the framework governing health policy in the WHO European Region between 2012 and 2020. By agreeing to conform to this strategy, all countries have committed themselves to boosting healthcare measures and reducing inequalities in health. This should be implemented across all sectors and be oriented on specific goals. It should also aim to improve the conditions that determine health. All citizens should be involved in this process to the greatest possible extent.

HEALTHY EUROPE

How large are the differences in health in Europe?

It is encouraging that the overall life expectancy of the almost 900 million people in the 53 countries in the WHO European Region has increased by five years, to an average of 76 years of age over the last three decades. However, these improvements are unequally distributed, both between countries and also within each country. There is a 14-year difference between the country with the highest average life expectancy – Switzerland – and the country with the



Zsuzsanna Jakab, (63), is Regional Director for Europe in the World Health Organization. **The WHO European Region contains 53 countries** and stretches from the west coast of Greenland to the Pacific coast of the Russian Federation, and from the Mediterranean Sea to the Baltic Sea.

lowest, which is Kazakhstan. According to the 2012 European Health Report, people in countries with a low or medium average income lose twice as many years due to illness or premature death as those in countries with a high average income. Why should people in some parts of Europe be far more affected by illness than others? Inequality is unnecessary and unfair.

HEALTHY EUROPE

What progress has been achieved so far in the implementation of “Health 2020”?

In Austria there are already ten national framework health objectives that reflect the goals of “Health 2020”, and since 2012 a large number of other Member States have structured their national health policy in line with this strategy – ranging from Estonia and Latvia to Spain and Portugal, to name but a few. Other nations will follow suit by the end of 2015. However, in order to fully implement “Health 2020”, the regional and local authorities need to be involved as well. This is already happening in some countries, where the “Healthy Cities” networks have adopted this strategy.



Matthias Wismar: "The Ottawa concept is now taken seriously by the European health ministries."



Rainer Christ: "Health promotion contributes to improving social cohesion."



Clive Needle: "We must see the crisis in Europe as an opportunity."

One of the ways in which this could be implemented in cities would be to make cycling and walking easier, thereby providing further possibilities for healthy exercise. Other possibilities involve organising workplaces in such a way as to reduce stress and improve cooperation between employees.

The Netherlands, Sweden and Finland as good examples

It should be emphasised that health is an interdisciplinary issue, one which concerns all departments ranging from education through to infrastructure. Matthias Wismar remarks: "For this reason, European countries where health promotion is the most successful are those in which the 'Health in all Policies' approach is integrated not only at a national level, but also in rural communities." This is the case in the Netherlands, Sweden and Finland, for example, where local authorities are given more responsibilities than in many other Member States.

The implementation gap is large

In most European countries there is still a large gap between the theoretical acknowledgement of health

promotion and its practical implementation. This is particularly due to insufficient funding. German researchers *Susanne Weinbrenner*, *Markus Wörz* and *Reinhard Busse* systematically examined the situation concerning health promotion and prevention in the 15 "old" EU Member States and Switzerland in a study published in 2007, and they came to the following conclusion: "Financing for health promotion and prevention is completely inadequate with regard to the envisaged goals."

Not much has changed since then. Criticism of this situation has come from figures such as *Clive Needle*, former Member of the European Parliament and now Strategic Director of EuroHealthNet, the European network of national and regional organisations for health promotion: "As many countries have regarded a strict austerity policy as the sole answer to the economic crisis that has prevailed since 2008, expenditure on health promotion – which was already limited – has been reduced even further in many cases." However, the Briton also sees the economic crisis as an opportunity to lend more weight and increased

financial means to health promotion strategies in practice. "We must see the current situation in Europe as a chance to present health promotion as a potential source of innovative answers to economic and social issues," says Needle.

New solutions to seemingly unsolvable problems

Health Adviser for Austrian health fund *Fonds Gesundes Österreich* *Rainer Christ* highlights the same issue: "New solutions to seemingly unsolvable problems are often found by working together, for example through 'Health in all Policies' bringing people together from different departments." He adds that in the medium to long term, investment in health promotion is also expected to bring economic advantages, because, for example, the costs of absence from work and for healthcare would be reduced: "Above all health promotion contributes significantly to improving social cohesion. At a time when competition within and between societies is increasing and solidarity is shrinking, this is more important than ever before – in Austria and in all the other European countries."

There is nothing so practical as a good theory

Evelyne de Leeuw talks to Healthy Europe about global advances in health promotion and the Ottawa Charter as a political programme.

HEALTHY EUROPE

Evelyne, the 1986 World Health Organization (WHO) conference in Ottawa set out a manifesto for achieving its goal of “Health for All” in a charter. How has this concept developed around the world since then?

Evelyne de Leeuw: To this day, the Ottawa Charter remains the equivalent of the health promotion bible. Many of its aims have had an incredible amount of influence at the international level, with amendments being added all the time. The idea of enabling people to maximise their health potential was purely theoretical when the charter was published in 1986. Thanks to the work of scientists such as the United Kingdom’s *Glenn Laverack*, we now have a very good understanding of how strategies aimed at health promotion and empowering people can be put into practice. Increasing numbers of activists worldwide are doing their bit for their communities and the environment, and drawing on health arguments.

HEALTHY EUROPE

In which fields is there still room for improvement?

The Ottawa Charter set a wider process in motion. More progress has been made in some areas than in others. Attempts to re-orientate health services have been largely unsuccessful. The majority of hospitals remain more or less exclusively focussed on the treatment of disease.

HEALTHY EUROPE

Is health promotion a luxury that is still reserved for wealthy countries?

A number of the world’s poorer countries have addressed the content of the Ottawa Charter. But in many cases the basic



Why is Coca-Cola available in more parts of the world than clean drinking water?

EVELYNE DE LEEUW, EDITOR-IN-CHIEF OF HEALTH PROMOTION INTERNATIONAL

principles are not observed. In some Asian countries, such as Cambodia, decisions on how best to achieve health goals are being taken without consulting the people affected by them – and slums are simply razed to the ground by bulldozers. Colombia, however, provides a much more positive example. The country introduced a national campaign to promote cycling as “cool”, which focussed on the health advantages associated with this mode of transport.

HEALTHY EUROPE

What can be done to make health promotion more successful?

I’d like to reply to that with a question of my own: Why is Coca-Cola available in more parts of the world than clean drinking water? The answer is clear: because commercial interests have a huge influence on politics. Health concerns will always come a poor second if they try to go head to head with commercial interests. The logical conclusion is that we have to focus more closely on political and scientific issues so that we can come up with better arguments. This approach also complies with the principles of the Ottawa Charter. After all, it is a political programme.

HEALTHY EUROPE

You are Editor-in-Chief of Health Promotion International, the world’s leading scientific journal on health promotion. What are the journal’s aims?

The American psychologist *Kurt Lewin* once said: “there is nothing so practical as a good theory”. It is in this spirit that we encourage our authors to come up with fresh theories and investigate new and unusual issues. Examples include things like the effects of social media on health, or the relationship between urban planning and health promotion.

PROFILE

Evelyne de Leeuw has been firmly committed to health promotion since the 1986 Ottawa conference. She works as a lecturer and researcher at La Trobe University and Deakin University in Victoria, Australia, and is the Editor-in-Chief of Health Promotion International, the world’s leading health promotion journal.

How to access EU funds for health promotion

The third EU health programme is aimed at supporting health promotion. We researched other EU programmes that are open to applications for project funding.

What sources of European Union funding can be tapped for health promotion projects? We asked this question to three experts with experience in the field. Their answers show that there are opportunities in other areas besides healthcare funds. But extensive preparatory work is usually required to receive EU funding, and competition is fierce. In most calls for proposals, just one in ten applications is successful; in some the rate is as low as one in a hundred. However, the effort can be worthwhile regardless of the outcome, since the knowledge acquired can be used for other applications at national or European level.



Other opportunities for funding

The third EU health programme is top of the list when it comes to the various possible sources of funding. It runs from 2014 to 2020, with health promotion and disease prevention as one of its four major objectives. A total of 449.4 million euros has been allocated to the EU's 28 Member States over the seven-year term. "As with other EU funding programmes, a basic requirement for eligibility is that organisations from more than one European country cooperate on the project," explains *Gert Lang*, former Project Manager at the Research Institute of the Viennese Red Cross.

For Austrian organisations that are involved in international health promotion projects, co-funding is also available from the Austrian health fund Fonds Gesundes Österreich (FGÖ). "However, this only applies when an international project generally fits our funding criteria too," clarifies *Klaus Ropin*, Head of FGÖ. Further information can be obtained by e-mail from *Rainer Christ* – rainer.christ@goeg.at

Under the EU's largest research programme to date, Horizon 2020, a total of 80 billion euros is available for the period 2014-2020. Horizon 2020 focusses on science, industry and tackling

societal challenges. The latter is a major theme of the programme, under which "Health, demographic change and well-being" is named as a sub-theme. There are a number of contact points in Austria offering guidance to applicants for Horizon 2020 grants, including the Austrian Research Promotion Agency (FFG). "When applying to Horizon 2020 and other EU programmes, it isn't just the research idea that matters – the quality of the partners in the consortium is just as important," says *Ingrid Stegeman*, Health Promotion Europe Manager at EuroHealthNet, a network of 40 national and regional European health promotion organisations, headquartered in Brussels.

Lifelong learning and health

Erasmus+ is the new EU programme for education, youth and sport for the period 2014-2020. A total of 14.7 billion euros has been set aside for Erasmus+, which names lifelong learning as one of its themes. In Austria, 25.8 million euros of EU funding were available within this programme in 2014, according to the website set up by the Austrian National Agency for Lifelong Learning, www.erasmusplus.at. *Michael Stadler-Vida*, Executive Director of queraum – a Vienna-based cultural and social

research agency – has practical experience of the programme, partly as a result of his work on a project called Senior Guides. "There are a number of ways in which health promotion initiatives can link well with EU funding for lifelong learning," Stadler-Vida confirms. queraum can advise organisations that would like to get involved in EU projects and connect them to international project partners.

About three-quarters of the EU budget is managed in partnership with national and regional authorities through a system of "shared management", largely through the structural and investment funds, according to the EU website europea.eu/about-eu/funding-grants. Collectively, these five funds help to implement the Europe 2020 strategy, which aims to achieve smart, sustainable and inclusive growth, with a focus on creating jobs and reducing poverty. "This dovetails with the goal of health promotion to reduce health inequalities," Ingrid Stegeman points out. As part of an EU programme, an Internet tool has been developed to support use of the European structural and investment funds for public health initiatives – especially for measures aiming to increase health equity. The website can be found at fundsforhealth.eu.

Why Finland is out in front

Finland leads the way when it comes to health promotion. For more than 40 years, public health projects have been seen as a matter for all government departments both at national and municipal level. However, cuts are now threatening to jeopardise progress. Text: Dietmar Schobel

In the 1960s Finland had the world's highest fatality rates for coronary artery disease. The province of Northern Karelia was hit particularly hard. In 1972 a comprehensive information, training and support programme was launched, geared towards promoting a healthier lifestyle among the whole population. It was complemented by activities which aimed to facilitate the production and consumption of healthier foodstuffs, as well as bringing about healthier workplace environments. At the same time a comprehensive network of primary healthcare units was built.

In 1971 mortality rates for coronary artery disease for males aged between 35 and 64 amounted to 672 per 100,000 each year. Fast-forward 35 years to 2006 and the number had plummeted to just 103. While there are no official figures to show the direct influence of the project on these totals, according to the experts, the data collected in North Karelia are the only hard facts that show what can be achieved by a broad-based healthy living campaign of this scale.

A tradition of health promotion

The causes extend far beyond the programme described above. The key point is that health promotion has been part and parcel of the nation's political agenda since the 1970s. Health is seen as an interdisciplinary issue that cuts through the entire political spectrum: infrastructure, education, social and environmental issues, and health itself. In 1986 the Finns launched their nationwide Health for All programme. When Finland took over the presidency of the European Union in 2006, "Health in all Policies" was selected as one of the



Timo Ståhl: "In Finland, decisions are examined at national and municipal level for their possible implications on the nation's health."

priorities for its tenure. "In Finland, decisions are examined at national and municipal level for their possible implications on the nation's health," says *Timo Ståhl*, Chief Specialist from the Welfare and Health Promotion Unit at Finland's National Institute of Health and Welfare (THL). The institute employs 1,350 people, 40 of whom work in the Welfare and Health Promotion Unit.

Roll-out at municipal level

In practical terms, health promotion activities are rolled out in the 320 Finnish municipalities, each of which has a population of between 1,400 and 604,000. There are currently around 150 health centres in place for people to use, which cover everything from help for pregnant women and parents of small children to measures aiming to support older members of society. The Healthcare Act of 2010 stipulates that municipalities must set themselves health targets and regu-

larly determine the extent to which they are meeting them.

Finland has had to contend with budget cuts in recent years, the effects of which include a drop in the number of people employed at THL. In addition, there are moves afoot to pass a bill that would result in greater centralisation of municipalities' health and welfare services. "In the future there will be 15 to 20 districts responsible for organising the health and welfare services," Timo Ståhl adds. According to him, this is meant to ensure that expert knowledge is more readily available. "But it could also lead to municipalities losing control of their health services, which might compromise the success of health promotion activities in Finland." As things stand, the bill is expected to be passed into law before the end of this year.

FACTS AND FIGURES

Finland is home to around 5.4 million people and covers an area of approximately 338,000 square kilometres. Per capita GDP amounts to USD 49,350 (approximately 43,710 euros, placing Finland 12th by international comparison). GDP per capita at purchasing power parity amounts to USD 36,236 or around 32,100 euros which places it 22nd in the world. In 2011 health spending accounted for 9 per cent of GDP. In 2012 life expectancy at birth for males was 78 years, 69 years of which are spent in good health. Women can expect to live 84 years, with 73 years of good health.

Sources: Wikipedia, OECD: "Health at a glance 2013" and WHO (<http://apps.who.int/gho/data/node.main.688>)

In Germany, far too much is being done at the same time

In Germany, health promotion has gradually evolved from a niche interest to a mainstream issue over the past years and decades," says *Thomas Altgeld*, Managing Director of the State Health Association of Lower Saxony. These sentiments are echoed by *Lotte Kaba-Schönstein*, Professor for Health Sciences at Esslingen University of Applied Sciences, who adds: "However, to date there has been a large implementation gap between theory, opinion and practice, particularly in the area of coordinated overall strategies." *Elisabeth Pott*, Chairperson of the German AIDS Foundation and former Director of the Federal Centre for Health Education (BZgA), which employs some 250 people, cites a possible reason for this: "In spite of the many discussions about it, the impact of prevention is still underestimated by many people."

Development since the 1980s

Back in the mid-1980s, a number of state and non-state organisations in Germany had already begun exploring the concept

FACTS AND FIGURES

At the end of 2012, an estimated 80.5 million people were living in Germany, an area measuring approximately 357,000 square kilometres. In 2011, overall healthcare expenditure in Germany was equivalent to 11.3 per cent of the country's Gross Domestic Product. In 2012, the life expectancy of men and women in Germany at birth was 78 and 83 years respectively. German men live an average of 70, their female counterparts an average of 73 years in good health.

In Germany, health promotion measures have been implemented since the 1980s. However, critics claim that there are too many projects running in parallel and that there is no long-term strategy in place. The planned Prevention Act aims to change this.

Text: Dietmar Schobel



of health promotion. According to the Charter of the World Health Organization's first international conference on health promotion in Ottawa in 1986, this was seen as a task that needed to be addressed by society as a whole. Following up on suitable ideas from the WHO, measures were already realised in particular "settings", including "healthy cities" initiatives and health promotion activities in schools and companies. Some German health insurance organisations were also involved in health promotion at the outset. Since 2000, a fixed minimum amount – around three euros a year per insured person – has been invested by health insurance

organisations in primary prevention. In 2013, health insurance organisations spent a total of 267 million euros on this.

Structures for health promotion

The health promotion landscape in Germany has become very fragmented – as well as the 134 competing health insurance organisations, there are many other players. These are above all the federal states, which are responsible for most healthcare questions, as well as local authorities, accident insurance providers and non-state organisations. In two of the 16 German federal states – namely Bavaria and Baden-Württemberg – there are federal state health

authorities (*Landesgesundheitsämter*) that are greatly involved in health promotion. In the other 14, there are state health associations (*Landesvereinigungen*) with widely varying radii of action in the field of health promotion.

Berlin-Brandenburg, Saarland, Saxony, Lower Saxony and above all Hamburg are known for their wide range of health promoting and preventative services and projects. In 2010, almost 110 partner organisations in Hamburg – coordinated by the state health association – formed a “Pact for Prevention” with a view to bundling their activities. North Rhine-Westphalia, the most densely populated state in the Federal Republic of Germany with 17.5 million inhabitants, also has a special status. Since 1997, there has even been a legal requirement for cross-sectoral cooperation at municipal level for questions relating to healthcare. All districts and cities that are administrative districts in their own right must convene “municipal healthcare conferences”.

Initiatives for health equity

In 2003, the cooperation network for “Health Equity” was also founded in Germany on the initiative of the BZgA; this network has regional contact points in all 16 of the country’s federal states. A total of 62 major partner organisations belong to this network. The most important objective of the network is for its members to work together to develop, implement and coordinate strategies for reaching people in difficult circumstances. According to the law, the expenditure on primary prevention of health insurance organisations should also focus on measures for increasing health equity. Thomas Altgeld: “But the fact is that the health insurance organisations are now mainly offering health courses and consulting – and these are being used for the most part by well-educated middle-aged women.” He adds that barely a tenth of expenditure can be attributed to health promotion in settings such as daycare centres and companies where there is a better chance of including socially disadvantaged people.

Too many activities running in parallel

As should be clear from the above examples, there are a wide range of structures and activities for health promotion in place at national, federal state and municipal level in Germany. However, the experts interviewed by “Healthy Europe” claim that an overall strategy has been missing all along. “There are no concerted approaches and too many activities running in parallel,” says Thomas Altgeld, while Elisabeth Pott also criticises the fact that “only five per cent of measures are evaluated”, i.e. systematically evaluated to determine whether they are suitable and effective. A Prevention Act at national level aims to remedy this situation. Legislation along the same lines had already been planned in 2002 in the coalition agreement of the then “red-green” government coalition. However, the draft legislation ultimately failed to achieve a majority that year and then again in 2007 and 2012. German experts now expect the current proposal to go through in 2015 and enter into force from early 2016. Among other things, it plans for focussed and purposeful cooperation between the main organisations involved in disease prevention. In addition to statutory health insurance, this is also to include statutory pension and accident insurance and long-term care insurance, which is to be given a preventative function for the first time. Health insurance organisations shall be required to more than double the amount they spend on primary prevention. In the future, an approximate figure of at least seven euros per insured person per annum is planned. To date,



Lotte Kaba-Schönstein: “In Germany there is a large gap between theory and practice in health promotion.”



Elisabeth Pott: “The impact of prevention is still underestimated by many people.”



Thomas Altgeld: “We need to get an end to the many activities running in parallel.”

health insurance organisations have also been free to decide how much of their expenditure goes towards individual prevention and how much towards health promotion in settings. This is also to be changed by the planned Prevention Act in Germany. In the future, the sum of two euros is to be earmarked for health promotion measures in companies, another two for measures in settings such as daycare centres or schools and three euros for individual measures.

EDUCATION AND RESEARCH IN GERMANY

According to the website of the Federal Centre for Health Education (BZgA), www.bzga.de, around twelve Bachelor degree and 22 master’s degree courses in Health Promotion or Public Health are available in Germany. Between 2014 and 2017, the Federal Ministry of Education and Research provided a total of 17.6 million euros in financial support to seven research collaborations between science and industry in the area of primary prevention and health promotion. The main focus of this research work was on measures for enabling and promoting health-conscious behaviour and living environments that are conducive to good health.

Third time lucky

Switzerland can point to a high level of professionalism and robust structures for health promotion. However, Swiss experts are not happy about the lack of binding national targets and resulting inefficiency.

Text: Dietmar Schobel

Switzerland is a rich country, and this is borne out by the numbers: in 2013, gross domestic product per capita was 24,965 euros higher than in Austria, according to estimates by the International Monetary Fund. And a report by an insurance company confirms that net worth per capita stands at 146,540 euros – three times the figure for Austria. But the fact that the Swiss have longer life expectancy is less well known: on average women live until the age of 85, while men can expect to live 81 years. This means that life expectancy is two years longer than for Austrian women and three years longer than for Austrian men.

But sometimes the Swiss still regard their eastern neighbour with envy, for instance when it comes to health promotion. “For a long time, the Swiss were leading the way. But this has not been the case for a number of years now, and Switzerland has

FACTS AND FIGURES

Switzerland covers an area of around 41,300 square kilometres and has 8.2 million inhabitants, of which two million (24 per cent) are foreigners without Swiss citizenship. The country is divided into 26 semi-autonomous cantons and has four official languages: French, German, Italian and Romansh. Total spending on health amounted to 11 per cent of GDP in 2011.

Sources: Wikipedia, OECD: “Health at a glance 2013”



now been overtaken by health promotion advances in Austria,” says author and academic *Brigitte Ruckstuhl*. She cites the ten national health targets set by the Austrian government in 2012 as a commendable example. And nine of the ten targets concern health promotion.

Lack of a concerted effort

Felix Wettstein, head of the postgraduate programme in health promotion and preventive medicine at Northwestern Switzerland University of Applied Sciences, has a similar view:

“Austria tackles the same issues as we do in Switzerland, but with much greater consistency.” He believes this is thanks to work of the health fund Fonds Gesundes Österreich, as well as all the health promotion agencies in Austria’s federal states.

A preventive medicine act was intended to introduce a concerted approach in Switzerland, and initial discussions on such a law began in 2005. But after seven years of preparation the bill failed to reach the required majority in the Council of

States by a slim margin in 2012. The Council of States is one of the two Swiss legislative chambers.

“In principle the act would simply have ushered in common targets and more efficient use of existing funds,” says *Thomas Mattig*, Director of Health Promotion Switzerland. “Presumably, various groups such as the tobacco lobby would be less than pleased to see more efficient and effective preventive medicine, and due to their position they could have received a greater hearing in the end,” Mattig adds. Brigitte Ruckstuhl also thinks that the ‘neoliberal point of view’, which places the emphasis on each individual being responsible for their own health, won out.

Failed attempt in 1989

A previous attempt to introduce a preventive medicine law failed in 1989, but the debate held at that time did provide the impulse for establishing Health Promotion Switzerland. Later on, the 1994 health insurance act stipulated that the foundation would receive 0.20 francs per month per insured person. In 2013 this resulted in a total budget of around 18 million francs – around 15 million euros.

“The contribution per insured person has never been increased – but it hasn’t been reduced either,” comments Thomas Mattig. According to Health Promotion Switzerland’s strategy for 2007-2018, this funding is used to pursue three central goals:

- increasing the proportion of the population that have a **healthy body weight**;
- giving as many people as possible the capacity to better shape and manage their lives, in order to **improve mental health** and minimise stress-related illness, and
- raising the profile of health promotion and disease prevention, as well as bringing actors and institutions together in **networks**.

Cantonal health promotion officers

In addition, each of the 26 Swiss cantons appoints an officer to be responsible for health promotion. These experts meet at regional gatherings and at a twice-yearly national conference. Another key institution is the privately established Radix Foundation. Its activities include co-ordinating the Swiss network of health promoting schools on behalf of the federal government and the cantons. Twenty per cent of all primary schools are already members of the network. In addition, for the past five years Health Promotion Switzerland has been awarding the “Friendly Work Space” label to companies that implement workplace health promotion in line with criteria set out by the European Network for Workplace Health Promotion. 55 businesses have been awarded the label so far.

Professionalism on the rise

As is also the case in Austria, Switzerland has not yet introduced an undergraduate degree programme in health promotion. However, both Northwestern Switzerland and Lucerne Universities of Applied Sciences offer master’s degrees in health promotion and prevention. The Universities of Zurich, Bern and Basel offer postgraduate programmes in public health, and students are able to make health promotion their main focus. The number of health promotion experts is growing as a result of these opportunities in higher education and is, as Thomas Mattig observes, “increasing professionalism in health promotion at all levels in Switzerland” in recent years.



Brigitte Ruckstuhl:
“Health promotion is now further advanced in Austria than in Switzerland.”



Thomas Mattig:
“Presumably various groups, such as the tobacco lobby, would be less than pleased to see more efficient and effective preventive medicine.”



Felix Wettstein:
“Austria tackles the same issues as we do in Switzerland, but with much greater consistency.”

Mattig is also optimistic about the prospects for a national strategy in the future. Thanks to an initiative introduced by Swiss Federal Councillor *Alain Berset*, several months ago the Federal Office for Public Health began working with the cantons and Health Promotion Switzerland on a unified approach to preventing chronic disease. “The strategy is slated for completion in 2017 and will cover much that would have been included in the planned 2012 federal act on preventive medicine,” Mattig explains. With this in mind, the Director of Health Promotion Switzerland is certain: “It really will be third time lucky.”

QUINTESSENTIAL HEALTH PROMOTION

The Quint-Essenz quality system was developed in Switzerland and has drawn a significant amount of international attention. It contains practical tools and information for optimising health promotion projects and programmes and evaluating results. The system can be found at www.quint-essenz.ch

Quality and efficiency in Holland

Efficiency and quality are top priorities for health promotion in the Netherlands. New initiatives will be based on existing models of good practice. Text: Dietmar Schobel



According to the stereotype, the Dutch have the best tulips and caravans, a good head for business and are tolerant. The Netherlands also has a strong reputation internationally for health promotion. But is it justified? "Our structures and initiatives for health promotion are well developed in comparison to many other European countries," claims *Djoeke van Dale* from the Centre for Healthy Living at the National Institute for Public Health and the Environment (Rijksinstituut voor Volksgezondheid en Milieu, RIVM). The RIVM employs about 1,500 people.

500 million euros for health promotion
Van Dale is in a good position to comment, as she is co-author of a report published in July 2014 entitled "Health

Promotion and Chronic Disease Prevention in the Netherlands". The report states that 2.5 billion euros were spent on health promotion and disease prevention in 2012 – three per cent of the country's total health spending. For 2007, there are figures for how much was allocated to the two different areas: measures for disease prevention and to support health. In that year, 500 million euros were spent on health promotion, out of a total of 3 billion euros.

Efficient use of funds

It isn't only the relatively high level of investment in the Netherlands. The Dutch are also keen to know exactly how the money is spent. Applicants for funding have to submit an evaluation of existing projects and indicate which organisations they in-

tend to collaborate with. The RIVM's online platform www.loketgezondleven.nl provides access to a database of good practice examples in the field of health promotion. It contains details of 1,900 interventions.

A group of experts has assessed the descriptions and the theoretical soundness of about 250 of the entries so far, as well as whether there is "initial", "good" or "strong" evidence of effectiveness. Two interventions that were put in the latter category are "Taakspel", a project to improve the social climate in classrooms, and "In de put, uit de put 55+", a course aimed at helping older people to overcome depression. "The database is intended to help officials in the regions and at local level to select suitable projects," explains van Dale.

Local authorities given responsibility

In practice, public health, prevention and health promotion tasks are primarily carried out by one of the 25 community health services, each of which serves a region made up of a group of the Netherlands' 403 municipalities. They carry out a wide range of public health related activities, from youth healthcare and providing socio-medical consultation to medical screening. Each municipality delegates assignments to the community health services. Health services are also responsible for implementing health promotion measures tailored to the needs of each locality.

"This includes healthy eating initiatives at schools or healthy exercise campaigns in local authorities, to name just two examples," says *Jan Jansen*, a senior consultant at the Dutch Institute for Healthcare Improvement. Its 50 staff focus on quality assurance in healthcare provision. In 2012 the institute took over the responsibilities formerly assigned to the Dutch Institute for Health Promotion.

Four-year strategies

The local authorities and the national government are obliged under the 2008 Public Health Act to set out their strategy for public health every four years. In addition, a national preventive health programme named "Alles is Gezondheid", which means "all is health", was initiated in January 2014, involving six government ministries. It has three overarching goals: to promote health in the immediate environment, to maintain health protection, and to give preventive care a central role in the health system. Concrete targets include increasing the number of "healthy schools" to at least 850 by the end of 2015, ensuring that fewer children are overweight or start smoking, and that more children are physically active.

Average life expectancy is six years longer for well-educated Dutch

people than for their fellow citizens with a low level of education. However, healthy life expectancy, meaning the years a person can expect to live in full health without diseases or injuries, is 19 years longer. Forecasts from research predict that such disparities are set to increase over the coming years. As a consequence, one specific aim of the "Alles is Gezondheid" initiative is to reduce these inequalities by 2030, or at least to ensure they do not widen. As part of the programme, 44 million euros in total have been made available for a project called "Healthy Cities" for the period to 2018. It will focus on socially disadvantaged communities in 100 municipalities, engaging local people and creating a healthier environment.

An issue for all areas of government

At the national level, the Ministry of Health, Welfare and Sport is responsible for public health, health promotion and disease prevention. But in the Netherlands, health is regarded as an issue that concerns all areas of government. The ministries for Infrastructure and the Environment, Education, Social Affairs and Employment, and the Ministry of Economic Affairs are all involved in financing and implementing health promotion.

Research on health promotion is carried out by the Organisation for Health Research and Development, as well as at various universities. There is a focus on application-orientated studies, and research is often conducted in co-operation with the regional health services. Several universities, including Maastricht University, offer master's courses in public health as well as specifically in health promotion.

High-quality education

"The quality of education in public health is high in the Netherlands," confirms Jan Jansen. But the number of jobs for health promotion specialists in academia and in industry has declined in recent years. The experts



Djoeke van Dale:
"Our structures and initiatives for health promotion are well developed in comparison to many other European countries."



Jan Jansen:
"The quality of education in public health is high in the Netherlands."

interviewed by Healthy Europe believe there are many areas of potential improvement for health promotion in the country. "We need more financial resources, in particular for interventions for children and teenagers," comments Jan Jansen, adding: "But for this to happen, the idea that investments in health promotion lead to savings in healthcare costs needs to finally take root in the Netherlands."

FACTS AND FIGURES

Around 16.7 million people live in the Netherlands, which has a total area of about 42,000 square kilometres. GDP per capita stands at USD 50,355, or USD 42,138 at purchasing power parity. This equates to 44,210 euros or 36,996 euros, respectively, which makes it the tenth richest country in the world. The Dutch spent 11.9 per cent of GDP on health in 2011. Life expectancy for men is forecast to rise from 79 years at present to 82 years by 2030. Over the same period, life expectancy for women will increase from 83 to 85 years. The number of people with chronic diseases is expected to grow from 5.3 million to 7 million by 2030.

Sources: Public Health Status and Forecast Report 2014, Wikipedia, OECD: "Health at a glance 2013"

International health promotion networks

National strategies and programmes help to take health promotion to the regional level. Specialist networks operate at a European and global level, focussing on areas such as physical activity and mental health, as well as specific environments such as business, hospitals and cities.

HEPA Europe

Healthy and physical activity in Europe

"Increased physical activity could help to cut the number of early deaths worldwide by 1,370 a day," states a brochure by the European network for the promotion of Health-Enhancing Physical Activity (HEPA) to attract new members. This statistic shows clearly how important the task of HEPA Europe is. Internationally, HEPA helps to raise the profile of physical exercise in the public eye and is involved in the development of various joint projects. It hosts a meeting once a year and a conference every two years. This year's conference, held in Zurich, will focus on promoting physical activity in healthcare settings.

Established in 2005, the network currently has 140 members. Individual projects and working groups include "National approaches to physical activity promotion", "Active ageing: physical activity promotion among the elderly" and "Sport clubs for health". "Successful initiatives for hard-to-reach target audiences are also presented to HEPA, which can then be rolled out in other countries with minimal adaptations," reports *Sylvia Titze*, the University of Graz's representative to the network and Professor at the University Sports Institute in Graz.

One such example is the Football Fans in Training (FFIT) programme. The 12-week programme aimed at facilitating weight loss and healthier living for overweight football fans was initially developed by researchers from Glasgow University in Scotland. Since its launch in 2010, around 2,000 men have taken part in the scheme. This was made possible thanks to the

support of Scottish Premier League clubs, who were brought on board as project partners and recommended participation in the programme to their fans. Visit www.euro.who.int/hepaeurope for more information on HEPA.

HPH

Healthy hospitals worldwide

It all started with a hospital in Vienna. In 1989, the first pilot project in the World Health Organization (WHO) health promoting hospitals scheme was started at the Rudolfstiftung. Activities included re-organising an entire ward, conducting meetings with all of the professionals involved, and educating diabetes patients on how to improve their quality of life. The Rudolfstiftung patient support team recruited a group of voluntary staff members who were responsible for the welfare of patients without friends or relatives.

What began life as a project confined to a single hospital has grown into an Austrian national network of health promoting hospitals and health services (ONGKG), currently made up of 23 hospitals and three sponsoring organisations. The WHO's international Health Promoting Hospitals and Health Services (HPH) membership network now includes more than 900 hospitals and health facilities, representing 40 countries on five continents. Membership is restricted to three years, and members must demonstrate during this time that they have implemented at least three health promotion measures that match the criteria set out by the WHO.

"It should be taken as a matter of course that hospitals promote health," comments *Christina Dietscher* of the Ludwig Boltzmann Institute for Health Promotion Research (LBIHPR) in Vienna. But as this is still not the case, the LBIHPR is conducting a study to find out what makes hospital managers take the decision to become health promoting institutions. This

transformation primarily occurs in situations where health promotion is seen as a competitive advantage when it comes to attracting patients and staff, or as part of a quality improvement drive. Another factor is the extent to which the necessary statutory and financial frameworks are in place to support health promotion.

www.hphnet.org contains more information on the work of the International Network of Health Promoting Hospitals & Health Services.

ENWHP Healthy workplaces in Europe

"The aim of the European Network for Workplace Health Promotion is to make it easier for people to stay healthy at their place of work. Ultimately, this brings advantages to employers and employees alike," says *Karla Van den Broek* from PREVENT, the Belgian institute for workplace health promotion (WHP). PREVENT has been the headquarters of the European Network for Workplace Health Promotion (ENWHP) secretariat (est. 1996) since 2011. ENWHP represents all 28 EU Member States as well as Iceland, Norway and Switzerland.

The members set out a consensus on the basic goals of workplace health promotion in the Luxembourg Declaration. The declaration covers areas such as improving work organisation and the working environment, promoting the active participation of employees in order for organisations to become healthier. "Of course there are significant practical differences between the countries in Europe", Van den Broek explains. "ENWHP's work focusses on the aspects that we have in common and the areas in which we can learn from each other."

ENWHP initiatives set out two to three year focusses, which are then implemented at a national level. The theme for the 2011-2013 period was "Work Adapted for All." The aim of this initiative was to ensure that workplaces are able to meet the needs of people with

chronic illnesses. Good practice models are published online at www.enwhp.org for the purposes of knowledge transfer.

But where does Austria stand compared to other European countries? According to Van den Broek, the incentive system for the WHP quality assurance developed in Austria is exemplary. "There are also sustainable long-term structures in place for promoting health in the workplace, something that some other countries have so far not been able to achieve," adds *Christoph Heigl* from the Upper Austrian Health Insurance. He co-ordinates the national network for promoting health in the workplace and is Austria's representative to the ENWHP.

Visit www.enwhp.org and www.netzwerk-bgf.at to find out more.

EUPHA Public health expertise in Europe

The European Public Health Association (EUPHA) is a scientific association with 71 members from forty countries – it is made up of 41 national public health organisations, 18 institutions, eight NGOs and four private individuals. Public health covers a wide area and refers to all organised measures to prevent disease, promote health, and prolong life among the population as a whole. The respected European Journal of Public Health, which is published by EUPHA, is a multidisciplinary resource. It contains contributions from the fields of social medicine, epidemiology, health service research, management, law and ethics, health economics, social science and environmental medicine. Each year EUPHA organises a European Public Health conference which attracts around 1,500 delegates. "In 2016 Vienna will host the event under the banner of 'All for Health – Health for All'," confirms *Thomas Dörner*, President of the Austrian Public Health Association (ÖGPH). ÖGPH members are also members of EUPHA.

Visit www.eupha.org and www.oeph.at for further information.



Sylvia Titze represents the University of Graz in the European Network for the promotion of Health-Enhancing Physical Activity (HEPA).



Christina Dietscher of the Ludwig Boltzmann Institute for Health Promotion Research (LBIHPR) in Vienna, which supports the HPH Network for health promoting hospitals scientifically.



Karla van der Broek from PREVENT, the headquarters of the European Network for Workplace Health Promotion (ENWHP) secretariat



Christoph Heigl co-ordinates the national network for promoting health in the workplace, and is Austria's representative to the ENWHP.



Thomas Dörner is President of the Austrian Public Health Association (ÖGPH). ÖGPH members are also members of EUPHA.

WHO Healthy Cities

On the way to healthier urban living

Air pollution, traffic congestion, noise, violence and social isolation are relatively common complaints in cities. At the same time the trend towards urbanisation shows no sign of slowing. According to the World Health Organization, more than two-thirds of the European population live in urban areas, with numbers rising all the time. This makes targeted health promotion strategies aimed at urban populations all the more important. And that is exactly what the WHO's Healthy Cities Network aims to offer in Europe and other parts of the world. Member States are responsible for implementing the strategies at a national level – such as city planning from a health promotion perspective, introducing measures to increase physical activity and encouraging older people to have a more active lifestyle.

"Two themes have shaped the work of the network since its foundation in 1986: enhancing the level of co-operation between government departments and increasing health equity," explains *Ursula Hübel* from Vienna's Agency for Health Promotion. Working alongside third state Parliament President *Marianne Klicka*, Hübel represents Vienna in the WHO Healthy Cities Network for Europe, which has 90 members. The Austrian capital has been a member since 1988.

There are also national associations in 30 different European countries. Co-ordinated by newly appointed director *Gernot Antes*, the Austrian Network of Healthy Cities has 24 members. The aims are the same at national and international level. "According to the WHO definition, a healthy city is not one with an especially high life expectancy, but one that demonstrates a commitment to the health of all citizens and has established the necessary processes and structures to achieve it," Ursula Hübel concludes.

More information about the Vienna – Healthy City WHO project is available online: www.wig.or.at. The website www.gesundestaedte.at contains details of projects supported by the Austrian network of healthy cities as well as contact details.

ENMHP

A virtual network for psychosocial health

"The European Network for Mental Health Promotion is a virtual network," explains sociologist *Gert Lang*, Project Manager at the Research Institute of the Viennese Red Cross. Its services are available and accessible for all via the www.mentalhealthpromotion.net website. These services include access to the knowledge gained in the course of three international projects, which looked at how to promote mental health at a range of levels.

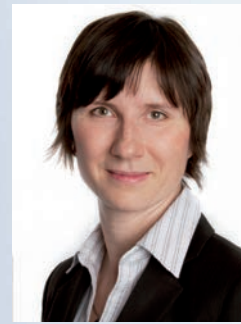
Under **ProMenPol**, a four-year project launched in 2007, experts compiled methods used in good practice throughout Europe, which are now united in a single database. The MHP Handbooks project drew up guidelines for the promotion of psychosocial health in schools, businesses and facilities for older people. Between 2010 and 2013 **mindhealth** developed webinars for managers working in these settings. Now an online training tool shows users what to bear in mind when implementing projects designed to promote psychosocial health.

The interventions outlined here were funded by the European Union and were all conducted by institutions from different European countries working in partnership. In two cases activities in Austria were co-financed by the health fund Fonds Gesundes Österreich (FGÖ). "The website contains numerous interesting and tried-and-tested tools aimed at promoting psychosocial health," explains FGÖ health expert *Gerlinde Rohrauer-Näf*. "To ensure that the online platform and the virtual network continue to thrive, it is essential that all the latest guidelines, handbooks, surveys and other practical tools are uploaded so that other people can learn from them." At present 1,600 registered members use the online European Network for Mental Health Promotion.

D|A|CH

Health promotion in the German-speaking world

"The D|A|CH network was established to enhance co-operation between German-speaking countries within the International Union for Health Promotion and Education," explains *Wolfgang Dür*. He is one of three D|A|CH co-ordinators, working alongside German health scientist *Eberhard Göpel* and Switzerland's *Felix*



Ursula Hübel represents Vienna in the WHO Healthy Cities Network for Europe.



Gert Lang was Project Manager at the Research Institute of the Viennese Red Cross, which played a leading role in the development of the European Network for Mental Health Promotion (ENMHP).



Gerlinde Rohrauer-Näf from the Austrian health fund Fonds Gesundes Österreich, which co-financed the development of the ENMHP partially.



Wolfgang Dür is one of three co-ordinators of the D|A|CH network for health promotion in Austria, Germany and Switzerland.

Wettstein. The association intends to bring politicians, practitioners and researchers working in health promotion together, to facilitate knowledge transfer and provide a forum for experts to share their experiences. Activities centre on annual general meetings, of which there have been four so far, each attracting around 100 delegates. The first, hosted in Austria in 2011, marked 25 years of the Ottawa Charter. The 2012 and 2013 events were entitled "Poverty and Health" and "Milieu Theory and Health Promotion". "Participation", as one of the core principles of health promotion, provided the inspiration for the 2014 meeting.



Photos: aks

The project "**Kinder im Gleichgewicht**", a healthy balance for children, was carried out in the region around Lake Constance, in Germany, Austria and Switzerland.

Three countries, one goal

COMBATING CHILD OBESITY

In all European countries, more and more children are overweight or even obese. KIG – which stands for "Kinder im Gleichgewicht", a healthy balance for children – aimed to address this problem in the region around Lake Constance. The project involved partners aks gesundheit GmbH in Vorarlberg (Austria), the canton of St. Gallen (Switzerland) and the regional administrations of Konstanz, Lindau, Ravensburg and the Lake Constance district (Germany). The project was carried out between 2004 and 2013 with the

support of the Interreg programme which promotes cross-border cooperation within the European Union. The main goal was to prevent children from developing weight problems in the first place. For instance, the "Kinderzüge" and "Schoolwalker" programmes organised by aks gesundheit GmbH worked to encourage children and their parents to walk to school or kindergarten. Another example is "KiVi...Kids Vital", an interdisciplinary health programme for primary schools in Vorarlberg. The website www.kinder-im-gleichgewicht.eu was developed jointly by the project partners, with training courses for

multipliers being carried out in all three countries by the KIG training centre. The Austrian health fund Fonds Gesundes Österreich co-financed various measures as part of the KIG project in Vorarlberg. As *Anne*

Möhrle from aks gesundheit GmbH put it: "The successful international cooperation is to be continued in the future as part of the Interreg V programme: the new focus will be on 'Emotional balance for children'."



More room for healthy exercise in Europe

How can sports facilities, parks and bicycle lanes be built and operated in such a way that they give as many people as possible the chance to take healthy exercise? A European research project has tried to answer this question. **Text:** Dietmar Schobel



researchers from twelve European countries examined how sports facilities, parks, playgrounds, cycle routes, settlement areas and natural areas can be built and operated so that people have better opportunities to exercise healthily. A total of 27 partner institutions were involved in the research project, which was financed by the European Commission; the Austrian part was co-financed by the health fund Fonds Gesundes Österreich (FGÖ).

European guidelines

The outcome of the IMPALA (Improving Infrastructures for Leisure-Time Physical Activity in the Local Arena) project, presented at the end of 2011, was a “recommendation for European guidelines to improve infrastructures for physical activity at a local level”. This document is available online in five languages at www.impala-eu.org. The guidelines are very clearly laid out and describe what should be taken into account when designing public areas with a view to promoting exercise. This begins with policy strategies on the issue and includes planning, building, financing and management. For each of these five spheres of activity, the guidelines explain how the status quo can be improved and what improvements are possible. Apart from this, examples of good practice are provided from countries involved in the project.

Sports facilities provide a place for people to engage in healthy exercise. Or at least you would be forgiven for thinking so. But according to *Michael Kolb*, Professor at Vienna University’s Institute for Sports Science, this is often not the case: “Many sports halls and stadiums are designed exclusively for use by top athletes and are not adapted to the sporting masses.” This is all the more alarming given that two-

thirds of all adults in the European Union do not get the recommended amount of healthy exercise.

An international research project overseen by *Alfred Rütten*, Head of the Institute for Sports Science and Sport at the University of Erlangen in Germany, and of which *Michael Kolb* was responsible for the Austrian part, aimed to help change this. Beginning in January 2009,

One such example is the “Sport & Fun Halls” in the municipality of Vienna. The first of these was originally built in the city’s second district, Leopoldstadt, as a warm-up hall for the 2002 European Athletics Indoor Championships. Following this, it was converted to a hall in which different types of sports can be played and which is available to all Viennese residents for a small admission fee. The possibilities range from street basketball, badminton, street soccer and beach volleyball to indoor climbing and fitness training and have since then also been made available in Sport & Fun Halls in Vienna’s Ottakring and Donaustadt districts.

Affordable and close at hand

Michael Kolb: “In order for better use to be made of exercise facilities, they must be located near people’s homes or workplaces, easy to reach and not cost too much – this was one of the central findings of our studies.” Because of this, it makes more sense to build a greater number of smaller venues that can be used for a wide range of activities. Michael Kolb continues: “Comparatively speaking, this also entails far lower construction costs than is the case with large halls that are designed for competitive sports in individual disciplines, and which must therefore comply with extensive construction specifications.”

IMPALA project manager Alfred Rütten cites a further central criterion for promoting exercise successfully: “Target group members must be involved in the planning from the outset.” For instance, this was frequently not the case when designing “senior playgrounds” in Germany and other countries where fitness equipment for older people was set up in the parks of many cities. The result, as Rütten explains, was that “this equipment was hardly used at all in most cases”. This only changed once sports clubs and carers were involved. Since

then, communal training sessions have been arranged at specific times and the fitness equipment is more often used by the senior citizens.

Exercise for socially disadvantaged people

The IMPALA guidelines also focussed on examples of infrastructure for promoting exercise that mostly benefit socially disadvantaged people, who tend to be among the least physically active. In Oeiras in Portugal, funds from the European Commission’s URBAN support programme were used to build walking paths and cycle routes, green spaces and playgrounds in a district that is home to a relatively high number of people with low incomes and level of education.

“With the guidelines that have been established as part of this project, there are now specific recommended courses of action for cost-effective ways of designing public areas, with a view to encouraging people to take exercise. It is now up to our political decision makers to adopt and implement these recommendations,” emphasises Michael Kolb, adding that the recommendations had already been taken on board in the Austrian “Nationaler Aktionsplan Bewegung” campaign for promoting exercise.

Economic benefits

At a European level, a European Commission recommendation for more healthy exercise published in 2013 made reference to the IMPALA guidelines. Here, access to the issue across all departments was put forward as being the best strategy. The European Commission also pointed out that increased exercise is likely to lead not only to health benefits for the individual but also to economic benefits for society as a whole. This is because fewer working days will be lost and costs for medical treatment will be lower.



Michael Kolb: “Many sports halls and stadiums are designed exclusively for use by top athletes and are not adapted to the sporting masses.”



Alfred Rütten: “Target group members must be involved in planning infrastructure for physical exercise from the outset.”

INFO & CONTACT

Project manager for Austria:

Michael Kolb
Institute for Sports Science, Vienna University
Tel. +43 1 4277-48810
michael.kolb@univie.ac.at

Overall project manager:

Alfred Rütten
Institute for Sports Science and Sport,
Erlangen University
Tel. +43 9131 85-25000
alfred.ruetten@fau.de

Designated health adviser at FGÖ:

Rainer Christ
Tel. +43 1 8950400-21
rainer.christ@goeg.at

Better than any agony aunt

What can help to get young people interested in the importance of safe sex? A European Union project that has been co-sponsored by the Austrian health fund Fonds Gesundes Österreich (FGÖ) has shown the way. Text: Gabriele Vasak



There are plenty of brochures available on the subject of safe sex. But are they really of interest for young people? "No," says *Gabriele Schmied*, who was at the helm of the Austrian part of the EU's "Safesex" project, which was implemented in six European countries between June 2010

and May 2012. Schmied, a social scientist, explains: "Recent studies have shown us that this approach is not very effective for reaching young people, particularly young males with a strong affinity to electronic media. And as far as sex education in schools is concerned, it is no secret that teachers

have too little time to devote to this subject and do not have sufficient training to do so." Studies have also made it clear that risky sexual behaviour has become more widespread now than it was until recently and that new infections with sexually transmitted diseases are on the increase.

A cool idea

Reasons enough, therefore, to launch the “Safesex” project initiated by Danish organisation CSS, which provides information on sex and health. As overall project manager *Nathalie Cunin* from Denmark explains: “We not only wanted to impart to young people knowledge and skills about safe sex, we also wanted to do so in a way that they could relate to. With this in mind, we developed a mobile phone app and an Internet discussion forum on these topics as well as holding “Young to Younger” workshops at schools.

The mobile app, which is suitable for all standard mobile phones, is used widely in Austria. It contains separate sections for girls and boys and provides them with a “cool” lexicon of information about safe sex. As well as this, they have the option of sending in questions to be answered by experts.

“With over 15,000 copies of the app downloaded here, we were more successful in Austria than in any other participating country. As well as this, the experts received around 1,000 questions from young Austrians,” reports Gabriele Schmied, who herself was one of the experts answering young people’s questions, an experience that she found very rewarding. “The feedback was incredibly positive – perhaps best of all for me was the text message from a girl enthusing that we were better than Dr Sommer, the long-standing agony uncle in teen magazine Bravo.”

80 per cent satisfaction

The second project tool, an Internet discussion forum, was less well received in Austria. The project manager attributes this to the fact that many forums of this kind already exist in this country for young people. The third piece of the project puzzle – the “Young to Younger” workshops in schools – were rated very well, with 80 per cent satisfaction among participants.

Gabriele Schmied: “This tool involved briefing trainers – aged between 20 and 28 – in

holding participative workshops for teenagers.” Participants also had the chance to submit questions (anonymously at first) on slips of paper at the beginning of the workshop. The content of the working groups was geared for the most part towards the young peoples’ own input.

Speaking of content: in addition to the aforementioned organisations in Denmark and Austria, the European Union project included institutions from Italy, the Czech Republic, Greece and Lithuania, for which a degree of cultural adaptation was required. Gabriele Schmied: “In a strictly Catholic country like Lithuania, great care was needed with the wording of the mobile app.”

Learning from one another

This also raised the question of how teams in different countries worked together and learned from one another in the course of the project. Nathalie Cunin: “There were regular team meetings, in which experiences and best practice examples were shared. Here, the participants were also given an insight into how the teams in the individual countries had to adapt the project products and activities to the situations in their respective countries. Needless to say, international and interdisciplinary expertise was also used to implement ideas and content in such a way that they worked in all countries.”

According to Gabriele Schmied, the content covered by the project – which is funded internationally by the Health Programme of the European Commission’s Executive Agency for Health and Consumers – is designed to be very open and wide-ranging. She also attributes the success of the overall European initiative to the fact that raising the awareness of safe sex among girls and boys was not only limited to strictly health-related topics: “They were also able to explore all kinds of other questions relating to love, relationships and so on – in some cases questions that you’d never expect to hear.” In other words, simply much better than any agony aunt!



Gabriele Schmied: “Risky sexual behaviour has become more widespread now than it was until recently and new infections with sexually transmitted diseases are on the increase.”



Nathalie Cunin: “As part of the ‘Safesex’ project, we imparted knowledge about safe sex to young people in a way they could relate to – using mobile phone apps, the Internet and ‘Young to Younger’ workshops.”

INFO & CONTACT

Project manager for Austria:

Gabriele Schmied
Tel. +43 1 699 11034360
gabriele.schmied@gmx.at

Overall project manager:

Nathalie Cunin
Center for Sex og Sundhed
(Centre for Sex and Health), Denmark
nc@sexogsundhed.dk

Designated health adviser at FGÖ:

Petra Gajar
Tel. +43 1 8950400-12
petra.gajar@fgoe.org

Healthy teeth for all

An innovative project in Styria has shown the best way to generate interest in the subject of “healthy teeth” among children and parents with migration backgrounds, and how to provide them with the relevant information they need. **Text:** Dietmar Schobel



Participants from a wide cross-section of countries were trained as dental health mentors as part of a project run by Styrian health promotion institution Styria vitalis.

The World Health Organization aims for 80 per cent of six-year olds being free of tooth decay by 2020. According to a dental health survey by Austrian research and planning institute Gesundheit Österreich GmbH, an average of 48.6 per cent of children in Styria in this age group were free of tooth decay in 2006. At the same time, however, significant differences came to light: while 53 per cent of six-year olds without a migration background were free of tooth decay, this was only the case with 25.3 per cent of children of the same age with migration backgrounds – i.e. less than half as many.

Gudrun Schlemmer from Styrian health promotion institution Styria vitalis, who oversaw this FGÖ-supported project, explains: “Because of this, the pilot project ‘Zähne.Zeigen’ – ‘Show Your Teeth’ – aimed to explore the best ways to get families with migration backgrounds and socially disadvantaged families interested in the subject of dental health, and to provide them with the relevant information.” This project was carried out between January 2010 and December 2013 in the Graz districts of Lend and Eggenberg and in the Styrian districts of Bruck an der Mur and Feldbach.

18 women from twelve countries

The first step involved inviting women from a wide cross-section of countries to take part in a three-part training package about becoming a dental health mentor. As well as healthy eating, this training focussed on didactics and educational theory. Among other things, the participants learnt the best way to approach parents and to interest them in the importance of healthy teeth. The training was accompanied by a script and a textbook and was completed with an examination. A total of 18 women from twelve countries as diverse as Armenia,

Nigeria and Turkey were ultimately deployed as mentors as part of the programme. As well as approaching parents in paediatricians' waiting rooms and counselling centres for migrants and parents, they communicated with the children themselves using hand puppets and memory cards, together with large models showing sets of teeth and a toothbrush to demonstrate to the children the right way to clean their teeth. As well as this, the dental health mentors organised events themselves – for example lecture evenings in religious communities or clubs with a large number of migrant members, or get-togethers in parks or private apartments.

Some 5,000 parents reached

Through a total of 814 activities, the dental health mentors reached the 4,888 parents of 9,300 children. Gudrun Schlemmer was very satisfied with the successful outcome of the project: "Among others, one-third of all Turks and over half of all Nigerians in Graz were informed about

dental health through the project." As part of the follow-up project "Preventing tooth decay the culturally sensitive way", written information on the subject of dental health was developed in intercultural dialogue groups with representatives from the largest groups of migrants in Styria. These can now be downloaded at www.styriavitalis.at in 15 languages including Albanian, Hungarian and Turkish.

The findings from the successful projects are now also to be used in the overall Styrian tooth decay prevention programme. As *Bernadette Jauschneg*, head of the Dental Health area at Styria vitalis, explains: "People who work at social, counselling and healthcare institutions are to be invited to come on board as cooperation partners. By training as multipliers, they learn how to approach the parents of children aged four and under in their respective institutions, and provide them with verbal and written information on the subject of dental health."



Gudrun Schlemmer:
"One-third of all Turks and over half of all Nigerians in Graz were informed about dental health through the project."



Bernadette Jauschneg:
"People who work at social, counselling and healthcare institutions are to be invited to come on board as cooperation partners."



INFO & CONTACT

Contact:
Bernadette Jauschneg
(Head of Dental Health area)
Tel. +43 1 316 822094-61
bernadette.jauschneg@styriavitalis.at

Gudrun Schlemmer (Project manager)
Tel. +43 1 316 822094-14
gudrun.schlemmer@styriavitalis.at

Designated health adviser at FGÖ:
Petra Gajar
Tel. +43 1 8950400-12
petra.gajar@goeg.at

Cooperations with:
Graz municipal authorities, outpatient dental clinic of the Styrian State Health Insurance Organisation and many other cooperation partners



Germain Weber: "Far too little has been known up until now about the special health-related and social needs that people with intellectual disabilities have in their later years."

It is a happy fact that people are living longer and longer nowadays – this applies to those both with and without intellectual disabilities. "However, far too little has been known up until now about the special health-related and social needs that people with intellectual disabilities have in their later years," says *Germain Weber* of the Faculty of Psychology at the University of Vienna, who is at the helm of the Austrian team of the European Union project Ageing and Intellectual Disability (AGID). AGID was conducted between January 2012 and April 2014 together with organisations in Luxembourg, the United Kingdom, Italy, Belgium

Caring for older people with disabilities

Senior citizens with intellectual disabilities need a very special kind of care. A European project co-financed by the Austrian health fund Fonds Gesundes Österreich (FGÖ) has developed an innovative online training programme for their carers.

Text: Gabriele Vasak

and France. The main aim of the European initiative was to ensure that people with intellectual disabilities had equal healthcare opportunities and quality of life in their later years.

Development of an online training course

This also meant providing their carers with the best possible information on this topic. With this in mind, an e-learning platform was developed at AGID for all groups of people who care for those with intellectual disabilities. To this end, the development team first took stock of the current state of knowledge and then, in cooperation with all the countries involved in the project, determined the most important elements of this basic knowledge. "This know-how will be made available online to all those who care for people with intellectual disabilities so that the carers can continue to meet their patients' needs as they approach old age," explains overall project manager *Raymond Ceccotto*, General Director of the Association des Parents D'Enfants Mentalement Handicapés (APEMH), an organisation for people with intellectual disabilities and their families in Luxembourg.

Six training modules can now be accessed on www.agid-project.eu, free of charge and in all project languages – these training modules can be used by participants on their own or as part of a team. Each module contains specific information about the ageing process and person-centred planning for pa-

tients in advanced years. Apart from this, knowledge about social networks, communicating with elderly people and emotional control for carers can be called up. Finally, the individual learning units also focus on the "pathological ageing in people with intellectual disabilities" and on the professional outlook required by carers for this particular target group.

Active inclusion

A central objective of the initiative was "inclusion", i.e. bringing together and actively involving all those concerned. Accordingly, people with intellectual disabilities were involved throughout the entire project. They were present at the initial "round table" discussions and took part in the final conference. Germain Weber also puts particular emphasis on the benefits of European cooperation inherent to the project, which was financed through a "Leonardo da Vinci" grant from the European Union and co-financed in Austria through the health fund Fonds Gesundes Österreich (FGÖ). Weber, who is also President of the association Lebenshilfe Österreich, explains: "All stages of the project were marked by intensive cooperation. This meant that it was possible for everyone to make good use of the project partners' specific skills, resulting in an end product that really was tailored to the exact needs of the target groups." Overall project manager Raymond Ceccotto: "I feel that we have achieved a great deal. What I would like to see in the future is our platform being used extensively by those who work in this area."

INFO & CONTACT

Project manager for Austria:

Germain Weber
Institute of Applied Psychology
at the University of Vienna
Tel. +43 1 4277-47224
germain.weber@univie.ac.at

Overall project manager:

Raymond Ceccotto
APEMH – Luxembourg
Tel. +352 3791911
raymond.ceccotto@apemh.lu

Designated health adviser at FGÖ:

Rainer Christ
Tel. +43 1 8950400-21
rainer.christ@goeg.at



EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING



Photos: Ariane Moret

EuroHealthNet's Members & Partners – EuroHealthNet General Council 2014



DRIVERS Final Conference – Julie Ward – MEP; Prof. Sir Michael Marmot – UCL Institute of Health Equity; Caroline Costongs – EuroHealthNet Managing Director

EuroHealthNet is a partnership of health promotion organisations, agencies and statutory bodies that work together to achieve a common goal:

- To improve health and wellbeing in Europe.
- To tackle health inequalities.

EuroHealthNet's approach to achieving this mission is to address the underlying factors that influence health and wellbeing and that contribute to social inequalities in Europe. An important part of EuroHealthNet's work is to enable members to exchange knowledge and experience, to engage them in relevant EU-level policy processes and support efforts to foster policy change within their countries. EuroHealthNet also works closely with the WHO and other international partners. Over the last decade, EuroHealthNet's work has contributed to new evidence, approaches and innovative thinking in public health and health promotion.

Some examples of our European activities

An important vehicle to achieve our mission is engagement in EU-level events and activities. EuroHealthNet and its partners have developed, coordinated and been involved in many EU projects,

co-financed through the European Commission's public health, research and employment and social affairs directorates. These projects have stimulated cooperation on specific topics, led to new knowledge and facilitated change in policy and practice at EU level and within the countries involved. EuroHealthNet leads work in the following projects.

- Joint action on chronic diseases and healthy ageing across the life cycle www.chrodis.eu
- Research study on social determinants of health (DRIVERS) health-gradient.eu
- Joint action on effective HIV prevention www.qualityaction.eu
- Healthy ageing initiatives on health literacy www.irohla.eu and age-friendly environments www.afeinnovnet.eu

Our members and partners

EuroHealthNet currently counts almost 50 members and partners from 25 European States and plays a pro-active and visible role to achieve health equity between and within European States. We stimulate and support integrated approaches by operating at all levels, in relevant health, social and employment sectors.

For more information and to join us, contact our EuroHealthNet Management Assistant
d.hargitt@eurohealthnet.eu
www.eurohealthnet.eu



Gert Lang:
"We cherry-picked the best mental fitness exercises from all participating countries."

How older people in Europe stay mentally fit

The best recipe for keeping your mind sharp is to keep your curiosity burning bright all through your life. A European project shows what older people and their carers can do to specifically promote their "mental fitness".

Text: Dietmar Schobel

As prominent British actor, writer and director *Sir Peter Ustinov* (1921-2004) once observed: "It is of primordial importance that every year you learn more than the year before." In fact, the latest findings in neurological research confirm that the ability of nerve cells in our brains to form networks remains intact in advanced years. This potential should be used as it is the best way to keep your mental faculties sharp as the years go by.

The ideal way to do this is to remain open-minded and curious – to meet with friends, talk, read, learn foreign languages and pursue other mentally challenging activities. As well

as this, the European project "MENTA50+" – which took place between September 2012 and November 2014 – explored what older people and their carers can do to specifically preserve their "mental fitness".

Innovative exercises from eight countries

Gert Lang from the Research Institute of the Red Cross in Vienna, who is responsible for the Austrian part of the project, says: "We started off by cherry-picking the best examples of mental fitness exercises from all participating countries". Partner organisations from Hungary, Spain, Italy, Great Britain, Greece, Cyprus and Israel also took part in the project, which was financed by the European Commission as part of the European Union's Lifelong Learning Programme – the Austrian part of the project was co-financed by the FGÖ health fund.

Based on the good practice examples, a number of innovative exercises were developed, tried out in real-life situations and then outlined in a clearly laid out 160-page handbook. The handbook can now be used by multipliers as the basis for a 30-hour course for older people on the subject of "Mental Fitness and Well-Being in Advanced Years". In addition to a general training plan, the project involved developing web-based learning games for older people, which can now be tried out after registering free of charge online at menta.nsinform.hu. The online games are also designed to help people remain "on the ball".

Holistic approach

In aiming to promote mental health, the project takes a holistic rather than an isolated view. This means that it does not focus solely on abstract cognitive skills, such as those used in solving crossword puzzles, but also on colours, smells and sounds. Correlations between mental performance and factors such as stress management, food, exercise and social contacts are also taken into account.

A total of eight exercises are presented for each of the specified areas in the handbook. These are described in such a way to make them easy for experienced group leaders to follow. To take just two examples from the exercises, "Leader in the Dark" involves a blindfolded person being guided by others, while participants in "Scent of a Melody" try to remember a series of notes better by associating them with scents.

Summing up the experiences from the European initiative, *Gert Lang* states: "With international projects, language barriers sometimes make it difficult to find a common denominator at first. But in the end, the collaboration bore plenty of fruit. We were not only able to draw on the best experiences from several European countries but also on the know-how of different partners from a wide cross-section of disciplines that varied from senior carers to gym instructors and researchers."

INFO & CONTACT

Project manager for Austria:

Research Institute of the Red Cross
Gert Lang
Tel. +43 1 79580-3425
gert.lang@w.rotekreuz.at

Overall project coordinator:

Trebag Ltd.
Enikő Nagy
eniko.nagy@trebag.hu

Designated health adviser at FGÖ:

Rainer Christ
Tel. +43 1 8950400-21
rainer.christ@goeg.at

JUL → AUG → SEPT → OCT → NOV → DEC

IMPORTANT DATES FOR JULY

→ **06.-08.07.**

23rd European Social Services Conference
The EPIC SANA Lisboa Hotel, Lisbon, Portugal
conference.esn-eu.org

IMPORTANT DATES FOR AUGUST

→ **30.08.-01.09.**

Care Integrated Primary Care: Research,
Policy & Practice
Tobacco Theatre, Amsterdam,
The Netherlands
www.euprimarycare.org

IMPORTANT DATES FOR SEPTEMBER

→ **02.-03.09.**

European Public Health Alliance
Annual Conference
10 years of "Health in all Policies" –
EU Rhetoric or Reality in 2015?
Résidence Palace, Brussels, Belgium
www.ephpa.org

→ **23.-25.09.**

Lisbon Addiction Conference
First European Conference on Addictive
Behaviours and Dependencies
FIL Expo Conference Centre,
Lisbon, Portugal
www.lisbonaddictions.eu

→ **29.09.**

SOPHIE Final Conference
Evaluating the Impact of Structural Policies
on Health Inequalities
Brussels, Belgium
www.sophie-project.eu

→ **30.09.-02.10.**

18th European Health Forum Gastein
Gastein, Austria
www.ehfg.org

IMPORTANT DATES FOR OCTOBER

→ **07.-09.10.**

Global Alcohol Policy Conference
EICC, Edinburgh, Scotland – UK
www.eurocare.org

→ **07.-09.10.**

11th Annual Meeting and 6th Conference of
HEPA (Health-Enhancing Physical Activity) Europe
Acibadem University, Istanbul, Turkey
www.hepa2015.org

→ **14.-17.10.**

8th European Public Health Conference: "Health
in Europe – from global to local policies,
methods and practices"
MiCo, Milano, Italy
www.ephconference.eu

→ **20.-23.10.**

"Walk21": 16th International Conference on
Walking and Liveable Communities,
"Stepping ahead"
Town Hall, Vienna, Austria
walk21vienna.com

→ **21.-23.10.**

USE2015 – Understanding Small Enterprises
2015 Conference
Hanze University of Applied Sciences, Groningen,
The Netherlands
www.useconference.com

IMPORTANT DATES FOR NOVEMBER

→ **17.11.**

Irohla Final Conference – Intervention Research
on Health Literacy among Ageing population
The Management Centre Europe,
Brussels, Belgium
www.irohla.eu

→ **17.-19.11.**

3rd European Health Literacy Conference
Developing Health Literacy
During the Life Course
The Management Centre Europe,
Brussels, Belgium
www.healthliteracyconference.eu

→ **24.-25.11.**

CHRODIS Joint Action Forum Conference on
Good Practices in Health Promotion
Vilnius, Lithuania
www.chrodis.eu

IMPORTANT DATES FOR DECEMBER

→ **07.12.**

AFE Innovnet: "Towards Age-Friendly
Environments"
Brussels, Belgium
www.afeinnovnet.eu

PREVIEW FOR 2016

→ **26.-27.01.**

Quality Action Concluding Conference
Improving HIV Prevention in Europe
Berlin, Germany
www.qualityaction.eu

→ **22.-26.05.**

22nd IUHPE World Conference on
Health Promotion –
Promoting Health and Equity
Curitiba, Brazil
www.iuhpeconference2016.com

→ **01.-03.06.**

International Conference
"Building the Future of Health"
Groningen, The Netherlands
www.buildingthefutureofhealth.eu

Health for All!



Fonds Gesundes
Österreich



Fonds Gesundes Österreich is the national competence centre for health promotion in Austria.

We are convinced it is better to maintain health than to treat diseases after they occur. All people should have equal health opportunities.