

10th IUHPE European Conference and International Forum for Health Promotion Research

# Implementing Health Promotion in the Life Course - User Involvement in Practice and Research

September 24 – 26, 2018, Trondheim, Norway

## Programme and abstracts



### **Colophon**

Norway, 24 september 2018

Publiser: Rapportserie Senter for helsefremmende forskning

Editor: Siw Tone Innstrand, Geir Arild Espnes and Bjarne Bruun Jensen

Design: Morten Petersen / [www.reflektdesign.dk](http://www.reflektdesign.dk)

ISBN Print: 978-82-93158-42-4

ISBN Digital: 978-82-93158-43-1

#HealthPromotionEurope

# Welcome

A warm welcome to all participants to the 4th International Forum for Health Promotion Research and the 10th IUHPE European Conference. This is a joint event between the International Union for Health Promotion and Education and the NTNU Center for Health Promotion Research.

We have chosen to call the conference: “Implementing Health Promotion in the Life Course - User Involvement in Practice and Research” and the conference therefore focuses on two overarching principles. The first is viewing health—and thus solutions to current health problems—in a life course perspective. There is no doubt that each phase of the life span presents a unique and complex set of problems and opportunities on which we need to focus in health promotion. Just as importantly, strong evidence exists that interventions early in life are effective health promotion and prevention strategies. The second overarching principle is user involvement in health promotion practice and research. The time has come to focus on evidence for the effectiveness of approaches integrating this principle. This implies that we must move from a broad and general use of the principle of involvement to a much more nuanced and concrete way of describing user involvement. We hope that these principles will inform and inspire our discussions during the conference.

The conference aims to strengthen the role of health promotion in Europe as a source of innovative practices that are based on solid evidence by gathering health promotion practitioners, researchers and policy makers. Practice and research need to go hand-in-hand to achieve the goals of a healthier and more equal society. Knowledge from health promotion research is growing steadily and through the last decade has become an important source for decision makers throughout the world. The work to further develop methods, theories and evidence of health promotion needs to continue as our societies face changing challenges and needs.

This conference, the 4th International Forum for Health Promotion Research and the 10th IUHPE European Conference, is devoted to exactly this challenge. New knowledge will be presented in key-notes, in oral and poster presentations, and through lively discussions in panels, workshops and a Euro Café activity. In addition to this, two new initiatives, responding to the current health challenges and to the

changing patterns of disease and health in Europe and globally, will be introduced during the conference. During the reception at the end of the first conference day, The European Forum for Health Promotion Research will be launched, and a new UNESCO Chair for Global Health and Education will be presented.

We also expect the social program to be to everyone's liking, with a conference dinner at the Archbishops Palace, followed by a concert in the Nidaros Cathedral.

Besides experiencing all this, we will also urge you to take some moments to stroll around and experience our beautiful small city of Trondheim. Take also the opportunity to learn a bit about our rich history on the Trøndelag coast as well.

**So again, welcome and we wish you all a fruitful and stimulating conference!**

**The conference committee:**



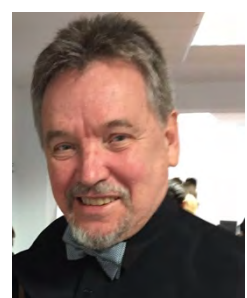
**Siw Tone Innstrand**



**Geir Arild Espnes**



**Bjarne Bruun Jensen**



**Bengt Lindström**

# Collaborators and Sponsors



**IUHPE – UIPES**

INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION  
UNION INTERNATIONALE DE PROMOTION DE LA SANTÉ ET D'ÉDUCATION POUR LA SANTÉ  
UNIÓN INTERNACIONAL DE PROMOCIÓN DE LA SALUD Y EDUCACIÓN PARA LA SALUD



**NTNU Center for Health  
Promotion Research**



**Trondheim Municipality**



**NTNU – Trondheim  
Norwegian University of  
Science and Technology**



**Trøndelag fylkeskommune**  
Trööndelagen fylhkentjielte



**The Research Council  
of Norway**

**Folkehelseforeningen**

NORSK FORENING FOR FOLKEHELSE  
Norwegian Public Health Association (NOPHA)



**ST. OLAVS HOSPITAL**  
UNIVERSITETSSYKEHUSET I TRONDHEIM



**Health  
Promotion -  
Worthwhile?**



**Steno Diabetes Center  
Copenhagen**



# Content

<b>Welcome .....</b>	<b>3</b>
<b>Collaborators and Sponsors.....</b>	<b>6</b>
<b>Conference programme.....</b>	<b>7</b>
<b>Keynote speakers.....</b>	<b>12</b>
<b>Cultural acts .....</b>	<b>15</b>
<b>Programme Abstracts</b>	
Abstract Workshop.....	16
Abstract Oral Presentations .....	30
Abstract Electronic Poster Presentations .....	136
<b>Supplementary for Exhibition posters 25.9 .....</b>	<b>171</b>
Exhibition programme.....	172
Exhibition abstracts .....	178
<b>Organization committee .....</b>	<b>196</b>

# General programme

**Monday 24 September 2018**

## LIFE COURSE AS A CONTINUOUS APPROACH

Facilitator: Siw Tone Innstrand

08.00-09.00	<b>Registration</b>
09.00-09.45	Welcome by Geir Arild Espnes, NTNU, & Bjarne Bruun Jensen, IUHPE, chairs of the forum  <b>Opening of the conference:</b> By Minister for the Elderly and Public Health – Åse Michaelsen
09.45-10.00	<b>Music</b>
10.00-10.45	<b>Implementing health promotion in the cradle of life</b> Soo Downe
10.45-11.15	Break
11.15-11.45	<b>Young people's reflections on health promotion</b> Ellen Ersfjord
11.45-12.45	<b>Lunch</b>
12.45-15.00	<b>Parallel session:</b> Oral presentations Electronic posters
15.00-15.30	<b>Break</b>
15.30-17.00	<b>Parallel workshops</b> See programme below
18.00	<b>Reception at Rockheim</b> Launch of European Forum for Health Promotion Research (HP Forum) and presentation of UNESCO chair for Global Health and Education

### Parallel workshops, Monday 25 September 2018

Room	Theme	Workshop leader
Olav Tryggvason 1	Action-oriented research: Theory and practice of user involvement in evaluation research	Stef Kremers
Olav Tryggvason 2	Act positive across the life course: How salutogenesis helps to prioritize and promote the sustainable development goals (SDGS)	Georg F. Bauer
Olav Tryggvason 3	Can paternalism in health promotion be justified?	Berge Solberg
Tavern	How to foster the health literacy of children and young people from a health promotion perspective?	Janine Bröder
Munkholmen/ Kristiansteen	Informing culturally competent mental health and wellness programming through testimony three key participatory research procedures for work with youth participants	Katherine Schlatter
Austråt	Interactive interviewing and imaging (triple i) to engage secondary school adolescents in dialogue on active lifestyle	Gwendolijn Boonekamp
Sverresborg	Challenges and possibilities with participatory visual research methods in health promotion	Maria Warne

**Tuesday 25 September 2018**

## **WHAT WORKS IN HEALTH PROMOTION PRACTICE AND RESEARCH? - BENDING THE CURVE OF RISING NCDs**

Facilitator: Maurice B. Mittelmark

---

<b>09.00-09.15</b>	<b>INTRODUCING THE DAY</b>  Maurice B. Mittelmark
--------------------	---

---

<b>09.15-09.45</b>	<b>Health promotion, version 2.0 - key principles and challenges</b>  Bjarne Bruun Jensen
--------------------	---

---

<b>09.45-10.15</b>	Quick walk & talk in groups of three
--------------------	--------------------------------------

---

<b>10.15-12.30</b>	<b>Three parallel symposia:</b>  <b>Health literacy:</b> Facilitated by  Diane Levin-Zamir, Stephan Van Den Broucke & Helle Terkildsen Maindal  <b>Healthy settings:</b> Facilitated by Mark Dooris & Didier Jourdan  <b>Salutogenesis:</b> Facilitated by  Georg Bauer & Lenneke Vaandrager
--------------------	--

---

<b>12.30-13.30</b>	<b>Lunch</b>
--------------------	--------------

---

<b>13.30-14.30</b>	<b>Interactive exhibition</b>
--------------------	-------------------------------

---

<b>14.30-15.30</b>	<b>Panel discussion</b>  with advocates of the three approaches and representatives from EUPHA and IUHPE  - Maurice Mittelmark (Facilitator)  - Diane Levin-Zamir, IUHPE Global Working Group for Health Literacy  - Mark Dooris, IUHPE Interest Group for Healthy Settings  - Georg Bauer, IUHPE Global Working Group for Salutogenesis  - Luis Saboga-Nunes, EUPHA Section on Health Promotion  - Bjarne Bruun Jensen, IUHPE Vice President for Europe
--------------------	---

---

<b>15.30-15.45</b>	<b>Dance performance</b>
<b>15.45-16.15</b>	<b>Coffee break</b>
<b>16.15-17.45</b>	Parallel workshops See programme below
<b>19.00</b>	Conference dinner
<b>22.00</b>	Cathedral concert

#### Parallel workshops, Tuesday 25 September 2018

<b>Room</b>	<b>Theme</b>	<b>Workshop leader</b>
Olav Tryggvason 1	Prioritising children's involvement in health promotion research: a workshop exploring diverse participatory methods	Stefania Velardo
Olav Tryggvason 2	European training consortium public health and health promotion: 27th years achieving the iuhpe competencies	Anna Bonmatí Tomàs
Olav Tryggvason 3	Family health promotion: Co-created dialogue tools to facilitate mutual familial involvement in health and illness	Dan Grabowski
Tavern	Health promoting health literate health care settings – concept, assessment tools and interventions	Juergen Pelikan
Brattøra	Health promotion for all: how to make it inclusive for people with intellectual disabilities?	Kristel Vlot-Van Anrooij
Munkholmen/ Kristiansteen	Health in a global context	Birthe Loa Knizek
Austråt	Health promotion in the sports club setting	Susanna Geidne
Sverresborg	The use of biodesign and design thinking methodologies in creating innovative tools in health promotion and health education	Magdalena Wrzesińska

**Wednesday 26 September 2018**

## **IMPLEMENTATION FOR SUSTAINABILITY**

Facilitator: John P. Allegrante

---

09.00-09.30	<b>Sustainable implementation of public health initiatives</b> Monica Lillefjell
09.30-10.15	<b>How can research participate to sustainable health promotion? Or should it?</b> Louise Potvin
10.15-10.45	<b>Break</b>
10.45-12.15	<b>Parallel sessions</b> Oral presentations Electronic posters
12.15-13.30	<b>Lunch</b>
13.30-15.00	<b>Euro cafe on evidence to practice:</b> Facilitated by Lenneke Vaandrager & Paolo Contu
15.00-15.30	<b>Closing session with poster awards and reflections</b> Geir Arild Espnes (NTNU), Natalie Taylor (Student and early career network, IUHPE), Bjarne Bruun Jensen (IUHPE) and others.

---

# Opening of the conference

Åse Michaelsen



## **Minister for the Elderly and Public Health**

Member of Stortinget (Parliament) 2005-2017, representing the Progressive Party.

---

# Keynote speakers

Soo Downe



Soo spent 15 years working as a midwife. In 2001 she joined UCLan where she is now the Professor of Midwifery Studies. Her main research focus is the nature of, and cultures around, normal birth. She is currently the Chair

of EU COST Action (IS1405) including 31 countries and over 120 scientists from a wide range of disciplines. She is a member of the Board of Directors of the International MotherBaby Childbirth Organisation, and of the Global Respectful Maternity Care Council of the White Ribbon Alliance, a member of the Steering Group for the recent Lancet Midwifery Series, and of the Advisory Group for the current Lancet Stillbirth Series. She is also a member of the Technical Working Group of the current World Health Organization antenatal guidelines development project, and of the forthcoming WHO Intrapartum and Reducing Caesarean Section guidelines. She has published over 100 peer reviewed papers, and has undertaken research using a wide range of qualitative and quantitative methods.

## Bjarne Bruun Jensen



Bjarne Bruun Jensen is a professor and director of Health Promotion at Steno Diabetes Center Copenhagen in Denmark. The Steno Health Promotion aims at developing and implementing innovative and user-oriented approaches in prevention and health promotion. A special focus is on reducing inequality in health – socially and globally ([www.sdcc.dk](http://www.sdcc.dk)). Bjarne is Adjunct Professor at Aalborg University (Denmark) and Norwegian University of Science and Technology (Norway). He has for many years been working with health promotion research, including the concepts of salutogenesis, empowerment, health literacy and action competence. He has recently been elected as the IUHPE (The International Union for Health Promotion and Education) Regional Vice President of Europe where he also serves on its Executive Board. Bjarne has published 29 books, 104 articles in journals, 96 chapters in books. He is editor of 31 books.

## Ellen Ersfjord



Ellen Ersfjord, PhD, is currently working as a researcher at Center for Obesity Research at St. Olavs Hospital, Norway. Her research interests are childhood studies and medical anthropology, more specifically within the fields of public health and (childhood) obesity. She has experience with involving children in public health research, and also from telemedicine and advanced new digital media research.

Monica Lillefjell



Monica Lillefjell, PhD, Reg. OT. is currently professor at the Norwegian University of Science and Technology, Department of Neuromedicine and Movement Science and NTNU Center for Health Promotion Research, Trondheim, Norway. Lillefjell is leader for the Norwegian Network for Education and Research in Health Promotion. Her research interests are public health, health promotion and prevention, equality and equity, occupational health and rehabilitation. She has experience with implementation research, especially methods for evidence-based decision-making processes, user involvement and multisectoral collaboration within health promotion and public health work.

Louise Potvin



Louise Potvin is currently professor at the Department of Social and Preventive Medicine, School of Public Health, Université de Montréal. She is Director of the Institut de recherche en santé publique, Université de Montréal and researcher at the Centre Léa-Roback sur les inégalités sociales de santé de Montréal. She holds the Canada Research Chair in Community Approaches and Health Inequalities. Her main research interests are Population Health Intervention Research and the role of social environments in the local production of health and health equity. In addition to having edited and co-edited 8 books, she has published more than 260 peer-reviewed papers, book chapters, editorials and comments. She is the Vice-President for Scientific Affairs of the International Union for Health Promotion and Education and the Editor-in-Chief of the Canadian Journal of Public Health. She is a Fellow and a member of the Board of Directors of the Canadian Academy of Health Sciences.

# Cultural acts



## Bovin string quartet

The Bovin string quartet is an award winning string quartet with master students from the Department of Music at NTNU, who have been playing together since 2014. They have a versatile repertoire and play on arrangements from Doctoral Promotions to arena concerts with Kygo. Mostly, they like to perform on conferences and dinners where they have the opportunity to engage the audience with pop and folk music.



## Dance performance

Name of choreography: «Time Squeeze»

Choreographer: Åsne Hakvåg

Dancers: 3MDD from the dance line at Trondheim Katedralskole

Music: «Blockbuster» by Rhythm Heritage

# Abstracts Workshops

Time: 15.30 - 17.00

Date: September 24, 2018

## Interactive Interviewing and Imaging (triple I) to engage secondary school adolescents in dialogue on active lifestyle

**MSc Gwendolijn MM Boonekamp<sup>1</sup>, Dr MPH John AJ Dierx<sup>2</sup>**

<sup>1</sup>HAN Sports & Exercise, HAN University of Applied Sciences, <sup>2</sup>AVANS University of applied Sciences

Location: AUSTRÅT

Adolescents in pre vocational education schools in the Netherlands exercise less and are less often member of organized sports organisations compared to their peers from other educational levels. Research to explain this discrepancy and subsequently organizing interventions to decrease or overcome this difference seem thus far to be ineffective. There are indications that this is due to the fact that most interventions are developed and performed by professionals or teachers based on needs assessment but without involving the adolescents. Therefore, in a study in the Netherlands we have introduced a different approach by engaging them actively in a conversation about what an active lifestyle means to them and mapping their assets instead of their needs. In line with the development in secondary education to prepare pupils to become responsible and engaged citizen, they are given the opportunity to build and confirm their abilities, to comment on their experiences and insights and to develop skills to become an active agent within their schools and peer groups, thus giving them responsibility and getting in control.

To provide adolescents the opportunity to express and visualize their voice and ideas, the methods of 'structured interview matrix' and 'photovoice' were combined. The outcomes are applied in engaging them in organizing activities and thus change their attitude towards an active lifestyle. By performing this

at their schools, we aimed to co-design with pupils interventions in the schools based on their assets.

In this interactive workshop, participants will actively participate in a Structured Interview Matrix session (60 min) to experience and learn how to use this method as a means to engage a group in dialogue with each other about a health promotion topic. Prior to this, we introduce briefly the selection criteria of the 'structured interview matrix' and 'photovoice' as participatory research methods and explain how they were adapted to be used in the context into what we now call "triple I" method (15 min). In the wrap up of the session the use of the method in this and other contexts will be discussed (15 min).

## Informing culturally competent mental health and wellness programming through testimony. Three key participatory research procedures for work with youth participants

**Kathrine Schlatter<sup>1</sup>**

<sup>1</sup>Department of Health and Behavior Studies, Teachers College, Columbia University

Location: MUNKHOLMEN/KRISTIANSTEEN  
THEME

Purpose: This workshop uses examples from community-based participatory research for improving mental health care, cultural competency, and GP communication with adolescent patients from highly marginalized populations. This workshop aims to first train researchers on techniques for eliciting testimony in a participatory manner, and secondly on the ethical procedures for analyzing the qualitative data with a grounded theory approach. Thirdly, the session coordinator will discuss the potential for

evoked theory and for translating to care and practice.

**Objectives:** The first objective is to share examples of participatory elicitation of visual and verbal testimony that go far beyond traditional photovoice practices. The second objective is to show how techniques for grounded theory research may be ethically applied to visual data created by participants. The third objective of this workshop is to share the most common types of testimony and to train researchers on how to distinguish between the types of expository personal narrative, shadowed data, covert and overt analogy and metaphor from children. Samples from fresh data will be used in group and individual exercises. The data was created in collaboration with an Indigenous-owned and operated Health Promotion and Disease Prevention Program for preadolescent and adolescent youth. A guided exercise will have audience members partake in coding practices, identifying categories, and actively challenging aspects to this work through reiteration, discussion and the “constant comparison” procedure in a round table session. The time will be split into four parts: a brief introduction, a guided exercise of manual coding, an independent group exercise, and finally a discussion.

A note about the sample data and the population it serves: Plains Tribes populations are amongst the most marginalized communities in the North America and youth face many health threats including discrimination, poorly-funded health care, a high burden of morbidity and mortality from accidental injury, death and suicide. Indigenous scholars link the high morbidity and mortality to historical trauma from the legacies of atrocities, colonization, persecution, and cultural genocide.

## **Act positive across the life course: how Salutogenesis helps to prioritize and promote the sustainable development goals (SDGs)**

**Prof. Georg F. Bauer<sup>1</sup>, Assistant Professor  
Lenneke Vaandrager<sup>2</sup>**

<sup>1</sup>*Center of Salutogenesis, University of Zurich,*

<sup>2</sup>*Social Sciences Group, Wageningen University  
& Research*

**Location: OLAV TRYGGVASON 2**

The WHO Shanghai Declaration recommends addressing SDGs as key determinants of health. An effective and equitable health promotion (HP) approach requires to set life-stage specific priorities of SDGs and to develop related HP strategies in participation with representatives of the respective groups. Currently, a clear framework for such an approach is lacking.

The main objective of the workshop is to show how Salutogenesis can provide a clear guide why and how the SDGs can be prioritized and addressed in different life stages. The results of the workshop will be the basis for a broader, global discussion during a related session at the IUHPHE world conference in 2019.

Salutogenesis frames SDGs in a positive, attractive way as key resources for both individual well-being and planetary health. Salutogenesis suggests participatory prioritization of the SDGs, as participation leads to meaningfulness and ownership. Further, it suggests to group the 17 SDGs into a comprehensible, manageable and meaningful mind-map – furthering the sense of coherence of the actors.

The workshop pursues the following learning goals: participants

- understand the concept of Salutogenesis
- can use this framework to reflect SDGs as positive resources for equitable well-being

- know how to prioritize SDGs for different life stages within the Salutogenic framework
- can assess how these SDGs across life stages contribute to well-being & planetary health

The workshop uses a participatory approach. The two coordinators provide a plenary introduction of a coherent mind-map linking SDG to well-being and planetary health. This mind map will guide participants through a structured discussion of the key SDG and how to address them in five moderated sub-groups for specific life stages: maternity/early life (moderator Pauline Bakibinga, Kenya), children (moderator Bengt Lindström, Norway), youth (moderator Luis Nunes Saboga Nunes, Portugal), adults (moderator Paolo Contu, Italy), elderly (moderator Mathieu Roy, Canada). Based on the reported results of the sub-groups, all participants of the workshop will discuss how to better link the prioritised SDGs to both wellbeing and planetary health in the future.

## Action-oriented research: Theory and practice of user involvement in evaluation research

**Prof. Dr. Stef Kremers<sup>1</sup>, MSc Nina Bartelink<sup>1</sup>, Dr. Roel Hermans<sup>1</sup>, MSc. Celeste Van Rinsum<sup>1</sup>, MSc. Lotte Prevo<sup>1</sup>, Prof. Dr. Nanne de Vries<sup>1</sup>**

<sup>1</sup>*Department of Health Promotion, Maastricht University*

**Location: OLAV TRYGGVASON 1**

The key question of this workshop is how health promotion researchers can evaluate input, output and outcomes of interventions while engaging in supportive contributions to the process of change. A basic proposition is that traditional RCTs are ill-suited to

understand implementation issues, but that action-oriented research designs are suitable. In action-oriented research, evaluation is no longer merely an external observation of strategies to implement changes, but it becomes one of the strategies itself. This approach requires that researchers are no longer neutral and fully objective, but they join in the discussions and involve intermediaries whenever possible on the basis of their professional knowledge, skills and experiences, as well as based on the results of contextual scans or monitoring data. It is expected that regular feedback will provide valuable guidance to the process of change, and that contextual information will inform implementers regarding their choices for the most appropriate intervention elements. The question is: how should such research approaches be designed and operationalised? In this workshop, we will share our theoretical paradigm and practical experiences in order to interact with participants on how to advance research in this field. Specific tools will be shared, while addressing health promotion in a variety of settings including schools, neighbourhoods and primary care.

## How to foster the health literacy of children and young people from a health promotion perspective?

**Janine Bröder<sup>1</sup>, Orkan Okan<sup>1</sup>, Dr Stefania Velardo<sup>2</sup>**

<sup>1</sup>*Faculty of Educational Science, Centre for Prevention and Intervention in Childhood and Adolescence CPI, Bielefeld University*, <sup>2</sup>*College of Education, Psychology and Social Work, Flinders University*

**Location: TAVERN**

Health literacy (HL) is viewed as the personal attributes and social resources that determine

the ability of individuals to access, understand, assess and use health-related information for their health in every-day life settings. As such, HL has evolved into a significant public health and health promotion goal. It is especially influenced by the settings in which it is practiced. Children and young people are a core target group for health promotion, but there is still little knowledge of how to promote their HL in daily life.

The workshop aims to discuss strategies for fostering children's and young people's health literacy. Viewing them as embodied beings of their own social worlds, the workshop specifically focusses on discussing available interventions and exploring asset-focused, participatory strategies. The audience is invited to engage in an interactive exchange on how HL can contribute to appropriate and applicable strategies for promoting the health of the target group. Guiding questions are:

- a) What individual abilities and social resources children and young people can access and use for seeking and dealing with health information;
- b) How they can recognize these;
- c) How they can promote them, including the strategies they use for mobilizing and practicing their abilities in different settings of their daily lives.

The workshops addresses researchers and practitioners interested in discussing and improving the HL of children and young people and follows this structure:

- Introduction with two short presentations reporting on the results of a literature review regarding the available strategies for promoting HL in children and adolescence (10min each, equals 20min).
- Using the theme-Café method, participants are invited to contribute to and discuss the three key questions along three different themes (a) the home and social settings (b) the school setting, and (c) the digital setting,

including online (social) media (15min on each, equals 45min).

- Key points and lessons learned will be reported back to the plenary by each group and wrapped up by the coordinators (25 min).

With this workshop, we hope to stimulate knowledge exchange on methods and practice regarding meaningful approaches to promote the HL of children and young people.

### Challenges and possibilities with participatory visual research methods in health promotion

**PhD, lecturer Maria Warne**, Professor Katja Gillander Gådin, Associate professor Ruth Kjærsti Raanaas, **Professor Catrine Kostenius**

*<sup>1</sup>Mid Sweden University, Department of Health Sciences*

Location: **SVERRESBORG**

The aim of this workshop is to discuss pros and cons using participatory visual methods in health promotion research. The interest of visual research is growing and it is time to look more critical to this increasingly popular research focus. The first part of the session, we shortly introduce visual methods in health promotion by giving examples and experiences from our research. In the second part of the session, we will discuss experiences and reflections about, e.g. vulnerable groups, power relations, ethical problems and the use of photographs together with the participants. The goals for the session are to expand the dialogue about the need for high ethical standards when using visual methods in health promotion research, to share experiences and to create contact between researchers within this field.

There is growing body of research about visual methods in health promotion and the presenting researchers have, together and separately, used participatory visual methods for data collection and participatory action research. The authors have all experience with the PhotoVoice method, developed by Wang and Burris in the late 90th, as well as other visual methods, like cell philms and drawings and participatory research. Examples from different research projects are; non verbal language of drawings and photographs in participatory visual methods when aiming at understanding children's life worlds, young girls' experiences of daily life at school and girls' views of sexual harassment. However alongside the many opportunities there are equal number of challenges when using non-verbal arts-based research methods in order to go beyond the limits of language to capture the meaning of lived experience in a multimodal and holistic way.

## Can paternalism in health promotion be justified?

**Professor Berge Solberg<sup>1</sup>, Professor Geir Arild Espnes<sup>1</sup>**

<sup>1</sup>NTNU

Location: OLAV TRYGGVASON 3

This workshop invite participant to take part in an interactive discussion on paternalism in health promotion. Central questions that we address are: What is paternalism? Why is it discredited in western societies today? In what way are paternalism intrinsic to health promotion? What is the difference between nudging and manipulation? Last but not least, what forms of paternalism in health promotion can (not) be morally justified?

The workshop will consist of two introductory presentations – one attacking paternalism in health promotion and the other one defending it. Then the participants will continue on a structured discussion in small groups, before the session coordinator collects input from all the groups and summarize the insight.

The goal of the workshop is to increase the awareness of ethical tensions within the project of health promotion. In addition we will try to articulate potential solutions to these tensions.

# Abstracts Workshops

Time: 16:15-17:45

Date: September 25, 2018

## Family health promotion: Co-created dialogue tools to facilitate mutual familial involvement in health and illness

Didde Hoeeg<sup>1</sup>, Ingrid Willaing Tapager<sup>1</sup>,  
Annemarie Varming<sup>1</sup>, **Dan Grabowski<sup>1</sup>**

<sup>1</sup>*Steno Diabetes Center Copenhagen*

**Location:** OLAV TRYGGVASON 3

Steno Diabetes Center Copenhagen has vast experience with research in the area of participation and user involvement. Dan Grabowski has facilitated numerous workshops with healthcare practitioners as well as fellow researchers. The organizing group consists of a cross-disciplinary group with backgrounds in sociology, public health and health education.

### **The workshop will consist of three parts:**

1. Brief introduction to the results and process of the PIFT-project focusing on developing a new approach and dialogue tools to facilitate mutual familial involvement in health and illness.
2. A substantial session where the participants get to try the developed tools hands on.
3. A concluding brainstorm session focusing the applicability of the tools in the participants' field of practice.

Rationale: Family involvement plays a key role in intra-familial health promotion as well as in daily chronic illness management. The importance of family approaches has for some years received increasing recognition. However, family involvement is a complex matter, often characterized by unclear structural relations and contrasting needs and expectations within the family. Supportive and obstructive behaviors frequently co-occur and communicative structures often suffer and turn the intra-familial relationships into

something negative. Furthermore, communication with healthcare professionals is often something the family does not involve each other in. In the PIFT-study we have developed research-based family dialogue tools to motivate mutual familial involvement in health and illness.

Learning objectives: The participants will gain insights into mechanisms and dynamics with relevance for familial communicative structures in intra-familial health promotion and daily chronic illness management. Most importantly participants will get to reflect on how to relate the insights and the concrete tools to their own field of practice.

Outcomes for participants: We will conclude the workshop by brainstorming about possible concrete plans for implementing the tools in healthcare practice. We will do this by using a workshop version of a planning tool originally developed for families, where the participants will describe several steps from ideation to implementation.

## Health Promoting Health Literate Health Care Settings – Concept, assessment tools and interventions

**Professor Juergen Pelikan<sup>1</sup>, Diane Lewin<sup>1</sup>,  
Ragnhild Spilker<sup>1</sup>**

<sup>1</sup>*Austrian Public Health Institute (Gesundheit Österreich GmbH)*

**Location:** TAVERN

Within health literacy (HL) – a key concept of health promotion - one of the important trends related to health care, is to understand HL as the relationship or fit of personal competences of patients to situational demands of the complex health care system. This lead to a comprehensive definition of a health literate health care organization by describing 10

attributes by a task force of the Institute of Medicine of the National Academies in the United States in 2012. This approach was taken up by a team of the Vienna WHO Collaborating Centre for Health Promotion in Hospitals and Health Care to develop the “Vienna Concept of Health-Literate Hospitals and Healthcare Organizations” (V-HLO) which follows a broader understanding of HL. Based on the settings approach of Health Promoting Hospitals (HPH) the concept is expanded from focusing on the HL of patients, also to the HL of staff and the population of the catchment area and from HL just for diagnosis, treatment and care, also on HL for access to, living and working in the organization, for disease management and prevention and for lifestyle development. Furthermore the V-HLO relates to quality philosophy by an organizational self-assessment tool of 9 standards, 22 sub-standards and 160 indicators following criteria of the International Society for Quality in Health Care. This tool has been tested in 9 Austrian hospitals and there also exist tool boxes for interventions.

In order to be able to monitor, benchmark and improve organizational HL in health care in different health care systems an international working group on “Health Promoting Hospitals and Health Literate Health Care Organizations” was founded within the international HPH network.

The workshop will present the model, the assessment tool and intervention tools for a Health Literate Healthcare Organization by members of the working group. Participants will have the opportunity to learn about, debate and reflect upon this innovative approach of implementing a specific aspect of health promotion in settings of health care, and beyond.

The session coordinator is director of the Vienna WHO-CC, has directed the Vienna project and is co-chairing the international working group.

## Health promotion in the sports club setting

**Susanna Geidne, Sami Kokko<sup>1</sup>**

<sup>1</sup>*University of Jyväskylä*

Location: AUSTRÅT

### Short statement

The researchers within this workshop are among the leading group of researchers in Europe who studies sports clubs as a health-promoting setting. They have both individual and joint work within this research field.

### Objectives

The full potential of sports and especially sports clubs to promote public health and physical activity (PA) has not yet been realized. There is an increasing interest in studying sports clubs as settings for health promotion to understand the context of the sports club and how to embed these activities in the daily practices of the club. The workshop aims to, first, introduce Health Promoting Sports Club (HPSC) research in Europe, second, present research results from various European countries covering various aspects of HPSC research, and, third, discuss about the topic with the participants in order to enhance HPSC research in new countries.

### Learning goals

How can sports clubs contribute to promotion of physical activity?

Health promotion interventions in sports clubs or health promoting sports clubs?

What can sports clubs do to be a health-promoting setting?

Sports clubs – is it a suitable setting for the whole life course?

### Type of activity

The workshop consists of an introductory presentation on the overall situation of the Health Promoting Sports Club and a review of health promotion intervention in sports clubs from a settings perspective followed by case studies from Ireland, Finland, France and the Netherlands. The workshop ends with a learning café.

- 1) Introducing health promoting sports club /Sami Kokko (5 min)
- 2) Health promotion interventions in sports clubs – a mapping review. /Susanna Geidne (8 min)
- 3) Sports Based Health Promotion Activity across Community Clubs in Ireland. /Aoife Lane (8 min)
- 4) Does late specialization of young athletes enhance overall physical activity over early specialization? /Sami Kokko (8 min)
- 5) Comparison of coaches' perceptions and officials' guidance towards Health Promotion in sports clubs. /Aurélie Van Hoya (8 min)
- 6) Sporting programs for inactive population groups: what is left of them after 6 years? /Linda Ooms (8 min)
- 7) A learning café with four round table discussions related to the learning goals. (45 min)

### Overarching category

Learning development (but could as well be local communities)

## Prioritising children's involvement in health promotion research: A workshop exploring diverse participatory methods

**Dr Stefania Velardo**<sup>1</sup>, Ms Janine Bröder<sup>2</sup>, Mr Orkan Okan<sup>2</sup>, Ms Gwendolijn Boonekamp<sup>3</sup>

<sup>1</sup>College of Education, Psychology and Social Work, Flinders University , <sup>2</sup>Faculty of Educational Science, Centre for Prevention and Intervention in Childhood and Adolescence (CPI), Bielefeld University , <sup>3</sup>HAN University of Applied Sciences

Location: OLAV TRYGGVASON 1

In recent years, participatory research with children has gathered momentum in health promotion. Contemporary approaches that prioritise children's participatory rights draw inspiration from the 'New Social Studies of Childhood' (NSSC) philosophy that challenges traditional views of children as vulnerable and incompetent beings. In this vein, the NSSC seeks to overcome the marginalisation of children's voices by acknowledging that young people are active in the construction of their social worlds. Research can privilege children's voices through oral or visual data collection methods and researchers are also starting to explore opportunities for children to participate in the design and application of projects.

This workshop seeks to bring together researchers and practitioners with an interest in user-centred participatory research with children. We aim to initiate a rich dialogue about innovative and best practice approaches spanning oral, visual and child-driven methods. During this workshop, participants will:

- Consider values, assumptions and contemporary issues underpinning the NSSC movement

- Explore different yet complimentary participatory approaches to research design, data collection, interpretation and translation
- Discuss important considerations for designing ethical, engaging and inclusive research with children of diverse ages – including potential strengths, challenges and possibilities linked to diverse methods

With the aim of fostering an interactive and collaborative workshop, we propose the following format:

- Introduction to the NSSC and brief overview of oral, visual and child-driven methods (15minutes – led by co-organisers)
- World café format where participants explore three broad approaches to child-centred research (oral, visual and child-driven) across different tables facilitated by the co-organisers (20 minutes on each table – 60 minutes in total)
- During the world café rounds, participants are encouraged to draw on their personal experiences with different methods. However, in considering the diversity in the audience, we will also support participants through the provision of case studies and structured questions to guide meaningful discussions
- Short report from each table regarding their key discussion points, lessons learned and considerations for practice (15 minutes)
- \*Dear reviewers, please see our attached PDF for overview of each author's expertise

## The use of Biodesign and Design Thinking methodologies in creating innovative tools in health promotion and health education

**Magdalena Wrzesińska<sup>1</sup>**

<sup>1</sup>*Department of Psychosocial Rehabilitation, Medical University of Lodz*

**Location: SVERRESBORG**

Nowadays, Biodesign methodology has been used to define the needs of stakeholders, create and implement innovative solutions in healthcare. It includes three main stages: identification of the needs, invention of the solution and implementation. The identification concerns defining the needs based on the observations in different settings. The invention includes the steps from ideation through prototypes to final concepts of the solution. Design Thinking (DT) has been widely used in this stage to design the final products or services. DT is known as a repeatable process for creating innovation solution based on the clear understanding of the people's needs by fulfilling the following stages: empathize, problem definition, ideate, prototype and test.

The main objectives of the workshop are:

to present the concept of Biodesign and Design Thinking methodologies

to present the usefulness of Biodesign and Design Thinking methodologies in mapping the needs and problem definition of the stakeholders

to present the usefulness of Biodesign and design thinking methodologies in creation the innovation tools in health promotion and health education basing on the own experiences (The Healthy Lifestyle Pyramid).

**Learning goals:**

to train the skills of the observation and need definition of the stakeholders using Biodesign methodology

to train empathy and problem definition of stakeholders using design thinking methodology

**Type of activities:**

Presentation with audience interaction, round table with case studies, discussion and brainstorming

**Statement about the expertise:**

A public health specialist, the Head of the Department of Psychosocial Rehabilitation, Medical University of Lodz. Between 2012 and 2013 participant in the “BioTechSciene Manager” postgraduate study, led by the University of Lodz and University of Texas at Austin; the alumna of the StarShip Innovation Fellowship organized by EIT-Health (2017), tutor in ETC-PHHP (since 2018), experiences in development and commercialization of the innovation tools in health promotion and health education (since 2014).

## Health promotion for all: How to make it inclusive for people with intellectual disabilities?

**Kristel Vlot-van Anrooij<sup>1</sup>, Stine Skorpen<sup>2</sup>, Judy Ryan<sup>3</sup>**

<sup>1</sup>*Department of Primary and Community Care, Research group Intellectual Disabilities and Health, Radboud university and medical centre,*

<sup>2</sup>*Norwegian National Advisory Unit on Ageing and Health, Intellectual Disability and Ageing, Vestfold Hospital Trust,* <sup>3</sup>*Irish Longitudinal Study on Ageing and Intellectual Disability (IDS TILDA), Trinity College*

**Location: BRATTØRA**

**Rationale:** General health promotion activities are often inaccessible for vulnerable populations such as people with intellectual disabilities (ID), a population faced with health disparities. Furthermore, the principles of health-promotion are often applied in settings where people with ID do not engage. Inclusive health promotion for people with ID involves considering their characteristics and living environment. Previous studies on health promotion for people with ID give insight into factors which should be taken into account to make health promotion accessible for people with ID.

**Objectives and learning goals:** The workshop aims to facilitate knowledge exchange between international health-promotion experts and experts in health promotion for people with ID. Knowledge will be exchanged on the characteristics of people with ID and the communities in which they live in which are useful in designing inclusive health promotion. Experiences of health promotion initiatives for people with ID will be shared. Furthermore, the workshop will foster a discussion on making general health promotion more inclusive for people with ID, and explore ways to create health-promoting settings for people with ID in the communities where they live, work and engage. Applying the general principles of health promotion to people with an ID will contribute to knowledge exchange, explore pathways to policy making and foster new approaches to inclusive health promotion for people with an ID.

**Type of activities:** Presentations with audience interaction.

**Expertise of workshop facilitators:** The three workshop facilitators have experience in the field of healthcare for people with intellectual disabilities in three different European countries. They are involved in health promotion research for people with intellectual disabilities. The workshop facilitators have a masters degree in health promotion and have a specific interest in

applying knowledge from the field of general health promotion to health-promotion targeted at people with intellectual disabilities.

## **European Training Consortium Public Health and Health Promotion: 27th years achieving The IUHPE competencies**

**Dr. Anna Bonmatí Tomàs<sup>1</sup>, Dr. Lenneke Vaandrager<sup>1</sup>, Dr. Paolo Contu<sup>1</sup>, Dr. Giuseppe Massanoti<sup>1</sup>, Dr. Lynne Kennedy<sup>1</sup>, Dr. Bengt Lindstrom<sup>1</sup>, Dr. Gaby Ortiz<sup>1</sup>, Dr. Carlos Alvarez-Dardet<sup>1</sup>, Dr. Giancarlo Poccetta<sup>1</sup>, Sra. Gwendolijn Boonekam<sup>1</sup>, Dr. Arnd Hofmeister<sup>1</sup>, Dr. Elisabeth Fosse<sup>1</sup>, Dr. Magdalena Wrzesinska<sup>1</sup>, Dr. Dolors Juvinya Canals<sup>1</sup>, Dr. Eric Breton<sup>1</sup>, Dr. Gordana Pavlekovic<sup>1</sup>, Dr. Maria Koelen<sup>1</sup>**

*<sup>1</sup>European Training Consortium Public Health and Health Promotion*

**Location: OLAV TRYGGVASON 2**

The European Training Consortium Public Health and Health promotion (ETC-PHHP) is a European learning network founded in 1991. ETC-PHHP was created to establish synergy among its partners as well as to collaborate with other local, regional and national institutions. Today, the network consists of 12 Higher Education partners from across Europe. A primary goal of ETC-PHHP is to develop international professional and academic collaboration between partners, student, and tutors; provide guest lecturing opportunities, student and staff internships, and the realization of common research projects.

This has resulted in the development of considerable and global ETC-network alumni, which facilitates the diffusion of events and opportunities for learning, personal development, and employment. Some 734

participants from 58 different countries, across multidisciplinary disciplines, with varying levels of public health and health promotion knowledge, have participated in the ETC-PHHP experience and annual Summer school. The overarching goal of the two-week summer school model is to provide opportunities for participants to explore new frontiers in health promotion, whilst experiencing and studying the principles and theories of health promotion, from a whole systems approach. This includes a focus on wellbeing, underpinned by the Salutogenic approach, for the development of international action strategies, designed to implement policy, theory, and evidence into practice. The ETC-PHHP model of learning is based in cooperative learning pedagogy, to deliver the IUHPE competencies in public health and health promotion and to facilitate the translation of the Ottawa Charter and Principles for Health Promotion into practice.

We propose a workshop to outline the experience of this network and share this as a model of good practice on how to apply health promotion theory in practices.

## Health in a Global Context

**Professor Birthe Loa Knizek<sup>1</sup>, Professor Toril Rannestad<sup>1</sup>, Professor Sylvia Söderström<sup>1</sup>, Senior lecturer. PhD Joseph Osafo<sup>2</sup>**

<sup>1</sup>NTNU, <sup>2</sup>University of Ghana, Legon

Location: MUNKHOLMEN/KRISTIANSTEEN  
THEME

### Objective/Learning goals

Deeper understanding of:

- the positive inter-correlation between the different dimensions of health.
- the necessity of cross disciplinary approaches and user involvement
- the transferability of research from one cultural context to another.

### Activities

1. Four presentations
2. Discussions

### Presentations

According to WHO, health is regarded as consisting of four dimensions; a physical, a psychological, a social and a spiritual dimension. These dimensions inter-correlate so that resources in one can have a positive impact on the others. Health is more than an individual, standardized bio-medical entity. The main determinants of health generate from the socio-economic and cultural context in which people live. The user perspective is, therefore, a necessity in research and practice to ensure healthy lives and promote well-being for all at all ages.

Psychological health. There is a danger of underestimating the actual importance of mental health because of inadequate appreciation of the connectedness between mental illness and other health conditions. As formulated by WHO, there can be no health without mental health.

Social health. The national strategy in Norway, Joy-of-Life-for-the-Elderly, aims at focusing more on social and cultural wellbeing in the care for the elderly. However, the strategy has been established without evidence. Our group has therefore asked the users themselves what they regard as Joy-of-Life.

Physical health. The objective is to highlight the significance of bodies and bodily relationality on young people's health and everyday life, through examples from research in the Nordic countries on young people and health, and on disabled youth and peer inclusion.

Spiritual health. The importance of spirituality in health outcomes has been globally acknowledged. However, the practical competence in incorporating it as aspect of patient care by health workers is far from being achieved. Ghana's rich and diverse religious/spiritual resources, continue to be at the fringes of the biomedical health care system.

### Discussion

- Health is created in our daily lives, in our context. How to implement this knowledge in the health services?
- How to implement user participation in research and practice?
- The transferability of health promotion knowledge from one culture to another?

# Abstracts

## Oral Session 1

Health promotion in a life course perspective

Time: 12.45 - 15.00

Date: September 24, 2018

Location: Olav Tryggvason 1

## From 9 to 91 in good health – significance of the inner child in health promotion through the life course

**PhD student Margareta Sjöblom<sup>1</sup>**, Professor Catrine Kostenius<sup>1</sup>

<sup>1</sup>*Luleå University of Technology*

### Introduction

According to the World Health Organization a life course perspective is about increasing the effectiveness of health promoting interventions focusing on a child's healthy start and targeting the needs of people throughout their lifetime. However, human beings are commonly divided by age instead of viewing life as a process. Already in the 60's Jung identified the concept of the inner child explaining that human beings' life journey includes all the past life experiences impacting their lives. The phenomenon of the inner child may be of help when promoting health through the life-course. Additionally, enabling human beings' involvement in health promotion practice and research is of importance. Therefore, the aim was to describe and understand schoolchildren's, adult's and older person's experiences of childhood in connection to health and well-being in the present and through the life course, illuminating the inner child.

### Methods, context and participants

Three studies giving voice to 53 individuals aged 9-91 was re-analyzed with a hermeneutical phenomenological approach. The 20 adults and 13 older persons were interviewed about childhood experiences and the 20 schoolchildren were interviewed about childhood experiences in play. The main question posed to the gathered data in the re-analyzes was "How do the participants narrations about childhood experiences illuminate the inner child useful for health promotion through the life course?"

### Results and conclusions

The participants narrated about the importance of a secure atmosphere and trusting relationships, which helped them to overcome challenging times for example when they felt abandoned. The participants experienced how their own strength became a source for development. They narrated about play as an activity where they learned how to promote a healthy childhood, struggling for independence and learning how to be responsible when growing up. The findings also indicate that the participants learned useful life lessons, suggesting that experiences during childhood can help us to adapt and pass along knowledge across generations. These dimensions of mental, social and existential well-being can be seen as examples of the inner child's significance in health promotion through the life course.

## Public health implications of the life course perspective – thinking of the next generations

**Dr Jens Aagaard-Hansen<sup>1,2</sup>**, Professor Helle Terkildsen Maindal<sup>1,3</sup>

<sup>1</sup>*Steno Diabetes Center Copenhagen*, <sup>2</sup>*MRC Developmental Pathways for Health Research Unit, Faculty of Health Sciences, University of the Witwatersrand*, <sup>3</sup>*Department of Public Health, Section for Health Promotion and Health Services Research, Aarhus University*

Risks for a large number of public health problems, including non-communicable diseases (NCDs), accumulate not only throughout an individual's life from the embryo stage onwards, but are also passed on from one generation to the next (Marmot 2010, Hanson & Gluckman 2011).

The life course concept includes the various stages of life: embryonic and foetal life, infancy, early childhood, school age, adolescence, and reproductive age (including pre-conception), where positive and negative events at one stage may have an impact on subsequent stages and even across generations. Old age stands out as a tangent, where the impacts of events are not transmitted to the next generations.

From a public health perspective interventions are attractive if they:

- 1) generate a '3 for the price of 1' return on investment (better health for young people now, as future adults and for their children).
- 2) target early stages in the life course where plasticity (an organism's adaptability to its environment) is greatest;
- 3) have already been shown to be efficacious/effective (and cost-effective).

A life course perspective according to these criteria provides a strong case for preventive public health interventions for instance during pregnancy and even pre-conceptually (Hanson et al. 2015). Nevertheless a substantial number of resources for prevention are dedicated to stages of the life course like old age where the advantages of intergenerational impact and plasticity are not reaped.

Nevertheless, public health priorities should be based on ethical as well as rational, utilitarian considerations. Thus, interventions during old age are still justified, though the overall public health outcomes may be less conspicuous than interventions at other stages. In addition to interventions addressing specific stages of the life course, there are a number of structural interventions, which work across the board at the population level, e.g. targeted food taxes and subsidies or food labeling (Hawkes et al. 2015).

There is a pressing need to study the long-term impact of interventions during pre-conception and pre-natal periods as well as infancy and

early childhood when plasticity and potential impact on the next generation are highest.

## **LIFECOURSE: A Multilevel Analysis on the Effects of Stress on Biology, Emotions, and Behavior Throughout Childhood**

Dr. Alfgeir Kristjansson<sup>1,2</sup>, Dr. Inga Dora Sigfusdottir<sup>2,3</sup>, Miss Ingibjorg Thorisdottir<sup>2,3</sup>, **Dr. John Allegrante<sup>2,3,4</sup>**

<sup>1</sup>West Virginia University, School of Public Health, <sup>2</sup>Icelandic Center for Social Research and Analysis, <sup>3</sup>Reykjavik University, <sup>4</sup>Teachers College, Columbia University

LIFECOURSE is a developmental cohort study that covers the entire early lifespan of a birth cohort of children born, and residing in, Reykjavik, Iceland, in the year 2000 (N = 1,151), and all children born in the country of Iceland in the year 2004 (N = 4,234). The main goal of the study is to improve our understanding of the interplay between biological and social factors that influence the development of harmful behaviors in adolescents, such as substance abuse, delinquency, self-harm and suicidality. The theoretical framework for the study has been described by Sigfusdottir et al. (2016).

The study is funded with a Consolidator Grant from the European Research Council (ERC-CoG-2014-647860) and conducted between 2015 and 2020. The Principal investigator is Dr. Inga Dora Sigfusdottir, Professor at Reykjavik University and Director of the Icelandic Center for Social Research and Analysis (ICSRA). Numerous scientists, clinicians, students, and staff, from Iceland, several other parts of Europe, and the US also collaborate in the study. The study has been reviewed and approved by the National Bioethics Committee of Iceland and the Personal Protection Authority.

Three retrospective and prospective data sources comprise the study base: a) retrospective registry data assembled from national data banks, b) prospectively collected biomarker samples, and c) social surveys.

Registry data banks: As of March 2018, registry data have been assembled from seven data banks. Those include: the National Birth Registry, the National Mother care Registry, the National Registry on Child Development, National School Health Assessment, the National Educational Testing Institute, the Child Protection Agency in the City of Reykjavik, and the Statistical Bureau of Iceland. Relevant data bank sources are upgraded regularly and other retrospective data may be added to the study in the future.

Biomarker samples: Biomarker samples will be collected with human saliva on a subsample of approximately 300 participants in the 2004 cohort during the spring of 2018 and 2019.

Several peer-reviewed papers have already been published of the LIFECOURSE data, that will be highlighted in the presentation.

Current project standing and future research questions will be outlined and discussed.

## **Sexuality and intimacy: inseparable part of life course, often neglected in health care**

**MA Paulien van Haastrecht<sup>1</sup>**, MSc Ineke Mouthaan<sup>1</sup>, PhD Hanneke de Graaf<sup>1</sup>, MA Karlijn de Blecourt<sup>1</sup>

<sup>1</sup>Rutgers

### **Introduction**

Sexuality and intimacy are an inseparable part of the life course. However, the subject too often not discussed in the counselling room

with health personnel. Due to the sensitivity of sexuality, the reluctance to interfere with another person's intimate affairs, professionals and clients/patients refrain from the conversation about this subject. This may influence both quality of life and effectivity of treatment.

This was reason to start a multi-disciplinary project in the Netherlands around sexual development in the age of minus 9 months to 99 years old. We started in 2011, and we are still working on this life course approach.

### **Methods, materials and results**

Supported by a group of scientific experts, a literature study was done to collect state of the art knowledge. The results of the study show that sexuality plays a part in every stage of life. It also illustrates how important life events in people's lives, such as pregnancy, divorce or a chronic disease, may affect their sexual functioning and well-being.

A second expert group consisted of various practitioners. We carried out needs assessments among four professional groups: general practitioners, midwives, providers of care for the elderly and sexual health nurses. Also a needs assessment was done among patients/clients. The latter revealed that patients/clients are positive about professionals raising the subject when relevant. They expect the professional to take initiative.

But what do professionals need to be able to do this in a normalised and professional way? All four professional groups had their own priority topics and wishes for tools to support the conversation. Instead of the general practitioner the nurse practitioner turned out to be a more realistic option to speak with patients about sexuality. We developed several tools, tested them during a pilot implementation period. A specific website was launched (still being supported and improved).

### **Conclusion**

Care professionals should be attentive and inquire about sexuality. They are willing to do so if supported. Cooperation with professional associations to develop the right supportive information (for policy support, for the professional and for clients/patients) helps the professional making sexuality part of the routines in care.

## Review dialogues as an opportunity to develop life course specific health goals

**Dr. Ottomar Bahrs<sup>1</sup>**

*<sup>1</sup>Universität Düsseldorf, Institute of General Medicine*

**Background:** Family physicians accompany people of all ages whose health situation is closely connected to missions and tasks in their family context. These tasks are modified throughout their life span and form the background for their individual health goals which are, however, rarely discussed in GP encounters. A specific instrument, the Review Dialogue (RD), has been developed to help in obtaining a person-related overall diagnosis and in agreeing on health goals shared by both patient and GP.

**Objectives:** In a cluster-randomised controlled intervention study using mixed methods, we examined the ways in which RDs contribute to the achievement of shared health goals. In the qualitative part of the study, video-recorded encounters and the processes of negotiating health goals were analysed. This paper illustrates in a case study the relationship between the patients' development tasks and health goals.

**Research question:** Do regularly conducted RDs help in identifying specific development challenges, in agreeing on and achieving corresponding health goals?

**Methods:** Our presentation is based on the in-depth analysis of 20 case histories (mostly 2-4 video-recorded RDs). We illustrate our methods by means of an exemplary case study in which way the specific development tasks have been focused on in the RDs and correspond to the shared health goals.

**Results:** RDs assist in creating awareness of the meaning of the patient's biographically-based current tasks. Thus they improve the capacity to reflect on the interrelationship of these tasks and the health goals.

**Discussion:** Disease-related goals and biographically developed health-related life goals need to be determined. The process of developing goals is an integral part of the health process itself. Clarifying roles and responsibilities is essential.

**Conclusions:** RDs increase the interaction and bridge gaps between the GP's medical world and the patient's daily life. They also contribute to defining and agreeing on shared health goals and on promoting health.

**Key words:** family medicine, general practice, physician-patient-interaction, chronic illness, life course, salutogenic orientation, overall diagnosis, review dialogue, person-centred diagnosis, person-centred care, person-centred medicine.

## The importance of promoting the ambience of the health space neonatal: The importance to look beyond the disease

**Doctor Architect Eliete Araujo<sup>1</sup>, Specialist Architect Thalita Campelo<sup>1</sup>**

*<sup>1</sup>ICPD-Centro Universitário de Brasília - UniCEUB*

**Introduction:** The research was intended to study the importance of promoting the

ambience of the health space, focusing on the age range from zero to twenty-eight days of life. The study was directed to the environment that encompasses neonatal hospitalization. It is necessary to look beyond the disease and identify the factors of adequacy in the infrastructure and its interpersonal relationships. For this, it was developed a qualitative research by studying cases that allowed analyzing the behavior of the users within the area of health. The importance of planning the spaces destined for newborns who need specialized care, admitted to neonatal units, was described. The National Policy of Full Attention to Children's Health has as its principles: the integrality of care, the facilitating environment to life and the humanization of attention. These were the main topics used as premises of this research. Emphasizing the full attention to the interned newborn is a primary factor in any kind of service, whether public or private.

**Material and methods:** The spatial factors that minimized the stress caused by hospitalization were diagnosed, the results were used to reduce the suffering caused by the experience in the hospital routine, and the necessity to adapt the service according to the clinical condition of the newborn was emphasized. A theoretical and practical guide was developed with the guidelines for the adequacy of health environment articulated with the full care of neonatal attention. It showed the different behavioral reactions that are influenced by the humanized space with the premises of the hospital ambience. Results: The attention of the managers of Health Care Facilities (HCF) was reached in order to articulate the interpersonal relationships that provide hospitable, resolute and human attention. The subject was the health service that treats patients in their first twenty-eight days of life.

**Conclusions:** Planning health integrated with space and recognizing the factors affecting all the branches involved in a patient's trajectory during hospitalization were the conclusions. In

HCF, the concern must go beyond the fulfillment of the current norms, offering the user a safe and quality space, an integrated view between doctor-patient-family-space.

# Abstracts

## Oral Session 2

Health promotion in the health services

Time: 12.45 - 15.00

Date: September 24, 2018

Location: Olav Tryggvason 2

## Factors influencing parents satisfaction with health services in Neonatal Intensive Care Units; results from six hospitals in Norway.

Inger Hilde Hagen<sup>1</sup>

<sup>1</sup>NTNU, Aalesund

### Background

When an infant is born prematurely or with health problems and admitted to a neonatal intensive care unit (NICU), it can be a challenging time for parents. Parental experience are useful for monitoring the quality in hospital and improve health-care delivery. Research results on association between parental satisfaction and socio-demographic variables are ambiguous and we find sparse research of associations between parental satisfaction and neonatal intensive care services. The aim of this study was to explore parental satisfaction and associations between socio-demographic variables, and neonatal intensive care services.

### Material and Methods

To promote user-participation we developed and validated Neonatal Satisfaction Survey (NSS-8) questionnaire in use for collecting data. A total of 568 parents participated from six different NICUs geographically dispersed in Norway. All responses were rated and analysed using nonparametric statistics.

### Results

Support from families and friends is the most important demographic factor for satisfaction, followed by infants' gestation age, parents' age, infant health, and parents' education level. The most important for parents' satisfaction with NICU services is involvement in decision making regarding the infant, respect and empathy from staff, and continuity of care and treatment. Parents were least

satisfied with how NICUs facilitates the siblings and the care parents and infants received later in the stay, just before discharge. Parents are in need of more guidance and training in meeting their child's needs.

### Conclusions

The study suggests that some elements need to be considered in an effort to increase and maintain satisfaction: be aware of parents who lack a good friend and family network; be more attentive to parents with very preterm infants and parents with long NICU admissions; provide support to siblings; and give more attention to parents' needs of continuity of care, follow-up, and information.

## Health promotion at hospitals: Evaluation of a comprehensive implementation project of generic methods for patient involvement

Dr. Kirsten Lomborg<sup>1</sup>, Dr. Helle M Martin<sup>2</sup>, Dr. Marianne J Jørgensen<sup>1</sup>

<sup>1</sup>Aarhus University, <sup>2</sup>Knowledge Center for User Involvement in Health Care

**Introduction:** Patient involvement (PI) is high on the international agenda as a means of promoting the patients' health during a hospital course. Although PI is considered as an overall mechanism for empowering and engaging patients more actively in health care, the rhetoric about PI is not easily translated into healthcare activities in hospitals. In 2014, the Danish Knowledge Center for User Involvement in Health Care, Aarhus University Hospital and Aarhus University launched a large-scale project with the objective to develop tools and implementation strategies for applying the generic methods 'shared decision-making' and 'user-led health care' across diverse medical specialties. Twenty-eight clinical departments were invited to participate and 18 were enrolled. In each

department, an interdisciplinary clinical team was composed to develop a PI initiative based freely on one of the two methods. A skill-building course was designed with inspiration from the experimental learning model.

**Materials and methods:** We evaluated the implementation of the two methods for PI with a particular focus on the health professionals' perspective on the process. Two years after the project started and again eight months later, we assessed the proportion of departments that had implemented their initiatives. Further, we conducted nine focus group interviews with representatives from the clinical teams. Data was approached by 'thematic analysis'. The study was approved by the Danish Data Protection Agency (J.no. 1-16-02-621-14) and the participants gave informed consent by participating.

**Results:** A total of 21 initiatives were launched (one department had four separate initiatives) and 13 initiatives have been fully implemented. Health staff highlighted five important facilitators for successful development and implementation of one of the two generic methods: 1) Patients' voice is an important motivator; 2) The interdisciplinary teams must be well-composed; 3) The team members themselves must develop the initiatives and related tools; 4) Engaged leaders at all organizational levels is crucial; 5) Successful embedding of the new initiatives in routine practice depends largely on support from colleagues.

**Conclusion:** The study helps to understand the importance of adequate support to the clinicians who are at the forefront of the realization of a health promotion culture in hospitals.

## Co-designing care for patients with complex health problems – an example from Denmark

Susanne Reventlow<sup>1</sup>, Marlene Rosengaard Møller<sup>1</sup>, **Alexandra R. Jønsson<sup>1</sup>**, Annette Davidsen<sup>1</sup>

<sup>1</sup>*Department of Public Health, University of Copenhagen*

### Background

Patients with severe mental illness constitute a vulnerable, high-risk group, having an excess mortality caused by several factors, including the management of their health problems, the coordination of care, and communication related to the provision of health care. A previous randomised trial 'Diabetes Care in General Practice (DCGP)' suggests that structured, individualised diabetes care in general practice (focusing on patients' situation, needs and capacity) markedly reduces mortality (NNT = 3) among patients with both diabetes and severe mental illness.

### Aim

This study aims to co-design a coordinated care plan as part of a complex intervention with individualised goals, involving the perspectives and needs of both patients and all involved caregivers.

### Methodology

The care plan will be developed based on interdisciplinary research. Qualitative and quantitative research methods will be used in a co-design process, involving the perspectives and experiences of all actors – both patients and health care professionals across disciplines and sector boundaries. Dialogue between professionals, patients and researchers will be employed as a systematic tool in this process. Afterwards, the intervention will be tested in a cluster-randomised, parallel-group, 5-year trial.

The trial will be developed using a balance between pragmatic and explanatory elements and will be adapted during the trial period.

### Perspectives

This study will contribute to the development of methods and strategies for dealing with complex health issues both according to the meeting with the individual patient as well as the development of the health care system. The co-design phase of the study will contribute with new methods for developing a coordinated care plan with integration of different research approaches. This study will raise reflections on methodology involving different knowledge areas, patients, their network and caregivers.

### An innovative concept promoting patients' and healthcare professionals' communication skills: 'Feedback Informed Patient-centered Communication (FIPaC)

Dr. Maiken Wolderslund<sup>1,2</sup>, Professor Jette Ammentorp<sup>1,2</sup>, Karin Waidtløw<sup>1</sup>

<sup>1</sup>Health Services Research Unit, Lillebaelt Hospital, <sup>2</sup>Department of Regional Health Research, University of Southern Denmark

**Objective:** Aiming at a patient-centered healthcare system requires a change of the communication culture involving both health professionals and patients. This calls for a more extensive solution for implementation of communication skills interventions in routine clinical practice. Consequently, we aim to develop an extended and conceptual solution that can be implemented in- and transferred to the entire Danish Healthcare System. A concept that, besides improving the communication between patients, relatives and healthcare professionals (HCP), is aimed at contributing to an improved treatment, a

feeling of greater confidence with the chosen treatment regimen, an enhanced coherence between different parts of the patient's treatment course and so forth. The concept will include an e-platform for the HCP with communication skills training modules based on blended learning and an app for the patients allowing them to audio record, rate and store their consultations etc. These initiatives will be combined in an interactive feedback system enabling the HCP to continuously learn from their own practice.

**Learning goals:** Participants will gain insight into the process of developing a scalable communication skills training concept and be actively engaged in discussions of potentially critical aspects of the concept. Participants will be challenged to reflect on the concept in relation to their own experiences, practice or research.

**Workshop activities:** Following an interactive presentation of the elements of the concept we will invite participants to engage in reflection, feedback and discussion (35 min). In smaller groups participants will get "hands-on" experience of the feedback system and discuss how it can be used to continuously improve communication skills of the HCP (35 min). Finally, the group discussions will be followed by a general debate with summaries from each group (20 min).

**Expertise within the research field:** The session coordinator has great experience within this research field based on many years systematic work with clinical communication and translation of research into a large organisation. Furthermore, both the session coordinator and co-organisers are skilled within research in and development of healthcare technology, assessment of healthcare professionals' communication skills, implementation research and workshop facilitation.

## Implementing health promotion in mental healthcare services – listen to the patients' learning appetite

**PhD, MNsc, RN Nina Helen Mjøsund<sup>1</sup>**, PhD Monica Eriksson<sup>2</sup>, PhD Geir Arild Espnes<sup>3</sup>, PhD Hege Forbech Vinje<sup>4</sup>

<sup>1</sup>*Department of Mental Health Research and Development, Vestre Viken Hospital Trust,*

<sup>2</sup>*Department of Health Sciences, Center on Salutogenesis, University West,* <sup>3</sup>*Center for Health Promotion Research, Department of Public Health and Nursing, Norwegian University of Science and Technology,*

<sup>4</sup>*Department of Health, Social and Welfare Studies, Faculty of Health and Social Sciences, University College of Southeast Norway*

### Introduction

An evidence based re-orientation of the healthcare services towards more health promotion shows slow progression. Contributions are needed from the target groups in healthcare services to deepen the knowledge base. Applying a life-course perspective on health promotion is important for people living with long term mental disorders. Turning to the patients' experiences is one way to speed up the re-orientation of the healthcare services towards more health promotion.

### Materials and methods

We explored twelve former inpatients' experiences of positive mental health promotion within a mental healthcare setting. A salutogenic theoretical framework and a qualitative study design inspired by the interpretative phenomenological approach were applied. Data were collected through in-depth interviews focusing on positive health promotion experiences. We developed the interview guide in collaboration with an advisory team consisting of five research advisors with mental healthcare service users' experiences. The interview texts were analyzed

with a case-focus as well as a cross-case-focused approach.

### Results

The analysis revealed a prominent finding: the appetite for learning, which we consider to be of particular interest and of importance for mental health promotion. These former patients with severe mental disorders presented an appetite for learning motivated by a desire both to cope with daily life despite living with an illness, as well as increase their health and wellbeing. The participants' perceived processes of learning originated both from interactions between patients and health professionals, as well as from structured patient education treatment programs.

### Conclusions

By listening to the patients themselves and develop interventions to satisfy their learning appetite for knowledge about health and wellbeing as well as their actual mental disorder, the reorientation processes towards more health promotion will be speeded up. Persons with severe mental illnesses crave more knowledge and skills to enhance their mental health and well-being to live as well as possible with their illness. Education treatment programs focusing on mental disorders, psychoeducation, need to be supplemented with saluseducation; education and learning about positive mental health and health promotion. This service user generated knowledge might give inspiration to health promotion interventions, policies and practices in healthcare services as well as further research.

## Health Promotion by Nurses for Older Persons in Hospitals

**Dr. Sibylle Maja Frey<sup>1,2</sup>**, Prof. Dr. Marja Jylhä<sup>2</sup>, adjunct Prof., Dr. Virpi Hantikainen<sup>3</sup>

<sup>1</sup>*Bern University of Applied Sciences, Health,*

<sup>2</sup>*University of Tampere, Faculty of Social*

**Introduction:** Described are the theoretical and practical expectations of health care experts of nurses' Health Promotion (HP) for older persons; the clinical nurses' experiences and the hospitalised older persons' perceptions of the performed HP activities in acute hospitals.

The question was, do the competences of nurses' HP, which are required by health care experts', meet the older persons' needs and do they correlate to the actual situation of daily clinical work of nurses.

**Material and Methods:** Mixed method research (MMR) design was selected. Each new approach was developed on the results of the previous study. Firstly a Delphi survey identified the opinion of health care experts using descriptive statistics. Secondly focus group discussions with bedside nurses were analysed qualitatively by the documentary method. Thirdly open-ended and structured face-to-face interviews with older persons, during hospitalisation and after discharge were analysed by content analysis and descriptive statistics. The overall analysis was performed, using a part of the PRECEDE- PROCEED model.

**Results:** Health promoting nurses support older patients by assessing their needs and resources, they further enable the patients through counselling, thus improving their autonomy to cope with the changing circumstances associated with their ill-health and daily life situation. The healthcare experts described the knowledge, skills, attitudes required by HP nurses and declared HP was an integral part of nursing for all patients at any age, the bedside nurses' study indicated the minor relevance of nurses' HP in daily clinical life and identified the challenge of integrating HP interventions with the patient and their relatives. The bedside nurses stated that nurses act as an intermediary and delegate the

responsibility of identified HP problems to experts. The older persons study show that the patients appreciated the HP advice given by the nurses, but their relatives did not receive the joint HP counselling as expected.

**Conclusions:** Findings indicated daily clinical practice does not fulfil expectations and the gap between theory and practice of nurses' HP. If HP is part of professional nursing, as expected by older persons and required by health care experts, the commitment to HP has to be improved by all concerned parties.

### Expectations towards and effects of chronic pain self-management interventions at Healthy Life Centre in public primary care

**Torunn Hatlen Nøst<sup>1</sup>**, Professor Aslak Steinsbekk<sup>1</sup>, Associate professor Ola Bratås<sup>1</sup>, Associate professor Kjersti Grønning<sup>1</sup>

<sup>1</sup>NTNU, Faculty of Medicine and Health Sciences, Department of Public Health and Nursing, <sup>2</sup>NTNU, Center for Health Promotion Research

**Introduction:** This abstract builds on a PhD-project conducted in the period 2015- 2018. Chronic pain affects a substantial portion of the global population. Due to the extensive impacts and prevalence of the condition, chronic pain is considered a public health challenge. Self-management interventions are important to empowering people with chronic pain so they can play an active role in managing their health. The Norwegian Healthy Life Centre (HLC) is a community-based public primary health care service that aims to provide easy access by accepting self-referrals for their services. However, there is limited knowledge on delivering easily accessible chronic pain self-management interventions in primary care. The objective of this project was to contribute knowledge related to the

expectations towards and the effects that persons with chronic pain get from participating in self-management interventions at a HLC.

**Material and Methods:** A qualitative interview study and a randomised controlled trial (RCT) were conducted. During the RCT, the intervention group was offered a group-based self-management course encompassing educational input, group discussions and movement exercises. The control group was offered a drop-in low impact physical activity in groups. Both activities had weekly sessions for a period of six weeks. The primary outcome in the RCT was patient activation and data were collected at three, six and twelve months. Analyses in the RCT were performed using a two-level linear mixed model. The qualitative study included individual semi-structured interviews at the baseline before randomisation with a sample of participants from the RCT. They were asked open-ended questions regarding their expectations towards participation in the HLC chronic pain self-management interventions.

**Results:** A total of 121 participants were included in the RCT. Of these, 21 participated in the qualitative study. The expectations were based on the hope that the interventions could lead to a better everyday life. The course led to improvements in patient activation in the intervention group, and a decrease in pain that sustained throughout the follow-up period in both groups.

**Conclusions:** Chronic pain self-management support interventions delivered in an easily accessible service are valuable for people in their efforts to self-manage chronic pain.

## Systematic use of music as environmental therapy and quality of care in nursing homes.

Associate Professor/PhD Kari Bjerke Batt-Rawden, Assistant Professor Marit Helene Sund Storlien

<sup>1</sup>NTNU

### Introduction

Systematic use of music as environmental therapy in nursing homes shows beneficial effects on patients' health, safety and quality of life in a care-related perspective. It is therefore important to put greater focus on a more comprehensive and structured environmental treatment in elderly care, where mapping, implementation and evaluation of results are central. Ringsaker municipality and NTNU have collaborated on the project "Systematic use of music as environmental therapy and quality of care in nursing homes for nursing students". The focus is to highlight the importance of a comprehensive care with emphasis on how systematic use of musical care as an environmental treatment can be an integral part of nursing education and their practices in health care service.

### Method

This study from the south-east region in Norway (2017) had a qualitative and explorative approach. The sample 20-64 (n = 33) were strategically and conveniently selected of which eight different focus group interviews of nursing students, practice counselors, teachers and project leaders partook, representing three nursing homes and health care centers. Passive observation lasting two days in each of the four departments were executed in order to observe environmental treatment in practice.

## **Results**

The beneficial effects of using music as environmental therapy in nursing homes increased knowledge and enthusiasm among the students, and contributed to improved interaction, communication and development of care with the patients. Students who participated actively in musical interaction such as improvisation, singing and music listening with the patients were committed and motivated, as opposed to a varied enthusiasm from staff and management.

## **Conclusion**

Commitment and the degree of successful implementation among the staff and management seemed to vary with the degree of motivation, competence, knowledge, skills and attitudes towards using music as an environmental therapy, treatment and quality of care. If systematic use of music as environmental therapy and quality of care in elderly care can be successful, it seems vital to include this theme already in Nursing Education. By creating early involvement among nurses, it might influence, inspire and encourage involvement among employees and management.

# Abstracts

## Oral Session 3

Health promotion among the young I

Time: 12.45 - 15.00

Date: September 24, 2018

Location: Olav Tryggvason 3

## Children with a somatically ill parent's reflections on mental health promotive experiences

**PHD Candiadate Torill Eide<sup>1</sup>**, PHD, MNsc Nina Helen Mjøsund<sup>2</sup>, MD, PHD Anne Faugli<sup>2</sup>, SW, MSc Elin Kufås<sup>2</sup>, RN, CNS, PHD Hege Forbech Vinje<sup>1</sup>

<sup>1</sup>University College of Southeast-Norway,

<sup>2</sup>Vestre Viken Hospital Trust

Living with a somatically ill parent, (SIP) affects children. Reviews indicate that research in this area tend to focus on adverse emotional and psychosocial impacts, risk/ protective factors and coping strategies. While recognizing the importance of reducing the load of parental illness, this study focuses on children with SIP's experiences of positive mental health and its promotion.

Data are generated through in-depth interviews with teenagers living with parental cancer or parental neurological illness. So far, eight of 12 planned interviews are conducted. Data is analyzed according to interpretative phenomenological analysis that aims at presenting convergence and divergence in shared themes. Two teenagers with a SIP (not participants in the study) are involved as co-researchers in several parts of the project, including analysis. Through reflecting on how participants attempt to make sense of their experiences, the co-researchers have contributed with depth and nuances in understanding the material.

Preliminary analyses indicate that children with SIP perceive intensity in experiences and stability in mental state as key characteristics for positive mental health. Further, they describe a great variety of factors relevant for the promotion of mental health. Some of those factors however, activate mental health drains in certain circumstances. Living with parental illness seems to involve being in an unknown emotional, cognitive and normative landscape,

as well as having a social role without defined contexts and marks. The children emphasize being able to define themselves, in contrast to being defined by the parental illness. As data collection is still ongoing (four more interviews planned), the findings are subject to further analysis.

The findings and experiences from this study will be informative in developing effective, person-centered mental health promoting interventions for children with SIP in both health services and other settings like family, school, peer networks and local communities. In addition, the salutogenic perspective in the present study balance the pathogenic perspective dominating research on children with SIP.

## Can personal resources of teenage girls-at-risk change while confined to a short-term therapeutic institution?

**Mrs. Gillie Pragai Olswang<sup>1</sup>**, Prof. Orna Braun-Lewensohn<sup>1,2</sup>, Dr. Tal Litvak-Hirsch<sup>1,3</sup>

<sup>1</sup>Conflict Management & Conflict Resolution Program, Ben-Gurion University of the Negev,

<sup>2</sup>Head - Department of Multidisciplinary Studies, Ben-Gurion University of the Negev,

<sup>3</sup>Head – Program of Conflict Management & Conflict Resolution Program in Eilat Campus, Ben-Gurion University of the Negev

Teenage girls-at-risk are a population exposed to severe stress as a possible result of neglect, violence and incest. In addition to intra-family stress, they frequently suffer from social incompetence and school underachievement; They experience health problems and report emotional problems such as depression or anxiety, as well as behavioral problems such as aggressiveness and running away. Those are the reasons for the liability to remove them

away from home by court order and confined them in a short-term therapeutic institute.

The current research is based on the Salutogenic theory. It aimed to explore self-esteem and personal and community sense of coherence (SOC) as personal resources of teenage girls-at-risk and examine how they leverage those resources to cope with stressful situations. In addition, this research studied changes in SOC and in self-esteem as well as changes in emotional and behavioral problems (as indicators for health), within a short period of time. Adolescence is a period of shaping of SOC and other personal resources, hence the importance of the focus on this specific population.

In this longitudinal research, self-reported questionnaires were filled out by 200 girls aged 12-17, while they were confined to an institution for crisis intervention in Israel. Questionnaires evaluated personal-SOC, community-SOC, self-esteem and coping strategies. To gain a deeper understanding of the scope of personal resources, in-depth interviews were conducted with 12 girls at the same institution.

Results indicate an increase in SOC and in self-esteem, usage of diverse coping strategies and a decrease in emotional and behavioral problems after a short period of 3 months. Additional qualitative analysis revealed an unconsolidated SOC, which is mainly due to the perception among the girls that the environment was hard to understand and to manage. However, there was also a tendency for the girls to focus forward which implies strengthening of SOC. These results can help welfare agencies and policy makers in Israel to better understand the needs of girls in a short-term institution and to make modifications for such programs to comply with the girls' needs. Results will be discussed with regard to the Salutogenic theory.

## **Prevention of skin cancer in young males; Fostering persuasion towards sun protection behaviour using a gender-aware human-centred design approach**

**Ms Bahar Khayamian Esfahani<sup>1</sup>, Mr Richard Morris<sup>2</sup>, Dr Mark Erickson<sup>3</sup>**

*<sup>1</sup>University of Brighton, <sup>2</sup>University of Brighton,*

*<sup>3</sup>University of Brighton*

This research aims to enhance low levels of sun protection among young males who are least likely to protect their skin from the sun and engage in the health-related behaviours. To achieve this, this research adopts the Human-centred design principles to achieve the desired health-related behaviour towards the prevention of skin cancer.

The methodological approach taken in this research is an interpretive methodology to explore the underlying meanings of young male's actions and experience regarding their sun protection practices situated on the beach. At first, a pilot study was conducted through observations and interviews on the beach where the sun protection behaviour occurs.

The pilot data has revealed different layers of young male's experience through the researcher's interpretation of young male's sun protection behaviour in their natural setting. In this manner, the concept of masculinity has been instrumental in identifying the major contributing factors that influence young male's sun protection behaviour through understanding how and why young males behave in a particular way with low levels of sun protection. This has informed the main study of the research that has emerged a gender-aware approach beyond the aim of the research in relation to the young males' sun protection behaviour. This study adopts the Human-centred design approach in a different context and the context is the articulation of

the discourse of gender and masculinity. This approach brings a constructive relationship in understanding gender impacts, which opens new avenues and knowledge paths to bridge the gap between the world of designers and the world of users.

The key outcomes of this research contributes towards two main directions: 1) It presents the development of a novel gender-aware design theory to increase the sun protection behaviour in young males, and 2) it demonstrates strategies to apply towards various sun protection interventions to increase sun protection behaviour that leads to prevention of the skin cancer in young males.

### The resources and support needs of school children and their families based on care plan documents

**PhD Arja Häggman-Laitila<sup>1,2</sup>, PhD Anna-Maija Pietilä<sup>1,3</sup>, PhD Ari Haaranen<sup>1</sup>, MSc Elina Palokangas<sup>1</sup>**

*<sup>1</sup>University of Eastern Finland, Department of Nursing Science, <sup>2</sup>Department of Social Services and Health Care, <sup>3</sup>Social and Health Care Services*

**Background:** Early identification of children's and families' support needs and early support are important actions to reduce health disparities. Resource-enhancing orientation in health services has proven to have positive effects on families' health and well-being. Multisectoral preventive work and early interventions are humanly and economically profitable.

**Aim and method:** The aim of this study was to describe resources and support needs of the fifth grade students and their families written by school health nurses and doctors in comprehensive health examinations. The data consisted of the fifth grade students' careplan documents (n=317) of comprehensive health

examinations from Southern Finland done in 2014. The data were collected by structured digital form in spring 2015 and analysed by descriptive statistical methods.

**Results:** The careplan documents of students consisted of notes, which emphasized the assessment of health behaviors and physical health. Other notes considered mental health, studying, social relations, development, family relations, and future. On average, three resources and one support need per child and family were mentioned in documentation. Resources were documented more than support needs excluding physical health. The difference between girls and boys was not significant in documentation. Discussions and counselling as a support method were used by doctors as much as school health nurses. Health counselling was mentioned most often, and the following most common subjects dealt with counselling were in accordance with the instructions for health examinations: puberty, nutrition, substance abuse, sleep and sport. The most often used method of support by school health nurses was to distribute material about puberty. Co-operative health checks which are in conformity with recommendations were seldom carried out.

**Conclusions:** In the school health setting, clearer specification of resources and support needs and summaries needs to be carried out. Multiprofessional collaboration was mostly implemented by doctor's referral, multidisciplinary student welfare team or by meeting the parents. Based on the study, it may be concluded that resources and support needs are recognized and documented but standardization in documentation is needed.

### Young people's experiences of participation in social and healthcare services

**Anna-Maija Pietilä<sup>1</sup>, Merita Kaunisto<sup>1</sup>, Minna Rytönen<sup>1</sup>**

**Background and aim:** Participation is a broad and multidimensional concept. In this study, it refers to the notion of ‘person-centred participation’ described in detail by Thórarinsdóttir and Kristjánsson (2014). In this study, we focus on the human connection aspects of adolescents’ participation in social and healthcare services, in which participation is reportedly encouraged by an inviting atmosphere and the delivery of genuine attention and respect (Thórarinsdóttir and Kristjánsson, 2014). The aim of this study was to describe 15- to 17-year-olds’ experiences of participation in primary healthcare and social services’ settings.

**Methods:** Data were collected through group interviews (N = 27) with 106 participants drawn from upper comprehensive schools, upper secondary schools and youth centres in the region of a city in northern Savonia, Finland, in the spring of 2015. Group interviews were used partly because they provide opportunities to reach groups of targeted people simultaneously, and partly because we presumed that young people would be more likely to share their experiences in a group which can facilitate open discussion and interaction. Data were analysed by qualitative content analysis, using typology technique.

**Results:** Four levels of realisation of participation were identified (inviting, allowing, avoiding and excluding), each with distinctive sets of atmospheres, interactions and experiences of the service received. According to the interviewees, the atmosphere varied from caring to cold, interactions from empowering to discouraging and experience of services from meaningful to threatening. Young people’s comments reveal that active participation through being allowed or invited to express one’s views is crucial if individuals are to speak openly about their problems. For this to occur, active listening and a pleasant

atmosphere (key features of the allowing level) are crucial.

**Conclusion:** Young people’s participation in health services can be strengthened by creating a positive atmosphere, providing possibilities to be heard and ensuring that support corresponds with individual needs. The indications of aspects of atmosphere, interactions, and clients’ experience that promote or deter adolescents’ participation may assist efforts to improve health and social services by signposting ways to raise realization of participation to the ‘inviting’ level.

## Engaging pre-teenagers with type 1 diabetes in research and development: Emerging autonomy in the difficult transition from childhood to adolescence

**MSc Regitze Anne Saurbrey Pals<sup>1</sup>, PhD, MA**  
Dan Grabowski<sup>1</sup>

<sup>1</sup>Steno Diabetes Center Copenhagen

**Introduction:** Type 1 diabetes is one of the most prevalent chronic diseases diagnosed in childhood. Many children under the age of 12 with type 1 diabetes experience negative psychological symptoms and poor metabolic control. Current interventions have limited effect and rarely engage children and their everyday contexts actively. Furthermore, the transition from childhood to adolescence in children with type 1 diabetes has received little attention in the literature. Especially, the issue of emerging autonomy is rarely addressed. This includes how children take on responsibilities in diabetes care and balance these according to their family, peers and health care professionals. The aim of this study is to explore practices, barriers and strategies related to diabetes care and autonomy in pre-teenagers with type 1 diabetes. The study will inspire the development of a user-driven and

practice-oriented intervention to support pre-teenagers with type 1 diabetes in diabetes care.

**Material and methods:** The study relies on a participatory design and is situated within social constructivism. Following this approach, diabetes care and autonomy are regarded as social phenomena including multiple enactments of values and norms related to responsibility, roles and family dynamics. The empirical material of the study is based on participant observation, participatory workshops and semi-structured interviews with pre-teenagers, their families, peers and health care professionals.

**Results:** Preliminary results include: 1) The children would like their family (especially parents) to talk more positively about diabetes. According to the children, diabetes care does not have to be problem-oriented and based on worries. 2) The children want the healthcare professionals to talk directly to them in ways they can relate to instead of only talking to the parents.

**Conclusions:** Insights from the study will be applied in the development of an intervention and will qualify research and practice within diabetes care in pre-teenagers.

## Transition to adult life of young people leaving foster care: A qualitative systematic review

PhD Arja Häggman-Laitila<sup>1,2</sup>, PhD Pirkko Salohekkilä<sup>2</sup>, PhD Suyen Karki<sup>1</sup>

<sup>1</sup>University of Eastern Finland, Department of Nursing Science, <sup>2</sup>Department of Social Services and Health Care

**Introduction:** Mental and physical health is poorer among young people taken into custody than among others their age group. Their risk for social exclusion and premature death is also several times higher. The customers of child protection form one of the biggest groups for

service use and social and health care expenditure. The transition to the adulthood depends on a combination and an interaction of multiple contributing factors such as past experiences, challenges of current life situation and strengths of young people. The aim of this study was to gather, assess and synthesise the current empirical evidence of transition to adult life from the perspective of young people leaving foster care.

**Material:** A systematic review of qualitative studies was conducted in six databases to identify relevant studies published from 2010 to 2017. Twenty-one studies met the inclusion criteria. The total number of participants included in the studies was 623.

**Results:** Two themes described the transition to adult life. It was experienced as a possibility to a new beginning of life with hope or its was experienced as a negative change of life situation, which included negative feelings such as fear and loneliness, uncertainty of own identity and insecurity of future. Experiences of transition process was described as an unprepared and unfocused process with a lack of opportunity to participate in decisions concerning own future and as a giving up from safe network. The lack of support of immediate birth family was also prominent experiences. In spite of various sources of support, foster care leavers had common challenges in their daily life during the transition to independent living. These challenges dealt with educational qualifications, accommodation, employment and financial situation, daily living skills, building relationships and assimilate to cultural norms, and access to and trust in health services.

**Conclusions:** The experiences of young people regarding their transition to independent living from aftercare in original studies from different cultures were concurring. Future research that focuses on follow-up studies is sought to find out the long-term experiences of care leavers.

# Abstracts

## Oral Session 4

Health promoting practices I

Time: 12.45 - 15.00

Date: September 24, 2018

Location: Tavern

## Understanding effectiveness, intervention complexity and end-users experiences in rapid infant weight gain prevention: A systematic review and meta-analysis

**Ms Torill Alise Rotevatn<sup>1</sup>**, Mrs Charlotte Overgaard<sup>1</sup>, Mr G.J. Melendez-Torres<sup>2</sup>, Ms Kimberly Peven<sup>3</sup>, Mrs Jane Hylgaard Nielsen<sup>1</sup>, Mr Henrik Bøggild<sup>1</sup>, Mrs Anna Marie Balling Høstgaard<sup>1</sup>

<sup>1</sup>Public Health and Epidemiology Group, Aalborg University, <sup>2</sup>DECIPHer, Cardiff University, <sup>3</sup>Child & Family Health Nursing, King's College London

**Introduction:** Rapid infant weight gain (RIWG) has repeatedly been identified as a strong risk factor for childhood overweight and obesity (COO) and has therefore been given increasing attention as a target for early life COO prevention. However, no attempts have yet been made to review this evidence. Furthermore, despite few previous studies on COO prevention being found very effective, little work has been conducted in order to understand the lack of effectiveness. The aim of this study is therefore threefold: 1) to evaluate intervention effectiveness, 2) to attain in-depth understanding of intervention components, and 3) to understand end-users experiences in intervention involvement.

**Material and methods:** This review is registered in PROSPERO (CRD42018076214). PubMed, EMBASE and several other databases were searched in order to identify relevant published and unpublished quantitative and qualitative evidence. Eligible quantitative studies reported on interventions that defined RIWG using weight-for-age z-scores in infants aged 0-2 years. Qualitative studies reported on end-users experiences on involvement in relevant interventions. Cochrane risk of bias tool, ROBINS-I and EPPI-centre tool was used to

critical appraise quantitative and qualitative studies, respectively. A meta-analysis, an intervention component analysis (ICA) and a thematic analysis on end-users experiences are being conducted based on the included papers. The ICA is being conducted by combining evidence of effectiveness with evidence from relevant qualitative studies, as well as with more informal evidence, such as accounts reported by researchers in discussion sections.

**Results:** Seven quantitative studies and six qualitative studies were eligible for inclusion. Preliminary results from the meta-analysis shows pooled intervention effects on mean changes in weight-for-age z-scores between 0-6 and 0-12 months of age. Further analyses are currently being conducted.

**Conclusions:** The utilization of multiple methods of analysis in this review can support development of more comprehensive evidence on early life prevention of RIWG and COO. Furthermore, the review results may, when informed by the ICA, ease decision-making and implementation in policy and practice in this area of prevention, as the aim of an ICA is to highlight which intervention components to take forward in which contexts in order to improve the effectiveness of health services.

## Working on the determinants of effective access to health care, a way to support health promotion practitioners?

**Mrs Anne-Laure Pignard<sup>1</sup>**

<sup>1</sup>Médecins du Monde Belgique

The organisation has a vision to reach universal access to health care for all. In the projects implemented in Brussels, health promotion and social workers get in contact with undocumented migrants to inform and accompany them on their path to exercise their

rights. In Belgium, access to health care for foreigners is materialized by the “emergency medical card”. Once an undocumented migrant gets this medical card, s/he has access, in principle, to preventive and curative care.

A key finding from field work is that a good proportion of undocumented migrants don’t proceed to demand for the medical card. Most undocumented migrants who don’t exercise their rights, do so in an attempt to remain invisible to the administration and civil society actors. This is why health promotion and project teams use evidence from field work, while limited reliable figures are available.

Another aspect of access is linked to the health seeking behaviour of those who have obtained emergency medical care: there is a good proportion of persons who do not visit their general practitioner. It looks like although they have administrative access, there is no effective access. Regular contacts with concerned individuals show that some have not understood what this “emergency medical card” meant, and no administration has explained. Therefore, their administrative access to health care didn’t transform into effective access. Other reasons include the impact of previous negative experiences with the health system, as well as numerous other types of personal barriers.

While social workers focus on the administrative barriers to access health care, health promotion workers address the personal barriers reported by the target groups. Sharing information on and explaining the health system represent one small component of the discussions. Working with undocumented migrants on their personal barriers constitutes the main element of the exchanges with a view to help increase the health demand of undocumented migrants.

Reflecting on the determinants of effective access to health care could contribute to support health promotion practitioners.

## Health-promoting settings for people with intellectual disabilities: developing a conceptual framework

**Kristel Vlot-van Anrooij<sup>1</sup>**, Jenneken Naaldenberg<sup>1</sup>, Thessa Hilgenkamp<sup>2</sup>, Lenneke Vaandrager<sup>3</sup>, Koos van der Velden<sup>1</sup>, Geraline Leusink<sup>1</sup>

<sup>1</sup>*Department of Primary and Community Care, Research group Intellectual Disabilities and Health, Radboud university and medical centre,*

<sup>2</sup>*Department of General Practice, Intellectual Disability Medicine, Erasmus MC, University Medical Center,* <sup>3</sup>*Department of Social Sciences, Health and Society, Wageningen University*

**Introduction:** People with intellectual disabilities (ID) highly depend on their social and physical environment to live a healthy life. Health-promoting settings have the potential to decrease health disparities, as experienced by people with ID. However, it is unknown what characteristics are of health-promoting settings where people with ID live, work, and engage. This study aims to conceptualise health-promoting settings for people with ID.

**Material and methods:** A concept mapping procedure was followed. Academics in either the settings approach for health promotion, or in health promotion for people with ID were involved in online and face to face brainstorming to develop a list of statements related to health-promoting settings for people with ID. Thereafter, participants clustered the statements and rated on importance to health-promoting settings. Data was analyzed using multidimensional scaling and hierarchical cluster analysis, assisted by Concept System Global MAX software.

**Results:** Forty-one participants generated 100 statements. Clustering resulted in 13 clusters covering three main themes; 1) social environment including supportive network,

encouraging support, confidence-building support, an open conversation, values about healthy lifestyle, 2) physical environment including homely environment, healthy home environment, enabling environment, accessibility, tailored environment, and 3) societal preconditions including financial aspects, healthcare and prevention, and opportunities to engage. The clusters include both generic factors as well as specific factors which should be taken into account in the settings where people with ID live, work and engage. The 13 clusters were all rated as important, indicating that each cluster has its own specific contribution to a health-promoting setting for people with ID.

**Conclusions:** The interconnectivity between social environment, physical environment, and societal preconditions for healthy living plays an essential role in creating health-promoting settings for people with ID. Furthermore, this study highlights which factors are specifically important for people with ID to create health-promoting settings, such as empowering support, universal design, and social inclusion.

## Evolution of the health promotion good practices evaluation system in Italy

**Dr Claudio Tortone<sup>1</sup>**, Dr Paola Ragazzoni<sup>1</sup>, Dr Antonella Bena<sup>1</sup>, Dr Luisa Dettoni<sup>1</sup>, Dr Mariella Di Pilato<sup>1</sup>, Dr Simonetta Lingua<sup>1</sup>, Dr Rita Longo<sup>1</sup>, Dr Sonia Scarponi<sup>1</sup>, Dr Alessandra Suglia<sup>1</sup>

<sup>1</sup>ASL TO3 - DoRS (Health Promotion Documentation Centre of Piedmont Region)

Health promotion effectiveness is increased through the adoption of a systematic and critically reflective approach to practice.

Successful evidence-based HP must rely not only on robust scientific evidence but also on a process ensuring appropriate

contextualization, a selection of effective methodologies and the development of a guidance for action appropriate to the local context, as well as an impact evaluation once the guidance have been put into practice.

In Italy an active system to collect and validate best practices has been developed over the last 10 years, mainly, but not only, limited to the analysis of the projects developed within the Regional Prevention Plan; focus has also been placed to cross-sectoral and multi-risk interventions, oriented to an "Health in all policies approach".

We define 'good practice' in accordance with the definition by Kahan B., M. Goodstadt as "those sets of processes and activities that are consistent with health promotion values, goals, ethics, theories, beliefs, evidence, and understanding of the environment and that are most likely to achieve health promotion goals in a given situation"

Our system is aimed to

- highlight strength factors for the effectiveness of an intervention
- promote sustainability and transferability in other settings or contexts
- build a professional network (community of practice) in the field of health promotion and disease prevention.

The system was originally based on a set of 18 criteria (Each criterion is composed of different items): working group, equity, empowerment, involvement, setting, theoretical models, evidence and good practice examples, context analysis, determinants of health, resources, objectives, activities description, process and outcomes evaluation, sustainability, communication, documentation.

After reflection and discussion with colleagues from various fields (Joint action Chrodis, Chrodis Plus and Janpa, CompHP project) we modified and developed a new set of criteria and procedures. Here we want to describe the

main results obtained up to now and discuss the strengths and weaknesses of the work done.

## **“Singing has empowered, enchanted and enthralled me”; a qualitative study of choral singing, Norway**

**Associate Professor Kari Bjerke Batt-Rawden,**  
Dr. Sarah Andersen

*NTNU – IHG*

### **Background**

There is evidence that singing with others is more beneficial for wellbeing than other group activities. Previous studies show positive impact on patients with physical, psychological or social issues. There is limited research on choral singing for wellbeing amongst women. The main purpose is to increase knowledge of choral singing as an activity for health maintenance. Secondly, how singing may be used as a health promoting initiative, for public health matters and social prescription. Aims were to explore how women's perceptions of health and wellbeing can be affected by singing in a choir; secondly, why and how choral singing may have an impact on social inclusion, mental health, identity and fellowship.

### **Methods**

A qualitative study from 2017 with elements of grounded theory methodology was chosen, including in-depth interviews and two focus group interviews with women from the south-east and north region of Norway. The sample consists of nineteen (n=19) women 21-75 years old who have experiences from choral singing from six months to twenty years and recruited from nine choirs who all had choral singing experiences. The characteristics of the sample were healthy to suffering or had suffered from

various diseases and illnesses; cancer, grief, anxiety and depression, fatigue and stress-symptoms.

### **Results**

Through choral singing the women gained deeper self-knowledge, created a sense of connectedness and belonging in the community. Choral singing empowered, enchanted and enthralled, which illustrate how singing offered an opportunity to explore emotions and provide vitality. By using singing and choir practice as an instrument for care of self, it is also a tool for coping and reducing stress. Choral singing heightened people's self-esteem, self-worth and confidence, seemingly promoting social healing.

### **Conclusion**

Choral singing constructs social capital and connectedness, and includes an empowering ritual, a social dimension, that enhances participatory consciousness. It is a salutogenic activity for health maintenance and sense of belonging in local communities. This research may add important knowledge and insight to the beneficial effects of choral singing for health promotion. Choral singing is socially significant in ways that allow people to connect with others, which allows bridge building social networks in local communities.

## **User involvement in nursing health promotion work: critical realism to bridge the theory-practice gap towards evidence**

**Sylvie Gendron<sup>1</sup>, Lauralie Richard<sup>1,2</sup>, Natacha Bielinski<sup>1</sup>, Jérôme Leclerc-Loiselle<sup>1</sup>**

*<sup>1</sup>Faculté des sciences infirmières, Université de Montréal, <sup>2</sup>Department of General Practice and Rural Health, Dunedin School of Medicine, University of Otago*

**Abstract:**

Nursing has long been asserted as a relational practice that promotes the health of individuals and families. Although contemporary nurse scientists and scholars emphasise emancipatory principles and praxis to generate health - in the presence or absence of illness and multiple vulnerabilities - evidence about the effectiveness of nursing interventions remains repeatedly confined to indicators of risk reduction, disease prevention or cure. Within this divided horizon, partnership and user involvement are generally translated in practice as means to identify needs, risk factors or deficiencies; to educate and motivate; to foster adaptation; or to enhance compliance with treatment regimes. Nursing (grand) theories and health promotion work thus tend to focus on individual entities and to instrumentalise service user involvement, whereas the contextual and social dynamics that intersect in people's lives are seldom addressed. Objective: In order to contribute to an evidence base that could be more congruent with salutogenic principles of relational health promotion in nursing, we sought a heuristic framework for user involvement as a health generating socially-mediated and situated process. Method: Three multiple case studies conducted in primary care services provided the groundwork for our deliberations. Each study examined a specific relational health promotion nursing practice: 1) nursing outreach with vulnerable populations at the interface of institutional services and community resources; 2) emancipatory health education; and 3) nursing health promotion in end-of-life care. Participant observation and interview data, results from interpretive qualitative data analyses, as well as practical experience, were mobilised to cooperatively engage in systemic modelling of processes and conditions that influence user involvement in these health promotion practices.

Result: A critical realist ontology was valuable in procuring explanatory insight into the complex (inter)action of agency and capabilities in user involvement with dynamic contextual and organisational mechanisms.

Conclusion: Describing the nature of relational health promotion practice in nursing as a complex social system in critical realist terms draws our attention to social theories and concepts that ought to be considered in designing and evaluating user involvement in practice. Nursing and other health professions should cross diverse theoretical boundaries to close unproductive and enduring theory-practice gaps.

### **The effectiveness of web-based and home-based postnatal psychoeducational interventions for first-time mothers: A randomized controlled trial**

**Hong-Gu HE**<sup>6,7,1</sup>, Nana JIAO<sup>6,7,1</sup>, Lixia ZHU<sup>7,1</sup>, Yap Seng CHONG<sup>2,7,1</sup>, Wai-Chi Sally CHAN<sup>3</sup>, Nan LUO<sup>4,1,5</sup>, Yiong Huak CHAN<sup>1</sup>, Shefaly SHOREY<sup>6,7,1,5</sup>

<sup>1</sup>National University of Singapore, <sup>2</sup>National University Hospital, <sup>3</sup>School of Nursing and Midwifery, Faculty of Health and Medicine, The University of Newcastle, <sup>4</sup>Saw Swee Hock School of Public Health, <sup>5</sup>National University Health System, <sup>6</sup>Alice Lee Centre for Nursing Studies, <sup>7</sup>Yong Loo Lin School of Medicine

**Background:** First-time mothers face physical and mental challenges due to childbirth, as well as challenges associated with the demands of adapting to their roles as new parents. They need more knowledge and support for practical assistance with baby care and handling as well as settling. Easily accessible and cost-effective web-based

psychoeducational interventions are needed to improve maternal outcomes.

**Aim:** To examine the effectiveness of web-based and home-based postnatal psychoeducational interventions for first-time mothers during early postpartum period.

**Methods:** A randomized controlled three-group pre- and post-tests randomised controlled trial was conducted. Data were collected from October 2016 to August 2017 in a public tertiary hospital in Singapore from 204 first-time mothers, who were randomly allocated to the web-based psychoeducation group, the home-based psychoeducation group, or the control group with 68 in each group. Outcomes included maternal parental self-efficacy, social support, psychological well-being and satisfaction with postnatal care. Data were collected at baseline, one month, three months, and six months post-delivery. Repeated measures analysis of covariance using a mixed model was performed to compare the four outcomes over the periods across the three groups.

**Results:** When compared to the control group, mothers in the web-based intervention group had significantly improved self-efficacy at one month (mean difference = 2.68,  $p = 0.028$ ) and reduced postnatal depression at three months post-delivery (mean difference = -1.82,  $p = 0.044$ ), while mothers in the home-based intervention group didn't have any significant changes on self-efficacy and postnatal depression at all post-intervention time points. Both interventions helped mothers to get better social support at all post-intervention time points than those in the control group. Mothers who received home-based intervention reported to be most satisfied with the treatment, followed by those who received the web-based intervention. There was no difference in anxiety among the three groups.

**Conclusion:** Web-based psychoeducation intervention had better effects on improving self-efficacy, social support and postnatal

depression, thus should be recommended to first-time mothers for better postnatal care.

**Keywords:** First-time mothers; Home-based; Postnatal depression; Psychoeducation intervention; Self-efficacy; Social support; Web-based

Trial Registration No: ISRCTN45202278.

**Acknowledgement:** This study was funded by the Ministry of Health Health Services Research Competitive Research Grant, Singapore (Grant No.: NMRC/HSRG/0051/2015)

## Engaging Mothers to Make Mental Health a Critical Item in Primary Health Care

**Dr. Martha Traverso-Yeppez<sup>1</sup>, Dr. Caroline Porr<sup>1</sup>**

<sup>1</sup>*Memorial University of Newfoundland*

Research evidence indicates that a mother's unaddressed mental health issues during the prenatal and postpartum periods can interfere with the mother-child relationship and pose serious consequences for her child's early brain development and may lead to physical, social, and mental health problems throughout childhood and during the life course. Treating the problems later in life takes far more resources and effort and is generally less successful. Maternal mental health is being recognized in Canada and around the world as a major public health concern. And as such, our research team was awarded funding for a health promotion project that engages users (mothers and health professionals from Newfoundland and Labrador) in the early identification and care of mothers experiencing mental health issues. More specifically, we are conducting a participatory action-inquiry research project to (i) explore ways to identify

prenatal and postpartum mothers who may be developing mental health issues and (ii) investigate opportunities to enhance available supports and services.

During this presentation we will report on user involvement in Phases 1 and 2 of the five-phase project: (1) finding information; (2) sharing information; (3) designing and applying the method; (4) developing the action plan; and (5) dissemination. Phase 1 entails finding information on maternal mental health indicators through a scoping review and on maternal mental health supports and services by conducting an environmental scan of provincial, regional, and non-governmental organizations. A mothers advisory committee and a health professionals advisory committee have been instrumental in guiding our Phase 1 search for information. Mothers are from the only publicly funded parent child centre in the province and from a new mothers community group. Phase 2 entails sharing information with mothers and health professionals during workshops designed to enable user selection of key results (from the scoping review and environmental scan) and best methods for publicly disseminating results (e.g., posters and, or, social media messages). Phase 1 and 2 will inform subsequent phases of the project that is ultimately aimed at heightening primary health care provider awareness of the significance of early perinatal mental health detection and intervention.

# Abstracts

## Oral Session 5

Community based health promotion I

Time: 12.45 - 15.00

Date: September 24, 2018

Location: Brattøra

## **INHERIT your future: intersectoral solutions to protect the environment and improve health for all**

**Dr. Monica Aberg Yngwe<sup>1</sup>**

<sup>1</sup>*EuroHealthNet*

### **Introduction**

The INHERIT project (2016-2019), coordinated by EuroHealthNet, focuses on identifying policies, practices and innovations in the areas of living (green space, housing) moving (active transport) and consuming (food, food waste) that encourage people to change their lifestyles and contribute towards a 'triple-win': healthier, more equitable and more environmentally sustainable societies. INHERIT is unique in its approach to environmental sustainability and health by bringing health equity into the equation, and by using lifestyles and behaviours as key entry points for change towards a better future for people and planet. The INHERIT project is funded under the EU Horizon 2020 research programme and brings together 18 partners from across Europe, working across disciplines (public health, environment) and sectors (research, public, private) to contribute evidence, knowledge and tools to encourage change.

### **Material/methods**

The project aims to identify 'promising practices' and to develop 'pilot studies' to analyse behavioral change for the 'triple-win'. The research methodology of INHERIT involves a two-fold approach: 1) an in-depth study of 15 pilot studies (April 2018-June 2019). These have been developed from a previous identification of approximately 100 'promising practices'. Most pilot studies will undergo a qualitative evaluation of inter-sectoral collaboration (n=12), half will undergo a quantitative evaluation to draw learning about

the impacts on the 'triple-win' (n=6) and, finally, four pilot studies will undergo cost-benefit analysis. 2) A 'visioning, scenario-planning, and back-casting' exercise has been undertaken to identify what more sustainable societies could look like in 2040. The outcomes of this exercise will be shared with different groups of stakeholders (citizens, policy makers, private sector representatives), through workshop consultations and a household survey, to identify attitudes towards, as well as barriers and facilitators of change.

### **Results and Conclusion:**

The presentation will share preliminary results, including barriers and facilitators, indicating lifestyles and behaviours as an important but often overlooked entry point for change towards healthier, more equitable and more environmentally sustainable societies. The forthcoming results of the project will provide valuable knowledge and insights for policy makers from local and regional to national and European level working on mobility, food and urban planning issues.

## **The supersetting approach v.2.0.: Working systematically with participatory tools and complex interventions to promote healthy living in the local community**

**Dr. Paul Bloch<sup>1</sup>**

<sup>1</sup>*Steno Diabetes Center Copenhagen*

The supersetting approach is an intervention strategy that aims to mobilize local communities for social and health action. It involves the coordinated engagement of multiple stakeholders in multiple community settings to implement multiple actions at multiple levels. The supersetting approach includes five principles, namely 1) CONTEXT to ensure that everyday life challenges of citizens

and professionals are respected and considered in planning activities, 2) PARTICIPATION to ensure that people are motivated to take ownership of processes of developing and implementing interventions, 3) ACTION COMPETENCE to ensure that people acquire skills and competences to express and act on their visions and aspirations, 4) INTEGRATION to ensure that activities are implemented across the boundaries of specific settings and 5) KNOWLEDGE to ensure that scientific knowledge is used to inform action and produced from action.

Steno Diabetes Center Copenhagen has applied the supersetting approach in various health promotion projects since 2012 and we have conducted recurrent assessments and made numerous adjustments in ongoing efforts to optimize its applicability and relevance to stakeholders in local communities and municipalities. This has resulted in a highly participatory and systematic approach involving three phases, namely 1) describing the CONTEXT, 2) developing the INTERVENTION and 3) conducting the EVALUATION. The modified approach maintains its five principles while offering specific methodological guidance in how to fulfill them. We call it the supersetting approach version 2.0.

This presentation introduces the supersetting approach and provides an account of its improvement over time with emphasis on describing the rationales for establishing three distinct phases of actions, the research-based methods developed for each phase, and the findings from implementing these phases to promote social and healthy living at community level. The presentation will be based on three case studies, one for each phase, from different local communities and municipalities in Denmark. The presentation

will also provide direction for future developments of the supersetting approach.

Local communities hold substantial amounts of untapped resources that may be mobilised to promote social and healthy living. The supersetting approach is designed to bring these resources into action and to contribute to improving public health outcomes.

## A community engaging air quality monitoring network

**Ms Sonja Grossberndt<sup>1</sup>**, Dr Hai-Ying Liu<sup>1</sup>, Mr Arnd Fellermann<sup>2</sup>, Ms Lisa Bieker<sup>2</sup>

<sup>1</sup>*NILU-Norwegian Institute for Air Research*,

<sup>2</sup>*BUND - Friends of the Earth Germany*

### Introduction

Despite positive developments in the last decades, air pollution is still a problem in Europe, due to its potential to harm environment, health and wellbeing. One way to reduce air pollution is to reduce emissions, another way to raise awareness through engagement and changing people's behavior. The EU H2020 project hackAIR is building a collective awareness-raising platform for outdoor air quality (AQ) with pilots in local communities in Norway and Germany. This study will provide insight into the different activities and conclude with a set of lessons learned and recommendations for future public engagement activities involving modern technologies.

### Material and methods

hackAIR developed a number of tools for citizens to collect AQ information: do-it-yourself particulate matter (PM) sensors, a mobile app to calculate AQ by taking pictures of the sky and to provide information about participants' own perception of AQ in their

immediate environment. By combining sources of officially monitored AQ data, citizen science and data fusion models, we provide AQ information through the hackAIR platform. Participants can also receive information about how to adjust their daily activities to the current AQ levels. They can further obtain tips on how to reduce emission and minimize exposure to air pollution in their daily lives.

## Results

We organized workshops for interested citizens to build their own PM sensors. More than 200 sensors were distributed to the participants. The sensors were connected to the hackAIR platform for visualization of the obtained data. We also arranged photo-safaris where participants could take pictures of the sky at different places in the city.

## Conclusions

Approaches developed in hackAIR require high commitment from both consortium and participants. We raised awareness about air pollution, but it was challenging to establish measurement techniques that provide added value to data availability on the one hand, and at the same time remained appropriate for people without interest in air quality or knowledge about technologies. However, the approach is suitable for local communities who want to raise awareness about local air pollution issues. The initiative is best to be led by a local stakeholder, providing opportunities for exchange with policy makers.

## Key experiences of community participation to assess the need for modifications to the built environment in Austria

Kathrin Hofer<sup>1</sup>, Silvia Tuttner<sup>1</sup>

<sup>1</sup>FH JOANNEUM - University of Applied Sciences

## Introduction

Community engagement in the development of public spaces ensures that the concerns of residents are considered for modifications. Normally, assessments of the built environment are carried out by experts. The project „Gemeinden leben bewegt“ (“Communities Living Actively”) was established to analyse and modify the built environment (physical activity infrastructure) together with citizens and local decision-makers in three rural towns in Austria.

## Method

Firstly, semi-structured literature research was conducted to identify participatory models and methods for the assessment of built environments. In two multidisciplinary workshops with experts from the fields of public health, occupational therapy, construction design and economics and social work, a tool including seven steps was developed to analyse the built environment closely with experts and citizens: (1) qualitative interviews with key persons in the communities, (2) multidisciplinary expert assessment of the built environment, (3) citizens' assessment of the built environment, (4) discussions on social media, (5) questionnaires sent to every household to analyse mobility behaviour, (6) a participatory workshop to discuss ideas and the need for modifications, and (7) an evaluation and scoring workshop to finalize plans for modification to the built environment on the basis of a cost-benefit ratio.

## Results

The number of citizens involved and the degree of civic participation varied among the seven steps, depending on age (children, youth, adults, seniors), the role of citizens (key persons, stakeholders, political decision-makers) and the aim of the tool. Results from each tool were transferred into the following tools, which assured high-quality discussions and feedback loops. A broad variety of citizens

and decision-makers allowed a comprehensive perspective about the status quo in the communities. It also promoted the dialogue about requirements, needs and realisation between these groups. This was identified as a determining success factor. The usage of diverse participative approaches fostered acceptance and utilization of modifications. Moreover, the systematic use of methods (e.g. scoring method) supported operationalized decision-making for modifications of the built environment.

## Conclusion

The participation of local decision-makers and citizens is key for the sustainable success of community projects. Such approaches enhance the Health in All Policies Strategy on a local level.

## Promoting Brain Health, Cognition and Preventing Recurring Stroke in Stroke Survivors: A Community-Led Program

**Dr. Yanhong Dong<sup>1,2</sup>**, Ms Ili Nur Ruzanna Binte Azni<sup>2</sup>, Ms Munirah Bashir<sup>2</sup>

<sup>1</sup>*Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore*, <sup>2</sup>*Department of Medicine, Yong Loo Lin School of Medicine, National University of Singapore*

## Introduction

Stroke is Singapore's fourth leading cause of death and long-term physical disability and increase the burden. More than 50% of stroke survivors develop cognitive impairment (CI) and at a higher risk for recurrent stroke and dementia. CI can hinder a survivor's daily functioning and recovery, creates significant caregiver stress. However, there is a lack of aftercare services for survivors with CI and

caregiver support in community. Hence, we developed an innovative community-led brain health and memory training (BHMT) program and aim to evaluate its efficacy.

## Materials and methods

Stroke survivors and their caregivers were recruited in collaboration with a local community-based stroke recovery center. At baseline, we conducted semi-structured interviews, neuropsychological assessments and measures for quality of life and mood in stroke survivors and caregivers. The patient's cognitive severity was determined by neuropsychological tests and they received customized health education and cognitive training group sessions to optimize stroke recovery. The caregivers received a parallel skills training and self-care program. The duration of the program is approximately 4 months and weekly feedbacks were collected. Upon completion of the program, a post-program evaluation repeating baseline measures was conducted on both stroke survivor and caregivers.

## Results

From September 2017 to April 2018, a total of 49 stroke survivors were recruited. Of these, 39 completed formal neuropsychological assessments. Most stroke survivors were males (71.7%) with a mean age of 62 years of age (SD=13) with above secondary level education. They had low MoCA score (20±7). A majority (74.4%) have undiagnosed CI. Of this, 62% have impairment in multiple domains, hence at a higher risk for recurrent stroke, cognitive decline and dementia. The program has been well-received thus far and most participants have been motivated to acquire more memory training strategies.

## Conclusion

Cognitive impairment in community-dwelling stroke survivors is under recognized, and is highly prevalent requiring urgent intervention. Preliminary data suggests that our innovative

community-led BHMT program is effective in improving brain and memory health.

### Resource mobilization in maintaining health among older adults residing in senior-only households: A Singapore perspective

**Ms Betsy Seah<sup>1</sup>**, Dr Yanika Kowitlawakul<sup>1</sup>, Ms Jeane Fong<sup>3</sup>, Professor Emily Ang<sup>1</sup>, Dr Srinivasan Chokkanathan<sup>1</sup>, Professor Geir Espnes Arild<sup>2</sup>, Dr Wenru Wang<sup>1</sup>

<sup>1</sup>National University of Singapore, <sup>2</sup>Norwegian University of Science & Technology, <sup>3</sup>Boon Lay Constituency

**Introduction:** In face of population aging, the orientation towards health management in older adults shifts from disease-focused to health-focused. In promoting the physical, mental and social well-being of older adults, countries have channeled various resources to create an age-friendly living environment. In recent years, there has been an increase in the number of senior-only households in Singapore and these older adults have poorer health and lesser resources compared to those living with their children. Having an appreciation of resource mobilization among these older adults in maintaining their health and well-being during old age provides insight to the health needs of this vulnerable population.

**Methods:** This study uses the Salutogenesis Model as an underpinning conceptual framework, to identify resources which facilitate one's ability to cope with the aging process. It employed a descriptive qualitative approach to explore how older adults residing among senior-only households uses existing resources to maintain their health and well-being. Six focus group discussions, involving 27 community-dwelling older adults who lives alone or with another older adult only, were

conducted. The audio-recorded interviews were transcribed verbatim and thematic analysis was used to analyze the findings.

**Results:** Themes emerged are tapping on one's self-care repository, maintaining and preserving informal social support, relying on healthcare services and enabling self by using instrumental environmental aides. Having positive psychological disposition helps these older adults cope with aging. While they seek health and self-care information from multiple sources, information gathered are occasionally inaccurate. As their social circle dwindle over time, they value relationships with spouses, family members, friends and neighbors. However, more could be done to establish relations with neighbors. While these older adults appreciate the provision of senior-friendly amenities and recent government initiatives to promote active aging, usage and participation of these services vary from individuals' ability to access, preferences and needs.

**Conclusion:** These older adults identified both internal and external resources which promote positive health actions. With the recent implementation of government initiatives in promoting age-friendly environment in Singapore, this study also captured a transitional phase of how older adults among senior-only households adapted and utilize some of these initiated services.

### Health assets may buffer the adverse effects of exposure to the Lac-Mégantic train derailment tragedy on mental health

**Prof. Mathieu Roy<sup>1,2</sup>**, Prof. Danielle Maltais<sup>3</sup>, Dr. Mélissa Gagnéux<sup>4,5</sup>

<sup>1</sup>Department of Family & Emergency Medicine, Faculty of Medicine & Health Sciences, University of Sherbrooke, <sup>2</sup>Health Technology and Social Services Assessment Unit, Eastern

*Townships Integrated University Health and Social Services Centre,* <sup>3</sup>*Department of Human and Social Science,* <sup>4</sup>*Eastern Townships Public Health Department,* <sup>5</sup>*Department of Community Health Sciences, Faculty of Medicine & Health Sciences, University of Sherbrooke*

**Background:** In July 2013, a train derailed in downtown Lac-Mégantic, Quebec, Canada. This tragedy caused 47 deaths and resulted in major social, economic and environmental impacts. During the first five years after the disaster, public health authorities have been involved into psychosocial recovery processes. In this study, we examine the moderating and the mediating effects of health assets on the associations between exposure to this tragedy and mental health.

**Methods:** A population-based survey of a representative sample of 800 adults was conducted two years after the derailment (summer 2015). Human, material, and perceived losses caused by the tragedy were documented. A measure capturing the intensity of exposure to the train derailment was computed (i.e. 3 types of losses = intense exposure, 1-2 types of losses = moderate exposure, no loss = no exposure). Various mental health outcomes (i.e. psychological distress, risk of post-traumatic stress) and health assets (i.e. sense of coherence, social support, resilience) were examined.

**Results:** More than 20% of adults were intensely exposed to the tragedy and 52.9% were moderately exposed. A gradient was observed in the probability of each of the two mental health outcomes as a function of intensity of exposure (for psychological

distress: OR = 3.52 (2.16-5.75) and 2.05 (1.32-3.19) for intense and moderate exposure, respectively). If health asset were not mediators in the associations between exposure to tragedy and negative mental health, they acted as moderators. Greater resilience (for psychological distress only), higher social support, and greater sense of coherence (for both outcomes) buffered the adverse effect of tragedy exposure on mental health outcomes two years after the train derailment.

**Conclusion:** Health assets may moderate long term impacts of disasters. They may act as resources and increase individuals' capacities for dealing with stressful events. Public health, local authorities and citizens should co-construct health promotion interventions aimed at 1) strengthening the social fabric, 2) enhancing abilities to cope with adversity and 3) increasing the sense of coherence of affected communities.

# Abstracts

## Oral Session 6

Health promotion in work life

Time: 12.45 - 15.00

Date: September 24, 2018

Location: Lade

## Health Promotion good practices in the workplace: Lombardy WHP Network

MS Liliana Coppola<sup>2</sup>, MS Corrado Celata<sup>2</sup>, **MS Giusi Gelmi<sup>1</sup>**, MS Claudia Meroni<sup>1</sup>, WHP Lombardia Program Group

<sup>1</sup>ATS Città Metropolitana Milano, <sup>2</sup>Regione Lombardia

Health Promotion not only embraces actions directed at strengthening the skills of individuals, but also actions directed towards changing social, environmental, economic conditions. Workplace Health Promotion (WHP) represents the combined efforts of employers, employees and society to improve health and well-being of workers (ILO, 2005).

Lombardy Region implemented the WHPLombardia Program as part of the European Network for Workplace Health Promotion (ENWHP). The objectives are aligned with the strategic guidelines defined by the European Commission on Corporate Social Responsibility (CSR), and build on the wider strategy of the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA). The Program promotes organizational changes in order to enable the adoption of healthy lifestyles for prevention of chronic diseases in work environments. An inter-sectorial approach is adopted (Cancelliere&al., 2011)

Companies joining the program start an internal process of continuous improvement, which foresees the active participation of workers and the collaboration with the Health Protection Agencies, that provide methodological expertise in the selection and planning of the most effective interventions, in line with needs assessment.

Key actions are recommended within priority areas: nutrition, physical activity, smoking and alcohol prevention, work-life balance,

organizational wellness and individual actions involving the healthcare system.

In 2017, 506 companies joined the WHPLombardia (172.740 employees are involved).

Data so far give evidence of a good participation to the program. Its positive acceptance lies in both the acknowledgment of a complex view of health and the identification of priorities and interventions that are structurally and financially sustainable.

The next steps, in line with the Lombardy Prevention Plan (2015-2018), include to further develop the network and improve the impact on health, by promoting the dissemination of evidence based good practices, the empowerment and capacity building of the workplaces, enabling their internal key figures or the link to other networks (eg. Work-life balance Network, HPH Network) and the adoption of an equity oriented approach, reaching also small-medium sized enterprises.

Cancelliere, Cassidy, Ammendolia, Côté (2011). Are workplace health promotion programs effective at improving presenteeism in workers? BMC Public Health

ILO (2005). Facts on safety at work

WHO (2010). Healthy workplaces: a model for action.

## Commanders' resilience: How it contribute to optimal adjustment of military inductees? Case study of IDF mandatory service in Israel.

**Nirit Hochman-Portugies<sup>1</sup>**, Prof Orna Braun-Lewensohn<sup>1</sup>

<sup>1</sup>Ben Gurion University in the Negev

## Introduction

During their life course, joining the compulsory military service is one of the most significant periods for young men in Israel. It can greatly advance their maturity, expand their boundaries and by that strengthen their well-being but in the same time, can expose them to chronic stress, which may cause physical and mental problems.

We apply the assumptions of the salutogenic theory, thus examining the inductees' personal and community sense of coherence (SOC) as personal coping resources. Recognizing the commanders' important role we examine their community sense of coherence and "command response code" as external coping resources the inductees can use to maintain their well-being.

### Material and methods

We conducted a longitudinal study in which self-report questionnaires (Socio-demographic, personal and community SOC, Brief Symptom Inventory and "command response") were administered to soldiers at two time points; three and six months from induction. 575 soldiers answered at both measurements times. 104 commanders answered the same questionnaires.

### Results and conclusions

We found significant correlations between the inductees' personal and community SOC and their well-being. The inductees' personal SOC explain most of their well-being. Only the commanders' "response code" moderated the relationship between the inductees' personal sense of coherence and their mental health.

This study indicates that at this stage the inductee's personal SOC is central for coping with induction's chronic stress situations. Failure to find a moderating effect of the commander's community SOC (a personal commanding quality) and finding a moderating effect of the commander's "command response code" (a commanding technical

ability), may indicate that the inductee needs to get to know better his commander's personality qualities in order for this qualities to serve as additional coping sources.

For the first time, personal and community sense of coherence were examined to understand their contribution to the inductees' well-being. Diagnosing this coping resources levels can be useful in identifying individuals that are prone to have difficulties adjusting the military organization and fit them the appropriate treatment.

## The workplace as a setting to engage male farmers in a cardiovascular health screening programme 'Farmers Have Hearts'

**Ms Diana van Doorn<sup>1</sup>**, Dr Noel Richardson<sup>1</sup>, Dr Aoife Osborne<sup>2</sup>

<sup>1</sup>National Centre for Men's Health IT Carlow,

<sup>2</sup>University College Dublin

### Research background

Irish farmers are both a 'high risk' group for cardiovascular disease (CVD) mortality and a 'hard to reach' group with regard to health programmes. The 'Farmers Have Hearts' (FHH) cardiovascular health screening programme met farmers at their workplace, i.e. the mart. FHH aimed to detect risk factors for CVD as well as to explore what factors prompt male livestock farmers to engage in a workplace prevention health screening programme. Additionally, this study researched if participation in a health check contributes to health behavior change.

### Research methods

Baseline information provided insight into the cardiovascular health status of farmers and

was collected from a convenience sample (n=310) of male farmers. Consent at baseline also included permission to participate in two follow up questionnaires by phone at Week 1 (n=224) and Week 12 (n=172), which measured engagement in the FHH and health behavior change. All data were entered into the SPSS (v22) for both in-depth descriptive and inferential statistical analysis.

## Results

The majority of (83%; n=255) farmers were found to have at least four risk factors for CVD. Based on the screening results, 79% of farmers were referred to their general practitioner (GP). By Week 12, 32% of farmers had acted on this advice. At Week 12, at least one behaviour change was reported by 48% of farmers. Notably, 42% (n=72) of farmers reported that they would not have gone for a health screening were it not for FHH.

## Conclusion

This study found that the high prevalence of multiple risk factors for CVD among this study-group is a cause of concern. The FHH reached a cohort of farmers who might not otherwise have engaged in a health screening intervention. Key factors for success were meeting farmers in a safe place and on their terms and by adopting a personal approach. Furthermore, the initiative acted as a conduit for some farmers to subsequently engage with their GP.

## When the "Provider" is the "User"- National Health Promotion Policy, Intervention and Evaluation for workers in Universal Care Health Services

**Professor Diane Levin-Zamir<sup>1,2</sup>**, Ms. Galia Niv<sup>1</sup>, Ms. Tamar Inbar<sup>1</sup>

<sup>1</sup>Clalit Health Service Organization, <sup>2</sup>University of Haifa School of Public Health

## Introduction

Health promotion among workers in the healthcare system presents particular challenges. While there is high expectation for healthcare professionals to adopt healthy lifestyles, research shows otherwise. A national management decision was taken by Israel's largest health service organization, (public, non-profit) to strategically plan, implement and evaluate workers' health promotion, beginning with in-depth needs assessment, and maximizing the involvement of all sectors and institutions. The organization functions within a universal healthcare system.

## Objectives

To:

- Explore workers' attitudes towards their work health promoting/compromising environment;
- Learn of workers' health behavior;
- Understand workers' interest and priorities for health promotion policy and action;

## Methodology

A study instrument was developed actively involving worker representatives for a national on-line survey, conducted in 2017, to capture 40,000 workers' self-reported needs. Responses were received from 8995 workers from all sectors: physicians and allied health professions, nursing, administration, logistics and others, from all 9 community health care districts, 14 hospitals and central management. The results were analyzed according to institution, gender, and age group in the lifespan.

## Selected Results

- Work environment: 70% reported working in smoke-free environment despite complete legal ban of workplace smoking, 36% in a verbal and physically violence-free setting, 30% in physically appropriate setting, 21% in very supportive environment when coping with life events, 13% expressed support for stress at

work, 13% always have access to facilities for promoting positive nutrition at work.

- Reported health behavior: 13% smokers, 46% overweight/obese, 62% regularly engaged in physical activity, 55% received flu vaccination in the past year.

- While 89% were interested in health promotion activity, only 8% participated in activities in the past year;

- The areas of greatest need for health promotion expressed by workers across all ages in the lifespan: physical activity, nutrition, coping with work stress.

### Conclusions and Implications

In accordance with SDGs, and based on the survey results, the 24 institutions formed health promotion steering groups involving workers from all levels for planning tailored intervention/action plan and evaluation. Nationally, steps for enforcement of smoke-free workplace legislation were reinstated. Implementation results are measured through repeat survey at local level.

## Developing a framework and testing an integrated model for the evaluation of a workplace health promotion training programme in Austria

Gert Lang<sup>1</sup>, Petra Gajar<sup>1</sup>

<sup>1</sup>Austrian Health Promotion Foundation

**Introduction:** A contribution to far-reaching capacity building in health promotion is the expansion of core competencies and skills of persons in the life course. Health education aims to facilitate gaining new knowledge, adjusting attitudes, acquiring and practicing new skills that could change health behaviour. One central educational strategy is to establish

further education and training programs for practitioners in various settings such as schools, work places, and communities. After several years of implementation an integrated framework for training evaluation was fertilised and adopted for the Austrian health promotion context. Based on theoretical assumptions the model covered conditions before, during and after the training including personal and organisational characteristics. The contribution's purpose is to test the usefulness of the assumptions for the evaluation of health promotion trainings and to examine the effectiveness in further education and development.

**Material and methods:** After operationalisation (e.g. training expectations, ratings of quality dimensions, training satisfaction, outcomes) a pre- and post-training evaluation design by the use of web-based and paper-pencil data collection techniques was carried out. The evaluation framework was piloted from 2017-2018 in 26 workplace health promotion trainings across Austria. The analysis comprised of 250 attendees from different companies and branches. For hypothesis testing, structural equation models with latent variables was put into practice.

**Results:** The results highlight the importance of post-training experiences on pre-training expectations. An importance-performance analysis pointed to critical elements and dimensions for training provision in high quality. Minimum-requirements and value-enhancing elements were identified for training delivery which are both essential not only for training satisfaction but also skills development and transfer of skills and knowledge.

**Conclusion:** Results provide insights into relevant personal and contextual factors for the provision of formal learning activities in the health promotion field. The framework helped to empirically investigate of the most important conditions for successful capacity building and potentials of quality assurance

and development. It provides useful building blocks for developers, practitioners and evaluators of further education and training programmes.

## **Prerequisites and hindrance in a health-promoting leadership educational intervention – learning experiences from first line public sector managers**

**PhD/Dr. Åsa Tjulin<sup>1</sup>**, PhD/Dr. Emma Hagqvist<sup>1</sup>, Professor Stig Vinberg<sup>1</sup>, PhD/Dr. Andrea Eriksson<sup>2</sup>, Professor Bodil Landstad<sup>1</sup>

*<sup>1</sup>Department of Health Sciences, Mid Sweden University, <sup>2</sup>School of Technology and Health, KTH Royal Institute of Technology*

### **Introduction**

The high level of sick leave and increased demanding psychosocial working conditions in Swedish public sector workplaces calls for the need of implementation of workplace health interventions. Research point at leadership as one key factor for improving working conditions. The need for building public sector managers capacity on workplace health promotion has thus been highlighted. There is a call for studies with focus on leadership development and education with the aim of improving employee health and working conditions, which are integrated and continuous in the organizations facilitated thru a system approach. The objective of the study was to analyze how first line managers in public sector experienced an educational intervention aimed at health-promoting leadership, and understand prerequisites and hindrance for learning about health promoting leadership.

### **Materials and methods**

A qualitative study was conducted within a county council in the Swedish public sector. Data was gathered thru individual interviews with 18 participating managers. Content analysis was used to analyze the data.

### **Results**

The result identify time for reflection and collegial discussions about leadership as prerequisites for learning about health-promoting leadership. Hindrance for learning was lack of time given to managers to participate in the educational intervention. The managers were not involved in the planning of the course and questioned why the organization did not involve them more when educational interventions overall was created. They experienced the behavior tailored intervention as a confirmation about leadership behaviors already gained. They experienced the educational intervention of health-promoting leadership, as a contradiction since organizational prerequisites to implement health promotion measures perceived to be lacking. The informants did not describe any imprint on workgroup, work unit or organizational level.

### **Conclusions**

There is an absence of an articulated learning approach towards competence development in health promotion in the county council. A clear idea of what prerequisites managers need to learn about health promoting leadership seem to be missing. When the organization understand how and when their managers learn, what they need and want to learn about health promotion, tailored educational interventions can be facilitated that consider the unique prerequisites for the particular organization.

## Italian early careers in health promotion: needs and supportive actions

**PhD Veronica Velasco<sup>1</sup>**, MS Laura Ferrari<sup>1</sup>, MS Stefania Biancardi<sup>1</sup>, MS Alice Mondellini<sup>1</sup>, MS Matilde Nicolotti<sup>1</sup>, MS Paola Scattola<sup>1</sup>, MS Silvia Calvi<sup>1</sup>, MS Consuelo Facchinetti<sup>1</sup>, MS Anna Paola Capriulo<sup>1</sup>, MS Omar Gellera<sup>1</sup>

<sup>1</sup>*SIPS Lombardia*

Students and early career professionals struggle to enter the health promotion labour market in Italy. Nowadays employment opportunities are lacking, and new flexible and independent solutions are much needed. Specific competencies, interdisciplinary perspectives and abilities to manage undefined situations and hold multiple jobs are required, however trainings or supportive actions are not offered.

The Italian Society for Health Promotion (SIPS) in the Lombardy Region has launched a participatory project to support young professionals interested in working in health promotion. The aims of this project are to promote interdisciplinary and intersectoral integrations, to provide exchanges between young and senior careers, to offer training and cultural opportunities and to engage young practitioners in health promotion processes.

The first step of the project consisted in 2 focus-groups to identify needs and expectations of young professionals. Twenty-five early career professionals with different backgrounds took part in focus groups.

A content analysis of the discussions and of the materials produced was carried out in order to identify core elements. Professionals expressed their need for training and information, but most of all, they asked to exchange and share ideas about their professional roles, self-representations and work experiences.

Thereafter, the focus groups results were presented to all professionals involved and strategies to support them were co-defined.

The third phase included the implementation of several activities managed by the young professionals themselves. A group of about 10 professionals focused on planning competencies and worked on the analysis of a specific health promotion topic. It also organized thematic round tables, meetings with experts, informal interviews to senior practitioners and a contest addressed to students and young career professionals. The results of these activities have been published and presented during congresses and workshops.

This project has been a good opportunity for young career professionals to examine in depth some specific health promotion topics, but mostly it had a supportive function. The group still represents a holder of needs and fears related to a delicate phase of work life and provides ground for professional exploration.

## Levels of Positive Mental Health and Sense of Coherence in healthcare workers of the Emergency System of Catalunya.

**Susana Mantas<sup>1</sup>**

<sup>1</sup>*Institut d'Assistència Sanitaria*

### Abstract

Reorientation of healthcare services towards more efficient health promotion interventions in the workplace is a question that is been delayed. Despite current policies and guidelines, it is the least developed key action in the Ottawa Charter. From the approach of the health promotion, focused on occupational health settings, the conceptual and metric principles of the positive perspective of mental health have been considered: the Multivariate

Model of Positive Mental Health and the Salutogenic Model. Healthcare workers are a fundamental asset for the Medical Emergency System (SEM). The aim of the study was to evaluate the perception of mental health of the healthcare workers and to relate the variables referred to the context of work with positive mental health (CSM+) and Sense of Coherence (SOC).

Descriptive, transversal and correlational study. The participants developed their work in the region of Girona. The sample was n = 493, with a participation rate of 82.35%. Regarding the degree of job satisfaction, 46.8% of the population said they were very satisfied. In general, SEM healthcare workers indicated a greater degree of job satisfaction in relation to satisfaction with personal life and optimistic outlook for the future, attitude of help towards others, coping skills in the face of stressful and

/ or conflictive situations, personal security, ability to adapt to changes as well as the ability to establish interpersonal relationships. With higher overall job satisfaction, SOC levels increased. In general, the SEM healthcare workers presented high scores in the SOC and CSM + questionnaires.

Highlight the importance of identifying health assets related to professional activity as an objective to promote health in work contexts. The participation of the healthcare workers should be considered as a knowledge base of Health Promotion in the services of the SEM of Catalonia.

**Keywords:** Emergency care; Salutogenesis; Sense of coherence; Positive mental health; Healthcare workers.

# Abstracts

## Oral Session 7

Co-creation approaches in health promotion

Time: 12.45 - 15.00

Date: September 24, 2018

Location: Munkholmen/Kristiansteen Theme

## Co-creation of health promotion initiatives in local communities: The Holding Hands case study, South Africa

**Dr Christi Niesing<sup>1</sup>**, Prof Stephan van der Merwe<sup>1</sup>

<sup>1</sup>*North-West University*

The United Nations identifies the fight against poverty as the first Sustainable Development Goal. The refugee crises around the world increases the impact of poverty globally. According to the Ottawa Charter, sustainable resources, food and income are some of the prerequisites for health promotion. This oral presentation argues that sustainable community development facilitated through a bottom-up approach, based on an asset-based community participation with community members initiating the development process, facilitates a sustainable platform for the planning and implementation of health promotion initiatives in local communities. The Holding Hands income-generating community project initiated in 2002 in the North West Province, South Africa was developed with the main goal: to empower resource poor females in rural areas to create an income for themselves in order to have a positive impact on their food security status. The case study of the Holding Hands income-generating community project provided a longitudinal opportunity to study the development, implementation and functioning of an income-generating community project that included various health promotion initiatives. The aim of the study was to develop a framework for the planning and implementation of sustainable community development in rural communities. The methodology consisted of a qualitative approach to explore a case study in order to develop constructivist grounded theory. The study found that a long term intervention combined with short term initiatives provide a sustainable platform for the health promotion

initiatives, with the added advantage to measure long term sustainable impact of interventions. The project was initiated, planned and implemented through Participatory Action Research. This enabled the project to evolve in line with the organic development of the community. The interventions implemented in these communities included income-generating initiatives; the development of a life-skill development programme - LIFEPLAN®; alcohol intervention programmes; malnutrition training and food security interventions that included community and school food gardens. These various interventions lead to long term sustainable community development, measured in a holistic way from the perspective of the community, the development organization and funding partners. The framework developed in the study provides a practical process to develop, implement and measure interventions towards sustainable community development.

## Defining co-creation in health promotion? The perspective of school health promoters.

**Dr Julien Masson<sup>1,2</sup>**, **Dr Emily Darlington<sup>1,3</sup>**, Dr Sandie Bernard<sup>1,2</sup>, Pr Dominique Berger<sup>1,2</sup>

<sup>1</sup>ESPE - Université Lyon1, <sup>2</sup>HESPER EA7425, <sup>3</sup>Acté EA4281

**Background:** School-based health promotion programmes are key to improve children's health. High levels of stakeholder participation in programme design enhance both the efficiency and sustainability of such programmes. However inter-sectoral collaboration alone, proves difficult in schools. When a health promotion programme is brought to a school, stakeholders' participation often involves information and consultation rather than partnership or citizen control. This

is particularly the case with parents, who are often involved at later stages of project design and strategic development. Among the barriers to higher levels of participation are - the differences in perception of the stakes; - the different incentives to collaborate; - the differences in conceptions of the intervention's objective; - the different perceptions of how to define high levels of participation, what they entail and what can be expected from them.

**Purpose of the study:** We hypothesize that co-created programmes will promote higher levels of participation, hence enhance efficiency and sustainability of school-based health promotion programmes. However, no consensual definition of co-creation exists in the literature. The difference between collaboration and co-creation remains unclear. We propose to explore how school professionals define co-creation in their own health promotion practice. The purpose is (1) to outline co-creation from a bottom-up perspective, (2) identify the specific items which differentiate co-creation from other types of collaborations, in order to elaborate adequate strategies to promote the co-creation of projects.

**Methods:** Data collection is ongoing and is situated within the frame of the Co-Creating Welfare Project. Documents and pictures are collected during creative thinking activities with school health promotion professionals. Activities focus on their conceptions of co-creation, and their proposals to promote co-creation in programme design. Preliminary analysis shows that co-creation is a multi-dimensional construct associating various dimensions such as values, interaction processes, underlying purpose, decision-making levels, and building on differences and finding commonalities.

**Conclusion:** As a result, we expect to outline co-creation in school health promotion, as well as identify its specific features. We intend to pinpoint levers to promote co-creation in

school health promotion project design and propose targets for further training.

## Measuring the impact of patient and public involvement in research: A pilot in UK NIHR Local Clinical Research Networks

Professor Jonathan Titter<sup>1</sup>, Mr Iain Mallett<sup>2</sup>

<sup>1</sup>Aston University, <sup>2</sup>CRN National Coordinating Centre, NIHR Clinical Research Network

### Introduction

Patient and public involvement is increasingly embedded in health policy and has become an accepted element of health and care research. The justifications for involvement range from ensuring the experience and expectations of service users shape research to ensuring accountability to citizens for publicly funded research. It is far less clear what impact involvement activities have on the research. This paper presents the initial findings from the pilot of a systematic approach to measuring the impact of patient and public involvement in research based on case studies of three National Institute for Health Research (NIHR) Local Clinical Research Networks (LCRNs) in England.

### Material and Methods

The design of the pilot was based on a scoping exercise, expert interviews and engagement with a range of involved services users, Patient Research Ambassadors and key stakeholders within the NIHR. The pilots draw on normally collected quantitative and qualitative data that are embedded in the management of funded research projects, the involvement processes overseen by the LCRNs (The Patient Research Ambassadors) and case studies research projects asserting that involvement has had a high impact and those making no claims of

significant impact. Each case study includes the review of project documents, publications and interviews with researchers and involved service users and members of the public.

## Results

The development of the pilot responded to significant interest from policy makers and service users for a systematic approach to measuring the impact of involvement but limited evidence of explicit approaches in the literature. The pilot is based in the three LCRNs purposive sampled to include two that have significant investment and a track-record in undertaking involvement activities and one with an interest but little experience. The pilot launches in May 2018 and the interim results should illuminate how existing approaches to collecting data by the research funders can be used as proxy measures of the extent and impact of involvement but also how successfully we can differentiate between impactful and non-impactful involvement.

## Conclusions

A revised and validated approach to measuring the impact of involvement in research.

## The significance of user involvement highlighted in the future Health Promotion

Kaija Matinheikki-kokko<sup>1</sup>, Asta Lassila<sup>1</sup>, Arja Liinamo<sup>1</sup>

<sup>1</sup>Helsinki Metropolia UAS

Competence to enable users to participate in promoting their health is considered as one of the most necessary competences for the Health Promotion (HP) practitioners and specialists in the future. This came out in the survey implemented in Estonia and Finland within the project of Health Promotion Programme (HPP 2016-2019, Interreg CB). The

data focusing on the future competence demands was collected by online questionnaire from both countries in spring 2017. Total number of respondents was 837 (n=588 from Finland, n=249 from Estonia) representing national, regional and local public authorities, health enterprises, schools and higher education institutions and NGOs and other interest groups.

“The competence to strengthen citizens’ ability to take responsibility for their own health and well-being” was the top-one sub-competence for Finnish as well as for Estonian respondents according to the survey results. The professionals are expected to be able to support user involvement and guide people to take responsibility of their own health and well-being to an increasing extent. Taken together, this is also considered as a way to support and enable change towards equity in health and well-being and to enable all people to achieve their fullest health potential. Secondly, the understanding of, and the ability to apply in practice the theory, research, values and multidisciplinary knowledge base of HP were often considered as essential knowledge base for HP in both countries. Thirdly, future workforce is expected to use appropriate channels and methods for effective communication in HP actions. The HP practitioners are expected to communicate clearly by using evidence based information and plain language with service users.

The future demands for competences are discussed as well the new HP study programs designed based on the competence demands identified. Ten new programs for Professional Higher Education and six new study programs for Vocational Education and Training will be co-created in HPP project. The piloting of these new HP programs starts in Autumn 2018.

## Setting-based approach to health promotion: identifying the combinations of contextual factors in order to define implementation patterns

**Professor Didier Jourdan<sup>1</sup>, Doctor Emily Darlington<sup>2</sup>**

*<sup>1</sup>UNESCO chair "Global health and education" Clermont-Auvergne University, <sup>2</sup>ESPE de l'académie de Lyon*

Health promotion programmes in various settings (workplace, sport club, school, hospital, nursing home...) are considered as effective means to improve the health of the population. Research has clearly endeavoured to provide evidence of successes, however results from programme implementation remain unclear and challenging to evaluate.

A given programme implementation cannot be limited to a "plug and play" process. Depending on the context, the programme or the development stage of the process, professionals cope with a multitude of stimulations, try to make the most of the situation, they build something new with available resources including, but not limited to health programmes.

Therefore there is need to shift from the over focus on 'one size fits all' evidence-based fidelity, to a more flexible perspective of anchoring and tailoring interventions to the different contexts.

Research showed many factors have an impact on the implementation process, these numbers as well as their combinations are limited. There are recurrences in combinations of contextual factors, namely Typical Contextual Equations (TCEs) occur in a given type of setting or community. TCEs focus on a selection of the key factors that are critical during implementation and have drastic impact on it.

On the basis of TCEs, we propose to elaborate Implementation patterns with two purposes:

- as resources to characterize differences in contexts and pinpoint the existing circumstances and conditions to which the programme is brought
- as leads for action and/or programme design that support the development of policy and practices based on contextual specificities

Of course, focusing more research means on typical contextual equations and patterns of implementation is not a magic wand. Nevertheless, our work led us to consider neglecting the diversity of contexts and being only focused on "what works" from an experimental perspective is clearly a limiting factor in the design of effective health education strategies and intervention.

In the presentation, we will describe our approach, give examples of implementation patterns and open up to the discussions with the participants.

## Experience-based co-design in an emergency reception services unit in Finland

**Professor Tarja Kettunen<sup>1</sup>**, M.Sc. Kristina Grahn, Lecturer Kirsti Kasila, Health promotion planner Nina Peränen, Chief of emergency services Johanna Tuukkanen

*<sup>1</sup>University of Jyväskylä*

### Introduction

Recent evidence has shown that involving service users in health care may lead to significant improvements in health services. Service users have acquired unique, invaluable insights they can use when planning new practices. In this study, the views of service users were implemented by Experts by Experience (EbE) involved in the development

of emergency reception services. An EbE is a trained layperson with experience of the problems of the target population. This experience includes having had and recovered from a chronic condition/illness, having used or using health and social services, or living with such a person. In addition, the layperson has extensive experience using services (as a patient using health and social services or as a caregiver). The primary aim of this action research was to develop a co-design model for user-driven emergency services in hospital.

### Materials and methods

The study was conducted at the emergency services in the Central Finland General Hospital. It was based on developing needs concerning existing activities, analysis of the collected data and the implementation of new practices. The data consisted of questionnaires completed by service users and professionals, interviews, as well as the observations by EbEs in meetings and counselling sessions and in diaries.

### Results

The development of the co-design model proceeded in three main phases. After identifying the development needs of the unit with the staff, EbEs and researchers, we prioritized the development targets, timetables and exact data collection methods. The EbEs then collected data on service users' experiences, views, concerns, expectations and ideas on how to redesign service practices. The staff's perspectives were also explored. The critical issues were then determined, and the EbEs presented their results to the staff, with solutions and steps to improve service systems being decided. Further goals were set and short-term targets named, while several improvements were implemented.

### Conclusions

The developed co-design model makes it possible to involve service users in planning and developing emergency service practices.

This model is applicable to different units of health care nationally and internationally.

## Applying participatory research with children in preschools to explore dietary behaviours

Dr. Saintuya Dashdondog<sup>1</sup>, Dr. Colette Kelly<sup>1</sup>

<sup>1</sup>National University of Ireland, Galway

### Introduction

The value of research with children rather than on children is widely recognised yet there is much debate on the methodological challenges of this approach. The active inclusion of very young children (0-5 yrs) is very recent with visual and creative methodologies applied. Only limited data exist on very young children's perceptions about food and healthy eating, a gap this study aimed to address by designing participatory methods for use with 3-5 year old preschool children. To advance participatory research with very young children it is important to critically reflect and communicate work in this field (Rinaldi, 2006), which this study aims to achieve.

### Material and methods

Purposive sampling was used and 10 preschools agreed to take part including full-day care (n=4) and part-time/sessional care community preschools (n=6). Participative workshops (n=18) with children were conducted with 2-4 children in each workshop. A mix of visual (vignettes) and 'game-based' activities and drawings of foods by children, all complemented with discussions, were carried out.

### Results

Sixty four children (65.6% girls) aged 3-5 years old participated in the study. The children loved being actively involved and each of the games/toys, vignettes, and drawings worked

well as data collection tools. The variety of approaches allowed space for children to express their feelings and beliefs towards different kinds of food and their food preferences thus letting their subjective perceptions to emerge. Children had control of the situation while engaged in games and other activities. Challenges included interpretation of children's responses and ensuring that the researcher's interpretation and thus description of the findings accurately reflects the children's responses (James, 2007). Findings illustrate that families and the family food environment are central to children's experiences of food. The preschool setting was not prominent in children's food experiences in some preschools.

## Conclusion

Participative research with very young children is possible albeit with some challenges. Our approach elicited preschool-aged children's voices on food and dietary preferences, a novel contribution to the literature. The findings are important methodologically and for the work of health promoting preschools.

## Collaboration and co-production: A framework for the developing, piloting and refining interventions from the ASSIST+Frank study

**Dr Jemma Hawkins<sup>1</sup>**, Dr Kim Madden<sup>2</sup>, Mr Luke Midgley<sup>1</sup>, Dr Aimee Grant<sup>2</sup>, Mrs Gemma Cox<sup>3</sup>, Professor Laurence Moore<sup>4</sup>, Professor Rona Campbell<sup>5</sup>, Professor Simon Murphy<sup>1</sup>, Professor Chris Bonell<sup>6</sup>, Dr James White<sup>2</sup>

<sup>1</sup>DECIPHer, Cardiff University, <sup>2</sup>Centre for Trials Research, Cardiff University, <sup>3</sup>Public Health Wales, <sup>4</sup>MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, <sup>5</sup>DECIPHer, Bristol University, <sup>6</sup>London School of Hygiene and Tropical Medicine

**Introduction:** Existing guidance for developing public health interventions does not provide information on detailed processes for working with intervention recipients and providers to co-produce and prototype intervention content and delivery, prior to evaluation. The ASSIST+Frank study adapted an existing effective peer-led smoking intervention (ASSIST) to deliver new content from the UK drug education resource Talk to FRANK ([www.talktofrank.com](http://www.talktofrank.com)). We developed and tested a framework for developing, piloting and refining intervention content using a participatory action-research process of collaboration and co-production with key stakeholders.

**Methods:** The framework has three stages: 1) Evidence review and stakeholder consultation; 2) Co-production; 3) Prototyping. Methods used within the framework included six focus groups, five interviews, 12 consultations and nine observations of intervention delivery, conducted with key stakeholders (intervention delivery staff, students, teachers). Stages 2 and 3 took the form of an action-research process involving a series of face-to-face meetings, email exchanges, observations and training sessions.

**Results:** The intervention development process took 18-months. It was iterative and cumulative, such that each phase was informed by the findings of the previous phase. New and adapted intervention activities, content and delivery methods were co-produced with the delivery team, informed by the findings from the consultations, interviews and focus groups. For example, interviews suggested pupils had an in-depth knowledge of the harms of drug use to health. In response, we reoriented the content away from the harms to health from specific drugs towards general harms associated with drugs being unregulated (e.g. unknown compound, purity, dose). Testing of intervention content through delivery in phase 3 generated two further phases of refinements

to content, training manuals and the format of delivery, timing and sequencing of activities.

**Conclusions:** This three-stage framework extends current intervention development guidance by providing step-by-step instructions for co-producing an intervention's content and delivery processes in collaboration with key stakeholders. In the ASSIST+Frank study, involvement of intervention delivery staff, students and teachers shaped the content and format of the interventions, as well as supporting rapid prototyping in context at the final stage. This framework enhances existing guidance and could be transferred to co-produce and prototype other public health interventions.

# Abstracts

## Oral Session 8

Health literacy

Time: 12.45 - 15.00

Date: September 24, 2018

Location: Austråt

## The German National Action Plan on Health Literacy – empirical base, development and implementation

**Doris Schaeffer**<sup>1</sup>, Dominique Vogt<sup>2</sup>, Eva-Maria Berens<sup>1</sup>, Kai Kolpatzik<sup>3</sup>, Ullrich Bauer<sup>3</sup>, Klaus Hurrelmann<sup>2</sup>

<sup>1</sup>*Department of Health Services Research and Nursing Science, School of Public Health, Bielefeld University,* <sup>2</sup>*Hertie School of Governance,* <sup>3</sup>*AOK-Bundesverband*

### Introduction

Internationally, health literacy – defined as individuals' knowledge, motivation and competences to access, understand, appraise and apply information in order to make judgments and take decisions in everyday life concerning health – has received growing attention in research, practice and policy and has been recognized as an important field in health promotion. Research from Germany suggests, that the majority of the population perceive problems in processing health information and thus are confronted with challenges to maintain health, prevent diseases and use the healthcare system. To promote health literacy a systematic program is needed, intensifying the social and political discussion.

### Material and methods

Based on current research findings, especially detailed results of the first representative Health Literacy Survey Germany (HLS-GER) vulnerable groups, deficits and operational fields were identified by a group of 15 experts from academia, practice and policy. In six meetings they developed a national action plan to promote health literacy. The draft was refined based on various stakeholder consultations. The development of the action plan was funded by the Robert Bosch-Foundation and the AOK-Bundesverband and coordinated by Bielefeld University and Hertie School of Governance.

### Results

Data of the HLS-GER show that more than half of the German population perceive great problems in processing health information. Especially vulnerable are persons in older age, with migration background, chronic disease, and low SES.

The national action plan to promote health literacy is therefore structured into four main areas and 15 recommendations. The first area focuses on fostering health literacy in daily life and highlights the importance of the education system and the workplace. The other areas are: making the health care system more user-friendly, health literacy and chronic illness, and expanding health literacy research. The plan follows 5 key principles, e.g. enabling participation, for implementing the recommendations into good practice.

### Conclusions

The plan has received great attention in Germany and has contributed to intensified social and political discussions. The practical and political impact needs to be further surveyed, therefore a national contact point for health literacy has been established and further workshops will be performed to further ensure user involvement.

## Health literacy of children and young people: conceptual reflections and considerations for a child-centered understanding

**Janine Bröder**<sup>1</sup>, Orkan Okan<sup>1</sup>, Ullrich Bauer<sup>1</sup>, Paulo Pinheiro<sup>1</sup>

<sup>1</sup>*Bielefeld University*

**Background:** Children and young people are often exposed to and have to make sense of different, sometimes complex health-related information from various sources. Health

literacy (HL) can equip and empower them for this challenge. It can be regarded as a tool for achieving health promotion in everyday life. A key challenge for promoting the HL of children and young people is the limited conceptual consensus on the nature of HL. Therefore this research aims to explore a child-centred understanding of HL that recognizes HL as a socially embedded, complex phenomenon.

**Method:** A literature review on available definitions on child/adolescent HL was conducted using six bibliographic databases. The results of an inductive content analysis were then complemented and contrasted with the overall HL discourse and with evidence from relevant approaches and research areas, including childhood sociology, literacy and development studies.

**Results:** The review identified 12 definitions and 21 models. While there is a strong focus on personal attributes, a lack of recognition of contextual and system factors, as well as of target population specific characteristics, assets, and perspectives were revealed. However, children and young people's dispositions, their dependency on social support structures and material resources, as well as the characteristics of intergenerational power relations were found to strongly influence their health literacy. We therefore argue to shift away from an individualistic, skill-focused HL understanding towards an agency and asset-focused perspective. We propose to focus on three interrelated dimensions: (1) personal attributes, (2) characteristics of the social-cultural context one is embedded in, including the social resources one can potentially mobilize; (3) characteristics/nature of the health information itself and how individuals interact with it.

**Discussion:** Most HL concepts fail to capture the unique characteristics of children and young people as well as their interrelatedness with cultural and contextual factors. This allows only for an incomplete picture of child or young people's HL. Therefore, considering

their personal attributes and agency as contextually embedded draws attention to the conditions under which HL can promote the empowerment of children and young people. The results can serve as conceptual base for future HL assessment and promotion.

## Health literacy in populations: the Catalan experience

**Oriol Garcia-Codina<sup>1</sup>**

*<sup>1</sup>Health plan service. Directorate General of health planning. Department of Health. Government of Catalonia.*

**Introduction:** Health literacy points to the knowledge, competences and abilities people have when dealing with complex demands of health and when interacting with the health system. A new strategy on promotion of health literacy is being developed in the new Health Plan of Catalonia (2016-2020). The Health Plan of Catalonia is the indicative instrument and framework for all public performances in the field of the Health Ministry of the Government of Catalonia. The strategy on promotion of health literacy started with the detection of those groups with weaker health literacy levels and the most complex activities for them.

**Objective:** Description of health literacy on Catalan population and detection of areas of improvement.

**Method:** During 2014 the Catalan health survey (ESCA) included the short version of the European Health Literacy Survey Questionnaire (HLS-EU-Q16). Descriptive analysis of the results from the questionnaire directly answered by people aged 15 and over (N=3.642). ESCA is an official statistical activity that provides information on health status, life style and the use of health services.

**Results:** People with lower levels of health literacy are older, belong to the most

disadvantaged social classes and have lower levels of formal education. They have worse self-perceived health status, suffer from chronic diseases and face problems in performing their daily activities. They are users of public health services more than those with higher health literacy levels. According to this, the strategy on promotion of health literacy needs to adapt to the detected needs, and to focus in particular groups and in specific areas of improvement.

## Improving individual and organizational health literacy (HL) through HL-training in the region of Styria (Austria)

**BA, MA Silvia Tuttner<sup>1</sup>**, BA, MA Kathrin Hofer, BSc, MSc Bianca Fuchs-Neuhold, Mag., Dr., MScPH Gerlinde Grasser

<sup>1</sup>*University of Applied Sciences - FH JOANNEUM*

### Introduction

The HL-Survey-EU-2011 showed that health literacy in the Austrian population and in particular in the federal state of Styria was under European average. The project „Auf Gesundheitskurs – gesundheitskompetent in Feldbach“ (Jan 2018 – Dec 2020) focus on the compensation of this inadequacy and will be implemented at community setting. Feldbach is a rural town with 13.300 inhabitants in the region of Styria. It's infrastructure and businesses are small structured and there is each form of education except university. The target of the project is to enhance the individual and organizational health literacy by HL-trainings in companies and for the local government and the population.

The aims of the project are:

- To enhance the consciousness of decision-makers concerning organizational health literacy
- To improve the knowledge and competences (communication, reasoning, strategy making) and skills of multipliers in different companies concerning organizational and individual health literacy
- To increase health literacy of the population

### Methods

The processes will be developed by citizen participation in cooperation with decision-makers and related organizations. The project team consists of experts in the fields of health management, regional development, education, empirical research, active mobility and e-learning methods.

Firstly, a local survey to measure health literacy on population level and in companies will be conducted. On the basis of the survey results, two education concepts including grounded HL-theories, training methods and working documents 1) for local decision-makers in companies and on government level and 2) multipliers in companies will be developed. Following the training participants will initiate activities within their specific company to improve health literacy of customers. Moreover, a MOOC (massive open online course) will be a low-threshold form for knowledge and competence transfer to population.

### Preview

Although, workplace health promotion is a common initiative and well known, the focus on health literacy is new. It will be a challenge to convince company leaders to be part of the planned activities. It will be a key factor for project success to point out the benefits for companies to make sure this project is important for staff, customers and themselves.

## Making the most of health literacy research: Knowledge transfer for effective health promotion and prevention strategies

**Orkan Okan**<sup>1</sup>, Dr. Maren A. Jochimsen<sup>2</sup>, Judith Hendricks<sup>2</sup>, Prof. Jürgen Wasem<sup>2</sup>, Dr. Laura Hörster<sup>2</sup>, Dr. Janine Biermann<sup>2</sup>, Prof. Uwe H. Bittlingmayer<sup>3</sup>, Prof. Eva Maria Bitzer<sup>3</sup>, Susanne Jordan<sup>4</sup>, Prof. Fabian Kessler<sup>2</sup>, Prof. Albert Lenz<sup>5</sup>, Dr. Paulo Pinheiro<sup>1</sup>, Prof. Ullrich Bauer<sup>1</sup>

<sup>1</sup>Bielefeld University, <sup>2</sup>University of Duisburg-Essen, <sup>3</sup>University of Education Freiburg, <sup>4</sup>Robert Koch Institute, <sup>5</sup>Katholische Hochschule NRW

Transferring research results into practical action is important to make sustainable use of the knowledge gathered within the research process. The rise of public health and health promotion research has given impetus for translating research into health policy. Attempting to bridge health literacy research and health promotion policy and forming closer links between research, practice and policy is one inherent goal of the German “Health Literacy in Childhood and Adolescence (HLCA)” research consortium.

In response to calls for knowledge transfer, HLCA has launched the Synth-HLCA as one of ten projects aiming at: (1) collecting, reviewing, and synthesizing the main outcomes of each project to outline recommendations for research, practice, and policy, also including cost-effectiveness analyses, economic evaluation, and gender analyses; (2) developing the research framework for the consortium’s second funding period (2018-2021). This presentation aims to present the main findings.

To systematically collect data from the projects, we have developed a questionnaire asking about (a) the primary research results and (b) what recommendations the project

researchers would make based on their findings. Recommendations are based on their activities during the whole research process, including literature studies, interviews, focus groups, discussion rounds, workshop and expert consultation methods, surveys, intervention studies, and stakeholder and user participation. After retrieving the completed questionnaire, we analysed the data. Based on the recommendations we build greater categories and synthesized the findings according to their best fit to the categories.

Informed by the findings of the first funding period of the consortium, the second funding period will address four major research streams: (1) conducting surveys; (2) intervention research, (3) policy research; (4) gender analysis and economic evaluation of the intervention projects. Regarding the knowledge transfer, we have been able to synthesize the individual project results and recommendations into four main recommendation dimensions relating (1) to specific intervention-related knowledge and the development of interventions, (2) the scientific sound evaluation of research and practice, (3) how to address determinants and include settings, and (4) health promotion and prevention policy. Each of these dimensions include about ten specific recommendations, which will be outlined briefly and should help decision-makers and researchers.

## Investigating the current status of physical literacy in Danish children

**MSc Paulina Sander Melby**<sup>1</sup>, MSc, PhD Peter Elsborg<sup>1</sup>, MSc, PhD Glen Nielsen<sup>2</sup>, MSc, PhD Mark Tremblay<sup>3</sup>, MSc, PhD Peter Bentsen<sup>1</sup>

<sup>1</sup>Steno Diabetes Center Copenhagen, <sup>2</sup>Department of Nutrition, Exercise and Sports, University of Copenhagen, <sup>3</sup>Department of Pediatrics, University of Ottawa

Physical literacy (PL) combines physical competencies, daily behaviors, motivation and confidence and understandings that are needed to engage in physical activities for life. PL is claimed to be an antecedent of physical activity (PA), but is also developed through PAs. Health benefits of PA are well-documented, but increasing PA in children is a strategy that tends only to have an immediate effect, while promoting PL may have greater potential as it affects PA levels during the whole life course.

This proposed PhD project aims to investigate associations of PL and investigate current status of PL in Danish children by e.g. comparing PL in Danish children with those of Canadian children. In order to do this, it needs to translate, adapt and validate the Canadian Assessment of Physical Literacy 2 (CAPL-2) into Danish language and context.

The CAPL-2 will be translated through a four-phased process inspired by the WHO protocol for translation and adaptation of instruments. The translated assessment tool will be tested on 500 Danish children in different geographic areas of Denmark ensuring a representative sample. The validity of the assessment tool will be assessed with confirmatory factor analysis, and convergent validity will be assessed by investigating associations to constructs which have been theoretically and empirically shown to be related to PL. Reliability will be assessed with ordinal sensitive Cronbach's alpha and omega reliability measures.. Associations of PL related constructs will then be investigated, by conducting a structural equation model. The cross-cultural comparison of children's PL in Denmark and Canada will be examined with t-test and linear regression.

The project will make a validated comprehensive assessment tool to measure PL available for Danish research, which is highly relevant in the field of health and PA promotion research. Additionally, it will enable Danish research and practice to keep pace with the growing interest in PL and its association to health and well-being. Finally, the project will

contribute to international research of PL, by providing empirical evidence of associations of PL in Danish children and inform us on how well developed PL is in Danish children.

# Abstracts

## Oral Session 9

Health Promotion in the school setting I

Time: 12.45 - 15.00

Date: September 24, 2018

Location: Sverresborg

## School-based health promotion as 'add-in': integrating health in the curriculum time

**MSc, PhD Peter Bentsen<sup>1</sup>**, MD, MPH Ane Høstgaard Bonde<sup>1</sup>, MSc, PhD Mikkel Bo Schneller<sup>1</sup>, MSc, PhD Dina Danielsen<sup>2</sup>, MSc, PhD Maria Bruselius-Jensen<sup>3</sup>, MD, MPH, Jens Aagaard-Hansen<sup>1</sup>

<sup>1</sup>*Health Promotion Research, Steno Diabetes Center Copenhagen*, <sup>2</sup>*National Institute of Public Health, University of Southern Denmark*, <sup>3</sup>*Center for Youth Research, Department of Learning and Philosophy, Aalborg University*

Schools provide an important setting for health promotion and health education. In countries where health education is not a specific subject, it is typically undertaken by teachers as part of health-integrating subjects such as biology, home economics, or physical education. More ambitious and holistic frameworks and whole school approaches such as Health Promoting Schools have been considered best practice for the past three decades.

Recently, more attention has been given to policy initiatives integrating health activities into school curriculum time. This presentation discusses potentials and challenges of school-based health promotion applying an 'add-in' approach based on a presentation of three Danish cases. This may serve as a supplement to health promotion activities that have been initiated over and above the day-to-day teaching (i.e. 'add-on').

Three cases from Danish primary schools are introduced. The IMOVE project combines awareness of physical activity in everyday life with teaching applied statistics in maths based on use of step-counters among the students. The MEL project illustrates how cross-cultural

encounters between students from different countries may be used as a driver for learning in general and about food as well as everyday physical activity in particular. The TEACHOUT project is based on the principle of education outside the classroom, which may be applied in any subject, has been shown to increase physical activity and social well-being as well as potentially the pupils' learning and social relations. The three Danish cases share the characteristics that educational activities are designed to integrate – 'add-in' – health promotion elements into curriculum time in addition to fulfilling explicit standard learning objectives.

We contend that an 'add-in' approach to school health promotion provides a potential win-win situation where both health and core education stand to gain, makes it possible to reach a wider range of schools, mobilises additional resources for health promotion, and leads to more sustainable activities. At the same time, it has potential limitations in terms of not addressing structural aspects of health promotion and hitherto resting on a relatively limited evidence base.

## Shooting for Mastery in schools: The role of a nongovernmental organization in implementing the program

**Associate Professor Audhild Løhre<sup>1,2</sup>**, Master Simen Sløgedal<sup>1</sup>, University Lecturer Ove Østerlie<sup>1</sup>

<sup>1</sup>*Department of Teacher Education, Norwegian University of Science and Technology*, <sup>2</sup>*Center for Health Promotion Research, Norwegian University of Science and Technology*

**Introduction:** Rennebu municipality in Mid-Norway started the program "Shooting for

Mastery” (SfM) in 2015, for pupils with ADHD related problems. Core symptoms of ADHD is difficulties with concentration, hyperactivity and impulsiveness, and many western countries have had large increases in children and adolescents diagnosed with the disease. The numbers in Norway doubled from 2004 to 2016 and 9 in 10 use medication. This development calls for alternative or additional treatment in the target group.

**The intervention:** Berkåk compulsory school offers SfM as an educational program in grades 5-10 to pupils with ADHD related problems. The pupil, parents and class teacher must agree in participation that takes place at an inside shooting arena with certificated instructors once a week; 30 minutes shooting training and 60 minutes social activities.

Research design and preliminary findings: Rennebu municipality invited researchers from NTNU to evaluate the SfM program. Altogether 5 girls and 7 boys aged 10–16 years participated. Multi methods with observation, interviews, questionnaires and concentration tests were applied pre and post a 7 months intervention. The preliminary results showed significant improvements in core symptoms of ADHD contrasted with no changes in controls.

**Success factors in the implementation:** The SfM program builds on collaboration between the municipality, the school and the nongovernmental organization Det frivillige Skyttervesen (DfS). The school’s shooting instructors (teachers) organize and lead the program whereas the local DfS contribute with the shooting arena, weapons, ammunition and veteran instructors. The close collaboration between partners aiming together to support young people to achieve mastery in their lives, is supposed to be one success factor. Another is involvement of the pupils and the trustful relationship observed between each pupil and the instructor. The pupils also report strong bonding to the teacher instructors as well as to the veterans. Thus, the role of DfS is central in terms of both the veterans’ personal

investment and the financial contributions with offering instructors, the shooting arena and the necessary equipment free.

**Conclusion:** The research results point to gains for vulnerable pupils dependent on voluntary effort from DfS in Shooting for Mastery as a health promotion program.

## **(Re)framing school as a health and wellbeing-promoting setting: a double translation process**

**Senior researcher Lone Nordin<sup>1</sup>, Professor Didier Jourdan<sup>2</sup>, Professor Venka Simovska<sup>3</sup>**

*<sup>1</sup>Steno Diabetes Center Copenhagen. Education, <sup>2</sup>Faculty of Education, Blaise Pascal University, <sup>3</sup>Danish School of Education, Aarhus University*

### **Title**

(Re)framing school as a health and wellbeing-promoting setting: a double translation process

### **Introduction**

The aim of this paper is to discuss the ways in which the setting approach to health promotion in schools, as part of a knowledge-based international policies and guidelines, is embedded in the Danish policy landscape and enacted at the local governance level.

### **Material and methods**

The study draws on the sociology of translation and treats policy implementation as a non-linear process of (re)interpretation involving different actors in plural, mutually interwoven, non-hierarchical networks. Data was generated and analyzed using a three-tiered process. The first tier focuses on the key international guidelines, the second on national policies, and the third on policies in selected municipalities. Though these tiers, we

discuss actors and actor networks involved in the translation processes, their interactions and the dynamics of problematisation at the national and local levels.

## Results

The results points to two different and mutually interconnected processes of translation. At the national level, despite resistance by different actors with different priorities, the translation resulted in integration of the key principles of the setting approach to health promotion in the national curriculum for health education. At the municipal level, however, the principles seem to be “lost in translation”, as the treatment of schools as setting for promoting health and wellbeing remains within the discourses of disease prevention and individual behavior regulation, dominated by the agenda of actors in the health sector.

## Conclusions

In Denmark the enactment of the setting-based approach to health and wellbeing promotion in schools can be characterized as a non-linear, multifaceted and somewhat messy process of double translation. International guidelines and the mandatory national curriculum suggest that schools are treated as an organic setting for health and wellbeing promotion that address pupils’ competences, empowerment and wider determinants of health. At the municipal level the actors consider schools to be a prevention setting rather than a health promotion setting and show little effort to align health and wellbeing promotion with educational agendas and the wider purposes of schooling.

## Implementation and evaluation of a school-based education guide for the promotion of healthy food in young people in Flanders (Belgium)

**Phd Jolien Plaete<sup>1</sup>**

*<sup>1</sup>Flemish institute healthy living*

## Introduction

An insufficient intake of vegetables, fruit and water was reported in Belgian children (6-14 years old) . Since eating habits form during the early stages of life, the school setting is seen as a promising target for interventions . It is important to make healthy eating part of everyday school life, by integrating it into the curriculum, developing a supportive environment, and engaging the whole-school community. School staff can support a whole-school approach by including education in the curriculum, across learning areas and year levels . However, in Flanders coordination among teachers to align healthy food topic across different year levels and learning areas was applied in only 29% of the secondary schools .

## Material and methods

To support the integration of food topics into the curriculum and to stimulate aligning among teachers, the Flemish Institute Healthy Living implemented an education guide. The guide contains five topics that integrate different learning goals across different learning levels. Learning goals target knowledge, skills and attitudes. A mixed method approach was applied to evaluate the use of the education guide.

## Results

The guide was downloaded by 844 schools (September – December 2017) and 230 schools responded to the questionnaire. The guide was used to select materials and education content (53%), to develop class materials or class projects (43%) and to align the topic among teachers (9%). In general, users of the guide were satisfied about the content of the guide (topics, learning goals). Although 92% indicated the guide as a feasible tool, practical implementation can be improved. Through 9 focus group practical implications for further

implementation were identified (i.e. additional staff to support, online system, ...).

## Conclusions

The school-based education guide was indicated as a feasible tool to include healthy eating education in the school curriculum. However, more practical support is needed for further implementation. Furthermore, in addition to education other supporting strategies (e.g. environmental interventions) are needed to target healthy eating in a school context.

## The Healthy Primary School of the Future: a contextual action-oriented research approach

**MSc Nina Bartelink<sup>1</sup>**, Mw. Dr. Patricia van Assema<sup>1</sup>, Mw. Prof Dr. Ir. Maria Jansen<sup>2</sup>, Dhr. Prof Dr. Hans Savelberg<sup>1</sup>, Mw. Dr. Maartje Willeboordse<sup>1</sup>, Dhr. Prof Dr. Stef Kremers<sup>1</sup>

<sup>1</sup>Maastricht University, <sup>2</sup>Academic Collaborative Centre for Public Health Limburg, Public Health Services

**Introduction:** Schools can play an important role in promoting children's health behaviours. A Dutch initiative, 'The Healthy Primary School of the Future' (HPSF), aims to sustainably integrate health and well-being in the school system. Regarding nutrition and physical activity, HPSF intends to accomplish two major changes in the school: providing a free healthy lunch each day and having daily structured physical activity sessions. These changes are co-created with staff, children, and parents and are expected to create momentum for bottom-up processes that lead to other health-promoting changes which fit the school's context and build upon the principles of the health-promoting school concept. Our research applies a contextual action-oriented

research approach (CARA). Properties of CARA are its focus on contextual factors and on involving users to understand and support the process of change in the schools. The aim of the presentation is to describe the process of change in the four participating schools.

**Methods:** The four participating schools (each with 200-300 children) are located in deprived areas in the south of the Netherlands. Data collection includes interviews, questionnaires, health measures, document analyses, and note taking. Action-oriented research contributions include monitoring, giving feedback and providing schools with a set of intervention opportunities. Contextual data include schools' pre-existing health promoting elements, practices of teachers and parents, organizational aspects, children's predominant risk behaviours and the presence of potential barriers to change.

**Results:** Preliminary results include the influence of school's contextual situation on the process of change (e.g. fusion process, new school building), the effect of top-down intended changes in the school on bottom-up processes, the impact of researchers on the process of change (e.g. provided feedback on perceived barriers support the process), and the interaction between HPSF and the context (e.g. changes in teachers' and parents' practices regarding diet and physical activity).

**Conclusions:** CARA is an adaptive research approach that generates knowledge and experiences on how to deal with health promotion in complex systems. We think this approach can help to make sustainable (add-in) changes, and our approach in the HPSF can set an example for research efforts in comparable initiatives.

## Classroom-based physical activity as a didactical and health promotion tool. An intervention study

**Dr. Jesper von Seelen<sup>1</sup>**, Claus Løgstrup Ottesen<sup>1</sup>

<sup>1</sup>*University College South Denmark*

### Introduction

Integration of physical activity (PA) in academic lessons often aims to promote academic achievement as well as the pupils' wellbeing. This project documented the effect on wellbeing and math- and reading scores of a 12-week intervention of PA implemented in the classroom teaching. Also, the possibilities and barriers in relation to implementation was documented.

### Design and methods

The study was designed as a school-based quasi-experimental controlled trial targeting Danish students in 8th grade. 159 pupils were in the intervention group and 122 were in the control group. The intervention was a 12-week classroom-based PA program that involved integration of PA into the academic lessons using the Movement integrated into teaching (MIT)-approach, where movement/PA is included as active elements in the learning process as playful, practical, applied and creative teaching practices making teaching more versatile and varied. All classroom teachers teaching in 8th grade in the intervention schools were trained to deliver 45+ minute physically active academic lessons 5 days/week over a 12-week intervention. Teachers in control schools continued to use traditional classroom instruction/teaching. The study outcome was 1) change in mathematical and reading achievement, measured by 60-minutes standardized Danish National math and reading tests before and after (pre and post) the intervention, 2) the students personal wellbeing and motivation for the academic

subjects in the lessons, measured by a questionnaire for the students before and after the intervention combined with group interviews with the students and 3) the teachers motivation for implementing PA in academic lessons focusing on possibilities and challenges, measured by group interviews with the teachers before, during and after the intervention.

### Results

Will be available at the conference in Trondheim

### Conclusion

Will be available at the conference in Trondheim

## Implementation of a school health promotion programmes: a 10 year retrospective study focused on contextual factors

**Doctor Emily Darlington<sup>2</sup>**, Doctor Carine Simar<sup>1</sup>, **Professor Didier Jourdan<sup>1</sup>**

<sup>1</sup>*UNESCO chair "Global health and education" Clermont-Auvergne University,* <sup>2</sup>*ESPE de l'académie de Lyon*

**Introduction** - Implementing health promotion programmes in schools is key to improving children's health and well-being. Collaborations between the school and the community are one element of success, as is the development of programme management skills in school staff. However, even if the programme includes competency development, difficulties in achieving expected health promoting results are often reported in the research literature. Discrepancies between expected and achieved outcomes can originate from differences in contexts. Understanding how interactions between contexts and programmes generate variable outcomes is, therefore, critical. The purpose of this paper is

to explore the outputs of a programme implemented in different school contexts. The focus is to pinpoint outputs, understand the involvement of combinations of contextual factors and identify recurrences in these combinations.

**Methods** – This retrospective study covers a period from 2006 to 2016. Data collection includes two sets of data in eight high schools in the Rhône-Alpes Region in France: written documents and interviews with school staff. Realist evaluation is used to attempt to pinpoint outputs and relating contextual factors.

**Results** – Results highlight the limited outputs of the programme. Differences between schools appear to originate from existing school policy prior to participation, existence of a project team, identification of the issue as priority and staff turnover. Analysis of contextual factors led to considering the implementation process as enabling health capacity building and enhanced the capacity of settings and communities to promote health.

**Conclusions** –Previous research suggests that top-down implementation of a standard programme is not an efficient strategy for all schools to engage in the development of suitable health promotion policies. A potential way forward is to base support for the local development of health promotion in schools on a better understanding of the contexts in which implementation occurs.

# Abstracts

## Oral Session 10

Digital and online health promotion

Time: 10.45 - 12.15

Date: September 26, 2018

Location: Munkholmen/Kristiansteen Theme

## Implementation of an app-based recording feature in a Danish healthcare setting offering patients the possibility to re-listen to their consultation

**Dr. Maiken Wolderslund<sup>1,2</sup>**, Professor Jette Ammentorp<sup>1,2</sup>

<sup>1</sup>Health Services Research Unit, Lillebaelt Hospital, <sup>2</sup>Department of Regional Health Research, University of Southern Denmark

**Introduction:** Despite evidence promoting audio recording of consultations as beneficial for patients and their relatives, implementation is still not common practice given former lack of implementable technology. However, technological developments and increased availability of digital devices among the public has made it possible to develop an app-based recording feature that enables recording and replay of the consultation. This app is distinctive from patient initiated recording using personal smartphones as it is an official regional health app which is connected to the electronic health record offering data privacy and security in terms of storage of the recordings. Nevertheless, the question on which implementation strategy meets the demands of both patients and healthcare professionals (HCP) remains unresolved.

**Material and methods:** A qualitative study was completed to gain basis for development of an implementation strategy. A total of nine focus groups were conducted with three different target groups: HCPs already acquainted with recording their consultations, HCPs with no prior recording experience, and patients and relatives with no prior recording experience. In addition, a workshop was held with a diverse group of stakeholders on pros and cons with implementing recording of consultation in clinical practice. Data analysis was performed

as a qualitative thematic analysis focusing on statements regarding implementation.

**Results:** Based on the qualitative data three different implementation scenarios were described with pros and cons from the perspective of patients, relatives and HCPs. The scenarios were as follows:

1. Routine care: all consultations is recorded in every outpatient clinic at the hospital
2. Patients request: consultations is recorded when patients ask for a recording
3. HCPs decide: consultations is recorded when HCPs finds it to be relevant

The majority of patients and relatives preferred the first scenario whereas HCPs advocated for the second or third scenario.

**Conclusions:** The description of the scenarios and conflicting preferences between patients/relatives and HCPs highlights the difficulties with implementation of recordings in clinical practice. Consequently, this work contributes to a further discussion of the implementation strategy with stakeholders in the Region of Southern Denmark

## Online Patient Empowerment and Medication Adherence Program (PE2MAP) among patients with rheumatoid arthritis: A pilot study

**Siriwan Lim<sup>1</sup>**, Violeta Lopez<sup>1</sup>, Hong-gu He<sup>1</sup>, Manjari Lahiri<sup>4</sup>

<sup>1</sup>Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore (NUS), <sup>4</sup>National University Hospital (NUH)

### Background

Rheumatoid arthritis (RA) is a chronic inflammatory condition which causes patients

to experience progressive pain, fatigue, loss of bodily function involving multiple organ systems. Adherence to medications is crucial to keep their disease under control. In chronic disease management, 50% of patients do not adhere to medication regimen and treatment plan, resulting in poorer health outcomes. Studies have shown patients living with chronic diseases who are empowered have better control of their condition. This pilot study make use of an innovative online educational programme entitled “Patient Empowerment and Medication Adherence Program” (PE2MAP) to empower RA patients.

### **Aim**

The aim of this study was to explore the feasibility and examine the preliminary outcomes (empowerment, self-efficacy, medication adherence, sense of coherence and illness perception) among patients with rheumatoid arthritis (RA).

### **Method**

A feasibility pilot randomized controlled trial was adopted with data collection at T1 at pre-intervention, T2 at 1-week post intervention), and T3 at 8-weeks post intervention. Sixty participants were recruited over 11 months using computer generated random list. A qualitative process evaluation was conducted using interviews to evaluate the use of PE2MAP. The quantitative and qualitative data were analyzed using SPSS software and content analysis respectively.

### **Results**

There were 26 intervention and 30 control group participants with an attrition rate of 13% and 3% respectively. Twenty-three (88%) participants in intervention group completed more than 90% of the PE2MAP online programme within the 4 weeks of intervention period with favourable outcomes.

### **Conclusion**

The results show PE2MAP has the potential to engage and empower RA patients.

Keywords: Rheumatoid arthritis, empowerment, adherence, pilot study and intervention.

## **Effect of a smartphone-based intervention in coronary heart disease (CHD) prevention among working population: a pilot randomized controlled trial**

**Associate Professor Wenru Wang<sup>1</sup>**, Ms Hui Zhang<sup>1</sup>

*<sup>1</sup>National University of Singapore*

**Introduction:** Coronary heart disease (CHD) is the most prevalent type of cardiac disease among adults worldwide, including Singapore. This study aimed to develop and to examine a smartphone-based prevention programme in improving awareness, knowledge, stress level and healthy lifestyle behaviour related to CHD among working population in Singapore.

**Material and Methods:** A pilot randomized controlled trial (RCT) was adopted to test the feasibility and effects of a newly developed smartphone-based CHD prevention programme. A Care4Heart Application (App) was developed as the main component of the programme. A total of 80 working population in Singapore were recruited and randomly assigned either the intervention or the control group. The participants in the intervention group (n=40) received a 4-week Care4Heart app and daily SMS, while those in the control group (n=40) were offered the health promotion websites only. Outcomes were measured using Heart Disease Fact Questionnaire-2, Behavioural Risk Factor Surveillance System and Perceived Stress Scale.

Data were collected at baseline and 4 weeks after the programme. The IBM SPSS 22.0. was used to analyse the data.

**Results:** The smartphone-based CHD prevention programme significantly improved working population's knowledge ( $p=0.008$ ), reduced stress level ( $p=0.038$ ), and improved the behaviour towards blood cholesterol control ( $p=0.033$ ) after 4 weeks of the programme end. In addition, it also showed some non-significant improvement including longer sustainability of physical exercise, higher tendency for quitting and weight loss in intervention group as compared to control group.

**Conclusion:** Our newly developed 4-week smartphone-based CHD prevention programme is deemed feasible and effective in primary prevention of CHD. A full-scale RCT with longer follow-up is needed to further examine the effect of the program. mHealth provides the prospect of delivering effective health promotion and primary prevention to the working population

## Participatory design of an mHealth app for postmenopausal women newly diagnosed with asymptomatic osteoporosis

**PhD student Pernille Ravn Jakobsen<sup>1,2,3</sup>**, Professor Uffe Kock Wiil<sup>2,4</sup>, Professor Jens Søndergaard<sup>6</sup>, Ass. Professor Pernille Hermann<sup>7</sup>, Professor Jane Clemensen<sup>2,3,4</sup>

<sup>1</sup>University College South Denmark, <sup>2</sup>Centre for Innovative Medical Technology, Odense University Hospital, <sup>3</sup>University of Southern Denmark, <sup>4</sup>HCA Children's Hospital, Odense University Hospital, <sup>5</sup>SDU Health Informatics and Technology, University of Southern Denmark, <sup>6</sup>Research Unit for General Practice, University of Southern Denmark, <sup>7</sup>Department of Endocrinology, Odense University Hospital

## INTRODUCTION

Especially within chronic disease management mobile health applications (mHealth apps) are useful when it comes to meet patient's demands for healthcare. However, mHealth apps have not been implemented in the field of osteoporosis even though the disease is a major worldwide health challenge. Therefore, the aim of this study is to design, develop and test an mHealth app for women newly diagnosed with osteoporosis without preceding fractures to provide support in self-management of the disease.

## MATERIAL and METHODS

The study employed participatory design (PD). PD is based on the philosophy that users are continuously involved in iterative processes when new health technology is to be developed. In this study the primary users are postmenopausal women diagnosed with asymptomatic osteoporosis. The secondary users are healthcare professionals at the Osteoporosis Clinic (OC) at Odense University Hospital, Denmark (OUH) and general practitioners (GP). PD is carried out in three phases. Data were collected using qualitative methods.

## RESULTS

In the first phase women recruited from the OC, OUH were interviewed ( $n=17$ ). We identified that the women feel like being left in limbo. They requested targeted information about osteoporosis. In particular, they wanted information about DXA scan results and treatment options in advance of the GP visit. They asked for support in self-management of the disease with less focus on disease and risk of fracture. In phase two team of researchers, women, physicians, healthcare professionals, and app designers ( $n=18$ ) were involved. The iterative process was initiated with three workshops with idea generation and design activities. The workshops were followed by a period of development with continuous user activities and development before laboratory

tests at the hospital were conducted. Finally, a prototype of an mHealth app was fully developed. In the third phase the mHealth app was tested among newly diagnosed women at OC, OUH (n=18). Findings show that the app gives the women a feeling of having help at hand when being diagnosed.

## **CONCLUSION**

Generally, our findings show that mHealth apps have great potential to support postmenopausal women in self-management of asymptomatic osteoporosis.

# Abstracts

## Oral Session 11

Health promoting practices II

Time: 10.45 - 12.15

Date: September 26, 2018

Location: Brattøra

## Health-polarization: Misunderstood perceptions of health as barriers for health behavior change in families with preschool children.

MSc Didde Hoeeg<sup>1</sup>, MA, PhD Dan Grabowski<sup>1</sup>

<sup>1</sup>Steno Diabetes Center Copenhagen

**Introduction:** In the Danish municipality of Guldborgsund there is a high rate of overweight and obesity among children starting school. To tailor a family-based intervention to the local families there is a need for more knowledge about the health perceptions among local families' and professionals in Guldborgsund. The objective of this project is to develop a tailored family-based intervention to families with preschool children and challenges with overweight or obesity.

**Material and methods:** We used a design-Based Research approach that involves local families and local professionals in designing an intervention tailored to the local context. Participatory workshops were used as a method to gain qualitative knowledge about the families' roles, habits, potentials, barriers and worries. In total, five workshops with families (45 family members) and five workshops with professionals (31 professionals) were conducted.

**Results:** In our data analysis we found that the parents often had significantly different worries regarding health. The mothers were concerned that the children would be bullied or experience stigmatization because of overweight. The fathers were worried that the family would become fanatically healthy. Several families had misperceptions of health being a total absence of all food that taste good and that a healthy lifestyle means that you have to run marathons or do extreme workouts. This misperception seems to be a huge barrier in these families - in particular among the fathers. Furthermore, this causes

the families to feel that healthy living is so complicated that the families become demotivated when it comes to behavior change - as they can't identify themselves with the extreme way of practicing health and therefore prefer to be unhealthy and stay in their comfort zone.

**Conclusion:** These findings are essential in the development of a tailored family-based intervention. Professionals working with families should be aware of how to approach these familial barriers in order to best support the families' in becoming healthier.

## Resources and support needs of families with 1,5 year old child in extensive health examinations in child health clinics

PhD Arja Häggman-Laitila<sup>1,2</sup>, PhD Anna-Maija Pietilä<sup>1,3</sup>, PhD Ari Haaranen<sup>1</sup>, MSc Tarja Tammekas<sup>1</sup>

<sup>1</sup>University of Eastern Finland, Department of Nursing Science, <sup>2</sup>Department of Social Services and Health Care, <sup>3</sup>Social and Health Care Services

**Background:** In resource-enhancing orientation, identifying families' strengths is one of the most important strategies, because it can potentially produce many diverse beneficial outcomes on family daily life and health. However, strengths need to be recognized by both public health nurses and families.

**The aim and method:** The aim of this study was to describe, based on patient documents the records made in the extensive health examinations for 18-month-old children and their families. The data consisted of the electronic medical records made in the child health clinics of families with 1,5 year old child of a city (N=346). Data were collected in year 2015 with a structured classification

framework, which was based on early research and forms developed nationally for the extensive health examinations. The data were analyzed with descriptive statistical methods.

**Results:** Altogether 2164 records were identified from the documents concerning families with small children (N=346). Most of them were general marks about the implementation of health examinations. Resources were recorded for half of the families and support needs for third of the families. One tenth of families had over three support needs. Resources were focused on life situation and social networks of families. Lack of resources related to the relationship and shared time of parents. The most frequent support needs were connected to the health and physical development of child. Documentation of the summaries of the resources and support needs were sparse.

**Conclusions:** The uniformity structure of the documentation will ensure the recognizing of the family recourses and support needs, early support and continuity of care. In addition to, sufficient personnel resources and know-how for resource-based working are needed. It is important to develop a balanced collaborative relationship between families and health professionals. The relationship should include mutual respect and trust, equality, empathy and strengthening the involvement of families.

### Going for joint treasure hunting – quality circles with members of self-help groups

**Dr. Ottomar Bahrs<sup>1</sup>**, MD Nina Krüger<sup>1</sup>, MD Julia Müller<sup>1</sup>, Diplom-Sozialwirt Michael Röslen<sup>2</sup>

<sup>1</sup>*Universität Göttingen, Department of Social Psychology and Communication Psychology,*

<sup>2</sup>*Association on Medical Communication*

Quality circles (QuiG®) are an established method for bottom-up quality development. A quality circle consists of 8 – 12 people who want to increase the quality of their health-related work with reference to their own experiences, supported by a moderator. Up to now, the focus was on improving the quality of care provided by health professionals (“experts”).

Our project is different. We invited members of self-help groups to develop knowledge and skills concerning risks, resources and potentials for health promoting behavior. In order to enhance their quality of life and thereby the conception/perception of their disease and treatment, our focus was on the patients` side and the expertise deriving from their lived condition. The members of the quality circle were asked for biography based case-presentations within the group and joint reflections of their history of disease and illness from the perspective of the personal life history.

In 2014 8 members of self-help groups (6 women, 2 men) agreed to participate in our project. They were between 40 and 80 years old and organized in very different groups (heart diseases, COPD, MS, mourning parents, highly sensitive persons). They chose the topic “coping with stressful situations” for their 1 ½ years of work. Each of the 10 group sessions lasted about 2 ½ hours. Each participant held a case presentation and in the following group discussions resources were emphasized and adjustments for further improvements suggested. At the last meeting the group work was summarized and evaluated by all participants.

In our presentation, we will describe the group work and give an overall impression of the project. The group atmosphere was extraordinary good, the high attendance continuity noteworthy. Almost all participants wanted to continue the group work and are interested in a follow-up project that specifically addresses the work of group

leaders of self-help groups. The learning processes are examined in detail in the doctoral thesis of Ms. Krüger and Mrs. Müller. Further participatory research is needed.

## **Pictures and metaphors to promote health – draw or weave “The Rug of Life”**

**PhD student in Social Sciences Ghita Bodman<sup>1</sup>**

<sup>1</sup>*Åbo Akademi, Department of Social Sciences*

### **Introduction**

Combining drawings with words can get you another view on thoughts. A thought may look as a pear. When you put words to the thought it may look like an apple. And when you draw the thought it may look like an orange or turn out to be a bunch of grapes or a banana. A drawing may represent the text or contravene the text. A drawing can also give birth to a thought and create a reflection to take a new direction. You can get an understanding and an awareness that can give another type of satisfaction. The metaphor of “The Rug of Life” can make the life story visible in another way. Human life can be explained as a rug. When we are born, we start to weave our rug and do so until we die. How we weave the rug and with which colors is unique for every individual. “The Rug of Life” has an anchoring in the salutogenic model.

### **Material and methods**

After the main interview, respondents were asked to color a rug in the form of a timeline. As they colored the rug, they explained what had happened in each phase of life and why they choose specific colors.

### **Results**

“The Rug of Life” can contribute to an awareness of your own resources and assets. Comprehensibility is the ability to understand experiences. The chaos in the rugs shows awareness about the past that can be talked about, or draw. Manageability is when you have self confidence in your own capacity to manage things. With the chaos in the rugs, the experience you are aware of, you can tackle current challenge and achieve meaningfulness.

### **Conclusion**

The conclusion of “The Rug of Life” as a method is that the rug may give an amplified value of narratives. It is a method that may reflect how humans cope with demands and in this way give understanding of human thought and behavior. The Rug can give birth to a belief in the capacity to construct meaning and perceive purpose in life, ability to swim across the river.

# Abstracts

## Oral Session 12

Promoting a healthy and active lifestyle

Time: 10.45 - 12.15

Date: September 26, 2018

Location: Olav Tryggvason 3

## Community programs to promote an active lifestyle: Lombardy's "Walking Groups"

MS Liliana Coppola<sup>2</sup>, MS Corrado Celata<sup>2</sup>, MS Manuela Franchetti<sup>2</sup>, **MS Giusi Gelmi<sup>1</sup>**, Health Promotion Lombardia Group

<sup>1</sup>ATS Città Metropolitana Milano, <sup>2</sup>Regione Lombardia

Lombardy region has a population of over 10 million, 30% of which lives with a chronic condition. To face this problem homogeneously covering the whole area, guidelines from the Regional Prevention Plan 2014-2019 (PRP) have been disseminated. These guidelines follow efficacy, integration, inter-sectorality and sustainability criteria. Within the PRP plan, a strategy for "promotion of healthy lifestyles in the community" was foreseen. Through synergies with the healthcare system, local administrations and voluntary associations, this strategy aims to the development of actions to promote active lifestyles especially focusing on the most vulnerable targets of the population.

Within this more general strategy, an action that has proven to be successful and is recognized as evidence based and equity oriented is that of the so called "Walking groups". It represents an opportunity to increase physical activity in the population. Up to now, 840 walking groups are active in Lombardy, involving over 27.000 people. These groups of people, mostly aged over 65, meet twice a week to walk together. Participants are recruited in different ways: spontaneous subscription, advertising by municipalities and associations, by word of mouth or targeted invitation by general practitioners or specialists in case of people with particular risk factors. At the beginning groups are lead by healthcare professionals and then gradually become autonomous thanks to the training of voluntary "walking leaders". Groups have the added value of promoting socialization among participants, thus enhancing active

engagement and users' involvement that end up fostering the group itself contributing to the sustainability of the initiative. Future steps will go in the direction of promoting the program in younger age-groups, with a life-course approach that takes into account the spreading of chronic conditions also in younger populations.

Aikaterini, Andrew, French (2013). Do interventions to promote walking in groups increase physical activity? A meta-analysis. *International Journal of Behavioral Nutrition and Physical Activity*

AA.VV. (2018). *Contrastare disuguaglianze e promuovere equità nei programmi di prevenzione: strumenti, pratiche e alleanze dell'esperienza lombarda*. Edizioni Guerini

Global Advocacy for Physical Activity-GAPA, Advocacy Council of the International Society for Physical Activity and Health-ISPAAH (2011). *NCD Prevention: Investments that Work for Physical Activity*

## Self-regulatory skills learning during a lay health worker - tutored lifestyle intervention delivered in primary health services

**PhD Kirsti Kasila<sup>1</sup>**, BSc Suvi Vainio<sup>1</sup>, MSc Mari Punna<sup>1</sup>, PhD Päivi Lappalainen<sup>2</sup>, PhD Raimo Lappalainen<sup>2</sup>, PhD Kirsikka Kaipainen<sup>3</sup>, PhD Tarja Kettunen<sup>1,4</sup>

<sup>1</sup>Research Centre for Health Promotion, Faculty of Sport and Health Sciences, University of Jyväskylä, <sup>2</sup>Department of Psychology, University of Jyväskylä, <sup>3</sup>Headsted Ltd, <sup>4</sup>Central Finland Health Care District

### Introduction

Obesity is a universal risk factor for many noncommunicable diseases. Previous studies

have revealed that lifestyle interventions are effective at promoting initial weight loss, but reduced weight is often difficult to sustain in everyday life. Achieving permanent lifestyle changes requires self-regulatory skills and effort to reflect and overcome personal barriers. This study explored what thoughts, perceptions and processes were involved in participants' thinking schemas, self-regulatory skills learning, and behavior change during the lay health worker (LHW) -tutored lifestyle intervention.

### Materials and methods

The study was a part of a larger ongoing 24-month lifestyle intervention for overweight people ( $N = 177$ ,  $BMI \geq 25 \text{ kg/m}^2$ ) delivered in primary health services in Central Finland, consisting of group meetings, phone calls and three Acceptance and Commitment therapy (ACT) -based online modules. The intervention involved 10 LHWs and they participated in the intervention planning and testing. The online modules contained a variety of self-regulatory skills training methods; mindfulness training and acceptance and other experiential exercises. LHW tutoring on the online platform took place at agreed times. In this study, online logbooks written by seventeen participants ( $N = 17$ ,  $BMI$  mean  $41 \text{ kg/m}^2$ ) during the first six-week online module formed the data. The data were analyzed via qualitative content analysis.

### Results

The results revealed that the lifestyle intervention activated the participants' identification and reflection of barriers, and training and learning of self-regulatory skills. Training of self-regulatory skills also motivated the participants to engage in healthy actions. However, not all participants succeeded in overcoming their barriers during the first online module.

### Conclusions

The LHW-tutored and ACT-based lifestyle intervention was shown to be a promising platform by offering participants an opportunity to reflect on how their thoughts and feelings may hinder healthy lifestyle changes and by providing tools for learning self-regulatory skills. In the future, a larger intervention study aims to examine the role of self-regulatory skills learning over a longer period to see the development of these skills and their association with health behavior and weight outcomes.

## Combined lifestyle interventions for vulnerable citizens: what works best?

**MSc Lisanne Mulderij<sup>1</sup>**, dr.ir. Annemarie Wagemakers<sup>1</sup>, dr. Kirsten Verkooijen<sup>1</sup>

<sup>1</sup>*Wageningen University & Research*

**INTRODUCTION** Combined lifestyle interventions (CLIs) for vulnerable citizens are interventions that focus on improving health and societal participation by targeting multiple (health) behaviours (e.g. physical activity (PA), diet). CLIs are deemed effective, especially when multiple sectors, e.g. sports, health insurers, municipalities, collaborate to improve health. An example is X-Fittt 2.0, a two-year Dutch CLI for overweight people with a low socioeconomic status. X-Fittt 2.0, funded by the municipality and a health insurer, starts with two sports sessions per week and dietary advice in the first three months. In total, participants have six meetings with a lifestyle coach over two years. The aim of this study was to assess the short and long term effects of X-Fittt 2.0 and to unravel the 'action elements' explaining the success of X-Fittt 2.0.

**METHODS** Interviews were conducted with 20 professionals involved in X-Fittt 2.0, e.g.

lifestyle coaches and trainers, and 20 participants of X-Fittt 2.0.

**RESULTS** X-Fittt 2.0 resulted in significant health gains: improved perceived health (from 6.1 to 7.4 on a 0-10 scale), and an average weight loss of 6.7 kg after three months and 10 kg during the first year. Participants indicated to feel better and more confident, and to participate more actively in society (e.g. play with their (grand)children, start working again). Examples of action elements indicated by the participants are the weekly weight monitoring, the sports sessions in a group, the social support from trainers and other participants, and the expertise and motivating role of lifestyle coaches. Examples of action elements indicated by the professionals are the accessibility of the programme for people with a low income, and the good collaboration between the professionals involved in X-Fittt 2.0, as well as between health professionals, the municipality and the health insurer as part of a local integral approach to improve citizens' health.

**CONCLUSION** X-Fittt 2.0 contributes both to participants' health and societal participation. Social support and joined weight monitoring are among the programme elements that contribute to its success. An integral approach and collaboration among professionals is crucial in developing and implementing accessible CLIs for vulnerable citizens.

## Belgian FOOD TRIANGLE: Healthy and sustainable eating with the Food Triangle

Loes Neven<sup>1</sup>, Phd Jolien Plaete<sup>1</sup>

<sup>1</sup>*Flemish institute healthy living*

### Introduction

So many contradictory reports appear in the media that the public is constantly bombarded

with information about healthy food. Therefore, the Flemish Institute Healthy Living in Belgium reviewed the scientific knowledge about healthy eating—which foods are preferable and what's best being limited—in the Food Triangle. Aimed to make guidelines that everyone can follow in the long term. And ensure there is enough healthy food for our children and grandchildren (sustainability).

### Method

The Food Triangle is based on an expanded literature study, consultation with experts and focus groups with the target group. A literature review was conducted and results were discussed with a panel of experts. Furthermore, the development of the visual appearance was done in collaboration with a communication strategist. At various points, surveys and focus group interviews were conducted to ascertain user opinions (general public) and establish whether the new model was being correctly understood and interpreted by people from various target groups.

### Results

Based upon the conducted research three communal starting points were formulated: (1) Eat proportionally more foods that are derived from plants than foods that are derived from animals, (2) avoid ultra-processed foods as much as possible and (3) don't waste food and moderate your consumption. The three starting points of the Food Triangle form the scientific basis for ten healthy living tips that aim to make people aware of healthy eating and motivate them to commit to these practices. The Food Triangle itself is divided into three categories. The colors of the different sections reflect the effects on health, sustainability and current consumption.

### Conclusion

The result is a realistic and sustainable model that fits Flemish eating culture. The recommendations in the model are at the level

of the population as a whole. The Flemish Institute for healthy living has been developing further in-depth materials and methods to respond to the need for explanation, inspiration and practical understanding. For example, information about less-healthy choices or practical advice for the composition and planning of meals is available on a website and in various tools and brochures.

## Results of the Coaching on Lifestyle Intervention (Cool)

MSc. Celeste van Rinsum<sup>1</sup>, PhD Sanne Gerards<sup>1</sup>, PhD Geert Rutten<sup>2</sup>, Prof. PhD Ien van de Goor<sup>3</sup>, **Prof. PhD Stef Kremers<sup>1</sup>**

<sup>1</sup>Maastricht University, <sup>2</sup>Maastricht University, <sup>3</sup>Tilburg University

**Introduction:** Combined lifestyle interventions (CLIs) can be effective in reducing weight and improving lifestyle-related behaviours, but it is unclear how CLIs can best be implemented in the traditional care system in order to achieve sustained lifestyle changes. The Coaching on Lifestyle programme (Cool) is a CLI in the Netherlands, in which professional lifestyle coaches counsel adults and children (and/or their parents) who are obese or at high risk of obesity to achieve a sustained healthier lifestyle. The Cool intervention consists of group and individual sessions addressing the topics of physical activity, dietary behaviours, sleep and stress. The present Coaching on Lifestyle (Cool) study examined participants' lifestyle changes after the programme. In addition, a process evaluation was conducted in order to examine the implementation process and to be able to interpret the changes achieved by the participants.

**Methods:** Our longitudinal one-group pre-post study aimed to identify lifestyle changes among participants (adults, children and their parents) at 8 and 18 months after initiation.

We assessed outcomes ranging from motivation and behaviour-specific cognitions to lifestyle behaviours and health outcomes. For the process evaluation, we used individual and group interviews, observations and document analyses to gain insight in the implementation process (e.g. the recruitment) and how the intervention was valued by the participants, lifestyle coaches, and referrers (e.g. general practitioners).

**Results:** Positive and sustained changes among adults were found regarding perceived autonomy, motivation, perceived barriers, lifestyle behaviours, quality of life and weight. Among children and their parents, few improvements were found regarding lifestyle behaviours and quality of life. The process evaluation showed that recruitment of participants was difficult. However, participants evaluated the intervention positively and the lifestyle coaches had continuously adapted the structure and content of the intervention throughout the study period, based on their experiences.

**Conclusion:** Cool has been successful in coaching adult participants towards sustained behavioural change during the intervention period. Mixed results and smaller effect sizes were found for children and their parents. Recruitment of participants and embedding the position of the lifestyle coach in traditional care structures is challenging.

# Abstracts

## Oral Session 13

Community based health promotion II

Time: 10.45 - 12.15

Date: September 26, 2018

Location: Olav Tryggvason 2

## Asset-based approaches to promote health in local communities: a participatory research across Spain and the UK

Ms Viola Cassetti<sup>1</sup>, Dr Tom Sanders<sup>1</sup>, Dr Amy Barnes<sup>1</sup>

<sup>1</sup>*University of Sheffield*

### Introduction

In recent years, asset-based approaches (ABAs) to promote health in communities have started being incorporated in health promotion practices in some European countries. Researchers suggest that engaging people in mapping their own assets and co-producing interventions building upon those assets can reduce health inequalities and increase people's control over the social determinants. However, understanding how ABAs can reduce inequalities is still limited, and the lack of an evidence base makes it challenging for the approach to be implemented and transferred. This research aims to explore how ABAs can reduce inequalities when implemented in less advantaged neighbourhoods through a cross-case analysis of two case studies.

### Material and methods

Two cases have been selected, in Spain and in England, of interventions where local authorities, health professionals and charities work together with communities, training lay people to become peer health promoters in their neighbourhoods.

Drawing on the principles of theory-based evaluation, participatory research and ethnography, this study explores how these types of ABAs can help increasing people's control over their health and social determinants. Data will be analysed using thematic analysis within and between cases, to identify similarities and differences in the

mechanisms through which the interventions work. This will be further synthesised with data from the literature to develop a conceptual model of ABAs in communities.

### Results

A theory of change workshop was organised in each setting to develop the programme theory with managers and staff. Participants discussed their views on the programme and assumptions on how it works. This led to identify where more information was needed, to guide the ethnographic fieldwork. Currently, interactive interviews and observations with different community stakeholders are being conducted in Spain, exploring perceived change and impacts associated with the programme.

### Conclusions

Understanding how these ABAs interventions work can contribute to provide evidence on ABAs in community health promotion and support its knowledge mobilisation. Additionally, engaging staff in research development has resulted in a learning experience for all stakeholders. By using participatory and qualitative methodologies, it is hoped that findings result more meaningful, enhancing their applicability, and thus improving the development of these and further interventions.

## Phonetic research and knowledge production – described through a community health perspective

Docent Heidi Myglegård Andersen<sup>1</sup>

<sup>1</sup> *University College Absalon*

There is a gap between research and practice within the field of health promotion. At

international level and under the auspices of WHO, there have been fundamental developments of concepts, strategies and policies aimed at promoting health and reducing health inequality. In spite of practical lessons learnt and evidence of the effects of a community health approach internationally, this approach is still in its infancy in Denmark. Reducing the gap requires both research and praxis development.

The practical application of phronetic research is described through a health project "Equal access to health" in a deprived community in Copenhagen, Denmark. The aim of using phronetic research was partly to develop health promotion strategies that were applicable in relation to a community health perspective, and partly on knowledge development based on experiences gained from both research and practice.

Unfolding Aristotle's concept of Phronesis involves two rather different phronetic researchers, the Norwegian philosopher and organizational action researcher Olav Eikeland and the Danish Foucault-inspired phronetic planning researcher Bent Flyvbjerg. The phronetic research methodology in the case study involves both research approaches.

In general, Phronetic research focuses on a value-based form of research. A new interpretation of phronesis can, according to Flyvbjerg, reintroduce social sciences in its classical role as a practical, intellectual activity that focuses on addressing the problems and opportunities we encounter as people and as society. Phronesis is particularly important because it is the intellectual activity in which instrumental rationality is governed by value nationality, and because such governance is essential to the well-being of citizens in a society. Eikeland's research approach has shown that Phronetic action research can generate change and modify institutional judgement without an external implementation process, but through internal collective reflection and immanent critique.

Eikeland points at an epistemological turn leading to phronetic action within both the field of practice and the field of research.

The results of the case study shows that phronetic action research can contribute knowledge development, create alternative healthcare strategies and can put existing health promotion research into a broader perspective with greater emphasis on values and learning.

## Linking family centres and the local community

**PhD student Ingunn Skjesol Bulling<sup>1</sup>**

<sup>1</sup>*Nord University*

### Introduction

Family centres are being developed across Europe, aiming to promote health through low threshold family support services. A vital part of the rationale for establishing these centres were to strengthen the link between the public services and the local community. However, little research has been done on the subject. This paper explores the perspectives of the professionals working in three Norwegian family centres on how their work relate to their local community, discussing the following question: How do professionals working in the family centres understand the possibilities and barriers in interacting with the local community?

### Method

The data was generated through a fieldwork, using participatory observation, individual interviews and focus groups. Three family centres were included in the study. The three sites, one in a rural area, one in a small town and one in a capital city district, were chosen to maximise variation in the populations served. The family centres are organised in different ways. To ensure comparability, the

centres invited to participate in this study met three inclusion criteria: (1) a minimum of three co-located services targeting children and families, (2) a formal setting for interdisciplinary collaboration and (3) an open kindergarten. The analysis is inspired by Grounded theory as a constructivist approach.

## Results

The professionals saw various opportunities to develop increased collaboration with the local community and the voluntary sector, and many of them wanted the centre to take a more active role outside the centre walls. Others saw it as more challenging, they were concerned with defining how the collaboration should be organised and who should be accountable. The role of the family centres in the local community were not defined in the centre policies, and the strength of the link varied between the different locations in the study.

## Conclusions

The family centres hold the potential to be part of an interconnected support systems for all the children in the community. It will require conversations about how and when to collaborate across organisational boundaries.

## Exploring practice based theories for health promotion among families with low socio-economic status

**MSc. Lette Hogeling<sup>1</sup>**, MSc. Christianne Crijns-Lammers<sup>1</sup>, Dr. Lenneke Vaandrager<sup>1</sup>, Prof. Dr. Maria Koelen<sup>1</sup>

<sup>1</sup>*Wageningen University & Research, chair group Health and Society*

## Introduction

Multiple theories exist on how to improve health among diverse groups, including

communities of people with lower socio-economic status (SES). However, working on and evaluating health promoting interventions for and with families with lower SES is often described as 'difficult' and the population as hard to reach. The perspective of the families and of professionals working directly with the families is therefore valuable for theory-based evaluation. This study maps and unravels the practical, everyday life's strategies that underlie 46 health promotion projects in the Netherlands. These strategies are then related to (existing) theories for health promotion.

## Material and methods

Group interviews were organised with 46 three-year projects financed by the 'Healthy Futures Nearby programme', which aims to improve the health-related behaviour and perceived health of vulnerable families in communities in the Netherlands. The interview guide used the Effectenarena format, which starts the conversation from the expected effects of each project and how to reach these effects. Reports of the group interviews were coded and analysed using Atlas.TI, distinguishing strategies and theories that are present in the projects.

## Results

Preliminary analyses show that a multitude of strategies underlie the 46 projects. In this wide range of strategies, four different approaches for health promotion seem to emerge from the interviews. First, a participatory approach that focuses on families taking the lead in promoting their health. Secondly, an approach that focuses on individual healthy lifestyle promotion. Thirdly, strategies that involve changing the attitude, role and communication style of health promotion professionals and last, an approach that focuses on cooperation between organisations and families in a specific community. These approaches will be

related to (existing) higher level theories of health promotion.

### **Conclusions**

Families with lower SES and professionals working with those families offer a broad and valuable source of information on 'how to design and implement health promotion' in these communities. Their strategies go beyond straightforward health education, and include the role of networks, a facilitating role of professionals and participatory approaches to empower vulnerable families. Input by the local community and professionals may be crucial in theory building for health promotion.

# Abstracts

## Oral Session 14

Health Promotion in the school setting II

Time: 10.45 - 12.15

Date: September 26, 2018

Location: Olav Tryggvason 1

## Prevention of cannabis use in a school context: Predictors and effectiveness of a program according to students' pathway

**Prof. Paulo Dias<sup>1</sup>**, Dr. Vanessa Pereira<sup>1</sup>

<sup>1</sup>*Catholic University of Portugal*

This study intends first to understand the role of the education path in the use of cannabis and its related attitudes, by comparing students from vocational education with general education. This study also intends to verify the efficiency of the Program Pasa la Vida depending of the students' education path. 164 teenagers from the 3rd cycle of basic education, including both vocational and general education, have participated to this study by answering to a sociodemographic and educational questionnaire, Cannabis Use Intention Questionnaire and Cannabis Abuse Screening Test. Older male students as well as students from vocational education with greater absenteeism and school failure appear to have a larger and more problematic use of cannabis and present overall more favorable attitudes (attitude, subjective norm, perceived behavioral control and intention) towards cannabis use. More favorable are attitudes towards use, bigger is the use. This program had a greater impact on attitudes than on the use of cannabis, with some differences depending of the education path. In vocational education, it had a positive impact on attitude whereas it had a negative impact on self-efficacy to avoid using cannabis, both with medium size effect. However, in general education, it had a positive impact on subjective norm but negative impact on self-efficacy to use, with a small size effect. Students from the vocational education still have bigger prevalence of use and intention but less self-efficacy to avoid use. The results of this study reinforce the need to intervene earlier on and more continuously, implementing promotional programs of

personal and social skills and programs of selective prevention at school.

## The School Health Research Network: embedding a data infrastructure and building relationships for complex intervention development in Wales, UK

**Dr Graham Moore<sup>1</sup>**, Dr Gillian Hewitt<sup>1</sup>, Mrs Joan Roberts<sup>1</sup>, Prof Simon Murphy<sup>1</sup>

<sup>1</sup>*Cardiff University*

**Background.** Schools are complex systems, interacting with wider education and health systems. Schools' influence on adolescent health is recognised, but developing complex health behaviour interventions that target multiple system levels across health and education requires timely data to identify priorities and sustainable relationships to co-produce intervention designs.

**Aim.** The School Health Research Network is a strategic partnership including Public Health Wales and Welsh Government. It brings together schools, policy-makers, practitioners and researchers and is establishing a data infrastructure and building sustainable relationships to meet health information needs and co-produce school health interventions.

**Methods.** Two-yearly student health and school environment surveys underpin the data infrastructure. Their content is guided by policy, practice and school data needs and data are shared directly with schools for health action planning. Year-round engagement activities build relationships with schools and local health practitioners as a foundation to co-produce new complex intervention designs.

**Results.** SHRN has grown from a network of 67 schools in 2013 to include all 210 state-maintained secondary schools in Wales. The 2017 survey collected data from more than 100,000 young people (more than two-thirds of all secondary school children in Wales). A broad range of studies are supported by the Network, addressing priorities identified in survey data and by schools, including tobacco use, mental health and self harm.

**Conclusions:** The health data infrastructure is producing timely data to support complex intervention development and health planning at multiple system levels. Sharing data in formats suited to different audiences is proving an effective engagement strategy which is strengthening relationships within the Network that underpin co-produced health and wellbeing behaviour research.

### Health promotion in schools by whole school and participatory approach to School food and education - results from LOMA case study 2015-2017

**Lecturer, Phd. Dorte Ruge<sup>1</sup>**

*<sup>1</sup>Lecturer, Phd., University College Lillebaelt, Centre for applied research in school and education.*

Current research points to the need for ongoing and concerted actions in order to promote health and wellbeing among children and adolescents. Rates of obesity and overweight are increasing among young people, which leads to related illness in childhood and later in adulthood. Therefore early interventions are needed in order to support childrens development of action competence with regard to own health and health for peers and family. Schools are

obvious settings for interventions, as most children spend their daily life in schools. In order for interventions to succeed, an integrated and participatory approach should be applied in a way that involves users in a meaningful and concrete way. Current research from LOMA (Lokal Mad = local food in Danish) casestudy from 2015-2017, provides new insights in how the 'LOMA approach' led to pupil development of actioncompetence with regard to food and health. The LOMA approach was a multicomponent, wholeschool intervention consisting of several elements, conducted simultaneously during education in school. The intervention was led by teachers, having attended a certain course for capacity-building in the field of integrated teaching-methods. The course included cross-curricular, project-oriented approaches to health-promotion as an element in various subjects. A number of 2300 pupils participated in the LOMA intervention that was evaluated by the Danish Evaluation Institute and Center for applied research in School and Education, University College Lillebaelt. Research was conducted as a comparative casestudy and applied a mixed methods approach. A special focus was directed to pupil development of food and health related actioncompetence. Results indicated that pupils at all ages developed components of actioncompetence in the form of improved knowledge about vegetables, fruits and health, cooking skills, motivation, 'food-courage', empowerment, collaborative experiences, real-life experiences, critical thinking and self-esteem. Moreover, improved relations among pupils and among teachers and pupils - and among teachers, kitchen managers and social educators were a result of the intervention. Based on positive, practical experiences and results from research the nine LOMA-schools decided to established a network in order to continue development and expansion to more schools.

## **“Like the cement in a brick wall” - Health promotion in schools according to students, school staff and politicians**

**Professor Catrine Kostenius<sup>1</sup>**

*<sup>1</sup>Luleå University of Technology*

### **Introduction**

Health promoting schools (HPS) play according to the World Health Organization an important role as a means of influencing the health and education of future generations. Efforts to promote health has been initiated in schools across Europe for the past two decades. However, evaluations show that alongside positive outcomes from HPS several challenges exist which call for continued development of HPS and further research. There are a number of reasons for participatory approaches for example practicing the democratic spirit underpinning the core of health promotion. Giving the whole school community an opportunity to partake in participatory processes has been shown to enable empowerment and may contribute to sustainable change. Therefore, the aim was to give voice to students, school staff and politicians about their experiences of health and learning in school.

### **Methods, context and participants**

Data was collected in one municipality in northern Sweden part of a HPS research and development project funded by the Swedish National Agency for Education. A total of 75 open letters were written by students, school staff and politicians continuing the following open ended sentence, “Now I'll tell you about my experiences of school when it was a place for health and learning ....” Data was processed using a phenomenological analysis.

### **Results and conclusions**

The results illuminate physical, mental, social and existential dimensions of school as a place

for health and learning. The participants experiences highlight interpersonal relationships, appreciative attitudes, time for reflection, trust, respect and co-agency practiced alongside the educational aspects in school. The participants experiences can be understood as the foundation of health and learning in school using a brick wall as a metaphor. One can view each brick as a representation of a school subject and the cement holding together the brick wall representing health promotion. To inform the continued development of HPS these findings can be compared to the health and learning connection found in the Swedish National School Curriculum of 2011 and the Guide for Student Health published 2016 by the Swedish National Agency for Education and the Swedish National Board of Health and Welfare.

## **The cooperation between Health Promoting Schools and Health Services: through a definition of Good Practices**

MS Corrado Celata<sup>2</sup>, MS Liliana Coppola<sup>2</sup>, MS Bruna Baggio<sup>3</sup>, MS Laura Stampini<sup>3</sup>, MS Maria Cira Veneruso<sup>3</sup>, **MS Giusi Gelmi<sup>1</sup>**, SPS Lombardia Network Group

*<sup>1</sup>ATS Città Metropolitana Milano, <sup>2</sup>Regione Lombardia, <sup>3</sup>Regional School Office*

Cooperation and strategic partnership between the school system and social and health services are of utmost importance to improve the quality of health promotion interventions, to integrate the different programs in an intersectorial framework focused on the governance of health determinants and to foster users and stakeholders involvement as defined by the Ottawa charter for health promotion.

The experience of Lombardy Region, as part of the SHE Network, is based on a well-established joint action between the Health Promoting Schools Network (SPS, 2016; Safarian et al., 2013) and the Health Services (DG Welfare). Within this collaboration, a system of collection, analysis and sharing of “good practices”.

The definition of good practices is a delicate process that requires an agreement on the methodological requirements and the adoption of a rigorous analysis procedure Kahan e Goodstadt (2001).

373 practices submitted by 135 schools were collected and screened by an intersectorial team of experts composed of managers and professionals from the health services, representatives from the SPS Network and school principals and teachers.

Each practice was analysed by 3 researchers through a blind study using a reference grid and 137 practices were accepted as “good practices”. Theoretical foundation, ethics, proven efficacy, collaborative and participatory approach, needs assessment, resources and sustainability were used as criteria for evaluation.

This result is an important step through the consolidation of the Health Promoting School Network itself and the systematization of a standardized tool for the validation, identification and evaluation of Good Practices. Moreover, this shows that cooperation among professionals with different backgrounds is valuable and allows the definition of a common language. Further studies should be extended to apply a similar method to practices existent in different settings that target different age groups covering the whole life-course.

Kahan B., M. Goodstadt, (2001). The Interactive Domain Model of Best Practices in Health Promotion. *Health Promotion Practice*, 2, 43-67

Rete SPS Lombardia (2016). Scuole che promuovono salute in Lombardia. Una rete che sostiene il cambiamento. E-book

Safarian E., Buijs G., de Ruiter S., (2013). SHE Online school manual. 5 steps to a health promoting school. (Trad. Ita 2017)

# Abstracts

## Oral Session 15

Health promotion in higher education

Time: 10.45 - 12.15

Date: September 26, 2018

Location: Tavern

## The contribution of the Health Promotion Chair of the University of Girona in the period 2008-2018

Dolors Juvinyà-canal<sup>1</sup>

<sup>1</sup>University of Girona

**Introduction:** The Health Promotion Chair of the University of Girona fosters the transfer of knowledge and research in the area of health promotion through four areas of action: training, research, publications and knowledge dissemination and transfer. It enjoys the support of DIPSALUT, an independent public health body of Girona Provincial Council, with which it signed an agreement of collaboration in 2008.

**Methodology:** Data collection from the 2008-2018 annual report review.

**Results:** The training area corresponds to the organisation of courses, symposia, seminars, conferences and the creation of an online information portal. 70 training actions have been identified, 16 of which have been carried out in online format. Highlights include the organisation of 3 Mediterranean Symposium on Health Promotion with the participation of 350 professionals and 60 speakers of different countries. As regards the area of research, which encompasses the evaluation of programmes and projects, along with the design of and participation in research projects, 50 actions have been carried out.

As far as the area of publications is concerned, 12 books have been published and 16 editions have been produced of BepSalut, an electronic newsletter, which has 286 subscribers and a readership of approximately 1200.

In the area of knowledge dissemination and transfer, 105 actions have been carried out in the form of symposia, consultancy work in the area of health promotion and participation in national, European and international work networks. The Chair is an active member of

eight networks and coordinates the secretary's office of the HPH-Catalunya network of health promoting hospitals and the Working Group on Salutogenesis in Spanish. Since 2017 the Chair is member of the IUHPES's Global Working Group on Salutogenesis

**Conclusions:** The Health Promotion Chair plays a leading role in health promotion and is an important asset thanks to the work it carries out in its areas of action. Through the Health Promotion Chair it is possible to drive forward, plan and evaluate health promotion activities in the form of both training and scientific dissemination and/or knowledge transfer, forging and promoting alliances to boost health promotion.

## PEER-IESS: a participatory model of salutogenic higher education institutions

Prof Irma Brito<sup>1</sup>

<sup>1</sup>Nursing School of Coimbra

PEER-IESS is a bottom up model of participatory health research to activate higher education communities in the promotion of salutogenic contexts through the use of dialogic strategies and creative forms of intervention centred on student's community. PEER-IESS proposes the creation and training of a "seed group" made up of students, teachers, non-teachers and stakeholders. Then they do rapid assessment of lifestyle and health resources to design and implement health promotion activities using the participatory health research model PRECEDE- PROCEED.

We aim to report on the experience of model dissemination in the 7 institutions participating in the III International Course on Participatory Health Research (ESEnfC, 2017). In this course, a consortium proposal was created between 7 nursing/health Schools to implement PEER-

IESS and, through this, to join the Ibero-American Network of Health Promoting Universities. Of the 7 institutions, 5 began the process of creating a "Seed group" with representatives from the various departments and with natural leaders. In each one, they proceeded to the initial diagnosis: evaluation of the lifestyles of the whole community (1st and 4th year, teachers and non-teachers), with application of the online questionnaire; and inventory of health promotion activities in the institution. This information has been compiled in a joint report to streamline the inter institutional comparison. Differences in the processes and results of the seed group were observed with respect to the organizational culture of each institution. The next stage will be the presentation of the results of the initial diagnosis by internal diffusion and mobilization for the PEER-IESS program. The educational community will be involved in the design, implementation and monitoring of projects and programs to promote healthy lifestyles and a sustainable environment, generating a salutogenic context.

## The Evaluation of Healthy Lifestyle Behavior Among University Students: Turkey Example

**Assoc.Prof Sema Oglak<sup>1</sup>**, Assist.Prof Ahmet Unlu<sup>1</sup>, Rabia Gunduz<sup>1</sup>, Ummu Uçtaş<sup>1</sup>, Nagihan Kurd<sup>1</sup>, Busra Ozdemir<sup>1</sup>, Busra Ongur<sup>1</sup>, Hilal Ozsoy<sup>1</sup>, Gozde Gokalemin<sup>1</sup>

<sup>1</sup>*Adnan Menderes University, Nazilli Faculty of Economics and Administrative Sciences*

**Introduction:** In recent decades, lifestyle has been recognised as an important determinant of health status and has become a focus of increasing research interest worldwide. Healthy lifestyle behaviors can be defined as all the behaviors believed and applied by individuals to be healthy, maintain health and

be protected from diseases. The World Health Organization has stated that 60 percent of an individual's health-related quality of life depends on his/her lifestyle. University students represent a major segment of the young adult population. Previous studies on healthy lifestyles indicate that majority of university students are minimally engaged in health-promoting behaviours. This study aims to determine the healthy lifestyle behaviors of university students studying at Adnan Menderes University, Faculty of Nazilli Economics and Administrative Science in the Province of Aydin, Turkey. Material and methods: In the descriptive study was conducted to analyze to what extent university students who are at Adnan Menderes University, Faculty of Nazilli Economics and Administrative Science in Aydin, exhibit healthy lifestyles and which socio-demographic variables influence healthy lifestyles. Healthy Lifestyle Scale II. were used to collect data from 800 university students randomly selected were measured between 01 January and 28 February 2018. Results: The study findings indicated that students adopted the healthy lifestyle behaviors moderately (124,94±48,4). Variables such as gender, type of school, family income, paternal education status were found to be effective on the healthy lifestyle behaviors. It was also found that the average Healthy Lifestyle Behavior and exercise behaviors scores were higher in males than females ( $p < 0.05$ ). Also, the average scores of the students from Social Work department were higher than other students. Conclusions: Education should be organized to improve the university students' understanding of components of healthy lifestyle behavior. More research is needed to increase awareness between university students about the effect of a healthy lifestyle on their health.

**Keywords:** University student, Healthy Lifestyle Behavior, Turkey

# Abstracts

## Oral Session 16

### Sense of Coherence

Time: 10.45 - 12.15

Date: September 26, 2018

Location: Lade

## The Sense FOR Coherence: An interdisciplinary investigation of professional's health-orientation in maternity care counselling

**Prof. Dr. Claudia Meier Magistretti<sup>1</sup>, Dr. Anastasia Topalidou<sup>2</sup>, Prof. Dr. Franziska Meinecke<sup>3</sup>**

*<sup>1</sup>Lucerne University of Applied Arts and Sciences, <sup>2</sup>Uclan University of Central Lancashire, <sup>3</sup>Lucerne University of Applied Sciences and Arts*

### Introduction

“Over-diagnosis”, costs and iatrogenic effects have been subjects of international debates, with call for a reorientation in medicine from pathological towards health-oriented care. In midwifery, approaches based on the theory of salutogenesis by Antonovsky are strengthened. There is strong evidence that the Sense of Coherence (SOC) is a decisive predictor for health and that the SOC can be influenced and “learned”. To identify how professionals may strengthen it in individuals, a new concept, the ‘Sense FOR Coherence’ has been defined as the ability of professionals’ to improve the ‘Sense of Coherence’ of the people they work with. Currently, knowledge is fragmented about how health-oriented practice is implemented, how it is measured and how it can be framed theoretically.

### Aim

The description and measurement of health-oriented practice elements in maternity care and their connection to salutogenic theory. The objectives are to:

- Describe professional orientation related to professional counseling practice.
- Quantitatively assess facial heat patterns in health providers during consultation sessions

and correlate them with professional orientation and practice

- Create a theoretical approach for the sense FOR coherence

### Methods

A feasibility study was conducted with 24 health professionals. Questionnaires and transcript of the recorded counseling sessions were used to examine the relation of health-oriented professional attitudes and health-oriented practice. Findings were correlated to additional factors and thermal imaging recordings.

### Results

The initial analysis showed that professional attitudes, professional orientation and individual professional philosophy are strongly related but not depicting professional practice. To what influencing factors this can be attributed to and how these afflict health-oriented practice, this is subject of the in depth analysis currently conducted. Detailed results will be presented in the conference.

### Conclusions

The study presents the first quantitative approach using thermal imaging in synthesis with qualitative analysis of this topic in an interdisciplinary approach. It provides elements to conceptualize a Sense FOR Coherence theoretically and technically, which will facilitate the implementation of health-oriented practice into medical fields.

## “How can we strengthen SOC through promoting coherent experiences in every-day life?”

**Ruca Maass<sup>2</sup>**

*<sup>1</sup>Departement of Neuromedicine and Movement Science, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, <sup>2</sup>Center for Health*

*Promotion Research, Norwegian University of Science and Technology.*

“How can we strengthen SOC through promoting coherent experiences in every-day life?”

**Background:** A strong Sense of coherence (SOC) has repeatedly been linked to positive health-outcomes. In order to become a beneficial theory for health promotion, Salutogenesis should seek to outline strategies for strengthening SOC. The aim of this paper is to critically discuss whether and how SOC can be strengthened through promoting coherent experiences in every-day life, and how this process can be facilitated for through salutogenic planning, implementation and policy-making.

**Methods:** This paper builds on findings from my Phd-thesis focusing on neighborhoods as salutary settings. The aim is to discuss some of the findings in-depth, generalize findings unto other settings relevant for every-day life, and try to outline strategies for public health practice. A mixed methods-approach was applied. The quantitative part consists of regression and pathway-analysis of registerdata (derived from a population survey). The qualitative part includes focus-group and in-depth interviews, and applied a constructivist grounded theory approach for analysis.

**Findings & discussion:** Findings suggest that SOC can be strengthened throughout the life-course, and highlight the importance of repeated experiences from every-day life for the internalization of resources. Experiences of comprehensibility, manageability and meaningfulness are described across a number of every-day-situations. The benefits of adaptable resources and power-equal dialogue are pointed out in order to develop flexible strategies, which allow adequate use of resources across settings or situations. A new operationalization of the SOC as an intuitive understanding about why and how resources

work is launched. Implications of these insights for developing and implementing actions and for evaluating both outcomes and process during public policy-making are discussed. A special focus is on identifying factors which can enhance experiences of comprehensibility, manageability and meaningfulness in every-day-life, and during participation in public processes. Gaps of knowledge are identified, and implications for further research are discussed.

**Conclusion:** More knowledge is needed in order to develop Salutogenesis as a guiding theory for health promotion. Nevertheless, findings point towards the framework of comprehensive, manageable and meaningful experiences as a promising approach for developing a framework for salutogenic planning, implementation and policy-development.

## **The design of a salutogenic childbirth education program**

**Deborah Davis<sup>1</sup>, Sally Ferguson<sup>2</sup>**

*<sup>1</sup>University of Canberra and ACT Government Health Directorate, <sup>2</sup>University of Canberra*

**Introduction:** Pregnancy as an important life transition, is an ideal time to focus on health promotion. Many women and their partners in Australia and other countries attend childbirth education classes to prepare themselves for pregnancy, birth and parenting. In our setting, these are provided by the public health service. However, rather than promoting health, these classes have been criticised for preparing women and their partners for a medicalised birth which has become the norm in many well-resourced countries. This reflects the biomedical approach to healthcare which is grounded in pathogenesis. To address this problem we designed, implemented and evaluated a new childbirth education program

that aimed explicitly to promote health. This presentation focuses on the design of the program and includes some reflections on implementing the program within a health service oriented more towards pathogenesis than salutogenesis.

**Material and methods:** Salutogenesis was chosen as the theoretical framework for the new childbirth education program and the authors used a collaborative approach to co-design the new program with health service staff. While much has been written about the theory of salutogenesis, few have attempted to operationalise the theory for health service delivery and as far as we are aware, this is the first to use the theory explicitly in the design a childbirth education program.

**Results:** In line with salutogenic theory, the aim of the program was to move individuals participating in the program towards greater health on the health-ease/dis-ease continuum. In particular, the program aimed to build the confidence and capacity of women and their partners for healthy pregnancy, birth, parenting and beyond. The focus of the design was on the salutogenic principles which aim to increase an individual's sense of coherence by focusing on generalised resistance resources and strengthening the key components: comprehensibility, manageability and meaningfulness. The new program challenged many midwives more accustomed to "traditional" modes of childbirth education.

**Conclusions:** Salutogenic theory can be operationalised in the context of the design of a childbirth education program. Implementing such a program presents challenges for health professionals not accustomed to working within a health promotion framework.

## A sense of National Coherence and openness to the "other's" collective narratives: The case of Israeli-Palestinian conflict

Dr. Adi Mana<sup>1</sup>, **Professor Emerita Shifra Sagy**<sup>2</sup>,  
Dr. Anan Srour<sup>3</sup>

<sup>1</sup>Peres Academic Center, <sup>2</sup>Ben Gurion University of the Negev, <sup>3</sup>Ben Gurion University of the Negev

The aim of the study was to explore a new concept - Sense of National Coherence (SONC) - and its relationship with openness to the "other's" collective narrative. Based on Antonovsky's (1987) SONC is defined as an enduring tendency to perceive one's national group as comprehensible, manageable, and meaningful (Sagy, 2014). SONC was examined as a mediator of the relationship between religious grouping, voting behavior, and the tendency to legitimize the "others'" collective narratives. Questionnaires were distributed to a sample of 505 Israeli-Jewish adults, aged 18 and up, via an electronic platform. The results indicated that SONC had a direct negative relationship to the tendency to legitimize the Palestinians' narratives. Moreover, SONC acted as a mediating factor between right-wing voting behavior and religious grouping and their correlations with the measure of legitimization of the "other's" collective narratives. The discussion focuses on the role of SONC as a potential barrier to reconciliation and a peace process in conflict zones.

## Childbirth Education the Salutogenic Way

Sally Ferguson<sup>1</sup>

<sup>1</sup>University of Canberra

Over the last 10 years, Australia's spontaneous vaginal birth rate has decreased approximately 1% each year and the caesarean section rate has increased approximately 1% each year. This trend has serious implications for the health of women and babies. Although childbirth education is in a potentially powerful position to promote normal birth, it does not realise that potential. Currently framed in pathogenesis, childbirth education in particular and maternity services in general, are in need of reframing. The theory of salutogenesis may offer a new lens as it focuses on health rather than illness. Sense of coherence is the cornerstone of salutogenesis and is a predictive indicator of health. As strong sense of coherence in pregnant women appears to decrease the likelihood of experiencing caesarean section compared to women with low sense of coherence, childbirth education framed in salutogenesis has the potential to decrease caesarean section rates.

**Aim:** This study aimed to compare outcomes of women attending a traditional Australian childbirth education program with those

attending a salutogenic childbirth education program.

**Methods:** An uncontrolled before and after study was conducted where eligible women completed a questionnaire before and after attending a traditional or a salutogenic childbirth education program in an Australian tertiary maternity setting. Data collected included Sense of Coherence scores, Social Support scores, satisfaction with program and birthing outcomes.

**Results:** Data analysis is ongoing and results comparing Sense of Coherence scores, Social Support scores and birthing outcomes will soon be completed.

**Conclusion:** Childbirth education framed in salutogenesis has the potential to promote health by strengthening women's sense of coherence to inspire confident childbearing women who are ultimately satisfied with their birthing experiences.

# Abstracts

## Oral Session 17

Health promotion among the young II

Time: 10.45 - 12.15

Date: September 26, 2018

Location: Austråt

## A research-action process to adapt an evidence-based program: the LifeSkills Training Lombardia program

**PhD Veronica Velasco<sup>1</sup>**, MS Francesca Mercuri<sup>1</sup>, BA Sandro Brasca<sup>1</sup>, MS Liliana Coppola<sup>2</sup>, MS Corrado Celata<sup>1,2</sup>

<sup>1</sup>ATS Città Metropolitana Milano, <sup>2</sup>Regione Lombardia

At an international level, a growing number of evidence-based prevention and health promotion programs are available. However, they struggle with wide dissemination, integration at community levels and long-term maintenance. In some cultures, the adoption of evidence-based programs contrasts with traditions and values of professionals and the integration of evidences and practices is challenging. In the last years, a critical analysis of dissemination and integration strategies has been realized and some conceptual models have been developed.

The contribution will discuss these issues starting from the presentation and analysis of the LifeSkills Training (LST) Lombardia project. LST is a research-validated prevention program proven to reduce alcohol, tobacco, drug abuse, and violence (Botvin et al., 1995). The program provides adolescents with the confidence and skills necessary to handle challenging situations and succeed at the developmental tasks of adolescence. The program is recognized as an Exemplary program by many health agencies. In Italy, the program has been implemented since 2007 and now it involves about 53.000 students, 5.200 teachers and 240 Middle schools. The evaluation showed significant effects on substance use rates and on student's skills (Velasco et al., 2017).

A team of stakeholders selected, translated and culturally adapted, planned, implemented and evaluated the LST (Velasco et al., 2015). As regards adaptation, the program has been

adapted by several steps and involving teachers, schools' principals and health professionals at a regional level. The first adaptation was mainly focused on the content of the program. The second phase focused on fidelity-adaptation balance and on capacity-building to sustain innovations. The last adaptation results from a participatory and research-action process aimed to link and better integrate the program with educational and academic issues and with schools' needs.

Challenges related to user involvement in a research-action process and to the integration between an evidence-based program and users' perspective will be discussed.

Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). *JAMA*, 273(14), 1106–1112.

Velasco, V., Griffin, K.W., Botvin, G.J. and Celata, C. (2017). *PrevSci*, 18(4), 394-405

Velasco, V., Griffin, K.W., Antichi, M., and Celata, C. (2015). *EvalProgramPlan*, 52, 27-38

## Reviewing health literacy assessment tools for children and adolescents with a specific focus on user-involvement in the development process

**Orkan Okan<sup>1</sup>**, Torsten Michael Bollweg<sup>1</sup>, Janine Bröder<sup>1</sup>, Patricia Wahl<sup>1</sup>, Alexandra Fretian<sup>1</sup>, Ullrich Bauer<sup>1</sup>

<sup>1</sup>Bielefeld University

Assessing children's and adolescents health literacy has become of particular interest, especially in health promotion. Compared to the wider availability of tools for adults, only a few tools are known for younger age groups. The objective of this study is to present a

systematic review on health literacy assessment tools and most recent findings from an updated review. Besides general psychometric information, specific attention will be paid on (a) how far children have been involved in the development of tools and (b) how health promotion was covered by these tools.

We systematically searched five major databases (last updated July 2015) in order to identify tools addressing children  $\leq 18$  years old. The results have been published as a systematic review in 2018. Using the exact same search strategy, we have updated our earlier search in order to retrieve literature that was published until January 2018.

A total of 25 health literacy tools for the age-group were identified. All, except two, are self-administered instruments. Seven are objective measures (performance-based tests), eleven are subjective measures (self-reporting), and seven use a mixed-method measurement. Among the instruments, more than 30 different components related to health literacy were identified. Accordingly, the studies use different conceptual and operational definitions. While the youngest age group studied was 7-year-old children within a parent-child study, there are only two instruments specifically designed for primary school children. Most instruments applied a broad and multidimensional understanding of health literacy that is also close to health promotion practice. Eight instruments were developed by involving users in the development process, applying methods such as interviews, focus groups, test-retest, or group discussions.

The results to both reviews are proof that health literacy assessment for children and adolescents is uprising in the international community, especially health promotion is gaining importance. The results of our published review show only two studies involving users in the development process, while six out of ten studies published within the

last three years have included children and adolescents. However, further research is required to improve health literacy instruments and to provide in-depth knowledge to inform effective health promotion interventions.

## Positive youth development in adolescence: Adaptation studies to Portuguese population

**Prof. Paulo Dias<sup>1</sup>**, Dr. Céu Henriques<sup>1</sup>

<sup>1</sup>*Catholic University of Portugal*

This study focuses an innovative perspective called Positive Youth Development (PYD), an increasingly popular approach that focuses on the characteristics and experiences we should promote in adolescence, instead of risks and profiles that should be avoided. It is a promotional approach and, therefore, an alternative to the traditional models that focused mainly at the problematic and risky trajectories of this group. To explore it and promote it, we need reliable and valid measures adapted to this population and countries. The present study aims to explore the psychometric properties of the PYD questionnaire, developed by Richard M. Lerner and colleagues (2010) to the Portuguese population. To achieve it, we divide the paper into three more specific goals: (a) to explore the dimensionality of the PYD measure; (b) to evaluate internal consistency and test-retest reliability; and (c) to investigate the relationships between the PYD scores and the scores obtained in a control measure. To achieve the objectives of this study, the following instruments were used: the PYD Questionnaire; Strengths and Difficulties Questionnaire (SDQ); and a sociodemographic questionnaire. Two different non-probabilistic samples with 670 and 351 adolescents were used. Confirmatory factor analysis was used to

test the dimensionality of the measure of PYD. Reliability was evaluated using Cronbach's alpha. Correlation coefficients were computed to explore the relationships between the PYD dimensions, age and the SDQ dimensions as well as for test-retest reliability. Gender differences were explored using independent-samples t-tests. Results indicate the adequacy of the model in terms of construct, considering the 5 C's integrating dimensions of PYD, as well as the convergent and discriminant validity, considering SDQ scores. Also, good reliability and re-retest results do not differ significantly between the two moments and correlate positively. These data seem to ensure the validity and reliability of the Portuguese version of the PYDq. Implications for future studies are discussed.

### **The extension of the behavioural areas of the LifeSkills Training program using a transfer of learning approach**

**PhD Veronica Velasco<sup>1</sup>**, BA Sandro Brasca<sup>1</sup>, MS Francesca Mercuri<sup>1</sup>, MS Liliana Coppola<sup>2</sup>, Gruppo Estensione LST<sup>2,3</sup>, MS Corrado Celata<sup>1,2</sup>

<sup>1</sup>ATS Città Metropolitana Milano, <sup>2</sup>Regione Lombardia, <sup>3</sup>Rete delle Scuole che Promuovono Salute Lombardia

Health behaviours are strongly interrelated and share common determinants. However, health promotion and preventive interventions are often focused on a specific behaviour and the link between topics lacks. As a consequence, schools are overloaded with proposals, interventions overlap and the integration with school curriculums often fails. An integrative and transfer of learning approach could be a useful strategy to face these issues. The transfer of learning occurs when learning in one context impacts on performance in another context. It is a key

concept in education and learning and it showed promising effects in the health promotion area (Young et al., 2013; Peters, 2012).

The transfer of learning approach has been used to extend the behavioural areas targeted by LifeSkills Training (LST) program in Italy. LST is a research-validated prevention program proven to reduce alcohol, tobacco, drug abuse, and violence and to increase students' skills (Botvin et al., 1995). It offers the potential for preventing a variety of health-risk behaviors that share a similar constellation of risk and protective factors.

The extension of the program consists of two main steps. The first phase aimed to define the main elements that the extension of LST and transfer of learning should take into consideration: target health areas, behavioural determinants of each area, conditions for effectiveness and elements facilitating the transfer of learnings. The second phase is focused on the adaptation of LST program. Finally, a third phase will include the evaluation of the Extended LST. The extension has been realized through a participatory research process including health professionals, schools' principals and teachers at a regional level.

The main challenges are to reach the objective following international guidelines and evidences for health behavior promotion/prevention in each area and to find the right balance between an integrative approach and a focus on specific context and health choices.

Young, I., St Leger L., Buijs, G. (2013). School health promotion: evidence for effective action. Background paper SHE Factsheet 2. CBO

Peters, L.W.H. (2012). Searching for similarities: transfer-oriented learning in health education at secondary schools. University of Amsterdam Singh.

## Seven year longitudinal associations between children's motor competence, amount and diversified physical activity

**MSc Paulina Sander Melby**<sup>1</sup>, MSc, PhD Peter Elsborg<sup>1</sup>, MSc, PhD Glen Nielsen<sup>2</sup>, MSc, PhD Rodrigo A. Lima<sup>3</sup>, MSc, PhD Lars Bo Andersen<sup>4</sup>, MSc, PhD Peter Bentsen<sup>1</sup>

<sup>1</sup>Health Promotion Research, Steno Diabetes Center Copenhagen, <sup>2</sup>Department of Nutrition, Exercise and Sports, University of Copenhagen, <sup>3</sup>Research Group on Lifestyle and Health, School of Physical Education, University of Pernambuco, <sup>4</sup>Faculty of Teacher Education and Sport, Western Norway University of Applied Sciences

**Introduction:** A positive association between motor competence (MC) and physical activity (PA) in children has been demonstrated in cross-sectional studies; however, evidence of the direction of this association is limited. Longitudinal studies suggest that MC is important for PA later in life, but determinants of MC have not been satisfactorily examined in longitudinal designs. In addition, the role of diversified physical activity (DPA) for PA and MC has not yet been investigated. The aim of this study was to investigate the longitudinal associations between DPA, MC and PA.

**Methods:** Longitudinal data from the Danish CoSCIS (The Copenhagen School Child Intervention Study) study were used for this analysis. MC (KTK battery of postural stability and locomotor skills), PA (accelerometer) and DPA (self-reported) were assessed in 654 children when they attended preschool (age six), third grade (age nine) and seventh grade (age 13). Two structural equation models were constructed, with DPA at age six and MC and PA at age nine as predictors of PA and MC at age 13.

**Results:** The data from both models demonstrated good model fit. DPA at six years

of age was significantly associated with PA and MC at age 13, when adjusting for sex, age, weight, height, and previous levels of PA and MC. DPA at age six is also positively associated with PA and MC at age nine, which are, in turn, positively related to PA at age 13 but to a lesser degree than DPA at age six.

**Conclusion:** This study showed that DPA in early childhood are associated with higher levels of objectively measured PA seven years later in adolescence. This indicates that increasing the diversity of children's daily physical activities, not only the amount, is an important aim for health promotion.

# Abstracts

## Oral Session 18

Health Promotion among vulnerable  
target groups

Time: 10.45 - 12.15

Date: September 26, 2018

Location: Sverresborg

## Using social network analysis as a tool to strengthen service delivery structures for low socioeconomic status populations.

**Miss Lotte Prevo<sup>1</sup>**, Dr. Liesbeth Mercken<sup>1</sup>, Prof. Dr. ing. Maria Jansen<sup>2</sup>, Prof. Dr. Stef Kremers<sup>1</sup>

<sup>1</sup>*Department of Health Promotion, Maastricht University*, <sup>2</sup>*Department of Health Services Research, Maastricht University*

**Introduction:** Health disparities between populations with different socioeconomic status (SES) are increasing. Although a wide variety of support service organizations and arrangements are in place, no general overview of this social network, its reach, and harmonization of services surrounding low-SES populations are available. The present participatory health research study examined the current network structure and the utility of using social network analysis (SNA) as a tool to improve service delivery structures. **Methods:** We applied a mixed-methods study design. An online-questionnaire was used to examine the relationships among organizations assumed to support low-SES individuals in the municipality of Vaals, the Netherlands. In addition, semi-structured interviews and a networking session were used to examine the current network structure and to explore opportunities for improvement. **Results:** The SNA revealed a weak network structure, and all interviewed professionals mentioned that the current structure should be improved. Participants indicated that a first step would be to install a central information system. **Conclusion:** SNA can be a useful tool to gain more in-depth insights into the relations within a service delivery network. The professionals were assisted in discovering new organizations that could help them reach low SES populations and in harmonizing and improving their service delivery.

## “Sometimes they really push the wrong buttons” – a study of COPD rehabilitation for patients of low socioeconomic status

**Ms Anette Schulz<sup>1</sup>**, Ms Ulla Pedersen<sup>1</sup>

<sup>1</sup>*University College South Denmark*

The highest number of patients suffering from Chronic Obstructive Pulmonary Disease (COPD) is of low socioeconomic status, and COPD measured in relation to early death is the illness in Denmark which contributes mostly to inequality in disease burden.

Rehabilitation in relation to COPD is well-evidenced concerning improvement of the patients' quality of life and decrease of health care costs. However, patients of low socioeconomic status more often decline participation in COPD rehabilitation programs compared to patients of high socioeconomic status. This study presents possible reasons why.

The study is based on eight qualitative interviews with patients of low socioeconomic status who had the opportunity but didn't participate in rehabilitation programs. The interviews were semi-structured with a view to open the respondents' lifeworld in relation to rehabilitation needs, experiences and wishes.

The results show that patients of low socioeconomic status feel stigmatized and do not by own initiatives seek help for the challenges associated with COPD. Also, the Health Professionals do not fully understand nor meet the individual needs of the patients.

The study considers whether stigmatization related COPD and low socioeconomic status is a significant factor in patient non-participation; and whether there is a need for change in and whether there is a need for

change in the diagnosis-led approach to the rehabilitation program and in the Health Professionals' approach towards the patients.

### **Sports-based active recreation for children living in marginalised neighbourhoods: a life course and settings-based approach for reducing inequality in health**

MSc, PhD Peter Elsborg<sup>1</sup>, MSc, PhD Glen Nielsen<sup>2</sup>, MSc Julie Hellesøe Christensen<sup>3</sup>, MSc Paulina Sander Melby<sup>1</sup>, MPH, PhD Charlotte Demant Klinker<sup>1</sup>, **MSc, PhD Peter Bentsen<sup>1</sup>**

<sup>1</sup>Health Promotion Research, Steno Diabetes Center Copenhagen, <sup>2</sup>Department of Nutrition, Exercise and Sports, University of Copenhagen, <sup>3</sup>GAME

The rising global burden of non-communicable diseases (NCDs) amongst the lowest social classes in society has heightened the awareness of the necessity for primary risk prevention programs in marginalised neighbourhoods. One important factor in lowering the risk of many NCDs is the promotion of physical activity (PA).

Viewing this problem through a life course perspective and taking a risk population approach points to the solution of making sustainable changes with children and young people that belong to marginalised groups in society. This is proposed to be achieved through programmes that facilitate long-term PA behaviour changes in children and adolescents living in marginalised neighbourhoods with the aim of reducing NCDs risk factors and disease onset in later-life. Ample empirical evidence supports that extrinsic motives for participating in physical activities, such as increasing health, are insufficient when long term participation is the goal.

In this presentation, we argue that interventions with the aim of reducing the social gradient in health should adopt a settings-perspective and include activities which hold both broad health and sustainable participation potentials. We advocate that basing such interventions on sports-based active recreation hold several advantages. To argue these advantages a comprehensive argument and model is presented demonstrating why interventions that provide sport-based active recreation activities are an especially beneficial direction for future interventions and intervention-based research.

### **The influence of the health promoter's human qualities on the health-seeking behavior of vulnerable people in Brussels, Belgium.**

**Mrs Anne-Laure Pignard<sup>1</sup>**, Mrs Judith Henrion<sup>1</sup>

<sup>1</sup>Médecins du Monde Belgique

The organisation aims to reach universal access to health for all. The local projects reach out to those who have no access to health, and accompany them in their process to exercise their right to health. Target groups are vulnerable populations, and mainly undocumented migrants. We have come to reflect on the position of the health promoter as a professional. What is required for a health promoter to put herself in a health promoting approach, without imposing her own vision of health?

Having empathy for the other is important, but not enough. Practice has shown that in order for a team to deliver health promotion activities using a community-based approach, the health promoter first has to question her own representations. Human qualities of each

health promoter represent an essential part of the required know-how for a successful health promotion project.

Indeed, a health promoting approach requires that every contact with another person, and more specifically the target persons, be free from any judgement. This allows the health promoter to accompany the targeted individual or group on her/their own path towards her/their health needs. This also ensures that the exchanges lead to adapted propositions of solutions.

It is important to recognize the challenging position of a health promoter. For instance, when a European health promoter is discussing with an undocumented migrant from Guinea, the health promoter can surely explain that visiting a general practitioner is an important step to get into the health system and have access to treatments in Belgium. However, a health promoter can not judge the person in case she doesn't want to visit a general practitioner. In this context, an interesting health promoting discussion with the person or a group would be what are the reasons why one doesn't want to go to consult a general practitioner? This question is the key influencer of the health seeking behavior of target groups.

In a process to ensure quality of the health promotion projects, several actions have been considered to put the project teams on the path to solutions, that will be discussed in an oral presentation.

### **The art of inclusive research: roles, responsibilities and outcomes of inclusive health promotion research with people with intellectual disabilities**

**Kristel Vlot-van Anrooij<sup>1</sup>**, Jenneken Naaldenberg<sup>1</sup>, Thessa Hilgenkamp<sup>2</sup>, Koos van der Velden<sup>1</sup>, Geraline Leusink<sup>1</sup>

*<sup>1</sup>Department of Primary and Community Care, Research group Intellectual Disabilities and Health, Radboud university and medical centre, <sup>2</sup>Department of General Practice, Intellectual Disability Medicine, Erasmus MC, University Medical Center*

**Introduction:** In the last decades user involvement has become a popular theme in health promotion research. The popularity of user involvement in research has been driven by the perspectives that users have the democratic right to be involved in research which affects their life, and that their experiential knowledge is important and will lead to a better match between research and practice. Nowadays there is a wide variety of approaches of inclusive health promotion research. However, involvement of vulnerable and marginalised groups such as people with intellectual disabilities (ID) is not self-evident. Reflecting on inclusive health promotion research in which people with ID participate as co-researchers can help to discover how inclusive research can enable meaningful teamwork and improve outcomes for health promotion.

**Material and methods:** A 4-year project on health-promoting settings for people with ID is carried out by a research team of co-researchers with ID and researchers. In weekly meetings the team discusses roles, designs the research together, sometimes carries out data collection and analysis together, and spreads information about the research outcomes. Furthermore, the team has an advisory board of several stakeholders involved in the context of daily life for people with ID.

**Results:** Reflecting on our collaboration the following aspects enable meaningful inclusion: clarity of the roles and responsibilities of each member of the research team, enough time for working together, respect for each other, an

open atmosphere, and shared-decision making. After one year the research teams has developed a consciousness of each other's talents and effective tools to use when working together. Also, two studies has been designed inclusively which results in a good fit of the research with practice. Eventually a tool will be developed which fits to the daily context of people with ID and empowers them to have a say over matters that affect them.

**Conclusions:** Meaningful collaboration in an inclusive research team can be enhanced by discussing and reflecting on roles and responsibilities within the team. Outcomes of collaboration create a better fit of the research with daily practice.

# Abstracts

## Electronic poster presentation

### Health Services

Chair: Unni Karin Moksnes & Ola Bratås

Time: Health Services, 12.45-13.45

Date: September 24, 2018

Location: The Conference Foajé

## The use of smart technologies in the Republic of Kazakhstan

**Professor Altyn Aringazina<sup>1</sup>, Dr Zhamilya Sangilbayeva<sup>1</sup>**

*<sup>1</sup>Kazakhstan School of Public Health, Medical University*

**Introduction.** As life expectancy of the world population is growing the importance of higher quality, more effective medicine and need in cheaper health delivery systems are progressively raising. Today smart technologies help to improve patient care and reduce the cost of healthcare at the same time. Development of multiple smart applications allow patients effectively monitor blood pressure, heart rate, weight, blood sugar etc.

Smart technologies assist in bringing services to more people in large areas, making healthcare more available and affordable for low-income population, providing preventive care as well as emergency, monitoring of chronic diseases progression, keeping medical history and patients' information.

**Material and methods.** Smart technologies are integrated to different areas of healthcare system of the Republic of Kazakhstan. The most applicable sphere is the Electronic Registry spread in various medical organizations. The main advantage of the registry is the opportunity to make an appointment with right specialists without leaving home using the Internet through a home computer or smartphone.

The next widely known method of using smart technologies is a patient's personal cabinet that gives access to medical records of the patient's medical history. Another application of smart technologies is obtaining data from various measuring devices about patient's health.

**Results.** There are two ways of data saving which are semi-automatic measurement when the data is entered by the patient himself in a certain section of the personal cabinet and fully automatic when the data is taken by a specialized device and sent to patient's personal cabinet. The next use is communication of the patient with a doctor through an Internet connection. This type of communication creates great convenience for patients allowing to get necessary advice and help in solving medical questions while staying at home. There are also methods of expert situation analysis based on smart technologies that prompt the doctor the best methods of treatment and diagnosis or avoidance of complications and unforeseen reactions.

**Conclusion.** Smart medicine is a very perspective direction of healthcare development that helps to improve quality, provide availability, facilitate medical care process and reduce patients' investments for healthcare.

## Can behavioral economics (nudging) support and empower adult people with intellectual disabilities to adopt healthier lifestyles?

**Stine Skorpen<sup>1</sup>**

*<sup>1</sup>Norwegian National Advisory Unit on Ageing and Health, Vestfold Hospital Trust*

### Introduction

Many adults and older people with intellectual disability (ID) suffer from overweight and obesity. Most people with ID have a reduced ability to make rational choices regarding diet and physical activity and to understand the

long-term consequences of an unhealthy lifestyle. Gaps related to public health interventions and Health Promotion(HP) aimed at people with ID have been shown to exist, and there is no gold standard for a health intervention program that is successful for this population. A systematic review and meta-analysis of randomized controlled trials on weight management and weight loss in adults with ID concluded that the trials were ineffective (Harris et al, 2018). To reach the goal of healthy aging for people with ID, new ideas and solutions must be investigated.

### **Material and methods**

In addition to working with health education (HE) and motivation for a healthy lifestyle together with adult people with ID, we need to look into behavioral economics, also called nudging, as a supplement. How can we arrange the context of their daily lives and environments in ways that will support them to make healthier lifestyle choices. How can we influence habit formation and make the behaviors we seek stick?

In HP, a setting approach can be a way to create new ideas. A multidisciplinary group may diagnose what behaviors should be changed in a setting, and develop behavioral architecture and new action choreography to help people with ID make healthier choices without using the reflexive part of their brain, but rather the “autopilot-system.”

### **Conclusions**

To determine whether behavioral economics can be useful, as a supplement to HE and public health policy interventions for people with ID, the proposed method must be tested in a project.

## **The experience of midwives promoting normal births in a home birth setting**

**Professor Ingvild Aune<sup>1</sup>**, Midwife Mari Hoston<sup>2</sup>, Midwife Nora Kolshus<sup>2</sup>, Midwife Christel Gil Larsen<sup>2</sup>

<sup>1</sup>NTNU, <sup>2</sup>St.Olavs Hospital

### **INTRODUCTION**

More than 70% of all women in Norway plan to give birth at high-technology birth clinics. Planned home births are related to a lower risk of intervention during birth. On the basis of research underpinning the benefits of giving birth at home, the aim of this study was to gain a deeper understanding of how midwives promote a normal birth in a home birth setting in Norway.

### **MATERIAL/METHODS**

A qualitative approach was chosen for data collection. In-depth interviews were conducted with nine midwives working in a home birth setting in different areas in Norway. The transcribed interviews were analysed with the help of systematic text condensation.

### **RESULTS**

The analysis generated two main themes: «The midwife's fundamental beliefs» and «Working in line with one's ideology». The midwives had a fundamental belief that childbirth is a normal event that women are able to manage. It is important that this attitude is transferred to the woman in order for her to believe in her own ability to give birth. The midwives in the study were able to work according to their ideology when promoting a normal birth at home. To avoid disturbing the natural birth process was described as an important factor. Also crucial was to approach the work in a patient manner. Staying at home in a safe environment and establishing a close relationship with the midwife also contributed positively to a normal birth.

## CONCLUSIONS

The midwife's attitude is important when trying to promote a normal birth. Patience was seen as essential to avoid interventions. Being in a safe environment with a familiar midwife provides a good foundation for a normal birth. The attitude of the midwives towards normal childbirth ought to be more emphasized, also in the context of maternity wards

## KEYWORDS

Home birth; Midwife ideology; Midwifery; Normal birth

## Reorienting primary care towards health promotion: innovative tools for health promotion planning, capacity building and evaluation

**PhD María Jesús Pumar-Mendez<sup>1,2,3</sup>, PhD Agurtzane Mujika<sup>1,2,3</sup>, PhD Olga Lopez-Dicastillo<sup>1,2,3</sup>**

*<sup>1</sup>Department of Community and Maternal and Child Health Nursing, Faculty of Nursing, University of Navarra, <sup>2</sup>ImPuLS research group (Investigación e Innovación para la Implementación de la Promoción de Salud\_ Research and Innovation for Health Promotion Implementation), <sup>3</sup>IdiSNA (Instituto de Investigación Sanitaria de Navarra\_ Healthcare Research Institute of Navarra)*

Many hopes have been placed into primary care trying to show this level of care as the way to promote health promotion and prevention within the health system. However, the implementation of a more health-oriented health service is a multifaceted and complex process.

The aim of the workshop is to present some innovative tools and research based ideas that

could help to achieve more health-oriented primary care health service.

Among these tools, firstly we will describe the development of an evaluation framework, based in the logic model that will aid in the innovation and implementation of health promotion strategies in primary care. Then, we will introduce a taxonomy of omission errors in health promotion that will help in mapping primary care organizations' health promotion processes and actions, and thus in uncovering neglected areas of health promotion.

At the end of the workshop the audience should be able: (1) to appreciate the importance of monitoring and evaluation for the advancement of health promotion practice in primary care and (2) to apply two innovative tools for monitoring and evaluating health promotion practice in primary care at different levels (strategy and organizational level).

The workshop learning objectives will be met mixing PowerPoint presentations with interactive exercises and discussion. To start with, a problem-based scenario will be used to encourage the audience to reflect on the current practice of Health Promotion in primary care. Then, tools will be briefly described to provide an overview of their characteristics and potentialities. Throughout these presentations, the audience will be involved in discussing how these tools could be applied to foster the reorientation of primary care practice towards health promotion. Presentations will not exceed 40 minutes.

## Adolescents' responses to a school-based prevention program promoting healthy eating at school

**Dr. Roel Hermans**<sup>1,2</sup>, MSc Hanneke de Bruin<sup>3</sup>, Dr. Junilla Larsen<sup>4</sup>, MSc Frédérique Mensink<sup>2</sup>, Dr. Annet Hoek<sup>5</sup>

<sup>1</sup>Department of Health Promotion, NUTRIM, Maastricht University, <sup>2</sup>The Netherlands Nutrition Centre, <sup>3</sup>To Remind You, <sup>4</sup>Behavioural Science Institute, Radboud University, <sup>5</sup>BehaviourWorks Australia, Monash University

**Introduction:** To improve the effectiveness of school-based programs that aim to promote adolescents' healthy food choices, it is essential to understand the views and behaviors of the target group. This study aimed to get a better understanding of adolescents' food and health perceptions and their willingness to be involved in a specific school-based prevention program, i.e., the Dutch Healthy School Canteen Program.

**Materials and methods:** This study used a mixed-methods research design. First, seven semi-structured focus groups were conducted using a selective sample of 42 Dutch adolescents. Second, an online survey among 133 adolescent respondents was conducted.

**Results:** Findings from the group discussions indicated that healthy eating was only an issue of importance when adolescents perceived negative physical changes. Adolescents also indicated that they clearly wanted to make their own food and beverage choices at school. The quantitative data indicated that taste, price, and variety were seen as the most important aspects of a healthy food assortment. In general, a majority of the adolescents expressed that students should be involved in the organization of a healthy food environment in schools.

**Conclusions:** School-based prevention programs, such as the Healthy School Program, should take into account that adolescents have

a low risk perception of unhealthy eating and are seeking food choice autonomy. In addition, schools should not lose sight of product price, taste, and variety to make their food assortment attractive to students. If schools aim to involve adolescents in prevention programs that promote healthy eating, it is essential that they have a formal student involvement process that ensures that adolescents' suggestions are valued.

## Mapping the capacity of Health Promotion interventions for Non-Communicable Diseases in Oman

**Doctor Hiyam Alriyami**<sup>1</sup>

<sup>1</sup>National University of Ireland Galway

In Oman 68% of deaths are caused by non-communicable diseases (NCDs). Health Promotion capacity development is fundamental to strengthen and sustain action on NCDs. This study explores capacity needs for prevention of NCDs at Health Promotion policy and practice levels in Oman. The study aimed to examine and map the existing capacity of Health Promotion in Oman. This includes knowledge, skills, commitment, system, structure, leadership, and gaps where further Health Promotion capacity is required. The study employed a mixed methods approach to achieve these objectives.

Health Promotion capacity in Oman was mapped by utilising an adapted version of the capacity mapping tool for Health Promotion developed by the World Health Organisation (WHO/EMRO, 2010). The tool is based on eight Health Promotion capacity domains: policies and plans pertaining to health promotion, core of expertise in health promotion, collaboration, program delivery, partnership, professional development, information systems, and financing.

The key informants for the mapping tool were selected purposively and included 306 government employees involved in Health Promotion interventions in Oman. The quantitative analysis revealed low scores in five of the health promotion capacity domains (policies and plans, core of expertise, collaboration, partnership and professional development and even lower in the domains of program delivery, information systems and financing).

In the second phase of this study semi-structured interviews with high level national and regional health promotion experts were conducted. Thematic template analysis of the interview data aimed to develop understanding about the experts' knowledge, perception and views of Health Promotion capacity map and the gaps in capacity identified in the mapping study. The findings from both sets of the analysis will be utilised to develop recommendations for Oman Ministry of Health to improve Health Promotion capacity for NCDs.

### Evaluation of minimum nutritional standards for catering in nursing homes

**BSc MSc Bianca Fuchs-Neuhold<sup>1</sup>**, M.Ed Manuela Hatz<sup>1</sup>, BSc Christina Lampl<sup>1</sup>, BSc Anna Lena Aufschneider<sup>1</sup>, BSc MSc Wolfgang Gunzer<sup>1</sup>

<sup>1</sup>*FH JOANNEUM, University of Applied Sciences, Health Perception Lab, Institute of Dietetics and Nutrition*

A secure supply of food and beverages is essential for mental and physical well-being of residents in nursing homes. In order to cover these needs adequately, minimum nutritional standards could serve as a basis to promote quality of community catering. However, in Austria nutritional standards are rarely implemented in nursing homes. Therefore, in

2016 minimum standards were re-developed for community catering, with focus on nursing homes. Materials are provided for care homes in order to enhance a balanced and varied diet for their residents [1].

In order to assess the application and practicability of minimum nutritional standards, an evaluation study was carried out in Austrian nursing homes from April 2017 to April 2018.

A mixed-method methodology has been applied in order to reach the project aim: (i) An online survey, which was sent to 220 nursing homes (ii) 47 face-to-face interviews (iii) and meal plan analysis from 24 nursing homes (summer and winter).

94 nursing homes completed the questionnaire. Meal plans were analysed on the basis of the minimum nutritional standards. Questions left unanswered from questionnaire survey and meal plan analysis were clarified in the supplementary interviews with nursing staff and kitchen managers. First results indicate that minimum standards in nursing homes are taken into account. However, important issues are regional food supply, meat, vegetable and fruit consumption as well as alcohol labeling.

In order to achieve a comprehensive implementation, further information and awareness-building interventions are necessary.

## Relation of the carer's sense of coherence and reduction of costs of care in dementia

Oriol Turró-Garriga<sup>1</sup>

<sup>1</sup>*1. Aging, Dissability and Health research group of the Biomedical Institute of Girona. Catalonia.*

**INTRODUCTION:** The Alzheimer's disease (AD) as an age-related disease, expected to cause an increasing demand for public long term care services, challenging the healthcare systems in Europe and considered the most relevant question of it in the XXI century. Although the number of informal caregivers around the world already now is big, recent research suggests that the number of people taking up the caregiver role will increase in the next years. It is widely accepted that caregiving has an impact on caregivers' health. The Antonowsky's Sense of Coherence (SOC) concept had demonstrated an inverse relationship with self-perception of burden in dementia caregivers.

**OBJECTIVE:** The aim of this project is to analyse if higher carers' SOC may reduce the cost of care, for one hand the use of the health services related-costs (direct costs) and for the other the time spent in caring and/or the lost of work productivity related-cost (indirect cost). Moreover, this project includes the analysis of the relationship between SOC, burden perception, and the quality of live perception.

**METHODS:** This is a 24-month study with 3 large examination procedures (baseline, 12 month and 24 month) with 180 informal carers of non-institutionalized AD patients. The recruitment will be done in the 7 hospital, which are collaborating with the Registry of Dementia of Girona (ReDeGi). The direct and indirect costs will be assessed by the Resource Utility in Dementia scale, and the results would be analysed by linear regression adjusted models. This relationship between SOC and the

cost of dementia care could open new ways of intervention to preserve carer's health and probably could reduce the public expenses.

## Implementation the strategic lines of Health Promotion Hospitals in the Catalan Network

Dolors Juvinyà-canal<sup>1</sup>

<sup>1</sup>*University of Girona*

**Introduction:** Develop the strategic lines of the HPH is the base to implement in the healthcare organization the health promotion activities and achieve positive results in the clinical health promotion. The objective of this communication is to present the action plan methodology that we are introducing in the different healthcare organizations, members of the HPH Catalan Network. **Purpose/Methods:** Working with the different stakeholders, as the Health Department of the Catalonia Government. - Introducing health promotion objectives into the different Population Management Plans as Oncology or Stroke that help the healthcare organizations in their work in this area. - Creating working groups of intervention in health promotion (WGIHP) in the healthcare organizations that act as a driving force of the health promotion activities. The WGIHP should be lead by a clinician and should be composed of different health professionals, clinicians, nurses and others. **Results:** We will present the situation on the first step of the development of the action plan: - Asset map available in the HPH Catalan Network - Situation of the Health Promotion in the Population Management Plans of the Health Department of the Catalan Government - Incorporating in the clinicians guidelines the best evidence of the clinician health promotion. - Development of the WGIHP

## Evaluation of health guidance as measures against health concerns of mother's preparation related to radiation from Nuclear Power Plant accidents

**Professor Hiromi Kawasaki<sup>1</sup>**, Mis Satoko Yamasaki<sup>1</sup>, Mr Masahiro Kawasaki<sup>1</sup>, Mis Mika Nishiyama<sup>2</sup>, Dr Pete D'Angelo<sup>3</sup>

<sup>1</sup>Hiroshima University, <sup>2</sup>Hiroshima Bunkyo Women's University, <sup>3</sup>Doi clinic

### Introduction

At the Fukushima Daiichi Nuclear Power Plant accident, radiation dose's contained in the soil, air and food became a problem.

In particular, mothers had to think about the safety of their children playing outside and eating. The concern about radiation doses was high. Because there was no basic knowledge, unfounded information spread and there was confusion.

Based on reliable information without being distracted by unfounded information or rumors, people are better able to calmly judges and act appropriately.

Concerns by the infant's mothers have a high ripple effect at home and society.

There is a need to preferentially give mothers health guidance on radiation at normal times.

The aim was to create a draft health guidance model for the inhabitants at normal times and to verify the effect.

### Material and methods

We conduct health guidance for infants 'mothers. The effect of health guidance was examined. (Ethics Committee Approval Number27-04 )

The content included details of daily life, radiation doses and effects, giving reliable information and stresses the importance of appropriate judgments.

Evaluated by changes before and after the health guidance. The McNemar test was used.

### Results

Forty mothers took part. 85.0% of mothers felt uneasy about radiation and 72.5% even after initial health guidance this figure did not decrease. Those who understood the unit of radiation increased from 5.4% to 51.4% ( $p < 0.001$ ). When accidents occurred, the mothers who fully understood the effects of an accident increased significantly from 5.3% to 63.2% ( $p < 0.001$ ).

### Conclusion

It is difficult to eliminate a mothers concerns about radiation. However, by health guidance, it is possible to provide the basis of actions in case of emergency, such as how to understand and judge the current situation correctly.

## Consequences of perinatal death among midwives, obstetricians and assistant nurses: Results from a qualitative study in Norway

**Beate Andre<sup>1,2</sup>**, Raija Dahlø<sup>1</sup>, Tina Eilertsen<sup>3</sup>, Gerd I. Ringdal<sup>4</sup>

<sup>1</sup>NTNU, <sup>2</sup>NTNU Center for Health Promotion Research, <sup>3</sup>Clinic for surgery, Health Nord-Trøndelag, <sup>4</sup>Department of Psychology, Faculty of Social Sciences and Technology Management, NTNU

**Background:** Healthcare personnel's experiences of grief and painful emotional involvement facing perinatal death has attracted woefully little research or attention. Emotional responses of healthcare personnel facing perinatal death are surrounded by a conspiracy of silence and denial within the profession.

**Objectives:** The aim of this study is to determine the factors that characterize the experiences of midwives, obstetricians, and assistant nurses when children die in connection with childbirth.

**Method:** Qualitative study with in-depth interviews. Midwives, obstetricians and assistant nurses (N=20) from two Norwegian hospitals participated in an in-depth interview. The inclusion criteria were that the healthcare personnel were present in a minimum of two situations when the child died during the period around birth. The material from the interviews was systemized and worked through and the researchers following Kvale's approach to qualitative analysis.

**Results:** The findings were organized in four themes with subcategories that emerged from the data. These are: system/ management/ organizational, self-blame and guilt, personal reactions, and privacy. Many of the informants described the "culture of blame", as one stated: "Experience being blamed where you know you are innocent—feeling more insecure next time". Feelings of guilt and self-blame were described by the informants, as stated: "It is easy to blame yourself. Have I done something wrong? Have I done well enough?". The informants described their tracks and reminders in different ways, as one stated: "I keep it all the time; it is in me. I remember".

**Conclusion:** The informants described organizational issues, such as a blaming culture and a lack of attention from supervisors, for emotional challenges in these situations. However, the most serious findings are the statements of post-traumatic stress, including lack of sleep and weight loss, as consequences of dealing with these situations and having inappropriate mechanisms for handling their feelings and experiences.

## The importance of stakeholders' views on the doctors' role in public health and health promotion

Dag-Helge Rønnevik<sup>1</sup>, Anders Grimsmo<sup>2</sup>, Betty Pettersen<sup>1</sup>, Margrete Gaski<sup>3</sup>

<sup>1</sup>NTNU, <sup>2</sup>ISM NTNU, <sup>3</sup>NSDM

### Background

The Coordination Reform and the Public Health Act (2012) laid the foundation for more cross-sectoral public health work in Norway. Aiming at this, there are clear expectations of more user-involvement, as part of the new contract between science and society. There is a need to test methods for such involvement in research, to ensure relevance and reliability. In the project "The role of local community doctors in public health work" we explore the role played by doctors in today's new landscape of public health. In the design and implementation of the research project, user-involvement is tested in the form of a reference group, with participants perceived as stakeholders in public health work.

### Method

The reference group consists of a total of 29 people with different professions and roles in public, private and voluntary sectors, from local, regional and / or national arenas. Their roles are either professional, administrative or political. Some of the participants are doctors. Involvement is ensured through the following methods:

1. Semi-structured focus group interview
2. Ongoing advice and dialogue
3. Think tank

### Results

The reference group gave broad access to the public health field in theory and practice, management and politics. The feedback from the group is used to design research questions

and interview guides for our planned studies, and has influenced the direction of the project. Based on dialogues with the reference group, a series of chronicles were written in Dagens Medisin, pushing forward a dialogue with the Minister of Health about public health. From the think tank, videos and a compendium were made. These have been spread through different channels, referring to the reference group. Through such participation, both the research process and dissemination from the

research project have been targeted and reinforced.

### **Conclusion**

Testing of involvement from a wide range of stakeholders is promising. It has given deeper, broader and shared understanding of public health and public health work as a concept, theory and practice field, and contributes to making our research more relevant. This constitutes an important basis for the planned studies of the project.

# Abstracts

## Electronic poster presentation

### Local Communities

Chair: Unni Karin Moksnes & Ola Bratås

Time: 14.00-15.00

Date: September 24, 2018

Location: The Conference Foajé

## Patterns and correlates of physical activity in families on Lolland-Falster – an ongoing observational study.

**Mrs. cand.scient Therese Lockenwitz Petersen<sup>1,2,3</sup>**, Mr. Ph.D. Anders Grøntved<sup>1</sup>, Mr. Ph.D. Peter Lund Kristensen<sup>1</sup>, Mr. Ph.D. Eivind Aadland<sup>4</sup>, Mrs. Ph.D. Randi Jepsen<sup>3</sup>

<sup>1</sup>University of Southern Denmark, <sup>2</sup>University College Absalon, <sup>3</sup>Lolland-Falster Health Study, <sup>4</sup>Western Norway University of Applied Sciences

### Introduction

Parents are believed to play an important role for their children's physical activity (PA) levels. Yet, the results of studies on parent-child PA relationship are mixed. Some studies suggest that the influence of parental modeling differ by gender of the parents and of the children, and two physically active parents may influence the children to a greater extent than only one active parent. Moreover, increased use of screen-based electronic media may have changed the way family members interact with each other. One explanation for the inconsistent research findings might be the use of imprecise self-reported measures of PA. In addition, research on newer forms of media use in relation to parent-child interactions related to PA is lacking.

Lolland-Falster is two islands in the southern part of Denmark where income is lower and life expectancy is shorter than in the general population of Denmark. It is a mixed rural-provincial area with around 100 000 inhabitants. The Lolland-Falster Health Study (LOFUS) is a large population-based observational study that was initiated to gain knowledge on determinants of health in this disadvantaged area.

### Methods

The present study is a cross-sectional study on a subsample of the larger LOFUS sample. The aim is to investigate patterns and correlates of PA in 600 families with at least one child <18 years.

PA is assessed objectively using two accelerometers (Axivity AX3) worn on the back and the thigh during seven days and nights. We used questionnaires to assess media use.

### Time schedule

Data collection started in February 2017 and by now (March 2018), 300 families has participated. Data analysis will start in October 2018.

### Perspectives

The knowledge gained through this study may provide novel insight into the parental-child PA relationship and inform promotion of PA and public health in families.

## Stop Sexual Violence in Nightlife: To build capacity with staff to identifying & preventing sexual violence

**Prof Irma Brito<sup>1</sup>**, Dr Fernando Mendes<sup>2</sup>, Dr Maria do Rosário Mendes<sup>2</sup>

<sup>1</sup>Nursing School of Coimbra, <sup>2</sup>IREFREA Portugal

Reliable data about sexual violence is scarce, particularly in nightlife environments. The nature of sexual violence in nightlife (SVN) is: unwanted sexual contact; unwanted non-contact sexual attention or harassment; rape or attempted rape; coerced sexual activity or the surreptitious provision of alcohol & drugs; engaging in sexual activity with someone who is unable to give consent due to intoxication through alcohol or drug use; sexual exploitation like providing underage access to clubs in exchange for sexual favours. The

prevalence of SVN could be related with: highly sexualised environments; alcohol/drug use; opportunistic; misperceptions; predatory; or social norms. There are few studies evaluating impact of interventions to prevent SVN. Interventions may include: awareness raising (to alter social norms, increase intervention & reporting, sign post to support); Bystander training programmes (prevent, identify, intervene, support). Stop Sexual Violence in Nightlife aim to build capacity with nightlife staff to identifying and preventing sexual harassment and violence in nightlife environments applying awareness raising and bystander approach. Pre-post research design: 3 sessions with each group of nightlife staff; no control group. Questionnaire and participatory data assessment. On-going research. Assessment before and after to show effectiveness of training in: 1. Improving knowledge around sexual violence; 2. Reducing attitudes that promote sexual violence; 3. Improve bystander intention and confidence to intervene. Previous data show effectiveness and participants are confident to intervene. This program can be expanded, especially for communities where the night industry is very strong to reduce levels of violence across the intervention area.

## Social and structural environments for healthy living in selected neighborhoods of Copenhagen: An assessment of community resources and vulnerability

Mr. Asser Nielsen<sup>1</sup>

<sup>1</sup>Steno Diabetes Center Copenhagen

**Objectives:** To describe the social and structural environments of selected neighborhoods in Copenhagen with a high occurrence of risk factors for developing non-

communicable diseases, including diabetes type II, as perceived by socially active representatives of socially vulnerable population groups, and by professional social workers working in the neighborhoods. Emphasis is on the degree to which the social and structural environments are conducive for social engagement and healthy living, and the perceived potentials for improving them.

**Methods/design:** The study was qualitative and based on semi-structured focus group discussions with 1) participants of a number of semi-formal social networks in three socially vulnerable neighborhoods of Copenhagen and 2) professional social workers employed by non-profit housing associations to enhance social development in the neighborhoods.

**Findings:** Most residents are very happy about living in their neighborhoods. There are substantial amounts of resources and motivation available for social and health action, including cross-cultural dialogue and inter-organisational collaboration. Nevertheless, the feeling of insecurity was ubiquitous across age, gender and ethnic domains. Security and trust related issues are key determinants of social and health behaviour in the neighborhoods. Social and health development are mutually dependent, if not inseparable, and deeply imbedded in local, social and cultural contexts pertaining to everyday life circumstances and challenges. In particular, participation in formal social networks established and/or supported by the housing associations fostered neighborliness, confidence, trust, learning and action within the socially vulnerable population groups. Social and structural factors must be taken into account in the process of identifying, developing and implementing interventions aiming at changing behaviours and lifestyles of citizens.

## Use of the Triple-I in Ruwaard Oss: Bringing back community resilience through collaboration and inclusive engagement.

PhD C.M.A. de Bot<sup>1</sup>, S. Smit<sup>2</sup>, B. Bakker<sup>3</sup>, PhD J.A.J. Dierx<sup>1</sup>

<sup>1</sup>*Avans University of Applied Sciences, Research group Living in Motion, The Netherlands,*

<sup>2</sup>*Robuust,* <sup>3</sup>*Oss City Council*

### Introduction

Ruwaard, a community in the municipality of Oss (the Netherlands) with approximately 13.000 residents of generally lower social economic status, significantly more lifestyle related diseases, lower mental health and significantly higher number of 75-year olds. Several organizations and residents collaborate multidisciplinary making “Ruwaard a vital community where residents sustain their lives with a better (positive) health at lower costs”.

To reach this goal, behavioural changes must be realized not only in residents but also in and between the participating organizations where residents are initiators and active participants in these changes.

### Material and methods

Using the Triple-I facilitation technique for asset mapping in a group of 23 citizens, representing high risk population in the community Ruwaard, the perspective of the residents was determined. Subsequently, residents were supported and allowed to follow up on their ideas using their assets.

### Results

In short, results from Triple-I showed that citizens of Ruwaard had a large sense of solidarity and urge to be active in the community. They would prefer doing local social activities together with other residents contributing to their community. In addition,

they would like to have the possibility to run a community centre by themselves as a base for activities suitable for a large group of residents regardless of age or ethnicity and without interference of professionals in health and welfare since “they should first learn how to communicate between each other and with clients”. In one year time, more than 30 activities are organized involving more than 150 citizens on a weekly base in a community centre with significant reduction in costs of care.

### Conclusions

The Triple-I sessions in Ruwaard showed its important to look for assets within individuals, organizations and communities. It impacted on the Ruwaard community and residents’ self efficacy.

## A mixed method study on fathers after the birth of their child: Experiences and predictors of paternal involvement

Dr Shefaly Shorey<sup>1</sup>

<sup>1</sup>*National University of Singapore*

### Introduction

Postnatal period is a stressful transition period for new parents. It poses numerous challenges for new parents from looking after their newborns to the change in family dynamics. Research has shown that fathers cannot support their partners and have a positive parenthood experience unless they are themselves involved, included and prepared for the parenthood. As such this study aimed to explore paternal experiences, expectations, needs and the factors influencing paternal involvement in the postpartum period.

### Material and Methods

A longitudinal mixed method two-phased study design was used in this study. Phase-I involved quantitative surveys regarding paternal outcomes including parenting self-efficacy, paternal involvement etc. and the phase-II included qualitative interviews addressing the critical issues from Phase-I results to further explore paternal experiences and needs pertaining to their involvement in childcare. Singaporean fathers irrespective of the number of previous children were invited to participate in this study after the recent birth of their child during the early postpartum period. Total 201 participated in Phase-I and 50 in the phase-II. Data were collected at four-time points (immediately after birth (baseline), 1-month post birth, 3-months post birth and 6-months post birth of the child).

## Results

Parenting self-efficacy at six months postpartum, paternal involvement and paternal postnatal depression at baseline, wife's work status and wife's antenatal class attendance significantly predicted paternal involvement at six months postpartum. Thematic analysis of qualitative interviews resulted in the four major themes: (1) support system of fathers, (2) paternal involvement in childcare, (3) challenges of fatherhood, and (4) recommendations by fathers. These themes highlighted that postpartum period is a stressful period for both first-time and experienced fathers. Fathers desired to be involved but were hindered in many ways, such as maternal gate keeping, work commitments, and a lack of infant care skills. Experienced fathers faced difficulty in assimilating older children with the newborn.

## Conclusions

Paternal involvement immediately after birth is a crucial aspect to prepare more involved fathers across the postpartum period. Future educational interventions should be father-inclusive. Necessary help from healthcare

professionals and policymakers are needed for fathers to assimilate to fatherhood.

## A secondary analysis of UN multi-country masculinity survey of how early Indonesian males started their daily smoking

**Ms Nurul Kodriati<sup>1</sup>, Dr Lisa Pursell<sup>1</sup>, PhD Elli Nur Hayati<sup>2</sup>**

*<sup>1</sup>School of Health Science, NUI Galway, <sup>2</sup>Faculty of Psychology, University of Ahmad Dahlan*

Smoking is a major public health problem in Indonesia and knowing when men start smoking is crucial to understand the magnitude of the problem. This study aims to determine the profile of men aged 18-49 who start smoking under 18. This is a secondary analysis of masculinity population-based survey conducted as part of UN multi-country study. Over 2,500 men were recruited randomly in three cities in Indonesia (Jakarta, Purworejo, and Jayapura). Data were analysed using descriptive statistics and logistic regression. The proportion of daily smokers was 75%, of which 59.9% commenced smoking before the age of 18. The percentage of men who started daily smoking before age 18 was relatively higher in Jakarta (64.2%) compared to Purworejo (56.6%) and Jayapura (57.2%). Men who had never worked or still students were 1.5 times more likely to start daily smoking before 18 years of age rather than a later age, after controlling age and education. Early male smokers' reported two times higher percentage of poor to very poor self-rated health (3.8%). Smoking at a young age among Indonesian males is a big problem in Indonesia. Further research and specific interventions are necessary in order to overcome the problem, given the impact of how they perceived their health in the future.

## Association between physical activity, dietary habits and mental health in Ghanaian adolescents: moderation effect of parental involvement

Dr Franklin Glozah<sup>1</sup>

<sup>1</sup>University of Ghana School of Public Health

### Background

Parental involvement in physical activity and dietary habits have been found to have a substantial effect on the mental health of young people. However, there is little evidence about the associations between parental involvement in health behaviours and mental health of Ghanaian adolescents. This study examines the moderation effect of parental involvement in the association between physical activity, dietary habits and mental health of Ghanaian adolescents.

### Methods

Data were obtained from the 2012 Ghana Global School-based Student Health Survey. The sample consisted of 1,984 students in high schools with a median age of 15 years old consisting of 53.7% males. Bivariate and multivariate logistic regression statistical models using complex samples technique were performed with physical activity and dietary habits as predictors, mental distress (loneliness, worry and suicidal ideation) as outcome measure and parental involvement as a moderator.

### Results

The prevalence of mental distress was 18.1%, 16.6% and 23% for loneliness, feeling worried and suicidal ideation respectively. Younger students and students from low socio-economic backgrounds were more likely to experience mental distress. After adjusting for socio-demographic characteristics, some physical activity and eating habits were associated with mental. However, parental

involvement decreased the likelihood for some health behaviour factors in both physical activity and dietary habits to be associated with mental distress.

### Conclusion

Physical inactivity and poor dietary habits could have a negative effect on mental health, however, parental/guardian involvement could mitigate the impact of lifestyle habits on mental distress. Parents and guardians should be involved in efforts aimed at enhancing positive lifestyle habits in both home and school to ensure good mental health of their children.

## For highly centralised health systems, improving local health promotion capacities is indeed a challenge: an analysis of the French way

Eric Breton<sup>1</sup>, Rose Fonteneau<sup>1</sup>, Cyrille Harpet<sup>1</sup>, Herve Hudebine<sup>2</sup>, Françoise Jabot<sup>1</sup>, Louise Potvin<sup>3</sup>, William Sherlaw<sup>2</sup>

<sup>1</sup>EHESP School of Public Health, Arenes UMR 6051, <sup>2</sup>LABERS, EA 3149, <sup>3</sup>Chaire Approches communautaires et inégalités de santé (FCRSS/IRSC)

**Background:** Addressing the main determinants of population health requires coordinated actions at all levels of government. This is especially true for the local level where features of life settings can have a major impact on daily living conditions and mobilised local actors can play a role in developing new and innovative solutions to wicked problems. However, freeing up this local capacity for health promotion can be challenging for health systems characterised by a high centralisation of powers. In this presentation, we first discuss on the main

strategies that can be delivered at the local level to reduce the burden of chronic diseases and then report on our analysis of the potential of local health contracts (LHC) that are promoted across France in coordinating and fostering actions to improve population health.

**Methods:** We carried out two reviews of the literature: 1) on the strategies to address the four main risk factors of chronic diseases (tobacco, alcohol, sedentary lifestyle and nutrition) with a focus on WHO guidelines and from other international organisations and, 2) on the LHC.

**Results:** Some strategies to prevent chronic diseases are shared by all levels of governance (national, regional and local) (e.g. health education actions) whereas others are exclusive to the local level stressing the importance of investing on local actors. LHC were defined in the 2009 health law as an option to improve coordination of local actors around, but not exclusively, the objectives of their regional health policy. Across the country there are more than 100 three-to-five-year contracts active and committing the regional health agencies and elected officials of syndicates of cities and villages, or large metropolitan areas. The law does not dictate the structure and working of LHC. This may explain to some extent the large diversity of areas of actions being addressed at the local level some pertaining to the main risk factors of chronic diseases.

**Conclusion:** Although the LHC seems to stand as a promising vehicle for actions at the local level on chronic diseases, little is known on the strategies implemented and the reasons driving local elected officials to invest in this device.

## Peer led Motivational Interviewing training for health behaviour change in smoking, alcohol and exercise, among adolescents in low SES communities.

**Ms. Angela Hickey<sup>1</sup>**, Associate Prof Research Methodology, David Hevey

<sup>1</sup>*Trinity College Dublin*

**Introduction:** Unhealthy behaviours established during adolescence often persist into adulthood. The current project focuses on peers as educators of behaviour change, as an adolescent's peer group can have a strong influence on how he or she behaves in terms of health-promoting (regular physical exercise) and health compromising behaviour (smoking, alcohol consumption). The project capitalises on peer influence to enhance healthy behaviours: the credibility of the peer educators provides the critical base upon which the behaviour change programme is built. Motivational interviewing (MI) encourages the individual to change and gives him or her the confidence to do so. It has been successful in changing various unhealthy behaviours among young people. Interviews are conducted with key stakeholders in the community to explore the relevance of the intervention with respect to the health culture observed amongst the adolescent population. Focus groups explore the experiences of those peer educators who completed the MI training.

**Methods & Materials:** Interviews with researchers, a MI practitioner, teachers, youth club leaders, youth organisations, and other key community members explored the relevance of the intervention. Focus groups with the peer educators were conducted to capture the experiences for those who trained in MI and on completion of a five session intervention with their peers. Thematic analyses was conducted on the data for interviews and focus groups conducted.

**Results:** Interviews with key community members acknowledged the prevalence of the targeted health compromising behaviours amongst youths in the community. Given the complex intervention, combining many components, five specific domains were explored using the RE-AIM framework (Reach, Efficacy, Adoption, Implementation and Maintenance) to inform interview and focus group questions.

**Conclusions:** Interviews with stakeholders in the community identified the identified health behaviours as relevant to the targeted population. Peer educators accounted for their experiences when training in MI and the impact that it had on the delivery of MI to their peers over five session.

# Abstracts

## Electronic poster presentation

### Work Life

Chair: Unni Karin Moksnes & Ola Bratås

Time: 10.45-11.15

Date: September 26, 2018

Location: The Conference Foajé

## Alcohol- and drug prevention among seasonal employees at a Swedish ski resort

**PhD in Health Sciences Maria Warne<sup>1</sup>,**  
Associate professor in Sociology and senior  
lecturer in Rehabilitation Science Erika Wall<sup>1</sup>,  
PhD in Health Sciences Heidi Carlerby<sup>1</sup>,  
**Professor Stig Vinberg<sup>1</sup>**

<sup>1</sup>*Mid Sweden University*

Seasonal employees at ski resorts represent a high-risk population for the use of alcohol and drugs, as well as other negative lifestyle behaviours. These employees work and live in a context where the customers are on holiday and hence alcohol is used frequently. To our knowledge there is a gap in the literature regarding alcohol and drug consumption among seasonal employees. Particularly studies in the context of ski resorts are lacking. The overall purpose of our study was to evaluate a policy-based intervention at a ski resort area in Sweden. The intervention was led by a project leader together with managers from different tourism industries, the health sector, social service and police. Components in the intervention were e.g. policy development and implementation, education of managers and creation of a manager network. In total, 48 enterprises participated. A questionnaire, concerning alcohol and drug use and social aspects, was distributed before and after the intervention. There were 611 (47%) respondents answering the first questionnaire and 423 (34%) respondents the follow-up questionnaire after two years. In addition, five persons in the project group was interviewed after the intervention. Based on survey data, comparisons before and after the intervention showed several positive results. The results show a significant reduction of hazardous drinking and an increased awareness of the companies' alcohol- and drug

policies among the employees. No significant effects on drug consumption were found. The project group reported better knowledge about alcohol and drugs. However, most important was the increased collaboration between managers in tourism industries. The intervention also resulted in new norm breaking ideas such as a sober end of the season instead of the traditional "drinking the bar dry" and managers taking employees out on hiking instead of going out for a beer.

The conclusion is that seasonal tourism industries need to work with hazardous alcohol- and drug consumption from a "whole village perspective". Successful health promotion work among seasonal employees, needs collaboration between private and public sector and should be related to cultural norms as well as working- and living conditions in the particular context, in this case the tourist resort.

## Barriers and Facilitators of Employees' Utilisation of Wellness Subventions: Managers Perspectives

Fanny Sigblad<sup>1,2</sup>, M. Fredriksson<sup>1</sup>, M Wilmer<sup>3</sup>,  
Leah Okenwa-Emegwa<sup>4,5</sup>, M Savela<sup>4</sup>

<sup>1</sup>*Department of Public Health and Caring Sciences, Uppsala University,* <sup>2</sup>*The Swedish Work Environment Authority,* <sup>3</sup>*Department of Health and Caring Sciences, University of Gävle,* <sup>4</sup>*Department of Occupational and Public Health Sciences, University of Gävle,* <sup>5</sup>*Department of Health Sciences, The Swedish Red Cross University College*

The workplace has an important influence on the health trajectories of individuals due to the amount of time spent in this sphere daily and

over the life course. Work related factors such as injury, poor ergonomics, exposure to hazards etc. all have health implications during the course of life. The workplace is thus an important arena for population level health promotion. Recent times have seen much emphasis on ensuring healthy working lives. Examples include creation of many international and national policies, employers' growing interest in work place health promotion (WPH) and large resources invested in WPH. Research however shows that utilisation of some WPH packages is relatively low. One such package is the provision of wellness subventions for employees in many Swedish workplaces. Managers are often charged with the responsibilities of WPH and have direct contact with employees. The aim of this study therefore is to investigate managers' perspectives on barriers and facilitators of WHP package uptake among employees.

**Method:** A qualitative method based on semi-structured interview questions was used. Participants include managers at medium to large scale private companies in central Sweden. State owned companies were excluded in order to ensure homogeneity in terms of structure and policy. Not more than one manager per company was interviewed, giving rise to a total of nineteen respondents. Data was analyzed using content analysis.

**Results:** A total of three themes and nine sub themes emerged. The first theme deals with factors at the individual level, sub themes include work-life balance, individual resources and individual attitude. In the second theme which relates to the Structure of WHP packages, sub themes including design and delivery of WHP, information flow and type of external collaborators/partners involved were identified. Company culture and leadership is the third theme, sub themes are leadership style and health perspective of management; existence of enabling environment and support for management.

**Conclusion:** Modifiable factors at organisational level can lead to improved design and delivery of WPH packages. These modifications may be crucial in addressing barriers at individual level with lots of potential to improve utilisation.

## Experiences of self-employed people's return to work after cancer

Dr. Steffen Torp<sup>1</sup>, MSc Tina Withbro<sup>1</sup>, **MSc Birgit Brusletto<sup>1</sup>**, MSc Bente Nygaard<sup>1</sup>

<sup>1</sup>*University of Southeast Norway*

**Background:** To regain normality in life and to secure a decent income, it is important for cancer survivors to return to work (RTW) after cancer treatment. More or less all research on RTW among cancer survivors has focused on salaried workers. Since the working situation of self-employed people often is different from that of salaried, the aim of this study was to investigate how self-employed people experience their working situation during and after cancer treatment.

**Methods:** We collected data by use of individual in-depth interviews among seven self-employed who had been treated for cancer and seven counselors in the Norwegian Labour and Welfare Administration (NAV) who had long experience in supporting self-employed and cancer patients in their RTW process.

**Results:** Based on the analysis of the interviews with the self-employed informants, we identified five main themes related to their working situation during and after cancer treatment: Cancer treatment and late effects; Entrepreneurship and engagement; Business related worries; Support; and Shame. Overall, the self-employed experienced their RTW

process after being treated for cancer as difficult, and particularly difficult were financial business issues. The self-employed received both emotional and instrumental support from family, customers and business associates but felt they did not get enough support from the health personnel and NAV in their struggle for regaining a normal working life. Results from the NAV counselor interviews confirmed most of the information given by the self-employed. The counselors claimed that NAV's support measures were not adapted to the needs of self-employed people.

**Conclusion:** It seems that the knowledge about self-employed people and their needs is poor among health personnel and that the social security system is not very well designed for dealing with this group of workers' particular needs.

### **To work or not to work: nursing students' perceptions of violence and their decision in continuing the profession.**

**Dr Abirami Ramanathan<sup>1</sup>**, Mr Yong Ming Choo<sup>1</sup>, Mr Kian Fong Toh<sup>1</sup>, Ms Yan Ping Joyce Tan<sup>1</sup>, Ms Yi Lin Koh<sup>1</sup>, Ms Ngan Ho Thi Huyen<sup>1</sup>, Ms Chiara Lucy Asir D'cruz

<sup>1</sup>*Ngee Ann Polytechnic Singapore*

**Introduction:** Nursing students' perceptions regarding violence in healthcare settings can affect the amount of student nurses continuing the nursing profession after graduation. Violence is relevant to nursing because it has already been acknowledged as an international problem for both healthcare staffs and managers (Beech & Leather, 2003).. When student nurses are constantly undergoing violence, their psychological aspect will be affected in which might develop into

depression, suicidal thoughts and other mental problems.

**Materials and methods:** By using a descriptive cross-sectional study design, it enabled us to identify the relationship between variables at one specific point in time. In addition, we were able to analyse the connection between student nurses' perceptions and violence in workplace. In this study, the independent variables are: (1) types of violence, (2) patients, (3) patient family members, (4) healthcare workers and (5) violence events. The dependent variables will be (1) work performance of nursing students, (2) nursing students being bullied and (3) consider leaving the nursing profession. Statistics were analyzed using SPSS (23).

**Results:** In our study, verbal abuse occurs most frequently as compared to physical violence. Our statistics have shown that the amount of students who perceived or experienced verbal and physical violence decreased from year 1 to year 3. The students have been exposed to clinical areas during attachments and have learnt that physical violence rarely happens in healthcare setting, or have learnt the subtle way of dealing with agitated people. Verbal violence was significantly associated with negative behaviours that would make one consider leaving the job as compared to physical violence. A Chi Square analysis revealed a significant relationship between verbal abuse and making one consider leaving when exposed to it ( $p = .023$ )

**Conclusion:** Nursing students agreed that both verbal and physical violence will affect job performances and most of the nursing students will consider leaving the nursing profession when faced with violence in the healthcare industry.

## Work Stress faced by community health workers working in 24/7 health facilities in Pakistan

Dr. Zainab Dawood<sup>1</sup>, Dr. Naeem Majeed

<sup>1</sup>University of Punjab

### Introduction

In the health care system, shift work is considered essential and indispensable to ensure continuity of care. The working time arrangement is a fundamental challenge in work organizations as it is the basic condition linking human aptitudes with production means. Occupational stress is also adversely related to quality of care due to loss of compassion for patients and increased incidences of errors and practice mistakes. The Department of Primary and Secondary Healthcare, Punjab has implemented a special initiative for provision of round the clock basic emergency obstetric and neonatal care (BEmONC) services through selected BHUs across the province. These BHUs provide services 24/7 and HR for service provision must be present at all times.

### Objectives

1. To find the perceptions of lady health visitors regarding their evening and night duties at 24-hour BHU
2. To identify stresses this 24-hour duty causes in the life of lady health visitors and its effects on their personal well-being.

### Setting

A qualitative study was done in one of the pilot districts of this intervention. LHV's were selected through purposive sampling. In-depth interviews were conducted and thematic content analysis was used to analyze data.

### Results

The LHV's were concerned regarding their security while working in the BHUs at night.

They had to travel alone at times to reach health facilities, as finding transport was also an issue. Those working in evening shifts complained that their family life was considerably affected. Maintaining balance between home and work proves to be a difficult task. There was also an issue of workload during the night, since more deliveries were conducted during the night. Personal health and well-being of the workers was also affected during shift work. Sleep issues, mood swings, fatigue, anxiety and depression were common factors that were quoted by the employees.

### Conclusion

Appropriate measures by the organizations for shift schedules according to ergonomic principles are imperative. There is need to pay increasing attention to changed working hours and shift systems, including more flexible shiftwork systems, as well as to supporting effective coping activities and occupational health services.

## Meaning at work as a mediator of the relationship between cognitive function and older workers' intention to stay at work

Karianne Kvalheim<sup>1</sup>, Marit Christensen<sup>2</sup>

<sup>1</sup>Department of Public Health and Nursing, Norwegian University of Science and Technology, <sup>2</sup>Department of Psychology, NTNU

The western working population is aging as a result of an increased life expectancy combined with a decline in birthrates in the western society. Intra individual resource erosions, such as cognitive decline is linked to early retirement, and research is needed to better understand how to support older workers' productivity and health in order to

postpone early retirement. Drawing on Lifespan development of resources and job design models I investigate the interplay between meaning of work and cognitive function on older workers intention to stay at work in a sample of older workers working in bridge employment. Bridge workers are retirees still working for pay after they retire.

Data from 243 employees employed in a Dutch temporary employment agency that contracts workers aged 65 years and older participated in this longitudinal study, with a 1-year time lag. 74.1% of the respondents were male, and the mean age was 69 years (range 65–80 years). Cognitive functioning, meaning of work and intention to stay at work were assessed with validated self-report measures.

The results of the analyses will be presented and discussed along with potential implications for job design and mitigating measures.

# Abstracts

## Electronic poster presentation

### Learning and development

Chair: Unni Karin Moksnes & Ola Bratås

Time: 11.15-12.15

Date: September 26, 2018

Location: The Conference Foajé

## Salutogenesis and Health Literacy: moving up in the ladder of health promotion

**Prof Luis Saboga Nunes<sup>1</sup>, Prof Uwe Bittlingmayer Bittlingmayer<sup>2</sup>, Orkan Okan<sup>3</sup>**

*<sup>1</sup>Centro de Investigação em Saúde Pública (CISP), National School of Public Health, Universidade NOVA de Lisboa; Isamb-FMUL, Lisbon, Portugal; Institute of Sociology, University of Education Freiburg, Freiburg, Germany, <sup>2</sup>University of Education Freiburg, <sup>3</sup>Bielefeld University*

**Introduction:** The association between the sense of coherence and health literacy has been previously presented (Saboga-Nunes 2016) but discussion of these findings needs to be more participated. Therefore these are brought up in this presentation in order to acquire further insights from a vast array of health promoters. Although there are different approaches to discuss health literacy today, one of the latest that was developed - the European Health Literacy framework (HLS-EU) – connects closely to the sense of coherence (Figure 1).

**Methodology:** Educators and the education settings can play a major role in promoting health literacy as a direct outcome. They also can contribute to build a strong sense of coherence in their students. In the CrAdLiSa project in Portugal, adolescents' health literacy and sense of coherence assessments were done with the Portuguese validated version of the European Health Literacy Survey (HLS-EU-PT®), and the Orientation to Life Questionnaire, measuring the Sense of Coherence (OLQ-16). A sample of 832 students participated in the CrAdLiSa project (Cavalheiro & Saboga-Nunes 2014).

**Results:** Reliability analysis of HLS-EU-PT dimensions show an internal consistency (Cronbach's alpha coefficient) of 0.946 (health

care dimension), 0.947 (disease prevention dimension) and 0.958 (health promotion dimension), while the global instrument presents a value of 0.98. The prevalence of inadequate health literacy was 4.2% and the prevalence of problematic health literacy was 25.6%. The OLQ-16 was internally consistent (Cronbach's alpha coefficient of 0.87). There was a positive association between health literacy and the sense of coherence ( $r = 0.49$ ), as depicted in Figure 2. Results also show that from Type 1 to Type 8 of participants' sense of coherence, there was a consistent increase in level of health literacy (Figure 3).

**Discussion and Conclusion:** These results are a contribution to explore further on the relationship between health literacy and the sense of coherence. Creating this opportunity to discuss these results that were previously shared with the scientific community, will help grasp the in-depth articulations between the sense of coherence and health literacy.

## Searching Salutogenesis and the role of Health Literacy as a Generalized Resistance Resource

**Prof Luis Saboga Nunes<sup>1</sup>, Prof Uwe Bittlingmayer Bittlingmayer<sup>2</sup>, Orkan Okan<sup>3</sup>**

*<sup>1</sup>Centro de Investigação em Saúde Pública (CISP), National School of Public Health, Universidade NOVA de Lisboa; Isamb-FMUL, Lisbon, Portugal; Institute of Sociology, University of Education Freiburg, Freiburg, Germany, <sup>2</sup>University of Education Freiburg, <sup>3</sup>Bielefeld University*

The Ottawa Charter (WHO, 1986) not only changed the public health discourse but emphasised new perspectives on personal

skills needed for health and well-being promotion over the life course. While it highlighted that health promotion is built upon an asset-based approach towards health, aiming at enabling people to exert greater control over their life and health, the stream initiated by this drift has enabled two concepts to become most important subject matters in contemporary international health research: Health literacy and Salutogenesis. The first is known to be the indicator of the so called health-related personal skills introduced in the Ottawa Charter (Kickbusch, 1997). The latter, a health paradigm, a complementary approach to traditional pathological biomedical vision prevailing in the healthcare context (Antonovsky, 1987). When examining the scientific discourse around health literacy, scholars have been extensively discussing the 'literacy' component of the composed term 'health literacy'. Discussion on the 'health' element is hardly to be found. Nevertheless, the rich and on-going discussion on literacy has intersected health. The need to construct the health component of the health literacy concept and its social representation, needs to consider Antonovsky's theory of the Sense of Coherence (SOC) serving as the core of the Salutogenesis model, that has emerged as a promising approach to deal with the complex topic of health today. The building process of the SOC is closely connected to the Generalized Resistance Resources (GRR), where health literacy can be included as a macrosocial GRR. Defining health as the epicentre of the human fight against chaos (entropy), propels the individual to acquire or sort out characteristics in his or her health experience towards the maximum ease. The aim of this communication is, therefore, to explore the health dimension of health literacy whilst health will be approached from an asset-based perspective. As such, the authors find it most plausible to recognise the Salutogenesis paradigm - including the SOC theory - to serve as this asset-based health approach. Health literacy will be discussed and placed into the

Salutogenesis framework as a macrosocial GRR in context of the building process of the SOC.

### **“No More Bullshit”: the participative and co-creative design of a new school-based smoking prevention programme in Flandres.**

**Ms. Eline De Decker<sup>1</sup>**

<sup>1</sup>*Vlaams Instituut Gezond Leven*

For 20 years the European school-based smoking prevention programme, Smokefree Class Competition, is implemented in Flandres. However, recent evaluation studies and statistics show the need for a innovative approach towards tobacco prevention tailored to all high school students (12-18years). To develop this smoking prevention programme the Flemish Institute For Healthy Living started a co-creative and participative project where basic principles of Evidence Informed Practice, Intervention Mapping and Human-Centered Design were combined.

In a first stage 70 professionals (school staff, health workers, ...) and 105 high school students were questioned by the use of interviews, focusgroups and questionnaires. At the same time a literature search was held to make sure all forms of evidence (science, practice and value based) were collected. This great quantity of evidence was summerasized so a key group (consisting of Flemish educational representatives and other interest groups) could decided upon the scope of the programme.

In a second phase students (in co-creation sessions) and professionals (with an “post-your-idea”-website) were asked how they would design the programme within the scope. While the professionals and students were brainstorming about the programme, we

searched existing literature for good practices, effective intervention components and useful behaviour change techniques. As a consequence, the tree forms of evidence were also obtained in this second stage. Based upon the summary of this robust amount of evidence, the Flemish Institute drafted a first idea of what the programme could be. Key group, students and professionals were given the opportunity to feedback this draft.

In the last phase, the feedback was integrated into a final “No More Bullshit”-programme. At the moment of writing, the programme is furthermore co-creatively developed and tested. Even though the programme is not yet implemented in Flandres, we can already describe the benefits of a participative programme design. First of all, the programme will be disseminated and implemented more easily while it is more tailored to the needs and opportunities of the future disseminators and implementators. Second, high school students themselves will be more in favor of the programme, which in turn will improve effectiveness, reach and adoption of the programme.

## Health facilities projects integrated performance analysis

Flávia Hissaemi Suzuki<sup>1</sup>, Eliete de Pinho Araujo<sup>2</sup>

*<sup>1</sup>Universidade Católica de Brasília, <sup>2</sup>Curso de Arquitetura e Urbanismo, FATECS, UniCEUB*

In order for a health care building to have a good performance, then it needs to be planned as an integrated whole of many subsystems, once the infrastructure has been requiring larger spaces and demanding investments for the sophistication and development of care activities and diagnosis. When designing the architectural project, the professional needs to

possess the understanding about how decisions taken in the health buildings planning stage can reflect directly in the life span and determine the costs of building up and unit's maintaining. In this regard, this research aims to arrange guiding lines when building health facilities. This work was developed using a qualitative method based on the analysis of data collected from bibliographic research, technical visits to hospitals and in analysis of supply centers' zoning. Structured in three different parts, the first one presents the primordial technical spaces for the organization of installations and the references for the sizing. The second one approaches the already existing guidelines in healthcare building, in order to formulate the preliminary study about installations. The third part correlates the zoning of four hospitals, in the cities of Brasília-Federal District and Palmas-Tocantins, and analyzes the location of the supply centers of the buildings infrastructure. This project also presents a list of necessary guidelines to project and health facilities. As results, it was verified that the proximity of the infrastructure centers facilitates access for supply and maintenance. Therefore, the architectural design must be thought together, with the rest of the construction, providing a level of detail that assures the execution without improvisation. This work concluded that the items required for health facilities building are extensive and complex. They are submitted to many regulations, conditions and norms for their proper functioning and dimensioning, the professional's responsibility is to ensure architectonical solutions that consider sustainable resources, flexibility and expandability of the building for the user, patient and employee, hence developing a good quality, safe and comfortable environment.

**Key-words:** Building installations, hospital architecture, health facilities.

## Correlations between sociodemographic factors, work-related factors, and preschool personnel's readiness to implement a preschool-based health promotion intervention for children

Taina Sainio<sup>1</sup>, Pauliina Hiltunen<sup>1</sup>, Carola Ray<sup>1</sup>, Essi Skaffari<sup>1,2</sup>, Reetta Lehto<sup>1</sup>, Maijaliisa Erkkola<sup>2</sup>, Eva Roos<sup>1</sup>

<sup>1</sup>Folkhälsan Research Center, <sup>2</sup>University of Helsinki, Department of Food and Nutrition

**Objective:** Personnel's readiness to implement a setting-based intervention may have an influence on how successfully the intervention is implemented. Readiness refers to one's mindset to either support for or resistance to the change effort. The purpose of this study is to examine whether preschool personnel's readiness to implement a preschool-based health promotion intervention for preschool children is correlated with the following factors: age, level of education, communication and teamwork quality in the preschool, and personnel's perceptions of possibilities to influence children's energy balance-related behaviors (EBRBs) at preschool.

**Methods:** The Increased Health and Wellbeing in Preschools intervention study (the DAGIS study) conducted pre-intervention surveys in autumn 2017 among preschool personnel in southern Finland. The results are based on answers from 68 members of personnel, of which 53% were preschool teachers with higher level of education. In order to assess the level of readiness, a sum variable was formed, consisting of 11 items assessing motivation, interest and commitment to intervention, among others. A sum variable about personnel's perceptions of possibilities to influence children's EBRBs consisted of items assessing possibilities to influence children's food consumption, physical activity and use of electronic devices in preschool. The

associations between the level of readiness and age, communication and teamwork quality, and personnel's perceptions of possibilities to influence children's EBRBs in preschool were examined by Spearman correlation coefficient. Association between readiness and level of education was examined using Mann-Whitney's U-test.

**Results:** Higher level of readiness correlated with the personnel's perceptions of better possibilities to influence children's EBRBs in preschool ( $r = .40$ ,  $p = .001$ ). It also correlated significantly with higher perception of flexible teamwork ( $r = .26$ ,  $p = .03$ ) and sufficient communication in work organization ( $r = .28$ ,  $p = .02$ ). Age or level of education were not associated with readiness to implement intervention.

**Conclusions:** These results show that personnel's perceptions of better possibilities to influence children's EBRBs in preschool, sufficient communication and flexible teamwork in preschool may enhance readiness to implement a health promotion intervention. These factors should be taken into consideration and be supported when implementing preschool-based intervention.

## Effects of a 6 months kindergarten intervention on vegetables served and food-related practices: results of a cluster randomized controlled trial.

Anne Himberg-Sundet<sup>1</sup>, PhD Anne Lene Kristiansen<sup>1</sup>, Professor Lene Frost Andersen<sup>1</sup>, PhD Mona Bjelland<sup>1</sup>, Professor Nanna Lien<sup>1</sup>

<sup>1</sup>University of Oslo

**Introduction:** Inadequate intake of vegetables is a public health problem both globally and in Norway as it contributes to non-communicable

diseases. Food preferences appear to be more modifiable during early childhood; hence, targeting children's dietary habits during this period is important. A 91% attendance rate makes the Norwegian kindergarten an important arena to promote healthy eating. The aim of the current study was to evaluate the BRA-study's effect on frequency, variety and amount of vegetables served and staff's food-related practices in the kindergarten.

**Materials and methods:** This cluster randomized controlled trial was conducted with 73 public and private kindergartens from the counties of Vestfold and Buskerud, Norway. Kindergartens were randomly allocated to the intervention group (n= 37) or the control group (n= 36). The intervention group received a multicomponent intervention targeting availability and accessibility of vegetables, as well as role modelling and encouragement of the children in the kindergartens to increase their vegetable intake. The trial was conducted between spring 2015 and spring 2016. Data were collected in three ways: (i) a questionnaire for the pedagogical leaders assessing variety and frequency of vegetables, and staff's food-related practices assumed to be related to vegetable intake, (ii) a questionnaire for the kindergarten assistants assessing the same food-related practices, (iii) a 5-day-vegetable diary assessing amount of vegetables served in a department.

**Results:** Intention-to-treat analysis (ITT) showed that the amount of vegetables served increased by 15 grams per person per day ( $p=0.004$ ), and the variety of vegetables served increased by two types per month ( $p=0.001$ ) in the intervention group compared to the control group. Per-protocol analysis showed an increase in frequency of vegetables served by 1.2 times per week ( $p=0.042$ ) in the intervention group, in addition to variety and amount. No effect on staff's food related practices was found neither in the ITT or the per-protocol analysis.

**Conclusion:** The BRA-intervention study was successful in increasing the amount and variety of vegetables served in the intervention kindergartens. Further research is needed on measurement of and strategies to change staff's food related practices.

### **Folkhälsan's support for teachers in early childhood education and schools (children aged 6–19 years) regarding bullying prevention, gender equality and equal treatment.**

**Maria Lingonblad<sup>1</sup>, Sara Sundell<sup>1</sup>**

<sup>1</sup>*Folkhälsan in Finland*

Folkhälsan is a nonprofit social and health care organization working to promote good health and quality of life in the Swedish-speaking areas of Finland. Its activities include public health promotion activities, providing social and health care services as well as research. Teachers, other school professionals and day care staff have a responsibility to prevent, observe and react to bullying, harassment, discrimination and other offensive behaviors in the nursery school or school community, and schools are obligated to have policy documents and plans for bullying prevention, gender equality and equal treatment. Folkhälsan's perspective on health promotion among children includes support for professionals in schools in order to make them stay active and involved in the preventive work for a good, healthy and socially safe school environment. We provide teacher training on school policy documents, tools and method materials. We also offer networks for professionals (nursery school staff/teachers/school counselors). In the practical work with professionals, we have learned that a norm-critical approach is a foundation for preventive work and we have

developed a model to combine bullying prevention work with gender equality and equal treatment work. Part of the bullying amongst children and young people happens when the gender norms or other norms such as ethnicity, religion, sexuality, disability etc. are broken. Our work includes making these norms visible, breaking them and emphasizing respect for each other without an “us” and “them” mentality. In the work with the policy documents in schools, we aim to identify practices, habits and materials that exclude anyone and thrive to develop inclusive, non-oppressive practices.

## Health Promotion Development in Catalan Universities

**Dolors Juvinyà-canal<sup>1</sup>**

<sup>1</sup>*University of Girona*

**Introduction:** In order to develop Health Promotion in universities and to turn them into a healthy environment for the university community and for society in general, in 2010, three Catalan universities and the Health Department of the Generalitat of Catalonia promoted the Catalan Healthy University Network (US.cat). Right from the beginning, this network has been supported by the Health Promotion Chair from the University of Girona (UdG).

**Material and Methods:** Review of the activities carried out by the Catalan Healthy University Network in 2010 - 2018.

**Results:** All of the Catalan universities are part of this network (12).

A foundation document was written with the aim to develop health promotion in Catalan universities. This document gathers information about the aims and strategic guidelines. The Health Promotion Chair (UdG)

was nominated as the Secretary and provided scientific and administration support. A Governing Body has been created and is responsible for approving the annual activities.

Two working groups: one of them is responsible for reporting about health habits among the university community and the other one for the evaluation of health promotion.

This network is a member of the Spanish Healthy University Network, the European University Sports Service Network and the European Health Promoting University Network.

Three Healthy University Seminars have been organized with as well-known Health Promotion professionals.

The Healthy Week is held on a yearly basis.

Since 2013, this network collaborates with ‘The Marathon’ – a special TV programme on the Catalan TV.

Thanks to the collaboration with the Health Department of the Generalitat of Catalonia, universities have implemented some different programmes in common. Us.cat is part of the Health Technical Commission that, within the interdepartmental framework, works to include some public health strategies into all governmental policies.

**Conclusions:** From 2010 up to the present moment, all Catalan universities have been working together to improve health promotion in universities and to have a positive impact on the health of the university community and of society in general.

Due to this collaboration, the information and knowledge transfer, as well as resources available in all universities in Catalonia, have been optimized.

## Health-promotion in schools: Pupil participation and action-competence in school foodscapes. Scaling up to 9 – results from LOMA case study

Dorte Ruge<sup>1</sup>

<sup>1</sup>Lecturer, phd. University College Lillebaelt, Center for Applied Research in School and Education.

### Background:

In Denmark there is no national school food program and pupils are expected to bring packed lunches from home. However, the system with packed lunches from home is characterised by a number of 'system-errors': Packed lunch is not brought to school or it is not sufficient for longer school days - or is not eaten at school and sometimes thrown away. Children from disadvantaged families tend to bring unhealthy food in packed lunches. As a result of this, we find hungry children in school at times when they were not supposed to be hungry. This situation leads to increased inequality in health and learning among Danish children and youth.

### LOMA-local food – a local level intervention:

At some schools head-masters and parent council decide to work for improved school meals. Nymarkskolen i Svendborg Municipality was the first school in Denmark, where the LOMA-principles were tested and implemented in practice. Danish Ministry of Environment and Food launched a standard called 'Måltidsmærket' ('meal-mark') for food in schools. All LOMA schools must comply with Måltidsmærket and serve min. 30% organic food in their second year. Also, pupils participate in cooking their own school food in collaboration with peers, teachers and kitchen managers according to IVAC method. This is

done as part of cross-curricular, project-oriented pedagogical methods. Due to a grant from Nordea-fonden it was possible to scale up the LOMA intervention from 1 to 9 schools during 2 years from 2015-2017 – see more about LOMA project and publications: [www.lomaskole.dk](http://www.lomaskole.dk)

### Research methods and results:

UCL research in LOMA applied a mixed methods approach in a comparative case study. Additionally, the project was evaluated by the Danish Evaluation Institute, EVA.

Pupil participation (N=2500) in LOMA 2015-2017 had development of food –and health related action competence as a result. Also, LOMA led to improved relations among pupils, teachers and pupils –and among staff.

## Improving the digital health literacy of diabetic patients

Jessica Vandenbosch<sup>1</sup>, Stephan Van den Broucke<sup>1</sup>, Yolanda Álvarez-Pérez<sup>2</sup>, Alejandra Torres-Castaño<sup>2</sup>, Ana M. Wägner<sup>3,4</sup>, Dácil Alvarado-Martel<sup>3,4</sup>, Lilisbeth Perestelo-Pérez<sup>2</sup>, Ana Toledo-Chávarri<sup>2</sup>, Barbara Piccini<sup>5</sup>, Bente K. Pedersen<sup>6</sup>, Sanne Dugaard<sup>6</sup>

<sup>1</sup>Psychological Sciences Research Institute, Université catholique de Louvain, <sup>2</sup>Servicio de Evaluación, Servicio Canario de la Salud, <sup>3</sup>Endocrinology and Nutrition, Complejo Hospitalario Universitario Insular MaternoInfantil, <sup>4</sup>Instituto Universitario de Investigaciones Biomédicas y Sanitarias (IUIBS), Universidad de Las Palmas de Gran Canaria, <sup>5</sup>Diabetology Unit, Meyer Children's Hospital, <sup>6</sup>The Ideas Clinic, Aalborg University Hospital, Science & Innovation Center

**Background:** The wide availability of web-based health information and the increasing digitization of health care creates a unique

opportunity for citizens to be better informed and empowered to play an active role in self-managing their health. However, to benefit from this opportunity, people need to have the competence to access, understand, evaluate and apply internet-based health information. This is referred to as digital health literacy (DHL). People with low DHL may retrieve inaccurate, misleading, or incomplete information that can be detrimental to their health. To counter this, the EU-funded IC-Health project developed a series of Massive Open Online Courses (MOOCs) to help improve the DHL of Europeans. As part of this project, MOOCs were developed to increase the DHL of diabetic patients.

**Method:** Five sets of MOOCs were developed in a co-creation approach involving diabetic patients and health professionals in Spain, Sweden, Denmark, Italy and Belgium. Patients and professionals participated in their development through meetings and interactions on an online forum. Next, the MOOCs were tested in patient groups and fine-tuned based on their comments and suggestions. The final versions of the MOOCs were tested among diabetic patients via a questionnaire assessing DHL before and after taking the course.

**Results:** The MOOCs developed in each of the five countries differ in content and presentation, but use the same four course structure representing the four dimensions of DHL (accessing, understanding, appraising and applying internet-based health information). For each course, guidance and examples are provided on how to find health information online, how to use search engines, how to assess the reliability of websites, etc. While the co-creation approach used for the development guarantees the cultural fit and usability of the courses, the evaluation assesses if they enhance the DHL among the users.

**Conclusion:** Digital health literacy ensures that people retrieve accurate and reliable

information about their health or illness via the Internet. By creating a series of MOOCs focusing on DHL for diabetic patients, the IC-Health project helps to strengthen their competences to access, understand and use accurate and reliable information to make well-informed health decisions.

## A Media Review of Smart Drug use amongst University Students

Olive Mckeown<sup>1</sup>

*<sup>1</sup>London Metropolitan University, Islington, London, UK*

Smart drugs are examples of what have been referred to as “cosmetic psychopharmacology” (by Kramer 1993). The term “smart drugs” may be misleading, because it suggests that the drugs in question “smart” or that perhaps that it is “smart” to use them especially to enhance academic performance. However, so-called ‘smart drugs’ are prescription-only medicines. Pharmacological cognitive enhancers as they are known medically, are licensed for use in three main conditions: dementia, attention deficit hyperactivity disorder (ADHD), and narcolepsy.

**Rationale:** The rationale for this study is that over recent years the UK Media (TV, newspapers and Radio), have regularly reported on students’ use of Smart Drugs to cope with the pressures of study and exams. High profile and repeated media coverage of the use of Smart Drugs is likely to influence people’s views about the benefits and risks of their use. Some authors suggest that media reporting about such drugs can be misleading and may influence students to use them experimentally (Partridge et al 2011). Understanding the media coverage of Smart Drug use is important in terms of Public Health and promotion of student health.

**Methodology:** Data will be gathered from UK newspapers reports (May 2016 – June 2018) of university students' use of Smart Drugs (providing a defined snap-shot of recent media reporting). The approach to the analysis of the data will include a combination of : Content Analysis and Message Analysis as discussed by Jordan (2009) to provide a comprehensive qualitative overview of UK media reports.

## References

Jordan, A. B. (2009). Media messages and public health : a decisions approach to content analysis. New York: Routledg

Kramer P.D. (1993) Listening to Prozac.A Psychiatrist Explores Antidepressant Drugs and the Remaking of the Self. New York, Penguin Publishers

Partridge BJ, Bell SK, Lucke JC, Yeates S, Hall WD (2011) Smart Drugs "As Common As Coffee": Media Hype about Neuroenhancement. PLoS ONE 6(11): e28416.

<https://doi.org/10.1371/journal.pone.0028416>

## Increased Student Influence and Health Experience in Primary School – an Action-Oriented Work Model

**Ph.D. in Public Health Petra Nilsson Lindström<sup>1</sup>**, Ph.D. in Public Health Åsa Bringsén<sup>1</sup>

<sup>1</sup>*Faculty of Health Science, Kristianstad University*

## Introduction

Health is a resource for students' learning and achievements in school, and there are bi-directional relationships between health, physical activity, learning, and student

performance. The general health situation and the physical inactivity among children calls for strategies to improve health and physical activity, because of their positive impact on student learning.

## Method

Currently, a project is being run at a Swedish primary school, where health is implemented as an interdisciplinary theme in four areas: physical activity, natural sciences, aesthetic learning, and language development. The aim is to study project-related activities and processes with a focus on student influence, health and learning. Both students (n=105) and educators (n=9) participate. Action research is used as method for continuous follow-up and knowledge creation. The structure was a support group and a project group. The task of the support group is collaboration between researchers, principal, head representative, student health staff, educators, 3-4 students. This group meets twice a term to discuss implementation and research-related issues. The project group consists of 6 students, student health staff, results. Educators and students meet in everyday activities with time for reflection. Data is collected through weekly individual reflections, and weekly surveys among the students.

## Results

Preliminary quantitative and qualitative results show that the action-oriented work model contributes to the students' educators and researchers, who meet in reflection forums every six weeks to discuss project activities and research influence and health. The different reflection forums implemented at several levels, show a positive effect on student influence. Their perceived health, and understanding of the importance of health, has improved through daily physical activities and health being an integrated theme in the four subject areas. Specific results will be shown at the conference.

## Conclusions

In general, research on health promotion in schools is limited, and knowledge about how action-oriented projects can be conducted and how participation is experienced is needed as a basis for further development focusing on quality and transferability. The action-oriented work model makes a significant contribution to how health promotion in schools can be implemented in order to increase student influence, empowerment, health and learning.

### **The relationship between physical activity and family health climate in 7-10-year-old children and their parents**

**Saulius Šukys<sup>1</sup>**, Brigita Miežienė<sup>1</sup>, Vida Česnaitienė<sup>1</sup>, Arūnas Emeljanovas<sup>1</sup>, Laurynas Dilys<sup>2</sup>

*<sup>1</sup>Lithuanian Sports University, <sup>2</sup>Public Health Bureau of Kaunas Region Municipality*

**Introduction.** Health climate in the family is important for health behavior in children (Erkelenz, 2014). The aim of the study was to examine the relationship between physical activity and family health climate in 7-10-year-old children and their parents'.

**Material and methods.** This cross-sectional study included 1348 parents/ foster parents (M age = 36.9 years, SD = 5.27) of 7-10 years old children's. Among research participants, 83.8% (n = 1131) were female. PA lifestyle within family was measured by applying Family Health Climate – Physical Activity Scale (FHC-PA) (Niermann et al., 2014). The Scale consists of three subscales: value, cohesion, and information. Children's physical activity was assessed by several questions asking how much time they spend being physically active from moderate to vigorous intensity. Those who spend 60 and more min. of physical activity per day were insufficiently physically

active. Parents' physical activity was evaluated using Leisure Time Physical Activity Questionnaire (Godin & Shephard, 2011).

**Results.** Research findings showed that 87.3 % children's physical activity was sufficient. Boys were more physically active compared to girls ( $p < 0.05$ ). Less than one third of mothers (29.9 %) and fathers (30.8 %) were adequately physically active. Regression analyses revealed that child gender ( $\beta = 0.10$ ,  $p < .05$ ), educational level of parents/ foster parents ( $\beta = 0.11$ ,  $p < .05$ ), and mother's physical activity ( $\beta = 0.12$ ,  $p < .05$ ) were significantly associated with children's physical activity. However, any significant relationship between children's physical activity and FHC-PA subscales was established. Two separate regression analyses showed that only FHC-PA factor value was positively significantly related with mothers' ( $\beta = 0.21$ ,  $p < .001$ ) and fathers' ( $\beta = 0.22$ ,  $p < .001$ ) physical activity.

**Conclusion.** Family physical activity related health climate was not related with 7-10 year-old children's physical activity. Only mother's physical activity related with children's physical activity. When physical activity becomes a value in the family, parents tend to be more physically active.

# Supplementary for Exhibition posters 25.9

## Programme Abstracts

Supplementary Abstracts for Exhibition  
posters 25.9: "What works in health  
promotion practice and research?  
– Bending the curve of rising NCDs"

# Symposia



## Health Literacy

*Diane Levin-Zamir, Stephan Van den Broucke & Helle Terkildsen Maindal*

Health literacy (HL) refers to the competencies and situational resources people need to access, understand, appraise and use information to make decisions about health. HL is strongly associated with empowering people to manage disease and promote health, on individual, organizational and societal levels. It plays a particularly important role in primary prevention, early detection, and self-care of non-communicable diseases (NCDs), for which health behavior is critical. As an outcome of health education and an important set of skills to promote good health, HL is a focus for health promotion interventions throughout the life course, starting from early childhood through adolescence to young and later adulthood.

The main symposium objectives are to:

- Explore successes and challenges in promoting health literacy throughout the life course, in health promotion practice, policy and research.
- Share experiences in developing and implementing interventions for primary, secondary and tertiary prevention of NCDs, applying the health literacy concept in health promotion practice.

The symposium will use a world café methodology, involving several rounds of small interactive group conversations about health literacy in health promotion, after which participants will share insights from their conversations with the large group. The participants are invited to use the IUHPE Position Statement on Health Literacy for discussion.

## Programme for the Health Literacy symposium (10.15-12.30)

<b>10.15</b>	<b>Welcome and Introduction to the Global Working Group on Health Literacy &amp; session overview</b>	<b>Diane Levin-Zamir</b>
<b>10:30</b>	Health Literacy – Brief overview of the concept	Stephan Van den Broucke
<b>10.45</b>	World Café with small discussion groups. Each group will discuss similar questions, including interventions and implementation regarding health literacy and health behaviors relevant to NCDs on all levels of prevention, throughout the life course	
	▪ Children	Orkan Okan
	▪ Adolescents	Janine Border & Luis Saboga-Nunes
	▪ Young adults	Kristine Sorensen
	▪ Older adults (including the elderly)	Stefania Velardo
<b>11.50</b>	Presentation from groups, discussion and conclusion	Helle Terkildsen Maindal, moderator
<b>12.30</b>	Closing	

## Healthy Settings

Mark Dooris & Didier Jourdan

In 1986, the Ottawa Charter contended that: “Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.” It is this assertion that launched the Healthy Settings movement, which has spawned multiple initiatives and networks across the globe.

Informed by an ecological model of health promotion and reflecting a whole system perspective the approach is widely understood to involve:

- a focus on place, people and increasingly planet – and the inter-relationships among them
- an understanding of settings not only as convenient places to target health messages and discrete interventions, but also as contexts that directly and indirectly impact wellbeing

- a commitment to integrating health within the culture, ethos, structures, processes and routine life of the organizational and place-based settings.

A diversity of research, policy and practice is based on these three pillars, even while the Healthy Settings approach is constantly evolving and being renewed.

This interactive symposium will outline key characteristics of the Healthy Settings approach; take a stock of the innovative initiatives; discuss its role in addressing 21<sup>st</sup> century problems linked to the rising prevalence of non-communicable diseases; consider its relationship to salutogenesis and health literacy; and explore challenges and future opportunities.

### Programme for the Healthy Settings symposium (10:15 – 12:30)

<b>10:15</b>	<b>Welcome and Introduction to the Symposium and IUHPE Interest Group</b>	<b>Didier Jourdan</b>
<b>10:25</b>	Healthy Settings: Overview, Theoretical Perspectives, Challenges and Future Directions	Mark Dooris
<b>10:50</b>	Healthy Settings: State of the Art – Perspectives from Different Settings <ul style="list-style-type: none"> <li>▪ Introduction: ‘Settings-Based Health Promotion: Theory and Practice’</li> <li>▪ Cities</li> <li>▪ Schools</li> <li>▪ Universities and Colleges</li> <li>▪ Hospitals</li> <li>▪ Prisons</li> <li>▪ Sports Clubs</li> </ul>	Sami Kokko Marti Rice Lawry St Leger Mark Dooris Jürgen Pelikan Michelle Baybutt Sami Kokko
<b>11:25</b>	Questions	
<b>11:35</b>	Round-Table Small Group Discussion	
<b>12:10</b>	Key Emerging Issues and Challenges	
<b>12:30</b>	Closing	

## Salutogenesis

Georg Bauer & Lenneke Vaandrager

The concept of salutogenesis has been broadly received in the field of health promotion. Salutogenesis resonates well with key principles of health promotion such as addressing social, up-stream determinants of health, considering not only risk factors but also resources, and looking beyond disease at positive health outcomes. Besides providing a general orientation, the salutogenic model and the key element of Sense of Coherence (SOC) provide a sound theoretical basis for both health promotion practitioners and researchers.

The symposium aims to provide an overview of this potential of salutogenesis for the field of health promotion and particularly for “bending the curve of rising NCDs”. We will show current activities of the Global Working Group of Salutogenesis with over 20 international experts from this field. We will propose how this concept of salutogenesis can be advanced for further enhancing its relevance for health promotion. The audience can discuss emerging research with young researchers of the field. And finally, we will involve the audience in identifying key issues to be addressed in the future for making salutogenesis even more relevant for health promotion.

### Programme for the Salutogenesis symposium (10.15-12.30)

<b>10.15</b>	<b><i>Salutogenesis – state of the art</i></b>	
<b>10.15</b>	Welcome & program overview	Lenneke Vaandrager
<b>10.20</b>	Overview of GWG & of its strengths (history, members; handbook incl. created network, action plan, open society STARS)	Georg Bauer
<b>10.30</b>	State of the art: Handbook of Salutogenesis (three meanings of Sal; positive side effects of network building and raising credibility)	Maurice Mittelmark
<b>10.40</b>	<b><i>Advancing Salutogenesis (based on Position paper)</i></b>	
<b>10.40</b>	Background & process	Mathieu Roy
<b>10.45</b>	Advancing the model of Salutogenesis	Georg Bauer
<b>10.52</b>	Advancing the sense of coherence	Bengt Lindström
<b>10.59</b>	Defining salutogenic interventions & processes	Paolo Contu
<b>11.06</b>	Application of salutogenesis beyond health promotion	Shifra Sagy
<b>11.15</b>	<b>Emerging research</b> (poster round in sub-groups)	
<b>11.15</b>	Eight posters (projects of PhDs and others) are featured in a world café format: participants split into four groups (assigned by drawn numbers); spend 10 mins at 2 posters (the 2 posters address a similar theme/research method) and collect discussion points on additional white sheet before going on to the other posters	Kristel Polhuis (Netherlands) Ernest Darkwah (Norway/Ghana) Helena Ericson (Sweden) Birgit Brusletto (Norway) Sylvia Broetje (Switzerland) Philipp Kersiek (Switzerland) Susana Mantas (Spain) Anat Sarid (Negev)
<b>12.05</b>	<b>Key issues for the future</b> (all 75 symposium participants: based on experience of participants and symposium input: collect key issues to be briefly presented and discussed in final overall panel debate)	Lenneke Vaandrager
<b>12.30</b>	Closing	



# Interactive Exhibition

(13.30-14.30, 25.9.2018)

## Exhibition on Health Literacy

	Presenter (country)	Topic
1	Diane Levin-Zamir (Israel)	IUHPE Position Statement on Health Literacy – Supporting NCDs across the Lifespan
2	Anna Aaby & Helle Terkildsen Maindal (Denmark)	Organizational Health Literacy Responsiveness – Making organizations fit for diversity
3	Jürgen Pelikan, Christina Dietscher & Julia Bobek (Austria)	From the Health Literacy Study Europe (HLS-EU) to the Action Network Measuring Population and Organizational Health Literacy (M-POHL)
4	Meryl Lechat & Stephan Van den Broucke (Belgium)	Digital Health Literacy mediates the influence of social media on sexual risk behavior
5	Anna Aaby, Karina Friis & Helle Terkildsen Maindal (Denmark)	Health literacy in people with cardiac conditions – results from a large population survey
6	Luis Saboga-Nunes (Portugal)	Health Literacy, Salutogenesis and tobacco cessation: lessons from a web assisted intervention

## Exhibition on Healthy Settings

	Presenter (country)	Topic
1	Sami Kokko (Finland) & Michelle Baybutt (UK)	Introducing the Handbook “Settings-based Health Promotion: Theory and Practice”
2	Michelle Baybutt & Flo Seymour (UK)	Nature-Based Health Promotion in the Prison Setting: Case Studies from Male and Female Prisons
3	Emily Darlington & Didier Jourdan (France)	Enhancing the Efficacy of Health Education Interventions: Focusing on the Context
4	Birgit Metzler (Austria)	Effectiveness of Inter-Organizational Networks in the Settings Approach of Health Promotion. The Example of the Austrian Network of Health Promoting Hospitals and Health Services
5	Stacey Johnson, Anne Vuillemin, Aurélie Van Hoyer, Jonathan Epstein (France); Susanna Geidne (Sweden); Sami Kokko (Finland)	Creating an International Measurement Tool for Health Promoting Sports Clubs: A Modified Delphi Study

## Exhibition on Salutogenesis

	Presenter (country)	Topic
1	Kristel Polhuis (Netherlands)	From diet to everyday-social life: a salutogenic approach towards enabling healthful eating among diabetes type 2 patients in The Netherlands
2	Ernest Darkwah (Norway/Ghana)	Caring for 'parentless' children: An exploration of work stressors and resources as experienced by caregivers in children's homes in Ghana
3	Helena Ericson (Sweden)	Health resources, ageing, and physical activity: a study of physically active women aged 69-75 years. Using a theory driven (salutogenesis) method for the analysis
4	Francesca Sanna (Italy)	Salutogenesis and advocacy: Advocacy plan for Tobacco Control in Italy
5	Birgit Brusletto (Norway)	A salutogenic and long-term perspective on being in sustainable work after cancer – exploring return-to-work processes
6	Sylvia Broetje (Switzerland)	Contribution of work-related sense of coherence (Work-SoC) to general sense of coherence (SoC) and exploration of a reciprocal relationship
7	Philipp Kerksiek (Switzerland)	Gain Cycles to Well-Being in Flexible Work Contexts – a Salutogenic Perspective
8	Susana Mantas (Spain)	Perception of Positive Mental Health and Salutogenic model among healthcare workers of the Emergency System of Catalunya
9	Anat Sarid (Israel)	Salutogenesis and reconciliation in a conflict situation: Sense of national coherence and willingness to reconcile



# Organizational Health Literacy

## Responsiveness

### – Making organizations fit for diversity

*MD Anna Aaby, PhD fellow, Department of Public Health Aarhus University*

*Professor Helle Terkildsen Maindal, PhD, MPH, Department of Public Health Aarhus University and Steno Diabetes Center Copenhagen, the Health Promotion Unit*

**Background.** Health literacy has often been defined as individual knowledge, motivation and competence, but is also the dynamic result of the individual's interactions with health care providers and a complex and demanding health system. Health literacy responsive organizations make it easier for people to navigate, understand, and use information and services to take care of their health.

**Aim.** We aim to investigate the process of developing a comprehensive strategy on organizational health literacy responsiveness in a municipal rehabilitation unit in Denmark.

**Methods.** 'The Organizational Health Literacy Responsiveness Framework' (Org-HLR) describes health literacy responsive organizations within seven domains. During three workshops, we used the appertaining guide and tools to allow staff and management within the rehabilitation unit to reflect upon

(organizational) health literacy, self-assess their organizational health literacy responsiveness, develop, and prioritize ideas for improvement.

**Results.** Preliminary results confirm the Org-HLR's ability to guide the development of a multi-level long-term action plan with realistic goals for the development of organizational health literacy responsiveness. The bottom-up approach and co-creational strategy seems to support ownership and motivation increasing the likelihood of successful implementation.

**Perspectives.** In working towards more equitable services, organizations need to develop and apply many diverse, coordinated, and locally adapted strategies. This study's preliminary results confirms the Organizational Health Literacy Responsiveness (Org-HLR) framework as a suitable approach to guide these developments.



# Health literacy in people with cardiac conditions – results from a large population survey

*MD Anna Aaby, PhD fellow, Department of Public Health Aarhus University*

*Researcher Karina Friis, PhD, DEFACTUM, Central Denmark Region*

*Professor Helle Terkildsen Maindal, PhD, MPH, Department of Public Health Aarhus University and Steno Diabetes Center Copenhagen, the Health Promotion Unit*

**Background.** Health literacy constitutes a possible link between social determinants of health and health outcomes. Aspects of health literacy such as the understanding of health information and the engagement with health care providers are crucial in the prevention and care of chronic conditions such as cardiovascular disease.

**Aim.** Through several studies we have analysed the health consequences of low health literacy in a large Danish population with cardiac conditions.

**Methods.** Two cross-sectional studies were performed based on respondents >25 years with current or former self-reported acute myocardial infarction, angina pectoris or stroke from the 2013 survey “How Are You? 2013” in Central Denmark Region (n=3,116). Two HL scales from the Australian Health Literacy Questionnaire (HLQ) were used to measure health literacy: ‘understanding health information’ and ‘engaging with healthcare providers’. Using regression analyses we examined the association between health literacy and physical activity, dietary habits, smoking habits, alcohol consumption, Body Mass Index and health status.

**Results.** ‘Understanding health information’ was inversely associated with physical inactivity (odds ratio (OR) 0.48 (0.39;0.59), unhealthy diet (OR 0.64 (0.47;0.88)), underweight (OR 0.43 (0.21;0.89)) and obesity (OR 0.79 (0.63;0.99)). ‘Engaging with healthcare providers’ was inversely associated with physical inactivity (OR 0.64 (0.53;0.77)), less than healthy diet (OR 0.79 (0.64;0.96)) and daily smoking (OR 0.81 (0.66;1.0)). An increase in ‘understanding health information’ as well as ‘engaging with healthcare providers’ was associated with an increase in both physical and mental health status.

**Perspectives.** These studies show positive associations between important health literacy competencies and healthy lifestyle as well as good health status in people with cardiac conditions. The development of individual health literacy and health literacy responsive services may prove an effective approach to improve health in people with chronic conditions such as cardiovascular disease.



# Nature-Based Health Promotion in the Prison Setting: Case Studies from Male and Female Prisons

*Dr. Michelle Baybutt (PhD Supervisor) and Flo Seymour (PhD Student), University of Central Lancashire, UK*

Two case studies draw upon doctoral research projects which were conducted to explore the impacts of a therapeutic horticulture project in male and female prisons. One case study explored the impacts of nature on physical, mental and social health and well-being; anti-social behaviour and social inclusion; and citizenship skills. A central focus on human experience underpinned by an epistemology drawing on critical realist and constructionist perspectives, enables a dual position for the study to explore meaning within complex systems of the prison setting and presents a more dynamic vision of the reality experienced by prisoners' engaged with the horticultural project to be achieved.

The second case study explored the connections between horticulture, hypermasculinity and mental wellbeing. Using a critical ethnographic lens, findings presented a presence of nurturing, benefits of biophilic design, positive staff-prisoner relationships and a reduction in aggression and depressive symptoms.



# Contribution of work-related sense of coherence (Work-SoC) to general sense of coherence (SoC) and exploration of a reciprocal relationship

Sylvia BROETJE<sup>1,2</sup>, Gregor J. JENNY<sup>2</sup>, Georg F. BAUER<sup>2</sup>

<sup>1</sup>[sylvia.lisman-broetje@uzh.ch](mailto:sylvia.lisman-broetje@uzh.ch)

<sup>2</sup>Center of Salutogenesis, University of Zurich, Zurich, Switzerland

**Introduction:** The aim of this study is to explore the role of work-related sense of coherence (Work-SoC) in the relationship between working conditions and general sense of coherence (SoC). SoC describes an individual's overall orientation to view life as comprehensible, manageable and meaningful. This overall SoC however, can be influenced by life experiences, including resourceful working conditions. Several authors have suggested domain-specific conceptualizations of SoC. In 2007 Bauer and Jenny proposed the concept of Work-SoC, defined as "the perceived comprehensibility, manageability and meaningfulness of an individual's current work situation". While the influence of working conditions on both SoC and Work-SoC has been established in previous studies, the role of Work-SoC in the process leading from working conditions to SoC requires further examination. Based on the Job Demands-Resources model by Demerouti et al. (2001), we operationalize working conditions as job resources and job demands. We hypothesize that:

(a) job resources and job demands predict Work-SoC, with job resources having a stronger impact on Work-SoC than job demands, (b) Work-SoC acts as a partial mediator between job resources/demands and SoC, and (c) SoC predicts Work-SoC.

**Material and methods:** 940 participants completed the questionnaire assessing job resources, job demands, Work-SoC and SoC at three time points with three-month intervals. Longitudinal structural equation modeling is used to compare the fit of different models and to evaluate the regression paths relevant to answering the research question.

**Results:** Results from preliminary cross-sectional analysis indicate a stronger association between job resources and Work-SoC than between job demands and Work-SoC. In addition, Work-SoC appears to - at least partially - mediate the relationship between job resources and SoC as well as between job demands and SoC. The final analysis results will be presented at the conference.

**Conclusions:** This study contributes to the understanding of the construct of Work-SoC and its role in the relationship between the working conditions and the general sense of coherence of individuals. Conclusions based on the final analysis will be discussed at the conference.

# A salutogenic and long-term perspective on being in sustainable work after cancer – exploring return-to-work processes



Authors: **Birgit Brusletto**, M.Sc. PhD Stud.<sup>a,\*</sup>; Steffen Torp, Prof., PhD<sup>a</sup>; Camilla Martha Ihlebæk, Prof., PhD Professor<sup>b,c</sup>; Hege Forbech Vinje, Ass. Prof., PhD<sup>a</sup>

**Background:** Almost 1/3 of cancer patients in working age, quit working after cancer treatments. This is mainly due to effects from the disease or its treatments. Work is important because we need an income and being at work gives both social and identity status in the society. Research shows that the first attempt to return to work after cancer is not always successful, and that the process is often longer than expected.

**Materials & methods:** We applied a salutogenic theoretical framework and a qualitative study design inspired by the interpretative phenomenological approach. The main aim of the study was to explore returns to sustainable work after cancer. Four men and four woman in working age participated. Videotaped interviews were analysed using the database NVivo, with the purpose of exploring which resources (internal and external) that turn out to be crucial for the participants to restore renewed work stability.

**Results:** The participants were determent in their intention to return to work, despite that they experienced side effects and initial exhaustion. They adapted according to their new situations and found strength through focusing on close relationships and prioritizing what gave them positive energy. They demonstrated endurance through failures and trials at work and benefitted from diverse support. At work, adjustments of working hours and/or tasks was important, as well as encouragement from supervisors and/or colleagues. To be part of the social environment at work was important. One decided to search for a new position from the start and some decided to educate or change occupation when their first attempt to work failed.

**Conclusions:** Participants demonstrated that despite challenges both physically and mentally they managed to adapt and utilized diverse resources (“Generalized and Specific Resistance Resources”) to manage. Thereby they over time minimized and/or neutralized negative tension from the effects from the “stressor” cancer. This process created movements towards “ease” on the “health continuum”. Due to the highly complex contexts, where working ability, work type, possible side effects, personality, skills and family relations vary a lot, supporting persons who survived cancer individually and according to their own needs, dreams and hopes may be crucial.

**Affiliation(s):** <sup>a</sup>Department of Health, Social and Welfare Studies, Faculty of Health and Social Sciences,

University College of Southeast Norway (USN),  
P.O. Box 235, NO-3603 Kongsberg, Norway.

E-mails: [birgit.brusletto@usn.no](mailto:birgit.brusletto@usn.no),  
[steffen.torp@usn.no](mailto:steffen.torp@usn.no), [hege.f.vinje@usn.no](mailto:hege.f.vinje@usn.no)

<sup>b</sup>Department of Public Health Science, Faculty of Landscape and Society, Norwegian University of Life Sciences (NMBU), Universitetstunet 1, NO-1433 Ås, Norway. E-mail: [camilla.ihlebak@nmbu.no](mailto:camilla.ihlebak@nmbu.no)

<sup>c</sup>Faculty of Health and Social Work Studies, Østfold University College, P.O.Box 700, NO-1757 Halden, Norway. E-mail: [camilla.ihlebak@nmbu.no](mailto:camilla.ihlebak@nmbu.no)

**\*Corresponding author:** Birgit Brusletto, email: [birgit.brusletto@usn.no](mailto:birgit.brusletto@usn.no); telephone: +47 31 00 97 58 (Skype Business) or +47 906 06 600 (cell phone)



# Caring for ‘parentless’ children: An exploration of work stressors and resources as experienced by caregivers in children’s homes in Ghana

**Ernest Darkwah (presenter)**, Department of Health Promotion and Development, University of Bergen, Bergen, Norway. Email: [ernest.darkwah@student.uib.no](mailto:ernest.darkwah@student.uib.no)

**Maxwell Asumeng**, Department of Psychology, University of Ghana, Legon-Accra, Ghana. Email: [masumeng@ug.edu.gh](mailto:masumeng@ug.edu.gh)

**Marguerite Daniel**, Department of Health Promotion and Development, University of Bergen, Bergen, Norway. Email: [Marguerite.Daniel@uib.no](mailto:Marguerite.Daniel@uib.no)

**Introduction.** The experience of stress by workers has negative impacts on their health and productivity. However, work resources can have neutralizing impacts on the effects of stress on workers depending on their availability and the extent to which workers are able to identify and utilize them. The theory of salutogenesis advances this argument with its central concept of sense of coherence arguing that the neutralizing impacts of resources manifest through individuals’ sense of comprehensibility, manageability and meaningfulness of the situation and environment. From this theoretical standpoint, we explored the stress-resource relationship and its implications in a work context where the lives of vulnerable children depend on the health, wellbeing and productivity of their caregivers.

**Method.** We used a qualitative approach with phenomenological design with the aim of capturing participant lived experiences regarding stressors and resources on the job. Data collection involved participant observations, focus group discussions and in-depth interviews in that order. Forty-one caregivers from two Children’s Homes participated in the study. We followed Attride-Sterling’s (2001) Thematic Network Analysis approach to synthesize the textual data using NVIVO 10 software.

**Results.** It emerged that aspects of the work environment that were identified as stressors also tended to be resources for caregivers. These included the children, issues related to child rights, the job itself, the work environment, institution-community relations and relationships between caregivers and their own families. Caregiver faith and intrinsic motivation stood out as the primary resource upon which caregivers draw to cope. Most importantly, caregivers’ sense of coherence (SOC) of their work situation manifested through their understanding of sources, patterns and consistency of stress in their jobs (comprehensibility), awareness of available resources to draw on (manageability) and their tendency to derive meaning in their work through religious faith and personal motivation (meaningfulness).

**Conclusion.** We conclude that employee caregivers face immense stress in their jobs but they have a sense of coherence of the work situation that keeps them motivated and willing to engage the stressors. Interventions that target further strengthening this sense of coherence would contribute to caregiver successes on the job.



# Enhancing the Efficacy of Health Education Interventions: Focusing on the Context

*Emily Darlington (associate professor), Université Claude Bernard Lyon 1, France*  
*Prof. Didier Jourdan (PhD Supervisor), Université Clermont-Auvergne, France*

Health education programmes in various settings (workplace, sport club, school, hospital, nursing home...) are considered as effective means to improve the health of the population. Research has clearly endeavoured to provide evidence of successes, however results from programme implementation remain unclear and challenging to evaluate. Furthermore, demonstrating a positive and sustainable impact on health inequalities is still challenging. The level of complexity of the factors impacting the effectiveness of prevention programmes led many authors to consider evaluation results with caution. In addition to these difficulties in the assessment of prevention programmes' effectiveness, the issues of scaling up and transferability are still rarely examined.

Rather than a paradigm shift, our suggestion is to move towards implementation research and programme design that focus on interactions between contexts and programmes.

In this poster we will describe our conceptual framework, and illustrate this framework with the results from a retrospective study covering a period from 2006 to 2016.



# Health resources, ageing and physical activity: a study of physically active women aged 69-75 years

*Helena Ericson, Filosofie Licentiat, Lecturer Sport Science, School of Health Sciences, Örebro University, S-701 82 Örebro, Sweden, +46-19-301199, [helena.ericson@oru.se](mailto:helena.ericson@oru.se)*

Most studies on issues relating to ageing, physical activity and health are based on an understanding of what causes illness, rather than what promotes health. The health benefits of physical activity relate to questions about how to avoid physical inactivity and overcoming barriers to participating in physical activity, rather than why older people continue to be physically active. The aim of this study was to explore health resources in relation to physical activity, especially resistance training, that physically active women between the ages of 69-75 years characterise as important for the maintenance of health. In order to investigate these health resources, the study drew on salutogenic theory and the concept of sense of coherence.

The analysed data came from interviews with fourteen physically active Swedish women aged 69-75 years who had previously taken part in a resistance training intervention, but who also had continued to engage in physical activity and resistance training when the intervention ended. We identified seven health resources, *social relations and care, positive energy, self-worth, capability in and about physical activity, the habit of exercising, identity as an exercising person and womanhood* related to physical activity, in this case resistance training, that physically active women aged between 69-75 years characterised as important for maintaining their health.

In conclusion, physical activity carried out in a stable group of peers provided a meaningful, comprehensible and manageable way for these older women to engage in the on-going process of maintaining health.

*Keywords: health resources, exercise, resistance training, salutogenesis, older adults*



# Creating an International Measurement Tool for Health Promoting Sports Clubs: A Modified Delphi Study

Stacey Johnson (PhD Student) and Anne Vuillemin (PhD co-supervisor), Université Côte d'Azur, Nice, France

Aurélien Van Hove (PhD co-supervisor) and Jonathan Epstein (Research Expert), University of Lorraine, France

Susanna Geidne (Field Expert), Örebro University, Sweden

Sami Kokko (Field Expert), University of Jyväskylä, Finland

Two available instruments measure health promotion (HP) in sports clubs, the Health Promoting Sports Club index (1) and the HP in Sport Assessment Tool (2). Recent developments of the settings based approach within sports clubs highlights the shortcomings of these instruments and the need of a new one (3). In order to achieve international consensus and construct a comprehensive measurement tool, previously cited instruments and the results of a Delphi study (4) were merged to construct a new Delphi study. This 3-round study was conducted based on 4 determinants: cultural, social, economic and environmental, implemented at 3 levels: club (macro), officials (meso), coaches (micro). 69 international experts were emailed the 3 online surveys. Round 1 and 2 selected items based on importance, feasibility and cultural relevance. Round 3 classified items into the settings based approach dimensions. The results will be presented and discussed in regard to health promoting sports clubs.

1. Kokko, S., Kannas, L., & Villberg, J. (2006). The health promoting sports club in Finland—a challenge for the settings-based approach. *Health Promot Int*, 21(3), 219-229.
2. Casey, M., Harvey, J., Eime, R., & Payne, W. (2011). The test-retest reliability of a health promotion assessment tool in sport. *Annals of Leisure Research*, 14(4), 304-324.
3. Kokko, S., Donaldson, A., Geidne, S., Seghers, J., Scheerder, J., Meganck, J., . . . Eime, R. (2016). Piecing the puzzle together: case studies of international research in health-promoting sports clubs. *Global health promotion*, 23(1\_suppl), 75-84.
4. Robertson, J., Eime, R., & Westerbeek, H. (2018). Community sports clubs: are they only about playing sport, or do they have broader health promotion and social responsibilities? *Annals of Leisure Research*, 1-18.



# Gain Cycles to Well-Being in Flexible Work Contexts – a Salutogenic Perspective

*Authors: Philipp Kerksieck, Rebecca Brauchli, Georg F. Bauer*

*Division of Public & Organizational Health/ Center of Salutogenesis*

*Epidemiology, Biostatistics, and Prevention Institute*

*University of Zurich, Switzerland*

As work is becoming more flexible, individualized, complex, and demanding, the changes and improvements that employees themselves can make to their working conditions are of increasing interest. Therefore, we are interested in how the opportunity to flexibly arrange work in terms of working time and location will influence global aspects of well-being and health. We expect, that the opportunity to design work flexibly according to own needs will increase well-being and will result in more and more gain cycles.

First, we investigate whether there exists such a salutogenic gain cycle between control of work flexibility as a structural job resource and employee well-being. Second, we explore the psychological mechanisms that additionally maintain and amplify this cycle. We assume that two factors are of certain agency in this cycle: Job Crafting and Psychological Capital. Both may foster positive experiences, encourage novel thought and exploration.

In order to study these aspects of work flexibility, possible mediators and related outcomes, a three-wave study was conducted in the German speaking parts of Switzerland, Germany and Austria, resulting in a panel of 940 employees participating in all three waves.

Data analysis will contain the examination of several study-waves, testing cross-legged effects. In a first step of data analysis we will test the hypothesis, that individual control for work flexibility leads to a baseline of well-being. Further data enquiry will integrate Psychological Capital and Job Crafting as psychological mechanisms that are assumed to support the aforementioned gain cycles.

At first glance, preliminary results of subsamples in this dataset are indicating the importance of flexible work structures on well-being. For example, the ability to structure working time free was a significant predictor of work engagement ( $\beta = .20$ ,  $t(583) = 4.90$ ,  $p \leq .000$ ) and mental well-being ( $\beta = .11$ ,  $t(583) = 0.11$ ,  $p = .005$ ).

Consequently, we believe that the results of this study may contribute to this conference on salutogenesis in specific and to the understanding of consequences of work flexibility in general.



# Introducing the Handbook

## “Settings-based Health Promotion: Theory and Practice”

*Dr Sami Kokko, University of Jyväskylä, Finland*

*Dr Michelle Baybutt, University of Central Lancashire, UK*

Internationally, settings-based health promotion is one of the predominant approaches of contemporary health promotion. The approach has evolved over the past thirty years, yielding a range of settings initiatives have been generated. Despite of the breadth and diversity of settings programmes, there remains a lack of clarity, consensus and mutual understanding regarding the approach and its underpinning theoretical basis.

A new handbook is currently being written and edited. This will

- introduce the determinants, theoretical basis and generic commonalities relating to settings initiatives and formulate the grounds for the settings-based health promotion approach and its implementation
- introduce key settings initiatives and programmes – both traditional and non-traditional – outlining their history, development and specific features
- consider the settings approach in the context of future challenges and explore directions for further development.

The book will be highly relevant to researchers, academics, policy makers and practitioners in the field of health promotion and public health. Publication is planned for the end of 2019.



# Digital Health Literacy mediates the influence of social media on sexual risk behavior

*Meryl Lechat & Stephan Van den Broucke*  
*Université catholique de Louvain, Belgium*

Social networks are ubiquitous in the daily lives of young people and have revolutionized their lives. This is particularly the case for sexuality, due to the wide availability of online information on sex and easy access to visual material. While access to information could be expected to have a positive impact on young peoples' sexual development, it is also recognized that poorly framed, poorly understood or poorly managed use of online information about sex could enhance sexual risk behavior. As such, it can be assumed that *digital health literacy*, or the capacity to access, understand, evaluate and apply health information from the internet or social media, can mediate the influence of social media on sexual (risk) behavior.

This assumption was tested in an online study among 525 Belgian university students via a self-report questionnaire. The results show that the level of digital health literacy in of the participants is generally good. While frequency of social media use was significantly related to frequency of change of sexual partner, sharing of compromising photographs, and having intercourse under the influence of alcohol, a mediation analysis using Hayes' method showed that these links are mediated by the respondent's competence to take account the relevance and reliability of information.



# IUHPE Position Statement on Health Literacy – Supporting NCDs across the Lifespan

*Diane Levin-Zamir, PhD, MCHES, MPH, for the IUHPE Global Working Group on Health Literacy*

The IUHPE Position Statement on Health Literacy developed by the IUHPE Global Working Group on Health Literacy and ratified in 2018, provides a solid base for discussion and advocacy for health literacy both within the health promotion community, and also among stakeholders and partners in health promotion. The Statement was developed through a highly participative approach over the course of four years, including extensive in-person and on-line consultations across the global membership of IUHPE, thus capturing diverse perspectives, and collecting feedback from IUHPE members, other health promotion colleagues and stakeholders.

The Statement calls for global action, advocating for investment in the following areas:

- Health literacy and health promotion policy, promoting a systems approach to health literacy
- Ensuring the inclusion of health literacy in global, national and regional policies, and strategies for health promotion and social determinants of health.
- Recognizing that health literacy is content and context specific across the lifespan
- Health literacy is modifiable and responds to appropriate intervention
- Emphasizing that health literacy intervention is a people/community-based process for empowerment
- Funding, producing and promoting research to contribute to the growing evidence base.
- Building capacity and sharing knowledge, applying an inter-sectorial approach
- Identifying and engaging relevant stakeholders for collaborative health literacy action, research and policy.

In conclusion, the role of health literacy is recognized as a cross-cutting issue and its relative importance as a health determinant is understood, leading to its potential use for guiding clinical practice, public health interventions and public policy for the advancement of global health.



# Percepcion of Positive Mental Health and Salutogenic model among healthcare workers of the Emergency System of Catalunya.

**Susana Mantas<sup>1</sup>, M<sup>a</sup> Teresa Lluch<sup>2</sup>, Dolors Juvinyà<sup>3</sup>**

*1 Institut d'Assistència Sanitària. Xarxa de Salut Mental. Hospital Santa Caterina, Salt. Girona; susana.mantas@udg.edu*

*2 Professor of Psychosocial and Mental Health Nursing, PhD, RN. School of Nursing, University of Barcelona; tlluch@ub.edu*

*3 Reserarch group Health and Healthcare. University of Girona; dolors.juvinya@udg.edu*

Reorientation of healthcare services towards more efficient health promotion interventions in the workplace is a question that is been delayed. Despite current policies and guidelines, it is the least developed key action in the Ottawa Charter. From the approach of the health promotion, focused on occupational health settings, the conceptual and metric principles of the positive perspective of mental health have been considered: the Multivariate Model of Positive Mental Health and the Salutogenic Model. Healthcare workers are a fundamental asset for the Medical Emergency System (SEM). The aim of the study was to evaluate the perception of mental health of the healthcare workers and to relate the variables referred to the context of work with positive mental health (CSM+) and Sense of Coherence (SOC).

Descriptive, transversal and correlational study. The participants developed their work in the region of Girona. The sample was  $n = 493$ , with a participation rate of 82.35%. Regarding the degree of job satisfaction, 46.8% of the population said they were very satisfied. In general, SEM healthcare workers indicated a greater degree of job satisfaction in relation to satisfaction with personal life and optimistic outlook for the future, attitude of help towards others, coping skills in the face of stressful and / or conflictive situations, personal security, ability to adapt to changes as well as the ability to establish interpersonal relationships. With higher overall job satisfaction, SOC levels increased. In general, the SEM healthcare workers presented high scores in the SOC and CSM + questionnaires.

Highlight the importance of identifying health assets related to professional activity as an objective to promote health in work contexts. The participation of the healthcare workers should be considered as a knowledge base of Health Promotion in the services of the SEM of Catalonia.

**Keywords:** Emergency care; Salutogenesis; Sense of coherence; Positive mental health; Healthcare workers.



# Effectiveness of Inter-Organizational Networks in the Settings Approach of Health Promotion. The Example of the Austrian Network of Health Promoting Hospitals and Health Services

*Birgit Metzler, Bakk. MA (Health Expert), Competence Centre for Health Promotion in Hospitals and Health Care, Gesundheit Österreich GmbH (Austrian Public Health Institute), Austria*

The International Network of Health Promoting Hospitals and Health Services (HPH) belongs to the first networks aiming to implement health promotion in a specific setting. To disseminate the HPH concept, also national and regional networks have been established, though not all are successful in building sustainable and efficient structures.

In a qualitative study using a network and organizational theory approach, network structures and processes as well as conditions in relevant environments of the Austrian HPH network were examined in order to investigate

their influence on the effectiveness of networks in the settings approach of health promotion.

Results show that partnerships in politics and health care, continuous coordination, establishment of thematic focal points, participatory decision-making structures and processes as well as the establishment of networking opportunities are decisive factors.

This largely supports existing findings, but also highlights additional aspects, allowing the deduction of recommendations for networks.



# **From the Health Literacy Study Europe (HLS-EU) to the Action Network Measuring Population and Organizational Health Literacy (M-POHL)**

*Pelikan Abstract Trondheim Poster M-POHL*

*Authors: Jürgen Pelikan, Christina Dietscher, Julia Bobek (Vienna / Austria)*

The comparative Health Literacy Europe Survey (HLS-EU) of general populations of 8 European countries (2009-2012) supported by the EC commission helped to put health literacy higher on the agenda of health research, policy and practice for WHO-Europe and some European countries. Results showed that considerable proportions of citizens in the participating countries had limited health literacy, that there was a social gradient for health literacy and that health literacy was associated with problematic consequences for health behaviors, health indicators and use of health services. In the meantime quite a number of further European countries have used HLS-EU concept and methodology to measure health literacy of their general populations in single studies.

WHO-Europe based their publication *The Solid facts – Health Literacy* (2013) partly on the concept and results of the HLS-EU study. Furthermore it took the concept of Health literate Health Care Organizations developed in the US (Brach et al 2012) and broadened it to the concept of organizational health literacy or health literate settings or systems. It recommended “Surveys of health literacy and the health literacy-friendliness of systems should be conducted at regular intervals to allow comparisons over time.” “The European Health Literacy Survey should be sustained, have dedicated funding, be applied to more countries and be conducted at regular intervals through the continued support of the European Union, the WHO and countries.”

Through the initiative of the German speaking health ministers this was realized by initiating an Action Network “Measuring Population and Organizational Health Literacy (M-POHL) within the European Health Information Initiative (EHII) of WHO-Europe. This action network had its kick-off in February 2018 in Vienna, where “The Vienna Statement on the measurement of population and organizational health literacy in Europe” has been launched. About 20 countries from the WHO-Europe region (including Norway) are already involved in the action network; a first HL population survey is prepared for 2019.

The poster will present scope and purpose, structure and procedures of the M-POHL action network and its planned European Health Literacy Survey 2019.



# From diet to everyday-social life: a salutogenic approach towards enabling healthful eating among diabetes type 2 patients in The Netherlands

*Kristel Polhuis, MSc<sup>1</sup>, Laura Bouwman, PhD<sup>1</sup>; Maria Koelen, PhD<sup>1</sup>; Sabita Soedamah-Muthu, PhD<sup>2</sup>; Marianne Geleijnse, PhD<sup>3</sup>.*

**Presenting author: Kristel Polhuis, [kristel.polhuis@wur.nl](mailto:kristel.polhuis@wur.nl)**

<sup>1</sup>Wageningen University and Research, department of social sciences, chair group Health and Society, P.O. Box 8130, 6700 EW Wageningen, The Netherlands

<sup>2</sup>Tilburg University, Department of Medical and Clinical Psychology, Center of Research on Psychology in Somatic Diseases (CORPS), PO Box 90153, 5000 LE Tilburg, The Netherlands

<sup>3</sup>Wageningen University and Research, department of human Nutrition, chair group nutrition and cardiovascular disease, P.O. Box 17, 6700 AA, Wageningen, The Netherlands

Type 2 Diabetes Mellitus (T2DM) is an increasing global health concern, but can be reversed by dietary interventions. However, most dietary interventions are lacking long-term effects. A possible cause is that most of the health recommendations are nutrition and illness related, without an eye for the everyday life context of people with T2DM. Consequently, integrating the recommended changes is problematic in the everyday-life setting. This PhD project departs from the complexity of everyday-life and uses the Salutogenic Model of Health to investigate how people with T2DM can be supported in practically and socially organising change towards healthy eating. This model complements biomedical models that indicate causes of breakdown (pathogenesis) with a solution-oriented focus and studies how people manage challenges in a health promoting way.

Literature search, narrative analysis and assets mapping will be applied to trace how people with T2DM give meaning to challenging life-events that have led to turning points for dietary choices along their life-course and the personal, social- and physical environmental resources they apply to face these challenges. The findings will be used to develop a learning trajectory that aims to initiate the development of agency and sensitivity to the dynamics of the everyday-life context with regards to self-management of T2DM. The learning trajectory will be tested in a randomized controlled trial that compares 'medical advice as usual' with advice empowered with the study insights in the primary care setting. This outcomes of this study will contribute to the development of more effective interventions enabling healthful eating in the context of everyday of Dutch adults with T2DM.

# Health Literacy, Salutogenesis and tobacco cessation: lessons from a web assisted intervention



*Luis Saboga-Nunes, Universidade NOVA de Lisboa - National School of Public Health; Institute of Sociology University of Education Freiburg - Germany*

**The problem and context.** It is a relevant question for health professionals, administrators and policy makers to identify how to support people while they are trying to discontinue the use of tobacco. Portugal, that ratified the WHO Framework Convention on Tobacco Control on 8 November 2005, is the social context where the investigation is anchored. The prevalence of smokers over fifteen years of age within the population stood at 20.9% (30.9% for men and 11.8% for women). While the strategy of helping people to quit smoking has been emphasised at National Health Service (NHS) level, the uptake of cessation assistance has exceeded the capacity of the service. Very early on, a problem of health provision emerged with waiting lists for smoking cessation programmes. This induced the search of new theoretical and practical venues to offer alternative options to people willing to stop smoking.

**Methodology.** The use of information technologies in smoking cessation (eHealth) and the importance of health literacy as a means of empowering people to make behavioural changes, is recurrently considered an option worth investigating based in salutogenesis as a paradigm foundation to establish new public health strategies. A focus group was established in an early phase of development to access health professionals perspectives for the above mentioned issue. This research focus on the feasibility of Internet use in smoking cessation guided by the salutogenesis paradigm. Moreover it considers health professionals' willingness to consider adopting a Web-Assisted Tobacco Intervention Probe WATIP (n=30).

**Results .** The results show a positive response of health professionals to the use of the Web platform in SC based on a new paradigm: 82.7% consider it helpful to health professionals, 62.9% adapted for age target, 72.1% retain participants, 90% emphasise the info management rationale , 70% and 70.3% viewed the platform contents and layout (respectively) positively. For 72.4% the platform was positively evaluated.

**Discussion/Conclusion.** Although using a focus group may help in such a research plan, it is difficult to achieve randomness, not only due to sample size but also because dominate participants may influence and compromise others' participation with their ideas and expectations while being opinionated. Although diversity was procured, about 50% of participants were medical doctors. In this way, some skewness may be affecting these results, has giving more emphasis to medical doctor's opinions about SC resources. Nevertheless it is remarkable that the participants accept a paradigm shift in traditional approaches to SC strategies.

## **This presentation will focus on**

- the salutogenic impact at the personal level (knowledge, motivation, self-confidence, stronger feelings of control) in the involvement and empowerment of citizens regarding smoking cessation
- the promotion of a more digital health literate population, aiming at giving and receiving support for smoking cessation
- overcoming barriers constraints of time and resources allocation, with the awareness about opportunities of eHealth tools, in a time when smoking cessation competes with other pressing duties of health professionals
- enhanced skills on how to use ICT for health-related purposes in order to obtain better health outcome.



# Salutogenesis and reconciliation in a conflict situation: Sense of national coherence and willingness to reconcile

*Anat Sarid, Ben Gurion university, Israel.*

*Prof. Shifra Sagy. Ben Gurion University, Israel.*

We will present a new concept – sense of national coherence (SONC) - which represents the way people perceive their national group. This concept is based on Antonovsky's sense of coherence concept (Antonovsky, 1987).

SONC has three components:

Comprehensibility – conception of life that is organized and clear in the national context; manageability – the perception that the national group has resources to cope with the situation; and meaningfulness – the emotional meaning of belonging to the national group (Sagy, 2014).

Sense of national coherence was examined as a potential barrier to the willingness to reconcile. Data were collected using a questionnaire that was administrated to Israeli students before and after the Gaza war (n=93, 140).

After the violent wartime, we found a meaningful increase in the level of sense of national coherence and significant decrease in willingness to reconcile. Moreover, the negative correlation between those two variables was stronger after the Gaza war than before it. The findings suggest that the escalation in the conflict and in violence has impact on the perceptions of the national coherence and potential barriers to reconciliation.

# Organization commitee

# Chair

## **Bjarne Bruun Jensen**

Chair of 10th IUHPE European Conference and International Forum for Health Promotion Research

IUHPE Regional Vice President of EUROPE

Professor and Head of Research, Health Promotion

Steno Diabetes Center Copenhagen

## **Bengt Lindström**

Chair of the Scientific Committee for the 10th IUHPE European Conference and International Forum for Health Promotion Research

Professor of Department of Public Health and Nursing

Faculty of Medicine and Health Sciences

NTNU

## **Geir Arild Espnes**

Chair of 10th IUHPE European Conference and International Forum for Health Promotion Research

Director of NTNU Center for Health Promotion Research

Professor of Department of Public Health and Nursing,

Faculty of Medicine and Health Sciences

NTNU

## **Siw Tone Innstrand**

Chair of the Local Committee for the 10th IUHPE European Conference and International Forum for Health Promotion Research

Professor of Department of Public Health and Nursing

Faculty of Medicine and Health Sciences

NTNU

# Scientific Committee

## **Adriana Baban**

PhD, Head of Department

PI, HBSC-survey

Babeş-Bolyai University, Department of Psychology

Associate professor - Institute of Sociology  
University of Education Freiburg

## **Anette Schulz**

Schools for Health in Europe (SHE)

Health Promotion, University College South

## **Vivian Barnekow**

NCD and promoting health through the life-course

WHO, Regional Office for Europe

## **Venka Simovska**

Professor, PhD

School development, wellbeing and learning

School of Education, Arts, Aarhus University

Pierre-Antoine Ullmo

CEO and Owner of PAU Education, Barcelona

## **Paolo Contu**

IUHPE Vice President for Communications

Professor, Department of Medical Sciences and Public Health

Università degli Studi di Cagliari, Cittadella Universitaria

## **Stephan Van Den Broucke**

IUHPE Vice President for Capacity Building, Education and Training

Université Catholique de Louvain

Faculté de Psychologie et des Sciences de l'Education

## **Didier Jourdan**

Professor

Blaise Pascal University in Clermont-Ferrand

## **John Allegrante**

PhD, LHD (Hon.)

IUHPE Vice President for Fundraising and Marketing

Professor, Health and Behavior Studies and Sociomedical Sciences, Columbia University

Faculty Steering Committee, Columbia Global Centers|Paris

## **Dolors Juvinya Canal**

Professor and director of Health Promotion

Chair of the University of Girona

## **Luis Saboga-Nunez**

EUPHA Health Promotion Section President

PT network for the promotion of health literacy

# Local Committee

## **Ola Bratås**

Associate Professor  
Department of Public Health and Nursing  
Faculty of Medicine and Health Sciences  
NTNU

## **Gørill Haugan**

Professor  
Department of Public Health and Nursing  
Faculty of Medicine and Health Sciences  
NTNU

## **Unni Karin Moksnes**

Associate Professor  
Department of Public Health and Nursing  
Faculty of Medicine and Health Sciences  
NTNU

## **Line Løkås**

Project consultant  
Department of Public Health and Nursing  
Faculty of Medicine and Health Sciences  
NTNU

## **Camilla Nguyen**

Research assistant  
Department of Public Health and Nursing  
Faculty of Medicine and Health Sciences  
NTNU