

# Health Promotion in everyday settings: The Nordic way.



EPH

October 16th

08:30-10:00

Milan, Italy



## Rationale

It is widely recognized that health promotion is a significant prerequisite to a sustainable society and an important complement to disease prevention. As suggested by the Ottawa charter effective health promotion should be conducted by utilizing a setting approach moving the target of the interventions from individuals or groups of individuals to their environments, the settings of everyday life (Kickbusch, 2003). A setting is therefore a meaningful way to look at and understand the living environments so that it can be made ready for implementation of health promotion action. The setting approach has been one of the most successful strategies in the implementation of health promotion and become a driving force in creating meaningful structures linking individuals and environments. A bigger challenge is linking the key settings into a coherent interactive entity. This workshop provides a system approach to the setting approach and discusses how the key stakeholders can implement an overall synergetic HiAP (Health in All Policies). One of the very underpinnings of health promotion ideology is user involvement. In this round table session the main objective is to show how health promotion thinking and action effectively can be applied in different settings. The session discusses the Nordic Model for public health and shows examples on health promotion research on settings like municipalities, school, work–life and health care.

## PROGRAMME

08.30 -08.40

### Opening Work-Shop

#### Chairs

*Geir Arild Espnes, Center for Health Promotion Research, Norway*

*Elisabeth Fosse, HEMIL, University of Bergen, Norway*

08.40 – 08.55

### Municipalities as settings for public health and health promotion

#### *Elisabeth Fosse*

The Nordic countries represent the social democratic welfare regime, as characterized by Esping-Andersen. This regime is characterized by its emphasis on solidarity and universalism, and the redistribution of resources among social groups, mainly through a progressive tax system and entitlements to vulnerable groups. This is a system of emancipation, not only from the market, but also from the family with direct transfers to families and children and, providing services that enable women with families to engage in paid work. Policies developed in other sectors than the health care sector play an important role for the health of the population. Policies to keep children and families out of poverty and ill-health seem to be: Labor market policies, cash benefits, childcare, access to education, participation in culture, sport and recreation, access to decent housing and safe neighborhoods, access to health care and access to social services. Municipalities have a dual role. On the one hand they are agents for the welfare state through their responsibility for implementing national policy goals. On the other hand, they form independent local democratic arenas that decide how to use national funding in accordance with local preferences and needs. Nordic municipalities have the overall responsibility for welfare provision, including services such as pre-schools, schools, child care, and care for the elderly, social support and services. Hence, municipalities are important settings when studying how public health and health promotion are being.

09.00 – 09.15

### The School as a setting: Health promotion in schools.

#### *Unni Karin Moksnes*

Schools are an important setting for implementing health promotion activities (HPA). Center for Health Promotion Research are developing mental HPA for implementation in secondary high schools in Norway together with school nurses. Mental HPA has often in Norway been to target risk populations like young with depressive thoughts. Our HPA-programs are universal program, targeting the whole student population, and aiming at strengthen the resistance resources by teaching the students how to reveal both resources within themselves, which they have available, and in their environment; peers, teachers, family etc. An important resource is to learn more about the variance within normality, to develop their mental health literacy. To learn that all young goes through phases of mental hardship, and that this is normality. The lecture will focus on the development and content of the mental HPA, the theoretical foundation - of and the implementation of the program.

09.20 – 09.35

### The Workplace as a setting: Health Promotion in the Workplace.

#### *Presenting author: Siw Tone Innstrand and Marit Christensen*

Organised by the Center of Health Promotion Research, NORWAY

The workplace has been recognized by WHO, as “one of the priority settings for health promotion into the 21st century” as it “directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society”. Thus, workplace health promotion is a pre-requisite for sustainable social and economic development (WHO). The European Network for Workplace Health Promotion has defined workplace health promotion as the combined efforts of employers, employees and society to improve the health and well-being of people at work. This vision of workplace health promotion places particular emphasis on improving the work organization and working environment, increasing workers' participation in shaping the working environment, and encouraging personal skills and professional development. This requires a comprehensive understanding on the motivational and health impairment processes involved and knowledge on the ongoing processes for improving work and health. Previous European research on occupational health has largely focused on the health impairment process involving risk factors like demands, stress, burnout and disorders. Less is known about the positive side of occupational health, including a focus on resources, *well-being* and motivation and how to implement health promoting interventions to enhance the health and wellbeing of employees.

09.40 – 09.55

Health Care Services as a Setting for Health Promotion: Health promotion in palliative care.

*Beate Andre and Gerd Inger Ringdal*

Palliative care is active, holistic care and treatment for patients with incurable diseases and short expected time left to live. Relieving physical pain and other bothersome symptoms are central together with efforts against psychological, social, spiritual and existential problems. The aim of palliative care is to improve both the patients' and the close family members' quality of life and well-being. Although dying patients may have different needs and wants, there are some assumptions that characterize "good care" for the dying, such as relief from emotional and physical problems, social support, continuity in care, and good communication both with the physicians and the nurses (Ringdal & André, 2014). Experience of death and dying may have serious consequences for the dying, and also for the family's grief work and health in the period after death. Factors that emphasize a health promotion perspective of palliative care patients and their families are important to implement in clinical practice. All approaches to patients and their families must be based on the individual and adjusted context and framework. The possibility of monitoring the bereaved after the death of their loved one is emphasized as an important health promotion intervention (André & Ringdal, 2015).

09.55-10.00

Closing comments.