

HEALTH PROMOTION

INVESTING IN HEALTH: VALUING THE ASSETS OF INDIVIDUALS, COMMUNITIES AND ORGANISATIONS

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The WHO Venice Office has recently initiated a new programme of work ‘the assets for health and development programme (AHDP)’ which aims to provide scientific evidence and develop best practice to support the promotion of health and reductions in health inequalities by maximising the stock of health and development assets both within and across countries. The programme is based on the idea of salutogenesis put forward by Aaron Antonovsky as way of focusing attention on health generation as compared to a pathogenesis focus on disease generation.

The concept of resilience has been identified as an example of a health asset which can be used to support the healthy development of young people particularly those who are growing up in difficult circumstances. Resilient young people possess problem solving skills, social competence and a sense of purpose, which can be utilised as an asset that can help them rebound from setbacks, thrive in the face of poor circumstances, avoid risk taking behaviour and generally continue on to a productive life.

The AHDP will highlight what we already know about the links between resilience and health and development, the predetermining factors required to be in place to support resilience building in young people and the actions required by families, communities, organisations and governments to create health generating environments which are supportive of the development of young people.

This paper introduces the rationale and framework for the AHDP and in doing highlights the potential benefits that investments in youth health and well-being can have on societies as a whole in the future.

Key words: health promotion, health inequalities, best practice

EVALUATION OF HEALTH PROMOTING PROGRAMS IN YOUTH HEALTH CARE

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While schools have for a long time been considered as a key setting for health promotion, the health promoting school is a more recently developed concept. As a multifaceted approach to school health, it entails a broad settings approach to health promotion, which goes beyond the formal health education curriculum in the school to include a consideration of the physical and social environment of schools and of their links and partnerships with parents and the wider community, in pursuit of better health. While it is widely assumed that the health promoting school approach is effective in influencing outcomes related to health and education, attempts to evaluate this approach have only been made recently. The presentation will review the results of existing evaluation studies and look at the methodology to evaluate health promoting school programs, arguing that health practitioners and members of the school community should be involved in the evaluation process. It will start with an overview of different approaches to evaluation and their applicability to the evaluation of health promoting schools. Next, evaluation studies will be reviewed of school-based interventions that are explicitly founded on the concept of the health promoting school, demonstrating that it is possible to integrate health promotion into the school curriculum and policies successfully, and that the health promoting school approach can influence various domains of health for the school community. In a third part, the practice of evaluation of health promoting schools will be considered, whereby the available tools and methodological challenges of evaluating health promoting schools will be discussed, and suggestions will be made to enhance participatory and user-driven approaches to evaluating health promoting schools. The presentation will conclude with a set of recommendations that can serve to guide actions of educational and health professionals at different levels to help promote health through schools.

Key words: health promotion programs, evaluation

EFFECTIVENESS OF HEALTH PROMOTING SCHOOLS: LESSONS LEARNT (257)

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The presentation covers three important issues in developing, practicing and evaluating health promotion in schools: (1) philosophy and theoretical background of Health Promoting Schools' programs with a special emphasis on salutogenic approach, and different examples from European practices, (2) challenges in evaluation and measurements of the effectiveness and impact of the programs, if any, and (3) proposals and recommendations for further development.

(1) Health Promoting Schools: The story so far

The concept of a school as a setting for health promotion has emerged in the last decades in Europe and worldwide as a mechanism to combine a variety of elements to achieve success in pursuing educational and health outcomes. This presentation describes the philosophy and key principles (democracy, equity, empowerment, curriculum design, teacher training, measuring success, collaboration with community and sustainability) in development of health-promoting schools' programs. Special emphasis is given to the role of salutogenic approach in program development.

The facts in historical development of the European Network of Health Promoting Schools are presented. An overview of practice and experiences (case stories from selected countries) is done. This overview shows diversity that exists in implementation of holistic and integrated approach in practice. Strengths and many prospects for development and innovation are presented but also a list of well-recognised weaknesses and obstacles. Using Croatian examples from practice and preliminary results of national survey, the roles and responsibilities of health professionals are pointed out as well as the expectations from teachers, parents, pupils and policy-makers.

(2) Challenges in current evaluation in Health Promoting Schools programs

Over the last years, several research studies have been conducted with the aims to assess levels of effectiveness of health promotion practice in schools, to monitor health outcomes, to ascertain the needs of those involved, to indicate areas for development and to highlight indicators of success.

Based on the IUPHE and the European Commission reports, the evidence of health promotion effectiveness in schools is described. School health promotion interventions were recognised as effective in transmitting knowledge, skills and supportive positive health choices. The evidence indicated that programs were most effective when they were comprehensive, linking the school with other partners in the community. The results also showed that effectiveness and sustainability are governed by how closely the health promotion programs are linked to the primary role of schools in developing educational skills, on cognitive and social outcomes, rather than concentrate on achieving specific behavioural outcomes. One of the most important conclusions is that health promoting school practice depends on healthy policy framework and contextual factors influenced by decision-makers.

Selected results from the European analysis of evaluation practice present many challenges in methodology of evaluation and measurement of effectiveness. Health indicators at national and school's levels are still in doubt. The answers to questions why, to whom, what and who should be involved in assessment required more discussion and support. There is a variety in needs and competences. Therefore, a tailored approach based on experience in practice seems the best way to help in further development in the field of evaluation.

(3) Proposals and recommendations for further development

There is no doubt that health promoting schools have the potential to empower pupils, parents, teachers and health professionals to achieve and have control over their health, but the setting's approach still has many challenges to be discussed and managed. The evidence is clear that schools could not be expected to solve health and social problems in isolation from other forms of public health action. The Bangkok Declaration supports this need to move from practice to policy and the crucial roles and responsibilities in this process belong to governments and states.

There are many different programs in schools, mainly focused on disease prevention and health interventions, including intensive health educational programs. In further development, more attention should be paid to relationship between different programs running in particular school – this is the time for cooperation, not competition. Special attention must be done in health sector-educational sector-civil

society relationships. Creation and availability of opportunities for sharing information at local, national and international levels must be supported. It is a prerequisite for harmonisation, not unification, in planning, implementation and evaluation of health promoting schools.

Further participatory research is crucial in development and sustainability of health promoting schools. Both sharing methodology experiences and information dissemination in monitoring and evaluation of the program at local, national and international levels should encourage participatory approaches to evaluation that provide meaningful opportunities for involvement by all those with a direct interest in health promotion initiatives.

Key words: health promoting schools

YOUNG PEOPLE'S HEALTH IN CONTEXT: THE INTERNATIONAL HBSC STUDY (67)

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The paper will describe the most recent findings from the Health Behaviour in School-Aged Children: WHO Cross-National Survey. The survey was conducted in 35 countries in Europe and North America in 2001/2. The survey used self-complete questionnaires administered in the classroom to 11, 13 and 15 year olds. In total over 160,000 pupils were surveyed. The international data have been analysed and countries compared on a range of key health indicators and health behaviours. In addition HBSC studies the social context of health with a particular focus on family, school and peers, as well as socioeconomic factors. An overview of main finding of the study will be presented with attention to health determinants in this age group. The relevance of the study's findings to policy and practice aimed at health improvement of young people will be highlighted. Examples of different modes of dissemination of HBSC research to various end users will be described.

Key words: adolescent health, adolescent risk behaviour, health in social context, social inequalities

HEALTH OF YOUNG PEOPLE IN RELATION TO SOCIAL FACTORS IN THE GERMAN FEDERAL STATE OF BRANDENBURG (56)

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BACKGROUND: In the German Federal State of Brandenburg, reporting on health and social issues is closely linked. Brandenburg's Public Health Institute is responsible for continuously reporting to the federal government on children and young people's health.

METHOD: In addition to data from official statistics (demographic trends, employment and social security) and surveys conducted among young adults, the results from serial medical examinations of 10th grade pupils are presented (2002/3; N=31.311).

RESULTS: The number of young citizens in Brandenburg aged 16-25 will rise until the middle of the decade but then fall sharply. This will apply in particular to the rural areas far from Berlin and will have profound implications for the entire infrastructure of the state. Despite the state government's efforts, unemployment among the under-25s rose from 12.6% in 1995 to approx. 20% in 2004. Sociological studies show that "work and family" are people's highest priority. However, less-educated young people are increasingly doubtful about their ability to make these two areas their priority in life.

According to medical statistics, every third young person suffers from eye and hearing disorders, and more every seventh young person suffers from allergies (especially allergic rhinitis). The same applies as regards orthopaedic data. Approx. 7% of young people are obese, pupils of special schools more frequently than grammar school pupils. In general, young people's health is often related to their education level. This is clearly underlined by the results of a sample census on health conducted in 1999. The percentage of people "ill or injured in the last four weeks" was 6.8 % for those with a low education level and 3.3 % for those with a high education level. Similar findings apply for health-risk behaviour (e. g. smoking).

CONCLUSION: Adopting a setting approach can help strengthen prevention and health promotion in schools and at the workplace. Healthy schooling, healthy professional training and good opportunities on the labour market are the key pillars of health policy in Brandenburg.

Key words: teenagers and young adults, social situation, health inequalities, public health services

**ETHNICITY, SOCIOECONOMIC STATUS AND ADOLESCENT'S HEALTH:
ADOLESCENTS, PROFESSIONALS AND PARENTS PERSPECTIVE -
QUANTITATIVE AND QUALITATIVE METHODS (52)**

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INTRODUCTION: This study is (1) to characterize the migrant adolescent's health behaviours with low social economic status, (2) to identify the differences between Portuguese adolescents and African Portuguese speaking adolescents, living in Portugal and (3) to get closer to the migrant adolescent's perspective, professional's perspective (teachers, psychologists, nurses, social assistants) and parent's perspective, opinions, attitudes, discourse and understanding regarding adolescent's health behaviours and how that is influenced by personal, social, economic characteristics.

METHODS: Two different studies were undertaken. Based on HBSC (Health Behaviour in School-Aged Children) a World Health Organization collaborative study [1] was developed a study, to test an ecological model of adolescent health and its relation with the existence of a migrant and low social economic status [2]. A sample of 1037 adolescents attending 6th, 8th and 10th grade, mean age 14.65 SD 2.2, participated in the survey, 27.6% were foreigners, and 24.3% from African countries. Focus Group (qualitative research) involved migrant adolescents, parents and health and social professional [3] [4] [5].

RESULTS: Results show that the foreigners /African adolescents with low and very low social economic status have many difficulties in social and physical contexts, and present higher risk behaviours, poor parent's communication, low school achievement, low peers involvement, substance use, more psychological symptoms and sexual risk behaviour.

DISCUSSION/ CONCLUSIONS: Statistic and qualitative analyses supported the assumption that the existence of a migrant status and the social economic status are associated with adolescent health behaviours. Social contexts mediate the relationship of a migration status with positive health.

The present study highlights the importance of using qualitative research in the clarification of special issues raised during quantitative studies, and confirms that adolescents notice ethnic differences on health behaviours. Implications of the results and directions for further research and community interventions will be discussed.

Keywords: adolescence, health behaviour, ethnicit, socioeconomic status, focus group.

LIFESTYLE, ENVIRONMENT AND SOCIO-ECONOMIC DETERMINANTS OF HEALTH AND WELL-BEING IN SCHOOL AGE IN CROATIA (195)

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INTRODUCTION: WHO European Health Report 2002 emphasises lifestyle, socio-economic determinants and physical environment as the major determinants of health. The purpose of this paper is to examine influence of lifestyle, socio-economic determinants and environment on students' health and well-being in Croatia.

SUBJECTS AND METHODS: Findings from the Croatian sample of the Health Behaviour in School-aged Children, 2001-02; school children, age 11, 13 and 15 (4352 students) Self-rated health as a subjective health indicator is used, explored by the question: Would you say your health is Excellent, Good, Fair or Poor? Correlation with 6 socio-economic (socio-economic inequality), 10 lifestyle (eating habits, physical activity, sedentary behaviour, tobacco and alcohol use) and 5 items related with environment (school as a workplace) is sought.

RESULTS AND DISCUSSION: 25,5% girls and 15,2% boys rate their health as fair or poor (Chi-square=70,3, $p<0,01$). Self-rated health is lower in the older age (Spearman's rho 0,176 for boys and 0,270 for girls, $p<0,01$, 2-tailed). In both sexes higher self-rated health is associated with 6 lifestyle items (having breakfast more regularly, higher level of vegetable and fruit consumption and physical activity, lower alcohol and tobacco consumption), 3 socio-economic items (going hungry to bed or school less often, higher assessment of family wealthy, travelling away on holiday with family more often) and all explored environmental items (peer support, being less involved in bullying, higher academic achievement, lower pressure from schoolwork). Sedentary behaviour doesn't correlate with self-rated health, with exception that the boys rating their health higher spend more hours doing homework. To emphasise is also that following socio-economic items don't influence self-rated health: having own bedroom, number of computers and vehicles in the family, with exception of correlation with the last item in female. Spearman's correlation ($p<0,01$, 2-tailed) and Chi-square test for having own bedroom ($p>0,05$) are used.

CONCLUSION: There are many items in the field of environment, lifestyle and socio-economic determinants of health observed in school age. Many of those promptly influence youth health and well-being, not to mention the impact on health in later life. This emphasises the need for health-promoting actions aimed to detected items already in school age.

Key words: self-rated health, lifestyle, physical environment, socio-economic determinants

FOOD POVERTY AMONG IRISH ADOLESCENTS (182)

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INTRODUCTION: To investigate the relationships between food poverty and risk behaviours, health and life satisfaction among Irish adolescents.

Subjects: 8,424 schoolchildren (aged 10 to 18 years) from 176 primary and post-primary schools.

METHODS: Analysis of data collected by the 2002 Health Behaviours in School-aged Children national representative study. This paper focuses on the associations between food poverty and, health perceptions, somatic and mental symptoms, and life satisfaction.

Main outcome Measure: Substance use, violent behaviour, health perceptions, mental and somatic symptoms, measures of life satisfaction.

RESULTS: After adjustment for age and social class, experiencing food poverty is found to be associated substance use, violent behaviour, negative health perceptions, frequent somatic and mental symptoms and low life satisfaction. Food poverty increases the risk for smoking, being drunk and cannabis use: adjusted odds ratios vary from 1.38 (95% CI 1.15-1.61) to 1.86 (95% CI 1.64-2.08), and for involvement in violent behaviours: adjusted odds ratios vary from 1.41 (95% CI 1.21-1.61) to 2.06 (95% CI 1.86-2.26). Food poverty also increases risk for somatic and mental symptoms: adjusted odds ratios vary from 1.48 (95% CI 1.18-1.78) to 2.57 (95% CI 2.33-2.81), and with negative health perceptions: adjusted odds ratios are 0.63 (95% CI 0.43-0.83) for boys and 0.52 (95% CI 0.28-0.76) for girls. Food poverty is also related to dissatisfaction in life: adjusted odds ratios vary from 1.88 (95% CI 1.64-2.12) to 2.25 (95% CI 2.05-2.45). For all risk behaviours outcomes the effect of food poverty was stronger among girls, whereas for most of the health perceptions, symptoms and life satisfaction measures, the effect of food poverty was found to be slightly stronger among boys.

DISCUSSION: The experience of food poverty among adolescents poses a substantial risk to their health and well being and requires the increased attention of policy makers and practitioners.

Key words: risk behaviours, HBSC, food poverty

MINDMATTERS - A PROGRAMM FOR MENTAL HEALTH PROMOTION IN AND WITH SECONDARY SCHOOLS IN GERMANY AND SWITZERLAND (18)

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Mental health promotion in and with schools is going to be one of the most important thematic strategies in school health promotion in the near future as epidemiological data show. One of the worldwide most recommended programmes ("MindMatters") which deals with mental health at school level will be presented as well as first results from a German-/Swiss- pilot. MindMatters is a resource for secondary schools (grades 5–10) which originates from Australia. The program consists out of eight booklets and a video. It addresses the following aspects: Mental health promotion and prevention of mental illness of all school members; enhancing respect and tolerance in classrooms; creating a supportive and caring school culture; creating networks and partnerships as well as improving teaching and learning. The programme is based on a whole school approach and focuses on three levels of intervention in schools: 1. Curriculum/teaching and learning, 2. School culture and environment and 3. Partnerships and services. It offers schools curriculum booklets (five booklets) and material for school development (three booklets). The pilot is funded by the BARMER Ersatzkasse (health insurance company), three GUVs (statutory accident insurances for pupils on state level) and the Swiss Network of Health Promoting Schools. The pilot started in August 2002. From February 2004 up to July 2005 the program was tested in 32 pilot schools in Germany and Switzerland. It is planned to disseminate and implement it in all "Bundesländer" in Germany and in all "Kantonen" in Switzerland. It is also planned to enrich the program with other relevant aspects of mental health promotion at school level (e.g. strengthen the cooperation with families: "FamilyMatters").

Key words: mental health, promotion, pupils, schools

THE HEALTH PROMOTING PROJECT "THIS IS ME" (223)

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In Slovenia many teenagers manifest lack of optimism, self-esteem and self-confidence and see no aim to live.

Five years ago the project "This is me" has been developed to boost self-confidence and to encourage them not to underestimate their abilities. It communicates to the young: "This is me-and that is it. I am what I am. I am creating my own self".

The project contains the website "This is me" and a variety of school activities and leaflets about love, self-esteem and healthy way of life.

The activities are running in 75 schools.

An expert team of 30 counsellors from field of medicine, social and psychology answered already 7546 teenagers' questions about their problems. They are all available on the website. The questions are about sex and love, anorexia, bulimia, self-esteem, body weight...

The evaluations of the project are very good, the teenagers accept the project very well.

We hope the long term results of the project will result in the decrease of asocial behaviour and in increase of their self-esteem and self-confidence.

Key words: youth health promoting project, teenagers, self-esteem, website advising

«CHILDREN'S ETIQUETTE OR HOW TO BE FRIENDS WITH EVERYBODY» AND ITS IMPACT ON MENTAL HEALTH OF SCHOOL CHILDREN (196)

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Croatian Union of Physically Disabled Persons Associations will conduct a program in 63 cities in Republic of Croatia, which will contribute to solve still existing problem of resistance against integration of children with special needs in Croatia and will improve mental health of school children, at the local level.

By the presentation and distribution of a very popular picture book «Children`s etiquette or how to be friends with everybody», we are going to give our contribution to the improvement of mental health of school children - future aware citizens of the society,

As the Croatian Union of Physically Disabled Persons Associations has associations on the local level, which have a good contact with the local government and media, activities for improving mental health of school children will be well networked in the cooperation with the school physicians and employees in elementary schools. It will be established one main team which should meet one a months. Two press conferences should be held, one at the beginning and one at the end of the program, when it will be presented integral review of the activities.

In each of 63 cities it will be established small organisation teams as holders of the activities in their local level. Team will consist of the local school physicians, represents of the local associations, school directors or teachers, represents of the department for education, health and social welfare. The team will animate media, as well.

While the PowerPoint presentation it will be given 50 examples of picture book Children`s Etiquette. For 63 cities total amount will be 3.500 examples. Each school will get a present – framed placard of the «Etiquette of everyday communication with disabled persons».

Results of this program will be presented on the 13th Congress of European Union for School and University Health and Medicine, as an example of good praxis.

Key words: mental health, school children

ACCIDENT PREVENTION IN THE FEDERAL STATE OF BRANDENBURG (53)

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INTRODUCTION: In the 1990s, the Federal State of Brandenburg had an approx. 25% higher rate of fatal and non-fatal accidents among children (<15 years) at home, on the roads and during leisure activities than the national average. This led to the establishment, in 1997, of a voluntary interdisciplinary alliance on “Prevention of Accidents Among Children” under the auspices of Brandenburg’s State Medical Council/Public Health Institute.

GOALS: The following goals have been defined based on safe-community criteria:

No. 1 Injury monitoring for child accidents

No. 2 Protecting babies and toddlers from the most frequent accident risks at home

No. 3 Providing toddlers with a safe life and play environment

No. 4 Injury prevention for primary-school children during school break-time, physical education classes and on the way to and from school

No.5 Evaluation of the injury prevention projects

INTERVENTION MEASURES:

- Since 1997, a statewide campaign entitled “Growing Up in a Safe Environment“ and conducted by an alliance of more than 30 institutions

- Training of key persons (midwives, etc.)

- A statewide campaign by paediatricians (participation rate: 70%) and midwives (participation rate: 60%) to advise parents on age-specific accident prevention measures.

- Learning in Motion, School Break-Time in Motion, Parent Evening in Motion – conducted by the State Accident Insurance Association at Brandenburg’s primary schools.

- Since 2003, accident prevention has been an integral part of the Brandenburg government’s health programme “Growing Up Healthy in Brandenburg”.

- Accident prevention projects are analyzed according to uniform criteria and made available statewide.

- Injury monitoring by Brandenburg’s Public Health Institute (since 1997) in cooperation with Cottbus’s Paediatric Clinic (since 2003).

CONCLUSION: Since 2003, accident prevention has been one of the Brandenburg government’s established fields of action. Analysis of the measures focuses on sustainability as well as structure and process evaluation.

Key words: accident prevention, injury monitoring, statewide campaign, evaluation

FINNISH UNIVERSITY STUDENTS' COMMUNAL HEALTH PROJECT TO REDUCE HARM CAUSED BY ALCOHOL CONSUMPTION AND TO SUPPORT A CHANGE IN DRINKING CULTURE IN 2005-2006 (47)

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Information on alcohol has practically not at all specifically directed to the critical public such as university students. There is a great amount of motivation to bring out alcohol matters, but they lack serviceable tools. Habits adopted during student years easily pass into working life and that is why there is a need to develop a student-oriented approach. This project is a part of a preventive drug programme in 2004-2006 to which the organizations mentioned above are engaged.

Objects in this project: First, we aim to bring out the social structures maintaining abundant alcohol consumption. Second, we aim to give rise to a critical discussion on the prevailing alcohol culture among university students and third, to support attitudes supporting less harmless alcohol consumption. The target group consists of the university students in Finland (140 000).

Aims in our project: First, we aim to develop an informative content output of a high level, planned with the target group. Second, we aim to introduce "ten questions" about the social disadvantages of alcohol consumption to be used as a conversational disposition. And third, we aim to produce a guide to self-control, also planned and tested with the target group. In the cooperation with the Finnish Student Health Service local health centres we present and offer out realization models how to actively change one's drinking habits. We shall carry out the project in cooperation with several student media and other media connected with student life. The process of the project will be evaluated, though the informative part of the project will be evaluated as a panel procedure by an expert group.

The condition of university students' health is an important part of the health of the population. Alcohol consumption results in harmful consequences, such as prolongation of one's studies, health, social and economic problems as well as resulting effects of inconsiderate behaviour. In the long run, a wider cultural change and change in one's drinking habits bring socially desirable and remarkable model effect in the target group.

Key words: alcohol consumption, students, student culture, information on health

SCHOOL CHILDREN'S HEALTH: 'PAPER ROUNDS' VERSUS PHYSICAL EXAMINATION? (74)

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INTRODUCTION: In Finland doctors used to examine physically all school children on the first and the eight grades. The city of Espoo changed this practice in 1999. Since then a nurse and a doctor did 'paper rounds' to find pupils with health problems. The doctor examined only those who came out this way. As a result some pupils never met a school doctor. The aim of this study is to evaluate whether the 'paper round' could replace the physical examination performed by a doctor.

MATERIALS AND METHODS: The study includes 386 pupils. The pupils were 14-15 years old. After the pupils had filled in a health questionnaire, a 'paper round' was carried out. The documents were discussed by a doctor and a nurse. The pupils were divided into two groups, those who would meet the doctor and to those who would not. In spite of the group division the doctor examined clinically all the pupils.

RESULTS: Based on the 'paper round' the doctor recommended a physical examination for 69% of the pupils, whereas the nurse recommended the same for 67%. In 240 cases (62%) this recommendation was made by both. In 41 cases (11%) it was made by either the nurse or the doctor. After the doctor's physical examination the need for a follow-up by a health professional was considered to be necessary in 83% of the cases. Percentages of pupils in need of special care were: 9 % paediatric care, 5 % surgery, 7% adolescent psychiatry, 9% ophthalmology, 2% paediatric neurology and 4% ENT special care.

On the basis of the 'paper round' it was concluded that 104 (27%) pupils were not in need of physical examination. In the school doctor's examination, however, it was found out, that 17 pupils (16%) of these 104 pupils needed special health care.

In addition a number of pupils were considered to be in need of a follow up by a health nurse and professionals of the primary health care.

DISCUSSION AND CONCLUSION: 'Paper rounds' will find a considerable part of pupils in need of health promotion, disease prevention and medical diagnostic procedures. This study shows that 16% of those not found by paper rounds, would on the basis of a doctors examination be in need of referral to specialist care. 'Paper rounds' in all probability cannot replace the previous practice of physical examination to all adolescents.

Key words: school health, adolescent, physical examination

AUDIOMETRIC SCREENING EVALUATION IN THE POPULATION OF 1ST GRADE PRIMARY SCHOOL PUPILS (100)

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AIM: To evaluate justifiability of audiometric screening conduction in 1st grade primary school pupils.

MATERIAL AND METHODS: The research included 2771 first grade primary school pupils from Split in school year 2002/03 and 2003/04. The results presented here were obtained by the hearing examination (anamnesis and examination by authorized school doctor, selected doctor and ORL specialist) at those pupils whose audiometric report was not well.

RESULTS: Hearing damage was suspected in 5.12% of pupils and after conducting the examination; the hearing damage was confirmed in 1.62% of examined pupils. In 57.74% of pupils with hearing damage suspicion, the school doctor conducted the examination and in 14.08% the selected doctor did it. 28.14% pupils were not included at the examination. Among the pupils examined by the school doctor, the newly discovered hearing damage was confirmed in 89.02% of pupils.

CONCLUSION: These examination results are showing that audiometric screening conducting among 1st grade primary school pupils is justifiable, with the aim of preserving and improving their health. To reach that aim as effective as possible, school doctors should strive for better communication with both, the parents and the selected doctors.

Key words: audiometric screening

BEDWETTING IN PRE-SCHOOL CHILDREN OF THE OSJEČKO-BARANJSKA COUNTY OBLIGED TO ATTEND THE MEDICAL EXAM BEFORE ELEMENTARY SCHOOL ADMISSION (101)

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INTRODUCTION: Bedwetting (nocturnal enuresis) is a common problem among school children and can lead to important social and psychological disturbances. The aim of the present study was to estimate the frequency of primary nocturnal enuresis (PNE) in pre-school children of the Osječko-Baranjska County obliged to attend the medical exam before elementary school admission at the Department of School Medicine in the Public Health Institute of the Osječko-Baranjska County. **SUBJECTS:** The parents of all 3,011 pre-school children aged between 6 and 7 years who were obliged to attend medical exam before elementary school admission in Osječko-Baranjska County during the year 2004, were asked to complete an anonymous questionnaire.

METHODS: The questionnaire included items about gender and age of the child, symptoms associated with bed wetting, duration of the bedwetting, frequency of daytime wetting and nocturnal enuresis, family history, urinary tract infection, parents and child's own concern about this problem and acquisition of treatments. Descriptive statistics and Chi-square test were used for data analysis. **RESULTS:** The response rate was 100%. Mean age of the study group was $6,5\pm 0,4$ years. The overall prevalence of reported enuresis was 1,4% (41/3011). There were 30 (73,2%) enuretic boys and 11 (26,8%) enuretic girls, gender differences being statistically significant ($p=0,01$; Chi-square=6,591). Family history of enuresis was present in 73,2% (30/41) enuretic children. Of the bed wetters, 24,4% (10/41) were wet once a week and 75,6% (31/41) of them were wet two or more nights a week. Of all enuretic children, 17,1% (7/41) had also daytime bedwetting. The common self-help strategy was the combination of waking the child at night to void and restriction of water intake (31,7%). Only 4,9% (2/41) parents noticed that bedwetting had effected their child social activities and had influenced their behaviour.

DISCUSSION: The overall prevalence of reported enuresis in Osječko-Baranjska County is lower than those reported from surveys conducted elsewhere in the world but the gender differences and self-help strategies are the same. The prevalence of concerned parents is also lower than those reported from other surveys.

CONCLUSION: The frequency of enuresis among the study group is much lower than those reported in other European countries. The reason for that is yet not known; although the parents' perception of this problem is certainly significant factor. Further investigations are needed.

Key words: bedwetting, enuresis, primary nocturnal enuresis, pre-school children, Croatia

HYPERTENSION IN ADOLESCENCE - PREVENTION AND EXPERIENCES (102)

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In the age of 10, 12, 14 and 17 years obligatory screening tests are performed by school doctors and school health visitors in every school in Hungary. During the physical examination the blood pressure is measured which results are evaluated in the aspect of gender, body weight, body height and age. In case of border-line and abnormal increased systolic/diastolic values, 2-3 control blood pressure measurements are performed in the schools. When the results of repeated measurements are also abnormal, further medical examinations are necessary. That is the reason why the school doctor sends the screened pupil to the adolescence outpatient clinic.

I. Aims in the schools

1. to screen and observe pupils with risk factors, lifestyle advisements
2. to find cases suspect of hypertension: sending them to special examinations as soon as possible
3. to follow the pupils with hypertension after the examinations: control blood pressure measurements in school environment, observations of possible medication, decision in the questions of physical exercises.

II. Tasks of adolescence outpatient department

1. to set 24 hours ABPM as soon as possible in the daily routine whit school attendance and evaluating the results
2. in case of cardiology consultation: ECG, echocardiography and cycle-ergometric examination to estimate physical condition
3. blood and urine tests, ophthalmological examination, abdominal sonography, etc, in order to exclude renal, endocrine and other diseases
4. in case verified hypertension:-suggestions to possible elimination of risk factors
-starting and following of antihypertensive therapy, blood pressure control, repeated ABPM
5. to hospitalise the patient if necessary

Our experiences:

1. The results of blood pressure measurements in school are often not real due to the environmental stress factors.
2. The adolescent lifestyle and habits contain more and more blood pressure risk factors to which we should pay increased attention (smoking, coffee, cola, energy drinks, body building)
3. The number of overweighted adolescents is also increasing in Hungary, so we find more and more hypertension associated with obesity.
4. One of the special problems of adolescence the hyperkinetic circulation (increased blood pressure and heart rate) should be paid great attention and treated with cardioprotective aims.
5. We have more and more primary essential juvenile hypertension cases "if you look for, you will find"

Key words: hypertension, screentests, ABPM control

OXYGÈNE! A FRENCH HEALTH PROMOTION BRIEFING ON TOBACCO FOR 7TH GRADE STUDENTS BASED ON DATA FROM THE INTERNATIONAL HBSC SURVEY - EVALUATION BY TEACHERS AND STUDENTS (128)

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INTRODUCTION: Oxygène! is a 6 pages briefing on the topic of tobacco illustrated by students' drawings and texts, designed for high-school-students, to be used in class as part of curricular civil education activities. HBSC data is used as a way for students to understand the scope of the problem among young people and to compare themselves with others in France and other countries. It has been given to all 7th graders of Midi-Pyrénées (33 000) through teachers.

OBJECTIVES: To evaluate the relevance of this action among teachers and students. To compare these perceptions and provide guidelines for further projects.

METHODS: E-mail self questionnaire sent to all civil education teachers in charge of 7th grades. Self-questionnaire in class for 7th grades students (N=2100). Qualitative interviews with teachers and groups of students.

RESULTS: 614 teachers got the questionnaire, 25.7% sent it back (n=158). Respondent don't differ much from non-respondent on sociodemographics. Globally, teachers are quite positive about Oxygène! The content was given a global grade of 7.6/10 and the presentation 7.7/10. Among those who had previously worked on tobacco with students, (n=120; 78,5% of respondents), 82.5% declare that Oxygène! has changed the organisation of the lesson, 72.4% that it has made it easier, 57.8% that it has changed its content. 85.9% of respondents would want an other Oxygène! for the coming years, and 82.4% a document of the same kind. Among the topics given by respondents for future briefings, alcohol comes first, then drugs, then contraception and STI's. Ten teachers were interviewed by a researcher in health psychology for around 20 minutes: globally, they appreciate the initiative, are happy to have a non academic but scientifically validated document but think less information would be enough for students. They complain that the distribution of the document and its evaluation were not coordinated with their own schedule for programs.

DISCUSSION: Those rather positive results among teachers will be compared to those of students (data input in progress).

CONCLUSION: The results of this evaluation will be used to prepare new health promotion materials. The results of the full teachers' evaluation and the qualitative evaluation of students show that for both groups alcohol should be the next priority. In accordance with French academic programs, this could be done for 9th graders through biology teachers.

Key words: tobacco, health promotion, adolescents, briefing

YOUTH COUNSELLING SERVICE 2003-2004 (157)

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INTRODUCTION: According to a saying, adolescent is a passenger who has not yet reached his destination, and precisely this sentence was guiding idea of the paper "Youth Counselling Service".

METHODS: Conversation, communication and advice.

From 2003 to 2004, all users of the Counselling Service were analysed.

RESULTS AND ANALYSIS: During 2002 in Split, under the patronage of UNICEF, the project "Open Centres for Youth" was implemented. The activities of "Youth Counselling Service" started as part of this project. During the above mentioned period, out of 319 users seeking help in the Counselling Service, there were 300 girls (94%) and 19 boys (6%). Users of the Counselling Service were high-school and university students aged 14-20 years. According to the analysis of reasons for coming to the Counselling Service, it was reported that 31.9% of students were coming for counselling on reproductive health care, 27.5% for counselling on contraception, 15.6% for conversation and counselling on relationship between the sexes, 12.2% for counselling in relation to physiology and menstrual cycle disorder, 8.15% for counselling in relation to the existing gynaecological disturbances and 4.38% for counselling in relation to emotional disorders. Having discussed their problems and upon given advice, the students were referred for further medical treatment in accordance with their problems (gynaecologist, psychologist, physiotherapist).

Activity objectives of the specialised Counselling Service include:

improvement of youth reproductive health care

raising levels of adolescents in information skills

decrease of sexually transmitted diseases

birthrate increase

promotion of healthy lifestyles

CONCLUSION: Adolescents should learn that sexuality is an ability to give and take. The results of the activities in our Counselling Service are in accordance with our belief that in order to realise the objectives for the improvement of youth reproductive health care, it is necessary to carry on with the activities of "Youth Counselling Service", and if necessary include other health care professionals (gynaecologist, psychologist, psychiatrist etc.).

Key words: adolescents, counselling service, reproductive health

ACCOMPLISHMENT OF HEALTH PROMOTION PROGRAM AMONG PRESCHOOL CHILDREN HEALTHY KINDERGARTEN (161)

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INTRODUCTION: In Belgrade, capital of Serbia Montenegro, since 2000th year has been conducted Health promotion program for preschool children Healthy Kindergarten. All kindergartens in Belgrade have participated in this Program.

SUBJECTS: Preschool children and their total health awareness and accomplishment of set of health promotion measures.

METHODS: It is social medicine retrospective evaluation study based on statistical analysis of program documentation. Materials are all preschool children age 3-6 years from Public Sector kindergartens in Belgrade.

RESULTS: All targeted group: preschool children, parents and professionals, according to surveys, reported adopting healthy life style concepts for improving their quality of life. Professionals have been educated to continue their role after ending the program. Also important is high community mobilisation in all municipalities in Belgrade.

DISCUSSION: creating framework for next generation to take own responsibility for their health promotion is imperative of today.

CONCLUSION: Results of the program have shown that the program accomplishment is successful among preschool children in Belgrade.

Key words: preschool children, health promotion, kindergarten

COMMUNITY NURSES' READINESS TO ACT IN LITHUANIAN SECONDARY SCHOOLS (181)

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INTRODUCTION: Health promotion through schools is effective way to improve children health only then, when it's based on reciprocal understanding of educational and health sectors. It means that health professional working for and with school community must be able to apply Health Promoting School approach.

AIM: to assess community nurses' readiness to act for and with school community.

METHODS: 321 community nurses aged between 25 and 58 working in randomly selected Lithuanian secondary schools were interviewed by special anonymous questionnaire, which validity was proved in the pilot study. The study was conducted combining both qualitative and quantitative research methods.

RESULTS: This paper presents study results related to some elements of competencies (knowledge, skills, attitudes). Data analysis indicates that majority of respondents have enough theoretical knowledge in traditional work fields such as first aid (88,6 %), immunoprophylaxis (88.0 %), personal hygiene, transmitted diseases, however, there is a lack of knowledge and practical skills regarding nutrition, health risk factors, mental health, physical activity. Only 21.5 % of nurses are able to take part in programming. Around half of nurses reported being ready to counsel teachers and students on family planning, stress coping, physical education. Even 50.5 % of school community nurses stressed that some of their activities in schools are not meaningful. More positive findings from this study were that most of respondents find their job to be interesting (93.4 %) and enjoyable (67.2 %).

DISCUSSION: The development of effective initial as well as in-service training programmes is the key strategy seeking to re-orient school health service. These programmes should mainly address issues applying theory into practice. But we need more evidence based data about professional readiness of school community nurses.

CONCLUSION: The study shows that school nurses are not ready to act for and with school community because they need competencies in many areas.

Key words: community nurse, secondary school, readiness and training

SAFETY AND OCCUPATIONAL HEALTH FOR STUDENTS AT THE KATHOLIEKE UNIVERSITY OF LEUVEN (231)

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On 12 June 1989 the directive 89/319/EEG on Occupational Safety and Health was published. Belgium translated this directive into the law on Welfare of 4 August 1996. A specific Royal Decree on trainees was published (R.D. 21 September 2004). From 1996 on trainees were treated equally as employees. Problems arose with its implementation: labour is a federal matter; education a regional one. The employer is responsible for conducting risk analysis and health surveillance and therefore costs are connected. The legislator did not provide extra financial means in the orders in pursuance of the law. In order to avoid that traineeship would have to be eliminated, the General Manager and the internal prevention service of the Katholieke Universiteit Leuven decided to take care of the organisation as well as the financing of the legal obligation.

In short following items are discussed:

Which fields the law on Welfare includes

How this legislation at K.U.Leuven was implemented

Figures in general

High-risk groups

Goals and means

Work method

Strategy

Health surveillance on students exposed to risks

The practical interpretation of health surveillance in 3 fields of study: medicine, dentistry and chemistry.

1. Medicine: In their 7 years of basic training students are invited 3 times to have a medical examination. During their 1st year of bachelor, before their nursing internship; in their 5th year before starting their 12 month-internship and at the end of their study in the 7th year. Special attention is given to biological risks to among other things Hepatitis B vaccination, tests for tuberculosis, registration and follow-up of needle stick, cutting and spatter accidents.

2. Dentistry: Students are summoned in their 2nd bachelor year and in their 5th, final year. Special actions among other things regarding moistness and health in the preclinic, lectures and safety actions (glasses). Data on the 5-years of follow-up of first aid-data.

3. Department of chemistry, faculty of science: Medical examination on students in their 3rd bachelor year. Inquiry on risks, incidents and accidents. Here we work towards the whole group. By means of different approaches among other things thorough reading through all practical manuals, risk analysis during all practicals by the people involved. Every student of the 1st year receives a CD-ROM on Handling chemicals the safe way with respect for the environment.

Key words: occupational health, students, risks, Welfare -Being

PREVENTION ACTIVITY IN BUDAPEST'S 17TH DISTRICT (232)

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The unfavourable development of the Hungarian population's health condition requires effective measures at national, regional as well as local levels. The realisation necessitates a complex strategy including planning, organising, cooperating, acting, and coordinating. It is a task of paramount importance to spread an exigency for the positive mind, for the conservation of health, and for the quality of life. This work can be successful only in case it is not characterised by occasional actions, but by long-term, continuous, and determined work. That calls for development of organisational structures and functional models. In the 17th district (85,000 inhabitants) it is five years that a conceptionally built health promotion model is running whose subjects cover the fields that are important for health behaviour. Its purpose is the application at diverse fields of the components of healthy way of life such as health culture, mental health, nutritional science, diseases, prevention of addictions, sexual hygiene, role and importance of screening tests, etc.

METHODS: public health surveillance, health survey, data collection, monitoring, setting program

CONCLUSION: For the efficient and quality work, the instruction of health education specialists and the reassessment of the structural system are of prime importance, since this task can be successful only when assisted by continuous, targeted activity provided with persons in charge. This needs specialists in required number and a well-developed network of institutions. Only this ensures an evidence-based prevention including:

- good professional knowledge
- graduate and postgraduate education
- professional standard
- internationally legitimised protocols.

In this poster work, I present the participants of this activity, the processes, methods and results of execution.

Key words: prevention, effective strategy, setting program, health, health promotion, healthy way of life, health education