

Community health information in Europe

In health sciences there is a broad consensus that even simple information on health maintenance rarely reaches those population groups that are economically and socially disadvantaged. Even though there has been a broad spectrum of projects and publications, for example, on nutrition issues developed in the last two centuries, nutrition scientists recognise that concepts and materials seem to predominantly reach such population groups that are already informed about, for example, eating disorders, overweight and malnutrition. – The editors are Barbara Freytag-Leyer und Monika Alisch.

The campaign “5 A DAY” has for many years been advising people to eat five portions of fruit and vegetables daily. Yet this is an example of how such advice is acted upon by those groups that already have good nutrition knowledge and habits and practice the type of lifestyles that the intended behaviour fits with.

Scientists argue that lifestyle-relevant areas of health are a question of communication and education in western countries. Heindl¹ points to Wilkinson who in comparing highly developed countries, argues that the healthiest countries are not necessarily the richest, but those with the least income differences and socio-economic disparities². Alternatively, the most equal societies appear to be the healthiest: They are characterised by a stronger social cohesion, closer communal life, and a high rate of “social capital”. Eventually this is the origin of participative approaches to community based health information and health promotion. These approaches have only been developed yet in a few European countries.

In certain circumstances, health is not valued as important, but becomes less of a priority. Furthermore, it is argued that the period of time in poverty declines interest and perception of health messages. Research of poverty with regard to nutrition and activity behaviour demonstrates that the gap between recommendations from experts and the understanding of laypersons has grown over the last 25 years³. Hence, ap-

proaches that strive to promote health information and integrate diverse populations are regarded as the way forward. Furthermore, pathways are explored with regard to the perception of information and chances to implement information during everyday life (living environment perspective). Appeals to the individual to change behaviour are only one pathway in health promotion. Influencing the environment we live in offers another way: for example providing health education classes in schools or extending safe cycle tracks and improving adequate green spaces. Physical education needs not be bound to rules of

any particular sport or game, but rather can just conform that it is fun to be active. With this perspective, social environmental conditions, structures of the neighborhood and living accommodations as a place of social community come to the fore.

Referring to medical anthropological investigations which emphasise the non-professional private sector of health care as relevant, Heindl⁴ assumes that the aetiology and maintenance of health (salutogenesis) as well as coping with disease significantly occur in the everyday life and not within professional care systems. So, she argues that communication and education that recognises social inequalities may be more affective in the maintaining of a salutogenetic environment⁵. In this process, it is necessary to strengthen systematically the lay perspective on health (empowerment); to make the aetiology of health (not disease) a subject of public discussion and thereby, to develop a culture of telling positive stories of healthy living (e.g. stories of nutrition and physical activity biography), as well as to start learning processes for good health behaviour early in life⁶.

In health promotion, the so-called “setting approach” is well established.

„Community health information in Europe“

Der Beitrag stellt die neue Publikation „Community health information in Europe“ vor, die als Band 1 der Schriftenreihe „Gesellschaft und Nachhaltigkeit“ des „CeSSt Centre of Research for Society and Sustainability“ an der Hochschule Fulda in englischer Sprache erschienen ist. Der Band enthält die Ergebnisse des Forschungsprojektes „Chance – Community health management to enhance behaviour“ zusammen, dass von 2007 bis 2009 unter Federführung der Hochschule Fulda in sechs europäischen Städten durchgeführt wurde. Die Herausgeberinnen des Bandes, Barbara Freytag-Leyer und Monika Alisch, fassen die drei Analyseschritte des Projektes zusammen: a) soziale und politische Rahmenbedingungen Stadtteilbezogener Gesundheitsinformation und Gesundheitsförderung, b) Fallstudien aus den sechs beteiligten Ländern (Deutschland, Österreich, Großbritannien, Rumänien, Schweden, Lettland) mit der spezifischen Vorgehensweise zur Projektentwicklung zur Gesundheitsinformation auf Stadtteilebene und c) Schlussfolgerungen aus den Befragungen sowie der strategischen Zusammenarbeit in dem Konsortium mit Blick auf Leitlinien, wie stadtteilbezogene Gesundheitsinformationen auch unter ganz unterschiedlichen nationalen Gesundheitssystemen entwickelt werden können.
kassel university press, ISBN print 978-3-86219-102-4, ISBN online 978-3-86219-103-1 www.upress.uni-kassel.de

According to its definition, the Federal Centre for Health Education of Germany⁷ describes a setting as an “area in which people follow their everyday activities and/or conduct their social life”. This complies with the idea, also distinguished by social work and health sciences, in which human beings are no longer seen as objects of professional health services, but rather as an acting and creating subjects acting autonomously. The organisation of social space and the community in its functional and territorial dimension determine the opportunities for getting informed about health, for perceiving and anticipating such information.

Based on this assumption, the interdisciplinary project “Chance Community Health Management to Enhance Behaviour”⁸ selected six European cities of various sizes and culture and further identified specific communities as local space structures to develop and test health-promoting action approaches and measures on the basis of the respective local background. In the spectrum of the European Lifelong Learning Programme, the project is based on the approach of ‘community-building’ which is beyond counselling and education campaigns designed for the social and environmental circumstances and aims to initiate the build-up of networks and local communities. On the one hand, the needs of the inhabitants in a local community resp. neighbourhood are looked at. On the other hand, circumstances and structural aspects the people are exposed to, are examined⁹. The Chance project is illustrated in the different articles presented in the book “Community health information in Europe”.

While this community-approach is known and applied in various contexts in space-related scientific and practical discourses and the setting-oriented health promotion, this action level in social space and the local community needs to be explained in the context of interdisciplinary cooperation of natural and social sciences. In the more natural scientific perspective of Nutrition Sciences, ‘space’ is more dealt with as a ‘location’ for interventions, a rather exchangeable

setting for quasi-experimental data gathering of health sensitivities¹⁰. In the urban sociology and social work, space has long been perceived as a social product where the social organisation and space are mutually dependent. Justifications for methods, which are designed participatively and according to the local space-society relationship, are derived from this¹¹. In the confrontation of the social scientific social space research and the natural scientific health and nutrition research prompts the question of lay competences (community residents) and experts in designing “correct” projects this is unclear. So, the Chance project has been also an experiment – with ambitious questions:

For example what community and neighborhood structures promote health? What impact has the cultural embedding and the social networking in a community on perceptions of health information? In addition to that, we will discuss how different health systems Europe-wide affect the perception and transformation of health information and how these different forms of health services are recognisable among socio-cultural, economical and urban neighborhoods.

The Chance research project looks to provide resources with the aim of enhancing and supporting people to be well-informed and to take responsibility for their own health in the long term. During the period of the project, selected communities from six European partner countries focused on the following questions:

- What resources are offered by the community to live healthy or healthier and what are the barriers that need to be resolved?
- Are there cultural differences in health behaviours and in the perception of health information?
- What health information is perceived in general and by whom?
- What information and health interventions are required?

The project showed how people in different European cities and different local communities live, regard information with respect to health and how they

may process it. The inhabitants of the communities were asked to participate actively in the improvement of local interventions with regard to consumer education in health. New networks and project-oriented cooperation were developed, are currently in the course of formation, or available networks were expanded. The project aims to reach socially, culturally or economically disadvantaged groups, who may be bound by the circumstances of their local and/or social space, or who may not necessarily be reached by the official information system offered by the national health systems.

Since the end of the year 2009 the local measures, several local projects and especially some off the local networks work on sustainable strategies of health information. Now the research results of the Chance alliance are presented in the book “Community health information in Europe”, which is the first volume of the series “Gesellschaft und Nachhaltigkeit” (“Society and Sustainability”, issued by CeSSt – Centre of Research for Society and Sustainability at the Fulda University of Applied Sciences).

Hereafter we summarize the main argumentation of the issue and give an once-over to the different articles.

The book is arranged in three analysis steps: The articles of the first part refer to the social, political and structural framework of the community based strategies of health information in six European countries. The involved scientists are urban sociologists, ecotrophologists, nutritional psychologists and business economists.

The introduction written by the editors Barbara Freytag-Leyer and Monika Alisch focuses on “Health information – research and interventions on the community level”. Based on the Chance project’s core thesis – the close relationship between the resources of social space and the opportunities of developing healthy behaviour patterns in everyday life, the article of Monika Alisch addresses the relevance of “Social space and the local community”. Her article “Health systems and the relevance of

health information in Europe” is an editorial work of the country profiles worked out during the Chance project to compare the conditions of different health information systems in European countries. Barbara Freytag-Leyer and Thomas Berger open the action area of lifelong learning in their article “Conceptions of ‘Lifelong Learning’ in the EU”. Lifelong learning has not only been the funding framework for the Chance project, but also particularly emphasises the education-initiative requirement of health promotion.

The next part of the book presents six country studies with their respective and specific prerequisites and project approaches: Allan Hackett, Pauline Lybert, Mark Meadows, Jackie Richards and Leo Stevenson focuses their article *Scouse nouse: empowerment of carers in Liverpool on the role of carers in influencing health behaviour for the cared for, and their role as processors of specific health information and education.*

The Swedish study of Ingela Marklinder and Margaretha Nydahl places its focal point on the everyday life of older residents in a suburban district: “Health knowledge and behaviour among residents in a Swedish city district – designing health information for the public” was based on existing structures and a good access to the target group of older residents. Mona Vintila from Timisoara, Romania especially dealt with “Creating a local network and implementing public health activities in Romania”. She had to consider that there is no tradition of community-related action of the local authorities or even the health system. The Latvian case study laid its focus on the everyday life in a housing area developed in the 1970s for the employees of a car factory and still bears the factory’s name RAF: “Public Health prevention in a former company housing estate in Latvia” outlines the circumstances of the study of Aija Eglite.

The article of Petra Rust, Elizabeth Höld and Wencke Hertsch about the Austrian case study is titled “Health factor ‘neighbourhood’: A participatory project with inaccessible socially disadvantaged groups in Vienna”. They discuss the role

of neighbourhood and participation in the living situation of vulnerable social groups. The German case study written down by Monika Alisch and Barbara Freytag-Leyer again starts with community-related action approaches especially in Germany. Their article “Turning a ‘community of space’ into a ‘community of interests’: Local health networks in Germany” focuses on the question, how common interest could be organised and how to help the non-organised residents to articulate their needs. The aspect of institutional networking indicates a demand for a sustainability of such local interventions.

The last section of the book comprises the conclusions of the international Chance-project. Two articles written by Barbara Freytag-Leyer and Christoph Klotter and by Monika Alisch and Barbara Freytag-Leyer summarise the essential results, so that the interdisciplinarity becomes visible again, as well as the very different paradigms of researching health behaviour and the practical advice for an effective Community Health Management system.

¹ Heindl, I. (2007): Ernährung, Gesundheit und soziale Ungleichheit. In: *Aus Politik und Zeitgeschichte*. Heft 42/207, pp. 32 – 38

² Wilkinson, R. (2001): *Kranke Gesellschaften. Soziales Gleichgewicht und Gesundheit*. Wien, New York: Springer Verlag, p. 129

³ Feichtinger, E. (1995): Armut und Ernährung im Wohlstand: Topographie eines Problems. In: Barlösius, E. et al. (eds.): *Ernährung in der Armut – gesundheitliche, soziale und kulturelle Folgen in der Bundesrepublik Deutschland*, pp. 295 (AG Public Health)

⁴ Ibid p 36

⁵ ibid: p 38

⁶ Naidoo, J./Wills, J. (2003): *Lehrbuch der Gesundheitsförderung*. Hamburg: G. Conrad

⁷ Bundeszentrale für gesundheitliche Aufklärung (BZgA) (2007): *Kriterien guter Praxis in der Gesundheitsförderung bei sozial Benachteiligten. Ansatz – Beispiele – weiterführende Informationen*. <http://www.bzga.de/>

⁸ Lifelong Learning Programme, Sub-Programme Grundtvig, project no. 134240-2007-DE-GRUNDTVIG-GMP. Project coordination: Prof. Dr. B. Freytag-Leyer; Fulda University of Applied Sciences, Department of Nutritional, Food and Consumer Sciences. Duration 12/2007 – 11/2009. www.community-health.eu.

⁹ The participating cities across six European countries were Fulda, Germany; Jelgava, Latvia; Liverpool, United Kingdom; Timisoara, Romania; Uppsala, Sweden; Vienna, Austria. Institutional partners were Fulda University of Applied Sciences, (Coordination); Latvia University of Agriculture, Jelgava; Liverpool John Moores University; Technical University Vienna; University of Vienna; Uppsala University; West University of Timisoara. German National Association of Senior Citizens Organisations e.V. (BAGSO e.V.); German society of home economics e.V. (dgh e.V.); Consumer Centre Hesse (VZ Hessen e.V.), Germany.

¹⁰ Alisch, M. (2009): Einleitung: Organisation sozialräumlicher Gesundheitsförderung. In: Alisch, M. (ed.) (2009): *Lesen Sie die Packungsbeilage ...?! Sozialraumorganisation und Gesundheitsinformation*. Opladen/Farmington Hills: Barbara Budrich Verlag, p. 11

¹¹ Riege, M./Schubert, H. (2005): Einleitung: Zur Analyse sozialer Räume – Ein interdisziplinärer Integrationsversuch. In: Riege, M./Schubert, H. (eds.): *Sozialraumanalyse. Grundlagen – Methoden – Praxis*. Opladen: Leske + Budrich, pp. 7 – 60