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BUILDING NEW BRIDGES FOR HEALTH PROMOTION
Activate - Mediate - Involve



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BUILDING NEW BRIDGES FOR HEALTH PROMOTION
Activate - Mediate - Involve

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Organizers, participants and objectives of the symposium

This symposium was organized by:

- the Institut für Medizin-Soziologie am Fachbereich Medizin, University of Hamburg, in cooperation with the project group Selbsthilfe und Netzwerkförderung of the independent charitable association Sozialwissenschaften und Gesundheit e.V.;
- a health promotion agency with association status entitled "Werkstatt Gesundheit - Aktionen und Innovationen für eine gesündere Zukunft"; and
- the World Health Organization's Regional Office for Europe, Copenhagen.

The symposium was attended by 28 experts from six European countries who had experience of activating, mediating and involving people for health promotion in practical, political or research settings. The participants were key people from innovative "bridge-building bodies" and at the same time acquainted with the mood and political climate with regard to health promotion in their respective countries.

The aims of the symposium were to:

- define in practical terms the concept of bridge-building functions and bridge-building bodies;
- clarify the significance of that concept in the process of developing an infrastructure for health promotion;
- build a consensus between the representatives of bridge-building bodies present on their role and the work problems facing them; and

- develop recommendations for the World Health Organization with regard to policy and implementation.

Background: health promotion and healthy public policy require new structures for management of policy, cf. the recommendations of the Adelaide Conference on Health Promotion, the experience gained by the Healthy Cities project, the international conference on "Health as a Challenge" organized by AOK (Association of Local Sickness Insurance Funds) and WHO, and the conclusions from the recent "Vienna discussions".

Conclusions from the symposium

1. In view of the urgent need to pay greater attention to health in the industrialized countries (increasing rates of cancer, allergies, chronic diseases, etc.), the participants urged forceful further development of programme policy, and especially practical work, on health promotion. They regarded the following activities, inter alia, as crucial and urgent tasks:

- further development of the theory and practice of health promotion (calls for work aimed at stimulation, development and revision);
- establishment of infrastructures and management structures (calls for aggressive advocacy of health promotion objectives, determined elaboration of organizational structures and targeted social change);
- introduction of new ideas and initiatives into existing structures, with the aim of implementing the health promotion concept in the traditional areas of the public health service, among social welfare bodies and in other sectors such as those responsible for environmental, cultural, town

planning and environmental policies (requires translation and bridge-building work).

The traditional institutions have for decades concentrated on individual care and monitoring activities and are thus overtaxed by these new challenges. Because these institutions have lagged behind in tackling new subject areas, such as the environment and health, new groupings (community initiatives, self-help groups, projects and associations) have come into being which try to do justice to these new tasks. In many countries, these new groups have a long history of disputes with, and attempted absorption by, conventional institutions.

3. One relatively new development is the increasing formation of intermediate structures, bridge-building bodies for health promotion, which cannot be readily classified either under the category of initiatives or in the conventional fields concerned. Examples include: self-help contact points, environmental counselling agencies, units for coordinating work and health, units working in the field of technology transfer and counselling, Healthy Cities coordination offices and health workshops. The participants in the symposium considered those bridge-building bodies to be particularly suited to taking on the three immediate tasks of health promotion mentioned above. The symposium offered countless examples of such bodies from the outside world.

4. Bridge-building bodies for health promotion can take very different forms. Both new and existing organizations are urged to develop bridge-building functions. The participants regarded the development of support for specific bridge-building structures as "agents of social change" to be urgently required, especially for the process of initiation and * implementation of health promotion as the guiding philosophy in health policy and practice.

5. In order to do the best possible work, bridging institutions need additional bridge-builders and bridging elements. In the most favourable case, these are independent parts of larger, networked integrated structures with functions allocated on the basis of a division of labour. To a fundamental degree, the success of their work is determined by the way in which they dissolve or resolve existing ossified behaviour patterns, divisions and cultural differences and can bring about "internal resonance" in other links and frameworks.

6. Participants in the meeting included representatives of different bridge-building bodies for health promotion. These may be classified by their "corporate identity", in order to give a clear picture of the field.

(a) The "initiative" type: bridge-building bodies which operate on a subcultural level and see themselves as takers of initiatives and/or representatives of citizens' initiatives. Institutions of this type represented at the meeting included the Frankfurter Gesundheitsforum, the Berliner Infoladen Arbeit und Gesundheit and the Gesundheitsladen in Bremen.

(b) The "innovation agency" type: bridge-building bodies which also view themselves directly as such and, in part, as agencies which have the task of professional promotion of social change and social innovation. Examples in this category include the Werkstatt Gesundheit in Hamburg and the Gebietsbetreuung Kalvarienbergviertel in Vienna. Other bodies overlap to a certain degree with those in the first category; these include the Selbsthilfezentrum in Munich, the Projekt Gesundheitsförderung in Göttingen and the Gesundheits-Akademie based in Bremen.

(c) The "bridgehead" category: bridge-building bodies which, almost as bridgeheads from conventional structures, take on bridge-building functions for health promotion in certain aspects of their work. This category applies for instance to the representatives present at the symposium of major organizations such as the Federal Centre for Health Education in Cologne, the German Hygiene Museum in Dresden, associations such as the Deutschen Paritätischen Wohlfahrtsverband and staff in some research establishments (e.g. the Interuniversity Centre for Distance Learning in Austria, the German Youth Institute in Munich) and universities. These are characterized either as outposts of the official sector or as "open doors" by which informal needs can be fed into the official system.

7. The common identity of bridge-building bodies consists in their advocacy of process innovations and structural changes for health promotion. They achieve this by:

- translating and bridge-building - mediating;
- stimulating, critically reviewing and redeveloping - enabling;
- advocating health promotion goals and consciously guiding the build-up of organizational structures and generation of social change - advocating.

In doing this, each of the three types of bridge-building bodies described above has its own specific strengths.

The initiative type:

- advocate, in the sense of radical and deliberate

representation of particular interests with regard to health promotion;

- mediate in the sense of community participation.

The innovation agency type:

- enable in the sense of stimulating and developing;
- mediate in the sense of linking and translating.

The bridgehead type:

- enable in the sense of postgraduate training and research;
- advocate within policy-making and administrative bodies, i.e. within the system itself.

8. The following elements were identified as problems and challenges for bridge-building bodies:

- the different philosophies, languages and time-frames of the various fields to be brought together;
- the definition of their own identity by bodies mediating between various fields;
- the funding difficulties experienced by such intermediate structures which, on account of their intermediate status, do not fit into conventional funding approaches.

9. The following prerequisites for success in innovative work by bridge-building bodies were identified:

- a clear self-image and a corresponding corporate identity;

- status which ensures general acceptance of the body (ability to communicate with all partners, a neutral position in terms of party and professional politics);
- accepted authority in technical matters to match the technical competence of the desired cooperation partners;
- organizational competence and reliability in applying methods of discussion-leading and group communication;
- experience of staff in as diverse fields as possible of social life (including administrative, informal and market economy structures);
- a high degree of internal individual and collective reliability, so as to be in a position to balance conflicting demands (e.g. simultaneously part of a system such as a Healthy Cities project and an external advisory body, simultaneously a management instrument and service provider, simultaneously a recipient of care and a critic of the system);
- solid financial basis of sufficient duration (at least five years) and extent (to pay for the critical mass of personnel, i.e. five staff).

Recommendations by the symposium

Recommendations to WHO and to local, national and international authorities, administrations and social insurance bodies:

- education of all health and social policy-making authorities concerning bridge-building bodies and mobilization of these authorities to support local bridge-building institutions;

- development of model programmes for building up the infrastructure of health promotion and its practical implementation: support to health initiatives, start-up funding for bridge-building bodies (of a similar scale to that allocated to economic promotion units); proposal for a cooperative association of government, economic partners and social insurance bodies; a staffing structure;
- training opportunities for staff of bridge-building bodies and other health promotion extension workers, e.g. in particular for development of policies, counselling and organization and support to initiatives taken;
- support for exchange of experience by bridge-building bodies for health promotion and promotion of the institution, as well as for identification of existing bridge-building bodies in connection with the Healthy Cities project (in this connection, WHO is recommended to pay particular attention to bridge-building bodies); support for national networks of bridge-building bodies for health promotion, e.g. similar to the Association of Austrian Environmental Advice Centres, and provision of related research;
- set up independent funding and organizational structures for health promotion (e.g. as in France) and establish specific planning units for health promotion in planning authorities at federal, regional and community level;
- at local level, show willingness, commitment and ability to develop hierarchy-free cooperation with health initiatives and bridge-building bodies;
- support for the production of a handbook setting out the experience gained by local bridge-building bodies in their work on health promotion;

- specifically for sickness funds and social insurance bodies: recognition of responsibility for health promotion, elaboration of targets for content, issues and volume of funding; readiness to go beyond competition and the use of health promotion as a means of carrying out PR work, in order to become involved (in terms of content and funding) in joint activities;
- commitment to and cooperation in local round table discussions with health initiatives, local government bodies and professional and economic groupings.

Recommendations to new bridge-building bodies for health promotion

- organize more intensive exchanges of experience, build up continuing education and supervisory structures, carry on national and international networking with the aim of developing identities and mutual reinforcement;
- seek to mobilize resources not only for the bridge-building bodies themselves and for health initiatives but also to generate resonance in established institutions for the cause of health promotion and thereby bring about internal changes, and to intervene actively for such changes;
- be a partisan for the cause but impartial as an institution;
- bring together elements from all three cultures - government, market, private sector - (as value systems), i.e. strive to bring together a team which is based on diversity rather than on a unitarian view;
- jointly take on tasks which are too extensive for a single institution.

Recommendations by the symposium for research:
Philosophy

- the multisectoral approach and individual involvement in health promotion should also be seen as principles governing research on health promotion;
- the high degree of specialization and division of labour between those carrying out research and those making use of it have led to rifts between research, policy and practice; the original guiding concept of the university as the unification of research, teaching and practical work/application should be resuscitated;
- knowledge generation and education are the bases of emancipatory processes to which all individuals should have access;
- research must also assume its own networking and mediating bridge-building functions.

Approaches and methods

The participants had positive experiences in particular with:

- pilot projects and related research such as those which test new structures and methods of work on health promotion and which yield applications;
- applied research carried out in indirect cooperation with practitioners;
- evaluation studies which result in self-awareness and demonstrate the effectiveness of well founded promotion of projects (criteria must be developed together with research subjects);

- activating, interactive, participative research which makes a principle of involving the groups of people being investigated and enables a joint learning process to take place; in this way, research can help give a voice to people who have not yet organized themselves.

Research on bridge-building bodies

- Bridge-building bodies are new and very diverse social forms whose structural and functional characteristics require further study in order accurately to chart their possibilities and limits.
- Such studies should be carried out in all the social fields of particular relevance to health promotion, and in particular with regard to the environment, employment, urban development and the promotion of self-help and networking; this applies in particular to institutions covering several fields.
- Research in this area must be interdisciplinary and multisectoral; it can profit from international comparisons, since the establishment and development of bridge-building bodies has proceeded to different degrees in various countries.
- Research on bridge-building bodies in health promotion should be seen as a process which itself builds bridges between individual disciplines and with policy, practice, individuals and the groups organized by them.

Annex 1

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