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WORKSHOP ON TRAINING IN HEALTH EDUCATION

Report

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## CONTENTS

|   | <u>Page</u> |
|---|-------------|
| 1. Introduction . . . . .   | 1           |
| 2. Scope and purpose of the Workshop . . . . .  | 1           |
| 3. Orientation and goal-setting: self-empowerment for the year 2000 . . . . .         | 1           |
| 4. Development of postgraduate courses: the FCHE experience . . . . .                 | 2           |
| 5. Problems associated with international postgraduate courses . . . . .              | 2           |
| 5.1 Problems associated with attendance of key personnel . . . . .                    | 2           |
| 5.2 Problems deriving from heterogeneity of intake . . . . .                          | 2           |
| 6. Guidelines and recommended approaches for an international summer school . . . . . | 3           |
| 6.1 Aims . . . . .  | 3           |
| 6.2 General organization . . . . .  | 3           |
| 6.3 Content of the summer school curriculum . . . . .                                 | 4           |
| 6.4 Dissemination . . . . .   | 5           |
| 7. Conclusion and future activities . . . . .   | 5           |
| Annex 1 List of participants . . . . .  | 6           |



## 1. Introduction

The Workshop on Training in Health Education was organized by the WHO Regional Office for Europe in collaboration with the Federal Centre for Health Education, Cologne. It was held at the Federal Centre for Health Education. Participants were welcomed by Professor M. Steinbach, Head of Department, Ministry for Youth, Health and Family Affairs, Bonn, and Dr U. Canaris, Director, Federal Centre for Health Education, Cologne, who also acted as Chairperson. The meeting was opened by Dr I. Kickbusch, Regional Officer for Health Education, on behalf of the WHO Regional Director.

The Workshop was attended by 19 experts in the field of health-related education and training. The following eight Member States were represented: Austria, Belgium, the German Democratic Republic, the Federal Republic of Germany, Italy, Netherlands, Sweden and the United Kingdom. In addition, the Federal Centre for Health Education (FCHE) and the International Union for Health Education (IUHE) were represented.

## 2. Scope and purpose of the Workshop

The aim of the meeting was to recommend new directions for training in health education based on the new health education programme of the WHO Regional Office for Europe. The three main goals of the health education and lifestyles programme (EUR/RC31/10) are:

- (a) to raise individual competence and knowledge about health and illness, about the body and its functions, about prevention and coping;
- (b) to raise competence and knowledge to use the health care system and to understand its functioning;
- (c) to raise awareness about social, political and environmental factors that influence health.

In its discussions, the Workshop drew on the experience of Working Group 2 (Professional Training in Health Education) of the IUHE and took account of the initiatives developed by the health education programme since September 1981. It also benefited from the experiences gained in national and international education and training courses in the European Region.

A further major concern of the Workshop was to explore the feasibility of establishing a European summer school on health education and health promotion as a first step in the development of a core curriculum which would serve to actively promote health education and health promotion. Such a curriculum should emphasize lay, community and alternative health care and the promotion of lifestyles conducive to health. It was considered especially important to examine ways in which curriculum innovations resulting from these developments might be disseminated to Member States.

With the guidance of the Workshop, a provisional work plan would be drawn up to develop further training aspects of the health education programme of the Regional Office for Europe and the role of a resource and information centre for training.

## 3. Orientation and goal-setting: self-empowerment for the year 2000

The Workshop was seen as an important element in the regional health education strategy. The major goal of the lifestyles programme might be described as self-empowerment for the year 2000. People should be fully involved in making genuine informed choices about their health and their lifestyle. However, the new health promotion initiative involved more than self-help: it was equally concerned with matters of social policy. Full participation in decision-making about lifestyles should be based on critical consciousness-raising about the environment and social circumstances. It was therefore essential that key decision-makers and professionals involved in health and social policy-making should be fully conversant with the regional programme. They should also be motivated to support it.

The importance of providing a postgraduate training programme which would influence a variety of professionals in different organizations and institutions in the European Region was self-evident and fully supported by the Regional Office. Reports from collaborating centres emphasized the need for a network of cooperating training bodies with the Regional Centre acting as a clearing-house.

Three main goals were therefore proposed as a basis for discussion and elaboration:

- (a) the establishment of an international summer school;
- (b) the formation of a collaborative network of trainers and consultants;
- (c) the production of a health promotion handbook.

#### 4. Development of postgraduate courses: the FCHE experience

Discussion of the principles governing international, interdisciplinary postgraduate courses drew heavily upon the experience gained by the FCHE in organizing four such courses since 1979. In addition, the Workshop's deliberations were substantially guided by the experiences of the European consultants and their reports of the current training situation in Member States. Information on international programmes of education and training in health education has also been collected since 1978 by Working Group 2 of the IUHE, and data from this source provided a major contribution to the Workshop. This data base will be continually updated and will inform on future developments.

The FCHE courses were developed in cooperation with the WHO Regional Office for Europe, starting in 1973. The first group of students enrolled in 1979, since when four further courses have been run. The main aim of the courses has been to develop a health education curriculum for a European target group of multidisciplinary, multiprofessional planners and decision-makers. The courses, which were of approximately six weeks' duration, had the following rationale:

- (a) they were based on the maxims produced by the US Society of Public Health Educators;
- (b) they adopted the philosophy of WHO as expressed in:
  - the proceedings of the Conference on Primary Health Care held in Alma-Ata;
  - the regional strategy for health for all by the year 2000;
  - the regional programme for health education and lifestyles.

This holistic, socially-oriented approach to health education was accepted by the Workshop as the appropriate philosophy for future postgraduate training programmes.

The methodology adopted by the FCHE courses was based on the principles of student-centred learning, discussion-based and experiential approaches in the context of an "open curriculum". The courses were subject to formative evaluation. Programmes, learning strategies and teaching methods were subsequently modified in response to various organizational and other problems. The experiences of the course organizers contributed to the identification of potential difficulties for an international summer school and to the formulation of certain key organizational and pedagogical principles.

#### 5. Problems associated with international postgraduate courses

The planning of training activities associated with the proposed summer school should take account of difficulties experienced by those running existing courses of this kind. International courses pose particular problems.

##### 5.1 Problems associated with attendance of key personnel:

A particular difficulty is likely to be experienced in ensuring the release of the "key decision-makers" for whom the courses are primarily intended. Courses of seven or eight weeks' duration were too long for some people. Although academic personnel might find time, absence from work of those in the higher echelons of public health, social policy and politics may prove problematic. This difficulty would be exacerbated where those having this kind of heavy professional responsibility had to attend a course held in another country.

##### 5.2 Problems deriving from heterogeneity of intake

Undoubtedly, the major difficulties to be faced by an international course are those stemming from the heterogeneous nature of the student intake. While there are always creative benefits in heterogeneity, there are also intrinsic problems.

Language: It is self-evident that participants should have a sufficiently sound grasp of the course language to enable them to handle new and sophisticated concepts. The FCHE course was therefore restricted to those having a thorough knowledge of German.

Professional culture shock: Problems may well arise where multidisciplinary groups, such as medical doctors and social scientists, attempt to communicate their own professional perspective - even if they succeed in discarding their peculiar metalanguage. The problem will be greater where different international social and professional systems are represented.

Pedagogical issues: Certain pedagogical difficulties may arise in any course which is concerned with the potentially diffuse and multifaceted character of health education. Particular attention must be paid to such issues where health education courses are both multidisciplinary and international. The following particular items have been identified:

- (a) the possibility of cognitive overload due to use of didactic techniques and too many visiting "experts";
- (b) the problem of transferring the theoretical understanding acquired on the course to professional practice and the general difficulties associated with "re-entry" to the work situation;
- (c) the importance of meeting participants' affective needs.

Political problems: The new public health approach of the lifestyles programme contains many potentially politically contentious issues. These issues need especially sensitive handling in an international context and have methodological implications, for instance the use of group discussion rather than lecture-based approaches.

Funding: The question of funding may need consideration. Where international courses have substantial national funding, attempts may be made to influence curriculum content to meet perceived national rather than international requirements.

## 6. Guidelines and recommended approaches for an international summer school

Given the problems involved in running international postgraduate courses, it was considered important to demonstrate that there were significant benefits to be derived from an international course compared with, say, single nation courses working in accordance with WHO programme guidelines. There was, however, a strong conviction among those who had been actively involved with international courses that participants' professional horizons had been expanded as a result of contact with workers from a variety of countries and cultures. Moreover, their perspectives on health and health education had often been radically altered. The IUHE strongly supported the notion of a summer school as a means of providing a general framework for international collaboration.

### 6.1 Aims

A summer school study seminar would represent the culmination of three years' conceptual work. It would be a major step in consolidating the health education principles accepted by Member States and should result in the translation of these principles into action. The main purpose of the summer school would be to provide an expert international forum in harmony with WHO programmes. Its aim would be to promote the new public health approach in health promotion and health education. This rediscovery of the public health tradition should increase knowledge and understanding of the personal, social and political dimensions that impinge on health education programmes and interventions. The summer school programme would adopt an ecological approach to health and health education; it would focus on core concepts of health education and health promotion; it would aim to familiarize participants with the state of the art of interdisciplinary research relevant to education programmes and interventions.

### 6.2 General organization

It was agreed that the course would not parallel existing national courses but rather supplement and energize them. It would last for approximately 14 days and thus be more accessible to the target group of participants. It was intended that some 18 course members should work with six faculty members. It would consist of four main areas, plus additional time for options:

- (a) core concepts;
- (b) state of the art: research frameworks and methodologies;
- (c) optional/modular units; e.g. evaluation schemes and case studies;
- (d) joint evaluation involving simulation and gaming.

The Workshop endorsed the "country house" or "boarding school" strategy, in which participants work in a relatively isolated situation which makes possible concentrated, uninterrupted work and which facilitates changes in awareness and attitude.

Target group: It was considered essential that participants should be key decision-makers in fields related to health. They should be from various backgrounds - particularly those not directly involved in health education but whose cooperation would be essential to changing social policy and generally promoting health. Once attitudes had been changed and consciousness had been raised, it was envisaged that these influential figures in the community might act as multipliers and "animateurs" for the WHO concept of health. The target group might include key personnel within medicine and public health, nurse trainers, politicians and administrators, mass media directors and members of the education profession. It would also be advisable to include members from the grass roots in all study seminars.

It was also important that the course should be systematically designed with clearly defined objectives. This latter process should include the formulation of a "contract" with students which would help to minimize some of the problems experienced in other courses where the students' agenda did not necessarily coincide with that of the course organizers.

In order to minimize problems associated with the heterogeneous intake inevitable with multidisciplinary international courses, some element of selection must obtain. An attempt should be made to ensure that students shared certain common characteristics. It would be helpful, for instance, if subregional courses could be organized for, say, southern Europe. Alternatively, courses could be organized on the basis of participants sharing common problems. However, great care should be exercised to avoid unproductive categorization, for instance division into poor countries or rich countries, east or west.

Nonetheless, the interdisciplinary nature of the courses would still generate some difficulties. These might be minimized by providing preliminary preparation for participants. This could range from personal contact and diagnosis of student needs to the provision of background information. This latter proposition would be especially useful if factual information were provided - perhaps on epidemiology, psychology or sociology where participants were not already conversant with these areas.

Although there was general support for courses designed for multidisciplinary groups of students, the possibility of providing seminars for target groups of doctors from various specialties should not be ignored. A unifying topic might be to change attitudes and steer members away from the medical model.

### 6.3 Content of the summer school curriculum

The course content would be designed to consolidate existing developments: empowering lay people, promoting self-help, general support of primary health care, promotion of the lifestyles programme. More specifically, three major content areas were identified. The first would examine incentives for healthy lifestyles, including aspects of social policy, public participation and the development of social networks. The second would be concerned with fostering healthy individual behaviours, including lifeskills, diet and exercise, creativity, stress management and the development of social and sexual relationships. The third area would have to do with the reduction of harmful activities, such as smoking, drug and alcohol abuse and traffic accidents.

Methodology: An emphasis on didactic methods should be avoided. Methodology should be flexible and student-centred. However, the limitations of student-centred work should be recognized and an appropriate balance struck between the cognitive and affective aspects of the courses. Although students' own personal needs should be acknowledged, it should be understood that postgraduate courses of the type envisaged were not self-indulgent exercises in group dynamics. The illusion that students did not need expert guidance should be dispelled. Factual information was frequently required, and facts should be clearly distinguished from controversy and value judgements. Group discussion and values-clarification exercises were essential in relation to affective issues, but didactic approaches were occasionally necessary.

Visiting experts had proved problematic in pilot courses, and they should be used with circumspection; they were probably most useful in supplying factual inputs. They should always be fully briefed and preferably work alongside student groups for a reasonable period of time rather than putting in relatively brief appearances. Ideally, they should act as facilitators and resource persons.

The diverse learning needs of heterogeneous groups of participants should be recognized. Flexible use should be made of a range of experiential methods which would allow students to transfer learning from theory to practice. In addition to lectures, dialogues and discussion approaches, syndicate work, simulation and games and other experiential methods should be employed.

#### 6.4 Dissemination

Effective dissemination should be a major feature of the proposed summer school. Three major strategies should be undertaken, as follows.

Training network: A training network should be established in order to provide national and international health education training courses in the European Region. This would derive from the summer school and be guided by an advisory board. This should, in turn, stimulate activities in countries with no training facilities. Where national programmes already exist, the summer school initiative could lead to fruitful developments.

Resource handbook: A handbook, guide or "kit" might be produced to facilitate further developments in member countries and consolidate the work of the summer school. This could be used by the training network.

Collaborating centres: Both existing and newly established collaborating centres might play a major part in disseminating the programme initiatives from the summer school.

#### 7. Conclusion and future activities

The proposed international summer school has received strong support from both IUHE and Workshop members. Although some concern has been expressed about potential problems of international recruitment, there has been general agreement about the desirability of consolidating the new European health education programme through a summer school and associated training network.

Timetable: A timetable of activities has been agreed with a view to producing a pilot course in July-August 1984. The following programme of activities has been devised.

- (1) Designation of an advisory board on "Training in health education and health promotion". The advisory board would serve two basic functions:
  - (a) to provide recommendations on core curriculum and methodology for the European summer school;
  - (b) to advise the network on health education training activities in the European Region.
- (2) A questionnaire on training activities in health education and health promotion is to be sent to all HED counterparts in the Region. Replies by September 1983.
- (3) A consultant to work on core curriculum.
- (4) Application to Member States to finance pilot run.
- (5) Feedback on training activities in the Region to HED counterparts.
- (6) Draft of core curriculum.
- (7) Workshops of representatives of training activities/institutions/programmes in the Region:
  - (a) to discuss core curriculum and methodology developed for the summer school;
  - (b) to set up a network on health education programming.
- (8) Final selection of faculty for the summer school.
- (9) Invitations to Member States to participate in the first pilot run of the summer school.
- (10) First pilot run, of course, at EURO for staff.
- (11) First pilot run of European summer school in health education and health promotion.

Annex 1

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