

COMMUNICATION SESSION H

INNOVATION IN TRAINING HUMAN RESOURCES FOR HEALTH THROUGH QUALITY DISTANCE LEARNING PROGRAMMES

Rosa Giuseppa Frazzica

Salvatore Giambelluca; Danilo Greco;
Maura Cascio; Valentina Botta; Vanda Anzaldi
CEFPAS

Purpose

CEFPAS the Centre for Training and Research in Public Health of the Sicilian Regional Government has invested in developing Distance Learning (DL) products and its goal is to make its specialised, advanced training widely available. It also aims at making its DL contents learner-friendly and accessible to all those who cannot take a conventional classroom course. In July 2004, CEFPAS was involved in the national experimentation on e-Learning for health sector personnel promoted by the Ministry of Health (MOH) with a DL course on Interventions and strategies of Health Education in Adolescence.

Introduction

In 2004 the Ministry of Health has chosen 64 Distance Learning Providers and CEFPAS was one of them to keep, develop or increase the knowledge, the expertise and the performance of health professionals.

Methods and materials

CEFPAS designed its DL model with end-users in mind and with the objective of removing barriers to its usage. It also provided innovative technology that is easy-to-manage and easy-to-use, comprehensive and ready to be activated either at home or at work. CEFPAS DL model lessons are easy to follow because they include animation, film clips, graphics, and sound, which enrich and make the learning experience more enjoyable. The language used in the DL course proposed by CEFPAS, which is targeted to a national audience, is Italian. In order to use the multi-media CD-Rom training course correctly, trainees can choose from a wide variety of tools and services: the Courses Home page; Interactive maps; Interactive tools; Navigation tools. Most important are the interactive tools as they allow trainees to use effectively materials selected by the trainer for Learning support (Tutoring on line, by phone and e-mail) and other resources (Web Link; Glossary; Bibliography). To support Learning Processes (LP), CEFPAS has activated a Web Area whereby access to the system is allowed by recognition of the course member through personal identification. This Web Area is provided with a Guest Book for those trainees wanting to give advice on how to improve the LP.

Results

69 Providers recognized by the MOH are taking part to the National experimentation on e-Learning for health sector professionals involving about 136.000 users of different professional typologies. 187 health professionals from 13 different Italian Regions have taken CEFPAS e-learning course Intervention and strategies of Health Education in Adolescence, women being 89% of the sample.

Following is the distribution of trainees by professional typology:

- 39% Social and health workers
- 37% Dieticians
- 20% Psychologists
- 4% Professional educators

The training activity was evaluated in terms of learning and client satisfaction. The former consisted in the administration of an on-line multiple-choice questionnaire, which allowed to assess the learning elements of the training activity. The results showed that 86% of the participants passed the test.

The most significant data regarding the satisfaction evaluation were:

- a) Relevance of the issues 83%
- b) Training quality 83%
- c) Effectiveness 76%

Discussion and conclusion

Since January 1996, CEFPAS has been developing high quality classroom training activities for social and health personnel. In April 2003, a team was created to develop innovative, high quality e-Learning products, promote DL initiatives and support trainers in the pedagogical characteristics of on-line education. Nowadays, DL is one of the most important components of CEFPAS training programme.

According to our experience, DL main benefits are:

- Increase in the number of trained health personnel: CEFPAS DL courses have attracted 96% new participants.
- Accessibility: training contents become accessible to users in different geographical areas.
- Scaffolding: there is a ever-growing amount of inter-related information.
- Interaction: users, trainers and tutors are linked up, sharing ideas, information and developing joint projects.

Keywords: e-learning, quality, interaction



Innovation in Training Human Resources for Health through Quality Distance Learning Programmes

Authors: R. G. Frazzica; S. Giambelluca; D. Greco; M. Cascio; V. Botta; V. Anzaldi



Centre for Training and Research in Public Health



- A Sicilian Regional Government Institution
- An organisation similar to Local Health Organisations
- It started its activities in 1996



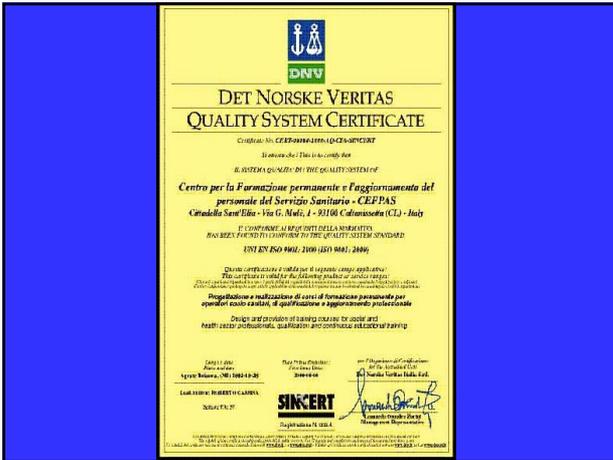
- 16 buildings for 26.000 sqm of covered surface:
- 11 buildings for training
 - 1 gymnasium for sports & rehabilitation



- 1 hotel with rooms and conference space
- 3 dormitories with 210 rooms



The Auditorium



CEFPAS, has invested heavily on e-Learning activities



- In 2003, the e-Learning team was created to focus on developing e-Learning activities
- In April 2004, CEFPAS became a Distance Learning Provider making its advanced training widely available

Definition of DL by ECM

- DL includes ECM training activities transmitted to users in various locations
- It uses printed information, videotapes, floppy disks, Cd-Rooms, Multi-media events and allows its unlimited usage in different places at the same time.



the ECM National experimentation

14

Interventions and strategies of Health Education in Adolescence

Interventions and strategies of Health Education in Adolescence

- Duration: 20h
- Marks: 12
- Applications: 280
- Participants: 198
- Renunciations: 11



187 participants completed the course

Distribution of participants by profession

- Social and health worker 81
- Dieticians 70
- Psychologists 36

Total participants: 187



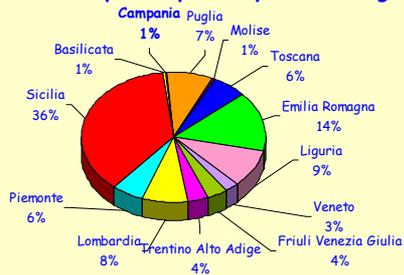
Distribution of participants by Italian Regions

187 health professionals from 13 different Italian Regions have taken part in CEFPAS' e-learning course



73 participants (36,86%) work in Sicily

Distribution of participants by Italian Regions



**Innovative technology:
easy to manage and easy to use**

20

"Interventions and strategies of Health Education in Adolescence"

The fruition of the course is "off line"

**Auto-Install
Auto-run**



DL lessons include:

- Animation
- Film clips
- Graphics
- Sounds



Interactive TOOLS

The user interface allows participants to use the interactive educational and training materials selected by the trainers



The home page key allows access to the first page of the course:
Instruction, Staff and Authors, Credits, Enter the course



Home Page Content

Instructions

Contains all the information in order to use the multi-media Cd-Rom correctly.

Staff and Authors

It includes detailed information and CV of the key people responsible for the project implementation (scientific referees, trainers, Cefpas' staff).

Credits

This page shows those who have developed the multi-media Cd-Rom (Scientific referees, trainers, Cefpas' staff and the Interactive Multi-media Society).



Enter the course
by clicking on this key, participants can start to use the course.

Interactive Map



The interactive map allows one to surf the contents through the course structure and to enter into each lesson

Interactive Tools



Learning support and resources include documents, exercises, case studies, graphics, and self-assessment resources selected by trainers to go deeper into each theme of the course

Web Link
this allows users to visit the web sites related to the theme of the course

Interactive TOOLS



Glossary
Contains all the keywords used in the course, organised in Alphabetical Order.

Bibliography
A list of books, articles, and documents that are useful in studying "Interventions and strategies of health education in Adolescence" in depth.

Exit
This key allows users to exit the course.

Navigation tools

The lower menu bar allows participants to move through the pages in the course. Navigation tools are at the bottom of each page and they allow users to return to the previous one, move forward to the next and return to the lesson's home page.



Links
By clicking on a link users will access other learning supports and resources such as Author's Biography, case studies, articles, glossary, bibliography and so on.

Navigation tools



Turn the speaker on. This tool shows the presence of the audio, making the learning experience easier for the participants.



This tool makes it possible to repeat the content of the page, with "Flash Animation", as many times as the participants wish.



This allows the user to see, in animation, the first page linked up with other 3 or 4 pages.

What communication tools are used for?

Communication tools



DL Services



Tutoring on line

Gives participants the help they need to consult the contents through e-mail and forums.



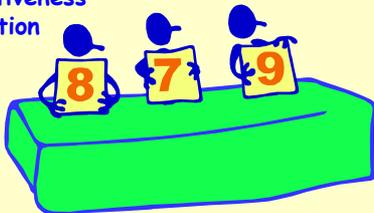
Help desk

Requests for help in the case of technical problems may be sent to the "help desk" either by e-mail or by telephone.

Main results

CEFPAS in the E-Learning National experimentation

- The training activity was evaluated in terms of:
- learning effectiveness
- client satisfaction



Learning evaluation

To support the learning process, Cefpas has activated a Web Area, to be found on the Centre's WEB SITE

www.cefpas.it

Como FAD
Interventi e strategie di Educazione alla Salute in adolescenza
Area ad accesso riservato
Inserire nome utente e password per accedere

Nome utente	<input type="text"/>
Password	<input type="password"/>
<input type="button" value="OK"/>	

Test on line

Access to the system is allowed by recognition of the course member through a personal identification (user's ID) and a password

Oggi è:
Martedì, 13 Luglio 2004

Area comune

BENVENUTA Maura Ignazio Cascio

Calendario

Staff

Test apprendimento

Agenda

FAG

In evidenza

Si ricorda di compilare ed inviare il test di apprendimento entro il 20/08/2004

Aggiornato a Lunedì, 12 Luglio 2004

Cliccare per uscire dall'area riservata

Test on line

The test consists in the administration of an on-line multiple-choice questionnaire



2 attempts to complete the Test are allowed

4/5 of the answers must be correct

The results showed that 86% of the participants passed the test

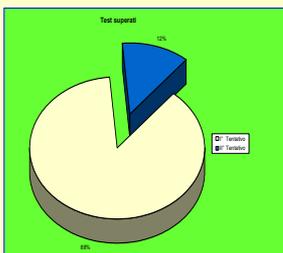
Learning evaluation

First attempt

The results showed that 88% of the participants passed the test.

Second attempt

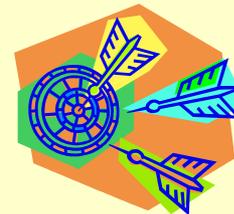
The results showed that 12% of the participants passed the test.



The results showed that 6 participants didn't pass the test.

Satisfaction evaluation

The most significant data regarding the satisfaction evaluation were:



- Relevance of the issues 83%
- Training quality 83%
- Effectiveness 76%

What are the main benefits?

Rapid increase in the number of trained health personnel

Cefpas' DL course has attracted 96% new participants.

Accessibility to training information becomes possible to users over large geographical areas



Scaffolding: there is an ever-growing amount of inter-related information



Interaction: users, trainers and tutors are connected for sharing ideas and information, developing projects

What future developments are foreseen in Distance Learning?

The future

- Increasing development of e-learning products
- More research on quality
- Assessment of effectiveness



USING ON-LINE VIRTUAL CLASSROOM AND VIDEO-CONFERENCING SYSTEMS AS A TOOL FOR PUBLIC HEALTH EDUCATION AND RESEARCH AT THE TRNAVA UNIVERSITY IN SLOVAKIA

Marek Majdan, mmajdan@truni.sk
Trnava University, Faculty of Health and Social Work,
Department of Hygiene and Epidemiology

Purpose

The purpose of this presentation is to present the activities which our department is using the video-conferencing and on-line virtual teaching/learning technologies for, to discuss the advantages-disadvantages of these technologies and to share and discuss.

Introduction

The Department of Hygiene and Epidemiology at the Faculty of Health and Social Work of the Trnava University has been introducing in the last couple of years new teaching/learning technologies into its educational and research practice.

The two main tools which at our department are more and more widely used are the video-conferencing technology and an online virtual classroom system.

We have used the video-conferencing for three courses included in our public health curricula taught by a lecturer from Denmark. Our department organised last year a series of lectures focused on improving the research skills and on widening the public health knowledge of the Trnava University students. We have also widely used this technology as a communication tool for research purposes.

The online virtual classroom system has been used for learning, teaching and research purposes. Several department members took part on different on-line courses provided by the University of Iowa. The annual Summer School of Rural and Environmental Health organized at our faculty is divided in two parts: the on-line part which includes one lecture weekly for 6 weeks via this virtual classroom system and the on-site part.

We also started a discussion series through this system oriented towards public health professionals throughout Slovakia focused on different relevant public health topics.

I find these teaching/learning technologies certainly edge-cutting and I refer with this presentation to the theme #4 of the conference.

Methods and materials

I compared these two learning/teaching technologies focusing on the technical requirements, simplicity of use and advantages/disadvantages from the viewpoint of the students and the lecturers. I based my comparison on experiences I gained during the activities I described above and on opinions I obtained from speakers and students taking part on these projects.

Results

According to the technical requirements we can say that the online-virtual classroom is more convenient. It requires only a dial-up connection and a computer with a relatively low level of technical parameters. This tool is interactive—there is a possibility of easy and convenient communication via audio and via direct messaging system where the participants can communicate

through typing messages. One of the best advantages of this system is its virtuality-the fact that neither the students nor the speakers have to be in their office or classroom. The minimal technical requirements ensure that it is possible to connect nearly from wherever where there is a connection. On the other side there is the video-conferencing system which has higher technical requirements and it is suitable for classroom sessions. The speaker might be abroad but there is a good „personal contact “between the speaker and the students because they can see each-other. Both the students and the speakers appreciate this contact and find it to be a big advantage of this system.

Discussion and conclusion

Both of the technologies I described above are suitable for certain things. The virtual classroom is more suitable in the cases when the participants are from all-over the country/world because they can connect to the session from where they are and be part of a highly realistic class. The video-conferencing system is more convenient in cases when the speaker is abroad although it has higher technical requirements. All in all I am sure that both of them are a good solution how to make the education and research more effective and to save money and time.

Keywords: Learning/teaching technologies, virtual classroom, video-conferencing

Using on-line virtual classroom and video-conferencing systems as a tool for public health education and research at the Trnava University in Slovakia

Marek Majdan

Department of Public Health, Trnava University, Trnava, Slovakia

XXVII. Annual ASPHER Conference, Yerevan, Armenia, 17-20 September, 2005

Purpose of the presentation

- Present two internet based technologies used at the Department of Public health of the Trnava University
- Discuss the advantages-disadvantages
- Share our experiences

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Two technologies

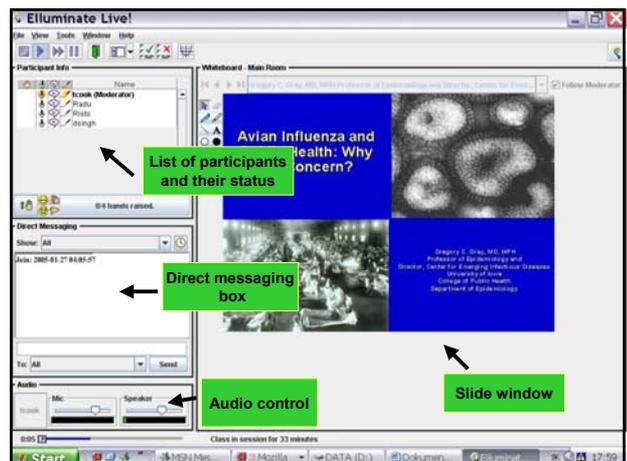
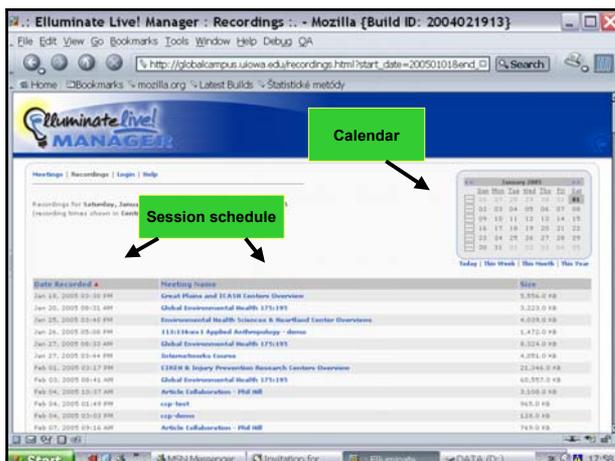
- Virtual classroom
- Video – conferencing system

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Virtual classroom

- An internet based tool
- Allows meeting of several persons from around the world in one „room“
- Useful as a teaching – learning tool and research communication platform

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Technical requirements

- Speakers – microphone
- PC
- Internet connection

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Advantages

- Minimal technical requirements
- User friendly, easy to use
- Convenient – not necessary to be in the classroom or office neither for the speaker neither for the students – participants
- Interactive – communication between participants via audio or messages
- Possibility of recording the sessions
- Possibility of a video-window

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Our experiences

- Summer Institute at Trnava University – electronical part
- Department members took part on several on line courses
- Communication tool in research, between participants of projects
- Series of meetings of public health professionals from Slovakia to discuss the issues of public health

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Two technologies

- Virtual classroom
- **Video – conferencing system**

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Video conferencing system

- An internet based communication tool
- Allows meeting of a speaker and his audience, two or more persons at once on one screen
- More suitable for teaching an on-site class by a teacher being connected from a different place

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Video-conferencing



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Technical requirements

- Depending on the type of camera there is needed or not a computer and a microphone with a speaker
- A high-capacity internet connection is needed in order to connect

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Advantages

- Suitable for classroom sessions with a speaker being abroad
- Allows a good contact between the speaker and the audience – they see and hear each other
- Possibility of sharing files (slides) between the sides connected

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Our experience

- Three courses were last year taught by a lecturer from Denmark using this system
- Series of lectures focused on widening the public health knowledge of the students at our university – speakers from abroad
- Communication tool in research

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Conclusions

- Every one of these technologies is suitable for different things
- In general they can save time, money and make the teaching process more effective
- Improves the communication possibilities and opens the door for wider international cooperation
- Need to be implemented in a bigger extent

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ACCREDITATION SYSTEMS DASHBOARD FOR SCHOOLS OF PUBLIC HEALTH

Nadim A. Haddad, nh33@aub.edu.lb
Faculty of Health Sciences, American University of Beirut

Purpose

The purpose of the paper (“Paper”) is to emulate a novel Accreditation Systems Dashboard (“Dashboard”). The Dashboard was developed at the Graduate Public Health Program, Faculty of Health Sciences, American University of Beirut, Lebanon. The outcome is a product that could be replicated in other schools of public health.

The metaphor is an airplane cockpit with a pilot and a dashboard. The pilot is the dean (or director) of a school of public health. The Dashboard is a panel of gauges and instruments providing the pilot with balanced measures, as indicators of performance. The visual display, in the form of report cards, provide the pilot with information on where we are, where we want to go (or destination), and the gap between the two indicated in measurable terms.

Introduction

Whereas in general, ‘accreditation’ stands as a form of a seal of approval by an external accrediting body, the Accreditation Systems Dashboard is strictly an internal management tool.

The Dashboard was designed and applied: (1) to serve as a guideline for implementing an accreditation self-study initiative; and (2) to establish a platform for strategic planning. The methodology used in constructing and operating the Dashboard falls within the framework of the Conference Theme: “Flexible learning: Cutting-edge learning techniques and technologies”.

Methods and materials

Three types of methods and material were used: (1) Kaplan and Norton Balanced Scorecard (BSC) methodology; (2) Techniques and tools for implementing the Government Performance and Results Act of 1993; and (3) Turning Point National Program methodology.

Application of methods to the University educational setting entailed establishing a ‘performance improvement unit’ positioned at the Faculty of Health Sciences Office of Dean. The unit is staffed by one part-time leader, and Office of the Dean staff as team members. The idea being that unit functions are part and parcel of day-to-day operations.

The Dashboard is the ‘nerve center’ of the Accreditation System. The scope of work of the unit is data collection, analysis, reporting, and ‘outcome management’ (Paul Ellwood).

Performance improvement unit activities are organized as projects. The relationship between them is reiterative and cyclical. The projects are:

Project I: Performance Standards. (‘Where do we want to go?’)

Statement: Planning relevant and doable mission, vision, theme, goals, objectives and initiatives. School functions that are covered are: instruction, research, and service.

Deliverable: Strategic and Operational Plan

Activities: Formation of project work groups with activities of members coordinated by team leaders

Project II: Performance Measurement. (Axiom – ‘What gets measured gets done’)

Statement: Measures that assess achievement against standards

Deliverable: (1) Key performance indicators, with balanced measures. (2) Computer-based databases on students, faculty, curriculum, and outcomes

Activities: Data collection, tabulation and analysis

Project III: Performance Reporting. (“If we do not know where we are, how can we get there?”)

Statement: Reporting of progress against standards

Deliverables: Performance report cards

Activities: (1) Designing and operating the Dashboard; (2) Feedback to and from managers; and (3) Developing regular reporting cycles

Project IV: Performance Improvement. (“If you always do what you always did, you’ll always get what you always got” - Arthur R. Tenner & Irving J. DeToro)

Statement: Change and outcome management

Deliverables: Evidence of narrowing the gap between where we are and our destination
Activities: Create a learning environment whereby decisions and activities are based on performance measurement information

Results

The results are a performance-based information system using state-of-art methodologies that track school of public performance against pre-set mission, goals and objectives.

Discussion and conclusion

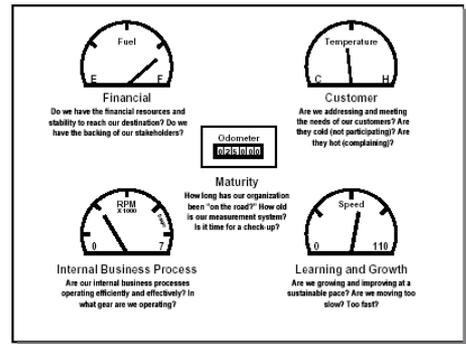
Conclusions suggest that the innovative model is applicable to other schools of public health.

Keywords: Accreditation Systems Dashboard

ACCREDITATION SYSTEM DASHBOARD

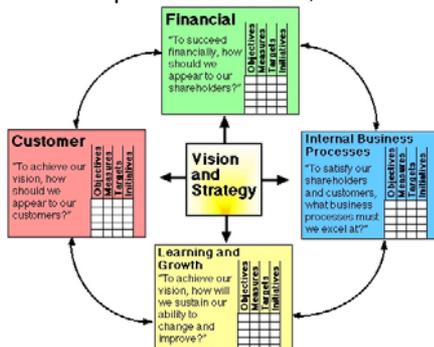
Nadim A. Haddad, M.D., M.P.H.
Senior Lecturer
Faculty of Health Sciences
American University of Beirut
Lebanon

The Balanced Scorecard As A Performance Dashboard

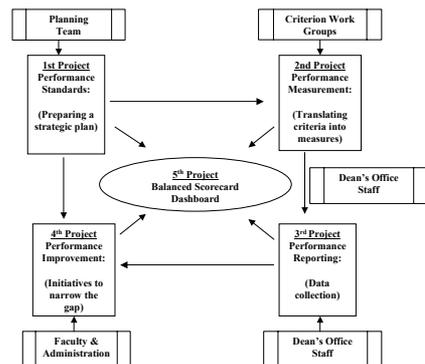


GPRA, 1993, Volume Two ,p.28

BSC Perspectives: Kaplan and Norton, 1992



Accreditation System: Five Projects



Balanced Scorecard Dashboard

- A public health program Balanced Scorecard Dashboard is a visual display of a group of Accreditation System Indicators (ASI) that measures efficiency of operations, and effective performance against self-imposed standards. The display is a summary report on 'where we are', 'how far are we from the destination', and 'how well we are doing'.
- The metaphor is an airplane cockpit with a pilot and a panel of instruments and gauges essential for navigation. In accreditation of public health programs (or schools of public health) the pilot is the director (or dean).

Accreditation System Indicators

- Accreditation System Indicators (ASI) are balancing measures that assess the degree to which actual performance of an organization increases the likelihood of desired outcomes that are consistent with the expectations of internal and external stakeholders.
- The balance that is measured is between and among four perspectives: (1) clients, (2) internal processes, (3) learning and growth, and (4) financial performance.
- Indicators are composed of: numerators, denominators, and statements of inclusions or exclusions. The elements in the Indicators bear a cause and effect relationship between and among the public health program structure, process and outcome.

Type of Indicator	Indicator Name	Description: Ratios, Rates Inclusions, Exclusions	Report Card
Accreditation System Indicators			
Financial Performance: Learning & Growth	Cost per-Faculty Development	Difference between unit actual and planned cost	
Financial Performance Internal Processes	Cost per	Difference between unit actual and planned cost	
Internal Processes; Clients			

Type of Indicator	Indicator Name	Description: Ratios, Rates Inclusions, Exclusions	Report Card
Accreditation System Indicators (Cont'd)			

GROWING A PUBLIC HEALTH WORKFORCE IN SANDWELL, UK

John Middleton, john.middleton@rrt-pct.nhs.uk
sandwell Primary Care trusts; Birmingham University

Purpose

to demonstrate innovative new learning techniques
to illustrate flexibility in public health workforce development

Introduction

The new English Department of Health Public Health policy “Choosing Health” promises an expansion of the public health workforce. It proposes a range of roles such as the 'personal health trainer' some of which have still to be created. The Choosing Health model is individualistic and creates the perception that health problems that have been collectively created through unhealthy economic and environmental conditions, can be individually and therapeutically cured.

Sandwell is a small administrative district serving 300,000 people in the West Midlands of England. We are the 11th most socially deprived council area in England and have one of the lowest life expectancies in England. We have a high proportion of our population from ethnic minorities and very high levels of the population lacking basic skills.

We have a long track record of developing local people as community health educators, public health advocates, public health nutrition workers and community researchers. Our evidence to the second National Health Service report on public health capacity by Derek Wanless has informed the development of the new public health worker concept.

Methods and materials

Our model raises the community's understanding of health promotion and gives people skills to deliver health improvement in their own communities whilst at the same time earning their income from the health services, indirectly benefiting their own health and the economic health of their community. The training model is an escalator providing taster courses for community members with no health service experience to seed the idea that they can find work in such roles as community exercise programme leaders, public health nutrition, occupational health and safety, community health survey and advocacy work and in more formal public health support roles such as health statistics and data management.

The higher levels of the escalator then offer longer courses enabling people to achieve national qualifications and work with public health departments from this level further opportunities for public health work in health protection, health promotion occupational health statistics and epidemiology. Further development of the programme is being explored with co-financing from regional economic development agencies and from the European Social Fund. Birmingham University public health department, Warwick University Business School and University of Central England Community Development department are key partners in the delivery of training programmes.

Results

Over 500 people have been through programme of training and experience as community advocates, peer educators and community survey workers. Some have ascended through public health management and technical roles. Examples will be used to illustrate the programme.

Discussion and conclusion

The programme is regarded as a very high local priority for the Sandwell primary care trust. It is lead by a Head of Public Health Workforce Development on behalf of the Director of Public Health. A strategy for the overall development of the public health workforce is being developed which will demonstrate a wide- ranging effort to increase public health capacity and overall knowledge and understanding of health problems in the local community.

Keywords: public health training; workforce development; community capacity

ASPHER 2005: Growing the public health workforce in Sandwell, UK

Dr John Middleton Director of Public Health,
Honorary Reader, Birmingham
University School of Public Health

ASPHER 2005: Growing the public health workforce in Sandwell, UK

English Public health policy context

History of public health
workforce developments in Sandwell

Some case histories

Future strategy for Sandwell
and academic public health practice
in Sandwell, Birmingham
and the West Midlands, UK

ASPHER 2005: Growing the public health workforce in Sandwell, UK

English Public health policy context

Expert patients programme 2000-

Wanless report on public health capacity
January 2004:

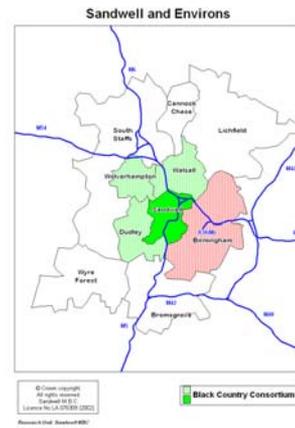
need to expand the public health workforce, including help for individuals on health maintenance

'Choosing health' public health consultation, May 2004:

'Choosing health' White paper English public health policy,
November 2004:

new role of 'Health trainer' to give individuals guidance on fitness, nutrition, health advice

The 'Health dividend' King's Fund, 2002 ,
good corporate citizenship and community regeneration



Welcome to Sandwell



Welcome to Sandwell



Neptune forge 1930



Neptune health park, 1999



ASPHER 2005: Growing the public health workforce in Sandwell, UK

- Peer education- Young people- sex and relationships 1996-present :350
- 'Age well' -older peoples health and social care rights advocacy, services : 50
- Health profilers- Community health research: 30
- Stop smoking advisers: 8 formally employed; 30 community trainees
- Community nutritionists: community café workers 5,
- Food interest groups: 10 x 8 people
- Safe Cycling supervisors:16
- Health walk supervisors: 10
- Gentle exercise programme leaders for older people: 24
- Community health advocates-the community health network : 6
- 'Expert patients' West Bromwich and South Asian projects: 20

ASPHER 2005: Growing the public health workforce in Sandwell, UK

Sandwell development- piece meal and ad hoc

- Sandwell Health Forum- priority re teenage pregnancy and peer education programme 1995-1998
- Sandwell Health Action Zone principle- to create as much employment as possible for local people 1998-2003
- Towards 2010 health service rebuild sets regeneration of the community at the centre of policy 'good corporate citizenship'
- Holly Lodge School, Smethwick approved for first English 'NHS school' March 2005.

ASPHER 2005: Growing the public health workforce in Sandwell, UK

Sandwell development- piece meal and ad hoc

- Volunteering
- Sessional workers
- Paid employed workers
- Promotion

ASPHER 2005: Growing the public health workforce in Sandwell, UK

Young people's peer education programme

Sandwell sexual health peer educators in action



ASPHER 2005: Growing the public health workforce in Sandwell, UK

Jason Evans, 26

Peer education volunteer 1996
Peer education group leader 1997
West Hill College Degree in community development
Senior health promotion officer 1998-99
Community development specialist 1999-2001
Community economic development specialist, 2001-2005
Locality manager for Tipton, 2005



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'Agewell'

Health and social care rights and advocacy, skills development and services

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Edna Barker, 71

Retired admin worker
'Agewell' volunteer 1999-
Employed via Health Action zone 10 hours a week for 12 months 2003
Community development worker with older people in Wednesbury to April 2006
Training courses in evaluation, combatting ageism and discrimination



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'Silver surfers' at the Sandwell Independent Living centre



**Learning disabilities –
'Options for life' -a
self build housing
project**



**Sandwell healthy living
network :**

Food, fitness, feelings and
finding out

**Sandwell healthy living network
Fitness related projects**

Healthy walks
Safe cycling
Gentle exercise for older people including 'Extend'



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Increasing the supply of healthier food in Sandwell



From this....

....to this



Increasing demand for healthier foods

Food interest groups will provide a focus for *conversation* and *decision-making*

between...health professionals, community groups, schools, food businesses and local residents.



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Salop Drive
Community
agriculture project



Salop drive cucumbers



Salop drive and Ideal for All Growers



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'Tipton Tim', 25
Volunteer, Salop Drive Community agriculture scheme, 2000
Trainee 2001
City and Guilds qualifications in Horticulture 2004
Chief gardener 2005



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Ali Al-Osaimi, 30
Biomedical sciences degree
Drugs and young people study in the Yemeni community, reported 2001
Yemeni community association health needs profile 2001-02
Community health network manager 2003-



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Sandwell Community Health Network
Workers in Indian, Pakistani, Yemeni, Bangladeshi, Irish and African-Caribbean communities- community advocacy and health information
SSATHI- the South Asian health projects
Structured health promotion programmes and expert patients programmes in diabetes mental health and coronary heart disease
Sandwell Public Information Network (SPIN)
Central web based and other health information services with information workers in community and voluntary sector



Sandwell Community health network and Sandwell South Asian health projects (SSATHI)



Health Trainers



- Choosing Health - Personal Care workforce
- Responding to public demand
- Based on smoking cessation advisors
- "Spearhead" PCTs leading the development from 2006-7

The role/remit of Health Trainers



- Personal, tailored advice and support
 - Lifestyle and wider issues
- Work with motivated individuals
 - Part of primary care services
 - Accessible to whole community
- Health Trainers in Sandwell are additional and complementary to existing roles – health assessors, walk leaders, community advocates



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Sandwell future development

Head of public health workforce development April 2005

Lead for health trainers

Early implementer for English health trainers initiative September 2005

Developing competency training for public health practitioners

Training general NHS workforce

Developing other public health roles eg. Exercise, food, health information

Willingsworth High School bidding to be the second in Sandwell, by September 2006

Implement Public health and primary care practice unit in new Lyng Health Centre with Birmingham University

Evaluate programme



THE CHALLENGE OF BOLOGNA: THE EUROPEAN PUBLIC HEALTH TRAINING IN TRANSITION

Roza Adany, adany@jaguar.dote.hu
School of Public Health, University of Debrecen, Debrecen, Hungary

Purpose

The Bologna Declaration, which has been signed by the Ministers of Education of 29 European countries in 1999 in order to establish the European area of higher education by 2010, represents the greatest challenge and opens new vistas in the field of public health education, too. More and more European countries join to the Bologna Process, together with countries signed up at Bergen (the site of the 4th Bologna ministerial conference), making a total of 45 participating countries. The aim of the process is to make higher education systems in Europe converge towards a more transparent, more flexible and easily comparable system which the different national systems would use as a common framework based on three cycles bachelor, master and doctorate trainings.

Introduction

Concerning the European dimensions of public health activities the achievement of greater compatibility and comparability of the systems of public health education in Europe has a special importance. With full respect for the diversity of societies and their public health problems, as well as for the autonomy of universities, a framework proposal attractive to the member schools should be developed by ASPHER.

Methods and materials

As an example and good basis for discussion the Hungarian system developed can be proposed for consideration and adaptation by other Schools.

Results

The BSc in Public Health programme (240 credits) provides training in the basic public health disciplines and develops skills for useful participation in implementation of public health programmes. The master training in public health is based on an advanced core curriculum (60 credits) and divides into different directions (additional 30 credits): MSc in public health, health promotion, environmental health and epidemiology. The MSc degrees earned should guarantee competencies for planning, developing and evaluating public health programmes and activities, and qualify the graduates for leading positions in health and public health services. It seems to be important that in addition to master's level degrees, Schools must offer at least one doctoral degree. In the framework of postgraduate training, which prepares students to conduct high-quality, independent, collaborative research and policy analysis by offering multidisciplinary, applied research opportunities on a wide variety of topics, doctorate (PhD) degree in public health (180 credits) can be obtained.

Discussion and conclusion

The acceptance of credits among bachelor and master programmes in the field of health sciences guarantees the students mobility when their performance has been satisfactory and the credits to be transferred are appropriate to the receiving public health courses.

Keywords: Bologna process, three-cycle training, credit transfer

THE CHALLENGE OF BOLOGNA

THE EUROPEAN PUBLIC HEALTH TRAINING IN TRANSITION

Róza Ádány



School of Public Health
Medical and Health Science Center
University of Debrecen, Hungary

THE EUROPEAN HIGHER EDUCATION AREA

Joint declaration of the European Ministers of Education

Convened in Bologna on the 19th of June 1999



Joint declaration of the European Ministers of Education in Bologna on the 19th of June 1999

a key document which marks turning point in the development of European higher education and reflects a search for a common European answer to common European problems



Bologna Declaration

ACTION PROGRAMME

Goal: to create a European space for higher education in order to enhance the employability and mobility of citizens and to increase the international competitiveness of European higher education

Bologna Declaration

ACTION PROGRAMME

Specified objectives:

- the adoption of a common framework of readable and comparable degrees
- the introduction of undergraduate and postgraduate training
- ECTS compatible credit systems
- European dimension in quality assurance
- elimination of remaining obstacles to the free mobility



Ministerial conferences for the Bologna Process

2nd (2001) Prague „Towards the European Higher Education Area“



- Bachelor training
- accreditation schemes for higher education in Europe



Ministerial conferences for the Bologna Process

3rd (2003) Berlin „Realising the European Higher Education Area“



- Master level degrees
- ECTS
- joint degrees



Ministerial conferences for the Bologna Process

4th (2005) Bergen „The European Higher Education Area – Achieving the Goals“



- eLearning and distance education
- doctoral (PhD) programmes

Types of public health training existing presently in the European Higher Education Area

- BSc in Public Health
- Master in Public Health
- medical specialization in public health and preventive medicine
- inspector in hygiene and epidemiology
- MSc in Public Health
- MSc in Epidemiology
- MSc in Health Promotion
- MSc in Preventive and Social Medicine, etc



The challenge for ASPHER

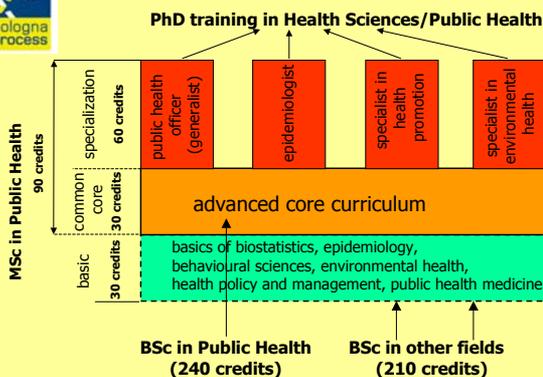
development a framework proposal attractive to the member schools

- structural organisation
- basic elements of the curricula
- competencies (values/appreciation, knowledge and skills) at different levels

with full respect for the diversity of societies and their public health problems/needs, as well as for the autonomy of universities



The Hungarian model for training structure



Outcomes of a European public health training reform in accordance with the Bologna Declaration

- common framework, basic modules, credit systems
- free mobility of students, teachers and (later) employees
- easily readable and comparable degrees
- concerted actions for quality improvement in training
- common research and health promotion actions, etc

CAPACITY BUILDING WITHIN PUBLIC HEALTH

Framework

Outcomes

Organisational development	→ responsive system
Workforce development	→ making „professionalism“ a basic value
Resource allocation	→ actions against inequalities
Partnership development	→ multiplying health gains
Professional leadership	→ sustainability