Project C H A N C E

Community Health Management to Enhance Behaviour

C H A N C E

CHANCE

The manual Community Health Management is a result of the project CHANCE (Community Health Management to Enhance Behaviour), funded by the EU-programme GRUNDTVIG / "Lifelong Learning Programme" conducted from December 2007 to November 2009.

The project focuses 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. The manual is based on the interdisciplinary view of health (holistic according to the WHO), community and social environment (promotion of personal and structural potential). On one hand, the focus is on the needs of the inhabitants in a community; on the other it is on the circumstances and structural aspects to which the people are exposed. The health systems in each country constitute the respective external framework.

CHANCE seeks opportunities to link resources with the long-term aim of enhancing and supporting people to be well-informed and to take responsibility for their own health. During the period of the project, selected communities from six European partner countries focused on the following questions:

▶ What health information is offered on national, regional and local level and by whom?

▶ What resources are offered by the community to live healthy or healthier and what are the barriers that need to be overcome?

▶ 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?

CHANCE showed how people in different European cities and communities live, perceive information with regard to health and process it. The inhabitants of the communities were invited to participate actively in the improvement of local interventions with regard to consumer education in health. New networks and project-oriented cooperation were developed, or are currently being formed, or available networks were expanded. The project aims to reach socially, culturally or economically disadvantaged groups, who are mainly dependent on the community's circumstances or not reached by the official information system offered by the health system (e.g. elderly people, migrants and families with more than three children or single parents).

The participating cities across six European countries were:

▶ Fulda, Germany – Südend and Kohlhaus

▶ Jelgava, Latvia – RAF (Riga Automobile Factory)

▶ Liverpool, United Kingdom – South Central Liverpool

▶ Timisoara, Romania – Dumbravita

▶ Uppsala, Sweden – Eriksberg

▶ Vienna, Austria – Schneiderviertel/Simmering

Project partners were:

▶ Hochschule Fulda, University of Applied Sciences, Germany (Coordination)

▶ Latvia University of Agriculture, Jelgava, Latvia

▶ Liverpool John Moores University, United Kingdom

▶ Technical University Vienna, Austria

▶ University of Vienna, Austria

▶ Uppsala University, Sweden

▶ West University of Timisoara, Romania

▶ German National Association of Senior Citizens Organisations e.V. (BAGSO), Germany

▶ German Society of Home Economics, dgh e.V., Germany

▶ Consumer Advice Centre Hesse e.V., Germany

For the development of concrete interventions the partners involved local intermediary organisations. The manual aims to support agencies, organisations and health promotion networks, to link the available resources in a community to "health management" and to develop a holistic view on questions to maintain health during everyday life. The objective of CHANCE is the encouragement of a collective learning process in a local network with regard to lifelong learning.

After the introduction with regard to the subject matter, the manual presents 13 fundamental guidelines and illustrates project examples from the participating countries. In addition, the manual incorporates assistance "Guideline for Local Health Network". Therefore, 7 steps, by means of concrete questions and suggestions for methodological access are summarised, and explain how the build-up of a local network, based on the respective conditions of the health system, for the development of concrete and sustainable projects can be successful.

Detailed results from each partner country can be taken out from the report of the last meeting in June 2009 in Fulda (see www.community-health.eu). On this website, examples of projects from other communities can be included. We would be happy to receive feedback on the manual and if this manual will be used by numerous European countries.

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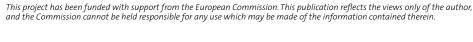Ph D Ingela Marklinder; Ass.Prof. Margaretha Nydahl

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Content

With regard to the health status of the population, different tendencies can be observed. On the one hand, life expectancy is still growing in industrial nations; even the always chastised people with adiposity are healthier than decades ago (Klotter 2007). On the other hand, health experts state that recommendations do not reach those people who are at risk and/or recommendations are not transformed into action. General Practitioners are discussing the term "compliance" and to what extent their patients follow their recommendations. Often they have to find out that their clients do not follow recommendations from experts. In general it is regarded, that the level of physical activity too low and the consumption of energy, sweets and fat is too high. Differences in the circumstances of the patient are barely considered. Furthermore, possibilities to understand and transform recommendations do not receive sufficient attention. Obviously, the model of the cognitive, controlled and educated patient does not function. In addition, health experts act on the assumption that they and the population possess an equal value system, which ranks health on a high scale.

In precarious circumstances health is not valued as important, but becomes less of a priority. Furthermore, it is detected 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 years (see Feichtinger, 1995). Hence, approaches that strive to promote health information and integrate the population in all its diversity directly are in demand. Furthermore, pathways are explored with regard to the perception of information and chances to transform information during everyday life (living environment perspective).

Appeals to the individual to change behaviour are only one pathway in health promotion. Influencing the circumstances offers another course: rather than health education as classes in schools, it is more about safe cycle tracks and adequate green space. Physical education is not oriented to rules of a discipline, but rather it communicates that it is fun to be active. With this perspective, social environmental conditions, structures of the neighbourhood and living accommodations as a place of community come to the fore.

In health promotion the so called setting approach is well established. According to its definition, the Federal Centre for Health Education, Germany (2007) 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 subject, who takes responsibility by constructing (see Alisch 2009: 11).

What structures promote health? What impact has the cultural embedding and the social networking in a community on perception of health information? In addition to that, the CHANCE project discussed how different health systems Europe-wide affect the perception and transformation of health information and how these different forms of health services are noticeable among socio-cultural, economical and urbanistic neighbourhoods.

Setting Community

The setting approach is the supreme discipline among a wide variety of health promotion interventions. Settings can be defined as "a place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being" (Nutbeam, according to Paton et al. 2005). Hence, the setting approach aims to target concrete people in concrete circumstances, in which they think, talk and act, e.g. in their living environment, in the community, at the workplace, in day care institutions, in education, senior and recreation centres such as clubs. The setting approach in health promotion is oriented in the living environment. It is questionable if in such settings people only interact to induce health and well-being, stated by Nutbeam.

The setting approach is the core strategy in health promotion and clarifies on participation of the targeted population: Social and material living circumstances are regarded as interrelating requirements, which always affect in formulating aspects association with health. At the same time, they are configurable and can alter the association with health (Bauer et al. 2006: 807)

The operational level of the living environment, the neighbourhood or community is crucial in health promotion, including strategies of health information to identify, understand and use the interrelating requirements.

It is essential to support available structures or to promote the establishment, which enable the integration of the population needs and their problems throughout all phases of the concrete development of the project, as well as all relevant actors who are engaged in the respective field, to empower them to import their resources and the potential to link them comprehensively to department and target group (see Alisch 2009: 21). This includes not only health promoting activities narrowed to exercise or good nutrition, but also the improvement of neighbourhood bonding, the establishment or support of clubs and social structures in general.

Guideline

The health system of a country should be comprised at national, regional and local levels and the media responsible for the dissemination of health information

Meaning / Explanation

In general, the health system influences the perception of health information and of health behaviour. In the CHANCE-Project we are confronted with different health systems in different countries. In Sweden, a coherent health system guarantees high life expectancy. A less coherent health system is correlated with a lower level of health. In Germany, too many stakeholders are part of the health system, and the stakeholders do not work in cooperation. The Health systems from Scandinavia seem to be the best we have. A recommendation might be that other countries learn from them.

In all countries it is obvious that people do not know which health system they have. There is no transparency concerning the health system, therefore no reflection and engagement. Governments should inform people about the health system to enable them to become active citizens.

There is a wide range of health information which is produced from the health system: government, on a municipal level, and from insurance companies and so on. However, the findings of the questionnaires of all partner countries confirm that they do not reach the population. People are not aware that they are confronted with several health systems channels, and they mainly believe that they get health information from their doctors.

To improve the relevance of health systems and health information further research is needed as why people are not reached adequately by system. It is obvious that in all partner countries health management is not diverse enough. Health systems work for the total population but not enough for specific groups like migrants. An example for this is Fulda where the most vulnerable target groups are not reached. The recommendation must be to establish or to improve diversity management.

On a local level the stakeholders of the health system do not cooperate. This is a general tendency in all partner communities. Networking should be the future. Citizens of a community should get a coherent impression of the local health system.

Methods and "how to do" (Recommendations)

In some partner communities networking of parts of the health system on a local level have already started successfully; it should be continued. Other communities with less networking should learn from the others.

People in the community must be informed better about the local health network but also about the health system in general. In the chemist shop written information (in different languages – diversity management) about both must be offered. Health information should not only deal with some certain diseases but also with the structure and the stakeholders of the health system. More transparency might lead to a higher level of the sense of coherence of the citizens.

The stakeholders of the health system and the producers of health information must start to make advertisement for themselves. People must be aware that they exist and that they are important for their health.

Examples / Local Projects

In Germany the existing comprehensive health system is of different length in its tradition on national, regional and local levels. The Ministry of Health is the main actor, but numerous other Ministries and research institutes are involved. On a regional level Ministries with different names are responsible for health. There is no consistency in responsibility. In Fulda – an independent city – the council for health of the county is also responsible for the city. The tasks again are given by the country, including food safety.

On local level in Fulda-Südend and Kohlhaus offerings and institutions related to health are random. One doctor and one pharmacy are placed on the outskirts. The different health insurance companies, in which everyone has to be insured, offer different benefits, information and prevention. On the one hand, people have different spatial offers in the community. On the other hand, they have individual options.

In Romania little information is provided to the public, even though the mortality rate caused by cardiovascular disease is high. This is mainly influenced by unfavourable eating habits.

Latvia's national health plan has existed since 2006, and focuses on prevention strategies. Health is defined as a human basic right. In the future, health education is to be a main focus.

Sweden possesses a highly developed health system on a national level, comprising different institutions. However, often civic and non civic institutions on local level do not offer health attractions. The civic institutions are responsible for disease prevention and the estimation of food quality.

The responsibility for the health sector in Austria is divided between federal and regional government and authorised organisations. The federal government deputes competences to social insurances and health organisations. The Federal Ministry of Health and different governmental organisations are responsible for legislation and execution. However, on a local level this task belongs to the states governments and to the communities itself. Because of this fragmentation of competences a health care reform is anticipated.

In the United Kingdom the consumer is overwhelmed with health information. However, most of the information does not result from official sources. When official messages are analysed, it can be determined that recommendations for diets have not changed a great deal over the last 40 years. In the future, more competences are delegated to the national health system (NHS). Existing campaigns have been designed on a short time scale and many different organisations have to be involved. In addition, all four countries that comprise are responsible for establishing their own health policy.

Guideline

Health information has to be specified on the situation/ condition, structures and resources of a local community

Meaning / Explanation

A local community often does not define itself the way that the administration separates urban districts. The spatial living environment is often limited in small sections according to its own possibilities of mobility as well as its own material resources.

The spatial delimitation and definition of such a local community as the center of interventions may follow categories such as:

▶ spatial boundaries and barriers;
▶ spatial hierarchies, functional land use;
▶ detailed housing structure, traffic lines and
▶ symbols of identification and special marks.

The local community level with its social networks, voluntary services, and educational institutions, its socio-cultural and socio-economic characteristics is an appropriate resource for health behaviour.

The neighbourhood and community as the spatial centre of life make the needs of individuals more visible and neighbourhood support is generally more present. Less mobile households can be reached with beneficial health information and educational offers, because they are particularly dependent on the circumstances and resources of the district (compare Kronauer/Vogel 2001: 45).

With this physical boundary the socialspatial general conditions are reconstructed to give structure every day to the realms of experience. (Riege/Schubert 2005: 255). The planning of interventions should begin with the careful analysis of the selected local community. The potentials and resources of an area cannot only be described with statistic data – if these are present on a small scale.

The infrastructural existence of the area must also be known. This includes: the social, cultural and commercial facilities and services with their offers for different target groups; informal connection nets; clubs; employment and training centres.

Methods "how to do" (Recommendations)

The delimitation should consider the living environment perspective of the inhabitants.

To define the local community, both "outsiders" and "insiders" views should be taken.

So that the delimitation could be expert based (outsiders) or empirically determined by interviews with local institutions and inhabitants (insiders), if enough time can be arranged and financial resources are available also to perhaps organise a survey (e.g. a "snap poll" in the social institutions). In order to mark out the spatial frame for appropriate health information the subjective district pictures of its inhabitants (The "Image" of the urban area, Lynch 2000) are collected in any case.

The existence description shows the potentials and resources of the social area and can be submitted to a strength/ weakness analysis. This is required in order to quickly find suitable partners and cooperations for interventions and also to initiate health promotion projects with low additional resource costs.

(For the survey of the living space and the everyday habitual environment of the inhabitants, see Guideline "Participation-Based-Practice").

Examples/Local Projects

Fulda-Südend / Germany:

The local community "Südend" is not just a statistical district in the view of the administration but an area of four or five grown neighbourhoods with their own history, social-networks and recreation patterns.

The delimitation follows in the first step the natural and built boundaries (railwaytrack in the East, road in the West). The smaller local communities or neighbourhoods are defined by the mobility of the inhabitants and the ownership of the buildings (housing associations).

Schneiderviertel / Austria:

The area Schneiderviertel is located in the 11th district of Vienna, which is called Simmering. The buildings structure is characterized by the fact that the houses were built as multi-level houses (4 to 6 storeys) in the beginning of the 19th century in the so called "Gründerzeit". Furthermore there are three buildings of social housing. It is mostly a residential area with low infrastructure. The Simmeringer Hauptstrasse, which borders the intervention area to the south-west, is one of the major Viennese traffic roads with a high volume of daily transit. Beside this importance as a traffic junction, the inhabitants of the "Schneiderviertel" use this road and its infrastructure for their local supply. In the area of the buildings of social housing are half-public and few occupied green rooms. In the south of the quarter is the only public green space, the "Hyblerpark" with its reco-very and sport zones, located. Compared to the percentage of the whole Viennese population, more immigrants and less elderly are living in the "Schneiderviertel".

Liverpool / United Kingdom:

In Liverpool the community of South Central Neighbourhood consists of a mixed use area of social, rental and freehold apartments, enjoying an established infrastructure.

Eriksberg / Sweden:

The community in Eriksberg in Sweden is placed on a hill, surrounded by green area and a municipal forest. It consists of mixed use constructions including small one-family houses and multilevel constructions.

Jelgava / Latvia:

In Jelgava the inner district RAF (Riga Automobile Factory) is an enclosed living area, which was originally built in the 70s with multilevel constructions for employees of the automobile factory in Riga. The community consists of a well established infrastructure with regard to schools, kindergarten and shopping facilities, and is bordered by a forest.

Dumbravita / Romania:

Dumbravita in Romania consists of two parts, the old centre with old constructions and long established inhabitants, and a housing estate. The constructions are two-storey at the maximum. Churches (orthodox, catholic, protestant) play a main role in the social context.

Guideline

Local projects should be developed with all available structural, financial, personal, and civic resources of the local community

Meanings / Explanation

A setting is more than basin in which social processes occur and projects are organised. Setting means the arrangement of objects, people, rules, and symbols, etc. in between this setting and is a result of the interrelationship. Arrangement means corporate order as well as (own) spatial arrangements and perception.

The social space, community health management emanates from describes the arrangement and connection of people and social good in settings.

The Project CHANCE aims to influence the life environment of the inhabitants in a health-promoting way, to start educational projects which are oriented to the needs and to promote and assist healthy community structures.

The living environment as a built environment affects health in a different way. Based on the integrated health term of the WHO, the living environment sets the standards on social, physical and psychological health.

Here the barriers and obstacles need to be recognised for a healthy life which appear, e.g., from the location in a very busy street, imitating craft, hardly accessible or missing green areas, missing areas for informal meetings and a lacking of medical care.

For the developing district projects of the health education and health information the structural, ecological, economic and social circumstances are to be understood as resources. Ground floor residences may be available as structural resources as in recreation rooms; un-used or seldom used open spaces between residential buildings. Other spatial resources can be mobilised on the basis of a coordinated cooperation of the local Stakeholder, while the use is adjusted in each case by the existing institutions or local craft with each other and giving temporally access to one another.

Methods "how to do" (Recommendations)

The social, ecologic, economic and urban structure has to be analysed. This analysis needs a community-related analysis instrument which has to be culture-adequate and consider the specific circumstances of the local community in question.

The set of Methods ("ethnographic methods")

For example systematic observations (movements/actions in the local field site and public space, route / road / path connections, whereabouts, specific information on the target group – facts, numbers, details of what happens at the site). Spontaneous interviews at several locations;

Interviews with local experts:

1. E.g. a network-analysis: to receive information about local networks, (relations between "important" persons, resources for activity)

2. History of the community

3. Economic, ecologic and social structure

An analysis of the documents describing the economic, ecologic and urban development of the urban area is to be made.

The questions behind it:

▶ Which resources in community-daily-life are available (social capital)?

▶ Which are the social areas of the various social groups?

▶ How is public space used by the inhabitants (or others)?

▶ Can we identify special areas, which cause problems, are well known or make people feel insecure?

These methods have to be arranged in a way, that we reach people as a part of an increasing process in "their" neighbourhood describing social life in the field context (in the tradition of action research. These methods are normally used in social space analysis as a part of social work and urban planning).

Examples / Local Projects

Schneiderviertel / Austria:

Lectures took place at the local adult education center, the local mosque and in the room facilities of the two Christian denominations. During the intervention period the adult education center Simmering provided the kitchen for cooking classes.

Physical activities were practiced in the "Haus der Begegnung", a local education house of the church, and the prayer room of the local mosque. Besides, public resources like the "Hybler-park" and the Danube Island were used for physical activities.

Fulda / Germany:

The local school (Sturmiussschule) is a central place in Fulda-Südend und Kohlhaus. On the ground there is a big soccer field, a small green area including a play ground, rooms of the workers welfare association (AWO) for child care and the club house of the Turkish sports club. A health day and a health festival were arranged on this area. In Kohlhaus, a civic house is available, but is placed on the outer skirt. It provides rooms for small and bigger festivals, keeps a bowling alley and locker rooms for the sports club. The sports club itself is placed on the other side of the main traffic road, which has to be crossed.

Dumbravita / Romania:

In Romania a common room in the centre was used.

Jelgava / Latvia:

The district RAF in Jelgava has a well established infrastructure. However, the direct public area between the multilevel constructions is small in comparison with the size of the population. The forest which borders the district provides many recreational opportunities. The library is a meeting point for different age groups. The open space in front of the shopping centre could be used for various health information programmes during the "Marathon" in April and for lectures the rooms inside of the shopping centre could be used.

Eriksberg / Sweden:

In Sweden a room at the local primary school was used for food hygiene classes for elderly people.

Guideline

See inhabitants as target group for community based health information. Identify who are the disadvantaged social groups in the special community?.

Meanings/Explanation

If health information overlaps the basic consideration of general health questions, most often it is designed and formulated for specific groups at risk, diseases or therapy. In health promotion as a preventive instrument, target groups themselves do not consider themselves as a target group (e.g. information with regard to overweight, smoking, exercising). Therefore, community based health information and education is targeted to all inhabitants in an area as one target group for offerings and is keen to respect and reach the target group in its diversity, cultural and social accessibility.

Parallel to it, it is important to identify the most vulnerable groups respective to the social and environmental context. The disadvantage can apply to cultural, social or economical resources or mobility. Norms of tolerance (e.g. with regard to ethical minorities, religion, elderly people, families with many children), are different with regard to each regional culture, the political and judicial frame, and important for the diversity of disadvantaged target groups. Hence, the diversity of target groups occurs on the basis of the environmental frame and in comparison to other urban areas.

Methods "how to do" (Recommendations)

Small case structural data of the socio-demographic and social structure of the differentiated area, if available, should be analysed and evaluated with regard to the dissemination of age groups, gender, ethical aspects, occupancy, education level, occupation and household (size and form). If such data is not available, key persons (referent, school principal, director of the kindergarten, owner of shops, head of clubs, housing society) in the area are adequate sources for information to identify most relevant groups.

Examples / Local Projects

For example Dumbravita / Romania:

As obvious both from common sense, as well as from statistical evidence, the elderly are truly a disadvantaged category in Romania. Their difficulties are many: economical, social, cultural, including information accessibility. Low life-expectancy, decreasing self-esteem, the feeling of being useless, the lack of encouraging social contacts, the lack of the will to live (let us take into account the fact that, for many of Romania's elders, retirement is equivalent to social death, since the necessary means that allow an active life are missing) greatly affect their health status.

Schneiderviertel / Austria:

Immigrants, single-parents and elderly are the disadvantaged groups in Vienna. They are not reached satisfying by common health information whereby their health behaviour and status is worse compared to other groups.

In the "Schneiderviertel" more immigrants, unemployed and fewer elderly citizens reside compared to Vienna in general.

A major outcome of the first survey in summer 2008 was that women manage families beside their jobs. Even though, women have the same education levels as men, female work significant more often in part time jobs.

Women practice less physical activities than men, supposedly due to limited time. Because of the lack of adequate facilities, immigrants are less frequently active compared to Viennese.

Elderly very often bear a lonesome life. They do not attract interest by their environment. Therefore, it is very difficult to reach these target groups by common health promotion campaigns.

According to these first results the Austrian CHANCE-team focussed on immigrants, single-parents and elderly.

Fulda / Germany

In Germany, an intercultural cooking class was organised from the German housewife club for Turkish women with migration background. The barrier that had to be resolved was to find an adequate kitchen. With support of the city Fulda this could be managed. A long process was necessary for the offered swimming class. A swimming pool which cannot be viewed from outside and does not have male personnel needed to be found. After almost six months searching for an adequate place in a senior residence was found and a female swim instructor could be found through the local network. For elderly people information for the selection of local health care services were provided by the consumer advice centre in rooms of the catholic church, which was easy to access in walking distance.

Guideline

Designing local health information projects around the needs and resources of the target groups and their networks

Meaning / Explanation

This guideline assumes the acceptance that the development and stabilisation of neighbourly or community based support systems as well as the self-organisation of the inhabitants' interests with a look at social sharing and social participation is a central key for the improvement of the quality of life and the health. This also corresponds to the specification of the WHO in the Ottawa charter.

To realise and get to know the needs of the different social groups for a healthy life in the district and their resources, a strong and direct inclusion of the inhabitants is measured in the process of the problem definition, solution finding and participating project development in the social space.

This process must be initiated professionally and be supported by an established organisation.

The participation model in the health promotion of Wright et al. (2007: 4f) assumes from the demand of the Ottawa charter that self determination of the citizens should be the core of the health promotion.

Participative processes of the health promotion can be estimated according to the degree of the active participation of the inhabitants. The efforts concerning the participation can thereby be improved gradually. Participation is a process of development (Wright in 2007: 4). It is befitting that first preliminary stages of the participation must be realised, before a direct participation in decision-making process is feasible.

Methods "how to do" (Recommendations)

The basic information about preventive behaviour should be asked directly through instruments of the activating social research. This way, problems that the inhabitants of a district see, can be registered. This also applies to collecting the observation of previous, typical health information (step 4).

In the 5th step of the participation selected persons from the target group (the adult inhabitants) are to be included in the process of the project development and decision making.

The steps 6–8 of the real participation will only be realizable when at the municipal level a structure is found for questions of health promotion covering the district and health information.

On the basis of activating questions workshops can be initiated with target groups in which project ideas are developed together by looking at their needs.

Model for the evaluation of the participation:		
Level 9	Independent Organization	Far beyond the participation
Level 8	Decision power	
Level 7	Partial decision competence	Participation
Level 6	Co-determination	
Level 5	Inclusion	
Level 4	Hearing	Pre-stage of the participation
Level 3	Information	
Level 2	Educate and treat	Non-participation
Level 1	Instrumentalisation	

Even these preliminary stages of the participation are to be planned carefully and must be adapted to the structures of the district and its population.

Origin: Wright / Block / von Unger (2007: 5)

Examples / Local Projects

District parties and local health days are important milestones in the process of the health promotion covered district. They offer the platform for a participative project:

▶ Here health for the inhabitants is experienced;

▶ Professionals of the health system are experienced as accessible people,

▶ Areas are created in which inhabitants are asked their opinions.

▶ Interests in specific offers of the health education and health information can be determined.

Schneiderviertel / Austria:

Due to the results of the first survey in summer 2008 (qualitative and quantitative) the three-staged intervention "Healthy Simmering" was developed. Lectures on healthy nutrition took place at the local adult education centre, the mosque and the Christian denominations. Cooking classes occured in the adult education centers' kitchen. Physical activities were organized in the "Haus der Bewegung", the mosque and outdoor.

The intervention was designed according to the needs of the target groups. All courses, except those for elderly, were offered inclusive free child care. The Turkish program, naturally in their mother tongue, was enlarged after a consultation with the Turkish women.

The Austrian CHANCE-team participated at different local events: the "Grätzlfest" in 2008, the European Neighbours' Day and the Simmeringer Street Festival in summer 2009. At these events information about the project and healthy eating patterns were communicated to visitors by discussion with professionals, leaflets, a fat quiz, and sensory testing. Additionally, people were encouraged to do physical activities like Nordic Walking, Qigong, jump roles, and hula-hups. Attendees got a fresh fruit or vegetable smoothie.

Jelgava / Latvia:

In Jelagava an all-day health-related marathon with actions of 16 organisations and 15 farmers took place on a Saturday in April. Including , for example, a course of morning exercises for senior citizens by a representative of the only voluntary organisation of the RAF health centre, an all-day stage programme, among the rest, with theatrical performances by pupils of a healthy life, market stalls of farmers with healthy products, free investigations of blood, glucose, and teeth, measurement of the CO-content in the breath (possibly caused by work with illuminating gas in metallurgy factories or the building material industry), a family marathon in the wood, lectures as well as an example of ergonomic creation of a car, took place.

Fulda / Germany:

In winter 2009, in Fulda a health day was organised in the gymnasium of the local school (Sturmiusschule). This was the kick off for the presentation of different attractions with regard to health, nutrition and physical activity provided by different stakeholders in both communities of Südend and Kohlhaus. A festival "all around health" was organised in summer 2009 and gave an opportunity to present additional information and exercise offers. Alternating attractions on stage including a performance of the local kindergarten, live-music from a handicapped band and senior dance groups activated different target groups to join the festival. In addition, a soccer tournament and a demonstration of the auxiliary fire brigade were organised.

Guideline

Enable especially vulnerable inhabitants to improve their independence and autonomy through increasing their practical knowledge (in everyday life).

Meaning / Explanation

Appropriate health information that is suitable to the living conditions and needs of different social groups should be more than health/education with its expert based advices in a verbally or written way. This kind of health education includes a deficit view on health behaviour combined with concrete references how to do is right. This underestimates an important interim stage that enables vulnerable people to involve a healthy behaviour into daily routine. Enabling has to strengthen existing abilities and knowledge, it also has to accept daily routines as an individual resource and enabling should be qualify local interventions.

Methods "how to do" (Recommendations)

A traditional, top-down approach is not necessarily appropriate to improving independence and autonomy. Encouraging new skills in the context of existing knowledge develops a sense of self-efficacy and is a positive contributor to overall health and well-being. Participative methods in the context of community based group work aim on the visibility of existing abilities and knowledge. This is the basis to open up individuals for practical knowledge about health in daily live.

Examples / Local Projects

Liverpool / United Kingdom:

Carers were initially invited to participate in a food hygiene course in which they could share their own knowledge and practices with others. This provided an opportunity to learn along-side others who exist within the same or similar circumstances and who consequently understand the shared problems and limitations that bind them. In addition to understanding their own power relations and influences, Carers were encouraged to utilise their skills in the most effective way, thus promoting autonomy and further empowerment. Feedback from the course was very positive and indicated that it was considered worthwhile, had agency and resulted in positive behaviour changes.

However, Caring is a demanding role and can be socially excluding so some Carers were either unable or unwilling to attend the food hygiene course. Therefore, an alternative intervention was devised that did not require any commitment to leave the home or the person being cared-for any length of time.

Food hygiene knowledge claims of Carers of older people do not necessarily reflect what happens in practice. Many Carers struggle with the demands of caring and tend to rely on culturally acquired knowledge and skills that have been passed down through generations. Furthermore, limitations and restrictions on time, finances and emotional and psychological resources lead to a significant number of Carers adopting strategies that enable them to prioritise the tasks that they feel are most important and result in providing food for others that is affordable and easy or quick to prepare. Fatigue or tiredness associated with Caring may also result in the Carer not adhering to food storage and handling recommendations. Furthermore, many Carers associate best practice to the health and well-being of those they care for and may neglect themselves. Compounding the problem is the fact that many Carers are sceptical about health promotion messages that change and contradict previous advice so it should be recognised that food preparation is a social, cultural and psychological process through which Carers fulfil their obligations and responsibilities to those they care for. Therefore, empower-ing Carers and motivating them to adopt best practices in food handling and storage techniques is essential to promote and maintain the health and well-being of Carers as well as those who are cared-for.

Liverpool: 'Scouse Nouse': An interactive DVD highlighting many food hygiene issues was created and evaluated. Consulting with target group provided an opportunity to contribute to the intervention and further enhance Carers' self-perception and foster a sense of authority and empowerment. Carers were thus motivated to engage in subsequent interventions, including a Health Festival, celebrating alternative therapies such as massage, Reiki, Yoga and aromatherapy. A Scouse Tea Dance was also held, and a Summer Walk for Health, taking in some architectural highlights of Liverpool and facilitated participants improving their health whilst socialising with fellow Carers.

Schneiderviertel/ Austria:

In order to inform people lectures on health life style (general and specific according to the target groups) were given. In cooking classes participants could realise the new obtained knowledge about healthy eating. During the sports classes new facilities for physical activities were discovered and not known abilities developed.

Next to the intervention a birthday calendar with all recipes, pictures and a lot of useful tips for healthy nutrition, physical activities, and relaxing methods was developed and distributed to the intervention attendees' and stakeholders.

Fulda/ Germany:

A swim class for Turkish women: many faithful Turkish women are not allowed to swim in public. Often they did not participate in swimming classes in school when they were young. In Fulda a swimming pool was searched which cannot be viewed from outside and does not have male personnel. After four months searching for an adequate place, a swimming pool with a female swim instructor was found.

Guideline

Use the similarity of the place of residence as a resource for common interests (community of space and community of interests)

Meaning / Explanation

In this project we understand "community" as an "ensemble of relations, organisations and institutions with whose help the people can articulate their needs" (Szynka, 2006).

In this physical community only the common characteristic of living in the same area/place of residence expresses itself first. For a local community covered strategy of health information and health education it is favourable to recognize the mutual, coexistent shared life environment to the direct interests of the inhabitants and to work it out. It is considered to awaken the common interest of a healthy life environment and own healthy everyday life encompassing various target groups impartial to age, gender or ethnics.

The specific action aims at satisfying the basic needs (salary and health). This is the requirement for the "community of interest" how it is named in the traditional community work.

Projects covering the district on health information are based on the existing "natural networks" (Schubert in 2005) as social resources.

The activating interviews with Eastern European and Turkish migrants have shown that the primary networks of family, relatives and friends play an essential role on obtaining health information.

Educational projects should start here and aim at an exploration form of the passing on of information and transfer of knowledge.

Also to be recognised in local communities are "secondary networks": these informal, small networks (neighbourhood networks, groups of interests with low organisation) can serve as a contact partner for reaching out to the inhabitants of a district. Such networks are a matter of supporting and of strengthening (self-organisation and self-help).

Strongly organised secondary, private networks like clubs and formal organisations are not usual or exist in all European countries at the level of the district. Where they do exist, they are an important partner in order to:

▶ understand the life environment of the inhabitants

▶ speak to hard to reach groups and

▶ provide spatial and civic resources

The health projects that pay attention to these local social networks are set on the forming of an opinion by multipliers.

Methods "how to do" (Recommendations)

To explore the natural networks of the inhabitants requires direct methods of addressing. The method of "activating questioning" has proven itself. This method was developed in community work. The inhabitants of a populated area or district are asked not only their opinions and positions, but are stimulated at the same time and are encouraged to become active independently, to stand up for their interests and to help in the solving of problems in the community (Richers / Lüttringhaus). Pay attention to:

1) Activation as a collective learning process: The experience shows: "it pays to become active, I can provoke something through my activities together with others, I am not only a victim of a situation but am (co-) creator". This is possible.

2) Activating surveys need open questions.

3) Activating questionings are no short term actions, but the beginning of a long-term process: In this process crucial experiences are always necessary (the important individual talk with other participants in the district, events with experiencing their own opinion (Richers / Lüttringhaus).

To win the inhabitants for the process to help make a district health network, following areas where openly questioned in the areas:

Lifestyle Nutrition and shopping behaviour / habits, place of working and living: spending time in the neighbourhood, own ideas about healthy living, health awareness, sources of information.

Empowerment: Interest in health information, ideas, willing to take part in local groups, clubs or initiatives,

Surroundings and urban area: Social networks, social contacts in the neighbourhood, what are you doing together with others, with whom, what kind of activities, supporting network in case of an emergency, regular contacts to social institutions, knowledge and personal impression of the neighbourhood, experience of the surroundings – describing the neighbourhood, meeting places, locations of fear etc.

Examples / Local Projects

Dumbravita / Romania:

The Romanian team tried to extend the local social network by facilitating interactions between the inhabitants. On every day of the intervention, inhabitants from Dumbravita had the possibility to interact, to exchange opinions and to find out more about each other. For example, on one of the days during the intervention program, they put the participants in small groups of 5 so that they had to communicate with each other and do some activities concerning healthy eating. They had to imagine that they are a family and do some imaginary grocery shopping for a healthy meal.

They tried to adapt the enabling strategies especially to the elderly needs and knowledge as to reach elderly people through sources that they trust (the mayor, the church etc). They sensitized them to change their unhealthy eating habits also for their grandchildren whom they raise and for whom they cook.

Eriksberg / Sweden:

To enable elderly to improve their independence and increase their practical knowledge they suggest the following interventions e.g. regularly performed "Food classes for the elderly". In these health-promoting activities two major issues should be emphasised e.g. the "5 a Day"-concept and food safety. These issues could be easily implemented by using CD-programmes regarding food and health.

Guideline

Get Knowledge to the organisational, financial, spatial, personal resources of local stakeholders and use it for "tailored" local health Information projects.

Meaning / Explanation

Local actors, who must be included in health promotion, are generally well known. This includes general practitioners, health care services, health insurance, hospitals, health authorities, centres for mothers and many more such as church health institutions. Furthermore, with regard to the life cycle, kindergarten, schools and adult education centres incorporate educational mandate for health. Certainly, each institution has different goals and target groups and introduces different methods and media for health education and health information. The contextualisation in a community is often grown from coincidentally originated aspects, rarely concerted and planned from respective institutions. This "health map" in a community should carefully be examined.

This includes:

▶ which task does the respective institutions in a community have?

▶ is it a matter of general health information or education offerings for which target group?

▶ is there an existing network and to what extend or can it be established and

▶ are the health information and educational needs of the inhabitants covered?

Methods and "how to do" (Recommendation)

At first it is necessary to examine available institutions, their objectives and available offerings and the willingness to provide new offers based on the needs of the inhabitants in a community. This includes the acquisition of personnel resources and times at which health offers are possible and the acquisition of spatial conditions. Is the locality easy to access and free from barriers. Furthermore, the arrangement of rooms needs to be considered and adequate with regard to the information and education offer. Cooperation and agreement between health institutions avoid competing offerings and can result in differentiated target group oriented offers.

Examples / Local Projects

Dumbravita / Romania:

The team involved a great number of stakeholders from Dumbravita and contacted an important number of sponsors, people appreciated in the local community. They had been involved not only with the material support but also by adhering to the project objective of healthy alimentation of the community.

Alongside of the sponsors there were also the local administration, school and church representatives.

The project involved 3 school teachers, the minister of the Catholic, Protestant and Orthodox churches, the major of Dumbravita, 1 councilman and 8 sponsors.

All the stakeholders were personally contacted by the project manager.

Eriksberg / Sweden:

The Swedish study concludes that employment of one dietician per urban area would be a tool to be linked between stakeholders and participants. Electronic communication is easily and inexpensively administered. Additional knowledge about health promotes the realisation of a healthy life. The feeling of having enough knowledge and not to see the need for further information as shown among elderly is a kind of risk related optimism. Such attitudes might be an obstacle to accessing further health information.

Guideline

The process oriented, participative set up of a Community Health Management requires enough time

Meaning / Explanation

To set up an oriented city district health information management – for short "Community Health management", it must go beyond just short term organisation of separate projects. This is a collective learning process which is a matter of organisation.

While single projects depend exactly on limiting the target group and on finding suitable ways of addressing systematically (multipliers) the project, the intention of a health management oriented city district always refers to longterm processes which are enabled to cover separate project ideas and existing resources to each other.

Behind every project idea there are people or institutions with specialised competencies, knowledge of experience and spatial-material resources. This applies to making it transparent to all local participants and of bringing in the creative process of a project development.

These collective learning processes refer to not only to the organised inhabitants of a district who should find out together the possibilities for a healthy life in their district, but also to the professional participants who are learning in the district and the city, how to recognize common aims, to adjust their interests in each other and to open up resources.

Therefore the perspective of own areas of responsibility are to be changed, so that, e.g., fall cases, real-estate cases and room applied cases of support can become compatible.

For this collective learning process the knowledge is used from the experiences collected all over Europe from the Social Urban Development who have tested and realised strategies for the development of disadvantaged districts since the 1990s.

Furthermore, it could be shown that the setting up of social and professional networks requires time.

Success for the purposes of an improved health behaviour as well as improved constitutional structures can, according to the general conditions (social structure, infrastructure), be expected only after several years.

Methods and "how to do" (Recommendations)

The organisation of separate projects requires a careful plan which considers the following aspects:

▶ the inhabitants and the local participants were involved in the problem definition;

▶ the inquiry of the needs of different target groups requires time and personnel resources;

▶ the health-promoting measures are developed as a learning cycle: needs analysis on site, aim definition, resources analysis, project development, monitoring;

▶ enough time was given in a presented process to the local institutions/organisations to get to know each other and to exchange and recognise common interests and to mobilise resources; and

▶ particularly the contact and trust to set up disadvantaged inhabitants' groups requires time.

Examples / Local Projects

Dumbravita / Romania:

The intervention programme consisted in 5 meetings with inhabitants from the community. Enough time was given so that people could get to know each other, to exchange and recognise common interests.

They also ensured continuity so that the things they learned in the intervention became a strong habit and a way of life.

Eriksberg / Sweden:

Health promoting work as an approach in line with the already established *Food classes for the elderly* should be implemented in the community targeted to different population groups.

Fulda / Germany:

On initiative of the University Applied Sciences Fulda, networking with local health actors in Südend and Kohlhaus started already in 2006. The network continued to further development and establishment. The control could be transferred to the city of Fulda in June 2009. In addition, results from a survey from 83 households in 2007 could be used.

Schneiderviertel / Austria:

Needs and problems of the residents were detected through 20 qualitative interviews and 254 quantitative questionnaires in summer 2008. These results were presented to local institutions and organisations at two round tables around the turn of the year 2008/09 and future co-operations were discussed and developed with a great number of local actors, e. g. the adult education centre Simmering, the urban renewal office Simmering, the Fund for Social Affairs in Vienna, the Viennese Health Promotion.

According to the outcomes of the first survey and the round table discussions the intervention "Healthy Simmering" was initiated. The offered courses were adopted before and during the intervention according to the needs, and wishes of the target groups.

Guideline

Concrete projects should involve all senses and information about health, nutrition and physical activity should be tangible.

Meaning / Explanation

Most of the information about healthy lifestyles overstrains the people. Guidebooks and booklets provide extensive explanation and act as deterrent with complexity and depth. Furthermore, offered diets are expensive or take a lot of time effort to implement suggestions throughout everyday life. Bans act as deterrent instead of providing practical pathways.

People with migration background are often regarded insufficiently when information are provided.

Most people are not aware of the fact that health must be regarded every day. There are a lot of small aspects, which can be introduced with small effort. The day could start with a healthy breakfast, with exercise to the workplace and during work chain, exercise, relaxation, healthy snacks can aerate structures. After work, well-being can be influenced by a healthy and tasty meal. The meal preparation at home should not take too much time or effort and should meet the needs of all members in a household. Children and adolescents should be involved in the meal preparation. Consequently, the time effort, which is traditionally carried by the "housewife", can be distributed to all members of a household. Or during the week every member of a household is responsible for all work on one day. Thus, adolescents can prepare and offer their preferred meals. The collective meal should be scheduled by all members of a household. Physical activity and relaxation should be scheduled in the end of the day.

Methods and "how to do" (Recommendations)

Health projects – regardless of information or education offerings – must call for people where they stand and live. The simpler, more practicable and suitable for daily use the offers are, the more likely is the implementation. Furthermore, it is important that information about health and nutrition are not isolated, but take a holistic approach as a basis. In addition, the more senses are addressed, the better is the effectively. The more independent activity and self-determination exists, the more acceptance can be expected.

Thereby seasonal aspects have to be considered as well as environmental aspects such as infrastructure for physical activity and shopping facilities and special needs of target groups. Local / regional food supply should be integrated and exercise and recreation offers should be designed attractive. New offers should be able to be tested without barriers and without the purchase of items. In order to ascertain what offer suits for a person and can be enjoyed, it is important that exercise and physical activity offerings can be tried out before.

For elderly people simple daily offers by which they feel safe, such as walking, should be animated. For those people how are strongly involved in house care, balancing offers should be implemented. Thereby, it has to be considered that the nursing person is adequately supplied so that the Carer can relax and recreate. In several European countries there exist different examples. The assistance can take place at home, in the neighbourhood or in institutions outside of the home.

Examples / Local Projects

Dumbravita / Romania

1. In one of the intervention meetings, healthy and unhealthy food was brought for the participants. They received examples of healthy food that can replace the unhealthy one (butter instead of margarine; honey instead of sugar etc.).

2. A doctor gave them personal medical advice taking into consideration their health status evaluated in the intervention program.

3. Children were involved in preparing funny figures using vegetables and fruit. We improved their interest in those aliments.

Eriksberg / Sweden:

In combination with computerised health promoting information the participants should get a directed home task discussed on following group session. Inbetween the two group sessions the participants measured the temperature on different shelves in their refrigerator. Further, they were introduced to different fruit and vegetables and asked to record and register the weight of daily fruit and vegetable intakes to reach the "5-a-day" / 500 g-level. Furthermore, in Eriksberg hygienic behaviour in food preparation was visually demonstrated in single steps. In addition, it was showed how to measure the temperature in a refrigerator.

Schneiderviertel / Austria:

All senses were addressed during the various events of the intervention "Healthy Simmering". While the nutrition lectures provide abstract inputs, sports courses and cooking classes focussed on practical realisation.

The collective developed birthday calendar should support and motivate the participants and their families to a healthier behaviour in their daily life.

At local events and festivals inhabitants got a smoothie or a piece of seasonal fruit to help to understand what´s "5 a day". Additionally, a sensory test was offered to interested residents, which got a huge response.

Fulda / Germany:

The intercultural cooking responded to many senses. One of each national group was cooking while the other women were observing to receive animation and information. Typical Turkish (e.g. bulgur salad) and German (e.g. potatoes in green sauce) dishes were cooked. During these cooking classes, the women get to know how to handle ingredients and preparation methods they didn't know before. A valuable amount was pointed to healthy and low priced nutrition.

Jelgava / Latvia:

In Jelgava, during the health marathon the correct way how to brush teeth was demonstrated with enlarged objects (teeth, brush). The Latvian Red Cross presented how to take care of wounds. Students presented on stage how they imagine a healthy lifestyle.

Dumbravita / Romania:

In Dumbravita measures of blood pressure were conducted as well as the people's weight and height to calculate their Body Mass Index (BMI). Healthy food was presented under the topic "How can I nourish myself with low budget".

Guideline

The Process of installing a Community-Health-Management should be carried out by an engaged person who is attainable at a central place in the district. Making the long term community health management visible by focussing resources in a central, accepted location and giving it a personal "face".

Meaning / Explanation

Essential resources for a successful city district health education and health information are

a) persons in the district who are already known to be dedicated and know the district with its structures and resources and

b) places, represented by rooms or buildings which lay centrally and are attainable for everybody without social barriers.

A Community Health Management should not only be oriented at any rate to one bearer/participant, but it should be one of many institutions that support on site, it is important that from the perspective of the inhabitants a central person is connected with the efforts towards a "healthy district" and a healthier life in the district.

Methods "how to do" (Recommendations)

It is the task when setting up a local network to identify a person from the district who activates institutions that organise the Community Health Management in the sum and coordination of all health-covered measures and projects and represents on the outside.

This is leaned upon the strategies of the so-called accommodation management in the disadvantaged districts that are the key point in organising the distribution of information, the coordination of separate projects, and the inclusion of all inhabitants and the protection of the sustainability of these processes.

Also a task of the local network is the combined search for suitable rooms, through which the health management oriented district can become visible for the inhabitants.

Needed are rooms which make a spontaneous consultation possible, as well as the display of information about local events, specific health information of higher local health organisations or a noncommittal talk with other district inhabitants.

Examples / Local Projects

Fulda / Germany:

In the spatial centre of the district there is an elementary school and high school. In the basement is also the youth club of the AWO, adjacent is the club house of the Turkish sports club. This spatial infrastructure – particularly the school building is known in the district and barrier free attainable. The different rooms of the school were already used for meetings of the local network. Meanwhile, the urban senior citizens consultancy as well as the educational guidance holds regular consulting hours and discussion hours in the rooms of the school. The Turkish sports club can also offer its rather small rooms as a possible exchange of information. Both could be realized after an approx. 3-year process of exchange about health subjects in the district.

Schneiderviertel / Austria:

Residents of the "Schneiderviertel" consider the local adult education centre as a place for health information and education. The room facilities in the adult education centre and the education house of the church are major resources for a broad range of events. The bureau of the urban renewal office could be an important meeting point and a place to distribute information on health topics and activities. Besides, residents confide in the local pharmacy and the pharmacy represents a good meeting point too.

Dumbravita / Romania:

The project was developed in the Community Centre, a place situated in the middle of the locality, well known by the people as a place where the events take place. We contacted the director of the Community Centre and the major to obtain the permission to use the space.

Eriksberg / Sweden:

In Eriksberg the already established localities can be used. For instance, a meeting point "Träffpunkt Klockbacken" can be used by elderly but also by other target groups for implementation of food classes. Furthermore, different localities for food classes can be used. For instance in the schools, such as a computer hall and the home economic kitchens can be used.

Guideline

Employing and learning from on-going, overall and mixed-method evaluations.

Meaning / Explanation

Evaluations should take place in every phase of a project or an intervention as not to act past the needs and expectations of the people or network partners. Evaluation also has the function to motivate, for the purposes of a „dialogue control" (Guba & Lincoln, 1989), the network partners or stakeholders for a healthy district, other consensual decisions about the other cooperation and the correctness of the direction of the initiated projects.

Because of the clarity of the local participant nets it is possible and meaningful to plan a regular evaluation of the process of the local network work which is organisable in dialogue formats (forum sessions, round tables, etc). In the CHANCE Project we understand evaluation as a part of community work and less than an objective measuring instrument.

Therefore, the aim should be, to enable the Stakeholder for an evaluation on the basis of simple learnable methods.

Michael Quinn Patton, prominent representative of the qualitative evaluation research supports such an "Evaluation oriented usage", which orients itself in "primarily intended users" (2000: 429). Therefore, we suggest for a meaningful evaluation surveys which are directly accessible to the users (inhabitants and local participants).

Methods "how to do" (Recommendations)

Here, the used instruments should not be too difficult or be too extensive in order to make the evaluation a current issue and with a view at the improvement of the health information possible. The evaluation of oriented city district projects of health information and health education must be integrated in the everyday business of the executing organisations. So-called "snap polls" with a simple, short form covering the respective project can serve as self-assurance on the quality of the project and its execution.

Short, easy understandable forms which are used, e.g., at events can be evaluated with Excel. For migrants who do not have or only have a little language knowledge a translation can take place or one can work with pictures and drawings.

At big events simple methods also should best be used – coupled with the gift of a healthy treat, e.g., fruit.

A written evaluation for older people should particularly use larger writing for better legibility.

If however, around computer experienced target groups an evaluation can take place by computer.

With networks, a common discussion about successes and difficulties with documentation on moderation cards can be presented. They prove a visible, fast view and can be assigned or realigned if necessary in different ways. With large enough writing, even photographs can be made for the documentation and distribution.

Fulda / Germany:

For a lecture event with discussion on ambulatory care a simple one-sided form was used along with the feedback in the audience that could be evaluated with Excel.

Eriksberg / Sweden:

In Sweden one can conduct with computer-assisted courses concerning hygiene, without any problems a computer evaluation.

Dumbravita / Romania:

Evaluation sessions were established after every step from the project. This allowed to improve the negative aspects and to underline the good practices. They used a 360° evaluation involving the project manager, the experts, the people who worked in the project, the volunteers and, not at least, the inhabitants from Dumbravita and the participants from the intervention

Guideline

Ensuring the projects build capacity in the community in terms of participation of professional (stakeholders) and civic (inhabitants, volunteers) actors and resources so activities can continue.

Meaning / Explanation

Long term Community Health Management is made more visible by focussing resources in a centrally accepted location.

Methods and "how to do" (Recommendations)

In the long term working with an established organisation can:

a) facilitate access to a target group (especially if dealing with vulnerable people);

b) provide an infrastructure for efficiency, thereby adding value;

c) maintain a level of interest post-interventions (influencing the influencers) promoting sustainability; and

d) afford extra credibility to initiatives.

Examples / Local Projects

Liverpool / United Kingdom:

The partner organisation in Liverpool is a well-known social enterprise, selected because of its continuing engagement with Carers of older people providing a wellestablished network of service-users. The organisation has personnel with appropriate experience, motivation and enthusiasm to engage and communicate effectively with the target group.

Incentives were used to attract participants at every stage and evaluation was built into the interventions at every opportunity to ensure that future interventions were likely to be effective and appropriate.

Active involvement of Carers in the identification of health-related needs, and subsequent design, implementation and evaluation of culturally appropriate interventions engendered a sense of value in the contributions that were made.

Issues of gender, age, ethnic diversity and inequality were addressed at the outset by inclusion of members from all groups within the given geographical location. Additionally, independence and autonomy, together with self-esteem and motivation of the target group were also considered and interventions were conducted in locations convenient to the group, at times that were manageable. Due to the lifestyle restrictions that are inevitably experienced by Carers it was also considered appropriate to offer assistance with transport.

This project utilised innovative strategies to encourage stricter adherence to food hygiene routines, encouraging behavioural change through an understanding of interactions within an environment, rather than being merely instructive. However, it is acknowledged that circumstances in England and Liverpool are very different to those in partner countries and would necessarily affect both the methods used and the outcomes achieved.

Eriksberg / Sweden:

The information should be provided via computers, followed by a short group discussion. Future plans are to reproduce the information programmes on CDs and to implement them in other municipalities in Sweden. This kind of computer communication can be easily and inexpensively administered and implemented at home, at health care centres, in schools, by pensioner organisations, food stores, different kinds of local networks, etc. Additional knowledge about health promotes the realisation of a healthy life. However, to enable changed behaviour according to a healthy life the information done by computers should be combined by home work tasks and practical sessions according to "Food classes for the elderly".

Schneiderviertel / Austria:

Networks and co-operations between organisations and individuals were built and intensified during the round tables before and after the intervention.

Nordic Walking was part of the sport classes in the intervention "Healthy Simmering". The sticks were provided by the Viennese Health Promotion (co-operation partner). This organisation will start in autumn 2009 the project "geh! sund – bewegte Apotheke"(Nordic Walking) in Simmering including the networks built during the CHANCE-project.

Within the next "University Meets Public" program in winter semester 09/10 lectures on healthy nutrition will be offered in the adult education centre. In addition, the ERASMUS exchange program between Sweden and Austria to share information on programs and recruitment of target groups will continue.

Dumbravita / Romania:

The sustainability was ensured by keeping in touch with the important stakeholders and civic actors. Furthermore, sustainability is ensured by stimulating other little programs and activities. The teachers and the council man engaged to organise some other activities about healthy eating.

The teachers introduced health classes every month and they point out the "healthy snack for the children" at the meeting with the parents and grandparents. The meal from the kindergarten was changed so that it contains more healthy food.

They planed also to make some brochures for the elderly with the important points of a healthy lifestyle and also contact details where they can ask more about this topic.

Fulda / Germany:

The community forum "healthy living in Kohlhaus and Südend" was continued under control of the city of Fulda and further attendance of the University of Applied Sciences Fulda. Single projects such as intercultural cooking are incorporated in the programme of the adult education centre. Health education for parents, children and teacher from the local school (Sturmiusschule) and the local secondary school will be continued in the frame of the Master programme Public Health Nutrition of the University of applied Sciences in Fulda. The kindergarten project "Joshi" offered by the consumer advice centre Hesse for educator and parents continues over half a year. The national consortium of senior organisation (BAGSO) supports the project as the governing body with comprehensive networks on German and European level.

14. Summary Guideline Community Health Networks

Part 1	1. Health system and media of the country	National, regional, local formal and informal institutions and organisations · Used media
Part 2	**"manual for a social space analysis" (basis of the activity plan)**	**Who and how?**
What is the spatial reference of the local network?	2. **Spatial delimitation and definition** Categories are: spatial boundaries and barriers, spatial hierarchies, functional land use, detailed housing structure, traffic lines, symbols of identification and special marks.	Outsiders' and insiders' view (participative perspective) · Delimitation could be expert based or empirical determined by Interviews
Who is living there?	3. **Structural Profiling**	Data analysis quantitative, detailed, completed by expert interviews
What is the urban function of this urban area?	4. **Strength–Weakness-Analysis (SWAT)** Documentation of the spatial-physical facilities and infrastructure	Inspections, document analysis Contact to the local authority, volunteers, initiatives etc.
Part 3	**Institutions and Organisations**	
Who is active? – in the community, – in the name of the community and its inhabitants	5. **Description of potentials and resources** Assembly of all local institutions and experts, analysing resources: associations, alliances, coalitions, conflicts	**Expert Interviews Network Analysis**
Who is authorised? Which social groups are relevant?	6. **Organization chart of all public, private and intermediate authorities** (e.g. health prevention, -promotion, -information, education, recreation due to several target groups)	
What are the strong and weak partners?		Network Analysis (activating interviews)
Part 4	**Structural Resources**	
Which rooms or buildings are available?	7. structural resources to offer an incentive for networking	Result of first network meetings
Is open space available and at what time of the day / week?	8. Structural and time resources to cooperate in designing interventions	First task of the network partners, result of a discussion

We would like to encourage all people to use these guidelines, which are developed with comprehensive experience. The process was not always easy and was different in each European community. The interdisciplinary cooperation of social and natural sciences and town planners with regard to health, involved an intensive exchange of experiences and mutual trust. The intercultural communication and the intercultural appreciation increased during the period of the project. The networking process continued different in each European community and resulted in multiple projects. The networking process takes time and the availability, participation and support of numerous formal and informal institutions is necessary. In order to be successful, the integration of honorary commitment of inhabitants in the decision making unit is necessary. Thereby, all small steps which are almost invisible, often tediously developed and adjusted should be honoured.

The manual aims to support important steps which can be implemented different in every community. With regard to health, everybody can have a share in ones individual setting every day, including people from disadvantaged groups. For that purpose we demonstrated examples within the target of lifelong learning.

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