

TRAINING IN HEALTH PROMOTION: SUMMER COURSES AND THE CHALLENGES AND BENEFITS OF 'HEALTHY LEARNING' IN AN INTERNATIONAL INTERACTIVE COURSE SETTING

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1. INTRODUCTION

Education and training in health promotion is important for the development of the field. Despite a strong common base of health promotion principles such as equity in health and (community) participation the meaning of health promotion varies between countries and regions. Health promotion professionals also have a variety of academic and training backgrounds. The theoretical base of health promotion has been developed rapidly over the last 20 years and different accreditation schemes for health promotion training at the national and international level have also been developed. This indicates further professionalisation of the field. This chapter describes a summer training module for health promotion with a European perspective and that is based on the principles of health promotion.

The annual summer course organised by the European Training Consortium in Public Health and Health Promotion (ETC-PHHP) is a good example of the advancement and future challenges of international training in health promotion. These training courses at post-graduate level attract a wide range of students that enables the exchange of expertise and experiences. The ETC-Network started in Valencia, Spain in 1991 and recently celebrated its twenty years of existence in Zagreb, Croatia, in the summer of 2011 (O'Neill & Dupere, 2005; Pavlekovic, Pluemer & Vaandrager, 2011). Since then, over 500 participants (including some satellite courses in Portugal and Italy run in native languages) from 44 different countries all over the world have actively participated in these European health promotion summer courses (see table 1). During these twenty years there have been many developments in the

area of health promotion, which is reflected in the development, content and organisation of the ETC summer courses. By reflecting on these developments and describing them against the background of the global changes in the area of health promotion we will give a picture of our state of art of health promotion training as well as further developments that are needed for the future.

We have divided this chapter into three parts: we start with a historical perspective, followed by current thinking about health promotion training. The chapter is then concluded with a vision for the future.

Table 1. ETC-PHHP summer courses since 1991

1991	Valencia: healthy lifestyle
1992	Gothenburg: promoting the health of children and youth in Europe
1993	Valencia: settings for health promotion
1994	Liverpool: strategies for health in Europe
1995	Prague: networks and collaboration for health promotion
1996	Prague: innovation in education and training for the new public health
1997	Cagliari: health promotion and research
1998	Wageningen: participatory methods in health promotion
1999	Liverpool: health and healthcare
2000	Zagreb: back to the future: from principles to practice, from practice to visions

In cooperation with the European masters in health promotion (EUMAHP)

2002	Valencia: from public health to new public health and health promotion
2003	Cagliari: community participation and intersectoral collaboration
2004	Galway: European perspectives on promoting health and wellbeing
2005	Perugia: rethinking health promotion in a changing Europe
2006	Zagreb: sealing new seas: capacity building for health promotion action
2007	Wageningen & Dusseldorf: reducing health inequalities – evidence for community action
2008	Bergen: health in all policies
2009	Cagliari: exploring <i>salutogenic</i> pathways to health promotion
2010	Magdeburg: building civil society for health
2011	Zagreb: strategies for health in Europe: health in lifecourse perspective

2. PAST: FROM VALENCIA TO VALENCIA

2.1. Ottawa Charter

Health promotion originated from a shift in thinking about health and the determinants of health. From the 1930s to early 1970s the biomedical model dominated public health. Health was defined as the «absence of disease» and the main focus was therefore on risk factors and prevention of disease. Since the mid-1970s key developments occurred in Canada with the Lalonde report highlighting the role of social and environmental determinants of health and the First World Conference of Health Promotion in Ottawa 1986, which resulted in the well-known Ottawa Charter. This charter stated that «health is created and lived by people within the settings of their everyday life; where they learn, work, play and love». This key document is still one of the leading documents in the field of health promotion. In Ottawa five principle areas were outlined for health promotion action:

1. Building public policies that support health.
2. Creating supportive environments.
3. Strengthening community action.
4. Developing personal skills.
5. Reorienting health services (Organisation, 1986).

2.2. A changing paradigm of health

The developments in Canada gave rise to the Healthy Cities project and publications such as «The New Public Health» of Ashton & Seymour (1988). The changing paradigm not only related to the changing face of public health and health promotion, but also to why and how health promoters change their practice and the role of learning in that practice (Davies, Colomer, Lindström, Hospers, Tountas, Modolo *et al.*, 2000). Therefore a group of European health promotion professionals agreed that to achieve a shift in thinking, innovative education and training was also required.

2.3. The birth of the ETC summer courses in 1991

In 1987 the WHO regional office for Europe started a joint project with the Association of Schools of Public Health in the European Region (ASPHER) to investigate the possibilities of developing a new public health education programme. An initial meeting was organised in Gothenburg in 1990 and the European Training Consortium in Public Health and Health Promotion (ETC-PHHP) was founded by four schools of public health: Gothenburg (Sweden) – Liverpool (UK) – Valencia (Spain) – Zagreb (Croatia). As an outcome of the WHO/ASPHER workshop regarding the lifestyle targets of the

WHO Health for all targets, the Valencia Institute of Studies in Public Health (IVESP) organised their first three-week European training course in Valencia in the summer of 1991. This was the birth of the ETC summer courses. The course consisted of lectures, field visits, group assignments and individual group projects that were presented by the end of the course. Founders of this first training event were Concha Colomer from the Valencia School of Public Health in Spain, John Ashton from the Department of Public Health, Liverpool University in the UK, Bengt Lindström from the Nordic School of Public Health in Gothenburg in Sweden and Selma Sogoric from the Andrija Stampar School of Public Health in Zagreb. The first course attracted 17 students from all over Europe. These post-graduate students had different backgrounds such as health care, social work, research and policy but had already been actively working in the area of health promotion for a couple of years. Both the authors of this chapter attended the first ETC summer course in Valencia.

Based on the idea of classroom teaching and instrumental learning, several health promotion key experts were invited from all over the world. These included Prof. David McQueen from the University of Edinburgh, Scotland, UK, Prof. Kathryn Dean from the University of Copenhagen, Denmark, and Alf Trojan from the University of Hamburg, Germany. They presented innovative ideas concerning multi-level analysis and health promotion indicators. At that time they were seen as leading experts in the field. The course was very interesting and inspiring for both teachers and students but was mainly a one-way transfer of knowledge – and was still somewhat expert driven.

2.4. Salutogenic perspective

A major role for inspiration for the ETC summer course was and still is the work of Aaron Antonovsky concerning *salutogenesis* (Antonovsky, 1987). The *salutogenic* perspective focuses on three aspects. First the focus is on human strengths, capacities and wellbeing. Secondly, it identifies generalised resistance resources (GRRs) that help people to move in the direction of health. Thirdly it identifies a global and pervasive sense in individuals, groups, populations or systems that serves as an overall mechanism or capacity for this process, the sense of coherence – SOC (Lindström & Eriksson, 2010). Bengt Lindström used the story of Lena Maria, a physically handicapped girl who greatly succeeds in living the life she wants, to illustrate the ideas of Antonovsky.

It was therefore very fitting that in the second ETC summer course in 1992 in Gothenburg, Sweden, Antonovsky was able to be involved as a key speaker. The theme of this second course was «Promoting the health of children and youth in Europe». Antonovsky died in 1994, but his theory continues to be fundamental to the ETC summer courses.

2.5. Growth of the ETC network

Since that time the ETC-Network increased to ten European schools and health promotion and public health departments. New players in the network are Maria Koelen from Wageningen University, The Netherlands, Paolo Contu, the University of Cagliari, Sardinia, Italy, and Alena Petrakova, from the Institute of Social Medicine, Prague, Czech Republic. Somewhat later Klaus D. Pluemer, from the Academy for Public Health, Düsseldorf, Germany, Giancarlo Pocetta and Giuseppe Masanotti, the University of Perugia, Italy and Elisabeth Fosse, the University of Bergen, Norway joined the network. In 2010 Lynne Kennedy, Glyndŵr University Wrexham, Wales, UK (host of the ETC summer course 2012), and Anna Bonmatí Tomàs and Dolors Juvinyà, the University of Girona, Spain, joined the network – and shortly afterwards we were very glad to be able to welcome Eric Breton from the EHESP School of Public Health Rennes, France.

2.6. Strong leadership role of Concha Colomer

It needs to be stressed that Concha Colomer had a strong leadership role within the network. From the beginning she took the leadership and managed it very well to get ETC-PHHP running and operating in a strong manner. Making things happen was one of Concha's great professional abilities. She was always looking for opportunities and new ways for cooperative and collaborative working across universities, organisations and countries. As a qualified social paediatrician she held a particular interest in the field of health promotion and was committed to improving the quality of life and wellbeing of people in Europe. Concha Colomer also hosted the Summer Course in 1993 and again in 2002; the latter was a key milestone for ETC because of the significant achievement of a partnership with EUMAHP, to strengthen the European dimension of health promotion through common efforts.

2.7. European Master's in health promotion

The EUMAHP Consortium brought together experts from 15 different European countries; two ETC members belonged to them (NHV Gothenburg and IVESP Valencia), two others joined later ETC (the Universities of Perugia and Bergen), and another two, the National University of Ireland Galway and the University of Applied Sciences of Magdeburg-Stendal hosted ETC summer courses in 2004 and 2010. The overall aim of the EUMAHP project was to improve the quality of health promotion through the professional training of health promoters in European Union countries, to further develop and reinforce the European conceptualisation of health promotion post-Ottawa Charter and move the field forward. Key values of EUMAPH were collaboration and empowerment to improve existing programmes, participation by more institutions and programmes in development and

the continuous improvement of health promotion education, recognising and respecting differences in Europe (Colomer, Hospers, Barry, Brooks, Davies, Lindström *et al.*, 2002; Davies *et al.*, 2000). The major outcome of the EUMAHP project was setting up a European health promotion programme that was both linked and acknowledged by the European Credit Transfer and Accumulation System (ETCS) according to the Education & Training life-long learning policy initiated by the European Commission. From 2002 onwards the ETC summer course is offered in cooperation with EUMAHP.

The impact of the EUMAHP project on the development of the ETC summer course was remarkable: compared to the first decade (1991-2000) the average number of course participants who attended the summer courses increased from 21 to 29 in the second decade (2002-2011). But more relevant was the impact on the further development of the course design, e.g. from individual to group projects, and the main topics that have been addressed. Gradually, the summer course shifted from instrumental learning to more critical and emancipator learning.

2.8. Summary of historical perspective

The first phase of the development of training for health promotion was characterised by bringing people and ideas together on a European level. The way of teaching mainly involved inspirational lectures given by well-known experts in the field. It resulted in a strong European network of lecturers and a growing group of inspired health promotion professionals taking *salutogenic* principles on board and putting them into practice.

3. PRESENT: ESTABLISHING THE HEALTHY LEARNING PROCESS

During the aforementioned course in 2002 in Valencia, the decision was made to introduce group projects into the summer courses as well as adding perspectives from other disciplines: organisational- and political science, sociology, education science, communication and cultural science. This interdisciplinarity fitted well with the ecological approach and systems thinking. Ecological thinking represents a move away from a reductionist focus on single issues, risk factors and linear causality towards a holistic vision of health and well-being determined by a complex interaction of environmental, organisational and personal factors within the contexts and places that people live their lives (Dooris, 2009). Close to this ecological perspective is system thinking: Systems thinking is about incorporating the whole of a system and the relationship between the parts instead of isolating the parts that make up this whole. The context, circumstances and environment of a system play an important role in systems thinking. This rationale of systems thinking fits

nicely with the notion that effective health promotion needs to do justice to the complexity of health and that it has to address many actors and factors on multiple levels at the same time (Naaldenberg, Vaandrager, Koelen, Wagemakers, Saan & De Hoog, 2009).

The IUHPE CompHP (developing competencies and professional standards for health promotion capacity building in Europe), a project aimed at the international development of competencies for health promotion, also started to stress the need for health promoters to be able to work in changing social, cultural and political contexts. The core domains of competency defined by this project are: catalysing change, leadership, assessment, planning, implementation, evaluation, advocacy and partnerships (Battel-Kirk, Barry, Taub & Lysoby, 2009). All these domains are elements of the summer course and we will continue to describe the important elements of the summer course as it stands now.

3.1. Practice what you preach

Working in mixed groups on a group project creates possibilities to explore health promotion issues and use the already existing knowledge present among participants of the summer courses. This idea is based on the 'practice what you preach' idea: the core principles of participation and partnership need to be applied in the way the programme is both organised and delivered. Increasingly, the summer courses are designed based on the cooperative learning model rather than classroom teaching. Before we illustrate how these ideas are implemented post-2002 we would like to discuss some theoretical insights related to what is called cooperative or transformative learning.

3.2. Cooperative learning

Cooperative learning or team learning is about the creation of cooperative structures, as part of the course design that is effective in promoting high level thinking and learning in a group. Team learning is about using the power of the team to get students to accomplish learning objectives (Hernández, 2002). Morse *et al.*, (2007) identified 'bridges and barriers' for interdisciplinary team learning on three levels: the individual or personal level, the disciplinary level and the programmatic level. Cooperative learning can be enabled or challenged by individual personalities, disciplinary distinctions and programmatic design. Proactive planning and continued reflection on the process of integration throughout the learning process helps to navigate through many potential barriers and identify other prospective bridges.

3.3. Transformative learning

Transformative learning is learning that transforms problematic frames of reference – sets of fixed assumptions and expectations (habits of mind, meaning perspectives, mind-sets) – to make them more inclusive, discriminating, open, reflective, and emotionally able to change. Learning to participate freely and fully in critical-dialectical discourse involves becoming critically self-reflective and exercising reflective judgment. The task of the trainer is to help the learner realise these capabilities by developing the skills, insights, and dispositions essential for their practice (Mezirow, 2003).

Both cooperative as well as transformative learning stress the importance of facilitating reasoning as well as creating safe learning situations. These ideas fit very well with health promotion views and as such the ETC summer courses aim to create conditions to learn. A so-called supportive learning environment is set up that stimulates the competence and capabilities of the students. Practice what you preach entails empowering students, getting experience with intersectoral collaboration, learning new (communication) skills and using the groups' resources. The European dimension, bringing different nationalities together is a unique feature of the concept because within the summer courses there is an opportunity to reach a situation that cannot be reached at a national level.

Three new elements are introduced to facilitate learning: distance learning, country presentations and the group project.

3.4. Distance learning

One experience of the summer courses was that although participants were often attracted to the theme of the year such as «Strategies for health in Europe» (1994) or «Participatory methods in health promotion» (1998) the basic knowledge level of participants was different. This implied that some participants were happy to work on basic level theories and approaches whereas others were hoping for more advanced content. A number of key publications were then created as background literature that was available through a special section of the ETC website and all participants were asked to write a paper about the theme. By reflecting and writing about the course theme, students are already busy with the theme beforehand. Tutors who come from a country other than their own facilitates this distance learning part. Feedback consists of asking for clarification and encouragement. Often students and tutors meet up during the first week of the summer school to discuss the final version of the distance learning paper produced before the summer course starts.

During the early years, the distance learning papers were focused on general health promotion developments and theory, such as reflecting on the Ottawa Charter or describing the meaning of intersectoral collaboration. In 2009 we

started to ask participants to critically study the theme in the context of their own country as well as describing their personal situation in relation to the theme. For the theme «Exploring Salutogenic Pathways to Health Promotion» (2009) participants described salutogenic elements of their countries' health policy. To reflect on their personal life story participants were also requested to describe the general resistance resources they found essential in their own life course. As such participants are combining information with theoretical discussion within the context of their own experience and the social and cultural context of their country of work (Pavlekovic *et al.*, 2011). For both tutors and participants, these types of essays are more satisfying to write and to read. Furthermore, it creates an opportunity to compare the different country perspectives at the beginning of the summer course.

3.5. Country presentations

Another element that facilitates collective learning is the country presentation. In this part participants present the social and cultural situation in their own country. This can be an individual presentation if the participant is the only one from his or her country. If more participants represent the country they are requested to prepare the presentation together. This also facilitates reflection because two people from the same country can have a completely different view. In the first years that these country presentations were introduced they often consisted of health data: pictures showing epidemiological data of the health status of a country. This also developed over the years towards an analysis of practical examples of national health promotion initiatives or particular cultural aspects of a country, or typical differences between regions.

3.6. Group project

Health promotion professionals need to be able to work well with both community members and colleagues from other fields. This collaborative work requires learning to govern interaction. It requires specific team-work and collaborative skills, being effective communicators and being able to contribute professional knowledge to a multidisciplinary team (Parsell & Bligh, 1999). The central aim of the ETC group project work is for participants representing the diverse mix of social and cultural backgrounds and countries, to work together in a problem-solving situation. This encourages students to apply and appreciate the skills required to work according to the principles and strategies from the field of health promotion and from the student's involvement in the summer school. Most participants have many years of work experience and the group is an important resource in itself. The participants from different backgrounds and countries have different interpretations of the existing problems and opportunities. To manage these differences and

to create learning opportunities, they need to be discussed and made explicit (Naaldenberg *et al.*, 2009).

On average the size for the project group is six students per group. Each group has its own tutor who monitors the group work process and provides appropriate direction and support. The purpose of the collaborative project is to create a research proposal, combined with an action plan related to the topic of the summer course and that is something that can be applied in the real world.

Working together on a common project enables students not only to cross boundaries between theory and practice and between several scientific disciplines, but also between their different cultural backgrounds and contextual understanding but also to overcome their language barriers as non-native speakers. Box 1 includes an illustration of a collaborative learning process. The group consisted of eight people from eight different countries and the project title was: ‘Constructing a children’s and youth’s resilience scale to be used in Europe’.

Box 1. Reflections on the five days process (summer course 2003, Cagliari)

1st day. I felt good work was achieved... Deciding a topic seemed easy. I felt happy.

2nd day. Everyone was tired and the day was long. The task seemed endless, so much talk and really the decision made on day 2 did not seem to me to be very different from day one... I felt frustrated at what I perceived to be a lack of togetherness in the group and a lack of work achieved... I was unsure what to do.

3rd day. This was the worst day so far. I felt the group was all over the place... I imagined that group work meant that we were all working together, but the feeling of disjointed nothingness was overwhelming. I wanted everyone to help... because of my own insecurity... However, on reflection, it is more logical for members of the group to be doing different tasks. Then the project can come together as a whole. Again this relates to a feeling of letting go, of trust, of working in a large group. Of being comfortable with working together in a group and yet not being with that group... I feel on stage on day 3, I may have been trying to organise the people in the group. This may have added to others frustration. I don’t really know, it hasn’t been discussed. And so we move on.

4th day. This day was amazing! I was very tired and did not have energy to be actively involved. All I was able to do was to sit quietly and watch. It was different to the other days... being concerned whether the project got finished or not. How could we still be arguing about the aims and methods of how to do the project... That is the most chaotic project that I have ever been involved in. Everyone seemed frustrated..., but maybe they were all right... It was at this point that I realised that what was happening was the dynamics of multicultural group processes. Different cultural backgrounds, ways of understanding and ways of working was affecting the group like the sparks from the blacksmiths anvil, fiery, hot, scattering in all directions. Now I understand that the process we are going through is necessary to be like the blacksmith, with a finished product. At the end of day 4, I was feeling a little better... And I also felt confident now that the project would complete.

5th day. This was a good day. Suddenly, what had taken five days of torture was coming together. An optimistic atmosphere existed and I felt pride and elation that I was part of a multicultural group that was putting together a great health promotion project that was going to enhance the health of low resilient children in an empowering way.

3.7. Trust and tutors. The team of tutors as a role model

Positive relationships are crucial for effective collaboration. There is a need to create a climate that fosters trust and respect. Having run the ETC summer courses for twenty years, the tutors have gained considerable experience working together and have therefore developed a high level of trust compared to groups lacking such experience. The ETC team itself also consists of members from different cultural and disciplinary backgrounds and they also take part in the learning process. By showing in their practice what working together means, tutors set an example for the course participants. We also try to encourage building positive relationships among the project group members by spending social time together and by discussing difficulties as soon as they arise. Evaluation shows that this part of building good relations and the creation of a pleasant and human learning environment is highly valued by past participants (see box 2).

Box 2. Citations from past participants

I have learned a lot: maybe not so much about formal topics, but most about cultural differences and how difficult and challenging the struggle for a common understanding is. Frustrating and interesting!

(Participant, Prague, 1995)

The course is planned and implemented by a team consisting of representatives from all schools, and coming from different professional backgrounds. Although each tutor is directly responsible for specific tasks, normally everybody participates in all activities. Tutors share a common teaching and research background, allowing them to interact with high synergy and efficacy.

In conclusion, this course was not only a rich learning experience academically and professionally but personally as well. It allowed me to broaden my horizons by learning more about the European views on health, wellbeing and health promotion which triggered an evolution in my perspectives.

(Dupéré, 2004)

I was impressed with all the positive energy and work you, and all the other tutors, put in. Your lectures and the didactic approach you put in practice will be food for thoughts for the coming months.

(Participant, Zagreb, 2011)

3.8. Summary of the current status

The current phase of the ETC-PHHP training for health promotion is characterised by creating conditions for healthy learning including comparative perspectives and reflection. Tutors and participants come with their own background, skills, ideas and objectives. Their diversity is recognised and used during the course. Different approaches and opinions are offered for collective and individual discernment. Involvement in group projects facilitates the experience of collaborative working in a multicultural setting that is a necessary experience for people working to promote health in a European context. Good personal relationships facilitate cooperative learning.

All ETC lecturers and tutors were involved and have experience in working in European projects such as The European Food and Shopping Research Project SUPER (1989-1997) or EUMAPH, Closing the Gap and Determine (EuroHealthNet) or were involved as external experts in the Brim Health Partnership programme or in Health in Transition countries in southeast Europe, for example. Currently ETC members are actively involved in the IUHPE CompHP project that focuses on professionalisation and accreditation in order to ensure and develop the performance and resulting quality of projects and programmes in the field of health promotion action and research.

4. FUTURE: GLOBALISATION AND NEW TECHNOLOGY

A number of trends play a role when considering health promotion training for the future. These are (1) the growing importance on lifelong learning, (2) globalisation, (3) linking with complex challenges in other areas and (4) technological developments including social media such as Web 2.0.

4.1. Lifelong learning and intergenerational relationships

The population and the workforce are ageing and fewer youngsters are entering the labour market. At the same time more and more people work beyond the traditional retirement age of 65. Training and education play a role during each phase of the life course and it is not feasible to equip learners at school, college or university with all the knowledge and skills they need to prosper throughout their lifetimes. Lifelong training and education is therefore becoming more and more important (Mike, 2000). People need to continually enhance their knowledge and skills in order to participate in a process of continuous vocational and professional development. The new educational imperative is to empower people to manage their own learning in a variety of contexts throughout their lifetimes. This will also help people to keep pace with rapid global developments. So learning becomes independent of age, place and time. This has resulted in the rapid growth of educational technology and adult education courses. The challenge for the future for ETC is, next to mixing cultural background, to also mix age groups and facilitate intergenerational learning. Young people can support older people with computer technology for example, and older people can share their life long experience with younger people. Over recent years we have noted that the summer course participants are now from different generations and that this adds an interesting dimension to the learning. Paying attention to building intergenerational relationships will enrich health promotion training and the development of the field. With regards time and place, future developments might include organising the course during times other than the summer and in places other than where the involved institutions are (also see new technologies).

4.2. Globalisation

The nature of many global health concerns such as health disparities and the need for different actors to work together to address them is an important reason behind why global health concerns is important (Skolnik, 2008). ETC started on a European level but more and more international participants are taking part in the summer courses and issues discussed also cross European borders. There is a clear belief that Europe is not a model for the rest of the world and that challenges in Asia and Africa for example, are of a completely different nature. Nevertheless, many solutions such as appropriate training and health for all policies can have an important impact in Europe but also outside Europe. Successes in bringing about global improvements in health will require people with a diverse skill set who are able to work in environments that are often different from their own. The ETC-PHHP model can be a foundation for global training initiatives.

In April 2008 ETC launched the initiative of a Portuguese participant who attended the 2007 summer course on networking or 'Community of Practice' (CoP) platform on the Internet. The ETC-CoP Yahoo Groups provided a platform for international cooperation between health promotion professionals, researchers and specialists in the field of public health.

The intention was and still is to provide opportunities for discussion groups about various health promotion related issues and topics and the exchange of information regarding projects in the local, national, and international context. The CoP initiative was initially open to former ETC-PHHP participants but was later opened to all interested health promoters. Almost 40 former participants and interested professionals joined this CoP group in the first two years. They came from 16 countries (Austria, Brazil, Canada, Croatia, Finland, Germany, Israel, Italy, Kosovo, Netherlands, Norway, Portugal, South Korea, Sweden, Turkey, and the United Kingdom). The main activities and frequent interactions were held between April 2008 and May 2010. A Skype conference was held in the autumn of 2009 between Canada, Portugal, Germany and South Korea.

4.3. Linking up with complex challenges in other areas

As described in this chapter many health challenges require the input of professionals from various disciplinary and cultural backgrounds. This is not only the case for health but also climate change, food security and the energy crisis. Interdisciplinary approaches in which knowledge from different fields is combined provide better answers to complex problems and now and then lead to new (scientific) insights. Also many health challenges are related to factors such as hygiene, water supply, sanitation, air pollution, economic instability and population growth (Skolnik, 2008). These major social, economic and environmental future challenges all affect health. So it seems logical for the

ETC-PHHP summer courses to arrange more involvement from environmental and economical sciences. We can learn from interdisciplinary approaches in other areas than health. The knowledge base of what interdisciplinarity is, why it is important in finding sustainable solutions to complex problems and identifying key constraints and opportunities can be further developed if experiences are brought together. The different fields also need to develop how to evaluate these types of initiatives. With regard to the overlap of issues it is very likely that the areas of environmental protection and health promotion will grow more closely together in the future.

The Occupy Wall Street protest shows that we may be on the eve of an increasing worldwide movement driven by empowered, not ideological people, who are full of passion but searching for an agenda in order to revitalise what is meant by democracy and to create a healthy society (Sachs, 2011).

As Scotland's chief medical officer Harry Burns expressed that health inequities cannot only be attributed to severe social and economic deprivation. They are «a psycho-social problem that will not be fixed by targeting conventional risk behaviours» alone. The answers lie in repairing a fragmented society where many people feel they do not have control of their lives. «We must not concentrate on deficits but on assets, skills and capacities. We must build social capital so individuals can offer each other friendship and mutual support» (Reid, 2011).

4.4. Technological developments

Advances in information and communication technology provided us electronic tools to interact with colleagues anywhere in the world. The role of Internet and social media such as Hyves and Facebook has already had an enormous impact on education and training. It is much easier to access knowledge and information and communicate on virtual platforms. This development may lead to offering additional virtual summer schools for those who cannot attend a residential summer course in the future.

The new social media (Web 2.0) have spread globally and are available for almost everyone, particularly those who have an iPhone or other Smartphones. In line with the fact that e-communication shifted increasingly towards these new mobile gadgets while the traditional Internet on PCs changed to elaborate integrated interactive platforms that contain all available possibilities for global communication in real time.

The ETC network is working hard to launch a new web-based platform that offers all types of open interactive actions and an integrated password-protected area for a stronger e-based distance learning as part of the annual summer courses. An additional alumni-section will be set up for all those who have ever attended an ETC-PHHP summer course since 1991. This section will

replace the ETC-CoP group to form the Yahoo platform. The new homepage is already under construction. The complete relaunch is planned for January 2012 and will be available for the distance learning part of the 21st ETC summer course 'Assets for Health' at Glyndŵr University in Wrexham, Wales, UK, which starts in May 2012.

However, meeting each other in person and visiting local practices in the countries is part of our understanding of 'healthy learning', which cannot be easily replaced with virtual sessions and communicative interaction.

5. CONCLUSION

Health promotion is a field that has been growing rapidly over the last decade. The theoretical foundations have become stronger and the growing evidence base of the effectiveness of health promotion strategies is also increasing. Health promotion attracts the interests of many students and also post-academic training in this area is popular. The ETC-PHHP summer course, with its longstanding training background serves as a good example of an interactive learning process where shared knowledge, experiences and ideas about health promotion deliver the prerequisite for international collaborative action that results in common projects. In this sense the ETC summer course serves as a useful tool to develop the health promotion field and bring it a step further.

6. ACKNOWLEDGEMENTS

Although we wrote this chapter as coordinators of ETC-PHHP, we would like to acknowledge that the success of this training consortium is the result of a large group of dedicated tutors. Concha Colomer, John Ashton, Bengt Linström and Selma Sogoric started the programme in Valencia in 1991. The ETC-PHHP team in 2012 in alphabetical order is Anna Bonmatí Tomàs, Eric Breton, Paolo Contu, Elisabeth Fosse, Arnd Hofmeister, Lynne Kennedy, Maria Koelen, Bengt Lindström, Giuseppe Masanotti, Gordana Pavlekovic, Klaus D. Plümer, Giancarlo Pocetta, Debbi Stanistreet, Lenneke Vaandrager and Francine Watkins.

7. REFERENCES

- Antonovsky, A. *Unraveling the mystery of health: how people manage stress and stay well*. San Fransico: Hossey-Bass, 1987.
- Ashton, J. & Seymour, H. *The new public health: the Liverpool experience*. Buckingham: Open University Press, 1988.

- Battel-Kirk, B.; Barry, M. M.; Taub, A. & Lysoby, L. «A review of the international literature on health promotion competencies: identifying frameworks and core competencies». *Global Health Promotion*, 16(2), 2009, 12-20.
- Colomer, C.; Hospers, H.; Barry, M.; Brooks, B.; Davies, J. K.; Lindström, B. *et al.* «European training in health promotion: quality assurance based on collaboration and empowerment». *Promotion & Education*, IX/2, 2002, 52-54.
- Davies, J. K.; Colomer, C.; Lindstrom, B.; Hospers, H.; Tountas, Y.; Modolo, M. A. *et al.* «The EUMHP project- the development of a European Masters programme in health promotion». *Promotion & Education*, 7(1), 2000, 15-18.
- Dooris, M. «Holistic and sustainable health improvement: the contribution of the settings-based approach to health promotion». *Perspectives in Public Health*, 129(1), 2009, 29-36.
- Dupéré, S. «My best resource of 2003: an Health Promotion course out of the ordinary. Reviews of Health Promotion and Education Online». 2004. <<http://www.rhpeo.org/reviews/2004/14/index.htm>>.
- Hernández, S. A. «Team Learning in a Marketing Principles Course: Cooperative Structures That Facilitate Active Learning and Higher Level Thinking». *Journal of Marketing Education*, 24(1), 2002, 73-85.
- Lindström, B. & Eriksson, M. *The hitchhiker's guide to salutogenesis: slautogenic pathways to health promotion*. Helsinki: Folkhälsan Research Centre, 2010.
- Mezirow, J. «Transformative Learning as Discourse». *Journal of Transformative Education*, 1(1), 2003, 58-63.
- Mike, S. «The design of personal mobile technologies for lifelong learning». *Computers & Education*, 34(3-4), 2000, 177-193.
- Naaldenberg, J.; Vaandrager, L.; Koelen, M.; Wagemakers, A.-M.; Saan, H. & De Hoog, K. «Elaborating on systems thinking in health promotion practice». *Global Health Promotion*, 16(1), 2009, 39-47.
- O'Neill, M. & Dupere, S. «Health promotion: the next generations». *Promotion & Education*, 12(1), 2005, 2-3.
- World Health Organisation. *Ottawa Charter for Health Promotion*. Copenhagen: WHO, 1986.
- Parsell, G. & Bligh, J. «The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS)». *Medical Education*, 33(2), 1999, 95-100.
- Pavlekovic, G.; Pluemer, K. D. & Vaandrager, L. *Twenty years of capacity building: Evolution of Salutogenic Training: the ETC 'Healthy Learning' process*. Zagreb: European Training Consortium in Public Health and Health Promotion (ETC-PHHP), 2011.
- Reid, M. «Behind the «Glasgow effect»». *Bulletin of the World Health Organization*, 89(10), 2011, 706-707.
- Sachs, J. D. *The Price of Civilization*. Unites States: Random House, 2011.
- Skolnik, R. *Essentials of global health*. Sudbury, MA: Jones and Bartlett, 2008.