Quality of lifestyle counseling in school health care services.

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Abstract:
Objective:
Lifestyle counseling is essential part of school health care nurses work. Adolescents lifestyle counseling should be specific for them to get impact. It is important to explore adolescents point of view of the quality of lifestyle counseling. Aim of this study was to describe quality of lifestyle counseling in school health care services.

Methods:
We used cross-sectional design. Secondary school students (n=563) from two Northern Finland schools answered the Counseling Quality Instrument questionnaire. Instrument consisted of four sections with 70 items and background questions. Statistical analysis are currently happening.

Results:
Quality of lifestyle counseling is linked to the context, interactive, active and goal-oriented with appropriate resources and has an impact. Results from this study will be presented in conference.

Conclusions:
This study will provide valuable information of the lifestyle counseling and especially from adolescents point of view. Results can be utilize when improving school health care.
Evaluation of IMOVE, a health education program on physical activity integrated in maths

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Abstract:
Introduction
Promoting physical activity related health literacy in schools is pertinent, as many children do not comply with the recommendations for daily physical activity (Hallal et al., 2012). IMOVE is a health education program with two novel aspects: education on physical activity in daily life is integrated into maths, and the pupils are collecting their own step to be used for analysis and reflection. The program was developed through an exploratory study (Bruselius-Jensen et al., 2014), and a feasibility study that resulted in the final educational material (www.imove.zone). Currently, IMOVE is being tested and evaluated by maths teachers all over Denmark through a survey ongoing from March 2015 to February 2016.

Objectives
The presentation will focus on findings from the evaluation with two objectives:
- to capture the teachers’ evaluation of IMOVE
- to evaluate the implementation of IMOVE and the applicability in school practice.

Methods
The questionnaire was developed with inspiration from a checklist for assessment of school-based programs on healthy eating and physical activity (Dadaczynski & Boye, 2014). The checklist had four dimensions: quality of concept, structure, process and results. We included a fifth dimension about implementation fidelity and open-ended questions to capture constraints and side effects. Survey answers on a 5 point scale will be analysed statistically in SPSS and open-ended information by thematic content analysis.

Results
IMOVE was introduced in 30 municipalities through professional networks and personal letters to health education coordinators. At present, we expect IMOVE to be implemented in 24 municipalities by 104 teachers (77% response rate) in 126 school classes, grade 5, 6 and 7. Preliminary results indicate that the teachers’ evaluation is generally positive, and IMOVE is mostly implemented as intended. However, the evaluation also reveals deviations, modifications and limitations.

Conclusion
The evaluation will contribute useful knowledge for adjustment of the program and for further development in the field of curriculum integrated health education.

References


European Assessment Protocol for Children’s SEL skills (EAP_SEL) – experimentation in Sweden between research ethics and standards of evaluation

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Abstract:

Objectives:
The general aims of the project were to develop assessment measures and do experimentation in five European countries. Good intentions are not enough. We need to develop evidence-based strategies for social and emotional learning in school children. Such programs are designed to promote student well-being, and raise issues relevant not only in Sweden but also internationally. What impact does the ethical and political climate have on the implementation of the Swedish experimentation.

Methods:
A research program was developed for the experimentation in Sweden including: Planning of research program; Application to the Ethical Review Board; Recruitment of schools/teachers; Information to parents/informed consent; Baseline Data Collection; Training of teachers; Second & Third Data collection; and Data Analysis (using general linear modelling approach) & reporting.

Results:
All health questions are regarded as sensitive questions in the Swedish legislation implying that all studies should be submitted to Ethical Review Boards. Research ethics can be conceived as a question of risk management, i.e. primarily at minimizing the risks of research, or as research practice. Decision by the Ethical Review Board: “From the guardian shall actively consent to the child participant in the research project be obtained”. This resulted in a low participation rate. The now widespread implementation of social and emotional learning (SEL) programs in Swedish schools has resulted in a variety of reactions.

The Swedish context carried special challenges in undertaking a controlled effectiveness study. However, the results of the two year experiment were positive as in the four other countries.

Conclusions:
Some positive effects of the implementation of the SEL Skills training program in Italy, Croatia, Schweiz, Slovenia and Sweden. However, special concern must be taken with regard to research ethics, standards of evaluation and the needs of schools, parents and children.
“Reversing risk-based health pedagogies. Reflexive learning as a response to discourses of an ‘obesity epidemic’”

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Abstract:

Objectives
In this article, I explore dialogue based health promotion and health pedagogies in opposition to traditional knowledge based health education. Following existing scholars’ critique of the ‘obesity epidemic’ and medico-scientific discourses around food and exercise, this article critically focus on binary risk-based pedagogies that inevitable leads to imperatives of right and wrong health behaviour. The objective in this article is to discuss in which ways binary risk-based health pedagogies have compromising implications for overweight children’s self-perception and everyday life.

Methods
The presented analysis draw on sociological and pedagogical perspectives unfolded in a Danish research study informed by obese children and their families’ participation in local, after-school lifestyle courses. The focus on exploring overlooked pedagogical potentials is formed by observations and the voices of 39 interviewed course participating children.

Results
This leads to three main findings: Firstly, as a result of the perceived ‘obesity epidemic’, health education tends to build on a fixed and absolute set of health categories. This counteracts an explicit didactical intension of teaching through dialogue and participant involvement, and as such subjugates knowledge of resources. Secondly, as discourses of risks become predominant, the pedagogical point of departure becomes based on presumptive lacks. This leaves a range of health competences and skills pedagogically unexplored. Thirdly, the voices of the obese children revealed two parallel, yet distinguished self-perceptions in situ: a predominant perception of carrying bodily embedded risks and deficits and thus a pronounced responsibility; and secondly, an equally prevailing perception of being in plenty of capabilities and health resources.

Conclusions
This, I argue, calls for a discussion of how to reverse, not the obesity epidemic, but risk-based pedagogies by turning to reflexive learning as a way of practicing health education.

Keywords: health pedagogies; obesity epidemic; health risks; health competences; reflexive practise; children; self-perceptions
The need of leisure-time activities for promoting health among unaccompanied refugees in Sweden

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Abstract:
Objectives
Unaccompanied refugees arriving without parents and applying for asylum are a group that is constantly growing. They suffer from bad mental health to a greater extent than other young people, which can make them a risk group for alcohol and drug-consumption. However, there is a lack of knowledge on how these refugee’s alcohol and drug-consumption and living habits. Further, we know that access to meaningful leisure-time activities is an important protective factor. There is a need for research on leisure-time activities as a setting for health promotion work within this group. This pilot-study aims to develop a strategy to determine what factors are important in leisure-time to promote health among unaccompanied refugees.

Methods
During spring 2016 interviews with 10-15 unaccompanied refugees, aged 15-21, will focus on attitudes to and experiences of alcohol and drugs and their need for leisure-time activities. Moreover 10-15 interviews with adults close to the unaccompanied refugees will be conducted regarding their need for education within alcohol and drugs and experiences and perceptions with regard to leisure-time.

Results
This pilot study will result in a strategy with different components, with a NGO as an important actor, about how to work with leisure-time activities with the aim to be a health promoting setting based upon the needs of unaccompanied refugees.

Conclusions
In order to achieve equal health in the population initiatives from different actors are needed. The reception of unaccompanied refugees are not only a responsible for actors in refugee housing and schools. Rather particularly important are actors in the leisure-time setting, where NGOs can be an important actor to reach this target group.

Keywords: Non-governmental organizations, unaccompanied refugees, Health promotion, Leisure-time activities, Living habits