

Aspirational Strategy Steno Health Promotion Center

Key Challenges and Opportunities

Three overall issues make up the challenges and the opportunities for the Steno Health Promotion Center:

First, interventions in patient education, prevention and health promotion related to diabetes have only demonstrated limited effects. This is the first and most important challenge for the center, where there is a strong need to develop new and innovative methods aiming at changing diabetes and obesity.

Second, the current explosive increase in the number of people with diabetes worldwide threatens health and quality of life for millions of people. This trend also threatens to overwhelm the health services. This is the second challenge for the center.

Thirdly, the values regarding a user-oriented methodology at Steno Diabetes Center form a fruitful platform for developing new and effective approaches and methods for changing diabetes, models that may also be applicable to chronic diseases in general. The Steno Health Promotion Center among others acknowledges the WHO's "Health for All Strategy" as an inspiring platform, it focuses on a user-oriented approach, it aims at setting the highest standards to reach new and challenging goals, it seeks dialogue and collaboration with all stakeholders to reach these goals and it provides a stimulating and challenging place to work thereby attracting the best qualified employees.

Consequently, the following aspiration aims at developing more innovative, participatory, democratic and effective approaches to defeat diabetes and obesity.

Aspiration

The overall vision is to position Steno Health Promotion Center as an international leading center in Research and Development – a Global Centre of Excellence – in the fields of patient education, prevention and health promotion.

The overall aim is to generate new knowledge, methods and approaches and consequently, different groups of health professionals are considered as the main target groups.

The profile and the aspiration of the center can be described from the following characteristics:

A. Three focus areas:

The SHPC generates new knowledge and methods in the following fields, of which each will have its own project portfolio:

- *Patient education*, focusing on strengthening patient's empowerment and competencies to manage their disease and maximise the quality of life. This field will especially be related to health systems such as patient schools, patient care centres, hospitals and other institutions dealing with treatment of diabetes
- *Prevention*, focusing on minimising risk factors for diabetes among people at risk and the general public. The focus will be on risk factors, and the workplace as well as local neighbourhoods will be obvious settings to work with.
- *Health promotion*, focusing on strengthening people's empowerment and competencies to live a healthy life and to avoid getting diabetes. Young people, schools, leisure time institutions and the family will be key settings in this field.

B. Three criteria for Research and Development:

As the Steno Health Promoting Center is a research and development centre a number of general criteria dealing with transparency and ethics are obvious and crucial to employ. In addition to this the following three criteria for how to conduct our activities will be in focus:

- *Practice-orientation*: SHPC carries out research and development which is 'practice-oriented'. This orientation towards practice includes two different dimensions. Firstly, the findings and results generated will be of relevance for professionals working with diabetes and with health in more general terms. Second, the main part of the research and the intervention projects at the center will be carried out in close collaboration with professionals working in practice.
- *Interdisciplinarity and openness*: To reach the vision, the SHPC creates interdisciplinary synergy from employing a variety of methodological approaches (from among others the fields of education, epidemiology, design, anthropology, psychology, communication and public health). In addition to the disciplines present among the people employed, the center will also collaborate with a broad variety of external partners coming from other fields. To create synergy the diverse research culture at SHPC will be characterised by openness, curiosity and mutual respect.
- *Collaboration*: To reach the vision of becoming a Global Centre of Excellence, the SHPC engages in collaboration with a number of stakeholders: At the local level (different units at Steno Diabetes Center and Novo Nordisk), with institutions in Denmark and abroad (universities, regions, municipalities, hospitals, ministries, NGOs etc.) as well as with international institutions (WHO, WDF, UN, NGOs etc.). Within a few years SHPC will be coordinating a number of national and international projects involving different national and international partners.

C. Five guiding principles for the 'Intervention Approach'

The knowledge and methods, which are being generated during the research and development activities at SHPC, are based on the following five guiding principles:

- *A positive and a broad concept of health:* To work with a health concept including wellbeing and life quality as well as absence of disease. And to acknowledge that health is influenced by behaviour, lifestyle and living conditions. This holistic concept of health forms the basis for understanding and developing new intervention approaches.
- *Participation and active involvement of the target group:* To focus on participatory approaches, which generate ownership among the target group as a precondition for sustainable change. Furthermore, the participants' concrete action-taking is viewed as a crucial part of the learning process.
- *Empowerment and action competence:* To focus on how individuals and groups gain action competence to manage their own life and influence their living conditions towards the promotion of health. The concepts of action competence and empowerment includes cognitive as well as emotional dimensions, which have to be build up during the learning processes for patients, for employees at a workplace or for young people at a school.
- *A 'settings' perspective:* To take into account that health and the promotion of health are influenced by the individual as well as by social and structural factors – emphasizing the importance of culture and context. This implies going from 'individualisation' towards a social and cultural model of health and health intervention. As an example this indicates a shift from viewing people with diabetes as patients towards seeing them as citizens with adequate needs, wishes and attitudes imbedded in their daily life.
- *Equity in health:* To focus on how methods and educational approaches developed can help to reduce inequality in health – socially and globally.

Together, these five principles mark a new intervention paradigm which will be developed, explored, tested and implemented by the Steno Health Promotion Center. Based on these guiding principles, the emphasis will be on developing cultural sensitive tools, methods and approaches in close collaboration with local stakeholders.

A business plan and a strategy for the coming years is developed on the basis of the aspiration described above.

Steno Health Promotion Center (SHPC) is funded by Novo Nordisk and the Novo Nordisk Foundation and placed at Steno Diabetes Center in Gentofte, Denmark.

Activity plan for 2010

During 2010 the key task for Steno Health Promotion Center is to move from a planning mode into an action mode, and the following includes brief descriptions of a selection of the planned activities for 2010. The activities are organised under the teams Patient Education, Health Promotion and Prevention although there are a number of mutual overlaps. According to the aspiration of the center many of the activities will be carried out in close collaboration with local, national and international partners. Furthermore, more activities will be developed as new staff members are employed.

Patient Education

The clinic as a 'Competence Community' (2010-2013)

Rationale: Patient education is essential for patient compliance, reduction of complications and quality of life and consequently there is a need to constantly improve and optimise patients' learning at Steno Patient Care Center.

Objectives: To explore and identify adequate patient competencies to live a life with diabetes with a minimum of complications and a high quality of life. To determine, to test and to evaluate pedagogical values and principles that have to be in place to develop the adequate patient competencies. To identify and to disseminate the professional competencies needed to implement the best quality educational approach.

Psychosocial health and diabetes (2010-2011)

Rationale: The literature indicates that there is a higher prevalence of psychosocial problems among patients with diabetes compared to the general population although the relations are not clear. A thorough mapping of this and of the associations between treatment of diabetes and psychosocial problems are important to further improve patient care and education.

Objective: To map and analyse the psychosocial perspectives and problems among diabetes patients and how psychosocial status associates to diabetes status and compliance. On this basis adequate models for improving patient education and care will be developed and tested.

A new model for patient education in Danish municipalities (2010-2013)

Rationale: The evidence for effective patient education in the area of diabetes and chronic disease is weak and furthermore, the Danish health care reform has accentuated the need for evidence based models for patient education in the Danish regions and municipalities.

Objectives: To develop evidence based models for patient education (diabetes and other chronic disease) and to test theory based models for building competencies among health professionals to facilitate effective patient education in Danish municipalities. The partners in the project are Region of Southern Denmark (including four municipalities), the Danish Committee for Health Education, the Danish Health Institute and Steno Patient Care Center and SHPC.

Diabetes and obesity – integrating frontiers in epidemiology, medicine and education (2010-2011)

Rationale: There is a global need for improvement of patient education through capacity building among health professionals. Evidence and theory based methods need to be communicated and disseminated among health professionals working with diabetes patients.

Objective: To establish a course targeting an international audience in order to improve competencies among health professionals working with patient education in diabetes. The course aims at integrating the latest knowledge from epidemiology, medicine and pedagogy. Furthermore, evaluation issues in relation to patient education will be integrated. Finally, the course integrates a systematic participatory approach as part of the teaching form.

Health Promotion

Preventing diabetes among urban youth in Kenya (2010-2013)

Rationale: Kenya is an example of a developing country facing the 'double burden of disease', i.e. the emerging non-communicable diseases as well as the traditional infectious diseases such as malaria, tuberculosis and HIV/AIDS.

Objective: to initiate and to test participatory health promotion activities among Kenyan, urban youth, aiming at changing lifestyles. The focus will be on collaboration between schools and local communities, e.g. local NGO's with a view to generate methods of relevance for developing countries in general.

Seeking synergy between school and community

Rationale: Complexity and changes in society make adolescents feel uncertain and insecure due to the associated risks. Among other things these factors increase their risks for developing later chronic diseases. The school and its local community play an important role in this process as they represent key settings where young people's identities, practices, competencies and lifestyles are being developed and practised.

Objective: To explore, develop and test innovative and participatory approaches, where school and society are viewed as linked agents with the potential to support young people's health and quality of life. The concepts of the whole school approach, social capital, identity and action competence are considered as some of the key concepts in this study.

"Danish Diabetes Prevention Study" (2010-2014)

Rationale: Several big trials have shown that a combined dietary and physical exercise intervention prevents diabetes. One of the key limitations of the studies is that the lifestyle intervention has been extremely intensive making them difficult to transform to a real-life setting. For instance, the American Diabetes Prevention Programme included a 16 session's course over 24 weeks, followed by monthly visits throughout the study period. In addition to this, the participants had free access to dieticians, lifestyle counsellors, and exercise specialists during the period.

Objective: To establish and test a diabetes prevention intervention for individuals at high risk for developing diabetes and diabetes-related complications, where new and innovative pedagogical principles are used in systematic ways. Focus will be on general practitioners, health promotion and prevention.

Prevention

The workplace as a setting for prevention (2010-2013)

Rationale: The workplace constitutes an important and coherent part of people's life and is therefore an obvious setting for prevention activities.

Objectives: To develop and to test innovative prevention programmes for the workplace, which integrate structural changes, pedagogical initiatives and management perspectives.

The working environment for employees with diabetes (2010-2012)

Rationale: Today chronic disease is one of the most serious occupational challenges. As it is a major cause of increased sick leave and premature retirement, prevention is considered as an key contribution to solving the welfare problem. Lifestyle issues and diabetes must have top priority in such a strategy.

Objectives: To assess risk, protective factors and coping strategies for keeping people with diabetes as part of the work force. To establish scientifically based methods to advise patients, employers and professionals better on how to keep people with diabetes at the labour market as long as possible.

Prevention at the work place – what works? A literature review (2010)

Rationale: Two recent reviews – focusing on the effect of prevention and health promotion at the workplace – have indicated small and rarely long-lasting effects on the health of employees. There is a need for a more detailed exploration of the pedagogical principles embedded in interventions that demonstrate effects at all.

Objective: To review the literature with a specific focus on educational principles and learning theories.

Prevention starts with the kids: from health monitoring to action orientation using the "e-levsundt.nu" model (2010)

Rationale: The optimal prevention of diabetes and lifestyle diseases starts with children and young people. A tool ("e-levsundt.nu"), developed for the school setting and by one of the team leaders at SHPC, is currently being tested in a large scale pilot in several municipalities in Denmark.

Objectives: To continue the development of this approach, and to test and to clarify its value as intervention approach in the occupational setting.