

challenging the obvious and detecting the undercurrents in what is presented as normal. Foucault's work made us ask the question: 'What meaning does an ethical narrative present for the subject in terms of its self-understanding?' I will expand this question to: 'What meaning does an ethical narrative

present for a society in terms of its self-understanding?' In other words: 'What meaning do the ethical narratives inscribed in obesity and overweight policies present for our societies in terms of our self-understanding?'

C.4. Workshop: Tackling risk behaviour in youth: methods for risk communication and development of risk competence

Chairs: Johan Lund¹, Ursula Loewe^{2}*

¹University of Oslo, Norway

²Kuratorium für Verkehrssicherheit, Vienna, Austria

Organizer: EUPHA section injury prevention and safety promotion, President Dr Johan Lund

*Contact details: ursula.loewe@kfv.at

Risk communication in injury prevention and health promotion for youth is a key issue, and in particular we chose to focus on:

- How to reach youth without 'do's' and 'don'ts' provoking a negative reaction?
- How to ensure a durable impact on changing risky behaviour?
- How to develop risk competence?

This workshop aims to:

- Present methods for risk competence training to obtain resilience and cope with risky situations.
- Present methods for influencing attitude and behaviour in a sustainable way.

Show ways of communicating on risk that is attractive for youth.

- Demonstrate the use of (new) media (www.youtube.com, MTV, webgames);
- Show methods and results on evaluation of behaviour change.

The papers to be presented in the workshop (abstracts enclosed) U Loewe, Kuratorium für Verkehrssicherheit, Austria: Focus risk competence: recommendations from the AdRisk Project on youth and injury prevention.

C Meijer, Consumer Safety Institute, the Netherlands: Campaigning on risk behaviour of adolescents -use of media. M Zentner, Institut für Jugendkulturforchung, Austria: Evaluation of peer programmes.

Focus risk competence: recommendations from the Adrisk project on youth and injury prevention

Ursula Loewe

U Loewe, E Braun (on behalf of the Adrisk Project Team)

Kuratorium für Verkehrssicherheit, Vienna, Austria

Issue

Young people have a much higher exposure to injury risk than other age groups. For the group 15–24 years, almost two-thirds of all fatalities are due to injuries. Adolescents are often inclined to accept higher risk than other age groups and the high injury-related mortality can be partly attributed to their risk taking behaviour.

Description

The AdRisk project 'Community action on adolescents and injury risk' within the framework of the EU Public Health Programme has delivered recommendations with a focus on risk competence, a tool box and a good practice guide for injury prevention of adolescents. Individual risk competence can be developed by promoting special competencies and life skills concerning resilience to group/media/social influences. The aim is not to minimize the risk taking behaviour of young people but to enhance competence in order to balance the risk.

Results

Efficient risk competence training leads to adequate estimation of situations, perception of own mental and physical state, appropriate decision making in risky situations, development of alternative behaviours, reflection of experiences and integration in former experiences (break). Methods and tools have been tested in different countries (e.g. the Netherlands, Austria and Hungary).

Factors for success are:

- Active participation of youth in the development of the measure.
- Understanding the general benefit and the developmental need of risk taking in youth.
- Focus peer group approaches.
- Ensure qualification of trainers focusing experience-based learning methods.

Lessons

Recommendations: risk competence training should be developed in different settings—school, extra curricular education, workplace, sport and road traffic. Transfer of the methods has proven feasible. Adaptation is requested for the selection of relevant risk areas and the type of media (MTV, youtube, others) according to the national and cultural environment.

Campaigning on risk behaviour of adolescents—use of media

Cees Meijer

C Meijer

Consumer Safety Institute, Amsterdam, The Netherlands

Issue

In order to reduce injuries in youth in the Netherlands, the Dutch government assigned the CSI to develop a creative concept for a campaign to adolescents raising their awareness in the risk involved in daily situations and to lay a good foundation for behavioural change.

Description

Before developing the campaign solid arguments have been set up: analyses of injury data; good practices of risk behaviour interventions; focus groups with youngsters to make an inventory of knowledge and beliefs; pilots at five schools.

We developed a campaign addressed to youngsters (15–18 years) based on peer to peer communication and in cooperation with MTV Networks. Basic assumption: in order to reach young people the message has to be based more on visuals than on words, integrating new media. The results of this campaign are used for education programmes at schools and for parents. Pilots were tested also in Hungary.

Results

The research has shown that youngsters perceive the following as real risks: alcohol, drugs, night life and extreme sports. Banal incidents with large consequences (cause of most accidents) are no risks in their perception. Young people tend to assess risks based on their own experiences. They do not think on causes that have only a small probability to occur. Testing their boundaries and seeking the thrill is part of their

self-identification process, often combined with an attitude of being invincible.

Lessons

We have translated the outcomes of the research in a mini television programme and a video game. The MTV—TV programme 'Split the risk' features young people in situations requiring reflexes and skill. The message is: 'Your life can sometimes change in a fraction of a second. Not paying attention for just a second can have fatal consequences. Reduce the risks. Take a split second before you take action'.

Evaluation of peer programmes

Manfred Zentner

M Zentner

Jugendkultur.at, Institut für Jugendkulturforschung, Vienna, Austria

Issue

Many injury prevention projects for young people today are designed with a peer to peer element—following the assumption that young people are more eager to accept advice from peers than from adults. The issue of peer education in youth scenes is that trained peers can influence the behaviour of other scene members in a desired way, but to evaluate this hypothesis is difficult.

Description

In 2000, the peer education project 'risk "n" fun' was established by the Austrian Alpine Society to reduce injuries

by influencing risk awareness and risk behaviour of free ride snowboarders and free climbers. The approach of the project was to train young—but experienced—free riders and climbers and that they in turn should influence the risk behaviour of their peers through peer learning competences.

For the evaluation of the knowledge transfer in the open youth scene of free riders a qualitative research approach was chosen. Focus groups with 'risk "n" fun' trainees were carried out to analyse the perception of trainees regarding the knowledge transfer. Afterwards other members of the free rider scene were consulted with in-depth interviews.

Result

The research method to evaluate the knowledge transfer in the open youth scene worked well. The approach of peer education is an appropriate method in the free rider scene. The influence of the peers can be seen in the willingness to invest in better equipment, but the influence on special skills—ability to check the factual degree of risk or to understand special information—is little.

Lessons

Factors for success for evaluating knowledge transfer of peer education:

- the youth scene has to be accessible;
- opportunity to contact a large number of trained peers;
- specially trained scene members conduct the research and participate in the process of research designing.

D.4. Session: Workplace and health

The profession of maternity care assistant in the Netherlands

Therese Wiegers

TA Wiegers*

NIVEL, Utrecht, The Netherlands

*Contact details: t.wiegers@nivel.nl

Background

In the Netherlands almost one-third of births occur at home and (post) partum home care is provided by maternity care assistants (MCAs), during the first 8 days after the birth. This home care by MCAs is a valuable part of the Dutch system of maternity care and keeps the home birth option viable. The role of the MCA is to assist the midwife during a home birth, and to provide nursing care to the mother and baby (breast) feeding support and health education during the next 8 days. Workforce planning for MCAs is difficult because of a lack of information about the professionals themselves. The aim of this study is to provide insight in the size and composition of the profession of MCAs (age, vocational training, employment situation, workload, etc.).

Method

Self-administered questionnaires among a sample of 2.402 MCAs. The net response was 994 MCAs (41%), an estimated 11% of the total work force.

Results

The average age of MCAs is 44.5 years, with 53.9% older than 45 years and 33.3% older than 50 years. The average age at qualification was 28.2 years. The training varies from purely on-the-job training to a 3-year mid-level vocational training as health support worker with special attention to maternity care. The average work experience is 12.6 years and one in three stopped working for an average duration of 11 years. The most prominent reasons: pregnancy, raising children or (in early days) marriage.

MCAs are very satisfied with the content of their work, but less with their working conditions: the increased workload, the irregularity, the many organizational changes. Only one in three plan to work until retirement.

Conclusion

To prevent a new shortage of MCAs, the average age of the profession should be decreased and working conditions should be improved.

Using clinical databases for comparing physiotherapy in the United States, Israel and the Netherlands in 2005

Ilse Swinkels

ICS Swinkels¹*, DL Hart², D Deutscher³, WJH van den Bosch⁴, J Dekker⁵, DH De Bakker¹, CHM van den Ende⁶

¹NIVEL, Utrecht, The Netherlands

²Focus On Therapeutic Outcomes, Inc, Knoxville, TN, USA

³Maccabi Healthcare Services, Tel-Aviv, Israel

⁴Department of General Practice, Radboud University Medical Centre, Nijmegen, The Netherlands

⁵Department of Rehabilitation Medicine, EMGO Institute, VU University Medical Centre, Amsterdam, The Netherlands

⁶St Maartenskliniek, Department of Rheumatology, Nijmegen, The Netherlands

*Contact details: i.swinkels@nivel.nl

Background

Although large differences exist between countries in the organization of physiotherapy services, it is generally assumed that evaluations of physiotherapy services in one country can be generalized to other countries. Well designed studies into cross national differences in patient populations, treatment processes and outcomes are still lacking. Clinical databases including elements from electronic medical records provide new opportunities for such research. In current study, data from three clinical databases were used to compare patient demographics and treatment processes in outpatient physiotherapy practice in the US, Israel and The Netherlands and to relate differences to differences in health care systems.

Methods

Cross-sectional data from three clinical databases were examined. Data were selected for patients aged 18 years and older and started therapy in 2005. Results are based on data