Rhythm of the Health

In This Symposium!

THE INTERNATIONAL HEALTH PROMOTION AND COMMUNICATION SYMPOSIUM

11-13 APRIL 2011, ISTANBUL, TURKEY

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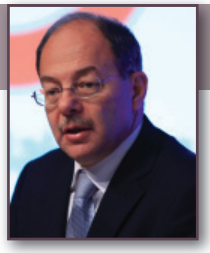
PREFACE



The primary mandate of our Ministry is to ensure that the citizens live in a healthy environment, to raise citizens' awareness for protecting their own health and to form the necessary infrastructure for this. With the Health Transformation Program, the works for promoting health in our country has started to spread especially in recent years. Moving from the principle that health should be protected before getting ill, awareness raising efforts are continued through information campaigns by using all visual and auditory tools for healthy living behaviors hand in hand with all our citizens of all ages.

The International Symposium on Health Promotion and Communication, which was organized in collaboration with the leading countries in the field of "Health Promotion", which is the global term, and "Sağlığın Geliştirilmesi", which is our equivalent for the term, aims at sharing the up-to-date knowledge in this field, transferring the generated knowledge into other health promotion efforts, and contributing to the health promotion works in our country. I would like to express my appreciation to the esteemed Turkish and foreign speakers, who contributed to the preparation of this booklet covering the topics of this symposium with their knowledge and experiences.

Prof. Dr. Recep AKDAĞ
Minister of Health

SEMPOZYUM PROGRAMI

PROGRAM

Monday, April 11, 2011

09.30-11.00	Opening Speech	
11.00-11.15	Group Photoshoot	
11.15-11.30	Tea-Coffe Break	
11.30-12.30	**SESSION 1** **Moderatör:**	Prof. Dr. Sabahattin AYDIN Rector of İstanbul Medipol University
11.30-11.50	**1.1** Dr. Gauden GALEA	**Health Promotion Practices in World** Director, Division of Noncommunicable Diseases and Health Promotion WHO Regional Office for Europe
11.50-12.10	**1.2** Prof. Dr. Çağatay Güler	**New Developments in Health Promotion in Turkey** Hacettepe University Faculty of Medicine Department of Public Health
12.10-12.30	Discussion	
12.30-14.00	LUNCH	
14.00-15.40	**SESSION 2** **Moderatör:**	Prof. Dr. Serdar Bedii OMAY Rector of Mardin Artuklu University
14.00-14.40	**2.1** Doç. Dr. Carl FERTMAN	**What are Health Promotion Programs?** University of Pittsburgh School of Education
14.40-15.20	**2.2** Dr. Diane ALENSWORTH	**Health Promotion Programs Designed to Eliminate Health Disparities** Policy Centers for Disease Control and Prevention
15.20-15.40	Discussion	
15.40-16.00	Tea-Coffe Break	

16.00-17.00	**SESSION 3** **Moderatör:**	Doç. Dr. Can BİLGİLİ Faculty of Communication, Yeditepe University
16.00-16.20	**3.1** Prof. Dr. İzzet BOZKURT	**Health Promotion and Social Marketing** Yeditepe University Faculty of Communication
16.20-16.40	**3.2** Dr. Sandra van DULMEN	**Health Communication across Europe** Secretary of EACH Program Leader in Research in Communication in Healthcare at NIVEL (Netherlands, Institute for Health Services Research)
16.40-17.00	Discussion	
	12 Nisan 2011 Salı	
09.00-10.20	**SESSION 4** **Moderatör:**	Prof. Dr. Huriye ÇATALCA Faculty of Health Sciences, İstanbul Medipol University
09.00-09.30	**4.1** Prof. Dr. Osman Erol HAYRAN	**Globalization and Health** Yeditepe University Faculty of Health Sciences
09.30-10.00	**4.2** Prof. Dr. Şevkat Bahar ÖZVARIŞ	**Supportive Health Settings** Hacettepe University Faculty of Medicine Department of Public Health
10.00-10.20	Discussion	
10.20-10.45	Tea-Coffe Break	

10.45-12.30	**SESSION 5** **Moderator:**	Prof. Dr. Gül ERGÖR Faculty of Medicine, Dokuz Eylül University Head of Public Health Department
10.45-11.25	**5.1** Prof. Dr. Jean M. BRENNY	**Implementation Tools, Program Staff and Budget in Health Promotion Programs** Southern Connecticut State University School of Public Health
11.25-12.10	**5.2** Prof. Dr. Edward MAMARY	**Evaluating and Improving a Health Promotion Program** San Jose State University Department of Health Science
12.10-12.30	Discussion	
12.30-14.00	Lunch	
14.00-14.40	**SESSION 6** **Moderator:**	Prof. Dr. Hamit OKUR Rector of İstanbul Medeniyet University
14.00-14.40	**6.1** Prof. Dr. James H. PRICE	**Assessing the Needs of Health Promotion PRICE Program Participants** University of Toledo College of Health Science and Human Service Department of Health and Rehabilitative Services
14.40-15.20	**6.2** Louise VİLLEJO	**Patient Focused Health Promotion Programs in Health Care Organizations** The University of Texas Patient Education Department Anderson Cancer Center
15.20-15.40	Discussion	
15.40-16.00	Tea-Coffe Break	

16.00-17.15	**SESSION 7** **Moderator:**	Prof. Dr. Aydemir OKAY Dean of Faculty of Communication, İstanbul University
16.00-16.20	**7.1** Prof. Ayla OKAY	**Promoting Health Literacy Through Communication and Media** İstanbul University Faculty of Communication
16.20-16.40	**7.2** Doç. Dr. İnci ÇINARLI	**Advocacy in Media and Risk Communication** Galatasaray University Faculty of Communication
16.40-14.00	**7.3** Dr. Deniz SEZGİN	**Health Presentations in Media** Ankara University Faculty of Communication
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12.30-14.00	Lunch	

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09.00-10.30	**SESSION 8** **Moderator:**	Prof. Dr. Adnan KISA Rector of Gaziantep Zirve University
09.00-09.40	**8.1** Dr. Michael T. HATCHER	**Health Promotion in Local Health Departments and Community Health Organizations** Environmental Medicine and Education Services, Branch Division of Toxicology and Environmental Medicine Agency for Toxic Substances and Disease Registry
09.40-10.20	**8.2** Dr. Philip GROFF	**Preventing Injury With Smart Thinking** SMARTRISK President and CEO – National Charity, Canada
10.20-10.30	Discussion	
10.30-10.45	Tea-Coffe Break	
10.45-12.15	**SESSION 9** **Moderator:**	Prof. Dr. Haydar SUR Dean of Faculty of Health Sciences, İstanbul University
10.45-11.25	**9.1** Doç. Dr.Marlene TAPPE	**Promoting Health in Schools TAPPE and Universities** Minnesota State University Health Science Department
11.25-12.05	**9.2** Doç. Dr. Laura A. LİNNAN	**Health Promotion Programs in LINNAN Workplace Settings** University of North Carolina Department of Health Behavior and Health Education
12.05-12.15	Discussion	
12.15-12.30	Evaluation and Closing Chapter	
12.30-13.30	Lunch	

Prof . Çağatay Güler *

Born on 10 January 1951, Prof. Güler completed his primary school education in 1962; secondary school education in 1965, and high school education in Tokat Gaziosmanpaşa High School in 1968. He was graduated from Hacettepe University Faculty of Medicine in 1975. He completed his speciality in Physiology between 15. 12. 1975 and 29. 3. 1978. He completed his speciality in Public Health between 5. 3. 1979 and 14. 1. 1982. He became a Public Health Physician on 18. 2. 1987. He was appointed as the Chief Physician of Etimesgut Regional Hospital on 1. 4. 1988. He obtained the title of Associate Professor in the field of Public Health in 1989. He became a professor on 22. 5. 1996. He worked as the Head of Health Group in Gülşehir district of Nevşehir, and as the Health Director of Ordu province. He worked as a Deputy Director of Public Health Institute between 1993 and 2002, and Head of the Department of Public Health in Hacettepe University, Faculty of Medicine between 1993 and 1996. Prof. Güler has been working as a faculty member of Department of Public Health in Hacettepe University, Faculty of Medicine. He has authored around 250 text-books, published more than 300 articles; 10 poetry books and also a story book.

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New Approaches of Health Promotion in Turkey

An individual makes a decision about his/her health every single day and turns it into action through his/her behaviour. Receiving knowledge is learning. Education is the reflection of learning on behaviour. Life is experiencing any kind of event. Life is the combination of experiences from birth till death. Beliefs, tendencies, attitudes and knowledge are the main factors affecting behaviour. The most important beliefs and standards for an individual establish values. Attitudes are thoughts and emotions towards something or someone. There are many individual specific factors in health education. F.M.Lewis states that" "Health education is a kind of combination of learning experiences designed to prepare conditions for being healthy, ensure and promote health or learning that have the same affect for a common behaviour". In developing countries objectives such as extension of median life expectancy and safety, physical power, mental health and healthy society prevail. The developed countries has gone beyond these objectives and focused on the will of achievement and productivity, physical fitness, mental efficiency, healthy environment and policies. As emphasized by W.Lawrence Green, in developed countries, the quality of life of theoretical physicist Stephan Hawking who came down with amyotrophic sclerosis is considered as higher than a strong, healthy but unemployed young individual living in a developing country and spending most of his time in cafes. According to the Second Report on the Health of Canadians, the example that can be translated into Turkish with the title of "Why Veli is in Hospital?" reflects the pillars of health promotion approach very well:

- **Why Veli is in hospital?**
- Because he has a bad infection in his leg.
- **But why is his leg infected?**

- Because he has a cut in his leg and it is infected.
- **But why does he have a cut in his leg?**
- Because he was playing in a junk yard next to their apartment and fell on sharp, metal stuff.
- **But why he was playing in the junk yard?**
- Because his neighbourhood is not taken good care of. A lot of children play there without any supervision.
- **But why does he live in that neighbourhood?**
- Because his parents do not have sufficient income to live in a better neighbourhood.
- **But why don't his parents have sufficient income to live in a better neighbourhood?**
- Because his father is unemployed and mother is ill.
- **But why is his dad unemployed?**
- Because his father's education level is low and could not find a job.
- **But why?...**

Ottawa Charter (1986) "Health education is the process of enabling people to increase control over and improve their health." It goes beyond a very wide range of social and environmental interventions. Bunton and McDonald (2002) "The primary means of health promotion occur through developing healthy public policy that addresses the prerequisites of health such as income, housing, food safety, employment and good working conditions. There is a tendency among public health officials and governments – especially in liberal countries such as the USA and Canada - to reduce health promotion down to health education and social marketing focused on changing behavioural risk factor". Thus, the

most important thing for our country is whether or not to prioritize the “health promotion” concept. Prioritization of this requires handling of a number of approaches such economic and social ones in a holistic manner.

Assoc. Prof. Carl I. Fertman *

Carl I. Fertman PhD, MBA, CHES is associate professor and executive director of the Maximizing Adolescent Potentials Program at the School of Education at the University of Pittsburgh. He teaches courses in health program planning, implementation and evaluation; health theory, health counseling, community health; and sports and drugs. His areas of expertise are substance abuse prevention, mental health education, and school and community organization collaboration. His research focuses on the effectiveness of school-based behavioral health programs to address the mental health and drug and alcohol needs and concerns of students. He directs the Pennsylvania Student Assistance Program Evaluation. The Pennsylvania Student Assistance Program is a collaboration of the Pennsylvania Departments of Education, Health and Public Welfare, schools, and community agencies that addresses barriers to student learning related to substance abuse and mental health problems. Dr. Fertman is a consultant to the University of Pittsburgh, Graduate School of Public Health, Center for Public Health Practice. He assisted in the implementation of the Pennsylvania and Ohio Centers for Public Health Workforce Development and the University of Pittsburgh Preparedness Center. Dr. Fertman has written extensively on the subject of school and community collaboration to improve the health status and academic outcomes for youth. Dr. Fertman has authored more than 80 professional articles. His recently authored the book Student-Athlete Success: Meeting the Challenges of College Life. Dr. Fertman co-edited with Dr. Diane Allensworth the Society for Public Health Education (SOPHE) Health Promotion Programs from Theory to Practice.

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What Are Health Promotion Programs?

Health promotion programs can improve physical, psychological, educational, and work outcomes for individuals and help control or reduce overall health care costs by emphasizing prevention of health problems, promoting healthy lifestyles, improving patient compliance, and facilitating access to health services and care. Health promotion programs play a role in creating healthier individuals, families, schools, universities, communities, workplaces, and organizations. They contribute to an environment that promotes and supports the health of individuals and the overall public. Health promotion programs take advantage of the pivotal position of their setting (for example, schools, workplaces, health care organizations, or communities) to reach children, teenagers, adults, and families with the knowledge and skills they need to make informed decisions about their health. Health promotion programs are evidence-based using health theory and health promotion program planning models.

Three international publications are milestones in the development of health promotion programs. The first is the Lalonde Report in Canada in 1974, which put "lifestyle" determinants of health on the "health field" policy agenda internationally, and showed its greater contribution to health than medical care, genetic and physical environmental determinants. The second milestone was the 1986 Ottawa Charter, which put the World Health Organization's weight behind international recognition of the broader arena in which health education was now operating under the banner of health promotion to influence the lifestyle determinants of health. The third is the 2009 Galway Consensus Conference Statement that focused on the professional competencies and key skill areas for effective health promotion program planning, implementing, and evaluating. promotion program planning, implementing, and evaluating.

A major support of health promotion programs in the United States is the

Healthy People Initiative of the United States federal government that started in 1979 with the First Surgeon General's Report on Health Promotion and Disease Prevention. Its Healthy People 2020 objectives serve as a guide to the planning, implementation and evaluation of health promotion programs in the United States.

Health promotion programs are the product of deliberate effort and work by many people and organizations to address a health concern in a community, school, health care organization, or workplace. And even though individuals across these sites may share broad categories of health concerns focused on diseases and human behavior, each setting is unique. Effective health promotion programs reflect the individual needs of a priority population as well as their political, social, ethnic, economic, religious, and cultural backgrounds. Today, health promotion programs use both health education and environmental actions to promote good health and quality of life for all. The United States' Healthy People initiative is a model public – private partnership that allows local health promotion programs to link their health promotion programming with national data and information. Health promotion programs involve stakeholders, advisory boards, champions, and advocates in program planning, implementation, and evaluation in order to ensure effective programming.

Prof. Diane DeMuth Allensworth *

Diane Allensworth is Professor Emeritus at Kent State University and Immediate Past President, Society for Public Health Education. Dr. Allensworth has 30 years of experience in health and education. She began her career in school health in 1966 as a school nurse after returning from serving in the Peace Corps in Panama. She taught health education at Kent State University from 1976 to 1995 and now is a Professor Emeritus in the Department of Adult, Counseling, Health and Vocational Education. As the Director of the Health Promotion Program for Kent State University, she started the first worksite wellness program for the 3500 faculty. On loan from Kent State University, she served as the Director of Sponsored Projects for the American School Health Association from 1985 to 1995. For the next two years she was the Executive Director of the American School Health Association.

In1997, Dr. Allensworth began her work at Centers for Disease Control and Prevention (CDC) serving as the Branch Chief for Program Development and Services Branch within the Division of Adolescent School Health. From 2001-2005, Dr. Allensworth was on loan from CDC to Health MPowers, where she served as Executive Director. (Health MPowers is an initiative to promote the adoption of health enhancing behaviors by Georgia's youth through engaging youth, school staff and families in health enhancing programs delivered at the school site). From 2005-2010 Dr. Allensworth served as the Associate Director for Education, in the Division of Partnerships and Strategic Alliances within the National Health Marketing Center, CDC. She directed the development of Pandemic Influenza Preparedness checklists for child care, K-12 and post

secondary institutions. Currently she is a policy analyst in the Associate Director for Policy's office.

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Health Promotion Programs Designed to Reduce Health Disparities

Effective health promotion programs are a reflection of the program participants and sites for which the programs are designed, implemented and evaluated. Every site and group of individuals is different. These differences are most often related to economic status, race and ethnicity, gender education, disability, geographic location, or sexual orientation. Although genes, behavior, and medical care play a role in how well we feel and how long we live, the social conditions in which we are born, live and work have the most significant impact on health and longevity. The causes for racial and ethnic disparities have been divided into four major categories: 1) societal factors which includes poverty, racism, economic and educational inequality, 2) environmental factors including limited education, health illiteracy, exposure to toxins, viral and/or microbial agents, poor and unsafe physical and social environment, inadequate access to nutritious food and exercise, and community norms that do not support protective behaviors, 3) individual and behavioral factors including participating in high risk behaviors such as smoking, not wearing seat belt, sedentary life style, eating poorly, and, 4) medical care factors that could include lack of access to health care, lack of quality health care, and/or lack of cultural competence of providers. Living in poverty is one of the major conditions associated with poorer health status. Because more minority individuals live in poverty, they also experience more deficits in health status as well as lack the means to pay for health care. As a consequence minority and ethnic groups suffer disproportionately from diseases and conditions that otherwise could be prevented. If health promotion programs are to be effective, then fundamental to their planning, implementation and evaluation is the need to identify and address health disparities among the individuals served by the programs. The elimination of health disparities constitutes an absolute

priority in increasing life expectancy and improving quality of life in the United States. Thus eliminating health disparities is essential in planning, implementing and evaluation health promotion programs across all settings. Four programmatic strategies to eliminate health disparities will be discussed: 1) engaging minority groups and community directly in addressing health issues, 2) improving cross-cultural staff training, 3) recruiting and mentoring diverse staff to deliver programs, and 4) addressing the root causes of health disparities.

Prof. İzzet Bozkurt *

Prof. Dr. İzzet Bozkurt graduated from Ege University, Faculty of Communications, Department of Journalism and Public Relations in 1988 and worked at the Aegean Region Chamber of Industry as Public Relations Coordinator for two years. He started his academic career as a research assistant at Ege University, Department of Public Relations and Publicity in January 1990. He submitted his thesis and earned his first MA degree from Ege University, Institute of Social Sciences, Department of Mass Communication between 1990-1993. He received his second MA degree in "Marketing Communication" from Roosevelt University in the United States of America by YÖK (The Council of Higher Education) scholarship between 1993-1996 and returned to Turkey. He submitted his PhD thesis at Ege University, Institute of Social Sciences, Department of Public Relations and Publicity and was granted Assistant Professor title in 1999. He served as a faculty member in the position of Ass. Prof. at Ege University, Faculty of Communications, Department of Public Relations and Publicity until October 2000. He received the title of Associate Professor in April 2003. Between 2000-2004 he served as the Chairperson of Public Relations and Advertising Department at Eastern Mediterranean University, Faculty of Communications. He took the title of Professor in April 2009. He currently continues his academic career as the Vice Dean of the Faculty of Communications at Yeditepe University, the chairperson of the Department of Journalism, and the Chairperson of the MA Programs "Integrated Marketing Communication Management", "Media, Culture and Recreation Management" and "Health Communication Management". He is also the co-author of the book "Halkla İlişkiler, Reklam ve Ötesi (Public Relations, Advertising and Beyond)" and the author of the books

"Bütünleşik Pazarlama İletişimi (Integrated Marketing Communication)" and "İletişim Odaklı Pazarlama (Communication Based Marketing)". He has many published researches and articles on marketing, marketing communication, strategic creativeness, advertising and public relations. Prof.Dr. İzzet Bozkurt continues to work on the Turkish Brand on the Path to EU. He has served as the Marketing Communication Consultant in many firms including M.A.R.K.A Communication, Çalık Holding GAP Construction, Tepe Construction, Turkish Telecom, Bahat Health Group, Kentkart Ege Electronic and Yaşar Holding.

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Social Marketing

Social marketing, target groups, social ideas and practices in order to increase the acceptability of product planning, pricing, communication, distribution using tools such as regulation and market research programs and control the activities of these programs include the implementation. This social reveals the importance and necessity of marketing.

Social Marketing of the Health Sector

1. Social marketing practices directed by the public
2. The private sector social marketing practices directed
3. Jointly conducted by the public and private sector social marketing practices

Social marketing applications, especially in the last 30 years;

1. Health sector (Heart Health)
2. Community awareness, obesity prevention policies, the creation of a healthy diet, vaccination against contagious diseases, birth control, maternal and child health practices, health screenings, natural disasters, etc.
3. Campaigns against the consumption of cigarettes.
4. AIDS / HIV prevention and the spread of virus prevention and etc. seen.

Problems Experienced in the Health Sector

Health Services, Transport...

In many parts of the world, certain areas of hospital, doctor, medication or lack of adequate health care is that everyone who wants to reach all the lack of insurance prevented. For example, there is health insurance for 20,000 people a year lose their lives in America.

Deficiencies in Meeting Needs

- The number of enterprises in our country, rapid population growth in the health sector to recover…
- Patients to increase the income level of the society better cause the service to wait...

o Insufficient number of health establishments,

o Insufficient numbers of doctors and nurses working in hospitals,

o Materials and equipment to meet the needs of poor patients.

Quality of Health Care Services

1.8% of hospitalizations in America due to errors in medication side effects are seen, each additional $ 4.700 due to the adverse effects of hospitalization for the emerging costs, due to adverse events per year goes to $ 38-50 billion per year and consists of 500.000 preventable drug error 7.000 deaths due. On the other hand, some patients from unnecessary or excessive medical care is also known.

This is a very high rate of emergence, social marketing related activities by the participants and their community members, social marketing, there is no adequate information is not available on the subject of thought raises. 26% YES / 74% NO

Health Sector & Social Media

61 percent of Internet users in America, explores the health-related information from the Internet.

According to data from Manhattan Research Center 39 percent of U.S. physicians and their patients face to face communication on issues that do not require inspection waged over the Internet.

According to the Pew Internet and American Life project in the United

States, 80 percent of users use the Internet for health problems.

Turkish State Planning Organization, "Information Society Statistics" according to the data using the Internet to get information about health with 45.1

E-patients with chronic ill treatment inflicted 75 percent of the find from the Internet.

Miguel Hernandez University in Spain's research that 90 percent of patients go to a doctor before going to the doctor as a result of the search out relevant information on the Internet.

Health Sector and Social Media Positive-Negative Opinions

Positive Opinions

In 2009, conducted by Manhattan Research Center and published on the Internet according to the report, 39 percent of U.S. doctors interviewing patients over the internet, that does not require face-to-face interview and examination subjects utilized the advantages of online communication are indicated.

Research, doctors appointments, lab results evaluation, inspection-free counseling services on the internet make matters simple, time-saving way to show they go.

A doctor talking to patients who continuously controlled drug regulation is that the way to an ambulance or a patient in an emergency, via the internet a great convenience determining the most appropriate hospital.

Possibility of unlimited access to information about the person's disease, and to ask not trust doctors fearing the things that the Internet can find.

Negative Opinions

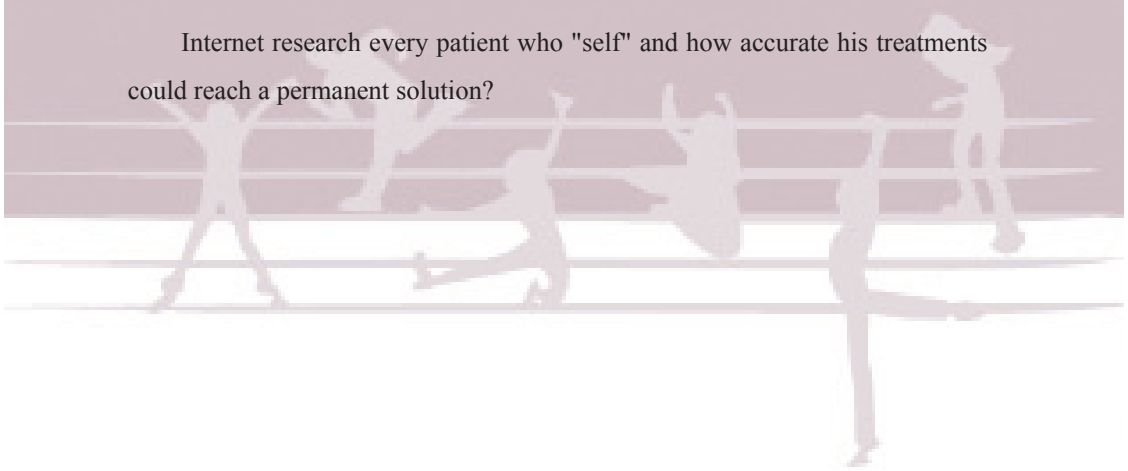
Carried out on the internet relationships between patient and doctor "very

limited in cases of emergency and" may provide an advantage says. However, to save time on behalf of a mutual "online" to increase the dialogue could lead to the emergence of records very erroneous results.

With increasing technology, the human relationship between doctor and patient size are vulnerable.

Information when it can be correct addresses, the Internet, patients can obtain accurate information for existing health problems. However, every web address is a "blog" for the relatives of the patient or the patient may not be a source of a reference to the field of health.

Internet research every patient who "self" and how accurate his treatments could reach a permanent solution?



Sandra van Dulmen, PhD *

A.M. (Sandra) studied clinical psychology. After graduation in 1997, she started working as a researcher in different fields of health care, first at the Department of Clinical Psychology, then from 1988-1995, at the Department of General Practice of the University in Nijmegen, the Netherlands. She obtained her PhD degree in 1996 with the thesis titled "Exploring cognitions in irritable bowel syndrome; implications for the role of the doctor". For her thesis she received the dissertation award from the Netherlands School of Primary Care Research (CaRe). From 1995 onwards she works at NIVEL (Netherlands institute for health services research, www.nivel.nl), first as a researcher, since 1999 as the co-ordinator of the research program Communication in Healthcare. In 2001 she was co-founder and since then the secretary of EACH (European Association for Communication in Healthcare, www.each.eu). She obtained numerous grants for her communication studies, varying from observational research in general practices and hospitals to intervention studies among medical students, medical specialists and nurses as well as among patients with minor ailments, type 1 or type 2 diabetes, IBS, dementia or cancer. A core feature of her work is the (video) observation and analysis of the communication in the consulting room between a patient and a health care professional. She collaborates within several international research projects and published more than 50 national and 100 international papers in peer-reviewed scientific journals.

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Provider-Patient Communication Throughout Europe; What We Know and Do Not (Yet) Know

To guarentee high quality health care, good communication skills of the doctor are as essential as good clinical skills. After all, discovering the true nature of a patient's problem, translating this into a diagnosis and informing or advising a patient about his condition, can not take place without communicating with the patient in a clear and understandable way. For the patient, doctor's communication serves two purposes: to know and understand his health problem and to feel known and understood by the doctor. The quality of doctor-patient communication influences different sorts of outcomes, such as patient satisfaction, information recall and understanding in the short term, and medication adherence and quality of life in the longer term. These are important outcomes, because dissatisfied or non-adherent patients and unnecessary prescriptions and referrals are prone to suboptimal healthcare and high health care expenditures. With the shift from acute to chronic diseases, from instrumental interventions to lifestyle related health promotion, from cure to care, and from doctor-centred to patient-centred behaviour, the relevance and added value of good doctor-patient communication will only increase. Moreover, as societies are becoming more multicultural, insight is needed into the challenges and opportunities of intercultural communication in the consulting room. Therefore, we previously examined the influence of different European healthcare system characteristics (gatekeeping system with registered patients; GPs' employment status; payment system) on doctor-patient communication in general practices in ten European countries: Netherlands, United Kingdom, Spain, Belgium, Germany, Switzerland, Estonia, Poland, Rumania and Sweden. We studied the differences in doctor-patient communication as well as the differences in the needs and expectations of the patients. These so called Eurocommunication Studies were financed by

the EU. The total population included 5820 patients and 307 doctors. Data were collected by means of patient and doctor questionnaires, doctor registration forms, and by the observation of the communication during the patient visits which were all videotaped. The study showed that the communication patterns in the three Central-European countries Estonia, Poland and Rumania differed between each other and that they also differed from the Western-European countries. In Central-Europe, patients got less time to tell their story than in Western-Europe. Besides, consultation time was longer in non-gatekeeping countries. Affective behaviour (social talk, showing empathy, concerns, reassurances) was observed more frequently in the United Kingdom, Germany and Switzerland. In Rumania, doctors and patients talked more about psychosocial issues than in Estonia and Poland, and also more than in Sweden, Germany and the Netherlands. The importance patients attached to certain communication aspects slightly differed between the countries. There were patients who did not talk with their doctor about communication aspects that mattered to them. The study furthermore showed that healthcare system characteristics at the macro level (only) partly explained doctor-patient communication. Results will be discussed and suggestions for future reseacrh will be presented.

Prof. Osman Hayran *

After graduated from Hacettepe University, Faculty of Medicine, Prof. Hayran completed his specialization in Public Health in the same university. Following the specialization, he completed his compulsory service in Health Directorate of Kocaeli province. He, then moved to Marmara University, Faculty of Medicine, Department of Public Health in 1988 and became an Associate Professor in the same year, and a professor in 1994. He served as a director of project office for Health Policies established by World Health Organization in Ankara for a while and then appointed as a Dean to establish Marmara University, Faculty of Health Education. He has worked as a Dean until 2006 and moved to Yeditepe University in 2008. Prof. Osman Hayran has been working as the Dean of Yeditepe University, Faculty of Medical Sciences, Head of Department of Public Health in Faculty of Medicine.

Mainly working as a researcher in the fields of Social Medicine and Health Management, Prof. Hayran has many works published in various international scientific journals.

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Globalization and Health

The process of globalization, which started in the last quarter of the twentieth century and advanced rapidly, is an economic phenomenon in itself; however it is closely related with the health of societies due to the changes brought about as a consequence of globalization. Within this process, the increasing movement of people, goods and services, capital and information across the international borders has enabled people to have easier access to health information and services. Especially, the rapid developments in information technology dramatically increasing the speed and ease of data flow, thereby facilitating the sharing of information and the fact that new discoveries in medicine become available to all countries in a very short period of time are the main positive effects of globalization; whereas the emergence of new health problems threatening individuals as a result of the rise in inequalities among communities and poverty are among the main negative effects. It is noteworthy that the improvements in the field of health during 1960s and 1970s were not sustained in 1980s and 1990; and in the recent years, the improvement in health indicators has slowed down and the inequalities among the countries have increased. Problems such as newly emerging communicable diseases, increase in wars and acts of violence and the spread of chronic diseases, environmental pollution, problems related to food and water safety, commercialization of healthcare services are becoming more widespread by globalization.

The effects of globalization differ from one country to the other. Communicable diseases, which used to be a problem specific to the Southern countries, have started travelling to the North; whereas the non-communicable disease risk factors have started spreading from the North to the South. Eating habits of the Western world are becoming more common in the developing countries, which results in an increase in the consumption of supermarket

products rich in sugar, fat and salt and thus leads to obesity, hypertension, diabetes and cardiovascular diseases. On the other hand, the fact that although the developing countries account for the majority of the global burden of disease, sufficient expenditure is not made for research and development purposes ; that only 21 of the 1556 drugs patented between 1975-2004 are for tropical diseases and tuberculosis and that a vaccine to fight malaria has still not been developed are examples for the inequality caused by globalization.

Just like the case in any process of change and any other social phenomenon, there are those who defend and who oppose to globalization. As for public health, it is important to comprehend the dynamics behind change rather than blindly taking sides; to manage change in order to benefit from the positive aspects and avoid the negative aspects and to develop policies accordingly.

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Prof. Şevkat Bahar Özvarış *

Dr. Şevkat Bahar Özvarış graduated from Dicle University, Faculty of Medicine in 1982 and completed her compulsory service between 1982-1984 at Kayseri-Pınarbaşı district Central Health Center and served as the head of department and trainer at the Maternal Health Department under the General Directorate of Maternal and Child Health and Family Planning between 1984-1988. She completed her residency training at Hacettepe University Faculty of Medicine, Department of Public Health between 1988-1992 and worked at the department as a resident for one year. Then, she continued to work at the same department as an Assistant Professor between 1993-1996, received the title of Associate Professor in 1996 and Professor in 2005. Dr Bahar Özvarış received her MA degree in "Program Development and Teaching" from Hacettepe University, Institute of Social Sciences, Department of Educational Sciences between 1996-1999, and served as a fellow in the field of "medical education" at Harvard Faculty of Medicine in USA in 2003. She is currently a faculty member at the Hacettepe University, Faculty of Medicine, Department of Public Health and the Director of Hacettepe University Women's Health and Implementation Center (HÜKSAM). Dr. Bahar Özvarış has numerous researches and publications in the field of "Public Health", "Women Health/Reproductive Health", "Health Improvement and Health Education" and "Medical Education".

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Health Promotion and Supportive Health Environments

In many countries of the world, health education units were established by the end of 1970s. The activities mainly focused on "exchange of information" and "campaigns" about life style in the developed countries and about infectious diseases in the developing countries. However development of an integrated and sustainable policy in this field was not regarded as a priority back in those times (1,2).

Although health education enables individuals and groups to make decisions and assume responsibility for their health, individual responsibility may not suffice to solve serious health problems in the society. In such cases, legislative and policy changes are more effective andyield more fruitful results. For example, thefact that new cars are manufactured with seat belts and air bags in order to reduce fatalities and injuries from traffic accidents leaves no roomfor individualism. However, health related practices may reauire support such as ensuring the participation of individuals and the society, establishing cooperation through some arrangements in the structure of the society and cooperation among different sectors. Therefore a more comprehensive and integrated approach including health education, namely the "health promotion" approach, is necessary. Health education is more concerned with behaviors that can be controlled by individuals on a voluntary basis such as not smoking or auitting smoking, whereas health promotion practices are more concerned with structural, economic or legal (which may be binding in some cases) regulations to discourage behaviorsposing a threat to the health of others (f.e. smoking in public places, dangerous driving ete).

Until recently, health proteetion and promotion reminded people of doctors, nurses and hospitals. Later it was realized that health relies heavily on the lifestyle of individuals. However, numerous environmental factors such as air and water

pollution and chemicals used in agriculture influencing health were discovered besides these individual factors. Furthermore the significant influence of the social environment on health was gradually noticed. It was clearly demonstrated that the differences between the health status of different social groıps are determined by the knowledge, attitude and habits of the individuals as well as the living and working conditions. These developments provided sufficient knowledge about the majority of the factors effecting health such as the human biology, hfestyle and social and physical environment.

However, health was regarded as the working field of solely health professionals for a long time in many societies due to the traditional attitude. The realization that other specialties and organizations outside the field of health also have an important role to play in health is relatively new. It was later emphasized that efforts to improve the health of the society by the health promotion concept and ensure "healthy lifestyles" should not only focus on the individual, but such efforts should be directed towards changing and improving the physical and social environment; because normally individuals have very limited opportunity to organize their own lifestyles. Therefore "living and working conditions" of individuals are the main determinants of individuals' health. The increase in healthy options means that very important duties are fulfilled in the organizations, institutions and societies. That is why health promotion is defined as the art of encouraging the development of social systems and their development in a healthy environment. The method identified for putting this principle into practice is devising and implementing approaches towards this end in cities, institutions, schools and hospitals (3).

For years, World Health Organization put emphasis on maternal and child health including family planning, protecting the health of the individuals working and the elderly, malnutrition, overnutrition and the resulting problems

within the scope of its general working programs. Moreover, factors influencing health in a negative manner such as the pollution caused by industrialization and urbanization, traffic accidents and urban stress were addressed and the concept of environmental health was brought up. in the following years, WHO stressed that the scope of health protection and promotion activities extends beyond preventing and controlling diseases by way of medical technology. Health protection and promotion was considered as a concept also covering the encouragement of lifestyles, and social, economic, environmental and personal factors beneficial for the health and was in cluded in the working programmes (2,4).

Many developments have been experienced in the field of health since the Alma-Ata Declaration. The understanding that many diseases are closely related to the lifestyles of individuals and the perception that the social, economic, cultural, environmental, behavioral and biologic factors influencing health positively may also exert negative effects, the increase in the scientific evidences on the specific risk factors of certain diseases, the reduction in mortality and morbidity accompanied by an increased interest in quality of life and the realization that the traditional strategies about health education have limited effectiveness resulted in the concept of "health promotion" as an integrated approach to be emphasized (5).

According to the World Health Report (2002), 20 main risk factors account for almost half of the annual deaths across the world. First ten of these risk factors are responsible for 1/3 of deaths all over the world. Although majority of these risk factors are observed in the high income countries, more than half of the global burden of disease caused by these risk factors are seen in low and middle income countries (6-9).

In order to promote health, it is important to know and recognize the disease causes and risk factors. According to the World Health Report, reducing risks by

25% will enable a substantial reduction in the burden of disease across the world. This way, for instance, it will be possible to prevent more than 1 million expected deaths from HIV/AIDS and 35 million years of life lost from cardiovascular diseases due to high blood pressure and cholesterol in 2010. In 2020, it is estimated that 9 million deaths caused by tobacco and 5 million deaths caused by obesity will occur. (2,6-9).

The issue of evaluation and management of health risks is a new field which emerged in 1970s. in 1990s, it was understood particularly in North America and Europe that such approach does not always give the expected results and that risks may differ from one group to the other. The necessity to evaluate all risks from the social, cultural and economic perspective was realized. Moreover it became clear that the risk concept varies from one society to the other and from one culture to the other and that autonomy is required for controlling the risk perceptions and the risk control of individuals. Thus the interest in lifestyle approach within the framework of health promotion and health education strategies steadily increased. This approach is based on changing and improving the knowledge and opinions of individuals about health. Within this scope, it was noticed that governments and politicians should have an öpen and close dialogue with the society about the health risks and take an active role in such activities (6-9). Throughout the World Health Assembly organized in Geneva in May 2002, country representatives presented the health risks important for their own countries and stated their determination to reduce these risks (10,11).

In this framework, health promotion, as an important component of public health and preventive medicine, is a process which enables individuals to better control and improve their own health. Health promotion concept addresses the main problems necessitating the health of individuals or groups under risk to be controlled, and includes organizational, environmental and economic supports

as well as health education. This concept refers to the support actions for healthy living arranged according to education and environmental conditions. Health promotion interventions, carried out together with particularly health education and support efforts through administrative, structural, legislative arrangements and resource allocation, aim to encourage behavior patterns which prepare, enable and strengthen "healthiness" through motivation techniques and rewarding. Moreover these interventions aim to reach new regulations regarding the utilization of resources, new practices to protect health and new arrangements in the environment (1,12,13).

Special strategies are needed in the determined intervention fields in order to achieve the health promotion targets. These strategies enable health related risk factors to be reduced in the short term, demand for preventive health services to increase, the development of positive health behaviors, changes in lifestyle, "increase in the self-confidence" of individuals to protect their own health and changes towards a healthy environment in the medium term; and it aims to reach a "healthier" society in the long term by reducing diseases, prolonging life and increasing the quality of life (12,13).

It is important to emphasize certain issues; health is a state of complete physical, mental and social well-being and not merely the absence of disease and it is a necessity and a human right in order for people to have a socially and economically productive life. It is not ethical to approach health as solely a field of individual responsibility and try to persuade people to take responsibility for their own health by disregarding the social and environmental determinants of health. Success in health promotion may only be achieved by eliminating health disparities. The success of health promotion depends on the empowerment of individuals and the society (14).

"Health for All" is not a utopia, it is an attainable goal. As indicated in the

international congresses, generally health, “Primary Health Care” approach and “Health for All” is a political process. In order to reach this goal, it is necessary to guarantee that preconditions of health such as peace, education, shelter, food, a stable ecosystem, sustainable resources, social justice and equality are ensured in all countries of the world. Public health professionals serving at different levels of healthcare should assume the role of addressing health promotion in an integrated manner as stated above and actively participating in the health promotion programs on the one hand, while eliminating health disparities and defending and fighting for the right to health in order to promote health on the other hand.

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Prof. Jean M. Breny *

Dr. Jean M. Breny is a Professor in the Department of Public Health at Southern Connecticut State University, in New Haven, Connecticut. She has been on the faculty since 2000 and currently teaches undergraduate and graduate-level health promotion courses, including program planning and evaluation, health promotion practice, and health promotion priorities. Dr. Breny received her PhD in Public Health, with a concentration in Health Behavior/Health Education, from the University of North Carolina at Chapel Hill (2000) and her MPH in Community Health Education from San Jose State University (1994).

Through her scholarship, Dr. Breny aims to eliminate health disparities through community-based participatory action research that informs public health practice and is committed to work that helps us to understand how social and cultural factors affect individual health behaviors. Dr. Breny recently completed research on the Status of African American Health in Connecticut, a project spearheaded by the NAACP, which has been presented to the Connecticut state legislature. Her current work includes a photovoice project looking at how relationship power affects African American women's ability to practice safer sex. In addition to teaching and doing research, Dr. Breny was the first Director of the Graduate Minority Student Scholars Program in Public Health at Southern Connecticut State University. The program aims to increase the number of underrepresented minorities working in public health in Connecticut. Dr. Breny currently sits on the board of AIDS Project New Haven and is an Associate Scientist at the Center for Interdisciplinary Research on AIDS at Yale University.

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Implementing Health Promotion Programs

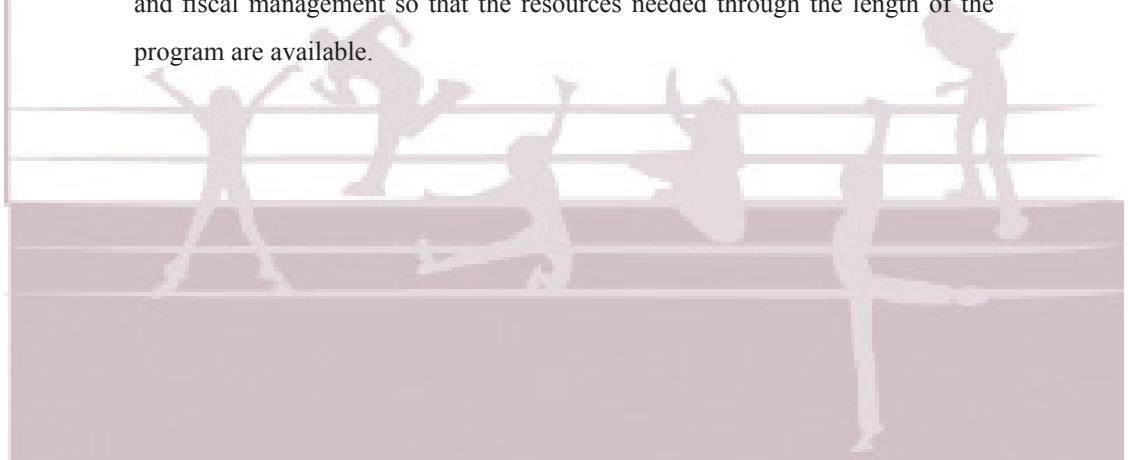
Effective planning results in a program design that is evidence-based, innovative, informed by promising practices from the field, and so well organized that – at least on paper – the project is poised for success. Once program goals and objectives have been written, desired outcomes determined and the intervention is planned, now what? The program that was so meticulously planned now needs to be implemented and this is the place where staff and stakeholders move from planning to action.

There is a critical link between program design and results, namely the implementation phase of program planning. Implementation is a process that happens over time, not an event that occurs at a specific moment. It begins with the importance of designing effective action plans for guiding staff and program leaders through the program's planned goals, objectives and strategies as well as all of the "behind the scenes" activities they will need to do to make the program unfold as planned. Included in implementation plans are several practical implementation tools, including action plans, logic models, Gantt charts and budgets that will help planners move from program design to live action.

The role of staffing and leadership; hiring, training, managing, and evaluating staff are essential in implementing programs. Actions plans and other tools allow planners to be flexible with staffing issues when unforeseen obstacles arise; challenges such as unanticipated staff turnover, organizational or community crises, unrealistic timelines, and disgruntled staff. Proper implementation strategies allow planners to meet these challenges, make changes, and continue to meet program goals and objectives. Finally, implementing a program includes budgeting and fiscal management. Some planners will find themselves responsible for making sure the program's therefore, it is critical that expenses remain within the realm of it budget, is critical that planners have skills in accounting, financial

analysis, and fundraising.

This presentation will provide an overview of how to manage the implementation process. Examples of logic models and Gantt charts will be presented along with how to effectively use them. The presentation will also include examples of pitfalls that might be encountered along the way and how planners can seamlessly stay on track with their planning. Issues of hiring and training staff to work on programs will be discussed, including suggestions for interviewing program staff and hiring considerations, as well as issues around staff management. The presentation will culminate with a discussion of budgeting and fiscal management so that the resources needed through the length of the program are available.



Prof. Dr. Edward Mamary *

Edward Mamary earned his DrPH degree from the University of California at Berkeley and is professor and MPH Program Director at San Jose State University in California. He worked for many years as an evaluation specialist for the San Francisco STD/HIV Prevention Training Center, one of four national centers funded by the CDC. In 2009, Dr. Mamary was a visiting scholar at the American University of Beirut, Lebanon. He has consulted on many community projects, including – a local evaluation for The Partnership for Public Health - a five-year initiative funded by the California Endowment to foster ties between California communities and public health departments; separate HIV needs assessments for: Mountain Counties AIDS Consortium, Contra Costa County, San Mateo County, Santa Clara County, and Kern County; an assessment of smoking among people living with HIV for San Francisco General Hospital; building evaluation capacity for community-based HIV prevention programs in the City and County of San Francisco; and an impact evaluation for the California State Occupational Lead Safety Program. Dr. Mamary was principal investigator on a research project funded by the Universitywide AIDS Research Program, University of California. The main goal was to assess HIV risk among African American men. Since 1998, Dr. Mamary also conducts HIV primary care effectiveness reviews for the Ryan White CARE Act Program. He was past co-vice president of national Society for Public Health Education. Dr. Mamary is treasurer for the Council of Accredited MPH Programs. He is also on the National Board of Public Health Examiners.

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Evaluating and Improving a Health Promotion Program

Program evaluation is the systemic collection of information about a health promotion program in order to answer questions and make decisions about the program. Evaluation helps program staff, stakeholders, and participants think in a structured, systematic manner about the who, what, when, where, why, and how of a program. In short, program evaluation addresses the question of what was done and whether the program itself was effective and why. The types of program evaluation are formative evaluation, process evaluation, impact evaluation, and outcome evaluation. While it is important to know what type of program evaluation needs to be conducted, it is critical to first know what questions are to be answered and what decisions are to be made with the collected information. Once this is known, it is possible to focus on accurately collecting information and on understanding that collected information. Evaluation often seems like a heavy, complex activity to those who are not familiar with the real nature of evaluation. In essence, however, evaluation means answering some very basic questions and then reporting back to interested individuals and groups (that is, stakeholders) what was found. Basic tools needed to design and implement a program evaluation are described as well as how to use and disseminate an evaluation's findings. The role of evaluation is discussed in the context of the overall design of a health promotion program and the ways in which evaluation can provide continual feedback to strengthen such programs. Finally, important tasks for implementing evaluation are described. Evaluation is not the last phase in the process of creating, operating, and sustaining a health promotion program. It is one of the phases, and in the most effective health promotion programs, runs parallel to the other phases, starting at the very beginning of the process when a program is being planned and continuing in tandem as the program is implemented and sustained in order to provide continual feedback to program staff, stakeholders, and participants.

Prof. James H Price *

Dr James H Price is the former Chairperson and Associate Dean for Graduate Studies and Research in the College of Health and Human Services, and is Professor Emeritus of Health Education and Public Health at the University of Toledo. He currently serves as a part-time faculty in the position of Professor of Research in Health Education. Dr. Price recently selected as the 2011 Robert D Russell Scholar in Health Education at Southern Illinois University Carbondale (SIUC).

Dr Price was the former editor of the American Journal of Health Education and the Journal of School Health and was a contributing editor to the Journal of Nursing Care. He has also been on the Editorial Boards of the American Journal of Health Behavior, the Health Educator, and the Journal of Community Health. He is a prolific author having written 3 textbooks and 300 articles.

During the years when he was researching, teaching and mentoring doctoral students (n=60) he was also actively involved in professional service. He has been President of the American School Health Association and consultant to the Ohio Department of Health, the Ohio Commission on Minority Health, the CDC, NIH, American Cancer Society, and the Society for Public Health Education (SOPHE). Most recently, he was a member of one of the sub-committees to establish the new Healthy People 2020 objectives for the nation. He continues to work with doctoral students and conducts his own research.

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Planning Health Promotion Programs

The first phase in the process of creating, operating, and sustaining a health promotion program is program planning. One of the first steps in planning a health promotion program is conducting a needs assessment. A needs assessment gathers information about individuals' health needs and a site ' s support and resources to inform the process of planning, implementing, and evaluating a program. Although there are many methods of conducting a needs assessment, following some basic principles is essential in order to secure quality information upon which a health promotion program that will increase the well - being of the individuals at a particular site can be developed. When conducting a needs assessment, it is essential to use a variety of methods to collect and analyze data from both primary and secondary sources and to conduct a capacity assessment of the site: school, workplace, health care organization, or community. Then, working with advisory board, program participants, staff, and stakeholders, establish program priorities using approaches such as PEARL and consensus building to maximize program support in the later program planning decisions as well during the program implementation and evaluation. Finally prepare a needs assessment report to the program participants, staff and stakeholders, and the setting. In the report, in plain language, identify the diverse factors that influence health behaviors as well as the behaviors and environmental conditions that promote or compromise health. Likewise, identify factors that influence learning and behavior, foster or hinder the health promotion process, and determine the extent of existing and available health promotion programs and services.

Once the needs assessment is complete the focus shifts to developing a clear vision of what the program will try to accomplish — that is, a mission for the program. Decisions will be made about what strategies and interventions to use in order to achieve the identified goals, as well as about ways to address

health disparities and which health theories or models to use as the program ' s foundation. Work will focus on developing criteria for selection of the health promotion interventions, searching for interventions that have already been conceived or tried (including evidence - based ones), and making decisions about whether to create, purchase, or adopt interventions. Furthermore, decisions will need to be made about the scope of the interventions and the support needed to execute those interventions. Some of the decisions about the support that is needed to create and implement a program will involve tending to policies and procedures at the site where the program is to be implemented. Effective policies provide infrastructure for the program; good policy decisions result in effective programs. With all of these decisions in place, the program ' s staff, stakeholders, and participants will be able to describe the program ' s mission as well as the program ' s goals, objectives, and interventions. The program supports (policies and procedures) will be in place and will be known. All stakeholders will have a shared understanding of the interventions and expected outcomes.

Louise Villejo *

Louise A. Villejo, M.P.H., MCHES, is the executive director of the Patient Education Office at The University of Texas MD Anderson Cancer Center. She has over 30 years of experience in designing, implementing, evaluating and managing nationally recognized institution-wide patient and family education programs for over 35 disease and treatment populations. These programs include development of relevant educational programs in each clinical area, including a comprehensive array of electronic, print, audiovisual and computer-based educational resources and Patient/Family Learning Centers. She and her staff work closely with patients and caregivers, physicians, nurses, dietitians, pharmacists and others on the health care team to develop a patient-centered learning environment that provides patients with the resources they need to participate in their care.

Her areas of expertise include cancer patient education program and resource development, program administration, health literacy and addressing the needs of underserved populations. Villejo has written and produced over 200 patient education booklets and videos, including materials designed for low-literate or hard-to-reach audiences. She has also trained clinical staff in patient teaching and cultural competency.

She has published and presented widely in the area of patient education and addressing cultural diversity in health care and is a frequent consultant to national health care organizations and hospitals. Villejo has served on the Agency for Health Care Policy and Research, the Clinical Practice Guideline Smoking Prevention and Cessation Panel, advisory boards for the Office of the Surgeon General, the National Cancer Institute, the National Heart Lung and Blood

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Patient Focused Health Promotion Programs in Health Care Organizations

In the United States, health care organizations include: for-profit, nonprofit, public, community and academic hospitals and medical care clinics that provide both routine and emergency services; home health agencies that provide in-home care designed to replace or reduce the need for more expensive hospitalization; and physician organizations, such as health maintenance organizations and preferred provider organizations.

Traditionally, health care organizations have directed their efforts toward the provision of medical care, including acute care, long-term care, rehabilitation and psychiatric care, and hospitals have been viewed as the center of the medical care delivery system. However, given significant changes in the health care system in recent years, health care organizations have devoted more attention to health promotion programs. These health promotion programs reflect collaborations between practitioners in medicine and public health. And while practitioners in medicine and public health have worked together on health problems in the past and have had ample opportunities to do so, only recently have incentives, needs and supportive organizational structures come together to promote the design, implementation and evaluation of a wide range of health promotion programs in health care organizations.

Opportunities for health promotion programs in health care organizations reflect a recent blending of medicine and public health and the pivotal role of medical care organizations and facilities in the health and well-being of individuals. Today, a range of health promotion programs operates in health care organizations. Health professionals involved in such programs include physicians, health educators, nurses, medical social workers and allied health professionals. These programs focus on patients, patient safety, employee health,

workplace safety and community outreach.

Unique to health care organizations are health promotion programs that historically have been patient-focused and associated with patient education to help people make informed medical and health decisions and develop skills needed to participate in their health care. In today's world, individuals are more involved in their own health care decisions. This increased involvement reflects the increase in health promotion programs and in managed care that has resulted in shorter hospital stays in response to pressure for cost containment and has increased demand for outpatient and in-home services.

Prof. Dr. Ayla Okay *

Dr. Ayla Okay is a faculty member at Istanbul University Faculty of Communications Department of Public Relations and Publicity. Okay graduated from Marmara University, School of Press and Media, Department of Journalism and Public Relations in 1991, she earned her MA degree in 1994 and her PhD degree in 1998 from Marmara University, Social Sciences Institute, Public Relations Program. Dr. Ayla Okay has been working at Istanbul University, Faculty of Communications since 2000; she became an associate professor in 2003 and received the title of Professor in 2009.

Prof. Dr. Ayla Okay is currently the chairperson of Istanbul University, Department of Public Relations and Publicity and has both national and international publications in the field of public relations. In addition, Prof. Dr. Ayla Okay has recently carried out researches on health communications and her book in this specific field titled "health communication" is used as a course book in numerous universities. Ayla Okay serves as a member of the editorial board for national scientific publications of several universities as well as being a referee for the journal "New Media & Society" and is amongst the editorial board members of the journal "International Journal of Strategic Communication".

Prof. Dr. Ayla Okay works in international academic projects; she is currently playing an active role in the organization of the European Public Relations Education and Research Association's annual congress which will be held at Istanbul University in 2012 and is on the scientific board of the congress to be organized by the Association in Leeds in 2011.

Prof. Dr. Ayla Okay lectures many courses at undergraduate and graduate

levels including but not limited to “Public Relations”, “Health Communication”,

“Corporate Identity Strategies” courses at undergraduate level and “Management of Public Relations Strategies”, “Theoretical Basis of Public Relations”, “Current Practices in Public Relations”, “Health Communication Practices” courses at graduate level. Prof. Dr. Ayla Okay has conducted many seminars abroad at Leipzig University and Viana University.

Prof. Dr. Ayla Okay’s books on public relations and corporate identity are used as course books in many universities across Turkey.

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The Relation between Health Communication and Health Literacy

Health literacy is related to the degree to which individuals have the capacity to obtain process and understand the basic health information and services in order to make appropriate health decisio (http://nnlm.gov/outreach/consumer/hlthlit.html). Understanding how to use a drug as well as reading a prescription, and instructions given by the physician on how to use a drug or discovering the correctness of health news in the media are among the issues that can be addressed by health literacy. Health literacy of individuals is affected to a great extent by the education level, cultural structures as well as media and communication.

Individuals receive information on health through various communication methods. These communication methods sometimes involve face to face communication and also different mass communication tools. Low level of health literacy causes problems for individuals to internalize health related problems they saw in the media as well as making it difficult to build relations with health care providers such as physicians, nurses, etc. Raising health literacy cannot be possible only through communication; the importance of using communication effectively cannot be underestimated at that point. The significance of health communication studies with the aim of improving health literacy increases day by day; because the possibilities for communication are too different when compared to the situation in ten years ago. Individuals can come up with health related programs on TV at anytime or search internet on issues that they want to learn; however evaluating the correctness of this information through different means is closely related to individual's health literacy level.

This study will look at the concept of health literacy in depth and examine different health communication types affecting health literacy. Basically, health communication occurs at different levels. These levels have been categorised

as individual, social network, organization, society and community by Thomas (Thomas, 2006:3); whereas classified as interpersonal, group, institutional and social that occur in individual's mind by Kreps (Kreps, 2003:355). To what extent these levels will affect health literacy is the mainstay of the research. The process of interpersonal communication, transmitting health information via mass communication or attaching importance to health literacy through health communication campaigns of interest to everybody increase the efficiency of the message.

Each level specified can become an important tool for raising and promoting health literacy. The most important thing in using this tool effectively lies in communication works that will give it a shape. In this respect, communication process is always involved in each step of raising health literacy. In health communication practice, health literacy level of target audience, namely the receiver of communication will shape the type of communication practice. To this end, through knowing the structure of target group and using appropriate messages, it can be possible to reach the desired behaviour or behavioural change.

The study to be prepared will cover the following topics:

- The concept of health literacy
- The concept and process of communication
- The concept of health communication
- The levels of health communication
- The correlation of health communication levels with the health literacy
- Identification of target audience in health communication and appropriate communication strategies

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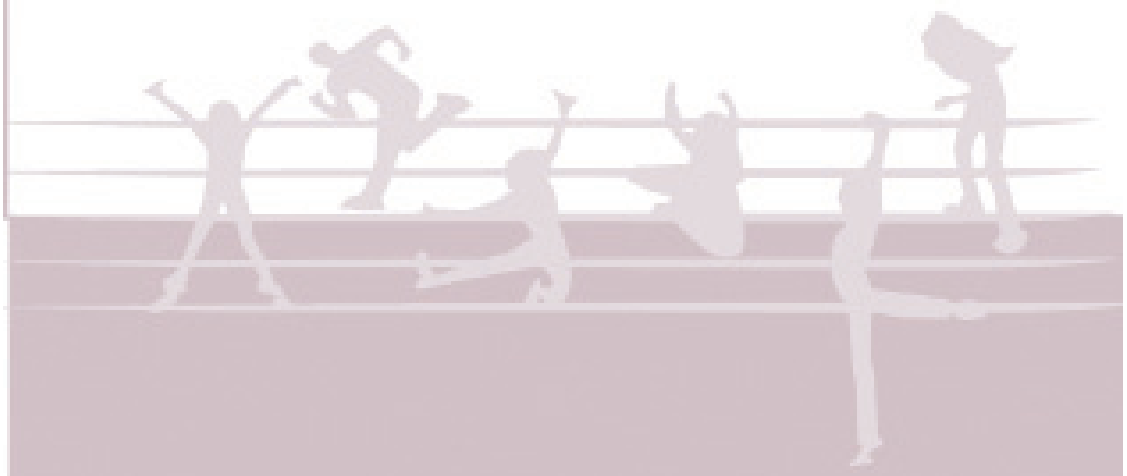

Assoc. Prof. İnci Çınarlı *

School, and completed her undergraduate studies in İstanbul University, High School of Press and Information in 1992. She started working as a Research Assistant in Galatasaray University, Faculty of Communication in 1994.

She obtained her masters degree from İstanbul University, Institute of Social Sciences, Department of Public Relations, Publicity and Advertisement in 1996, and obtained her doctoral degree with the thesis titled “Social Marketing as a Health Communication Method in Health Promotion, Advocacy in Media and the Effect of Public relations” from Marmara University, Institute of Social Sciences, Head of Department of Communication Sciences, Public Relations Department in 2004.

Obtaining the degree of Associate Professor in February 2011, Çınarlı has been giving courses at undergraduate and graduate levels in Public Relations Theories and Models, Public Relations Campaign Design, Crisis and Risk Communication and Health Communication since 2000. Çınarlı has been giving courses on Health Communication and Crisis Management in Public Relations in Kadir Has University on a part time basis since 2006.

İnci Çınarlı has authored "Health Communication and Media " (published doctoral thesis) and "Strategic Communication Management " (2009) and has been the editor of “Crisis of Unclear Society" (2009). Furthermore, Çınarlı has publications in the fields such as health communication, risk communication, manipulation mechanisms (propaganda, spin, disinformation) and social responsibility, and papers presented in international conferences. Having fluency in English and French, Çinarlı has been working as the Head of Department of Public Relations and Publicity in Galatasaray University, Faculty of Communication.

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Media Advocacy Risk Communication

Within the scope of health promotion, although efforts to change individual behaviour are still valid; efforts toward creating a social change have proven to be more effective now. At that point, media advocacy, used as a method in health communication aims to involve society in health related policy making process through strategic use of media to develop social and public policy initiative. With its aim to change social, physical and political environment, media advocacy considers receivers of health messages as participatory individuals, rather than passive actors.

Media advocacy known as "public health lobbying" is a kind of activism and takes into action towards bringing science and policy and social justice together. Media advocacy can give strength to groups (communities) through visibility and legitimacy in media as well as giving them opportunity to tell their stories directly. It can be even effective in removing the power gap through using it as an important strategy for those with scarce sources. To this end, using celebrities, building a coalition, communication with public opinion leaders are the most common factors utilized by media advocacy.

Once health risks are considered, media advocacy attaches importance to consider this issue as a public health issue rather than trying to change risky behaviours of individuals directly. Media advocacy focusing on environmental risks is done by several steps such as agenda setting (conveying people with mass media which risks should be considered mainly, and using creative epidemiology to this end), framing (drawing desirable boundaries of risk discussions) and policy developing. Media advocacy aims to reach policy makers and other decision makers through these steps. Strategies to be developed for this can be proactive as well as reactive.

In order to ensure media advocacy which raises awareness of the public on

risks and shapes the public opinion, knowledge and skills about the following are required: how traditional and social media works (criteria of gatekeepers, what has the value of a news, how to prepare materials to be conveyed), how to identify risks directly, how to build understanding for the risks and how to convey information available for risks. The significance of health communication education emerges at that point. In addition to education on medicine, public health, sociology, epidemiology, anthropology and statistics, education on communication is undoubtedly necessary for implementing risk communication effectively and evaluating its consequences.

In this study, media advocacy has been addressed through different examples from developed countries and Turkey; how to make use of media advocacy method in risk communication (i.e. alcohol, tobacco and cigarettes, heart diseases, sexually transmitted diseases) and which points to taken into account have been discussed. In conclusion, it is found out that media advocacy method that can build a high level of trust towards the source in terms of risk communication has many advantages over other methods and also has a key role in health promotion in 21st century.

Keywords: *Media advocacy, health communication, risk communication.*

Dr. Deniz Sezgin *

Dr. Deniz Sezgin graduated from Ankara University, Faculty of Communications, Department of Public Relations and Publicity in 1992. After her graduation, she worked at the private sector for ten years. She earned her MA and PhD degree in Public Relations and Publicity from Ankara University, Institute of Social Sciences. Her MA thesis was on "Pharmaceutical Advertising Regulations in Turkey and the European Union" her PhD thesis on "Health Communication Paradigms and Turkey: Analysis of Health News on the Media". She worked as the Assistant Coordinator of Public Relations and International Affairs at Ankara University between 2001-2003. She served as the Deputy Director of Ankara University Centre for Communication Research (İLAUM) between 2007-2008. Her PhD thesis was published into a book titled "Tıbbileştirilen Yaşam Bireyselleştirilen Sağlık (Medicalized Life Individualized Health)" by Ayrıntı Publishing Company in 2011. Her articles and abstracts were published in peer-reviewed journals. She made oral presentations and poster presentations in various symposiums and congresses. She lectures various courses at undergraduate and graduate levels including Health Communication, Health Communication Practices, Public Relations Models, Health Communications and Media.

Deniz Sezgin worked as a communication expert at European Union projects and international projects; she made presentations and delivered trainings on various topics in many institutions. She has provided consultancy to student projects within the scope of the courses she lectures and the annual IAA (International Advertising Association) Annual Global Student Advertising Competition, Aydın Doğan Foundation Young Communicators Competition,

TÜHİD (Public Relations Association of Turkey) Golden Compass Public Relations Competition Young Communicators Category, Ministry of Health Inter-University Advertising Competition.

Dr. Deniz Sezgin is currently a faculty member at Ankara University, Faculty of Communications, Department of Public Relations and Publicity. Among other activities and responsibilities, she is also a member of the Media Communication Commission and Tobacco Control Commission of the Ministry of Health, Executive Board of the Association of Communication Graduates of Ankara University and faculty member representative on the Executive Board of Ankara University, Faculty of Communications.

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Representations of Health in Media

Recently, it has been observed that presentations of diseases and health related issues on the media are increasing day by day. The wide coverage of health related issues in the news, geometric increase observed in health programs on TV and health news/series published full page in newspapers, use of health and disease related themes nearly in all product promotions, health magazines' becoming more widespread and increase of health related web pages on internet are highly striking.

The dominant discourse of health in media has changed towards focusing on "being healthy" rather than "disease" itself and thus helped to provide medical social control through the body control. The underlying factor behind this discourse veiled by an ideological cover is the use of body control through commercial purposes. The process today might seem like focusing on public and individual health; however it is evident that the primary objective is not the interests of individuals. Promises related to healthy life are presented in the media in a way to evoke the survival impulse of individuals and this results in individuals' not being able to see the underlying commercial concerns behind these presentations.

This situation necessitates a more comprehensive vision towards health discourse in the media. Within the framework of this study focusing on analysing and explaining social and cultural dynamics of health discourse in media, qualitative and quantitative content analyses were made in 3008 health related news in Hürriyet newspaper and its annexes between 01.01 and 31.12.2008 and the methods of presenting those news were analysed.

In the study, the following four main headings were identified "Descriptive Factors, Main Concepts Investigated, Life Style Suggestions and Other

Health Information and news/articles were analysed under these headings. Although analysis was made under these four headings, life style presentations were considered in health news in this study, so findings about Life Style Recommendations were presented.In the news and articles analysed, the natural processes of human life and daily life practices were mainly considered within the framework of medicine and presented as a kind of disease, in other words "medicalization" was tried. The natural processes of daily life were presented like an irregularity to be improved and healthy lifestyle recommendations were presented intensively through media to individuals.

Another striking issue parallel to "medicalization" is the "individualization." Following the lifestyle advices presented through media, information and developments related to health; reading and learning about the things to be done for "healthy life" and implementing those are completely left for the individuals. It is expected from the individuals controlled by media and who focus on being healthy and living healthy to know which health information is correct and which advise is useful, to make necessary decisions related to health themselves, to take into action in line with the advices and make the suggested consumption in such abundance of information presented to them. The challenges and problems to be brought by such a structure are clear. It should not be forgotten that this type of disinformation may cause a material and moral loss to the individuals. It should be stated at that point, there is a huge responsibility of the media.

In summary, presentations by media of life style suggestions and healthy life promises result in individuals' not being able to see the underlying commercial concerns. Nevertheless, a number of simple, easy and poor quality healthy life presentations in the media can make large scale health problems insignificant and overlooked. It should be borne in mind that health issues cannot be left solely to the individual's responsibility but protection and promotion of health are indispensable responsibilities of public authorities.

Dr. Michael T. Hatcher *

Michael T. Hatcher, DrPH, MPH has been actively engaged in public health promotion and disease prevention at the local, state, and federal levels of public health. He has led health promotion and disease prevention planning, program and initiative development, and service delivery that resulted in measureable population-level health improvements. His experience includes health system performance measurement, health services research, and public health practice improvements. His local experience includes working at a Tennessee community mental health center conducting school based alcohol and drug prevention education and serving as a senior health educator at the San Bernardino County Department of Public Health in California. There he provided community and worksite health promotion. His state experience was serving as Assistant Division Director for Public Health Promotion at the Texas Department of Health. There he established the state child passenger safety program, co-established the Texas office of smoking or health, led development and implementation of the 1990 Texas disease prevention and health promotion objectives, and served on the Legislative Task Force on Cancer's education subcommittee. Dr. Hatcher's federal experience began at the Centers for Disease Control and Prevention where he was team leader of the National Public Health Performance Standards Program. There he assisted local and state public health systems to improve performance of the ten essential public health services. Currently he is Chief of Environmental Medicine and Education Services at the Agency for Toxic Substances and Disease Registry. There he leads promotion of clinical environmental health services adoption in primary care medical practice.

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Promoting Community Health: Local Health Departments and Community Health Programs

Conducting community health promotion programs, in most situations, means working with or through local public health authorities to engage community organizations and institutions in efforts to improve population health. Such engagement makes possible opportunities for collaborative community decision-making, planning, and coordinating actions that improve health promotion policy adoption and service delivery. A key factor in community health promotion is the flexible to conduct activities in places where people naturally congregate and conduct their daily affairs. In such community places, health promotion can be tailored to meet the context of place and culture of the people living there. Health promotion intertwined with community places and cultures of people are indispensable in developing environments that reinforce health promoting behaviors.

In order for local public health authorities to effectively conduct community health promotion activities, the authority needs capability to performance ten essential public health services. These services present a framework for public health practices for all public health programs. Understanding the relationship between the ten essential public health services and community health promotion is critical if local health authorities are to be successful in conducting health promotion initiatives and working with others in their jurisdiction.

Central to community health promotion is the art and science of engaging community members and organizations in collaborative work. Before some individuals and organizations can participate fully in decision making and action on community health issues, they frequently need training to develop additional

knowledge, leadership skills, and resources in order to exert their power. While a sense of empowerment cannot be externally imposed on a community, engendering the ability to take action, exert influence, and make decisions on

critical issues is crucial for successful health promotion engagement to occur. Community health promotion success is best when community engagement is sustained. Ongoing collaborative planning can identify specific community actions and system changes that can influence or compel widespread behavior changes and make community health improvements more likely.

Community health promotion work presents many challenges including trust, respect, reciprocity, and power. Power is too often reflected in the unequal distribution of information, education, and income in communities and this underlies social inequalities of economic class, race or ethnicity, age, and gender. These may, in turn, affect whether community members feel they will have influence over decisions and whether they want to engage and participate in community-based activities. Overcoming these and other community engagement challenges must occur if collaborative health promotion initiatives employing multiple strategies and activities are to be successful within communities and result in improved health of individuals, families, and populations.

Dr. Philip Groff *

For nine years, as Director of Research & Evaluation for SMARTRISK Dr. Groff was responsible for coordinating the research and evaluation activities of the organization. This included conducting primary research, overseeing the evaluation of the organization's projects and programs, and providing a liaison between SMARTRISK and the research and evaluation community in Canada and abroad. Since November 2010, he has served as President and CEO of SMARTRISK, overseeing all organizational operations. SMARTRISK is a national, charitable Canadian organization whose mission is to empower youth through education, programming and policy change to recognize and manage their risks of injury in the smartest ways possible.

Philip Groff has a Ph. D. in psychology from the University of Toronto with a specialty in Human Neuropsychology and Cognition. He has been a course instructor in the History of Psychology, Thinking & Reasoning, Decision and Game Theory, Statistics and Research Methodology at the graduate and undergraduate level, in the psychology departments of the University of Toronto, York University and the Ontario Institute for Studies in Education.

Previous research appointments involved work on Urban Health, and on a Conceptual Analysis of Risk Management, Safety and Injury Prevention at both the Kunin-Lunenfeld Applied Research Unit and Health and Everything. He also worked on a multi-year project on the History and Future of Canadian Health Policy and the Concept of Health with the Health Network at Canadian Policy Research Networks.

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SMARTRISK: Preventing Injuries Through Smart Thinking

In Canada, injury is the leading cause of death from ages 1 to 44. Between the ages of 10 and 35, young Canadians are more likely to die of injury, than of all other causes of death combined. In this presentation Dr. Groff will review the state of injury in Canada with a particular emphasis on the burden of injury to young Canadians. In addition, research has shown that young people are particularly hard to reach with traditional safety messages, often phrased negatively, rules-based, and consequence focused. Throughout its twenty year history, SMARTRISK has demonstrated the ability to change young people's attitudes toward risk and injury, by developing insight into this difficult to reach audience, and crafting messages that resonate with them. Dr. Groff will review the SMARTRISK approach to social marketing for injury prevention among youth. Using specific examples of our award winning communications strategies (The Stupid Line), and evidence-based peer leadership programming (SMARTRISK No Regrets), the techniques of reaching a difficult target audience with a persuasive health promotion message will be reviewed.

Assoc. Prof. Marlene Tappe *

Marlene K. Tappe, Ph.D., C.H.E.S. is an Associate Professor and Chair of the Department of Health Science at Minnesota State University, Mankato (MSU-M). Dr. Tappe graduated from MSU-M with majors in Health Science and Physical Education. She taught Health and Physical Education at Comfrey (Minnesota) Public Schools and then completed a M.S. in School Health Education and a Ph.D. in Health and Safety Studies at the University of Illinois at Urbana-Champaign. For 19 years she was on the faculty of Purdue University. During that time Dr. Tappe also worked on an Intergovernmental Personnel Agreement with the Centers for Disease Control and Prevention (CDC). Her CDC projects included co-authorship of chapter six of Physical Activity and Health: A Report of the Surgeon General and lead authorship of CDC's Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People. Dr. Tappe served on the Joint Committee on National Health Education Standards (1995, 1997) and currently is a member of the American Cancer Society's School Health Advisory Panel and the CDC's Health Education Curriculum Analysis Tool training cadre. Dr. Tappe's scholarship is focused on coordinated school health, health education standards and assessment, and health education advocacy. She has received awards for her work from the Secretary of the Department of Health and Human Services, the CDC, the American Cancer Society, the American Association for Health Education, Eta Sigma Gamma, the Society of State Directors of Health, Physical Education, and Recreation, and the Coalition of National Health Education Organizations.

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Promoting Health in Schools and Universities

There are 55.5 million students in elementary, middle, and high school and 18 million college students in the United States. Schools and universities, therefore, are ideal sites for health promotion because they are efficient places for reaching almost all K-12 children and adolescents and many young adults. Students, however, are not the only audience for health promotion activities in schools and universities. Schools and universities are a worksite for 9.8 million faculty and staff and have been promoted as ideal sites for workplace health promotion because, beyond the immediate health benefits that accrue to school and university staff, these staff members can then serve as healthy role models for students.

Rationale for health promotion in schools and universities extends beyond the fact that schools and universities are very efficient sites for conducting health promotion programs. Health promotion programs are needed in schools and universities not only because large numbers of young people congregate in these settings but also because children, adolescents, and young adults face a number of serious health threats. Health promotion in schools and universities is also important because children, adolescents, and young adults consolidate their health-related behaviors and attitudes as they make the transition from childhood to adulthood. Further, health promotion in schools and universities is important because young people make choices that influence both their current and future health. Additionally, health promotion in schools and universities is important because health and academic achievement are inextricable intertwined.

There are a wide variety of health promotion activities in schools and universities. Health promotion in schools is based on an eight component model developed by Lloyd Kolbe and Diane Allensworth called coordinated school health. The eight components of coordinated school health include the

following interrelated disciplines and services in schools: health education; physical education; health services; nutrition services; counseling, psychological, and social services; healthy school environment; health promotion for staff; and family and community involvement. The basic components and principles of coordinated school health also apply to the promotion of health in universities.

There are many tools and resources for health promotion activities in schools and universities. Tools and resources for health promotion in schools include Centers for Disease Control and Prevention (CDC) surveillance systems to monitor adolescents' health behavior (e.g., Youth Risk Behavior Survey) and schools' health-related programs, services, and policies (e.g., School Health Profiles). These tools and resources also include the CDC's School Health Index, the American Cancer Society's National Health Education Standards: Achieving Excellence, and the CDC's Health Education Curriculum Analysis Tool. Tools and resources for health promotion activities in universities include the ACHA-National College Health Assessment, the CAS Professional Standards for Higher Education and the Standards of Practice for Health Promotion.

Assoc. Prof. Laura Linnan *

Dr. Laura Linnan is an Associate Professor, and Director of the MPH Program in the Department of Health Behavior and Health Education, UNC Gillings School of Global Public Health. She is also a Member, Lineberger Comprehensive Cancer Center, at the University of North Carolina at Chapel Hill and Director of the Carolina Collaborative for Research on Work and Health. She has been a Principal Investigator of more than 25 community-based intervention or evaluation studies funded by National Cancer Institute, National Heart Lung and Blood Institute, Centers for Disease Control and Prevention, and the American Cancer Society. Dr. Linnan received a Bachelor's degree in Health Education from Indiana State University, a Masters of Education in Public Health from University of Toledo, and a Doctorate in Health and Social Behavior from Harvard University. Prior to her position at UNC, she worked for ten years at Brown University in the Center for Behavioral and Preventive Medicine (1989-1999), as well as the Massachusetts Department of Health (Boston), Macomb County Health Department (MA), Metropolitan Life Insurance Company (NYC) and the Office of Cancer Communications at the National Cancer Institute (Bethesda, Md). She has more than 80 peer-reviewed manuscripts and book chapters, the majority of which focus on worksite and other community-based interventions that address disparities in health.

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Health Promotion Programs in Workplace Settings

Most adults over are employed, and they spend a majority of their waking hours at work. Thus the workplace is an important place to reach adults with health information, programs, and services. The workplace exerts an independent influence on the health of employees as well. Specifically, the physical and social environment at work; the pace of work; and exposures to noise, chemicals, repetitious movement, hazardous conditions, harassment, or abuse represent realities of work - related experiences that influence employee health. When work conditions promote health and include opportunities to access health - related information or services, screening tests, and resources, employees are more productive and are better positioned to achieve and maintain positive health outcomes and high quality of life. For these reasons, health promotion in the workplace represents a clear public health priority.

A comprehensive workplace health promotion program includes health education programs that appeal to a variety of learning styles; a health-supportive social and physical environment; linkages to related programs (e.g. safety, employee assistance, etc.); health screening with appropriate follow-up/ treatment; and administrative support (e.g. budget, staff, etc.). Interventions to address worker health must address the concerns of individual employees, interactions between employees and co - workers or supervisors, the physical and social environment at the work site; policies within the workplace, and the larger social context in which workplaces are embedded. We will share information about the current status of comprehensive health promotion programs in the US and clarify potential barriers to offering these programs.

In addition, we will consider factors in the larger social context, such as changing workforce demographics, the changing nature of work, and a changing health care environment, that create both challenges and opportunities for

promoting worker health and safety. Finally, we offered an overview of ways in which those who are interested can pursue a wide range of career opportunities in work site health promotion.