

# **ASPHER DEANS & DIRECTORS RETREAT**

## **REPORT OF MEETING**

**HALL, AUSTRIA, 12-13 MAY 2006**



UMIT, HALL, AUSTRIA

## Minutes of the Deans and Directors Meeting

Hall 12th – 13th May 2006

Presents: 38 participants (31 member schools represented)

Ursula Ackermann-Liebrich, Zürich, Switzerland  
Roza Adany, Debrecen, Hungary  
Demosthenes Agrafiotis, Athens, Greece  
Elliot Berry, Jerusalem, Israel  
Christopher Birt, Merseyside, United Kingdom  
Göran Bondjers, Göteborg, Sweden  
Claudia Brendler, Berlin, Germany  
Lars Cernerud, Vasteras, Sweden  
Christiane Deneke, Hamburg, Germany  
Gilles de Weck, Zürich, Switzerland  
Frans Doeleman, Steenderen, Netherlands  
Alberto Fernández Ajuria, Granada, Spain  
Anders Foldspang, Aarhus, Denmark  
Pina Frazzica, Caltanissetta, Italy  
Claudia Hornberg, Bielefeld, Germany  
Allen Hutchinson, Sheffield, UK  
Bernard Junod, Rennes, France  
Ramune Kalediene, Kaunas, Lithuania  
Jovanka Karadzinska-Bislimovska, Skopje, Macedonia  
Jussi Kauhanen, Kuopio, Finland  
Walter Kofler, Innsbruck, Austria  
Luka Kovacic, Zagreb, Croatia  
Maksut Kulzhanov, Almaty, Kazakhstan  
Thierry Louvet, Saint-Maurice, France  
Antonin Malina, Prague, Czech Republic  
André Meijer, Maastricht, Netherlands  
Sergio Minué Lorenzo, Granada, Spain  
Gregorio Montes-Salas, Badajoz, Spain  
Alena Petrakova, Geneva, Switzerland  
Miguel Angel Royo Bordonada, Madrid, Spain  
Sashka Rumenova Popova, Sofia, Bulgaria  
Stojgniew J. Sitko, Krakow, Poland  
Martin Sprenger, Graz, Austria  
Gorica Sbutega-Milosevic, Belgrade, Serbia & Montenegro  
Uwe Siebert, Hall, Austria  
Florian Sologiu, Bucharest, Romania  
Margareta Sulcova, Bratislava, Slovakia  
Frits van Merode, Maastricht, Netherlands

### Day One - Friday 12th May

The meeting is opened by our hosts, Prof. Bernhard Tilg, Dean of UMIT (Hall) and Prof. Kofler of MUI (Innsbruck) on behalf of Prof. Clemens Sorg, Dean of MUI Innsbruck.

Anders Foldspang (AF), ASPHER President, welcomes the Deans and Directors present and thanks the organisers of this meeting.

The meeting is chaired by Uwe Siebert, UMIT Hall and Walter Kofler, MUI Innsbruck.

Anders Foldspang (AF), ASPHER President, informs the Deans and Directors of the situation regarding ASPHER finances and premises. ASPHER has to find new premises as it will have to move out of St Maurice by the end of this year.

This implies the need to raise additional funding to cover the costs of renting office space near Paris. A questionnaire will be sent to ASPHER members asking them what kind of contribution they could give in this context.

AF also informs participants about a current problem with the French tax office which is making a claim for additional tax relating to monies received under the OSI-ASPHER programme.

### **Parallel workshops in small groups:**

#### **Topic 1: Development plan/Strategy for ASPHER.**

**Chair:** André MEIJER, ASPHER EB Member, Maastricht, The Netherlands.

Documentation and presentation made in relation to this workshop can be found on pages 6 to 9.

This workshop was chaired by André Meijer and discussed the current ASPHER mission statement and compared it with the Bologna declaration.

The need for a current business plan for ASPHER was raised.

#### **Topic 2: National vs international accreditation of PH training programs.**

**Chair:** Stojgniew SITKO, ASPHER EB Member, Krakow, Poland.

Documentation and presentation made in relation to this workshop can be found on pages 10 to 13.

This workshop was chaired by Stojgniew Sitko and discussed the relationship between national and international accreditation.

The open question is whether there is a possibility to influence national accreditation agencies so that there is only one form of accreditation and not two.

### **Day Two - Saturday 13th May**

#### **Training Public Health professionals in Austria.**

Presentations made by:

Martin Sprenger, Graz (Cf. power point presentation on pages 15 to 16)

Walter Kofler, MUI, Innsbruck (Cf. power point presentation on pages 17 to 21)

Uwe Siebert, UMIT, Hall

### **Parallel workshops in small groups:**

#### **Topic 3: List of competencies for PH graduates.**

**Chair:** Anders FOLDSPANG, ASPHER President, Aarhus, Denmark and Thierry LOUVET, ASPHER Executive Director.

Documentation and presentation made in relation to this workshop can be found on pages 22 to 34.

This workshop was chaired by Anders Foldspang and discussed the planned proposal to be made to DG Sanco under the EU Public Health Programme.

#### **Topic 4: Teaching the teachers' program – meeting educational needs among PH teachers.**

**Chair:** Ramune KALEDIENE, ASPHER EB Member, Kaunas, Lithuania.

Documentation and presentation made in relation to this workshop can be found on pages 35 to 36.

This workshop was chaired by Ramune Kalediene and discussed the need for a teaching the teachers' programme within ASPHER.

#### **Wrapping-up session and closing remarks.**

After thanking Hall for the excellent organisation and hospitality, AF closes the meeting.

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# ANNEXES

# DAY ONE

**Workshop Topic 1: Development plan/Strategy for ASPHER.**

**Chaired by: André MEIJER, ASPHER EB Member, Maastricht, The Netherlands.**

Issues/questions to be addressed by workgroup participants:

1. What are within the context of ASPHER the problems to be solved, the tasks to be carried out, or developments to be sustained?
2. Discussion of application of business models for strategy formulation and performance measurement in education and health care, such as for instance balanced score card.
3. Discussion about implementation of strategy, monitoring of progress, resource allocation including indicators and time frame.

The workgroup will be facilitated (chaired) by an Executive Board member. The workgroup will designate a rapporteur, who will make a Powerpoint presentation for 15 minutes after the workgroup itself has taken place.

Please read the background paper on the following pages to help you prepare for the workgroup.

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## **Workshop Topic 1: Development plan/Strategy for ASPHER.**

### **Background**

The general mission of ASPHER is to stimulate the production of high-quality, professional Public Health workforce in Europe – a workforce which should become of increasing importance for the solution of all kinds of Public Health problems. ASPHER has got many activities, including e.g. a highly developed system for training program quality development and assurance; development of a training program accreditation system; training activities; a network for management of a European master degree in Public Health. More activities are expected in the future. These activities have been based on the initiatives and continued – considerable – work efforts from highly motivated ASPHER members and networks.

Like in other organisations characterised by increasing activity towards general goals, efforts will be made more effective and coordinated by the production of written strategies, developed and consented to by the members of the organisation and its leading body. A strategy has to include declared indicators of progress, and it thus enables the process of making current activities and progress within them more transparent to the members of the organisation. Thus, the strategy-developing process should be open not only to the central stakeholders within the organisation but be the result of the activity of to the members at large. Based on the necessity of being approved by the members, it will sustain organisational coherence, member involvement and activity, and organisational democracy. Also in an organisation like ASPHER, member democracy is the pillar on which the organisation is built, and also in this context democracy will depend on access to relevant information; a written strategy will constitute a highly relevant piece of information. Furthermore, the process of strategy development will systematically include and probably also unveil a series of relevant aspects, which have to be taken into consideration in order to make activities effective as well as cost-effective.

### **Strategic concept**

There are several strategic concepts available. In order to make a strategic process work continuously in the ASPHER context, it will however have to be based on a simple concept. Basically a strategy has to outline:

1. Definition of problem to be solved, task to be carried out, or development to be sustained.
2. Definition of goals within a defined time frame; indicators of goals.
3. Description of means to reach the goals.
4. Description of implementation; monitoring of progress; economy – with indicators and time frame.
5. Monitoring, description and discussion of goal achievement.

Further dimensions may be added under the individual heading of the above stages.

### **Structure**

Within defined time perspectives - year by year - an ASPHER strategy should include:

- Activities aiming at the fulfilment of the mission of the organisation, at present e.g.

- PEER
- Accreditation
- Self assessment
- EMPH
- Larger developmental programs, e.g. the now ending OSI-ASPHER program
- Advocacy
- Services to members
- Development of the organisation as such, e.g.
  - Organisational structure
  - Administrative organisation
  - Mission, aims and goals
  - Resources
    - Manpower
    - Finances
  - Statutes and other regulations
  - Collaboration with other organisations

## **Organisation**

- The GA has the final decision about strategies and their details, at the annual conference, where:
  - The proposed strategy should be known by ASPHER members, who should be given the opportunity to consider it in good time before the GA;
  - The overall traits of the strategy is presented by the president;
  - Individual EB members and other ASPHER members will present the progress in their specific responsibilities within the strategy;
  - The GA will accept, adjust or reject the strategy proposed by the EB or other ASPHER members.
- Based on own ideas and on input from members at large, the development and concrete application of a strategy is the responsibility of the EB, which will decide about intermediate stages
- Being a central management tool, the development of strategy should be lead by the Finance committee, chaired by the President. The Finance committee will also be responsible for monitoring and communicating progress.
- The D&D should have the opportunity to discuss an intermediate version, based on reports on progress since last GA. - In the present, initial stage the D&D will initially discuss and approve or adjust the idea of a strategy as such.

## **Schedule**

December 2005	Acceptance of proposal to develop a strategy.
January-April 2006	Development of proposal for a strategy by EB-members, co-ordinated by the Finance committee.
April 2006	Discussion and acceptance of proposed strategy by the EB.
April-May 2006	Distribution to ASPHER members.
Mid-May 2006 D&D:	Discussion and adjustments by Deans and Directors.
May-July 2006	Adjustment by Finance committee and other members of the EB in relation to the D&D discussion; approval by the EB.
End July 2006	Distribution to ASPHER members.
Mid-September 2006	GA: Discussion and acceptance by ASPHER members.
September 2006-	Monitoring of ASPHER's strategic performance.
September 2007	GA: Acceptance of revised strategy, etc.

Anders Foldspang

**Workshop Topic 2: National vs international accreditation of PH training programs.**  
**Chaired by: Stojniew SITKO, ASPHER EB Member, Krakow, Poland.**

Proposed WS structure:

Introductory presentation, Discussion, Wrap up and conclusions.

Issues/questions to be addressed by workgroup participants:

1. How to incorporate the best national quality/accreditation practices into a EAAPHE?
2. How to make use of the national accreditation schemes/systems/patterns to facilitate the undergoing of Euro-accreditation by a given programme?
3. How to raise resources for financing the Euro-accreditation of a programme?

The workgroup will be facilitated (chaired) by an Executive Board member. The workgroup will designate a rapporteur, who will make a Powerpoint presentation for 15 minutes after the workgroup itself has taken place.

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## **Workshop Topic 2: Chair: Stojniew SITKO, ASPHER EB Member, Krakow, Poland.**

For the last years most developed European countries and the European Union have shown a growing interest to regulate the quality of education especially at the pre-diploma level. It occurred that the improvement of this quality is a crucial factor for the excellence of future workforce. This is to prepare young people to successfully deal with the complex professional problems as well as to enable them to compete on the European job market. One of the proven and widely used tools in this area is **accreditation** of education.

There are already several **European organizations** dealing with setting recommendations for the accreditation of high education programs and training organizations as well as for the accreditation agencies itself. One of them is European Association for Quality Assurance in Higher Education (ENQA), which elaborated a document: *Standards and Guidelines for QA in the European Higher Education Area*, (2005) (1) describing the *European Standards and Guidelines* for educational institutions as well as the *European Standards and Guidelines for external QA agencies*. Another such organization is European Consortium for Accreditation in Higher Education (ECA), which issued a *Code of Good Practice for the Members of the ECA* (2004) (2). On the Berlin meeting in 2003 r. a decision was taken to evaluate the advancement of the EU countries in the implementation of the so called Higher Education Area - EHEA (3). In result a set the indicators have been put together in 2005 r. among which there was the evaluation and improvement of education quality. According to this set a study have been done in several European countries (4).

An accreditation is a challenge for the Public Health (PH) education in Europe. The **diversity of training programs** between countries resulting in differences of training “products”, also the growing trend towards distance learning and the exchange (“*inter-exchangability*”) of education and a relatively low level of professionalisation of the PH workforce are important reasons here. A wide spectrum of ideas concerning individual problems of accreditation of PH education have been discussed or mentioned in a range of ASPHER publications, first of all in “Blue Book“ (*Quality Improvement and Accreditation of training Programs in Public Health*”,2001) (5), *Accreditation Framework* (2002) (6), *Accreditation Procedure Document* (2005) (7) as well as underlined as one of the major issues in the WHO Europe Report (2006) (8). Now , preparations for establishment of EAAPHE – **European Agency for Accreditation of PH Education** are in run in the frame of a EU-LdV Project with participation of several European SPHs - members of ASPHER (9).

### *References*

1. Standards and Guidelines for QA in the European Higher Education Area, DG Education and Culture, European Association for Quality Assurance in Higher Education (ENQA), Helsinki, Finland, 2005. (<http://www.enqa.net/files/BergenReport210205.pdf>)
2. Code of Good Practice for the Members of the European Consortium for Accreditation in Higher Education (ECA), Zurich, Dec., 2004. (<http://www.eaconsortium.net/index.php?section=content&id=14>)
3. <http://www.bologna-berlin2003.de/pdf/Communique1.pdf>
4. Report working group appointed by the Bologna Follow-up Group to the Conference of European Ministers Responsible for Higher Education, Bergen, 19-20 May, 2005, <http://www.bologna-bergen2005.no/Bergen>
5. Bury J. et al, *Quality Improvement and Accreditation of training Programs in Public Health*”,2001) [], Edition Foundation Merieux, Lyon, July, 2001.
6. Sitko S. et al., *Accreditation Framework Document*, 2002, [www.aspher.org/C\\_projects/Accreditation/accreditation.htm](http://www.aspher.org/C_projects/Accreditation/accreditation.htm).
7. Sitko S.(ed), *ACCREDITATION OF PUBLIC HEALTH STUDY PROGRAMS Challenge in Quality Improvement for the SPHs of the European region Accreditation Procedure Document – APD9/2005*, ASPHER
8. WHO-Euro Report: *Developing the Public Health Workforce in the European Region*, co-athorship, draft, B-HSPH, Jerusalem, March, 2006.
9. Sitko S., Czabanowska K., Nowak E., et al., *Accreditation of Public Health Training Programs in Europe - Community Vocational Training Action Programme, Second phase: 2000-2006, Application Form for Pilot projects*, IZP CM UJ, Kraków, 2/2005

# PH-ACCR

## National vs International Accreditation on PH training programs

Stojniew Sitko

Deans and Directors Retreat - ASPHER  
UMT - Hall / Innsbruck (A) 12.05.2006



**PH-ACCR**  
Accreditation of Public Health Training Programs in Europe

16:15 - 18:15 Parallel workshop, topic 2:

## National vs international Accreditation of PH training programs

Contacts: [www.aspher.org](http://www.aspher.org) [msitko@cyfkr.edu.pl](mailto:msitko@cyfkr.edu.pl) Chair: Stojniew J. SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

Deans and Directors Retreat - ASPHER  
UMT - Hall / Innsbruck (A) 12.05.2006

## Accreditation

For the last years most developed European countries and the European Union have shown a growing interest to regulate the quality of education especially at the pre-diploma level.

It occurred that the improvement of this quality is a crucial factor for the excellence of future workforce. This is to prepare young people to successfully deal with the complex professional problems as well as to enable them to compete on the European job market.

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Stojniew J. SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

Deans and Directors Retreat - ASPHER  
UMT - Hall / Innsbruck (A) 12.05.2006

## Approaches to ACCR in EU

There are already several **European organizations** dealing with setting recommendations for the accreditation of high education programs and training organizations as well as for the accreditation agencies itself:

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Stojniew J. SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

Deans and Directors Retreat - ASPHER  
UMT - Hall / Innsbruck (A) 12.05.2006

## ASPHER

An accreditation is a challenge for the Public Health (PH) education in Europe. The **diversity of training programs** between countries resulting in differences of training "products", also the growing trend towards distance learning and the exchange ("*inter-exchangability*") of education and a relatively low level of professionalisation of the PH workforce are important reasons here.

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Now, preparations for establishment of EAAPHE – **European Agency for Accreditation of PH Education** are in run in the frame of a EU-LdV Project with participation of several European SPHS - members of ASPHER

Stojniew J. SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

Deans and Directors Retreat - ASPHER  
UMT - Hall / Innsbruck (A) 12.05.2006

## Accreditation of Public Health Training Programs in Europe

LdV EU Project PL/05/BI/F/PP/174 049

**Project headlines:**

- **7 Partners from 5 E countries** ASPHER (F), Copenhagen Univ. (DK), EUPHA (NL), Jagiellonian Univ. (PL), Maastricht Univ. (NL), ENSP (F), Medical Univ. Sofia (BG)
- WHO-Europe support, duration: 2 yrs 2005-07, budget: ~500k€
- **Main goals:**
  - Establishment of the EAAPHE
  - Launching the Accreditation process
  - European support building for PHE Accreditation

Stojniew J. SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

Deans and Directors Retreat - ASPHER  
UMT - Hall / Innsbruck (A) 12.05.2006

## WorkPackage2 of PH-ACCR

### Mapping and analysis of quality assurance and accreditation systems in public health education

*WP responsible: ENSP-Rennes*  
*Ch. Chauvigne, M.-O. Ottenwaelter, M. Thompson*

Stojniew J. SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

## Main problems: (\*)

- National approaches to ACCR - **different** in form and depth, in some countries - completely undeveloped
- **PH specific** tool for ACCR does not exist, (especially at EU level) but PEER experiences for over 10 yrs now
- Intense **EU efforts** to promote the improvement of Q in education especially - the ACCR

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Stęgniew J., SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

## Main problems: (\*\*)

- **Many valuable experiences / practices** and organizations for ACCR already exist in several EU countries
- Many programs/teaching organizations have already **gone through the solid ACCR-like audits** (regional, national, profession-specific etc.)
- Any review activity on the top of the audit already done **cost additional efforts/resources**

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Stęgniew J., SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

## Questions > HOW to:

- 1) **incorporate** the best national quality/accreditation practices into a EAAPHE?
- 2) **make use** of national accreditation schemes/systems/patterns to facilitate the undergoing the Euro-Accreditation by a given program?
- 3) rise the **resources for financing** a Euro-Accreditation of a program?

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Stęgniew J., SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

## WS Discussion output - headlines \*)

- There is a great **diversity** of graduate PH programs in Europe
- The efforts, for **setting standards** are of value
- ACCR may be a **useful tool** for **promoting** the standards
- ACCR will be **enlarged** toward other than MPH programs as next steps
- There are some **bad** experiences of ACCR eg. for medical professions
- More stress on **OUTPUT** comparing with Procedures and Structure should be considered in the Euro-ACCR
- There is an **interest towards the Euro-ACCR**
- National ACCR Agency shall **recognize** the Euro-ACCR

\*) The full report from the discussion will be available at ASPHER and/or DDM Organizers - UMT Hall (A)

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Stęgniew J., SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator



Participants of the WS2 of DDM at UMT - Hall (A), 12.06.2006

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Stęgniew J., SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

## References

- *Standards and Guidelines for QA in the European Higher Education Area*, DG Education and Culture, European Association for Quality Assurance in Higher Education (ENQA), Helsinki, Finland, 2005. (<http://www.enqa.net/files/BergemReport2005.pdf>)
- *Code of Good Practice for the Members of the European Consortium for Accreditation in Higher Education (ECA)*, Zurich, Dec., 2004. (<http://www.eccacconsortium.net/index.php?action=content&id=14>)
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- *European Master of Public Health* Project description: [http://www.aspher.org/C\\_projects/EMPH/empmh.htm](http://www.aspher.org/C_projects/EMPH/empmh.htm)
- *Agreement of Cooperation between the Associations of Schools of Public Health in the European Region (ASPHER) and the European Public Health Association (EUPHA) for the furthering of the establishment of a European Accreditation Agency of Public Health Training programmes* ([http://www.aspher.org/C\\_projects/Accreditation/aspher&2005upph&2006agreement%20\\_3\\_.pdf](http://www.aspher.org/C_projects/Accreditation/aspher&2005upph&2006agreement%20_3_.pdf))
- *Accreditation of Training System, Quality Reference*, Department of Education Evaluation and Development, ENSP, Rennes, France, 2004, International Seminar on Accreditation (ISA)
- Silko S., et al., *Accreditation Framework Document 2002*, [www.aspher.org/C\\_projects/Accreditation/accreditation.htm](http://www.aspher.org/C_projects/Accreditation/accreditation.htm), presented for the first time at Deans and Directors at their retreat in Saint Maurice on 24-25 May 2002.
- Silko S., *Survey of the SPHs, Members of ASPHER interested by Euro Accreditation* Deans and Directors Retreat, 2003, National School of Public Health - Athens Greece, 2003 f.
- Silko S., *Quality Improvement of Public Health Education - Towards the European Accreditation of PH Programs*, Accreditation Workshop, OIKO, Bonn, 11-12.04.2003
- Silko S., et al., *Accreditation of Public Health Training Programs in Europe - Community Vocational Training Action Programme, Second phase: 2000/2006, Application Form for Pilot projects*, IZP CM UJ, Krakow, 2005
- Silko S. (ed.), *Accreditation Procedure Document* 9/2005, ASPHER Office, France
- Czabanowska K., *Continuous Quality Improvement in Competencebased Education in Public Health based on SAQ*, XXVI ASPHER Annual Conference, Callanissetta 2004.
- Silko S., *Towards establishment of EAAPHE*, WFPHA Congress, Brighton UK, 19-24.04.2004

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Stęgniew J., SITKO, ASPHER EB Member, LdV PH-ACCR Project Coordinator

# DAY TWO

# Training Public Health professionals in Austria.

## Public Health in Austria Martin Sprenger

**Public Health in Austria**

**Dr.med. Martin Sprenger, MPH**

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Homepage: [www.publichealth.co.at](http://www.publichealth.co.at)



ASPHER Meeting 12-13 May 2006



Martin SPRENGER, 13.05.2006  
Public Health in Austria  
1 Slide

**... a little history ...**

- The term „Public Health“ is a recent phenomena in Austria
- „Social Medicine“ is more common - long tradition.
- 3 Institutes of Social Medicine at the Medical University of Innsbruck (6-8), Graz (3-4) and Vienna (9-10)
- 1 new training position in the last 10 years
- Many other institutes with „public health“ function, e.g. Austrian Health Institute (ÖBIG), Ludwig Boltzmann Institute for the Sociology of Health and Medicine (LBISHM, 1979), Fund for a healthy Austria (FGÖ)



Martin SPRENGER, 13.05.2006  
Public Health in Austria  
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**... a little history ...**

- **1986** ? School of Public Health at the Medical University of Innsbruck - [www.uibk.ac.at/c/c5/c543/pubhealth](http://www.uibk.ac.at/c/c5/c543/pubhealth) - Master of Advanced Studies (Community Health Developing Countries)
- **1995** ? foundation of the Austrian Society of Public Health - [www.oeph.at](http://www.oeph.at)
- **1995** ? approx. 20 Austrians (population: 8 Mill.) with a Master's degree in Public Health (MPH)
- **1995-1999** ? attempts to establish a postgraduate MPH – programme in Austria (Innsbruck, Graz, Vienna) failed



Martin SPRENGER, 13.05.2006  
Public Health in Austria  
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**... a little history ...**

- **1997-2001** ? scholarship programme of the federal government of Styria (initiated by PH professionals) – 25 persons trained (in Germany, Switzerland, UK, USA, Australia, New Zealand, etc.)
- **2002** ? approx. 50-60 health professionals with a Master's degree in Public Health (MPH)
- **2002** ? start of Austria's first MPH-programme at the Medical University of Graz - <http://public-health.uni-graz.at>, 10 new Austrian Master's of PH (EUPHA Conference 11/2005)



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Public Health in Austria  
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**... the MPH programmes ...**

- **2003** ? UMIT - The University for Health Sciences, Medical Informatics and Technology, Hall in Tyrol – [www.umit.at](http://www.umit.at)
- **2004** ? Johannes Kepler University Linz, Professional Master of Public Health (MPH) - [www.ges-mgmt.jku.at/ph/lehgang.html](http://www.ges-mgmt.jku.at/ph/lehgang.html)
- **2005** ? University of Vienna, Master of Public Health - [www.univie.ac.at/public-health/php/](http://www.univie.ac.at/public-health/php/)
- **2006** ? Schloss Hofen, Vorarlberg, Master of Public Health - [www.schlosshofen.at](http://www.schlosshofen.at)



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Public Health in Austria  
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**... other programmes ...**

- Danube University Krems - [www.donau-uni.ac.at/en/index.php](http://www.donau-uni.ac.at/en/index.php) - Master of Science, Health Management
- University of Klagenfurt - [www.uni-klu.ac.at/puma](http://www.uni-klu.ac.at/puma) - Master of Advanced Studies in Health Care Management
- Many MBA's with a health care management focus, e.g. Vienna (Start: 2005) - [www.meduniwien.ac.at/hcm-wien](http://www.meduniwien.ac.at/hcm-wien)
- Master programmes (health promotion, health management, ...) at different Universities of applied sciences (Bologna)



Martin SPRENGER, 13.05.2006  
Public Health in Austria  
6 Slide

## ... some basic facts ...

- **Entry Requirements:** a national or international university degree, minimum 180 ECTS, 2 years experience
- **Fees:** € 9.000 – 13.000
- **Participants:** 18 – 30
- **Duration:** 2-3 years, mostly part-time
- **ECTS:** 120
- **Curricula:** Differ a lot, regarding focus: public health medicine, public health management, ...
- **Participants:** Differ a lot, regarding: % students, % experienced health professionals, % physicians, PH trained staff...



Martin SPRENGER, 13.05.2006  
Public Health in Austria  
7 Slide



## ... conclusion and open questions ...

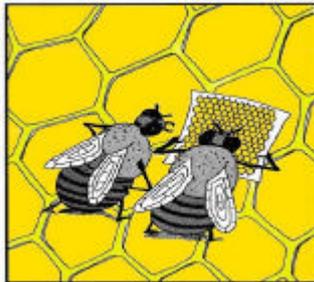
- Public Health has just started
- Many different concepts, great heterogeneity
- No standards
- At the moment, great demand → postgraduate training market is growing → troubles autonomous universities
- The Future: Cooperation and networking OR competition and isolation?
- Accreditation?
- Is it real capacity building or „title shopping“?
- Impact on the Austrian health system?



Martin SPRENGER, 13.05.2006  
Public Health in Austria  
8 Slide



## THANK you very much for your attention ...



So, Where are we exactly?



Martin SPRENGER, 13.05.2006  
Public Health in Austria  
9 Slide



**From “Roots Module” to qualified Health Care Worker (HCW)  
The Module system of the Experimental unit, SPH Innsbruck**  
Walter Kofler



**ASPHER**  
**Deans and Directors' Retreat,**  
**Hall, UMIT Austria, 12 - 13 May 2006**

**From „Roots Module“ to  
qualified Health Care  
Worker (HCW)**

**The Modules System of the  
experimental teaching unit**

**SPH Innsbruck**

Walter W. KOFLER

**SPH** in Innsbruck  
founded 1984 as an experimental teaching unit  
member of ASPHER since 1986  
continuous teaching offer up to now

Financed on private basis with support of Ministries  
and Tyrolean Government

Experimental program: Community health  
Over 30 Master PH 268, participants

Open for different types of HCW focus General  
Practitioners

Experimental period is now finished

**in context to WHO's HFA  
with regards to Bologna  
process  
and the need for a permanent  
shift of job design of health  
care workers  
Not only for the  
„common aspects“  
of Master Public Health**

**Overview**

- Respect to a new understanding of  
Health: HFA - New Public Health
- Health care workers and their education  
as key:  
The need for permanent shift of job design
- A proposal:  
The module concept of SPH Innsbruck
- Consequences for the course programme  
and evaluation

**I**n 19th century it took a long time until  
the countries did react to the recognition  
that dirty drinking water and bad hygiene  
decimated Europe's cities. Even now, at  
the end of the 20th century, countries  
only react slowly to the recognition that  
critical factors of lifestyle and of the  
environment have considerable effects on  
the health level...”

(WHO, Health for All by the Year 2000, Pt. 10, 1978)

**CONSEQUENCES:**

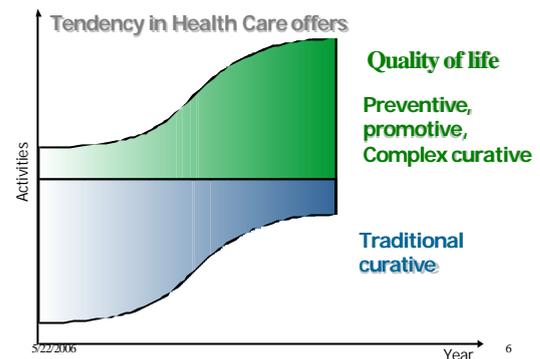
- No adequate Health Care without  
well-trained HCW, especially in  
governments and in Primary Care.
- We have to shift the job designs  
permanently according to the  
changing local needs.
- Problem oriented and with regards to  
given settings.

The most painful way of attempting to achieve health for all in terms of health care system would be by pouring in extra resources in the hope that all the current gaps would be filled. But this easy road will not be economically feasible. Nor is it by any means certain that **the present** resources of skilled and dedicated **manpower** would be attracted to do what most needs to be done, as long as they could go on doing what they want to do, what they have always done, and **what they have been trained to do**.

(WHO, EUR/RC30/8 Article 18)

### Distribution of total activities for health

Modified according to E. Nüssel et al. (1980) / J.v. Troschke (1986)



## General aspects for education offers and their transfer into practice:

- Didactical - strategically aspects of the Modules System
- WHO -targets

### General Principles for education offers to adjust professional profiles

- Principle 1:** Linkage with existing qualification programmes
- Principle 2:** Integration into daily work
- Principle 3:** Flexibility for the individual person (Module System)
- Principle 4:** Extensibility to 2nd level: to Master
- Principle 5:** Continuous feedback between daily needs, experiences of users and consumers of the scientific progress in the curriculum
- Principle 6:** A lifelong learning process without lifelong stress by „Demonstrative evaluation“
- Principle 7:** Agreement with the targets of the strategy „HFA“
- Principle 8:** Modern teaching and learning methods
- Principle 9:** Continuous training of trainers + „learning by doing“

## The Roots Module: Integration of HFA, scientific basis and actual needs

**Principle** Integration of the daily needs, experiences of users and consumers and of the scientific progress

Targets and Lectures in CH-Offers

### WHO Targets for „Health for all“ Applied on MPH –Community Health developing Country

Target 1	Reducing the differences	Health resource allocation
Target 2	Developing health potential	Population development and health determinants, Health politics
Target 3	Better opportunities for the disabled	Age oriented medical care
Target 4	Reducing disease and disability	Age oriented medical care
Target 5	Elimination of specific diseases	EPI-Immunisations-programm Clustermethode
Target 6	Life expectancy at birth	Mother and child health MCH and family planning
Target 7	Infant mortality	Mother and child health

Target 8	Maternal mortality	Women in production Woman in reproduction
Target 9	Diseases of the circulation	No special lectures
Target 10	Cancer	No special lectures
Target 11	Accidents	No special lectures
Target 12	Suicide	No special lectures
Target 13	Healthy public policy	Health politics
Target 14	Social support systems	Ethnomedicine and traditional healers, Introduction to health systems, Social integration and ethnomedicine, Introduction to public health
Target 15	Knowledge and motivation for healthy behaviour	Health promotion
Target 16	Positive health behaviour	Health promotion

Target 17	Health-damaging behaviour	Health promotion
Target 18	Multisectoral policies	Population development and health determinants, Mechanisms coping with environmental problems
Target 19	Monitoring and control mechanisms	Environmental hygiene
Target 20	Control of water pollution	Drinking water supply and sanitary measures, Guided tour to water-purification and waste managing plants
Target 21	Control of air pollution	Air pollution and health, Noise pollution and health
Target 22	Food Safety	Husbandry and human nutrition, Guided tour to markets and slaughter house (practice)

Target 23	Control of hazardous wastes	Removal of solid waste and sewage
Target 24	Human settlements and housing	Planning principles for healthy living (Cities & village)
Target 25	Working environment	Planning principles for healthy living (Cities & village)
Target 26	A system based on primary health care	Introduction to the PHC-strategy
Target 27	Rational and preferential distribution of resources	Health politics
Target 28	Content of primary health care	Introduction to the PHC-strategy
Target 29	Providers of primary health care	Introduction to the PHC-strategy
Target 30	Coordination of community resources	Health politics
Target 31	Ensuring quality of care	Quality assurance

Target 32	Research strategies	Epidemiology
Target 33	Policies for health for all	HFA
Target 34	Planning and resource allocation	Evaluation of health services
Target 35	Health information system	Health reporting
Target 36	Planning, education and use of health personnel	Training of trainers
Target 37	Education of personnel in other sectors	Training of trainers
Target 38	Appropriate health technology	

**Realisation by the Module System of the SPH Innsbruck**

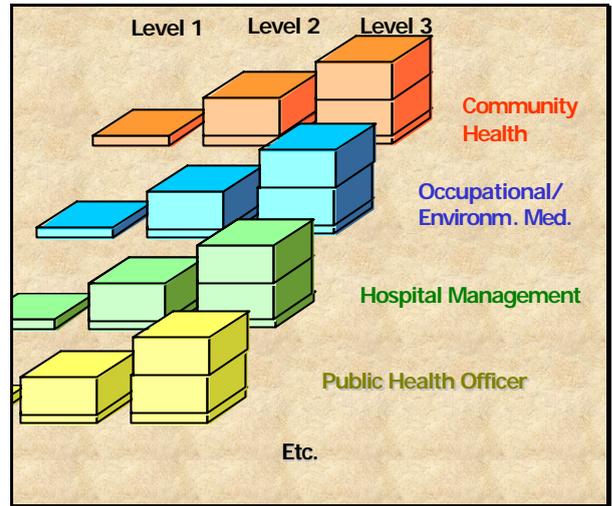
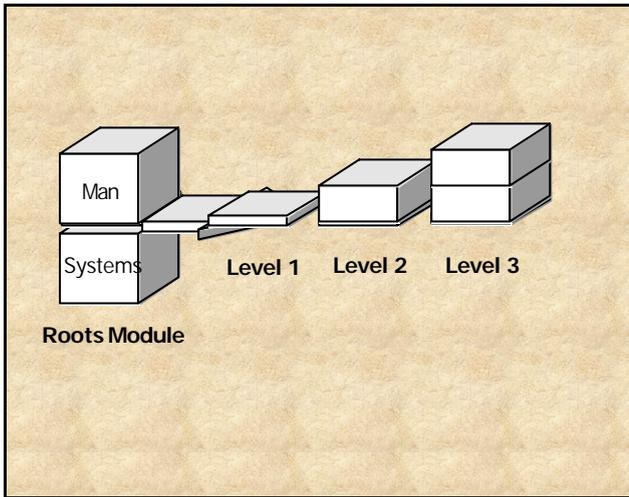
**User-oriented aspects:**  
Flexibility in Primary Care, Supply Pyramid, according to local needs

**Principle 1:** Linkability with existing qualification programmes

**Principle 2:** Integration into daily work

**Principle 3:** Flexibility for the individual person for different primary care aspects and for secondary level

**Principle 4:** Extensibility to 2nd level: from higher qualification to Academic HCW and Master



**Example for the integration of given educations:**  
Comm. Health Expert – MPH Comm Health develop. country

- Basic Qualification:**
  - Module 1: Basis for a holistic view of health, illness and the need for relaxation
  - Module 2: Framework conditions for health and health-related action
  - Module 3: Community Health and social integration
  - Module 4: Control of communicable diseases in developing countries
  - Module 5: Basic health care, PHC strategy
  - Module 6: Special curative aspects in developing count.
  - Projectmodule : extended to 3 Credits
- Additional Qualification:**
  - Project Paper
  - Exam. by board
- Master Level:**
  - Module 11: Epidemiology secondary level
  - Module 12: Optional education in „Health for all“
  - Module 13: Optional: Management, Environment...  
Masterprojektmodul: Scientific Fieldwork
  - Thesis and Examination: in co-operation with/by the home university in an oversea country

= Master of Public Health Developing Countries Not in Austria

**Former Offers and graduations which have been in preparation:**

Community Health			Master
Occupational/ Environm. Medicine			Master
Hospital Management in co-oper. with UMI			Master
Public Health Officer in disc. with Government			Master
Geriatrics			To be prepared
Preventive Medicine			To be prepared

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**Permanent shift of job-design by permant adjustment of curriculum**

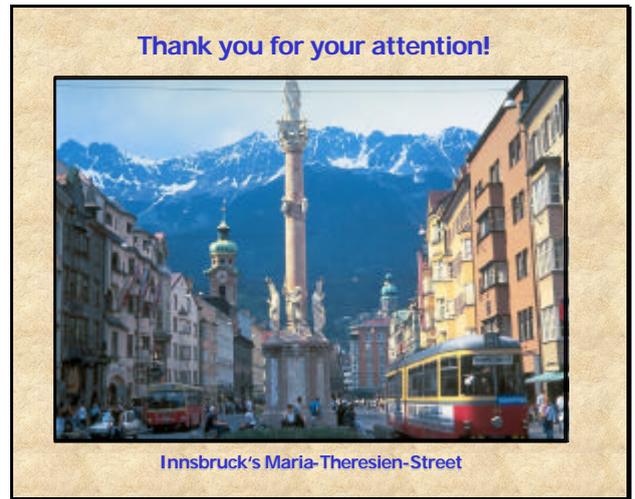
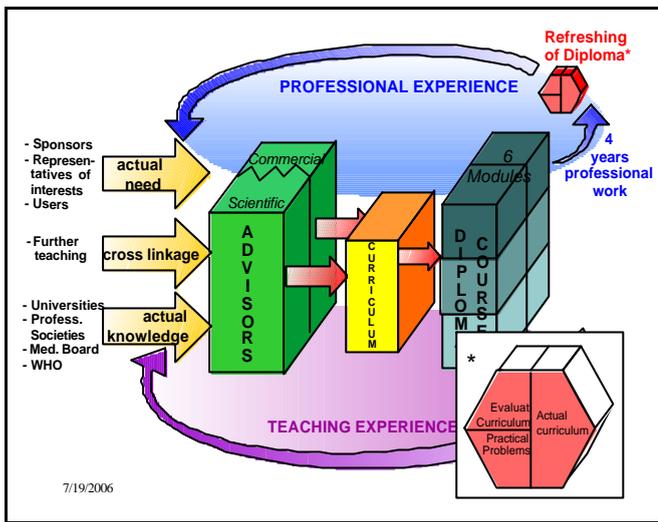
**Principle:** Continuous feedback between daily needs, experiences of users and consumers of the scientific progress in the curriculum

**Principle:** A lifelong learning process without lifelong stress by „Demonstrative evaluation“

**Permanent shift of job-design by permant adjustment of curriculum**

**Principle:** Continuous feedback between daily needs, experiences of users and consumers of the scientific progress in the curriculum

**Principle:** A lifelong learning process without lifelong stress by „Demonstrative evaluation“



**Workshop Topic 3: List of competencies for PH graduates.**

**Chair: Anders Foldspang, ASPHER President, Aarhus, Denmark and Thierry Louvet, ASPHER Executive Director.**

Issues/questions to be addressed by workgroup participants:

1. How do we plan to achieve this goal which is to produce lists of competencies for PH graduates? Presentation of our application to DG SANCO under the EU PHP call for proposals 2006.
2. How can ASPHER members contribute to this project, even if they are not involved officially in our proposal either as associate or as collaborative partners?
3. Discussion of methodology for developing lists of competencies (role and composition of core competency development committees, appointment and role of chairs of those committees, production and dissemination of output (lists of competencies)).

The workgroup will be facilitated (chaired) by an Executive Board member. The workgroup will designate a rapporteur, who will make a Power-point presentation for 15 minutes after the workgroup itself has taken place.

Please read the background paper on the following pages to help you prepare for the workgroup.

- oOo -

### **Workshop Topic 3: List of competencies for PH graduates.**

**Excerpt from ASPHER's application to the 2006 call for proposals under the EU PHP programme (2003-2008).**

#### **Abstract**

Schools of Public health (SPHs) train their students to be able to develop, organise, manage, evaluate and adjust cost-effective interventions aiming at the promotion of health and at the reduction of present and forecasted PH problems.

The present proposal concerns the development of lists of core competences necessary for the PH master graduate to fulfil this mission. Such lists will supply SPHs with a quality development tool besides the already existing tool of peer evaluation. Competencies will be categorised within the five PH main fields:

- Methods (epidemiology and bio-statistics; qualitative methods)
- Social environment and health
- Physical, chemical and biological environment and health
- Health policy, organisation, management and economics
- Health promotion and prevention

The project will integrate PH expertise from SPHs as well as PH employers, international organisations (EU; WHO) and other PH stakeholders and will result in an annual publication.

### **EMPH: Developing a catalogue of potential competencies**

#### **Introduction**

Besides general Public Health competencies, EMPH programmes must provide their students with competencies of specific European content. The following catalogue shows examples of such competencies, relevant to EMPH programmes. They are however not obligatory, and other competencies could be thought of as relevant for training students to become part of a common European Public Health workforce. Thus, the list is not an expression of an officially accredited way of thinking but rather a result of the activities during 3 months of four European ad hoc working groups, and it should be acknowledged as such.

The list of examples separates intellectual competencies from practical. To some extent these two dimensions are parallel, i.e. some practical competencies correspond to one or more intellectual competencies, and vice versa. Further development and systematisation of the list is hoped for in the future.

### **Workshop Topic 3**

**Examples of EMPH competencies within main EMPH domains:**

**These examples are taken from the EMPH Vademecum.**

#### **POLICY, MANAGEMENT AND ECONOMICS**

##### **A. Policy**

###### **Intellectual competencies - Knowledge of:**

- Approaches to the formulation of health policy at European, national and sub-national levels
- Approaches to the implementation of health policy ('management of change') at European, national and sub-national levels
- Approaches to the assessment of the impact of health policy at European, national and sub-national levels

###### **Policy:**

###### **Practical competencies – Be able to:**

- Determine the roles of government and other actors and stakeholders in the health field across Europe
- Understand how health issues get on the policy agenda and how politics interact with policy formulation across Europe
- Identify, retrieve and analyse information bases across Europe for health policy formulation, and ascertain new trends in health policy
- Identify and interpret the health policies of European institutions active in health (cf. the European Union, WHO/EURO, OECD, and the Council of Europe)
- Understand European and national approaches to dealing with established and new health threats of common and cross-border concern
- Identify how the principle of subsidiarity (in the formulation and implementation of health policy) is applied into Public Health practice at European level and in countries
- Participate in translating policy into Public Health practice
- Identify how partners, settings and sectors are mobilized for health in Europe and in countries
- Use methods for assessing the relevance and the degree of implementation of health policies across Europe
- Analyze and understand the implications of health policy statements at local, national and European levels
- Identify methods and approaches for assessing the health impact of policies in the health and other sectors
- Join in efforts to explore and shape the future environment of health in Europe

## **B. Management**

### **Intellectual competencies - Knowledge of:**

- The structure and organisation of health systems across Europe
- The management of health systems in different European contexts
- The performance of health systems in different European contexts

### **Management:**

#### **Practical competencies – Be able to:**

- Describe and analyze the structure and organisation of different health systems in Europe
- Ascertain the understanding, structure, organisation and role of Public health in different systems in Europe, and to participate in efforts to give public health its proper weight (especially relative to individual health)
- Identify, retrieve and analyse documentation about the ways in which health systems in Europe are adapting to, and guarantee, the free circulation of ideas, persons and services
- Identify, retrieve and analyse documentation about the development of networking, partnership and voice inside different health systems across Europe
- Identify, retrieve and analyse documentation about the type, style, power and accountability of management in different health systems in Europe
- Understand the skill, knowledge and information requirements of typical areas of decision-making in the health field, and participate in efforts to improve the managerial basis accordingly
- Identify, retrieve and analyse documentation about health programs of European institutions, and participate in efforts to improve their management and relevance for countries
- Understand how different countries do and can adjust their health systems to new health threats, changing priorities and economic necessities
- Identify, retrieve and analyse documentation about key aspects of the performance of health systems in Europe
- Identify, retrieve and interpret comparative studies on the performance of health systems and programs in Europe, and participate in advice on improving the overall performance of different health systems
- Identify, retrieve and analyse documentation on best practice and evidence-based standards in medicine, and participate in efforts to improve health care provision and quality
- Participate in efforts to improve the practice and performance of Public Health services across Europe

## **C. Economics**

### **Intellectual competencies - Knowledge of:**

- The influence of economic and social determinants of health in different European contexts
- The economic basis for health systems across Europe
- Economic methods and tools able to support and evaluate decisions regarding health and health systems

### **Economics:**

#### **Practical competencies – Be able to:**

- Understand the role of the economy and its sectors in health promotion and disease prevention
- Identify, retrieve and analyse documentation about economic and social determinants of health in the European context
- Identify ‘win-win situations’ at the European level and in countries, where business investments and economic and social policies serve both to promote health and the economy
- Participate in studies on the influence of economic and social gradients on the production and equity of population health
- Identify, retrieve and analyse documentation about the economic basis for health systems across Europe
- Identify, retrieve and analyse documentation about efforts to improve the sustainability and equity of the economic basis of European health systems
- Ascertain the ‘private-public mix’ in different European countries, and participate in studies on their impact on health and health systems’ behaviour
- Understand the impact of changes in payment and financing systems on the behaviour of key actors in different health systems in Europe
- Identify, retrieve and analyse basic economic indicators used in the analysis of European health systems
- Retrieve, analyse and compare national health accounts in Europe
- Appreciate the applications and limitations of methods in health economics, e.g. for assessing costs, quality-of-life outcomes, cost-effectiveness, and sensitivity across Europe
- Identify, retrieve and analyse incentives to promote efficiency in health care across Europe
- Understand how changes in the ‘incentive-regulation’ continuum can influence the implementation of European, national and sub-national health policies

## **EPIDEMIOLOGY AND STATISTICS**

### **Intellectual competencies – Knowledge of:**

- Population health development across Europe (problem focus, e.g., cardio-vascular diseases, metabolic diseases, cancer, infectious diseases incl. HIV, psychiatric diseases, accidents)
- Health data registries in Europe
- Quality issues concerning epidemiological data from different countries
- Research designs applicable to European and other international health problems
- Data pooling methods as applied in European countries
- Risk factors influencing the health of population in Europe, e.g. obesity, tobacco, alcohol, pollution IVDU, HIV, social factors/inequality
- Epidemiological surveillance (organization, methodology, technology, quality, resources)
- Main European research programmes with focus on population health research
- Application of epidemiological information in an international context
- Methods of projection and forecasting with special reference to population risk development and population health development across European countries
- Basic sources of funding for scientific and practical epidemiologic documentation in Europe
- Major European research programmes focussing on population health

### **Epidemiology and statistics:**

#### **Practical competencies – Be able to:**

- Identify, retrieve and analyse documentation about population health in European countries.
- Describe (incl. graphically) and present European health data – in a language different from one's own
- Identify new health-related challenges affecting European countries (based on Epidemiological data)
- Make use of existing health data in European countries for research and analysis
- Compare data from European countries in terms of quality and quantity
- Identify, retrieve and analyse documentation about population health in European countries
- Discuss and develop basic designs for trans/ international data collection
- Perform and interpret combined analyses of published data or primary data sets from different countries
- Identify and interpret common risks and hazards in European countries based on literature and own research where applicable
- Identify, retrieve and analyse data from European surveillance systems
- Contribute to the generation of epidemiologic information from e.g. European surveillance systems comparable across European countries and applicable by European policy makers
- Develop data-based projections of population health and population risk profile across European countries and suggest applications of such projections in health policy making

- Place own epidemiological research interests in the framework of a European research agenda
- Develop an application for funding of scientific and/or practical documentation
- Formulate European consequences of Epi research, translate epidemiological information into policy setting

## **ENVIRONMENT AND HEALTH**

### **Intellectual competencies - Knowledge of:**

- European policy measures, interventions and initiatives in the field of Environment and Health
- The scale and trends of current health problems associated with particular environmental contamination
- Environmental causes of disease in Europe, how they are categorized (e.g. media which may carry hazard, individual risk factors, according to the nature of the hazard, occupational health risks, non-occupational health risks), and their indicators.
- What reduction in health impact can be expected from the policy measures which are possible in environmental health
- The best possible assessment of exposure to environmental contamination and of the corresponding health risks on the basis of existing information
- The sources responsible for the environmental contamination and of possible interventions
- Indoor and outdoor air pollution and health (e.g., lung cancer, respiratory diseases, asthma and allergies); chronic chemical exposure and health
- The main environmental exposures and their effects on health (e.g. indoor and outdoor air pollution, noise, carcinogens, neurotoxins, electromagnetic fields, radioactivity, unsafe housing, urban planning)
- Principles of exposure assessment to major environmental contamination and current methods and instruments
- Databases on environmental-related exposures and health risks
- The scale and the trends of current health problems associated with major environmental contamination in Europe
- The specific design of epidemiologic studies in environmental health
- What reduction in health impact can be expected from the policy measures that is possible to take in environmental health
- Ecological status of Europe's water (quality and quantity)
- How water is monitored, assessed and managed in Europe and the major significant shortfalls and gaps in the European countries monitoring, assessment and management systems of the water status
- European and national policies for health at work
- Occupational health standards and healthy work practices based on scientific risk assessment
- European policies and regulations in the field of housing and the built environment

- Effects of environmental exposures on health depending on the social settings and behaviours of individuals and communities'
- Impact on health from poor or inadequate social and living conditions, hygiene in housing, immediate environment of dwellings, housing policies, urban planning and management
- Impact on health of poor and disadvantaged groups (e.g. disadvantaged children) derived from poor or inadequate social and living conditions
- Assessment of social inequalities of environmental exposures
- Identification of subgroups (children, disadvantaged people) who are in particular vulnerable to toxic substances

## **Environment and health:**

### **Practical competencies – Be able to:**

- Perform assessments of the health impacts of environmental contamination and of the costs and effects of policy measures
- Compare environmental data from European countries, based on varying measurement, scaling, retrieving and communication techniques
- Assess what fraction of European disease burden is attributable to an environmental risk factor
- Plan and implement research programs capable of identifying emerging risks and define causal links between environment and health
- Identify and quantify exposure to contaminants, to translate exposure into health impact, to trace exposure to the sources of contamination
- Evaluate whether the existing monitoring and reporting systems are sufficient to assess exposures to environmental contaminants, their health impacts and effectiveness to policy measures
- To identify priority issues/areas in the major topics in 'environment and health' where more information and research is needed
- Plan, perform and analyse studies in the field of environmental epidemiology; to be able to conduct spatial cluster analyses
- Evaluate whether the existing monitoring and reporting systems in Europe are sufficient to assess exposures to environmental contaminants, their health impacts and effectiveness of policy measures
- Gain practical experiences of exposure measurement in at least one field (e.g. noise, air pollution)
- Design risk assessment studies to address the multi-causality of the disease and the complexity of interactions between environment and health
- Perform assessments of the health impacts of environmental contamination
- Perform assessments of the cost effectiveness and benefits of policy measures (e.g. prevention programmes) in environmental health
- Plan and implement research programmes capable to identify emerging risks and define casual links between environment and health of water protection

- Analyse results of European research relevant to Health and Environment priority areas
- Identify priority issues/areas in the major topics in “environment and health” where more information and research are needed
- Analyse European data and epidemiological trends in occupational health
- Estimate the magnitude of the burden of occupational diseases, injuries and fatalities
- Recognise priorities at European, national and local levels for decision making on policies, practices and research for occupational health
- Plan and implement European regional strategies on occupational health
- Implement European policies and regulations in the field of housing, urban planning and management
- Assess the burden of disease that is attributable to environmental hazards among European children
- Perform conceptual work to study social inequalities in environmental exposures across different countries in Europe

## **HEALTH PROMOTION/HEALTH EDUCATION, SOCIAL SCIENCES**

### **Intellectual competencies - Knowledge of:**

- Priority action areas for health promotion in the health strategy and public health programme of the Community
- The legal competence of EU in Public Health
- Public health and health promotion infrastructure in the EU
- The evidence of health promotion effectiveness across European countries
- European Community Health Indicators project (ECHI); EU Health Promotion Indicators project (EUHPID)
- European and EU-policy on tobacco, nutrition, drugs, workplace safety, etc.
- Variability between European cultures concerning determinants of health (European Values Study; World Values Survey)
- Strategies: Health21
- Community action program in Public Health
- Implemented model HP projects in Europe (Regions for health; European Network for Health Promoting Agencies, etc.)

### **Health promotion/health education, social sciences:**

#### **Practical competencies – Be able to:**

- Distinguish among health themes falling within/without of EU-competency
- Define priority public health/health promotion issues in the EU
- Identify potential partners for health promotion projects in the EU

- Identify health promotion measures for selected health problems effective on the regional/European level
- Define indicators for monitoring health promotion projects that are comparable on the European level
- Identify appropriate health promotion measures for specific problems (tobacco, nutrition, drugs, etc.) for the local and regional level in line with EU-policy
- Take into account cultural differences within Europe for project planning, management and communication
- Identify effective health promotion strategies for reducing health inequalities in Europe
- Identify health topics in line with EU strategies and the WHO strategy for Europe
- Identify effective approaches for selected health problems on the regional/European level
- Be able to join international projects (plan, implement, assess, communicate health promotion projects in international collaboration)

The following list contains the names of the people who contributed to this Catalogue of Potential European Competencies:

**Policy, Management and Economics:** Max Geraedts, Sabine von Mutius, Anna Szetela.

**Epidemiology and Statistics:** Alberto Fernández Ajuria, Anders Foldspang, Hajo Zeeb.

**Environment and Health:** Barbara Fienieg, Salvatore Noto, Ursula Schlipkötter.

**Health Promotion/Health Education, Social Sciences:** Aase Gudmann, Bjorn Holstein, Karolina Kósa.

**Development of Lists of Competencies:  
The European Public Health Core Competencies Project (EPHCCP): Basic Concepts**  
Anders Foldspang



Development of Lists of Competencies:  
The European Public Health  
Core Competencies Project (EPHCCP):  
Basic Concepts

Deans' and Directors' Retreat  
Hall, Austria, May 2006

Anders Foldspang  
ASPHER - Association of  
Schools of Public Health  
in the European Region

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**Competencies – hierarchy of main questions:**

- **What PH challenges do you want to meet?**
  - What do you then want to be able to do?
    - What
      - Skills and
      - Knowledge
    - are then needed in order to be able to do what you want to do?
- **so that the development of competencies**
  - is *problem based* but
  - identifies knowledge and skills needed *within disciplines*

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**Two distinct concepts should interact in PH curriculum development**

- **Disciplines and their content**
  - Initial focus: Classification; logical structuring of PH
  - Question: What knowledge and skills are implied in them?
- **Competencies**
  - Initial focus: What knowledge and skills are needed to meet PH challenges/problems?
  - Question: What modules/disciplines/lessons /exercises will provide these?

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**Uses of competencies**

- **Focussing PH training programmes, as concerns:**
  - Population health – present and future
  - Health systems – present and future
  - Their interaction in PH intervention
- **Indicators for monitoring the goal-orientation of:**
  - Comprehensive PH training programmes, as well as:
  - Modules of/disciplines within PH training programmes
  - Specific PH training sessions concerning specific skills
- **Development of indicators for student performance – for evaluation of:**
  - Students
  - PH training programme efficiency

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**Uses of competencies**

- **Communication with PH stakeholders as concerns challenges in:**
  - Population health – present and future
  - Health systems – present and future
  - Their interaction in PH intervention
- **and their exchange into**
  - PH priorities and
  - Competencies aimed at in PH training programmes at various levels
- **Tool for**
  - Estimation of need for PH professionals and thus for
    - Strategy making as concerns PH manpower development
    - Planning of PH interventions
- **External communication of training programme achievement in terms of:**
  - Principles and concepts
  - Graduate production

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**Main fields of PH – and of competencies**

- Policy, Management and Economics
- Epidemiology and Statistics
- Social environment and Health
- Physical and chemical environment and Health
- Health Promotion/Health Education, social Sciences
- Crossdisciplinary competencies, e.g. ethics, strategy development, other

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### Hierarchy of competencies

- Overall
- Major
- Detailed

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### Major types of competencies

- Intellectual, i.e. knowledge, understanding
- Practical, i.e. skills

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### Major types of competencies

- Intellectual, i.e. knowledge, understanding, e.g.
  - Knowing the mortality development across Europe 1980-2005
  - Knowing mortality surveillance systems across Europe and their strengths and weaknesses
- Practical, i.e. skills, e.g.
  - Being able to classify, collect, validate, retrieve, store and analyse mortality data

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### European Master of Public Health (EMPH)

Here follow some examples of potential competencies within the specific framework of the EMH, i.e. they should all include an expression of the European dimension (which is not a request in the more general sense of PH core competencies development) - and they were localised within EMPH main modules:

Source: Vademecum. The European Master of Public Health. Paris: ASPHER, 2005.

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### European Master of Public Health (EMPH)

#### A few examples of potential competencies in epidemiology and statistics

*Intellectual competencies – knowledge of, e.g.:*

- Population health development across Europe
- Health registries in Europe

*Practical competencies – be able to, e.g.:*

- Identify, retrieve and analyse documentation about population health in European countries
- Describe and present European health data in a language different from one's own

[www.aspher.org](http://www.aspher.org)



### European Master of Public Health (EMPH)

#### A few examples of potential competencies in economics

*Intellectual competencies – knowledge of, e.g.:*

- Economic methods and tools able to support and evaluate decisions regarding health and health systems

*Practical competencies – be able to, e.g.:*

- Identify, retrieve and analyse documentation about the economic basis for health systems in Europe

[www.aspher.org](http://www.aspher.org)



## European Master of Public Health (EMPH)

### A few examples of potential competencies in physical and chemical) environment and health

*Intellectual competencies – knowledge of, e.g.:*

- European policy measures, interventions and initiatives

*Practical competencies – be able to, e.g.:*

- Perform assessments of the health impacts of environmental contamination and of the costs and effects of policy measures

[www.aspher.org](http://www.aspher.org)



## European Master of Public Health (EMPH)

### A few examples of potential competencies in health promotion

*Intellectual competencies – knowledge of, e.g.:*

- Priority action areas for health promotion in European health strategies and public health programmes

*Practical competencies – be able to, e.g.:*

- Identify health promotion measures for selected health problems effective on the regional and European level

[www.aspher.org](http://www.aspher.org)



Thank you for your attention!

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## **Workshop Topic 4: Teaching the teachers' programme – meeting educational needs among PH teachers.**

**Chaired by: Ramune KALEDIENE, ASPHER EB Member, Kaunas, Lithuania.**

Issues/questions to be addressed by workgroup participants:

1. To agree in principle about establishment and development of a Comprehensive European PH Teaching the Teachers Programme as natural and integrated part of the ASPHER portfolio of activities.
2. To discuss about the development of a comprehensive European Teaching the Teachers Programme managed by ASPHER among members.
3. To start discussions about the organisation, management and fund raising in such programme

**Target group:** Teachers at SPHs

**Teachers:** Teachers at SPHs; public health researchers and practitioners; scientists from sub-disciplines

**Disciplines:** Methods - mainly epidemiology and statistics but also, e.g. qualitative methods and methods in health economics  
Health policy and planning  
Health promotion and disease prevention  
Environmental health

**Time:** 2-4 weeks during the summer?

**Place:** A central site in Europe?

**Economy:** a. Students' fees?  
b. External funding?

**Administration:** ASPHER staff

**Management:** ASPHER steering committee

The workgroup will be facilitated (chaired) by an Executive Board member. The workgroup will designate a rapporteur, who will make a Power-point presentation for 15 minutes after the workgroup itself has taken place.

Please read the background paper on the following page to help you prepare for the workgroup.

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## **Workshop Topic 4: Teaching the teachers' program – meeting educational needs among PH teachers.**

### Background

Resources for development of teachers' competencies within certain disciplines of public health are varying over Europe. Some disciplines are relatively old and well-established whereas others are with less workforce capacity. Many developing SPH are generally facing shortage of well-trained teachers. Graduates of SPH and thus public health teachers should be trained to not only be able to follow and sustain developments as concerns challenges stemming from changes in population health and health systems developments, but also to be able to develop action against future health threats and to contribute to the development of health services themselves.

### Overall proposal

ASPHER should develop, maintain and manage a Comprehensive European Teaching the Teachers Programme (Training the Trainers Programme) with courses every year, organised as summer schools, and covering the main disciplines of public health.

By establishing a European Teaching the Teachers Programme, the inclusion and fast dissemination of recent professional developments is sustained. There have been training activities for teachers organised more or less in the ASPHER context, e.g. the Salzburg Seminars, but not coordinated. Comprehensive programme has not been discussed in recent years or developed as an integrate part of ASPHER strategies.

Anders Foldspang

Ramune Kalediene