
Concept outline for the introductory workshop

„Health and health promotion as a topic in the work with (disadvantaged) children, adolescents and families“



Co-funded by the
Erasmus+ Programme
of the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

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1 Framework

- Participants: Approx. 15 professionals from a European network working with families from predominantly disadvantaged backgrounds
- Workshop language: English
- Workshop duration: 2 workshops a 3,5 h (incl. break)
- Dates: 12.10.2021 und 21.12.2021
- Workshop lead: Transfer e.V., Cologne
- Virtual workspace: Zoom
- Digital working method: Miro-Board, Mentimeter
- Preparation: „Homework“ Workshop 1
„Homework“ Workshop 2

2 Expiration

2.1 Workshop 1

topic	method	dura- tion	total
Introduction to the workshop	Arrival, orientation and getting to know each other	5	5
	Getting into the mood for the topic: A brief look at the "homework".	15	20
Basis of health and findings and facts on the health situation of children, adolescents and families in Europe	<ul style="list-style-type: none"> • WHO definitions and guidelines (ppt) • Short pulse on key data from recent studies (ppt) 	20	40
	Exchange in small groups (breakout rooms; miro-board) <ul style="list-style-type: none"> • Where do you see resources and challenges? • What central health issues do you see in your work with children, youth and families? 	25	65
	Presentation of the results in plenary (Miro-Board)	15	80
break		20	100
Health promotion with children, adolescents and families	Short impulse on central topics, opportunities and challenges (ppt)	10	110
	Exchange in small groups (breakout rooms; miro board): Personal and social resources and challenges in health promotion <ul style="list-style-type: none"> • What resources your target groups bring with them to grow up healthy? What kind of support they need to grow up healthy? 	30	140
	Presentation of the results in plenary (Miro-Board)	15	155
	Exchange in small groups (breakout rooms; miro-board) Governmental and institutional offerings in health promotion. <ul style="list-style-type: none"> • What do you see your state doing well? • Where do you see challenges, hurdles and obstacles? • What do you perceive in this framework at the European level? 	30	185
	Presentation of the results in plenary (Miro-Board)	15	200
Conclusion	Feedback (flashlight) and attunement to the second workshop (hint homework)	10	210

2.2 Workshop 2

topic	method	dura- tion	total
Introduktion to the workshop	arrive, orientate and look back	5	5
Balanced nutrition, sufficient exercise and a successful dealing with stress as the cornerstones of health promotion	short pulse about the EBS triad (ppt)	10	15
	Exchange in small groups (breakout rooms; Miro board). <ul style="list-style-type: none"> • What are my own experiences with EBS? • What do I observe in children, youth and families regarding EBS? 	25	40
	Presentation of the results in plenary (Miro-Board)	15	55
break		15	70
Practical example Germany 1: GUT DRAUF	Short impulse on a setting-oriented action for the health promotion of children and adolescents	15	85
Practical example Germany 2: t.b.a.	The second practical example will be determined after the first workshop. It takes up one of the central challenges to the health situation of children, adolescents and families, which were named by the participants in the first workshop.	15	100
Practical examples of the partner organizations	Brief presentations by partner organizations on their "best practices" for health promotion with children and adolescents.	30	130
break		15	145
Insights and impulses from the practical examples	Exchange on the practical examples in small groups (breakout rooms; Miro board): <ul style="list-style-type: none"> • What impulses can we apply from these examples into our work? • What impulses can we take away from this for the further course of the project? Which impulses would we like to deepen in this group? 	25	170
	Presentation of the results in plenary (Miro-Board)	15	185
Arrangements and agreements	Exchange in plenary (Miro-Board)	15	200
Conclusion	Feedback (5 finger method)	10	210

3 Contents and methods

3.1 Methods

3.1.1 Getting to know, arriving and orientation

My place of strength and well-being/ My health island

Every person has something that gives him or her special strength, where he or she feels particularly comfortable, secure, safe and good.

To get in the mood for the topic of health, we would like to look at our personal, very individual places of strength or well-being. For this purpose, all participants bring a photo or an object (cf. homework) that represents a kind of "health island" for them.

The "place" can be a geographical location where we feel particularly well, but it can also symbolically stand for a person, an object or an event with which we associate particularly positive experiences/feelings.

All participants are invited to present their little health island and to reveal what they want to reveal in this setting.

Health - fantasy journey according to Renate Biebrach

To get in the mood for the workshop, all participants are invited to a short fantasy journey, which helps to get involved in the topic. To do this, all participants simply assume a comfortable position and listen to the instructions.

"Take 10 minutes. Time for you - time with you. Make yourself comfortable - sitting or lying down. Make sure you are warm and comfortable - and enjoy the silence.

You may let your eyes rest under the gently closed lids. Pay attention to your breath as it comes and goes. Breathe perhaps a little deeper than usual and relax a little deeper and deeper with each exhalation.

And as the relaxation spreads through your body, your ears are open and receptive. And your mind awake and alive. You will make discoveries and marvel at your inner richness. And you can trust your unconscious mind to choose for you exactly what fits and what is good for you, making all the necessary adjustments for you - just as easily and reliably as you breathe and enjoy the relaxation.

Breathing is part of life. Breathing is life energy. Breathing is part of being healthy. And I wonder, what is all a part of being healthy for you? To well-being?

Deep within you, you can find the answer... and the wisdom, and all the information, all the skills for a healthy life. The way you breathe, so easily and reliably, the way your heart beats, your inner self knows what is good for you. That's how good it is.

Let a picture of you arise to this feeling, a picture that you like. On which you can be seen, on which you can be seen how you move when you feel healthy and well. Look at yourself from all sides! How you look when you feel healthy and well: powerful, agile and full of energy, beautiful and strong.

And then bring up the picture so that you can also perceive your face, how it looks when you feel healthy and well: See the relaxed smile and the glow of your eyes. And feel the joy in life that goes with it. Feel it and let it radiate to the limits of your skin. The skin has filled up with air and light. And felt wind and warmth.

You feel comfortable in your skin and maybe you can hear your laughter. And hear what you say to yourself in this situation.... keep this sentence. It's yours. And then listen around. Are there still voices from any side objecting to you seeing yourself this way? Are there any reservations? If not, then rejoice once

again in the image of yourself that has come to you from the future. And enjoy once again the feeling of life that belongs to it.

And if there is, then thank the part that just came forward with its concerns and promise it that you will take the time to address its concerns. And then return to that image of you - how you feel healthy and well.

Then take three more deep breaths and return refreshed to the space where you're sitting or lying."

(Quelle: https://www.nlp-kaiserswerth.de/wp-content/uploads/2014/02/Phantasie-Gesundheit_Kurzform.pdf)

3.1.2 Feedback

Flashlight

The flashlight is a method of feedback that can quickly determine the mood, opinion and status regarding content and relationships in a group. Participants express themselves briefly - in one or two sentences - on a clearly delineated topic.

The following rules should ensure that the flash works well:

- Each participant only speaks about him/herself, his/her personal ideas and expectations.
- The statements should relate to the question and be expressed in the first person
- All contributions are no longer than one or two sentences.
- Each participant must adhere to the given time frame.
- While one participant is speaking, the other group members are only listeners! Only questions of understanding may be asked.
- Statements are not commented on, criticized or evaluated!

3.2 Working methods and -tools

3.2.1 Homework

For workshop 1

Self-reflection: *What does health mean to me?*

To get started with the topic, it is helpful to ask yourself a few small questions:

- What does health mean to me? What do I associate with health?
- How satisfied am I with my own health?
- What am I doing to be healthy?
- What „vices“ do I have that I can't get rid of against my better knowledge?

Participants will be asked to consider these questions in advance of the first workshop and to find answers for themselves. In order to start the workshop with an exchange about their own perception of health, everyone is asked to:

- Bring a picture or object that they associate with health and wellbeing, **or**
- name a place where they feel particularly good, and which gives them strength and joy

Reflection of the target group: *How do we perceive the way our target group deals with health?*

In addition to one's own health perception, it is important to get an exact picture of the target group. Therefore, the participants should think about the following questions before the workshop:

- What health restrictions do I perceive in the children, young people and families in my working environment?
- What areas of health do they address? What are they concerned about? What are they dealing with?

- What challenges do I see in the children, young people and families on the one hand and what resources can I identify on the other?

Reflection on the offers: How do we perceive the offer of support in our country?

The preservation and promotion of health is not only matter for everyone, but in a certain way also a state responsibility. Every country should have a certain interest in ensuring that its citizens are well and can live as free from illness as possible, even if it is only out of economic interest in the sense of maintaining the workforce and reducing illness-related follow-up costs.

Against this background, the participants should bring ideas and impulses from the following questions to the workshop:

- Which supportive offers from the government or from Non-Governmental-Organizations I perceive?
- How well known are they? How are the accesses to these services arranged?
- How are they accepted?
- What further requirements do I see?

For workshop 2

Short presentation: My best practice example for health promotion

The second workshop will focus on specific health promotion activities with children, adolescents and families. For this purpose, the workshop leader will present two practical examples from Germany. In order to raise the topic to a European level and to promote transnational exchange, all participants will have the opportunity to present a practical project from their own work or country.

For this purpose, the participants will prepare a short presentation (5 minutes) on a project/program/approach they know and they assess as valuable/exemplary and present it during the workshop. In this way, the variety of possible formats and offers of health promotion can also be shown and additional impulses for further engagement with the topic during the project can be given.

3.2.2 Meeting-Tool

Zoom www.zoom.us

Zoom is a cloud-based video conferencing service that allows people to meet virtually with others - either by video or audio only, or both, while conducting parallel live chats or viewing/editing shared slides - and record those sessions.

Zoom's main features are:

- Group video conferencing with up to 500 participants (with the free plan, you can have video conferences lasting up to 40 minutes with up to 100 participants).
- One-on-one meetings or work in small groups.
- Screen-sharing to share content with other participants.
- Record meetings or events.

Zoom-Tutorial: https://www.youtube.com/watch?v=hIkCmbvAHQQ&list=RDCMU2SxmE4C-KAQuHaEfHVymqQ&start_radio=1&rv=hIkCmbvAHQQ&t=2

3.2.3 Tools for collaborative work

Miro board <https://miro.com/>

Miro is an online whiteboard. The board can be used to represent agile workflows and visualize strategies. Teams can use it to work in real time and asynchronously. Meetings and brainstorming sessions function

in this way in the digital space with very similar tools and options that are also familiar from collaborative work in a conference room: pinboard, flipchart, moderation cards, mind map. This virtual whiteboard offers basically the same functionality, but you can also place audios and videos or even interactive elements on the work surface.

Using a desktop client, you can create individual whiteboards and then share them with colleagues so that you can work on them simultaneously. On the whiteboard, all participants can make drawings, write texts, pin virtual post-its, and draw forms and arrows in parallel. The following options are particularly useful:

- The board can be expanded and enlarged as needed.
- The board remains available beyond the session and can be edited at any time.
- Individual elements can be combined to form so-called frames. These allow not only the entire board, but also the respective frames to be downloaded separately as a PDF.

Miro Tutorial: <https://www.youtube.com/watch?v=pULLAEmhSho&t=60s>

Mentimeter <https://www.mentimeter.com/>

Mentimeter is a free voting and brainstorming tool and offers a variety of interactive options.

It can be used to create multimedia collections of material, for example in the form of a word cloud, without much effort. Mentimeter also makes it possible to conduct surveys, polls and brainstorming sessions with an entire group: it's easy to enter a keyword or a question and the participants enter their ideas or answers via smartphone. It is also possible to specify answer options, which can be selected. The answers and results are presented in real time via screen sharing, beamer or smartboard.

The benefit of the technology lies in the direct recording and graphic presentation of the answers. This enables the seminar leader to respond directly to the mood and thoughts of the participants. In addition, participants who are often quiet and uninvolved in the proceedings with other methods, often participate in this way. Democratic processes and votings can also be made comprehensible and visible in this way.

Mentimeter-Tutorial: <https://www.youtube.com/watch?v=SdOfAenuAnw>

4 Central contents

4.1.1 Basics and definition of health

Health is not a clearly definable construct; it is elusive and difficult to describe. Perceptions of health are social constructs; health (like disease) is also socially produced.

Previous attempts at definition and classification have almost all assumed opposition to the concept of disease. As characteristic core conceptions of different scientists and research approaches of the 20th century can be named in summary:

- Health as an ideal state with complete well-being without any physical, mental and social disturbance.
- Health as personal strength based on physical and mental characteristics.
- Health as performance of the fulfillment of social requirements.
- Health as a commodity that can be produced and "bought".
- Classification attempts in the dimensions of freedom from disturbance, well-being, performance and role fulfillment, state of equilibrium (homeostasis), flexibility (heterostasis) or adaptation.
- Health as a delimitation concept in relation to the medical interpretation and diagnosis of disease (biomedical perspective).
- Health as a functional statement for performance and work ability in physical and social terms or as role fulfillment (sociological perspectives).
- Health definitions based on value statements with a positivizing core. An understanding of health as the "highest value", as the "ultimate good", possibly also as an "absolute standard value".

Each conceptual definition reflects above all the underlying disciplinary orientations. A disciplinary compartmentalized conceptualization, however, prevents a fruitful exchange beyond the boundaries of the approaches.

The definition in the preamble of the 1948 constitution of the World Health Organization (WHO) is important for health promotion and at the same time the best-known value-oriented paraphrase:

"Health is the state of complete physical, mental and social well-being and not merely freedom from disease and infirmity. To enjoy the best possible health is one of the fundamental rights of every human being, without distinction of ethnic origin, religion, political belief, economic or social position."

With this definition, WHO detached health from a purely biomedical view and the narrow confines of the professional disease system. Health is defined multidimensional: it includes physical, mental-spiritual and social components that influence each other mutually.

The WHO also applies the principle of multidimensionality to mental health:

"Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO 2014).

Accordingly, health is not understood by the WHO as a static, once achieved and then unchangeable "state". Rather, it must be seen as a dynamic stage, as a potential that is constantly re-regulated in life history and everyday life, as a constant and active balance to be achieved in the field of tension between resources and stresses.

In contrast to the biomedical understanding of disease and most everyday concepts, the WHO's comprehensive concept of health emphasizes the anchoring of "well-being" in all dimensions of daily life. Health-conscious and health-promoting lifestyles require the existence of positive political, cultural, economic and socio-ecological basic conditions (determinants of health, life situation). Best possible health is a human right; its preservation and safeguarding is a national and global social obligation.

The German social, educational and health scientist Klaus Hurrelmann has subsequently compiled the basic ideas of central scientific theories in order to derive principles for the modules of a scientifically tenable and resilient concept of health. In summary, eight interdisciplinary sustainable maxims of health and disease can be formulated:

- Health and illness result from an interplay of social and personal conditions, which shapes health behavior.
- The social conditions (health conditions) form the possibility space for the unfolding of the personal conditions for health and illness.
- Health is the stage of equilibrium, illness the stage of imbalance of risk and protective factors at the physical, psychological and social levels.
- Health and disease as respective endpoints of equilibrium and disequilibrium stages have a physical, psychological and social dimension.
- Health is the result of a successful, illness of an unsuccessful coping with internal and external demands.
- The personal prerequisite for health is a body-conscious, psychologically sensitive and environmentally oriented lifestyle.
- The determination of the characteristics and stages of health and illness is subject to a subjective evaluation.
- External and self-assessment of health and disease stages can differ on all three dimensions - the physical, the psychological and the social.

As a consensus definition of health, the following is proposed (translated into English):

"Health refers to the [dynamic] state of well-being of a person, which is given when this person is psychologically and socially in harmony with the possibilities and goals and the respective given external conditions of life. Health is the [dynamic] stage of balance of risk factors and protective factors, which occurs when a person succeeds in coping with both internal (physical and psychological) and external (social and material) requirements. Health is a [dynamic] stage that provides a person with well-being and enjoyment of life." (Hurrelmann/Richter 2013, 147 - Ergänzungen in eckigen Klammern von PF+KH 2018)

(Quelle: <https://leitbegriffe.bzga.de/>)

4.1.1 The health situation of children, adolescents and families in Germany and in Europe

Figures and results from Germany

According to the results of the KiGGS study - the largest and most important long-term study on the health of children and adolescents in Germany by the Robert Koch Institute (RKI) - 95.7 % of children and adolescents aged 3 to 17 enjoy good health.

General health perception:

- Across all age groups, there is no significant difference by gender.
- Girls under age 13 are equally likely as boys to rate their health as mediocre or poor; about twice as likely as boys in adolescence (also true for other countries).
- With increasing age, low social status and migration background, not only subjective health but also health behavior deteriorates.
- The chances of growing up in very good or good health are significantly correlated with a high, medium and low social status of the family.
- The higher the social status of the family, the higher the health status is rated.

(Quelle: https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBE-Downloads/JoHM_01_2018_allgemeine_Gesundheit_KiGGS-Welle2.pdf?blob=publicationFile)

Selected Health Aspects:

- Allergic diseases are among the most common health impairments (up to 8.8% for hay fever).
- Children and adolescents with low socioeconomic status (SES) have particularly poorer mental health status. The odds of being affected by mental abnormalities or attention deficit disorder are increased by 2.8 to 4.4 times.
- The prevalence of mental abnormalities is 16.9%. Girls and boys from families with low socioeconomic status are significantly more likely to have mental health problems.
- Attention deficit/hyperactivity disorder (ADHD) is among the most common mental disorders in children and adolescents (4.4% of 3 to 17 year olds).
- Accidental injuries remain the leading cause of death for children one year and older. Of 1 to 17-year-olds, 16.5% received medical treatment for an accident in the past 12 months. Boys and older children and adolescents are significantly more likely to be affected.
- 1.6% of 5- to 17-year-olds are underweight, 26.3% are overweight (including obesity), and 8.8% are obese. Underweight as an indicator of malnutrition plays a rather minor role.

(Quelle: https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBE-Downloads/JoHM_03_2018_KiGGS-Welle2_Gesundheitliche_Lage.pdf?blob=publicationFile)

Figures and results from Europe

General health perceptions:

- 82% of 15-year-olds in Europe say that they are generally satisfied with their lives
- The individual studies indicate that there are very high differences within the EU countries in the health situation of children, adolescents and families.
- In fact, more boys than girls suffer from overweight, nevertheless more girls than boys say about themselves that they are overweight
- Children's socioeconomic status affects their health enormously: The lower the SES, the lower the average health status
- Children with lower socioeconomic status are more likely to be overweight than those with high SES
- Adolescents who belong to minorities or have a low socioeconomic status are more often affected by mental health problems than others
- Physical activity among children and adolescents declines sharply, especially among girls and disadvantaged adolescents from low-income or ethnic minority homes. The social and sociospatial factors have a huge influence on the physical activity behavior
- Good attachment as well as communication with parents promotes health and minimizes the likelihood of health problems

Selected health aspects:

- 25.4 % of women in Europe experience physical, psychological and sexual violence in their partnership
- 27-35% of children aged 11-15 have been involved in physical fights (16-20% girls; 38-53% boys)
- Traffic accidents are the most common cause of death among children aged 5-14.

- 29% of boys aged 6-9 are overweight, 12.6% of whom suffer from obesity; 25.8% of girls aged 6-9 are overweight and 9.6% of whom suffer from obesity (strikingly, significantly more in the Mediterranean region)
- In Greece, every third 15-year-old is overweight, in Denmark only every tenth.
- In many European countries, type 2 diabetes is 2 to 3 times more common in lower than in higher education groups
- The influence of socioeconomic status can also be seen in the prevalence of ADHD: 7.2% in the "lower class" and only 2.8% in the upper class.
- ADHD prevalence is almost twice as high in Greece, Iceland and Germany as in Sweden and Spain, and decreases significantly in adolescence
- 29% of girls and 15% of boys struggle with mental health problems in everyday life
- More and more people, especially young people and women, are suffering from mental illnesses, and they are also being diagnosed more frequently
- Only 34% of 13- to 15-year-olds exercise according to recommended levels

Some figures of adults to demonstrate the importance of early intervention

- The prevalence of depression is 6.6% on average in the EU; Luxembourg (10%), Germany, and Sweden are above average, and Slovakia, Greece, and the Czech Republic (2.7%) are below average. Three times as many cases of mental illness were recorded in Germany and Lithuania as in Greece or the Czech Republic.
- 25% in Europe (and rising) experience depression and anxiety each year; these are the most common reason for long absences from school or work and condition the onset of non-communicable diseases

- Non-communicable diseases such as cardiovascular disease, cancer, type 2 diabetes and chronic lung disease are increasing rapidly and are responsible for 77% of the disease burden and 86% of deaths in Europe, according to WHO
- 46% of all deaths from cardiovascular disease in Europe are the result of malnutrition
- Ischemic heart disease, particularly myocardial infarction, and cerebrovascular disease, particularly stroke, account for 60% of deaths in Europe; the highest mortality rates are reported in Baltic States, where mortality is 8 times higher than in France, the Netherlands, and Spain.
- The World Health Organization (WHO) estimates that 80% of cardiovascular diseases and strokes, 80% of type 2 diabetes cases, and 40% of cancer cases could be prevented by healthy eating, adequate physical activity, and abstaining from tobacco use.

4.2 Health promotion with children, adolescents and families.

A first definition:

Health promotion is defined (in the Ottawa Charter for Health Promotion 1986) as the process of enabling all people to have a greater degree of self-determination over their health and thereby empowering them to strengthen their health.

This definition has been further developed in the Jakarta Declaration on Health Promotion for the 21st Century (1997):

Health promotion is a process of enabling people to gain more control over their health and improve it by influencing the determinants of health.

According to the WHO, health promotion is a concept that starts with the analysis and strengthening of people's health resources and potentials and at all levels of society. Characteristic for the concept of health promotion is therefore the salutogenetic perspective with the question of how and where health is produced.

This perspective leads to the identification of resources and potentials and enables their targeted strengthening. In this respect, health promotion originally meant a departure from a perspective of health education and prevention (health information and health education) oriented only to pathogenesis and to risks and risk factors. In the meantime, health promotion oriented to salutogenic resources and potentials is predominantly regarded as an equal complement to prevention oriented to pathogenic risks. Health promotion and prevention are the two basic strategies for improving and maintaining health.

Health promotion is a complex social and health policy approach that explicitly includes the improvement of health-relevant lifestyles and the improvement of health-relevant living conditions. Health promotion not only aims to influence individual life and action skills and enable people to improve their health. It also aims at economic, social, ecological and cultural factors and at political interventions to influence these health-relevant factors (overall health promotion policy, health policy).

In 1986, the goals and principles were published in the Ottawa Charter for Health Promotion as the first seminal and official document and in 1997, they were confirmed and further developed in the Jakarta Declaration on Health Promotion for the 21st Century.

The Ottawa Charter identifies basic conditions and constituent moments of health to which any improvement in health status is necessarily tied: peace, adequate housing, education, nutrition, income, a stable ecosystem, careful use of existing natural resources, social justice, and equality of opportunity.

It summarizes the main action strategies (a-c) and action areas (1-5) of health promotion:

- a. *"advocacy"* - "representing and asserting interests" or "taking sides": the active advocacy for health in the sense of influencing political, economic, social, cultural, biological, environmental, and behavioral factors.
 - b. *"enable"* primarily addresses concepts such as competence promotion and empowerment with the goal of reducing existing differences in health status and independently realizing the greatest possible health potential (health literacy/health competence).
 - c. *"mediate"*: mediating and networking means active and lasting cooperation with all actors inside and outside the health care system.
1. *"build healthy public policy"*: Since health promotion goes beyond medical and social care, health must be put on the political agenda at all levels and in all policy areas, and the health consequences of decisions must be made clear.
 2. *"create supportive environments"*: The close connection between people and the environment is seen as the basis for a socio-ecological path to health. Health promotion creates safe, stimulating and satisfying working and living conditions and makes the protection of the natural and social environment and the conservation of natural resources its theme.
 3. *"strengthen community action"*: The central concern of health promotion is to support neighborhoods, community activities of citizens, self-help activities and communities in the sense of increased self-determination, autonomy and control over their own health concerns.
 4. *"develop personal skills"*: Health promotion supports the development of personality and social skills through information, health-related education and the improvement of social competencies and practical life skills. In this way, it aims to help people exert more influence on their own health and the world in which they live. At the same time, it wants to enable them to make changes in their daily lives that will benefit their health.
 5. *"reorient health services"*: Health services should develop a care system that goes beyond medical-curative care services toward greater promotion of health and is oriented toward the needs of people as holistic personalities.

The complex approach and process of health promotion is not primarily a task of the medical system or the health care system and its professional groups. It requires the active participation of the population and the cooperation of a variety of actors, sectors and occupational groups at all levels, especially inter-sectoral cooperation.

A core strategy of health promotion is the setting approach/lifeworld approach, which focuses health promotion on the areas of life, systems and organizations such as city, community, neighborhood, daycare center, school, university, company, etc., in which people spend a large part of their lives and which influence the health of individuals with their social fabric and with their organizational structure and culture. Closely related to the setting approach is organizational development as a method of health promotion that stimulates and supports a process of planned organizational change in settings and systems.

The goals, principles and levels of action and strategies were balanced and updated at the Jakarta International Health Promotion Conference in 1997 and summarized in a declaration.

The Jakarta Declaration on Health Promotion for the 21st Century (1997) identifies the goal of health promotion as *"to achieve the greatest possible health gain for the population, to contribute significantly to the reduction of existing health inequalities, to strengthen human rights, and to build social resources. The goal is to increase health expectancy and reduce the gap in this regard between countries and population groups."*

The Jakarta Declaration also discussed the state of scientific knowledge. This showed,

- that comprehensive approaches to health development are the most effective, so those that combine areas of action and strategies
- those settings in particular, as areas of life where people spend most of their time, offer good opportunities for practical implementation
- that community involvement in health-promoting decisions is essential for sustained implementation and effectiveness.

Building on current evidence and challenges, five health promotion priorities for the 21st century were formulated:

- Promoting social responsibility for health,
- Expanding investments in health development,
- Consolidating and expanding partnerships for health,
- Strengthening the health-promoting potential of communities and the empowerment of individuals,
- Ensuring an infrastructure for health promotion.

As understood by the Ottawa and Jakarta conferences, the concept of health promotion is defined by bringing together two strategic approaches: strengthening personal and social health literacy combined with systematic policies aimed at improving determinants of health and reducing health inequalities. Key strategic points here are the salutogenetic perspective, empowerment and self-determination, and inter-sectorality.

(Quelle: <https://leitbegriffe.bzga.de/alphabetisches-verzeichnis/gesundheitsfoerderung-1-grundlagen/>)

4.2.1 Nutrition, exercise and stress regulation as cornerstones of health

A balanced diet, adequate exercise and conscious management of stress are essential for the healthy physical and psychological development of adolescents.

Health-related epidemiological data in children and adolescents show incipient deficits in the areas of nutrition, exercise and stress regulation, which can manifest themselves in mostly chronic diseases later in life.

Therefore, an integrated approach to health promotion for children and adolescents is particularly promising. This does not address isolated topics in the area of health, such as nutrition or exercise, but rather the interconnectedness of individual health-related topics.

There are several interactions between nutrition, exercise and stress (both at the physiological and behavioral levels) that suggest linking these approaches in establishing and promoting health-relevant behaviors:

- Nutrient and energy supply creates the foundation for age-appropriate physical activity behavior. It creates the opportunity to perform and regulates the willingness to perform through the availability of nutrients and energy.
- In the opposite direction, exercise behavior creates nutrient and energy demand, which regulates nutrient intake through feelings of hunger and satiety. When energy demands are greater, the intake of nutrients necessary for life and development is more easily secured.
- There are also physiological and behavioral relationships between nutrition and stress regulation. Nutrient deficiencies and reduced energy supplies (as necessarily occur in all reduction diets) represent a stressor that the organism must address, for example, through increased feelings of hunger and specific food preferences.

That means for the individual areas:

Nutrition

A balanced diet provides sufficient nutrients and energy for everyday life, leisure and sports. It is particularly important during the growth phase. At the same time, eating habits are significantly shaped from early childhood on. However, eating is more than a balanced diet: the social aspects of a meal in community (family, circle of friends, daycare center, school, recreational facility, canteen) already consolidate an enjoyable and conscious lifestyle in childhood and adolescence. Balanced and attractive nutritional offers and the positive and conscious experience with the help of pleasurable activities thus make a significant contribution to growing up healthy.

Exercise

An active lifestyle is also a valuable health resource in childhood and adolescence and contributes to physical, mental and social well-being. When children and adolescents experience the positive effects of physical activity, they are well prepared to maintain an active lifestyle as adults and thus strengthen their health in the long term.

Physical activity and sports programs that promote children's and adolescents' motor skills and body awareness contribute to a realistic self-perception and improved self-efficacy by enabling them to experience their own needs, abilities and limits. The creation of movement-friendly structures, the conscious and positive experience in the settings as well as the playful and fun learning of a self-responsible and health-conscious handling of one's own body are essential factors for success.

Stress regulation

Stress is initially an innate, natural reaction to a new and/or threatening situation. Light stress (as a challenge) increases the alertness of the entire organism and is necessary for optimal performance. Negative stress (as overload) occurs when there is an imbalance between a demand and the ability to handle that situation. Prolonged, severe stress increases the likelihood of mental and physical health problems.

Children and adolescents must learn to enjoy challenges (for example in the flow experience) and to regulate excessive demands by, among other things, strengthening their resistance resources (for example with music, dance, theater, visual arts, fantasy journeys, meditation, games, exercise, cooking events and food festivals). The aim is, among other things, to promote the talents, abilities and skills of the children and adolescents without pressure or coercion and to let them experience positively that stress is very individual and therefore also requires individual strategies (stress regulation). In order for this to succeed, children and adolescents need spaces for retreat in addition to getting to know and learning competencies and skills for action.

4.2.2 A practical example

GUT DRAUF - a setting-oriented action to promote the health of children and adolescents.

As described above, a balanced diet, sufficient exercise and a conscious approach to stress (EBS approach in German) can help to strengthen the well-being of children and adolescents and protect them from lifestyle-related health problems. One example that shows how this can be achieved, and how other aspects of health promotion that the WHO identifies as goal-oriented can also be implemented, is the GUT DRAUF campaign developed by the Federal Center for Health Education (BZgA) with the following core elements:

- **The E-B-S approach:**

GUT DRAUF addresses the three content areas of nutrition (E), exercise (B) and stress regulation (S) in a holistic context. All campaigns and activities within the framework of GUT DRAUF revolve around this triad, supplemented as necessary by current cross-cutting issues.

- **Networking of different settings:**
GUT DRAUF does not only go into individual settings, but initiates, accompanies and maintains the networking of health-promoting activities in the social space and in the relevant fields of action of daycare centers, schools, youth work, youth welfare, sports, travel and professional qualification.
- **Sustainable quality assurance:**
The BZgA is the brand owner of GUT DRAUF and is responsible for quality assurance. Quality standards developed in a practice-science dialogue are the basis for a certification process of facilities and programs with a BZgA seal of approval.
- **Comprehensive qualification:**
GUT DRAUF qualifies professionals in the fields described. Qualified trainers develop a culture of health promotion in the facilities and initiate concrete implementation. GUT DRAUF combines qualification and organizational development.
- **Achieving and evaluating effects**
The activities of GUT DRAUF are aimed at the behavior of children and adolescents. GUT DRAUF wants to be measured by the extent to which it succeeds in changing health-promoting structures in such a way that health-promoting behavior is supported, encouraged and stimulated.
- **Making health attractive and tangible**
GUT DRAUF focuses on resources and involves all stakeholders in a participatory manner. The campaign focuses not only on fun, adventure and experiences, but also on the playful staging and overall design of offers and spaces.

5 Literatur, links and tips

Bibliography:

- [Health literacy in childhood and youth: a systematic review of definitions and models](#)
Broder J, Okan O, Bauer U, Bruland D, Schlupp S, Bollweg TM, Saboga-Nunes L, Bond E, Sorensen K, Bitzer EM, Jordan S, Domanska O, Firnges C et al. (2017) BMC Public Health 17: 361. doi:10.1186/s12889-017-4267-y
- [Vaccinations in the first year of life and risk of atopic disease - Results from the KiGGS study](#)
Schlaud M, Schmitz R, Poethko-Müller C, Kuhnert R (2017) Vaccine: Epub Aug 8. doi: 10.1016/j.vaccine.2017.07.111
- [Partnership, parenthood, employment and self-rated health in Germany and the EU – Results from the European Health Interview Survey \(EHIS\) 2](#)
Rattay P, Müters S, Borgmann LS, von der Lippe E, Poethko-Müller C, Lampert T (2019). Journal of Health Monitoring 4(4):7-28 doi: 10.25646/6224

Websites:

- umfassende Quelle zu Gesundheitsdaten der WHO: <https://gateway.euro.who.int/en/>
- Daten, Berichte und auch Grafiken zum Themenbereich Child and Adolescent Health der WHO Europa: <https://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/data-and-statistics>
und in Verbindung zu SDGs: https://www.euro.who.int/_data/assets/pdf_file/0006/348009/Fact-sheet-SDG-Child-and-adolescent-health-FINAL-en.pdf
- Fokus Frühkindliche Entwicklung:
<https://apps.who.int/iris/bitstream/handle/10665/332068/WHO-EURO-2020-504-40239-53897-eng.pdf?sequence=2&isAllowed=y>
- Kinder- und Jugendgesundheit in Deutschland – Zahlen, Daten, Fakten – kann raus, dafür europ. Zahlen
https://www.rki.de/DE/Content/Gesundheitsmonitoring/Themen/Kinder_und_Jugendgesundheit/KiJuGesundheit_node.html
- Familien und Gesundheit in Deutschland – Zahlen, Daten, Fakten – kann raus, dafür europ. Zahlen
https://www.rki.de/DE/Content/Gesundheitsmonitoring/Themen/Familie/familie_node.html;jsessionid=20752C21513DE6FD5A7897B14077AEE3.internet071
- Die Aktion GUT DRAUF www.gutdrauf.net
- Bundeszentrale für gesundheitliche Aufklärung www.bzga.de
- Robert Koch Institut (2015): 10 Wo steht Deutschland im europäischen Vergleich? Gesundheit in Deutschland 2015. URL: https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichte/GBEDownloadsGiD/2015/10_gesundheit_in_deutschland.pdf?blob=publication-File
- Robert Koch Institut (2017): Journal of Health Monitoring (2/2017). Gesundheitsverhalten in Europa. URL: <https://edoc.rki.de/bitstream/handle/176904/2651/29w2FIYqAuTIg.pdf?sequence=1&isAllowed=y>
- Weltgesundheitsorganisation (2015): WHO/Europa. Ernährung - Bewegungsmangel und Diabetes. URL: <https://www.euro.who.int/de/health-topics/disease-prevention/nutrition/news/news/2015/11/physical-inactivity-and-diabetes>
- Robert Koch Institut (2015): RKI - Themenschwerpunkt "Psychische Gesundheit". URL: https://www.rki.de/DE/Content/Gesundheitsmonitoring/Themen/Psychische_Gesundheit/Psychische_Gesundheit_node.html

- ADxS (2019): Häufigkeit von AD(H)S (Prävalenz). URL: ADxS.org
- Robert-Koch-Institut (2019) Journal of Health Monitoring (4/2019). Depressive Symptomatik in DE und EU. URL: https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsJ/FactSheets/JoHM_04_2019_Depressive_Symptomatik_DE_EU.pdf?blob=publicationFile
- Weltgesundheitsorganisation (2010): WHO/Europa. WHO und Länder der Europäischen Region beraten über epidemieartige Zunahme nichtübertragbarer Krankheiten. URL: <https://www.euro.who.int/de/media-centre/sections/press-releases/2010/11/who-and-european-countries-to-discuss-growing-epidemic-of-noncommunicable-diseases>
- Cornelia Lange, Jonas D. Finger (2017): Journal of Health Monitoring: Gesundheitsverhalten in Europa – Vergleich ausgewählter Indikatoren für Deutschland und die Europäische Union. Robert Koch Institut: Berlin. URL: <https://edoc.rki.de/bitstream/handle/176904/2651/29w2FIYqAuTIg.pdf?sequence=1&isAllowed=y>