

**LEECH** 

Strengthening transversal competences  
of less educated employees  
concerning their health choices  
in the context of changing  
labour market



Education and Culture DG

Lifelong Learning Programme

# **The low educated employees towards health – challenges for health education (LEECH)**

## **TRAINING PROGRAMME FRAMEWORK**

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# 1. Background and justification

## Introduction

The present training programme proposal sets **a general framework for country specific implementation** of the train the trainers (TOT) training course.

An overview of particular conditions that may influence such a training course shows that there are significant differences among participating countries regarding educational and health systems, furthermore, the surveys conducted at the beginning of the project also revealed that lower educated employees across these countries cannot be considered as a homogeneous group.

Implementation of the training course in four participating countries will also depend on the main target group. Primarily, the target group of the training course are workplace health promotion professionals who have already received a fundamental training in workplace health promotion together with basic knowledge of the specific contents (e. g. smoking, healthy diet etc.). In those specific settings where target group has previously not received training in (workplace) health promotion, the course should be extended with basic knowledge (e. g. concept of health, health promotion, workplace health promotion, health education and its methods) in this field.

All the specific aspects of the training course implementation in different countries will be listed in the final report of the project.

The content of the training programme is based mainly on the manual produced during the project, some additional sources of information have to be used in order to obtain country specific insight (e. g. statistical data on health status, sick-leave etc.).

## Lower education, health and health education

Lower education is considered to be a significant barrier to personal and professional development and a considerable source of social inequalities. As surveys show, low educated people more often suffer from unemployment, unfavourable working conditions (including material ones), poverty, and consequently social exclusion. Not only worse functioning in professional sphere, but also the problem of lower awareness, as well as worse health behaviours and health status can be noticed in this group of workers. In other words, lower socio-economic status (especially educational one) generates worse healthy behaviours, lower motivation for lifestyle changes and thus worse health itself. On the other hand, lower educated people are also rarely prepared to acquire new knowledge through life long learning programmes. One of the reasons for this situation could be that most of these programmes are addressed to the general public and do not take into account the specificity of this target group. On the basis of these findings the project consortium believes that creation and implementation of a specific strategy for health education and health promotion tailored to the needs of people with low education status is an effective method for improving health status, healthy behaviours and social inclusion of this group.

## 2. Objectives

The general objectives of the training are:

1. to give the target group a deeper insight of the characteristics of low educated employees (LEE) and differences between LEE and general working population,
2. to teach the participants specific health education methods for working with this particular group of workers, and
3. to train the participants to be able to further transfer their newly acquired knowledge to other people interested in health education and health promotion for LEE.

In general, the content of the training course is divided in **two main parts** with the specific objectives:

1. first, on the basis of different surveys and EU and national documents to explain connections between low education, bad material situation and health;
2. secondly, to represent possibilities and guidelines for health education and health promotion for LEE, and to teach participants how to use these possibilities and guidelines in specific working environments – in connection with specific topics that would be delivered through workshops (e.g. stress prevention, physical activity, alcohol consumption etc.)

## 3. Content

### 1. Low education as a social problem in the EU and as the determinant of health

- a. Low education as a social problem in the EU and in the specific country (2nd chapter of the manual):
  - basic information on educational structure in the EU and in the specific country (by gender, age, regions etc.),
  - low education as a source of social and health inequalities,
  - low education, unemployment and possibilities of finding new job,
  - lifelong learning and LEE:
    1. lifelong learning programmes for LEE (from perspective of the specific countries),
    2. interest (un-interest) of LEE for lifelong learning (LL) and offer of LL courses for lower educated adults,
    3. functional / health literacy,
    4. how to motivate LEE for LL programmes
  - specific character of LEE's professional work.
- b. Policy regarding LEE – in the EU and in the specific country (3rd chapter of the manual, necessary to gather information on situation in the specific country)

Length: 2 teaching hours

### 2. Health education for LEE

- a. Health and health behaviours:
  - determinants of health related life styles (4th chapter of the manual)
  - health and health behaviours (2nd chapter) – review of the surveys in the EU with the addition of data from the specific country
  - LEE health behaviours and awareness (6th chapter of the manual) – results of the LEECH survey in general and presentation of the results for the specific country
  - health statistics data about LEE in comparison to the general adult population (sick-leave for a five-year period by education level, data on injuries, suicide rate and data on morbidity)

- b. The LEE's specific thinking and preferences for health education and promotion (7th chapter for joint results and country specific chapters for national results)
- c. Summary of the recommendations made on the basis of theoretical frameworks and the results of the LEECH survey (8th chapter)
- d. Teaching method suitable for lower educated adults
- e. Health education methodology for LEE – review of different methods (5th chapter of the manual)

Length: 6 teaching hours

### **3. Content topics regarding health of LEE that will be implemented during workshops in connection to the section 2:**

- smoking
- healthy diet,
- alcohol,
- stress coping and prevention,
- preventive medical checkups,
- patients' rights,
- physical activity,
- healthy sexual life,
- vaccination and infectious diseases,
- health and safety at work,

Additional aim of workshops: to break the myth that it is better to know less of someone's health and ill-health, and to build awareness about the fact, that it is vital to take care of own health before falling ill.

Length: 8 teaching hours

## **3. Length and organizational form**

According to this framework the training course takes **two days** (approx. 16 teaching hours: 8 teaching hours of lectures and 8 teaching hours of workshops).

- The first part consists of several shorter lectures carried out by different lecturers, according to the specific content.
- The second and the third part are to be carried out interchangeably (lectures followed by workshops); lectures and workshops have to be held by different professionals, according to the specific content.

## **4. Implementation instructions**

The group of participants should not exceed 30 people. It is recommended that before the training course organizers obtain information about participants, their past and current work, their previous knowledge about the main topics of the course, their interests etc. These data could be gathered by a short questionnaire a few days before the course. This way the content and teaching methods can be adapted to the needs of the specific group.

The lecturers and workshop leaders should use different teaching materials and technical means (e. g. leaflets, work sheets, blackboards, panels, etc.).

## **5. Knowledge required from lecturers and workshop leaders**

Lecturers and workshop leaders should be professionals from different fields represented by content topics of the training programme (e. g. health and educational policy, health education, adult education methods, etc.).

## **6. Literature**

Korzeniowska E, Puchalski K, eds. The low educated employees towards health – challenges for health education. Lodz: Nofer Institute of Occupational Medicine, 2010.

## **7. Authors of the training programme framework**

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