

HEALTH PROMOTION AND DISEASE PREVENTION A Handbook for Teachers, Researchers, Health Professionals and Decision Makers	
Title	Health Promotion Activities in the Republic of Macedonia
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Author(s), degrees, institution(s)	<p>Elena Kosevska, MD, PhD, Assistant Professor¹ Jovanka Karadzinska-Bislimovska, MD, PhD, Professor¹ Mome Spasovski, MD, PhD, Associate Professor¹ Fimka Tozija, MD, PhD, Assistant Professor¹ Dragan Gjorgjev, MD, PhD, Professor¹ Mihail Kocubovski, MD, PhD, Assistant Professor¹ Vladimir Kendrovski, MD, PhD, Assistant Professor¹ Snezana Cicevalieva, Lawyer, MSc² Vera Dimitrievska, MD³</p> <p>¹School of Public Health, Medical Faculty, University of Ss Cyril and Methodius, Skopje, Macedonia ²Sector for International Collaboration and European Integration, Ministry of Health, Skopje, Macedonia ³Institute Open Society Macedonia-Skopje, Skopje, Macedonia</p>
Address for correspondence	<p>Elena Kosevska, MD, PhD, Assistant Professor Republic Institute for Health Protection 50 Divizija no.6, 1000 Skopje, Macedonia Tel: +389 2 31 25 044/230 Fax: +389 2 32 23 354 E-mail: kosevska@yahoo.com</p>
Key words	Health promotion, health care system, indicators, public health, priorities, activities
Learning objectives	After completing this module, students and public health professionals would become familiar with health promotion activities in the Republic of Macedonia during the period of transition
Abstract	This course covers the following topics: definitions and basic concepts of health promotion, Macedonian health system and health indicators, the new Macedonian public health policy and priorities, health promotion activities regarding 12 key priorities, advantages and weaknesses of the process of health promotion and future developments.
Teaching methods	Lecture, group work and Power Point presentation of national health promotion experience
Specific recommendations for the teacher	It is recommended that this module should be organized within 0.25 ECTS credit, out of which one third will be under the supervision of a teacher. After an introductory lecture the students should work in small groups (3-4 students) searching the Internet to find, compare and present different national examples of health promotion activities. Students need a PC with Internet connection.
Assesment of students	Essay on health promotion activities for certain country/region

HEALTH PROMOTION ACTIVITIES IN THE REPUBLIC OF MACEDONIA

**Elena Kosevska, Jovanka Karadzinska-Bislimovska, Mome Spasovski,
Fimka Tozija, Dragan Gjorgjev, Mihail Kocubovski,
Vladimir Kendrovski, Snezana Cicevalieva, Vera Dimitrievska**

Introduction

The disintegration of the former Yugoslavia happened in 1991 and the Republic of Macedonia emerged as an independent country at 8th of September 1991. Over the last years, Macedonia has undergone considerable socio-political and economic changes, similar to those in the other Central and Eastern European countries. At present, the Republic of Macedonia is confronted with serious task. In order to provide more efficient and cost effective health services, the Ministry of Health has undertaken Reform of the Health Care System, in accordance with the possibilities of the state and respecting the rights of the patients. The basic components of the Reform are to:

- maintain the advantages of the existing system;
- improve health management;
- strengthen health promotion activities in order to improve lifestyle, mental health care and prevention of diseases of addiction;
- improve quality of health services, provide patients rights and high norms of health ethics.

These reforms will provide a complete transformation in the sphere of the health care. Our health care should be adjusted to the European standards, so as to enable comparison of the results obtained.

Macedonia follows the basic concept of the strategies and areas for action for “Health for all” defined by the WHO at the 1st International Conference on Health Promotion, (held in Ottawa, 1986) which are known as the Ottawa Charter for Health Promotion. This charter defined 5 key strategies:

- building healthy public policy;
- creating supportive environments;
- strengthening community action;
- developing personal skills;
- reorienting health services (1).

Health promotion is defined as “the process of enabling people to exert control over the determinants of health and thereby improve their health”. It is also stated that “to reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment” (2).

A WHO meeting in November 1995 on “new challenges for health”, reported that the New Public Health (3) was an extension, rather than a substitution of the traditional public health. It described organized efforts of society to develop healthy public policy as a comprehensive approach to protect and promote health status of the individual and the society, based on the balance of sanitary, environmental, health promotion, personal, and community oriented preventive services, coordinated with a wide range of curative, rehabilitation, and long-term care services. The New Public Health is a concept of ethical issues related to health expenditures, priorities and social philosophy.

Health promotion is defined as a key investment-essential element of social and economic development. But, effective health promotion is possible only with comprehensive approaches through:

- Settings: schools, workplaces, health care sector, cities and local communities;
- People need to be at the heart of health promotion action programmes and decision making processes;
- Real access to education and information, in appropriate language and styles (4).

Highlights on the health situation in the Republic of Macedonia

The Republic of Macedonia is a relatively small country situated in the middle of the Balkan Peninsula on the south of Europe, covering an area of 25.713 km² with 2.036.855 inhabitants (2005). The sex distribution of the population shows that males are slightly predominant (50,2%) over females (49,8%). Females in fertile period (age group 15-49) comprise 51,9% of all women. During the last decades the number of the young population is in permanent decrease, i.e. the age group from 0-14 is 19,7%, while the number of elderly people over 65 years of age is in permanent increase – 11,1% of the total population in 2005. During the last decades, the natural increase per 1000 inhabitants in the Republic of Macedonia decreased from 13,6 in 1981 to 4,4 in 2003 and 2,0 in 2005. The vital indicators of the population in certain regions, natality, mortality and natural growth are significantly increased. The official language is the Macedonian language; writing on Cyrillic alphabet. In addition to the Macedonian language, the languages of the other nationalities are also in official use in the units of local self-government, where they have a considerable number of the inhabitants in a manner stipulated by Law (5,6).

There has been a constant increase in the educational level of the Macedonian population in the last years. The illiteracy rate decreased from 80% in 1940-ties to 6% in 2003. The percentage of enrolled students at the University is 41.5%. About 8% of people in the age group 30-64 hold a university degree. The admission rate of women into secondary schools and universities has improved over the last decades. The minority groups have primary or secondary education on their native language (7).

The role of the family is well recognized. Some activities have been performed by health and social services, with support of women's organizations (booklets and pamphlets on nutrition, family planning, infant's health, infective disease prevention, etc.).

In the early 1990s, Macedonia recentralized its health services. Regarding the Ljubljana Charter, adopted in 1996 by the member states in the European region, Macedonia has reversed its policy, moving toward decentralized health system with crucial objectives of equity, efficiency and quality of care and addressing citizens' needs. Government started to introduce market mechanisms into service delivery by purchaser/provider split, introduction of competitive elements into health services and various payment mechanisms. Critics point out that governments often implement decentralization "with surprisingly little thought for how it would work in practice" (8). Macedonia addresses a far-reaching decentralization consequence: an urgent need for local management and policy capacity. The Reform includes changes in legislation, foundation and management of health facilities, raise and distribution of financial resources. It is based on strengthening of primary health care (PHC) and rationalization of hospital care (HC). In average, PHC teams appropriately cover the population, but some measures and activities are still in the phase of implementation. The process of privatization has started in the early 1990s although many problems have to be solved. The Law on health care and the Law on health insurance support the reform.

The institutions family doctor and dentist are implemented. Also, the health care standards and norms, the package of health services for obligatory health insurance are in a phase of preparation and implementation.

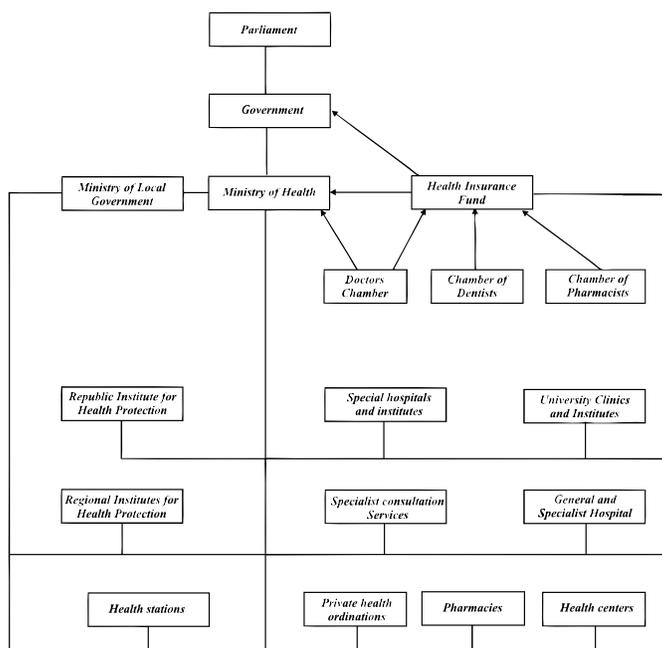
Table 1. Demographic and vital indicators in the Republic of Macedonia

Area	25 713 sq.km
Population (2005)	2.036.855 (Urban 59.7/Rural 40.3)
Administrative division	84 municipalities
Ethnicity/languages	Macedonian 64,2%, Albanian 25,2%, Turkish 3,9%, Roma 2,7%, Serbian 1,8%, Vlactus 1,0%, Other 1,2%
Religions	Orthodox Christian 67% , Muslim 30%
Literacy rate (2003)	94%
Unemployment rate (2003)	39%
Life expectancy at birth (2002)	73.4
Mortality rate (2005)	9.0
Infant mortality rate (2005)	12.8
Neonatal deaths(2005)	9.6

Sources: WHO Regional Office for Europe, Health for All database, 2002, 2003
 Republic Institute for Health Protection-Skopje: Report for Health Status and Health Care in the Republic of Macedonia 2005,2006

Health care system in the Republic of Macedonia, as in many other countries in the world, is organized on three levels: primary, secondary and tertiary level of care. Its typical functions are: health services, production of health resources, management of the system, education and training, research and development, financing health care.

Scheme 1. Health System Organization in the Republic of Macedonia



Source: Ministry of Health, the Republic of Macedonia, 2005

Macedonia has fairly extensive network of 145 health care facilities consisting of primary health care centers, public health institutes, general and specialised hospitals, specialized institutes and clinics within University Clinical Center and other types of health organizations. Health care services are distributed in more than 1307 separate location units enabling good accessibility of the entire population to the services. Bearing in mind, the private sector, the small size of the country and its good quality transport network, about 90% of the population can reach or be reached by a doctor in less than 30 minutes. The national system has approximately 24 000 employees with the overall doctor-population ratio 1:442. 35,4% from all doctors are employed on primary level and 36.1% or 1652 (2002) doctors are employed in hospitals.

Table 2. Health care resources and utilization

Number of hospitals (2005)	54
Number of physicians, PP (2005)	4999
Number of dentists, PP (2005)	1375
Number of pharmacists, PP (2005)	878
Number of nurses, PP (2005)	7012
Average length of stay in days, all hospitals (2005)	11.1
Outpatient contacts per person per year	4.3

Table 3. Economic indicators

GDP (2002)	\$ 1690
Health expenditure of GDP (2005)	6%
Health expenditure of GDP per capita (2002)	\$ 106
Public health expenditure as % of total health expenditure (2005)	90.1

Sources: WHO Regional Office for Europe Health for All database, 2005; EUROSTAT database 2005

Health promotion activities in Macedonia are being carried out over a long period of time (more than 60 years). In the beginning they've been limited to the activities of the health sector and concerned mostly public hygiene, but later those activities spread over the sector of education and non-governmental organizations. The health sector carry out specific preventive programmes on national level, such as those concerning decline of the infant mortality rate, improvement of the environmental and epidemiological situation, vaccination, mother and child health, occupational health, dental care and adolescent health. Over the last decade, the focus has been placed on cancer prevention, AIDS, alcoholism (drink), smoking, drug abuse, reduction of traffic accidents, etc. as problems of all development countries and countries in process of transition.

Recently, priority health problems in the Republic of Macedonia have been: poverty and unemployment, high rates of mortality and morbidity from CVD and cancer, explosion of addictive drug abuse, increased violence and injuries, hyperproduction and surplus of staff (doctors), lack of properly qualified experts in public health, lack of qualified managers of health programs and underutilization and deterioration of the health facilities.

The new Macedonian public policy and priorities are:

1. Improving social security and combating poverty
2. Political power, influence and participation - democratic rights for all groups in the society, participation in the political decision-making process
3. Creating secure and good conditions for children and young people
4. Healthy workplaces and an improved level of occupational health
5. Healthy environment and provision of safe products
6. Health-promoting health services
7. Healthy lifestyle: increasing physical activity, good eating habits and safe food, reducing tobacco smoking, harmful alcohol consumption
8. Struggle against narcotics
9. Reducing the spread of infectious disease and promoting safe sexual behavior
10. Reducing injuries and violence
11. Improving oral health
12. Improving mental health

Activities and achievements on health promotion during the last period in the Republic of Macedonia are as follow:

1. Improving social security and combating poverty

Activities: National Poverty Reduction Strategy, Social Development Project-Cooperation across disciplines, among teachers, doctors, journalists, government workers and religious leaders (National Center for Training in Social Development at the University of Ss. Cyril and Methodius), National Human Development Report 2001-Civil Society in Transition: “Social Exclusion and Human Security in Macedonia” aims to investigate the growing phenomenon of alienation and the marginalization of substantial groups of population, notably in rural areas and unemployed youth.

2. Political power, influence and participation – democratic rights for all groups in the society, participation in the political decision-making process

Organization: Institutions for providing social and health care and education of pre-school children, homes and boarding schools for pupils-students and institutions for social care for children lacking parental care, care of physically and mentally handicapped children and juveniles, for educationally neglected children and juveniles (reception centers), for professional rehabilitation of persons with limited working abilities and persons with disability, Unit for Promotion of Gender Equality, Ministry of Labor and Social Policy.

Legislation: Law on social care, etc.

Activities: National Strategy for Roma Population, National Action Plan for the Advancement of Women

3. Creating secure and good conditions for children and young people, women, elderly people

- Maternal and child health, reproductive health

Organization: Ministry of Health, National Committee for Breast Feeding, Institutes for health protection (RIHP /10 reg.), Institute for Mother and Child Health Care, Ministry of Education and Science, Ministry of Labor and Social Policy, UNICEF, WHO, NGOs.

Legislation: Law on health care, Law on family, Law on communicable diseases protection,

Program for immunization, Program for active maternal and child health care, Program for preventive health care, Program for early detection of cervical cancer, National Action Plan for Breast Cancer Control.

Activities: Projects: “Rehabilitation of Patronage System-Family nursing”, “EPI-Program”, “Baby friendly hospitals”, “Project for child and youth development”.

- Adolescents and youth

Organization: Ministry of Health, Institutes for health protection (RIHP /10), Institute for Maternal and Child Health Care, Ministry of Education and Science, Ministry of Labor and Social Policy, Agency for Youth and Sport, UNICEF, WHO, NGOs.

Legislation: Law on health care, Law on family, Law on communicable diseases protection, Programs for: immunization, active maternal and child health care, preventive health care, preventive health check, AIDS, National strategy for youth.

Activities: Projects: “Rehabilitation of Patronage System”, “EPI-Program”, “Youth friendly services”, “Project for child and youth development “, “Local Vavilon Centers”.

- Elderly people

Organization: Ministry of Health, Institutes for health protection (RIHP /10), Institute for Palliative Care, Ministry of Labor and Social Policy, institutions for housing and care of adults, homes for elderly and sick persons, Sue-Rider services (Skopje, Bitola), WHO, NGOs, Red Cross etc.

Legislation: Law on health care, Law on family, Law on social care.

Activities: Projects: “Rehabilitation of Patronage System”, social services which include housing, food and health care, survey on ”Health status and nutrition of elderly in the Republic of Macedonia”.

4. Healthy workplaces and an improved level of occupational health

- National Strategy for Health, Healthy Environment and Safety at Work (HESME), 2005 (Institute of Occupational Health as a leader);
- Combined activities of the employees, employers, organizations and community aiming to improve health at work- a multidisciplinary approach;
- Focused on: health conditions, ergonomics of the workplace, lifestyle, education and training, special groups problems (young-old workers) etc.;
- Pilot study in two companies (steel production and leather manufacture).

5. Healthy environment and provision of safe products

Harmonization of the national legislative with EU Directives and WHO recommendations related to the environmental health

- Collaboration in the Pan-European Program for Transport, Health and the Environment with WHO and United Nations Economic Commission for Europe (UNECE)
- Work on Children Environmental Health Action Plan for Europe (CEHAPE) in Macedonia
- Improvement of Water and Sanitation Conditions (WSC) Goal 4:
 - From 93% with safe drinking water in 2003 to > 95% in 2010
 - From 90% with sanitation in urban areas in 2003 to > 95% in 2010
 - From 15% with sanitation in rural areas in 2003 to > 30% in 2010

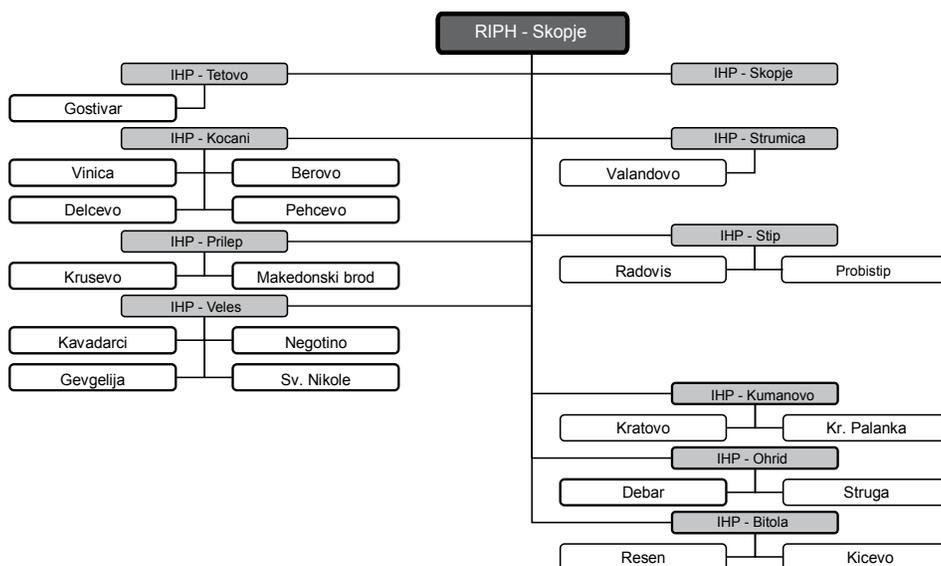
6. Health-promoting health services

Organization: National Committee for Health Promotion - Ministry of Health (2000), Institutes for Health Protection (RIHP /10), Institute for Occupational Health-Skopje, primary healthcare units, schools, social centers, media, UNDP, UNICEF, WHO, NGO, Red Cross

Legislation: Law on health care, Law on Local Self Government, preventive programs for global or specific health problems, annual programs for health education-national /regional level

Activities: Consulting, education: workshops, campaigns, conferences, project: “Healthy communities” - Ministry of Health, CDC, OSI

Network of Institutes for Health Protection



7. Healthy lifestyle: increasing physical activity, good eating habits and safe food, reducing tobacco smoking, harmful alcohol consumption

- Physical activity

Encouraging physical activity, as part of preventive services in primary care, focuses mainly on leisure-time activities rather than occupational ones. The major strategies behind the implementation of programmes to increase the physical activity level in individuals and in the population are creation of supportive physical, social and cultural environments for the population, education of the public through mass media and direct education and counseling in primary care. National survey (9) has shown that half of the examinees (15-64) in the Republic of Macedonia have no physical activity in their free time (49.6%), which is for 10% higher than the average in the countries from 14 sub-regions in the world (that is, 41% of the population).

Organization: Agency for Youth and Sport

Legislation: National Strategy for Youth

Activities: New sport center - Skopje, runways, bicycle paths, organizing cross country competitions.

- Nutrition

The Government of the Republic of Macedonia has adopted the Action Plan for Food and Nutrition of the Republic of Macedonia at its session in April 2004 as Governmental Document.

The planned activities in accordance with the Action Plan for Food and Nutrition of the Republic of Macedonia have already started:

- The Centre for Nutrition and diet within the RIHP was established in 2003
- Promoting material and posters
- Participation on World Heart Day in 2003 and 2004 with more than 200 examined women
- Opening of Nutritional Clubs in elementary schools with promotion;
- Ongoing surveys (The National Diabetes Study; Nutritive status among preschool children; Nutritive status among elderly); and
- Implementation of activities from Annual National Preventive Program for Nutrition for RIHP and 10 IHPs in Macedonia

- Tobacco

Consumption of tobacco in any form, including cigarettes, cigar and pipe tobacco, chewing tobacco and snuff and exposure to tobacco combustion products through passive or involuntary smoking contribute considerably to illness and premature death from more than 20 different diseases. Macedonia belongs to the countries of Central and Eastern Europe where smoking is increasing. Results from the survey in 2000 among population between 15-64 showed that almost each second examinee is a smoker (42,7%) and that 6,2% smoke more than 20 cigarettes a day (9). Global Youth Tobacco survey in 2002 among young people from 13 to 15 years old, showed that 8,2% of students smoke cigarettes (10). Intervention measures for this problem are policies on tobacco control:

Organization: National Committee for Tobacco Control

Legislation: Law against smoking

Activities: National Strategy, National Action Plan, media, press conferences on 31st of May

8. Struggle against narcotics

In Macedonia there is a strategic approach -National Program on protection against drug abuse and illegal drug trade since 1996. Indeed as Macedonia moves slowly towards being a member state of the European Union, important developments within the care sector are becoming increasingly apparent. These changes include the de-centralisation of drugs treatment resources, the shift towards a mixed economy of care (embracing partnership working between the statutory, NGO and private sectors) and the commissioning of services from the NGO sector. Practitioners involved in direct work with drug users need the relevant skills to be able to respond to these changes. The mixed economy of care in Macedonia is in its infancy. The NGO sector has grown at a rapid pace with the help of inward investment of international organizations whilst the state care sector has

struggled to maintain a service amidst a deepening economic crisis. The government has been unable to grasp the need to develop an infrastructure role in respect of the health and social care sectors. There are acute issues around the provision of relevant services, sustainability, quality of services and partnership working.

The pace of development in the care sector and the relatively recent emergence of problematic drug use have created a skills gap amongst practitioners working in the drugs field. This is particularly evident amongst frontline workers who are finding it difficult to respond to the basic needs of drug users (with the exception of a few niche drugs focused NGOs). As the number of drug users needing treatment in Macedonia increases, service users are funnelled into central mainstream services (such as the Detox unit at Kisela Voda Hospital) often overloading them. Frontline workers need to have the skills to be able to work with drug users in the community to ensure early therapeutic input, harm reduction and community re-enforcement (11).

9. Reducing the spread of infectious disease and promoting safe sexual behavior

- An Inter-Ministerial Group (Country Coordinative Mechanism);
- National Strategy for Prevention of HIV/AIDS;
- National Program for Prevention of HIV/AIDS (Prevention of HIV transmission among young people, prevention of transmission of HIV and blood-borne diseases among IDUs, among sex workers and their clients, MSM, Roma community, prisoners, improvement of the access to and quality of HIV consulting and testing, improvement of HIV/AIDS/STI surveillance and forecasting to strengthen planning of national response, provision of health care and psychological support for PLWHA and capacity building and coordination).

10. Reducing injures and violence

- Violence prevention
 - National Campaign against Violence
 - Institutionalization: Department for Injury and Violence Control and Prevention established at the Republic Institute for Health Protection
 - Violence priority in the Biannual Collaborative Agreement (BCA) MOH/WHO
 - National task force: Inter-ministerial and multidisciplinary Group
 - National report on Violence and Health preparation
- Road safety
 - World Health Day 2004 promotion activities
 - WHO Certificate to the Department for Injury and Violence Control and Prevention
 - National study on road traffic injures among children and students
 - Draft Strategy for road safety prepared
 - Law for road safety amended and empowered
 - Stability pact – Pre-hospital trauma life support project
 - Information for emergency services in Macedonia – in preparation
 - Elective course for Injury research and safety promotion in the Master for Public Health curriculum
 - CEHAPE

11. Improving oral health

- Draft-Curricula on Oral Public Health for the School of Public Health
- Oral Health Survey in RM (Project) based on WHO oral health survey methods
- Red Cross activities

12. Improving mental health

- Mental Health Reforms (Government level)
 - Decentralization
 - Deinstitutionalization (mental health centres-6)
 - Policy and legislative support (Draft National Mental Health Policy and Draft-Mental Health Law)
 - NGO Sector's involvement
- Non-Governmental level
 - Project: "Promotion of human rights for persons with mental handicap in the civil society" (NGO Message)

Education and information are very important parts in the process of health promotion activities. "Health promoting schools" was a project in the elementary and secondary schools supported by the WHO. The involved 40 schools and students were very satisfied. Within Medical Faculty-Skopje a School of Public Health was established in 2003, then a Faculty for High Education of Medical and Stomatology Nurses. Media play an important role in the process of better and timely information.

Conclusion

Economic and social development determines health. Macedonia is strengthening its capacity to effectively manage complex health promotion aspects - the capacity to monitor relevant trends, identify options for change, set priorities, draw up action plans and ensure their implementation, measure outcomes and take corrective actions when needed.

Future developments

- National strategy for health development;
- Advocate relevant health, social, environmental policies;
- Encourage active and continuing participation in health education and health advocacy;
- Capacity building-health promoters from all sectors of the society;
- Promote factors that contribute to a better status of health of the population;
- Initiate projects and actions for local community development - legislation, fiscal measures, organizational change, communication and education.

Exercise: Health Promotion Activities in the Republic of Macedonia

Task 1:

After an introductory lecture students are asked to search the Internet to find different national examples of health promotion activities.

Task 2:

Students are asked to make comparisons between countries and to prepare Power Point presentation.

Task 3.

As output, students should write an essay, stressing their personal opinion about advantages and weaknesses of certain country/regional health promotion activities and offering their proposal how to make health promotion more effective process in the future.

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