

<p>A) Local /Method</p> <p>Aim: To identify inspiring results and experiences from health initiatives in the local environment / municipality, focusing on children, volunteerism and civil society organizations.</p>	
<p>Study Question: <i>On health initiatives:</i> <i>Give 2-3 examples on health initiatives that have been launched in the local area during the last decade concentrating on the most inspiring projects in relation to HCHF? What are the main results and experiences from these?</i> <i>Has empowerment -based interventions been part of the initiatives in the local area? What are the experiences from this?</i></p>	
<p>Example 1: Description</p>	<p>The Health and Sustainable Municipalities Programme of the Town Council of Arroyo de la Luz is promoted by the Regional Counselling for Health and Social Policy of the Extremadura Government. Arroyo de la Luz is in the Extremadura Network of Healthy and Sustainable Municipalities since 2004.</p> <p>The main objective is to "Promote de improvement in the citizenship's quality of life" working with the environmental conditions (water services and sewerage management, land use planning, landscaping...) and with the citizenship lifestyles (daily issues, leisure time...).</p> <p><u>General Aim:</u> The study and analysis of the citizenship's appreciation about the environmental and health characteristics and aspects in the municipality.</p> <p><u>Specific Aims:</u></p> <ul style="list-style-type: none"> - To analyse how is the environmental quality valued. - To know the opinion about the management and treatment of the urban solid waste of the municipality. - To establish the situation of the basic municipal services. - To establish basic factors about the state of health (how much are the urgent services used, frequency of visits to the dentist...). - To analyse the type and degree of labour risks. - To know the citizenship's opinion about the health services. - To establish habits and lifestyles in nutrition, physical activity, leisure time, analysing the alcohol consumption, smoking or other drugs consumption, methods of contraception... - To analyse the general state of satisfaction in environmental issues, municipal services, health services and the valuation of the quality of life in Arroyo de la Luz.
<p>Example 1: Main results and experiences</p>	<ul style="list-style-type: none"> - The highest causes of death in Arroyo de la Luz are breast and colon cancer, respiratory and cardiovascular diseases.

	<ul style="list-style-type: none"> - There is a high percentage of the population with high blood pressure and diabetes. - A high percentage of citizens consider that they suffer postural, physical and structural labour risks. - The consumption of meat has grown during the last years and in the meantime the consumption of fish is still less. That happens within the oldest and the youngest population. - The consumption of fruit has improved noteworthy, but the consumption of vegetables is still poor in Arroyo’s diet. - Sweets, sausages, pasta and rice are consumed more than it is usually recommended. - Ages where the habits are less healthy are from 15 to 29 and from 45 to 64. - People with ages from 30 to 64 only practice physical exercise in a 54% percent. - Alcohol consumption during the weekends is too high: 62% from 15 to 29 do it. - The daily consumption of cigarettes is mainly high in men among 45 to 65 years old. - Other drugs are consumed by young people from 15 to 29. - It is important to highlight that a high percentage do not use contraceptive methods, not only the youngest but also men and women from 30 to 44. - The children’s surveys show little consumption of vegetables and fish and that the visit to the dentist is not usual. In most cases the check-up in school is enough.
<p>Example 1: Read more here</p>	<p>http://arroyodelaluz.es/ http://arroyodelaluz.es/es/ciudades-saludables</p>
<p>Example 2: Description</p>	<p>NUTRITION ACTIVITIES</p> <ul style="list-style-type: none"> - Healthy Breakfast (Day Centre for Elderly). - Oral Health (Adult Education Centre “Sansueña”, Public School ‘Ntra. Sra. de la Luz’ and Direct-Grant School ‘Ntra. Sra. de los Dolores’). - Healthy Breaks (Public School ‘Ntra. Sra. de la Luz’ and Direct-Grant School ‘Ntra. Sra. de los Dolores’). - Nutrition Workshop (Secondary School ‘Luis de Morales’). - Health Gymkhana (Public School ‘Ntra. Sra. de la Luz’ and Direct-Grant School ‘Ntra. Sra. de los Dolores’). - Healthy Breakfasts: (Secondary School ‘Luis de Morales’). <p>TRAFFIC EDUCATION</p> <p>DRUG ADDICTIONS</p> <ul style="list-style-type: none"> - Prevention of Drug Abuse (Theoretical and practical Workshops): Self-esteem, Cigarettes, Alcohol and Drugs. <p>COEXISTENCE IN SCHOOL</p> <ul style="list-style-type: none"> - Work Sessions with pupils (Direct-Grant School ‘Ntra. Sra. de los Dolores’).

	<ul style="list-style-type: none"> - Strengthening Coexistence (Parent-Teacher Association). <p>SEXUALITY</p> <ul style="list-style-type: none"> - Affective-Sexual Education (Secondary School 'Luis de Morales'). <p>EQUALITY AND HUMAN RIGHTS</p> <ul style="list-style-type: none"> - Workshops about Equality and Human Rights. <p>POSTURAL AWARENESS IN CLASS</p> <p>RADIO: HEALTH THROUGH THE AIRWAVES 2011</p> <p>AIDS PREVENTION</p> <p>AWARENESS DAYS</p> <ul style="list-style-type: none"> - World AIDS Day - World Health Day - World No-Tobacco Day <p>MEMBERS OF THE HEALTH MUNICIPAL NETWORK</p> <ul style="list-style-type: none"> - Parents Association of the Public School 'Ntra. Sra. de la Luz'. - Parents Association of the Direct-Grant School 'Ntra. Sra. de los Dolores'. - Parents Association of the Secondary School 'Luis de Morales'. - Community Worker of the Secondary School 'Luis de Morales'. - Headship of the Public School 'Ntra. Sra. de la Luz'. - Headship of the Direct-Grant School 'Ntra. Sra. de los Dolores'. - Headship of the Secondary School 'Luis de Morales'. - Housewife's Association. - Consumers' Association. - Town Council of Arroyo de la Luz. - Councillorship for Health and Consumption of Arroyo de la Luz. - Adult Education Centre "Sansueña". - Health and Sustainable Municipalities Programme - Local Police Authority. - Drug Prevention Area of the Community of Towns Tajo Salor. - Cultural and Environmental Association Traspiés. <p>EVALUATION MEETINGS</p>
<p>Example 2: Main results and experiences</p>	<ul style="list-style-type: none"> - Oral Health (Adult Education Centre "Sansueña", Public School 'Ntra. Sra. de la Luz' and Direct-Grant School 'Ntra. Sra. de los Dolores'). <p>Children assist to a briefing hold by the dental practitioner of the Health Centre of Arroyo de la Luz, where it is explained what is oral hygiene and what has to be done to have a healthy mouth.</p>

	<p>This briefing ends with a practical exercise where the specialist shows the children how they have to brush their teeth. 216 pupils have taken part in this activity.</p> <p>Healthy Breaks (Public School 'Ntra. Sra. de la Luz' and Direct-Grant School 'Ntra. Sra. de los Dolores'). During the whole school-year a food control is carried out. The teachers check the food the children bring, and they tell them which food is more appropriated to bring for the breaks. 432 pupils have taken part in this activity.</p> <p>Health Gymkhana (Public School 'Ntra. Sra. de la Luz' and Direct-Grant School 'Ntra. Sra. de los Dolores'). 234 pupils have taken part in this activity.</p> <p>Healthy Breakfasts: (Secondary School 'Luis de Morales'). The breakfast isn't served. Fruit, milk, cereals, bread, olive oil and cured Iberian jam are on a table and each child prepares his/her own breakfast. 58 pupils have taken part in this activity.</p> <p>TRAFFIC EDUCATION To aware about the importance of knowing the traffic norms in order to acquire Traffic and Civil Values. 146 pupils have taken part in this activity.</p> <p>DRUG ADDICTIONS Briefings about Self-esteem, Cigarettes, Alcohol and Drugs. 146 pupils have taken part in this activity.</p> <p>COEXISTENCE IN SCHOOL Work Sessions with pupils. 146 pupils have taken part in this activity.</p> <p>SEXUALITY Affective-Sexual Education (Secondary School 'Luis de Morales'). 180 pupils have taken part in this activity.</p> <p>EQUALITY AND HUMAN RIGHTS Workshops about Equality and Human Rights. 67 pupils have taken part in this activity.</p> <p>POSTURAL AWARENESS IN CLASS 77 pupils have taken part in this activity.</p> <p>RADIO: HEALTH THROUGH THE AIRWAVES 2011 Within the 'Healthy Week' there are three days in 'Sansueña Radio' related with Health. 1st day: Round Table with members of the Health Municipal Network. 2nd day: The Health Care Centre staff aware the citizenship about first aid practices. 3rd day: An interview with the Drug Prevention Technician where the programme is explained and some doubts about drugs are answered.</p> <p>EVALUATION Bearing in mind the objectives that were set in the draft, they</p>
--	---

	<p>have all been fulfilled. This confirms the coherence of the objectives thanks to the prior analysis of the reality.</p> <p>The population that we have reached has been very wide. We can confirm that more than 3,000 people have been reached either directly or indirectly with our actions, in particular with the awareness-raising activities.</p> <p>Direct activities have also been almost 900 beneficiaries, especially young people who have been reached with more than one action. We cannot forget the teachers involved who have also taken benefit from training, (approximately 82 teachers and professionals from different sectors involved in the project).</p> <p>Thanks to the Project the social agents started to know each other while working with the same population.</p> <p>All this has led to the point to where we are today: if anyone talks about the Health Municipal Network, everybody knows who constitutes it, and hopefully year after year it will be more consolidated. There is still to find a common space, to share time together, due to the overwork of the social agents within the network that prevents them from the dedication it deserves.</p>
<p>Example 2: Read more here</p>	<p>http://arroyodelaluz.es/ http://arroyodelaluz.es/es/universidad-popular</p>

<p>Study Question:</p> <p><i>About training based on volunteerism:</i></p> <ul style="list-style-type: none"> • Give an example of an inspiring initiative in local area (e.g. health work based on resourceful actors, training of volunteers and/or instructor courses)? • Are there any experiences from facilitating training for citizens to qualify for voluntary work, from recruiting and motivating locals to take part in training or other activities on a voluntary basis? 	
<p>An inspiring example</p>	<p>All the activities carried out within the fields previously explained, were designed by the technicians responsible for the health programme and led by the Town Council.</p>
<p>Read more here</p>	<p>http://arroyodelaluz.es/ http://arroyodelaluz.es/es/ciudades-saludables http://arroyodelaluz.es/es/universidad-popular</p>
<p>Experiences from facilitation voluntary training in the local area</p>	<p>The most important experiences Arroyo de la Luz had in voluntarism have been in the Affective-Sexual Education field working with SMS methodology.</p>
<p>Recommendations on this background:</p> <ul style="list-style-type: none"> • Opportunities / barriers in relation to this type of interaction? • How to communicate the training offer to the local citizens? • How and where to recruit? Is it an advantage to recruit groups? Can recruitment happen through electronic media such as Facebook and SMS etc..? • How to motivate people to participate? Could ECTS-points be an offer, personal 	

development, prior learning assessment-schemes, employment / activation or similar offers and opportunities? • Other	
Recommendations on this background	Nowadays, volunteerism is one of the basic action tools within the social field, having the chance to change society and being part of the attention network to people in inequality situations. The difficulties found were to get volunteers in the municipality and to schedule activities with their availability. To get volunteers will be possible thanks to the work of the sport club trainers and the municipal health network being present in meetings, press articles, social networks, mailing... so the message gets to everyone.
Anything else of relevance to category A can be noted here	

<p>B) Local /setting</p>	
<p>Aim: To describe demographic data in the local area and to identify central experiences with what’s important and what works in the local area in order to develop the training programme and establish a project based on volunteerism and resourceful actors in the local community.</p>	
<p>Study Question:</p> <p><i>Civic perspective:</i></p> <ul style="list-style-type: none"> • Briefly describe demographic data in the local area: number of inhabitants, employments, age distribution, religion, ethnic background. • What has value and meaning in the local area, especially mentioning points of relevance to a) recruitment and b) developing the training programmed? • What works in the local area? How have the citizens experienced former health initiatives? 	
<p>Demographic data:</p>	<p>According to the latest data published on January 1, 2011 at the National Institute of Statistics (INE), the City Council of Arroyo de la Luz has registered 6.392 neighbours: 3.227 women and 3.165 men.</p> <p>Foreign population: 58 of which 33 are women and 25 are men, being the most representative country Morocco.</p> <p>Arroyo de la Luz is a municipality where 24% of the population is over 65 years old and 17% less than 19.</p>
<p>Value and meaning; points of relevance to recruiting for and developing the training programmed. Give inspiring examples/quotes from interviews with professionals in the local community</p>	<p>1. <u>Meetings with the Municipal Health Network.</u></p> <ul style="list-style-type: none"> - Parents Association of the Public School ‘Ntra. Sra. de la Luz’. - Parents Association of the Direct-Grant School ‘Ntra. Sra. de los Dolores’. - Parents Association of the Secondary School ‘Luis de Morales’. - Community Worker of the Secondary School ‘Luis de Morales’. - Headship of the Public School ‘Ntra. Sra. de la Luz’. - Headship of the Direct-Grant School ‘Ntra. Sra. de los Dolores’. - Headship of the Secondary School ‘Luis de Morales’. - Housewife’s Association. - Consumers’ Association. - Town Council of Arroyo de la Luz. - Councillorship for Health and Consumption of Arroyo de la Luz. - Adult Education Centre “Sansueña”. - Health and Sustainable Municipalities Programme - Local Police Authority. - Drug Prevention Area of the Community of Towns Tajo Salor. - Cultural and Environmental Association Traspies.

	<p>2. <u>Meetings with the Municipal Sport Clubs Trainers.</u></p> <ul style="list-style-type: none"> - Arroyo's Volleyball Club. - Arroyo's Basketball Club. <p>3. <u>Meeting with the Parents Association of the Public School 'Ntra. Sra. de la Luz'</u></p>
<p>Other relevant experiences concerning values and meanings in the local area: Report key points concerning the citizens' experiences with health interventions and volunteerism from the interviews with professionals in the local community</p>	<p style="text-align: center;">Data not available</p>
<p>Study Question:</p> <p><i>Political / municipal / regional perspective:</i></p> <ul style="list-style-type: none"> • <i>Who meets with and relates to the local citizens and how? Key actors (e.g. teachers, social workers) and key tasks for the municipality / region in the local area?</i> • <i>What is the local policy in the area? Does the municipality promote im- or explicit values for a healthy / good life?</i> 	
<p>List the most important and relevant key actors in the local area: Who are they and what are they doing</p>	<p>The Municipal Government, through the Municipal Health Network and the Health and Sustainable Municipalities Programme has put relevant key actors in the local area. Both are constantly working with the schools and several associations to disseminate health advices within the municipality throughout a lot of activities were the citizenship's participation is quite high.</p>
<p>Give a short description of the local policy in the area in present time, especially related to health</p>	<p>The local community prevents diseases with The Health and Sustainable Municipalities Programme and the Municipal Health Network, as well as with the Active Elderly Programme and the Active and Healthy Ageing Programme. And the healthcare is being done at a local level with the Residential Home for Elderly, the Day Care Centre and the Elderly Association.</p>
<p>Read more here</p>	<p>http://arroyodelaluz.es/ http://arroyodelaluz.es/es/ciudades-saludables http://arroyodelaluz.es/es/universidad-popular</p>

<p>Recommendations on this background:</p> <ul style="list-style-type: none"> • <i>What are the main 'target areas' in the community – the local citizens' as well as municipality's own assessment?</i> • <i>How and where to recruit? Who has status in the local community?</i> • <i>How to motivate people to participate? How to convey the offer about training?</i> • <i>Content and methods in the training programme.</i> 	
<p>Recommendations on this background:</p>	<p>According to the diagnosis of the Health and Sustainable Municipalities Programme there is a need to have a bearing in Drugs' Consumption Prevention (hashish, tobacco and alcohol), in healthy feeding habits as well as in physical activity with the aim to improve and to maintain healthy habits.</p> <p>Another objective is to cause a multiplication effect in the improvement of the citizenship's health using the train the trainers' methodology to get active agents for the health improvement and maintenance.</p>
<p>Anything else of relevance to category B can be noted here</p>	<p>The effectiveness of different interventions to promote healthful feeding habits and the habitual practice of physical activity have been analyzed in different systematic revisions, identifying some features that favour a greater impact in health. It is very important to use a multidisciplinary approach and multiple and complementary strategies that are to be included at individual, communitarian, environmental, normative and political levels. The exclusive dissemination of information is not effective.</p>

C) National (regional) /Method

Aim: To identify inspiring results and experiences from health initiatives in other local communities in the country/region, focusing on children, volunteerism and civil society organizations.

Study Question:

On health initiatives:

- Give a description of a project that can inspire the HCHF-project? What are the key experiences (process and product evaluation) and indications that it works? Especially note anything 'unexpected' and of relevance for the HCHF-project.
- Are there any experiences of successes where the health initiatives have caused advantages in a socio-economic perspective? Give an example.

Description of inspiring project:

To prevent to live is a program of drug consumption prevention that has been again carried out in the school year 2009-2010 within the framework of the agreement subscribed between the Public Health Service of Extremadura and the Foundation 'Ayuda contra la Drogadicción' (Help against Drugs Consumption). This project is designed to become an effective, flexible and of easy assimilation tool to be introduced in the educative scope. Prevention activities are compatible with the own knowledge activities in schools. It allows to approach in the classroom (early childhood education, primary education and secondary education), those variables that can act as protection factors.

- Pupil's affectivity development: a basic component of one's character.
- Intellectual development to favour one's health (incompatible with drugs consumption), learning to take decisions, changing attitudes and providing information about drugs.
- Pupil's social development, increasing social competences for a better interaction and communication with others.

As the programme is focussed to the educative community, teachers, parents and specially children and young people are the final beneficiaries.

- Teachers of early childhood education, primary education and secondary education.
- Vocational guidance counsellors, directors and other professionals of educative centres.
- Pupils of early childhood education, primary education and secondary education.
- Parents.
- Municipal and local professionals with responsibilities in prevention programmes.
- Volunteers.

The general aim of the project is to reduce alcohol, tobacco and illegal drugs consumption and to delay the age of the beginning consumption.

This program coordinates itself with the participation of the parents through the execution of different activities with their children.

The preventive activities are ruled within a simple programme with a

	<p>training guide that covers the basic requirements of the programme.</p> <p>The methodology is agile, practical and adapted to the different educative levels. If the school wants to start to work with a concrete level, it can do it, and afterwards it can expand to other levels. So priority can be given in order to work with pupils that need it most.</p> <p>The tools that are going to have the teachers in prevention intervention are:</p> <ul style="list-style-type: none"> - A training guide, a notebook to work with parents and an activities notebook to work both pupils and other tools for the educative centre: <ul style="list-style-type: none"> - A handbook with techniques for drugs consumption prevention in schools. - Prevention tools for early childhood education. - Prevention tools for primary education. - Prevention tools for secondary education. - A training guide with activities that can be carried out in class. - An introducing video.
<p>Key experiences/anything 'unexpected'</p>	<p>64,5% (49) of the evaluating centres have perceived slight changes in the students and 18,4% (14) have perceived remarkable changes. It is also remarkable the fact that 77,7% (49) of the parents are very satisfied with their participation in the programme, and that 95.3% (60) also think that their children are also very satisfied with the participation in 'Prevent to live'.</p> <p>Finally, 93,7% (59) centres are interested in participating in a programme of familiar prevention.</p>
<p>Read more here</p>	<p>http://www.juntaex.es/consejerias/sanidad-dependencia/servicio-extremeno-salud http://www.fad.es/contenido.jsp?id_nodo=50&&keyword=&auditoria=F</p>
<p>Example of initiatives where the health initiative has caused advantage in a socio-economic perspective</p>	<p style="text-align: center;">Data not available</p>
<p>Study Question: <i>About training based on volunteerism:</i></p> <ul style="list-style-type: none"> • <i>Are there any inspiring examples of similar projects? For example how volunteers have effectively been trained and how they have been active after the training in the local community.</i> 	

<p>Example of an inspiring project based on volunteerism. How has the volunteers been trained and how have they been active after the training?</p>	<p>Training. "Prevent to live" has big and flexible training offer suitable for volunteers that want to be trained for the programme's implementation.</p> <p>Specific Support Consultation Very brief and specific sessions to introduce or to clarify basic aspects related to the programme and its development.</p> <p>Short seminars or courses They are about 10 hours long and its aim is to achieve a better knowledge about the programme and a more efficient implementation in the educative centre.</p> <p>Longer courses They are about 20 hours long or even longer and its main aim is to provide deeper knowledge about prevention in schools and an active training for a basic intervention within the classrooms.</p>
<p>Read more here:</p>	<p>http://www.juntaex.es/consejerias/sanidad-dependencia/servicio-extremeno-salud/ http://www.fad.es/contenido.jsp?id_nodo=50</p>
<p>Recommendations on this background:</p> <ul style="list-style-type: none"> • Significant 'target areas' and key words for the work at national level. Can there for instance be identified ten essential items for the work or five important steps in the process? • How to recruit citizens for training on a voluntary basis? How to motivate citizens to participate? How to convey a training offer to the public? 	
<p>Recommendations on this background</p>	<p>The Health Plan for Extremadura 2009-2012 has three strategic core themes.</p> <p>1. THE PREVALENT AND EMERGENT HEALTH PROBLEMS IN EXTREMADURA. Herein, following Intervention Areas have been given priority: Cardiovascular diseases, Cancer, Mental Health, Drug consumption and other addictive conducts, Accidents and chronic violence, respiratory diseases, imbalance diseases, infectious diseases, rare diseases and zoonosis. It will be worked in an integral way that includes prevention, diagnosis, attendance, etc.</p> <p>2. HEALTH PROTECTION AND IMPROVEMENT. Intervention areas: health promotion and education, healthy feeding and feeding security, environmental health, health monitoring and control and occupational health.</p> <p>3. CONTINUOUS HEALTH CARE IMPROVEMENT QUALITY Health organization and health integration model, health information system and knowledge management.</p>

<p>D) National (regional) /Setting</p> <p>Aim: To identify central experiences with what's important and what works in areas characterized by a high degree of ethnic minorities and people from lower social classes. This in order to develop the training programme and establish a project based on volunteerism and resourceful actors in the local community.</p>	
<p>Study Question: <i>Civic perspective:</i></p> <ul style="list-style-type: none"> • <i>What is known about health status and health initiatives in similar areas nation/regional wide, especially mentioning points of relevance to a) recruitment and b) developing the training programmed?</i> • <i>What has the general interest of the citizens? What has value and meaning in their lives? (e.g. health, recreation, family, religion etc.) Especially note anything 'unexpected' and of relevance to the HCHF-project, examples of best practice etc.</i> 	
<p>Health status in similar areas – key points/target areas of relevance to HCHF</p>	<p>During the past few years, the health situation, and health promotion and education in particular, have improved considerably in the region. In this sense, the budgetary effort to impel the health promotion and education has been considerable, taking shape in multitude of activities (material, training, establishment of grants, etc.).</p> <p>As it was explained before, following Intervention Areas have been given priority: Cardiovascular diseases, Cancer, Mental Health, Drug consumption and other addictive conducts, Accidents and chronic violence, respiratory diseases, imbalance diseases, infectious diseases, rare diseases and zoonosis. In our region Cardiovascular diseases are the first cause of death and Cancer the second one.</p> <p>According to the Health survey of Extremadura 2005 69,2% of the population considered that their health state during the last 12 months was good, 23.2% considered it was okay and 7.5% considered it bad or very bad.</p>
<p>Read more here</p>	<p>http://www.juntaex.es/consejerias/sanidaddependencia/common/documentos_pdf/plan09-12.pdf http://www.saludextremadura.com/</p>
<p>Health initiatives in similar areas – key points of relevance to HCHF</p>	<ol style="list-style-type: none"> 1. Health Plan for Extremadura 2009 – 2012. 2. Health Sciences Study Plan. 3. Integral Plan against Drugs. <ol style="list-style-type: none"> a) Welfare Programmes. b) Disintoxication Programmes. c) Naltrexone Programmes. d) Methadone Programmes. e) Detection and Monitoring programmes for HIV, Hepatitis B and C. f) Reintegration into Society and Labour Market programmes. g) Harm Reduction programmes. 4. Health Promotion and Prevention Programmes. <ol style="list-style-type: none"> a) Educative Health Programme. b) Oral Health among pupils. c) Oral Health among people with disabilities. d) Plan of Smoking Prevention. e) Vaccinations.

	<p>f) Prevention of HIV / AIDS. g) Prevention of Breast Cancer. h) Prevention of Cervix Cancer.</p> <p>5. Food Security. a) Control of Food Alerts. b) Training in Food Handling. c) Inspections of regional caterings. d) Veterinary control.</p> <p>6. Zoonosis a) Programme for combating Brucellosis. b) Programme for combating Hydatidosis. c) Monitoring and Control of BSE. [...]</p>
<p>Read more here</p>	<p>http://www.juntaex.es/consejerias/sanidad-dependencia/nse/index-ides-idweb.html</p>
<p>Values and meaning – key points of relevance to HCHF, best practice, anything ‘unexpected’</p>	<p style="text-align: center;">Data not available</p>
<p>Read more here</p>	
<p>Study Question: <i>Political / national perspective:</i></p> <ul style="list-style-type: none"> • <i>What are the national values / policies in relation to multi-ethnic areas? Give examples.</i> 	
<p>Give an example of national policies in relation to health in similar areas</p>	<p>The Frame Programme of palliative care (PC) from the Regional Public Health Service (published in 2002) already included among its objectives the promotion of volunteers.</p> <p>Since 2005 this regional programme prioritized actions towards the availability of a high quality voluntarism contacting each non-profit association which worked in the field of palliative cares and others whose purpose was the promotion of voluntarism in order to train a group with all the people interested in participating in this programme.</p> <p>The group was made up initially with nine representatives of different organizations with the last purpose to implement in Extremadura a Plan of a Volunteer service in Palliative Cares of quality.</p> <p>This action of a volunteers’ service from a Public Administration with the collaboration of several NGOs had a very clear objective: To promote and to coordinate the voluntary service for the attention of patients in a terminal situation, adding human and material experiences and resources.</p> <p>The programme of palliative care has tried to cover all demands of terminal patients and their families since June 2006 all around the region and, most of all, in little villages with poor public health resources.</p>
<p>Read more here:</p>	<p>http://sociosan.saludextremadura.com/cuidados_paliativos/admin/documentos/Programa%20Marco.pdf</p>
<p>Recommendations on this background:</p>	

	<ul style="list-style-type: none"> • Main 'target areas' and key words for the work. • How and where to recruit? Who has status, seen from a national perspective?
<p>Recommendations on this background</p>	<p>For the development of the Frame Programme of Palliative Care (PC), three great strategic lines were delimited:</p> <ol style="list-style-type: none"> 1. To aware and get volunteers at the same time the Programme is being disseminated. <p>In 2006, 2007, 2008 and 2009, with the help of the regional Public Health Service following activities have been carried out:</p> <ul style="list-style-type: none"> - 50.000 triptyques about voluntarism in Palliative Care. - Press, radio and TV campaigns to get the attention of possible volunteers in PC and to disseminate de Programme at the same time. - Design, impression and distribution of 1000 Cards about Voluntarism in Palliative Care to professionals so they can distribute them throughout all the region to inform all the patients and their families about the existence of Volunteers. - Articles in specific Medicine Magazines, websites... 2. To select and to train Volunteers in Palliative Care. <p>In 2006, 2007, 2008 and 2009, with the help of the regional Public Health Service following activities have been carried out:</p> <ul style="list-style-type: none"> - 9 training courses and empowerment for Palliative Care Volunteers in different cities of the region to guarantee a specific and equally trained voluntarism. - 1 training course for Volunteers' Coordinators so each entity would act in the same way and could transmit the acquired knowledge to new volunteer members. 3. To coordinate the entities of the participants. <ul style="list-style-type: none"> - Coordination among representatives of specific entities by telephone contact, mail contact and quarterly meetings. - Weekly coordination among social workers and the regional Palliative Care Coordinator in the region. - Coordination meetings of the different Palliative Care Teams (PCT) within the Plan. - November 15th, 2006 and November 11th, 2008: Signature of a procedures protocol among the Health General Directorate of the regional public administration, the regional Public Health Service and the different NGOs to develop the Programme of Palliative Care. - Continuous contact with the professionals from the PCT and monitoring of the volunteers requirements.