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**HIGHER EDUCATION IN HEALTH PROMOTION IN EUROPE
A COMPARATIVE ANALYSIS OF MASTER'S LEVEL
TRAINING PROGRAMMES IN HP-SOURCE.NET**

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¹ This report is based on thesis research completed by the author in September 2006, under the direction of Professor Eberhard Göpel, Arnd Hofmeister and Professor Maurice B. Mittelmark, at the University of Applied Sciences Magdeburg-Stendal.

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ABSTRACT

PURPOSE: This thesis undertakes a survey of health promotion master's level training programmes in Europe. The concept of health promotion is central to the study, which is situated in the fields of health, education and developments in higher education in health promotion.

Current commitments to create more commonalities and efforts to develop core competencies and academic standards in health promotion training in Europe require knowledge about existing training programmes. Therefore, this thesis aims to describe and analyse the range and characteristics of existing master's level health promotion training programmes in Europe.

METHOD: The database HP-Source.net, a health promotion information tool, contains two databases about health promotion in Europe that include the topic 'professional workforce'. These databases provide access to relevant training programmes in Europe and were the starting point for the survey. Information about existing master's level programmes was thus collected, classed into categories and finally compared and contrasted.

RESULTS: In total, 105 relevant study programmes at 71 institutions spread over 20 European countries were found. The programmes were analysed according to title, learning objectives, curricula, learning and teaching methods, entry requirements, duration, accreditation, language and participation in European educational structures as well as the underlying philosophy of the course.

CONCLUSION: Altogether, a large variety of study programmes exist, however health promotion study programmes are more closely comparable than the other programmes. In order to contribute to Europe's current commitment in the higher education arena, to achieve quality improvement and to develop more common aspects in master's level health promotion education in Europe, further activities are important. This refers to actions aiming at common content development, equal distribution and facilitating information access, exchange and cooperation throughout Europe.

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1. INTRODUCTION

1.1 Background to the problem

The concept of health promotion has been developed continually over the past 20 years, mainly through international conferences on that topic. The Ottawa Charter, which builds the theoretical foundation, defines the term, characterizes the principles and develops strategies to put theory into practice. The European Union contributes to health promotion by supporting activities and encouraging co-operation between Member States.

This also relates to education and training in Europe. The European Community contributes to and encourages common further development and quality improvement of Europe's education and training systems. Central activities in higher education, which aim to create a European Higher Education Area, to implement a comparable system of degrees and a common credit system, and to encouraging mobility and cooperation throughout higher education, are the Bologna process, the Tuning project and the Socrates/ Erasmus programme.

There already exist educational programmes, which are developed through cooperation throughout Europe. In the field of health promotion, there exists a Master's level programme, which is offered in several countries in Europe. This European degree, called European Master in Health Promotion (EUMAHP), is based on the principles of health promotion, includes a European perspective and a core curriculum. Other projects in public health emphasising a European dimension are the Association of Schools of Public Health in the European Region (ASPHER), the European Master of Public Health (EMPH) and the European Network of Public Health Nutrition (ENPHN). The current project Public Health Training in the Context of an Enlarging Europe (PHETICE) aims among others at the establishment of core competencies and

academic standards in public health training.

The developments in health promotion, in higher education in Europe, and particular in health promotion higher education are described in detail in Chapter 2.

This survey seeks to contribute to further developments with a comparative analysis of existing health promotion Master's level training programmes. The methodology, the results and conclusions of the study are explained in Chapter 3, 4 and 5 respectively.

1.2 Aims of the thesis

The overall aim of this thesis is to describe the range and the characteristics of existing master's level academic programmes in health promotion and compare and contrast programmes across Europe.

Its sub-aims are to:

1. Explore the dissemination of health promotion training programmes in Europe
2. Examine the contents and the underlying philosophy of Europe's health promotion training
3. Provide data to contribute to current developments in Europe's higher education and health promotion training

1.3 Research questions

With regard to the background of the problem and in order to realize the objectives of the thesis the following research questions were developed:

- How many health promotion Master's level programmes are offered?
- Which countries in Europe offer health promotion master's level academic programmes?
- What are the learning objectives in the study programmes?

- What are the main contents and which subjects are taught in the master's programmes?
- Are the programmes linked to the concept of health promotion?
- What qualifications are required to enter the master's programmes?
- What is the length of study of the master's programmes?
- Do the programmes apply the European Credit Transfer and Accumulation System (ECTS)?
- What are the languages of instruction?
- Do the programmes include a European perspective on health promotion?

2. BACKGROUND

2.1 Health promotion – theoretical framework

The philosophy of health promotion is central to this thesis, which examines Master's level academic programmes on health promotion and on related subjects offered in Europe. The analysis of these study programmes in Chapter 4 will consider the philosophy the programmes are based on. Therefore, this chapter provides a summary of the general ideas of health promotion, its foundation, its further development, its principles and characteristics.

An overview of the international development of health promotion is given first (Section 2.1.1). The World Health Assemblies and global strategies of the World Health Organisation (WHO) play an

important role within this development. International conferences, particularly the First International Conference on Health Promotion held in Ottawa, contributed considerably to setting up the theoretical basis, defining the term and developing the concept further.

The concept – the term health promotion and its underlying principles and characteristics – will be examined in Section 2.1.2.

Section 2.1.3 considers contributions made on a European level. The European Union provides for instance a framework for co-operation between Member States and support for activities, which aim to improve health and prevent diseases.

2.1.1 Historical and conceptual development of health promotion

The foundations of health promotion were set by the conference and declaration of Alma Ata (1978) and by global policy strategies of the World Health Organisation (WHO) aiming at 'Health for all'. The term health promotion arose as the name for an action programme to achieve that goal.

Figure 1 shows the chronological context, global and European influences as well as international programmes and conferences contributing to the development of the concept of health promotion.

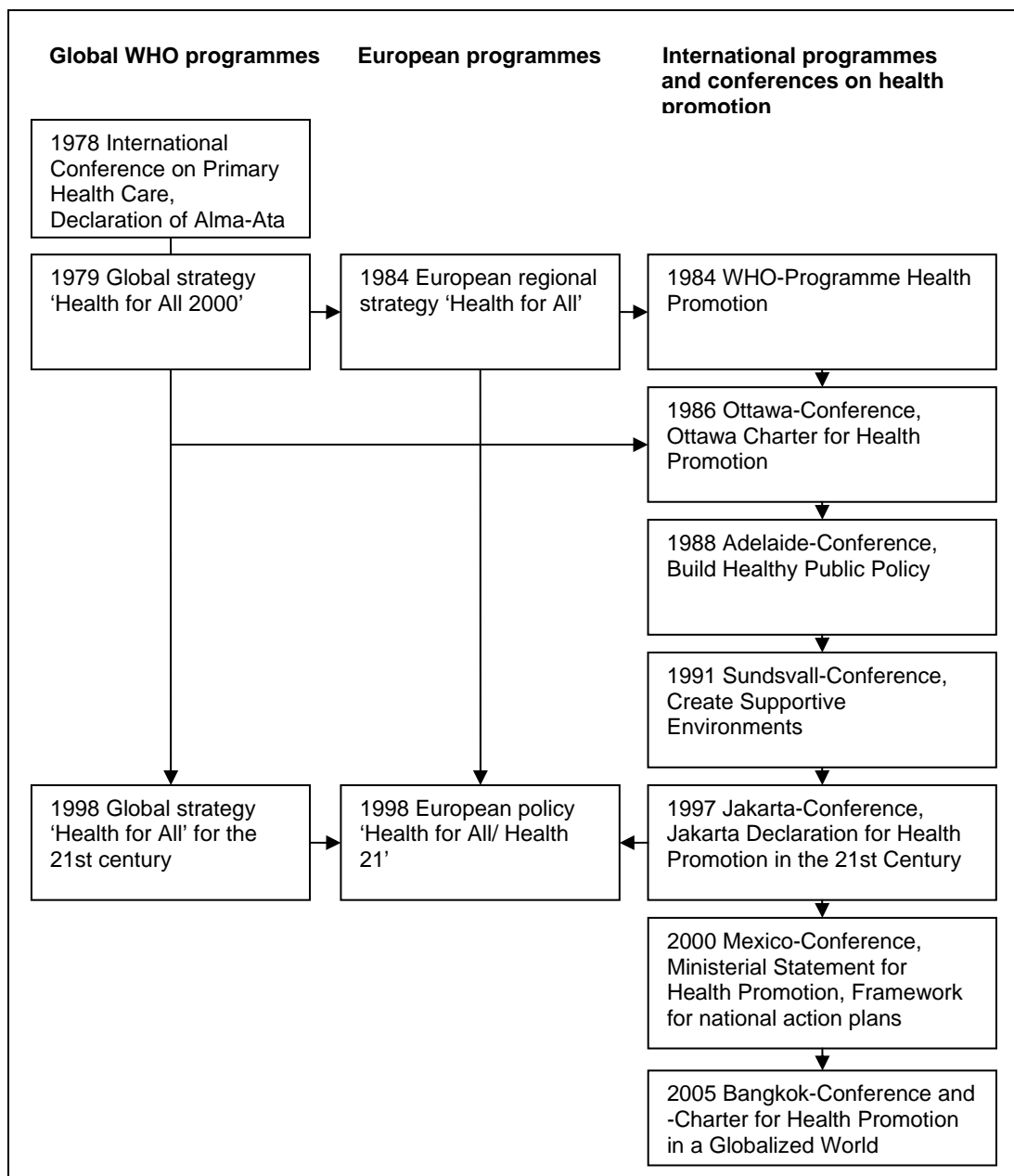


Figure 1: Historical development of health promotion
(Translated and modified by the author: Kaba-Schönstein, 2003a:79)

The Declaration of Alma-Ata, made at the International Conference on Primary Health Care, states that there is a “need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world” (WHO, 1978). Building on the Constitution of the World Health Organisation, which defines health as “a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity” (WHO,

1946), the Declaration of Alma-Ata affirms that health “is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal“ (WHO, 1978). Therefore, many sectors besides the health sector have to take action. An emphasis is the reduction of the existing inequalities in the health status of people between as well as within countries.

The Thirty-second World Health Assembly in Geneva, 1979 outlines the global

strategy 'Health for All 2000' to achieve the WHO's goal to attain the highest possible level of health by the year 2000. This global strategy builds the framework for all following strategies, such as the European regional strategy 'Health for All' (1984) and its programme comprising 38 objectives for health to reach by 2000. The adjustment towards the global strategy 'Health for All' for the 21st century and towards the new European policy 'Health for All/ Health 21' with 21 objectives took place in 1998. Based on the work and the initiative of the 'Programme Health Promotion', established from the Representatives from WHO's Member States for European Region (WHO/ Euro), an international workgroup published a first paper on the concept and principles of health promotion as a basis for further discussion.

The Ottawa Charter for Health Promotion, outcome of the First International Conference on Health Promotion held in Ottawa in 1986, summarizes and supplements this concept and defines the term health promotion for the first time. The Ottawa Charter is seen as a contribution to achieve the goal 'Health for All 2000'. Furthermore, it is accepted as a key document for health promotion and contributes to the international dissemination of these ideas and further development of health promotion. The Ottawa Charter describes five key strategies for health promotion:

1. Build Public Healthy Policy
2. Create Supportive Environments
3. Strengthen Community Actions
4. Develop Personal Skills
5. Reorient Health Services

as well as three action strategies:

1. Advocate
2. Enable
3. Mediate (WHO, 1986).

The following two conferences further specify and develop two of the key strategies: 'Build Healthy Public Policy' (Adelaide, 1988) and 'Create Supportive Environments' (Sundsvall, 1991).

The Fourth Conference on Health Promotion 'New Players for a New Era - Leading Health Promotion into the 21st Century' held in Jakarta in 1997 reviewed the developments since Ottawa, discussed approaches for the 21st century, and confirmed the five Ottawa Charter key strategies to be relevant.

It has provided an opportunity to reflect on what has been learned about effective health promotion, to re-examine the determinants of health, and to identify the directions and strategies that must be adopted to address the challenges of promoting health in the 21st century countries. [...] The five strategies set out in the Ottawa Charter for Health Promotion are essential for success. [...] These strategies are core elements of health promotion and are relevant for all countries (WHO, 1997).

The following priorities for health promotion in the 21st Century were set up:

- *Promote social responsibility for health*
- *Increase investments for health development*
- *Consolidate and expand partnerships for health*
- *Increase community capacity and empower the individual*
- *Secure an infrastructure for health promotion (WHO, 1997).*

The Fifth Global Conference on Health Promotion, Mexico City, June 5th, 2000 was held on the topic 'Bridging the Equity Gap'. It is the first time that the ministers of health adopted a statement, the 'Mexico

Ministerial Statement for the Promotion of Health: From Ideas to Action’, to acknowledge the ideas of health promotion and contribute to their implementation by action programmes for health promotion (‘Framework for Countrywide Plans of Action for Health Promotion’).

The Bangkok Charter for Health Promotion in a Globalized World was set up on the 6th Global Conference on Health Promotion.

The Bangkok Charter complements and builds upon the values, principles and action strategies of health promotion established by the Ottawa Charter for Health Promotion and the recommendations of the subsequent global health promotion conferences which have been confirmed by Member States through the World Health Assembly.

The United Nations recognizes that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination. Health promotion is based on this critical human right and offers a positive and inclusive concept of health as a determinant of the quality of life and encompassing mental and spiritual well-being. Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and noncommunicable diseases and other threats to health (WHO, 2005).

2.1.2 Principles and characteristics of health promotion

This section provides an overview of principles and characteristics of health promotion. It adds to and complements the previous section by describing the contents of key health promotion documents in more detail.

The concept of health promotion, its objectives and principles were largely developed by WHO/ Euro in the 1980s and first summarized in the Ottawa-Charter in 1986. In that document, health promotion is defined as:

[...] the process of enabling people to increase control over, and to improve, their health. 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. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing (WHO, 1986).

This is linked to the health definition of the World Health Organization defined in its Constitution: “Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity” (WHO, 1946). The view on health is holistic including the physical, mental and social dimension. The concept of health is positive and focuses on wellbeing and resources. The theoretical roots lay in Antonovsky’s salutogenic model of health (Bengel et al., 1999). The prevailing view was pathogenic, concentrating on disease and risk factors.

In contrast, salutogenesis focuses on why people stay healthy and which factors protect health; health and its resources are at the centre of attention.

Health promotion seeks to enable people. Empowerment is therefore a central concept, which pursues the aim that "... people develop and improve their competences in order to shape their social environment and their lives on their own and not by others." (Translated by the author: Stark, 2003: 28).

Health promotion can furthermore not be limited to the responsibility of the health sector. The population and many other sectors besides the health sector have to take action to achieve the complex goal 'Health for All'. The five strategies set out in the Ottawa Charter (2.1.1) address different levels (policy, environment, community, individual, institution) and assure a broad approach.

A core approach of health promotion is the setting. "A setting is understood as a social system which comprises a variety of relevant environmental influences on a certain group of persons. But it is also a system in which these conditions can be formed" (translated by the author Grossmann and Scala, 2003: 205).

It aims to reach people in their natural environment for the reason that

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members (WHO, 1986).

The Jakarta Declaration confirms that

There is now clear evidence that [...] particular settings offer practical opportunities for the implementation of comprehensive strategies. These include mega-cities, islands, cities, municipalities, local communities, markets, schools, the workplace, and health care facilities (WHO, 1997).

In health promotion practice, setting projects are successfully applied. They are carried out internationally, for instance in schools, workplaces, communities, and hospitals. In Europe, the following networks have been established:

- European Network for Workplace Health Promotion;
- European Network of Health Promoting Schools;
- European Healthy Cities;
- European Network for Health Promoting Hospitals.

Based on the Declaration of Alma-Ata, 1978, health promotion is characterized by the focus on the reduction of inequality in health status. "The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries" (WHO, 1978).

The Jakarta Declaration reviews the impact since Ottawa and looks forward to the new century. It confirms that the following health promotion characteristics are particularly crucial for health promotion action:

There is now clear evidence that:

- *comprehensive approaches to health development are*

- the most effective. Those that use combinations of the five strategies are more effective than single-track approaches.*
- *particular settings offer practical opportunities for the implementation of comprehensive strategies. These include mega-cities, islands, cities, municipalities, local communities, markets, schools, the workplace, and health care facilities.*
 - *participation is essential to sustain efforts. People have to be at the centre of health promotion action and*

- decision-making processes for them to be effective.*
- *health learning fosters participation. Access to education and information is essential to achieving effective participation and the empowerment of people and communities.*
- These strategies are core elements of health promotion and are relevant for all countries (WHO, 1997).*

A summary of the principles described provides the following overview (Figure 2).

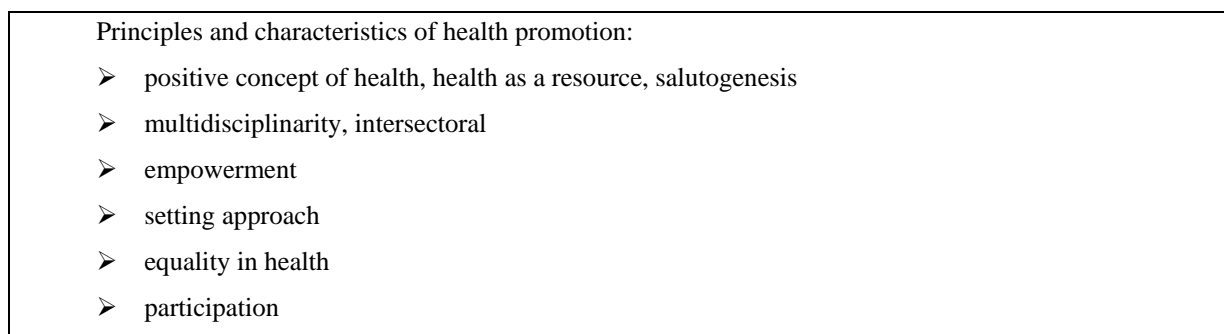


Figure 2: Principles and characteristics of health promotion

2.1.3 The role of the European Community in the field of health promotion

Europe is in a process of change. This means not only in economic and political terms but also refers to social, environmental, health and educational matters.

The beginning, however, goes back to 1951 when the idea of a united Europe was born among the six founder members (Belgium, France, Germany, Italy, Luxembourg and the Netherlands). An overview of the key agreements to develop the European Union is provided in Table 1. The foundation documents of the European

Union are the Treaty of Paris 1951, which create the European Coal and Steel Community (ECSC) and the Treaties of Rome 1957, which established the European Economic Community (EEC) and the European Atomic Energy Community (Euratom). These developments towards a common market were so successful that other European countries (Denmark, Ireland and the United Kingdom) applied for membership. In 1973, parallel to the enlargement of the Community, more tasks (social, regional and environmental policies) were included into the responsibility of the Community. In the following years, the European Union expanded further (Greece 1981, Portugal

and Spain 1986) and a monetary union was discussed. The European Council in Maastricht adopted a new Treaty underpinning the European Union in 1991. This 'Treaty on European Union' enters into force in 1993. It created the European Union (EU) and amended the Treaty establishing the European Economic Community (EEC) in order to establish a European Community (EC). Besides new common policies, it aimed at monetary

union by 1999 and European citizenship. Health matters were for the first time included in the responsibility of the European Union. Austria, Finland and Sweden join the Union in 1995. In the same year, the Schengen Agreement on the elimination of border checks came into force. A consolidated version of the Treaty on European Union and the Treaty establishing the European Community was signed in Amsterdam in 1997.

Table 1: Treaties and key developments of the European Union

	Treaty	Development
1951	Treaty of Paris	European Coal and Steel Community (ECSC)
1957	Treaty of Rome	European Economic Community (EEC), European Atomic Energy Community (Euratom)
1991	Maastricht Treaty	European Union (EU)
1997	Amsterdam Treaty	European Community (EC)

Both the Treaty on European Union (Maastricht Treaty, 1992), Articles 3(o) and 129 and the Treaty establishing the European Community (Amsterdam Treaty, 1997), Article 152 states that Community activities shall contribute to attain a high level of health protection by encouraging co-operation between Member States and supporting their actions. This includes activities in improving public health, disease prevention, research into causes and transmission of diseases, their prevention, as well as health information and education (European Union, 1992, European Union, 1997).

The Maastricht Treaty opened up the way for a common European Community strategy on health. The Framework for Action in the Field of Public Health, adopted in 1993, established the basis for eight Community action programmes on health promotion, cancer, drug dependence, AIDS and other communicable diseases, health monitoring, rare diseases, accidents and injuries, and pollution-related diseases. The aims, activities and priorities of the Community action programme on health promotion (1996-2002) are shown in Figure 3.

The aim of health promotion is to improve the general standard of health within the Community by improving knowledge about risk factors and encouraging people to adopt healthy lifestyles and behaviour. This will be done through information, education and vocational training measures covering topics such as nutrition, consumption of alcohol, tobacco and drugs, physical exercise, mental health, sexual behaviour and use of medicines.

The activities to be carried out will include:

- Health-promotion strategies and structures;
- Specific prevention and health-promotion measures;
- Health information;
- Health education;
- Vocational training in public health and health promotion.

The health promotion priorities for 2000 comprise three aspects:

- communication on specific public health themes
- identification of precise target groups
- identification of settings for promotion work

Other priority fields include:

- training, especially through European masters' degrees in nutrition/public health, health promotion and gerontology;
- the spreading of public health messages

Figure 3: Aims, activities and priorities of the Community action programme on health promotion (1996-2002)²

In 2002, a comprehensive programme of Community action in the field of public health (2003-2008) replaced the eight action programmes. The objectives are shown in Figure 4.

Overall aim and general objectives

1. The programme, which shall complement national policies, shall aim to protect human health and improve public health.
2. The general objectives of the programme shall be:
 - (a) to improve information and knowledge for the development of public health;
 - (b) to enhance the capability of responding rapidly and in a coordinated fashion to threats to health;
 - (c) to promote health and prevent disease through addressing health determinants across all policies and activities.
3. The programme shall thereby contribute to:
 - (a) ensuring a high level of human health protection in the definition and implementation of all Community policies and activities, through the promotion of an integrated and intersectoral health strategy;
 - (b) tackling inequalities in health;
 - (c) encouraging cooperation between Member States in the areas covered by Article 152 of the Treaty.

Figure 4: Aims and objectives of the Community action in the field of public health (2003-2008) (European Community, 2002b:6)

Activities to achieve these aims include health promotion actions: “[...] development and implementation of health promotion and disease prevention activities across all Community policies and involving, as appropriate, non-

governmental organisations, innovative or pilot projects and networks between national institutions and activities” (European Community, 2002b:6). The contribution of the European Community to health promotion can be

² <http://europe.eu.int/scadplus/leg/en/cha/c11503.htm>, last accessed 21.04.2006

summarized as follows: “The European Community’s health promotion activities focus mostly on co-operation of Member States, financing of programmes and encouraging research, not on contextual further development of the concept of health promotion” (Kaba-Schönstein, 2003b: 88), translated by the author).

2.2 Higher education in a European context

The central aspect for discussion in this paper is health promotion Master’s level programmes in Europe. One focus is health promotion, as examined in Section 2.1, while the other central part is education at Master’s level; both are considered in a European context.

This section describes the ambition of the European Commission as well as other movements in Europe to establish a common European education area, particularly in the context of higher education at university level. The starting point is the legislative basis in the European Union (Section 2.2.1), and this is followed by a description of programmes and activities regarding higher education carried out at a European level (Section 2.2.2).

This emphasises the necessity of undertaking this study. The analysis (Chapter 4) fits the context of these developments towards a European education area. It provides an overview of the current situation, which is the basis for further development and can thereby contribute to achieve some of the objectives and programmes described in this chapter.

2.2.1 The European Community in the field of education and training – legislation, objectives, actions

The European Community does not have a common European strategy in the field of education. All European countries have responsibility for their own educational

matters. The European Union contributes to this field by supporting exchange of ideas and good practice and by creating cooperation structures between educational and training systems of the Member States. The basis is Article 149 of the EC-Treaty: “The Community shall contribute to the development of quality education by encouraging cooperation between Member States and, if necessary, by supporting and supplementing their action, while fully respecting the responsibility of the Member States for the content of teaching and the organisation of education systems and their cultural and linguistic diversity” (European Community, 2002a:98). This relates to actions with the intention to develop a European dimension in education, encouraging mobility of students and teaching staff, cooperation between educational organisations, exchange of information and experience, youth exchanges and exchanges of socio-educational instructors, and distance education (European Community, 2002a).

This should be realized by Community action programmes such as Socrates (for education), Leonardo da Vinci (for vocational training) or eLearning and by supporting cooperation between Member States through recommendations or communications on educational topics.

An important action programme in the field of education is the Socrates programme, which consists of several action programmes at different educational levels like school, university, and adult education and on priority topics such as languages or new learning technologies. This programme is discussed in more detail in Section 2.2.2.

Another programme is Eurydice, an information network on education in Europe, which provides information on education systems and policy and aims to facilitate information exchange and comparison.

In the field of vocational training, initiative like the Europass-Training, a personal document affirming the completion of a training period in another EU Member State, or the Leonardo da Vinci programme, e.g. supporting mobility and co-operation networks in the field of vocational training, build up structures to increase co-operation and to develop a European dimension in education.

Strengthening co-operation between Member States is a key ambition particularly since the Lisbon European Council in March 2000, where the European Union set a new strategic goal in the field of education and training to attain by 2010. The Union should become "... the most competitive and dynamic knowledge-based economy in the world capable of sustainable economic growth with more and better jobs and greater social cohesion" (European Council, 2000:2).

The Member States agree on three major objectives:

- Increasing the quality and effectiveness of education and training systems in the European Union;
- Facilitating the access of all to education and training systems;
- Opening up education and training systems to the wider world (Council of the European Union, 2001).

Two years later the Barcelona European Council reviewed the progress made since Lisbon, approved the three major objectives, called for further action and sets up the goal that Europeans education and trainings systems become "a world quality reference by 2010" (European Council, 2002).

To achieve the objectives, a detailed work programme was drawn up containing more

specific objectives and key issues. The work programme 'Education and Training 2010' should be achieved by using a new strategy, the open method of coordination (European Community, 2002c).

Other core elements of the strategy include the concept of lifelong learning; the opening up and support of international mobility for instance of students, teachers, researchers and administrative staff; and encouraging learning in the fields of new technologies such as e-Learning.

2.2.2 Developments in higher education in Europe – programmes and actions

The European Commission supports several action programmes and other projects, which contribute to attaining the goal set out by the Lisbon European Council.

The Bologna Process set out the overall goal of a European Higher Education Area by 2010, which is central in the development. The Tuning project, a university initiative, contributes significantly to that goal. Topics of importance include quality improvement and assurance, the implementation of a comparable system of educational levels and degrees, the use of a transferable credits system, the definition of common criteria and life long learning.

The recognition of degrees and qualifications is another core element in the development of a European dimension in education. In the field of higher education, for example, NARIC is a network aiming at improving academic recognition of diplomas and periods of study, the Diploma Supplement and the European Credit Transfer System (ECTS). The Erasmus programme in the framework of Socrates supports mobility and cooperation throughout higher education.

The Bologna process, the Tuning project, the ECTS project and the Diploma Supplement are described in detail below.

The Bologna process

On 19 June 1999, one year after the Sorbonne Declaration, which opened up the discussion to create a “Europe of knowledge” (European Ministers of Education, 1998) alongside the Europe of economy, the educational ministers of 29 European countries sign the Bologna Declaration which aims at the establishment of a European Higher Education Area by 2010 in order to enhance employability and mobility of citizens and increase compatibility and comparability of Europeans higher education systems. The Bologna Declaration sets out five specific objectives to achieve this goal:

- Adoption of a system of easily readable and comparable degrees, also through the implementation of the Diploma Supplement;
- Development of a common two cycle system, undergraduate and graduate;
- Establishment of a system of credits – such as in the ECTS system;
- Promotion of mobility of students, teachers, researchers and administrative staff;
- Promotion of European co-operation in quality assurance with comparable criteria and methods;
- Promotion of the European dimension in higher education, particularly concerning curricula development, inter-institutional co-operation, mobility schemes and integrated programmes of study, training and research (European Ministers of Education, 1999).

The educational ministers decided to meet every second year to assess the progress achieved and the attainment of the

objectives as well as to agree on new objectives and further actions.

The next meeting in Prague in 2001 confirmed the objectives to achieve a European Higher Education Area. The report ‘Furthering the Bologna Process’ illustrated the developments since Bologna and found that “the main goals and the specific objectives of the Bologna Declaration have received wide acceptance and reforms are under way, both at national and institutional level” (Lourtie, 2001). These developments include changes towards bachelor and master degrees, the facilitation of mobility, the acceptance of the system of credits and the creation of quality assurance systems. However, the report acknowledged that more effort could be put in the support of lifelong learning and the sharpening of the awareness of educational trans-national challenges. Therefore, three new priorities were added to the confirmed objectives of the Bologna Declaration:

- Lifelong learning;
- Involvement of higher education institutes and students;
- Promoting the attractiveness of the European Higher Education Area (Lourtie, 2001).

A work programme established in 1999 supports the Bologna process. It includes among others international seminars in the following area: ‘Credit Accumulation and Transfer Systems’, ‘Bachelor-Level Degrees’ and ‘Transnational Education’. Moreover, it stresses a social dimension while the Bologna declaration has a more competitive orientation (Lourtie, 2001).

At the follow-up conference in Berlin in 2003, the Ministers of 33 European countries adopted the Communiqué ‘Realising the European Higher Education Area’. Regarding the progress the “ministers emphasize the importance of all elements of the Bologna Process for

establishing the European Higher Education Area and stress the need to intensify the efforts at institutional, national and European level” (European Ministers Responsible for Higher Education, 2003:3). The ministers took note of the effects achieved so far and called for further activities. Priorities were set on quality assurance, the two-cycle system, and the recognition of degrees and periods of studies. Additional actions should also include the doctoral level and focus on support of research in order to supplement actions towards a ‘European Research Area’. Also new memberships increase the number of participants to 40 European countries (European Ministers Responsible for Higher Education, 2003).

Until the next conference, the Follow-up group should co-ordinate activities like seminars and other contributing projects as well as a stocktaking process. The Communiqué of the Bergen Conference of European Ministers Responsible for Higher Education held on 19-20 May 2005 confirmed the progress towards the establishment of the European Higher Education Area (EHEA) by 2010. It also welcomed new participating countries and made a declaration that it would assist them.

We confirm our commitment to coordinating our policies through the Bologna Process to establish the European Higher Education Area (EHEA) by 2010, and we commit ourselves to assisting the new participating countries to implement the goals of the Process (European Ministers Responsible for Higher Education, 2005:1).

The stocktaking process examined the progress made in the three action lines: the degree system, quality assurance, recognition of degrees and study periods and found that the “process is a success” (Working group BFUG 2005:5).

The next Ministerial Conference will be held in London in 2007.

Tuning Educational Structures in Europe

Tuning Educational Structures in Europe is a project, which aims at contributing to the objectives of the Bologna process. While the Bologna process is a political process, the Tuning project is developed by and designed for higher education institutions. Initiated by some universities in 2000, this project intends to contribute to the development of a two cycle system, the adoption of a system of easily readable and comparable degrees and the establishment of a transferable system of credits and to other objectives of the Bologna process. It focuses on educational structures and content of studies i.e. curricula, competences and learning outcomes.

A methodology was developed to make curricula comparable in order to support universities in a process of “tuning” their curricula. It comprises five lines:

1. generic competences
2. subject-specific competences
3. the role of ECTS as a transfer and accumulation system
4. the role of learning, teaching, assessment and performance
5. quality assurance and evaluation

The first phase of the process (2000-2002) focused on the first three lines. As a basis, the terms learning outcomes and competences were defined:

- *Learning outcomes are statements of what a learner is expected to know, understand and/ or be able to demonstrate after completion of learning. They can refer to a single course unit or module or else to a period of study, for example, a first or second cycle programme.*

Learning outcomes specify the requirements for award a credit.

- *Competences represent a dynamic combination of knowledge, understanding, skills and abilities. Fostering competences is the object of educational programmes. Competences will be formed in various courses united and assessed at different stages (González and Wagenaar, 2005:13-14).*

The ECTS system has been developed further from a credit transfer system to a transfer and accumulation system. In the new system, credits are based on learning outcomes. In other words, learning outcomes are defined as requirements to obtain a credit.

The second phase (2003-2004) refined the first three lines, concentrated on the fourth and the fifth lines and applied the Tuning methodology to teaching, learning and assessment as well as to quality enhancement and assurance.

The European Commission has approved a third phase (2005 – 2006), which will focus on further development and dissemination.

The Socrates/ Erasmus programme

The Socrates programme is an action programme of the European Community. It is based on Article 149 and 150 of the EC-Treaty. Thirty-one European countries are involved in the programme whose main goals are to create a Europe of knowledge, develop a European dimension in education and training and promote lifelong learning. Its further objectives are to:

- strengthen the European dimension of education at all levels;
- improve knowledge of European languages;

- promote cooperation and mobility throughout education;
- encourage innovation in education;
- promote equal opportunities in all sectors of education.

These objectives shall be put into practice through the following action programmes:

- Comenius: school education;
- Erasmus: higher education;
- Grundtvig: adult education and other education pathways;
- Lingua: learning European languages;
- Minerva: information and communication technologies (ICT) in education;
- Observation and innovation of education systems and policies;
- Joint actions with other European programmes;
- Accompanying measures (European Community, 2000).

Erasmus, one of the eight action programmes, intends to achieve the objectives of Socrates on the level of higher education. It seeks to promote mobility and exchange of both students and teaching staff and to support activities with a European dimension. In practice, this means support for students studying abroad for a period, for exchanges of teaching staff as well as for joint development of curricula (study programmes or modules), language courses, international intensive programmes and the creation of thematic networks between departments and faculties across Europe.

ECTS project

The European Credit Transfer and Accumulation System (ECTS) was initially introduced in 1989 in the framework of the Erasmus programme. It started as a credit transfer system to facilitate the recognition of study periods taken abroad and has now, within the Bologna process, developed

further towards an accumulation system within an institution.

A credit system is a systematic way of attaching credits to particular aspects of an educational programme. It may be based on parameters, like student workload, learning outcomes and contact hours. ECTS is defined by the student's workload in order to achieve the required learning outcomes and competences (European Union, 2005).

Diploma supplement

The Diploma Supplement is a document, which is handed over to every student together with his or her official diploma awarded. It contains all necessary information regarding the qualifications the student has achieved. It is free of charge and in a widely spoken European language.

This contributes to more flexibility of students (study or work abroad) and thereby to higher employability. It also enhances transparency for qualification and competences.

There are different requirements a Diploma Supplement has to fulfil. Each Diploma Supplement should begin with the following statement:

This Diploma Supplement follows the model developed by the European Commission, Council of Europe and UNESCO/CEPES. The purpose of the supplement is to provide sufficient recognition of qualifications (diplomas, degrees, certificates etc.). It is designed to provide a description of the nature, level, context, content and status of the studies that were pursued and successfully completed by the individual named on the original qualification to which this supplement is appended. It should be free from any value judgements,

equivalence statements or suggestions about recognition. Information in all eight sections should be provided. Where information is not provided, an explanation should give the reason why (European Union, 2005: 36-37).

2.3 Health promotion higher education in a European dimension

Section 2.2 illustrates that numerous programmes and actions are carried out to encourage co-operation, communication, quality improvement, recognition of degrees, curricula development etc. in higher education in Europe in order to improve education and training systems and to build up a European Higher Education Area. The motivations for these engagements were illustrated as well as objectives, actions, outcomes and results so far.

This section deals with equivalent programmes and activities in the area of health promotion, public health or related disciplines.

The analysis in Chapter 4 can contribute to these actions and their goals and can support further developments in this area. With an analysis of health promotion study programmes offered in Europe, a foundation is laid for further development in terms of both qualitative developments and co-operation between universities.

Socrates/ Erasmus

Beside Socrates/ Erasmus student and teacher exchanges, there are also developments to strengthen other Socrates/ Erasmus actions like joint curricula developments (EUMAHP – see below), international intensive programmes (Summer Schools), and thematic networks.

European Masters in Health Promotion (EUMAHP)

The EUMAHP project is a model project for joint curricula development and implementation in health promotion on a postgraduate level. Building on the programme of Community action on health promotion, information, education and training (1996-2000), in which education and training are pointed out as important aspects, the European Commission has supported the EUMAHP project since 1998. Components of particular interest are quality assurance, the development of a EUMAHP core curriculum, distance learning methods and an appropriate training of trainers.

The overall aim of the EUMAHP project is to improve the quality of professional training and education in health promotion.

Its specific objectives are

- *To implement the EUMAHP Programme through an incremental process in all Member States and introduce it to colleagues in new Member States and Accession States*
- *To improve the content and provide support materials and methods for effective and sustainable delivery of the EUMAHP core curriculum in practice*
- *To assess the quality, effectiveness and efficiency of the EUMAHP Programme and provide evidence of student achievement*
- *To establish effective information and dissemination procedures for distribution of EUMAHP educational and training methods and support materials and collaborate and integrate with relevant training programmes in Europe and with international Health Promotion networks (Davies et al., 2004:4).*

Phase 1 of the EUMAHP project (2001 – 2002) established a EUMAHP network whose members agreed to adapt an existing or to develop a new study programme meeting the requirements of a EUMAHP core curriculum. The second stage (2002 – 2004) comprised the implementation of the EUMAHP programme. Many areas in Europe are involved in the EUMAHP project.

The EUMAHP degree demonstrates high quality training based on the principles of health promotion and including a European perspective. It comprises an agreed core curriculum and focuses on quality assurance, credit transfer and evaluation.

Association of Schools of Public Health in the European Region (ASPHER)

The Association of Schools of Public Health in the European Region (ASPHER) is an independent organization with the aim of contributing to training in public health and thereby to strengthen the role of public health. Its members are spread over the whole of Europe. Membership of ASPHER is a confirmation of the quality of the training programme. ASPHER aims at quality improvement of public health programmes in the European region and provides tools for quality assessment for public health training programmes. Besides, it builds the basis for participation in projects such as the European Master of Public Health (EMPH).

European Master of Public Health (EMPH)

The European Master in Public Health (EMPH) is an additional degree awarded alongside the regular degree. The curriculum comprises at least 20 % of the content with a European dimension and 20 % of the study time has to be taken in another European country with an official language different from the home country. The degree certifies the European competence that the student has achieved.

The European Network for Public Health Nutrition (ENPHN)

The European Network for Public Health Nutrition (ENPHN) has been formed to create a European Masters Programme in Public Health Nutrition. It has been developed by all European member states (except Luxembourg), as well as Norway, Iceland and Switzerland. The programme also has a special focus on a European perspective; this time specializing on the promotion of health and the prevention of diseases through good nutrition.

Public Health Training in the Context of an Enlarging Europe (PHETICE)

Public Health Training in the Context of an Enlarging Europe (PHETICE) is a current project, which builds on the EUMAHP project (see above). PHETICE involves five partner universities and five European training programmes in different kind of public health related subjects:

- Epidemiology;
- Gerontology;
- Health Promotion;
- Nurses in Public Health;
- Public Health Nutrition.

The five programmes are all based on the Ottawa Charter and focus on health promotion rather than disease prevention.

The main objective of the PHETICE project is to build up collaboration between public health training programmes in different countries and thereby contribute to further quality development of public health training programmes in an enlarging Europe. Its sub-objectives are:

- *To contribute to a European strategy in public health training, building on experiences and investments from existing training programmes, and identifying commonalities and synergies,*
- *To identify and integrate educational institutions from*

accessing and candidate countries into existing European training programmes in public health,

- *To develop a common understanding of the core competencies of professionals within public health specialist areas, through networking and collaboration with relevant projects and institutions,*
- *To develop European professional and academic standards to enable uniform quality control processes and joint degrees on all levels,*
- *To further develop methods for public health training and integrate areas of inequality, health monitoring and best practice,*
- *To publish and disseminate guidelines for public health specialist training in Europe,*
- *To increase access to evidence-based education and information for European public health workers and specialists and thereby for European citizens (PHETICE, no date) p. 4-5.*

Seven work packages were formed to achieve these objectives:

- Professional and academic standards/ pedagogical strategies;
- Programme linkage, curriculum and modules;
- Mapping health promotion/ public health programmes in Europe;
- Introduction of prioritised issues, networking and production of guidelines;
- Website and databases;
- Coordination of the project;
- Dissemination of the results (PHETICE, no date).

3. METHODOLOGY

3.1 Data collection

This Section describes the source of the information, which underlies this survey, and the process of data collection. It

evaluates the use of the data source, and shows advantages and difficulties occurring during data collection.

3.1.1 Using HP-Source.net

The starting point for the analysis is the HP-Source.net database.

HP-Source.net is a voluntary, international collaboration of researchers, practitioners and policy makers, having the common goal to maximise the efficiency and effectiveness of health promotion policy, infrastructures and practices by:

- *Developing a uniform system for collecting information on health promotion policies, infrastructures and practices;*
- *Creating databases and an access strategy so that information can be accessed at inter-country, country and intra-country levels, by policy makers, international public health organisations and researchers;*
- *Analysing the databases to support the generation of models for optimum effectiveness and efficiency of health promotion policy, infrastructure and practice;*
- *Actively imparting this information and knowledge, and actively advocating the adoption of models of proven effectiveness and efficiency, by means of publications, seminars, conferences and briefings, among other means³.*

Currently five databases for different subjects are available:

- Child Mental Health in the Southern Part of the Western Pacific including Australia and surrounding region;
- European Mental Health Promotion;

- European Alcohol Policy;
- National-level health promotion capacity mapping in Europe (data entry 2002 – 2003);
- National-level health promotion capacity mapping in Europe (data entry 2005–)⁴.

All databases have a similar structure and provide data about the following topics:

- Politics, policies and priorities;
- Evaluation;
- Monitoring and/or surveillance;
- Knowledge development;
- Implementation;
- Information dissemination for health care professionals;
- Programmes;
- Professional workforce;
- Funding;
- Personal evaluation of the state of the field⁵.

Two databases in HP-Source.net contain information about national-level health promotion capacity mapping in Europe. One includes data entered in 2002 – 2003 and the other includes data entered since 2005. The topic ‘professional workforce’ in both databases provides links to institutions that offer academic courses in health promotion.

The earlier database provides separate information about health promotion courses at Bachelor level, Master’s level, PhD level, Dr. PH level, about non-degree and non-academic courses while the other database does not provide a division between these different levels. By following the links to the Master’s level programmes in the earlier database and to all programmes in the latest database a list of all institutions mentioned was created.

Additionally, all institutions that are involved in the European networks

³ <http://www.hp-source.net>, last accessed 18.05.2006

⁴ www.hp-source.net, last accessed 18.05.2006

⁵ www.hp-source.net, last accessed 18.05.2006

EUMAHP and EMPH were supplemented to the list.

Afterwards the websites of these institutions were searched to find Master's level programmes in health promotion, public health or related subjects.

Finally, information about recognized health promotion and public health programmes was investigated. This includes documents like programme descriptions and handbooks as well as other information available on the websites.

The information was classed into the following categories:

- Course title/ degree;
- Philosophy/ aims;
- Learning objectives;
- Entry requirements;
- Course length, part-time/full-time;
- Curriculum;
- Learning and teaching methods;
- Graduation requirements;
- Language of instruction;
- Participation in European education structures and programmes.

3.1.2 Advantages and limitations

In order to examine the value of the HP-Source.net database, the methodology that was used to enter the data, is described. An appropriate national researcher(s) for each country was asked to take responsibility for data collection and data entry. HP-Source.net provides guidelines to facilitate good quality data. The completeness, validity and reliability of data depend on HP-Source.net respondents; no review by HP-Source.net gives a guarantee⁶.

Advantages

HP-Source.net provides easy and fast access to information that otherwise requires long investigation on the internet

and/or surveys. That makes it an excellent starting point for research involving timesaving and avoiding repeated requests for information.

Limitations

HP-Source.net provides links to web pages of relevant institutions concerning a particular topic. However, links might connect only to the homepage of an institution requiring further extensive investigation of these web pages. This is particularly difficult and time consuming when name and kind of the study programme are unknown.

Another challenge is to encourage the national researcher to update information in HP-Source.net regularly in order to assure that information is valid and complete.

Limitations during data collection occurred within the websites. On the one hand, this refers to language problems and on the other hand to gaps in programme descriptions. Some institutions provide information exclusively in the national language; however, only information given in English or German could be considered. Data collection was made more difficult when there was no comprehensive programme description available, which characterizes the programme.

3.2 Analysis

The information – collected and classed into categories as described in Section 3.1.1 – is examined regarding similarities and differences within and between the categories. The coding process identifies similar phrases, patterns and relationships. The categories are considered in single sections and with connections to other categories. Both qualitative and quantitative methods were used. With regard to the research questions (Section 1.3), a quantitative analysis of number (Section 4.1.1) and distribution (Section 4.1.2) of the programmes will

⁶ www.hp-source.net, last accessed 18.05.2006

give a first impression about the overall situation in different regions in Europe.

An examination of learning objectives (Section 4.1.4) and curricula (Section 4.1.5) will show more details about the contents of the programmes and similarities and differences between various programmes.

A very important issue to be considered is the philosophy that underpins the programme (Section 4.1.12). At the same time, it is the most complex aspect to explore because there is seldom a clear statement in the documents about which philosophy the programme is based on. This requires a multifaceted analysis. This issue will mainly be considered from a health promotion perspective more precisely that refers to the health promotion definition and principles discussed in Section 2.1. An initial indication of the philosophy might be taken from the title of the programmes. This is considered in Section 4.1.3. In addition, other categories such as learning objectives and contents will be taken into account as well as whether the programme description mentions health promotion characteristics.

The European dimension and the contribution to current developments towards closer cooperation in Europe will be assessed in terms of the language of instruction (Section 4.1.10) and the participation in European educational structures (Section 4.1.11) as well as in the application of current developments in Europe's education area like ECTS (Section 4.1.9).

In addition, formal aspects like entry requirements (Section 4.1.7), part-time/full-time and course length (Section 4.1.8) will be considered as well as methodological aspects like learning and teaching methods (Section 4.1.6).

4. MASTER'S LEVEL HEALTH PROMOTION TRAINING PROGRAMMES

4.1 Results

This Section shows the findings of the analysis carried out as described in Section 3.2.

4.1.1 Number

Overall, 126 Master's level health promotion training programmes were found at 73 institutions. Twenty-one study programmes were excluded in the process of further consideration because they are irrelevant for this study i.e. they have a pure management, health care, clinical orientation or for other reasons.

The remaining 105 study programmes (Appendix 4) at 71 institutions are examined in more detail in this chapter.

At 61 institutions no courses were found either because there was no website available, or they do not offer relevant Master's level programmes or because there was no information available in English or German.

4.1.2 Distribution (country/ number)

The HP-Source.net database provides links to 21 countries as follows: Armenia, Austria, Belgium, Czech Republic, Finland, France, Germany, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, The Netherlands, Norway, Poland, Portugal, Romania, Serbia, Sweden, Switzerland, and the United Kingdom.

In 16 of these countries Master's level programmes on health promotion or other relevant subjects were found: Armenia, Austria, Belgium, Finland, France, Germany, Ireland, Israel, Italy, The Netherlands, Norway, Poland, Portugal, Sweden, Switzerland, and United Kingdom.

The following countries according to HP-Source.net databases offer no Master's

level programmes in health promotion: Denmark, Estonia, Greece, Hungary, Iceland, Latvia, Luxembourg, Russia, Slovenia, and Spain. In four of these countries, nevertheless, relevant programmes were found because the programmes are connected to the EUMAHP project, the EMPH or offer a joint degree programme together with other countries: Denmark, Greece, Hungary, and Spain (Section 2.3).

Other European countries as described by the European Union⁷ that are not mentioned in HP-Source.net are: Albania, Andorra, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Cyprus, Former Yugoslavia, Liechtenstein, Lithuania, Malta, Moldova, Monaco, Republic of Macedonia, San Marino, Serbia and Montenegro, Slovakia, Turkey, Ukraine, and Vatican City.

The distribution of Master's level programmes in 20 European countries is illustrated on the map below (Figure 5). It also displays the number of study programmes that is offered in these countries. Germany, The Netherlands, and United Kingdom offer more than ten study programmes (red); Belgium, Finland, Ireland, Norway, and Sweden offer 5-9 study programmes (green); the twelve other countries offer 1-4 programmes (blue).

⁷ http://europa.eu/abc/governments/index_en.htm, last accessed 01.06.2006



Figure 5: Distribution and number⁸ of master's level health promotion programmes in Europe

⁸ red > 10, green – 5-9, blue – 1-4

4.1.3 Title of the study programmes

The first difference to emerge is a range of titles for the academic programmes. This is the first indicator of a link between the philosophy and the contents of the programme.

Academic programmes with same or similar course titles were classed into categories with the following result:

105 programmes:

- 54 public health (PH);
- 16 health promotion (HP);
- 10 health science (HSc);

- 3 health promotion and health education (HP & HE);
- 2 public health and health promotion (PH & HP);
- 1 health education (HE);
- 19 other programmes e.g. nutrition, physical activity, occupational health, community health, international health, epidemiology, prevention, etc.

The distribution of the programmes is shown in Figure 6.

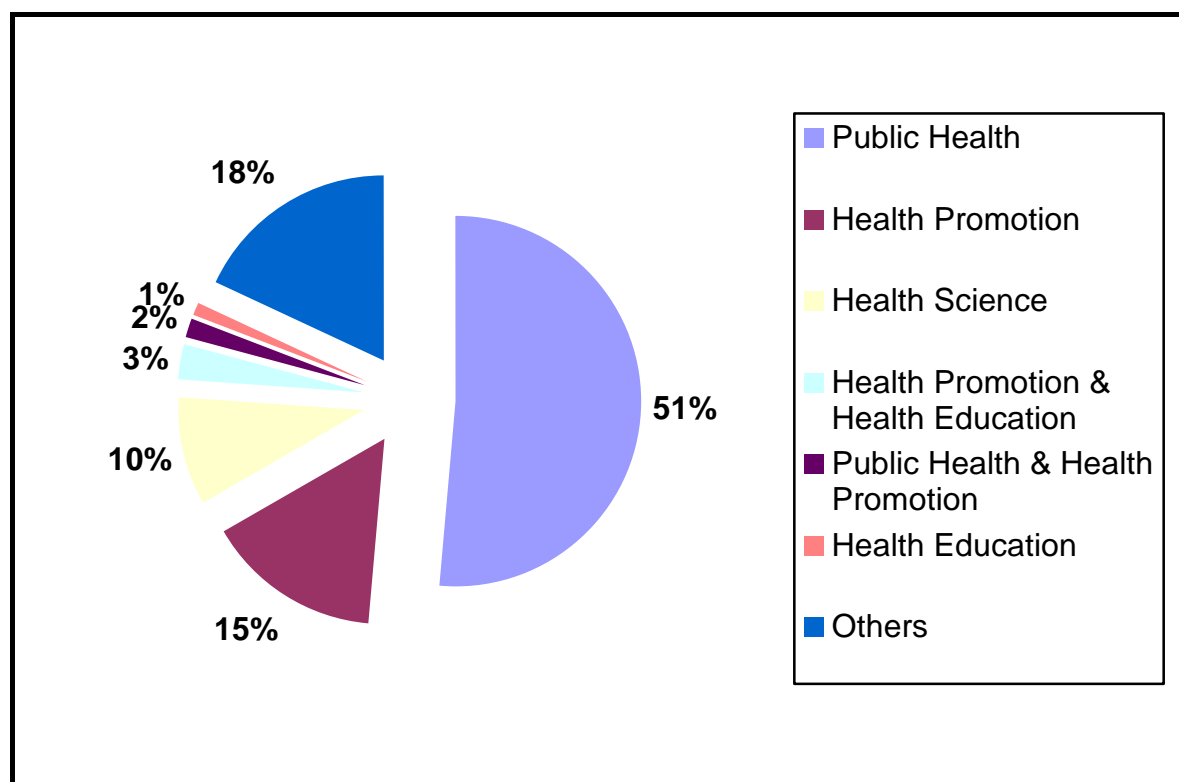


Figure 6: Course title

The distribution of programmes within European Union countries with regard to

the title is shown in the table below (Table 2).

Table 2: Title and distribution of different kind of programmes

	HP n=16 (number)	PH n=54 (number)	PH & HP n=2 (number)	HP & HE n=3 (number)	HE n=1 (number)	HSc n=10 (number)	Others n=19 (number)
Armenia		1					
Austria		1					1
Belgium		6					

	HP n=16 (number)	PH n=54 (number)	PH & HP n=2 (number)	HP & HE n=3 (number)	HE n=1 (number)	HSc n=10 (number)	Others n=19 (number)
Denmark		3					
Finland		2				2	1
France		1				1	1
Germany	2	9		1			
Greece		1					
Hungary	2	1					
Ireland	2			1		1	2
Israel		3					
Italy					1		
The Netherlands		9				1	4
Norway	3	1				2	3
Poland		2					
Portugal		1					2
Spain							
Sweden		6					
Switzerland	2	1					
United Kingdom	5	5	2	1		3	5
Denmark, England, France, Poland, Spain		1					

The following sections examine the importance of the title in relation to the learning objectives and the curriculum of the programme.

Programmes named ‘health promotion’, ‘public health’, etc. are following referred to as ‘health promotion programmes’, ‘public health programmes’, etc.

4.1.4 Learning objectives

In general, most of the study programmes aim to equip students with knowledge, skills and competences. The students should become familiar with and understand the basic concept, which underlie the study programme and be able to distinguish between relevant terms. They should develop the ability to apply the acquired knowledge in practice and/or research. The practical application is mainly connected to four phases: assessment, development, implementation, and evaluation.

Theory/ knowledge

Most of the health promotion programmes (81%) have learning objectives aiming to make students familiar with health promotion principles. Some of them (25%) additionally mention other disciplines like prevention, health education, or public health. The remaining health promotion programmes do not include these aspects in their learning objectives or do not provide any information.

Public health programmes have more diverse learning objectives. Nine programmes (17%) are based on health promotion principles; seven of them (13%) besides other disciplines such as public health, health education or prevention. Nine public health programmes (17%) aim at the achievement of public health knowledge. A few programmes (9%) concentrate on knowledge in health care, health services, occupational health, nutrition, or other fields. The other public health programmes do not meet these categories or do not provide information about learning objectives.

The programmes named public health & health promotion, and health promotion & health education include the attainment of knowledge about basics in health promotion in their learning objectives; partly besides knowledge in the other discipline, i.e. public health or health education.

The health science programmes that mention theoretical basics in their learning objectives differ in their approaches. They include knowledge in public health (10%) and health care/ health services (20%). Study programmes with diverse titles that are categorized as 'other programmes' comprise a wide range of topics such as health promotion, disease prevention, health service, health and work, nutrition, physical activity, or environmental health protection and safety.

Practice/ skills

Learning objectives also include aspects regarding practical skills that students should develop. After completion of the study students should be able to apply theory to practice, to assess the health status, health need, health problems of the population, and to plan, develop, implement and evaluate programmes. This concerns different disciplines.

The majority of the health promotion programmes (81%) include health promotion practice in their learning objectives.

A few public health programmes (4%) also include health promotion practice. Nineteen percent of the public health programmes mention health promotion practice in combination with other disciplines such as disease prevention or public health. More programmes (28%)

however focus on interventions in public health, health care, physical activity, occupational health or others.

The public health & health promotion and the health promotion & health education programmes all include health promotion practice.

Programmes in health education, health science and the other programmes provide none or less information about these criteria.

Other skills, which are often named in learning objectives, are management and administration skills, the ability to build up networks and partnerships and to work interdisciplinary.

Research

Many programmes include research aspects in their learning objectives. The programme's aim is that students attain theoretical knowledge in research methods and skills to apply these techniques; the ability to plan and conduct research, to collect and analyse information, and communicate findings. This refers to all kind of programmes, namely health promotion, public health, public health & health promotion, health promotion & health education, health science and other programme. The health education programme does not provide information to learning objectives.

Five programmes have a special focus on research. Three of these programmes are health science programmes, and two of them public health programmes.

More details are shown in the table below (Table 3).

Table 3: Learning objectives of different kind of programmes

	HP n=16 (number; percent)	PH n=54 (number; percent)	PH & HP n=2 (number; percent)	HP & HE n=3 (number; percent)	HE n=1 (number; percent)	HSc n=10 (number; percent)	Others n=19 (number; percent)
Theory/ knowledge							
Health promotion	9; 56%	1; 2%	2; 100%	2; 67%			
Health promotion & disease prevention, public health, health education, or others	4; 25%	7; 13%		1; 33%			1; 5%
<i>Health promotion (total)</i>	<i>13; 81%</i>	<i>9; 17%</i>	<i>2; 100%</i>	<i>3; 100%</i>			
Public health		9; 17%	1; 50%			1; 10%	
Health education				1; 33%			
Health care, health services, health system		4; 7%				2; 20%	
Health & work, exercise, nutrition, environmental health, or others		1; 2%					5; 26%
Practice							
Practice health promotion	10; 63%	2; 4%	1; 50%	2; 67%			
Practice hp & prevention, public health, or others	3; 19%	10; 19%	1; 50%	1; 33%			1; 5%
Interventions public health, health care, physical activity, occupational health, or others	1; 6%	14; 28%					1; 5%
Other skills							
Communication, network, interdisciplinary, partnership, administration, manage, leadership	8; 50%	14; 26%	2; 100%			1; 10%	
Research							
Research – knowledge and skills	6; 38%	19; 35%	1; 50%	2; 67%		3; 30%	6; 32%
No info	2; 13%	19; 35%			1; 100%	5; 50%	12; 63%

4.1.5 Curricula

Health promotion programmes usually contains subjects called ‘Foundations of Health Promotion’ or similar and ‘Practice in Health Promotion’. This is also true for one of the public health & health promotion programmes. One health promotion & health education programme also teaches a subject ‘Foundations of Health Promotion’.

A broad variety of courses forms the other programmes. Some of the public health programmes offer a course or a specialisation in health promotion, but most of them introduce health promotion alongside other topics and focus more on other subjects like public health, occupational health, nutrition, health system, health service, health economics,

health policy, or health management. The health education programme specialises in health education theory, practice and management. Some of the health science, the public health and the other programmes include courses in health care, nursing or medical oriented subjects in their curricula.

research rate high. Often the thesis or a research project is given particular importance.

The distribution of the courses in different kinds of programmes is shown in the table below (Table 4).

Within all kinds of programmes courses about epidemiology, statistics, and

Table 4: Subjects of different kinds of health promotion programmes

	HP n=16 (number; percent)	PH n=54 (number; percent)	PH & HP n=2 (number; percent)	HP & HE n=3 (number; percent)	HE n=1 (number; percent)	HSc n=10 (number; percent)	Others n=19 (number; percent)
Foundations of Health Promotion	10; 63%		1; 50%	1; 33%			
Practice in Health Promotion	8; 50%	1; 2%	1; 50%				
Health Promotion		11; 20%					2; 11%
<i>Health promotion - total</i>	<i>10; 63%</i>	<i>12; 22%</i>	<i>1; 50%</i>	<i>1; 33%</i>			<i>2; 11%</i>
Health promotion & others	4; 25%	9; 17%	1; 50%	2; 67%			
Prevention		3; 6%					
Public health		20; 37%				1; 10%	2; 11%
Health education		2; 4%		2; 67%	1; 100%		
Work, nutrition, mental, environmental health	2; 13%	19; 35%					12; 63%
Health care, nursing, medical subjects		7; 13%				3; 30%	1; 5%
Health system, health service, economics, policy, management, leadership	2; 13%	29; 54%	2; 100%			3; 30%	4; 21%
Health psychology, pedagogy, sociology, social work	1; 6%	5; 10%					
Epidemiology/statistic	3; 19%	31; 57%	1; 50%			2; 20%	6; 32%
Research	13; 81%	18; 33%	2; 100%	3; 100%		4; 40%	8; 42%
Evaluation, quality assurance		4; 7%	1; 50%				1; 5%
Thesis, dissertation, research project	12; 75%	23; 43%	1; 50%	1; 33%		5; 50%	8; 42%
No information	2; 13%	13; 24%				4; 40%	6; 32%

4.1.6 Learning and teaching methods

Forty-two of the 105 academic programmes provide information about their learning and teaching methods. The programmes apply various learning

methods; from methods which present information, through student participatory methods, to distance or on-line learning and teaching methods.

Most of the programmes combine different methods with each other. Lectures are often used in all kind of programmes. However, lectures are always combined with other learning methods such as seminars, exercises, group work, project work, workshops, discussions, and/or case studies. That means that student participatory methods are included in the

learning process. Some programmes use problem-based learning (PBL) or problem-oriented methods.

A few programmes apply contact/ distance learning methods or online-learning methods.

A comprehensive overview of learning and teaching methods is given in Table 5.

Table 5: Learning and teaching methods of different kind of programmes

	HP n=16 (number; percent)	PH n=54 (number; percent)	PH & HP n=2 (number; percent)	HP & HE n=3 (number; percent)	HE n=1 (number; percent)	HSc n=10 (number; percent)	Others n=19 (number; percent)
Contact learning							
Lectures	4; 25%	18; 33 %	1; 50%			3; 30%	7; 37%
Seminars	3; 19%	10; 19%	1; 50%			2; 20%	6; 32%
Exercises, skill training	2; 13%	11; 20%				1; 10%	3; 16%
Discussions	3; 19%	4; 7%				1; 10%	
Group work	4; 25%	16; 30%				3; 30%	4; 21%
Work shop	2; 13%	5; 9%	1; 50%			1; 10%	1; 5%
Project	1; 6%	9; 17%					2; 11%
Case studies	1; 6%	2; 4%	1; 50%			2; 20%	2; 11%
Problem-based learning, problem-solving	3; 19%	12; 22%				1; 10%	4; 21%
Contact/ distance learning	1; 6%	1; 2%				1; 10%	1; 5%
Net-based learning methods, on-line	2; 13%	4; 7%					3; 16%
No information	9; 56%	32; 59%	1; 50%	3; 100%	1; 100%	6; 60%	11; 58%

4.1.7 Entry requirements

In order to be admitted to a master's level study programme students must have a primary degree (Figure 7); that is usually a Bachelor degree or an equivalent academic qualification. In most cases, this degree must be attained in a relevant discipline

and be connected thematically to the wider subject of health.

In addition, some programmes wish or require relevant work experience (Figure 7) and/ or students must provide evidence about language knowledge and skills (Figure 7), mainly in English.

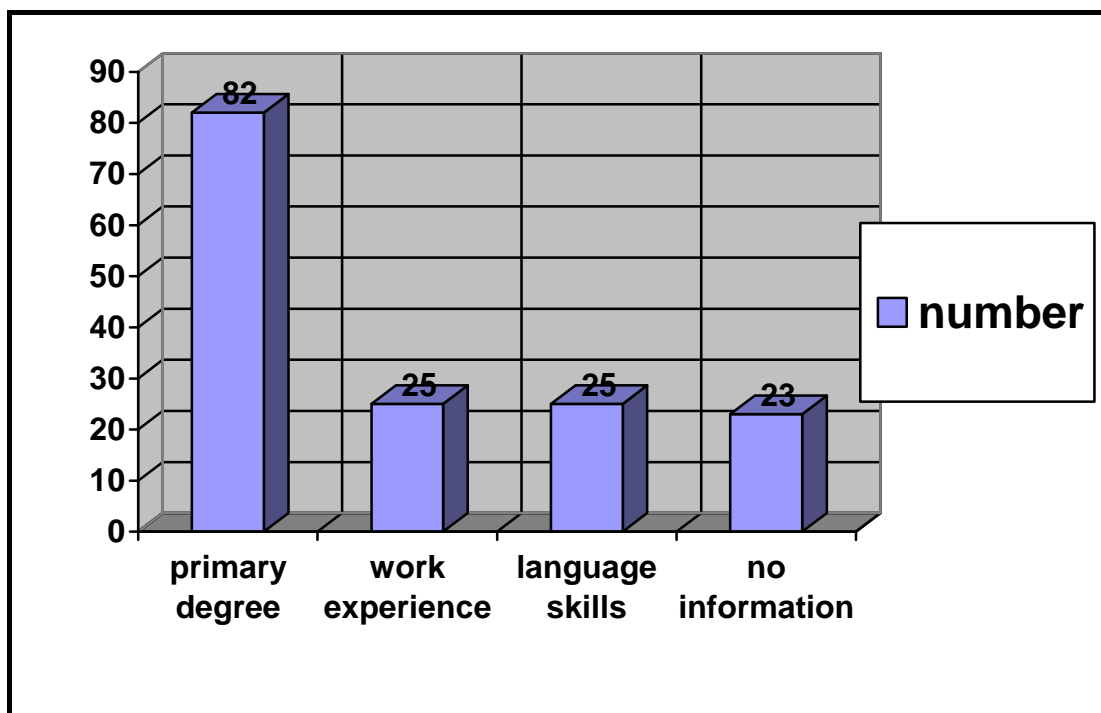


Figure 7: Entry requirements

4.1.8 Duration

Many health promotion master's level programmes are offered on a full-time basis, some on a part-time basis, while

various programmes are offered both full-time and part-time (Figure 8).

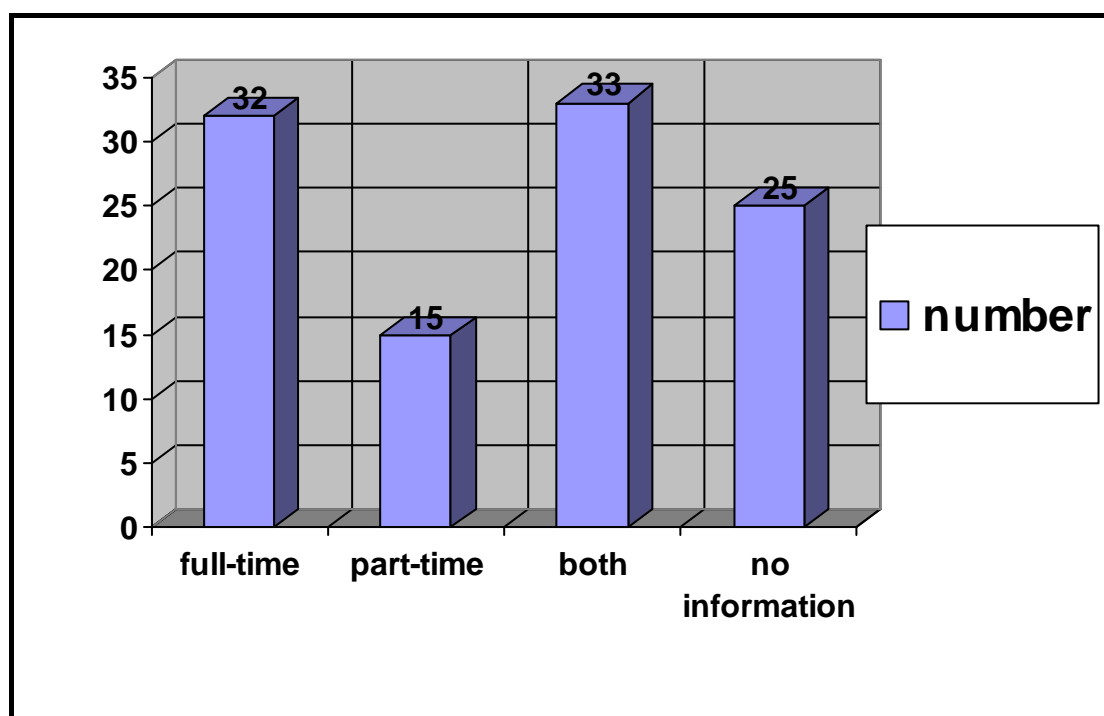


Figure 8: Full-time or part-time basis

The master's level programmes that are offered on a full-time basis mainly take one year or two years. Part-time Figure 9 includes three pie charts: the first chart shows the overall situation while the second and the third chart display respectively full-time programmes or part-time programmes.

programmes can be attended accordingly longer; from two years duration up to four years.

Programmes that are offered full-time and part-time are displayed twice. The time declarations are the minimum lasting periods.

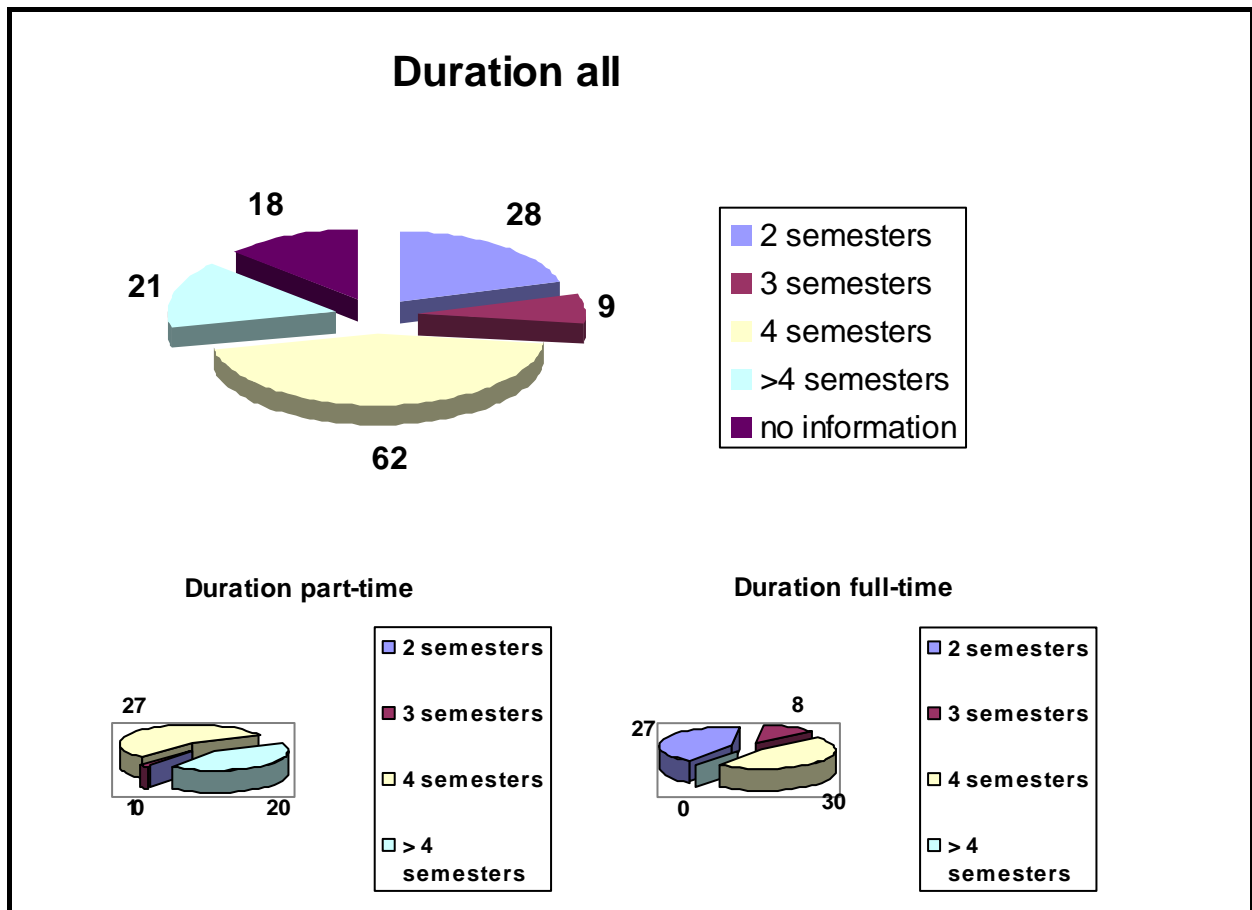


Figure 9: Duration

4.1.9 Students workload in ECTS

Forty-three of the considered programmes apply the ECTS credit system. ECTS credits are always connected to the duration of the programme. Sixty ECTS credits are awarded for a two semester full-time course length, whereas four semesters generate to 120 ECTS.

The majority of the health promotion master's level programmes however do not (yet) have an ECTS system. Some of them have another credit system, whereas others use other methods to assess the students work. Several programmes do not provide information about this issue (Figure 10).

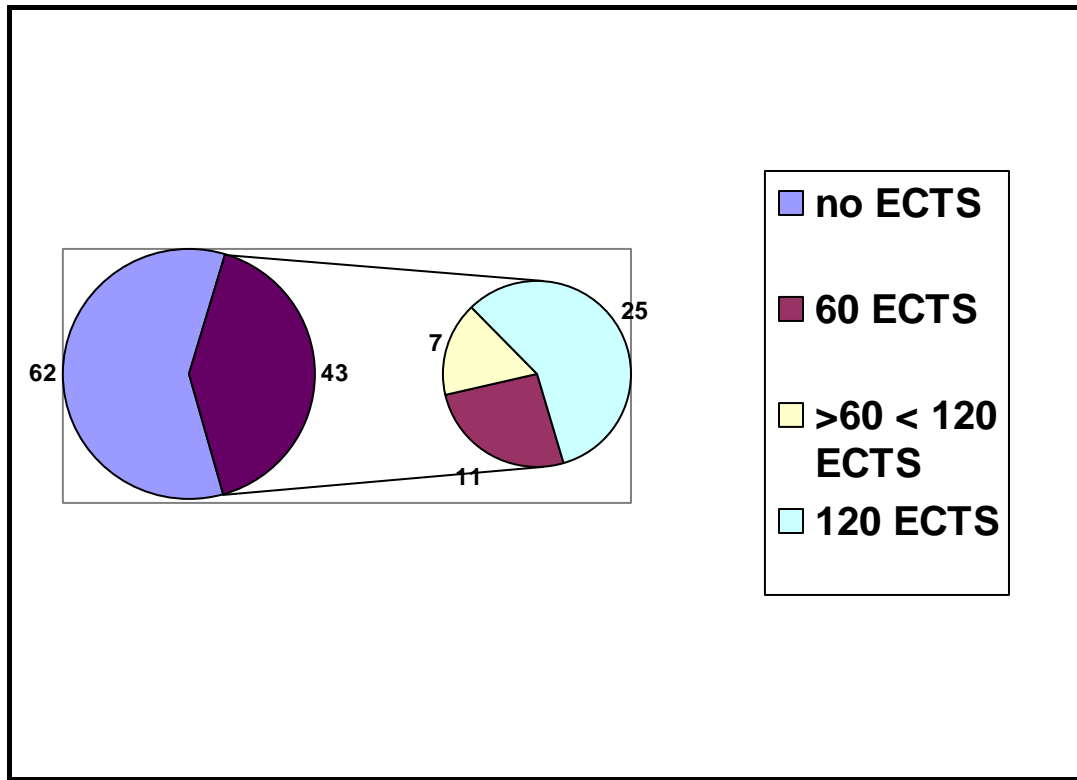


Figure 10: Student workload in ECTS

4.1.10 Language of instruction

Health promotion master's level programmes are offered in the countries described in Section 4.1.2, that is Armenia, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, The Netherlands, Norway, Poland, Portugal, Spain, Sweden, Switzerland, and the United Kingdom. The language of instruction is usually the national language of these countries. The languages used in the programmes considered in this study are Danish, Dutch, English, French, Finnish, German, Greek, Hungarian, Hebrew, Italian, Norwegian, Polish, Portuguese, Spanish, and Swedish.

Twenty-three academic programmes (22%) are offered in a language other than the national language (Figure 11). This language is, in most cases, English. One academic programme, the EuroPubHealth Master's course, is designed for study in

more than one country. Attending this programme, the students can choose one or two languages of instruction (English, English & French, Spanish & French, and Spanish & English) related to the courses they select and the countries they study in. In most of the universities, the faculties or institutes, which are offering foreign language programmes, are respectively involved in European educational structures (4.1.11).

Students applying for foreign language programmes must prove their language knowledge and skills. This is shown in the entry requirements (4.1.7).

Eight programmes (8%) include some elements carried out in English, e.g. teaching, supervision, reading, and writing. Such programmes are usually engaged in one of the networks mentioned above.

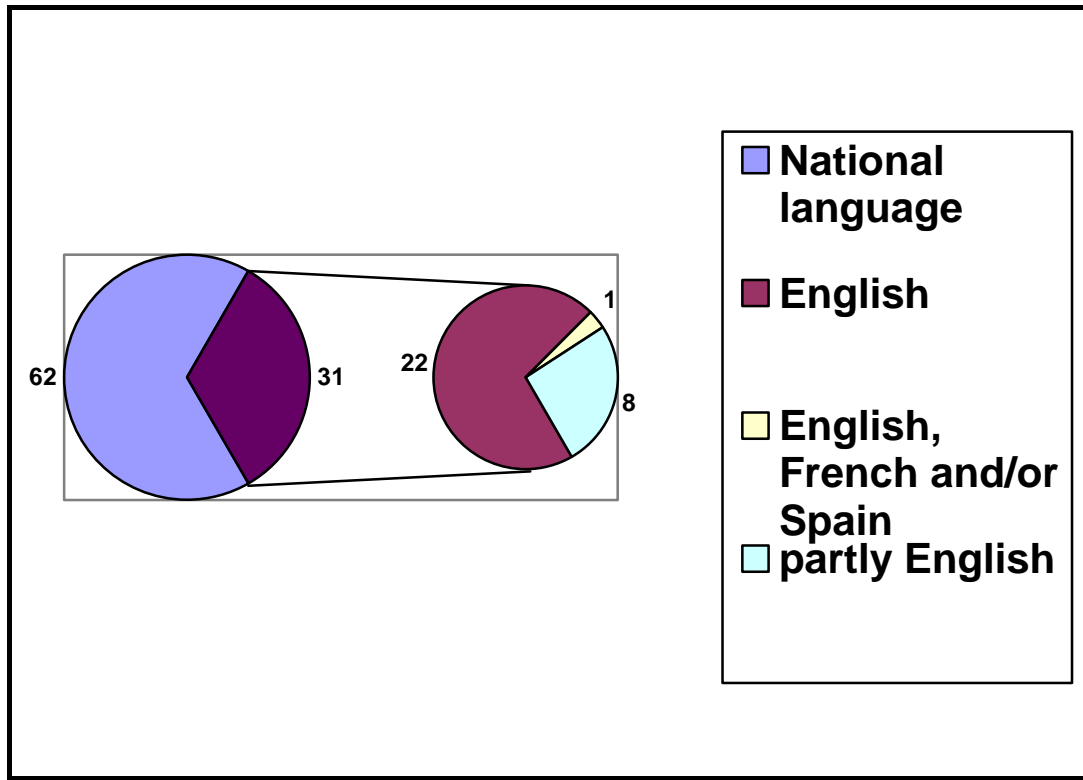


Figure 11: Language of instruction

4.1.11 Participation in European educational structures and programmes

Section 2.3 provides an overview of some important European educational structures and programmes in the field of health promotion. This section shows the involvement of the study programmes and the universities/ faculties respectively in such projects.

More than half of the institutions (39 of 71, 55%) in the field of public health or health promotion are involved in European educational structures.

Thirteen institutions participate in the EUMAHP project (18%), nine in the EMPH (16%), and four in ENPHN (6%). Altogether 24 institutions (34%) are members of ASPHER. Some of them also participate in EUMAHP, EMPH, or ENPHN and consequently are registered twice.

Moreover, a coalition of six European universities designed the EuroPubHealth master course. The degree in public health

is awarded jointly by two universities in different countries in Europe. Different issues guarantee the European dimension of this training programme: students attend the two years of study in two different countries including a different geographic location, culture and health system, all students take two courses together, while the content of these courses as well as the compulsory practical placement emphasise the European approach.

4.1.12 Philosophy

The sections regarding title, learning objectives and curricula make it clear that a classification with regard to the title only is not sufficient. Therefore, this section contains an examination of the underlying principles. The concept of health promotion is central to this analysis. Data classed into the categories 'Title', 'Philosophy/aims', 'Learning objectives', 'Contents' and 'Participation in European educational structures' are evaluated for indications to the underpinning principles. The starting point is the classification into

groups of programmes with similar titles, made in Section 4.1.3.

The primary consideration concerns the concept of health promotion as described in Section 2.1. The following four criteria are considered when deciding if health promotion forms the foundation of the programme:

1. Philosophy of health promotion
2. Learning objectives
3. Curriculum
4. Participation in EUMAHP

In addition, the wide-ranging set of principles encompassed by public health and other programmes is described.

Health promotion (16 programmes; 15% of 105).

The first criterion questions whether the programmes build on the theoretical basis of health promotion. Some programmes (4; 25%) directly mention the WHO conceptual development of health promotion or the Ottawa Charter as a theoretical foundation for the study programme. Another five programmes (31%) state that they are based on the scientific concept of health promotion and/or name health promotion principles or aims. Therefore, a total of nine programmes (56%) fulfil this criterion.

The second criterion regards the learning objectives of the training programme. Thirteen (81%) programmes aim to equip their students with theoretical knowledge about the concept and principles of health promotion and/or aim at the application of theory to practice.

The majority of the programmes (10; 63%) contain courses on the foundations of health promotion; in addition, eight of them (50%) include a subject about health promotion practice in their curriculum. Four programmes (25%) offer other courses relevant to health promotion. The

remaining two programmes (13%) provide no information about their curriculum. Fourteen programmes (88%) meet the third criterion.

Five study programmes (42%) are involved in the EUMAHP project, which indicates a health promotion perspective and requires health promotion course contents. They fulfil criterion four.

Three programmes (19%) fulfil all four criteria, five programmes (31%) each complete three or two criteria whereas the remaining three programmes (19%) meet only one criterion. All 16 health promotion titled programmes fulfil at least one of these criteria and thus indicate that health promotion is the underlying concept.

Public Health (54 programmes; 51% of 105)

The range of the 54 programmes entitled public health includes a broad spectrum of different concepts. The programmes classed into this group differ a lot in their approaches. Some of them include the health promotion criteria described above, some describe public health as a broad concept, some specialised programmes focus on one single aspect, whereas only few have a traditional understanding of public health and contain a medical approach.

Considering the health promotion criteria, seven programmes (13%) fulfil one or more of these criteria. Five of them are involved in the EUMAHP project and four of them fulfil one additional criterion (contents or philosophy). Another two programmes describe the health promotion concept as the foundation the programme builds on. Through offering either a specialisation track in health promotion or subjects about health promotion, they meet two health promotion criteria.

Fourteen other programmes (26%) contain a subject or a specialisation option in

health promotion. However, regarding their philosophy and learning objectives they focus primarily on a diversity of public health topics. Public health is described as an overriding subject that examines causes and conditions for health and illness, the health status of the population and interactions between the health status and influencing factors: individual and social factors and the health system. Most of them have the overriding aim to promote health, prevent diseases, and to improve the health system and cooperation to other sectors. Interdisciplinarity is an important aspect of public health. All programmes include the majority of the following aspects (aims and learning objectives):

- Analyse health status, health needs and problems, and causes of disease causes in the population;
- Understand factors influencing health;
- Understand the health system, health policy, health economy and their effects on health;
- Create and implement programmes to improve health, prevent diseases and evaluate interventions;
- Organisation, management and improvement of health system and influencing factors.

Twenty-one programmes (39%) do not include health promotion courses into their curriculum. Another two (4%) provide no information about their curriculum. These 23 programmes cover various approaches. Some of them meet the aspects mentioned above. Others concentrate on one topic only. Five programmes focus on the health care sector and its current developments; they aim at innovations and improvements in health services. In addition, four of these programmes link in addition to other relevant disciplines such as economy, policy, administration, law, and management. One programme specialises in epidemiology. This discipline studies

the occurrence and determinants of health, diseases and the analysis of health problems. The study programme includes theoretical knowledge about epidemiology and the application of epidemiological research methods. Work & health is another specialisation in the range of public health studies. It examines the relationship between work, health, and sickness and aims at the prevention of work-related health problems and the promotion of good health in work place.

Ten public health programmes (19%) do not provide (English) information about aims or contents of their course.

Public Health and Health Promotion (2 programmes; 2% of 105)

The two programmes awarding a Master of Science in Public Health & Health Promotion both comprise health promotion issues.

One programme has learning objectives as well as subjects relevant to health promotion. Nevertheless, the programme description constantly mentions health promotion and public health together as equal partners. The programme aims to equip the students with knowledge and practical skills in health promotion and in public health. One of the taught subjects is called 'Principles and Practice of Public Health and Health Promotion'.

The other programme, previously only called Health Promotion, now considers health promotion under the general umbrella of public health. It draws attention to the historical background of health promotion and its practice, but emphasises the link to public health for future developments. Health promotion relevant subjects such as 'Foundations of health promotion' and 'Health Promotion in Practice' are complemented through public health issues such as 'Management & Leadership for Public Health Practice'

or 'Partnership, Public Health & Epidemiology'.

Health Promotion and Health Education (3 programmes; 3% of 105)

Three programmes mention both health promotion and health education in their course title. A closer examination reveals that one programme is built on the concept of health promotion while the other two include subjects teaching health promotion matters. However, a special emphasis is given to health education. This is shown in the general description of the programme, their objectives as well as the contents. Taught subjects include both health promotion and education aspects in theory and practice.

Health Education (1 programme; 1% of 105)

This programme teaches the foundations and methods of health education and topics like 'Nutrition education', 'Sexual education' and 'Training in health education'. It focuses on didactical methods, communication and multimedia aspects in health education.

Health Science (10 programmes; 10% of 105)

Programmes named health sciences comprise a wide range of topics.

One programme (10%) can be grouped in the public health relevant training programmes. Its learning objective is to familiarize students with the multidisciplinary field of public health and the programme contains public health relevant subjects.

Three programmes (30%) focus on research. They aim to equip students with knowledge and understanding of research methods and with skills to plan and execute research, to analyse data and communicate the findings. The programmes differ in their research areas. One study programme focuses on research

in a social-scientific or (clinical) epidemiological context, one on health services research and one on the subjects 'Biomedical Sciences' or on 'Earth Systems and Environmental Sciences'.

Three programmes (30%) have a clinical orientation and focus on health subjects such as occupational therapy, physiotherapy or nursing while another programme (10%) focuses on 'Health and Social Care'. The two remaining programmes (20%) do not provide information in English.

Others (19 programmes; 18% of 105)

The remaining programmes deal with a variety of specialisations:

- Epidemiology (1);
- Environmental health, protection & safety (1);
- International health (3);
- Nutrition (5);
- Occupational health (2);
- Physical activity and health (4);
- Others (3).

4.2 Discussion of the results

Generally, a large diversity of training programmes shapes the landscape of health promotion education.

Considering the results, especially the findings regarding title, learning objectives, curriculum, and philosophy, it becomes obvious that the title gives little indication of the study programmes' contents or underpinning philosophy. There also exists a large variety within groups of programmes with similar titles.

The group of the 16 health promotion programmes are more closely comparable regarding their learning objectives, curricula and underlying philosophy, than the remaining programmes. Most of them have a clear focus on health promotion. That refers to their title as well as to their learning objectives and contents. The

reason might be found in the existence of a theoretical foundation of health promotion.

Nevertheless, a few programmes differ in title and curriculum. This is even the case within programmes taking part in the EUMAHP project whose programmes' cover core contents. Some curricula, for example, do not comprise a subject called 'Health promotion foundations'. Besides, some are named 'public health'.

In contrast, the other programmes, especially the 54 public health programmes, the 10 health science programmes and the 19 other programmes are, despite similar titles, more wide ranging. They comprise programmes with very different approaches and contents but all within the extensive field of health. Five groups could be recognised according to the emphasis of the programmes' contents:

- health promotion;
- general public health comprising a subject in health promotion;
- general public health without a subject in health promotion;
- specialisation on an particular topic;
- clinical orientation.

However, a commonality of all programmes is the overriding goal. All programmes aim – in one or another way – at the improvement of health. Besides, both concepts – health promotion as well as public health – seek to work interdisciplinary and interact with various sectors, which influence health. Differences emerge concerning concrete aims, the approach how to achieving these aims, the point of view on health and disease, and the primary focus of the programmes.

Public health mostly aims to improve health, prevent diseases, prolong life and to create an interdisciplinary connection

within the health system in order to manage and improve it. In contrast, health promotion aims to enable people to achieve control over their own health and its determinants and to improve life quality. Furthermore, the concept of health promotion includes recommendations for practice and has proven practical applications (networks, settings) while public health is more diverse in approach and practice.

Originally, public health had a medical orientation, focusing on diseases and how to prevent them, seeing health mainly as the absence of diseases and having a one-dimensional view on health (physical health). This has changed and now includes other dimensions as well as a positive, health-oriented view. The new public health is more closely comparable to the health promotion approach, which has a positive, multidimensional view on health, focussing on resources and how to stay healthy. Public health nowadays often includes health promotion rather than only disease prevention.

These aspects are reflected in the training programmes. While health promotion is offered as a study programme itself, based on the concept of health promotion and comprising teaching in health promotion theory and practice, the other programmes do not demonstrate such clear commonality. As shown above, they contain a great variety in their underlying concepts and teaching contents. This might also reflect developments in the concept of public health. Some programmes still include medical subjects in the training programmes while others contain health promotion aspects. Health promotion is often seen as one discipline among many.

Greater convergence in these aspects could, for instance, ease mobility of students and teachers as well as recognition of courses and degrees across Europe and thereby meet the ambitions of

the European Community as mentioned in the EC-Treaty and the Lisbon European Council, as well as other actions in Europe's higher education like the Bologna process and the Socrates programme. The Bologna process and the Tuning project aim to achieve greater convergence in study contents. Within health promotion, the PHETICE project aims to identifying commonalities and synergies and to develop core competencies and comparable academic standards in order to improve public health education in Europe. Further developments in these aspects are thus in progress.

The 105 academic Master's level academic programmes are offered in 20 different countries spread across the whole of Europe. It is however apparent that this study includes more training programmes offered in Central and Northern European countries than in the south, west and east of Europe. A small number of programmes are present in France, Greece, Italy, and Portugal. Fewer programmes, if any, are also offered in the Czech Republic, Israel, Kazakhstan, Kyrgyzstan, Poland, Serbia, and Romania. Other European countries are not present in the HP-Source.net database and consequently they were not integrated in the study. Reasons for this situation and resulting consequences are discussed below.

An important aspect could be the language barrier. Difficulties in programme discovery because of language restrictions might lead to the small number of programmes found in various regions of Europe. Besides, websites of universities in west, south and east of Europe, which formed the information base of this study, often do not provide English translations of their study prospectus or descriptions of their programmes. As a result, study programmes or information regarding relevant study programmes could not be found.

In practice that means that this information is only accessible for native people or people familiar with the particular language. That is, of course, sufficient for the purpose of informing prospective students in the particular country about offered programmes. Limitations occur with regard to information exchange, communication and co-operation between universities of different countries. The European Community supports for instance co-operation and information exchange in order to improve the quality and effectiveness of training systems in Europe. The establishment of a European Higher Education Area (Bologna Process) also requires greater co-operation and information exchange. A common language could contribute to achieving these goals and to including more universities and more European countries in these processes.

Evaluation of programmes and comparisons with other programmes can be a starting point to recognise advantages and weaknesses of the programme. These experiences and information exchange can lay the foundation on which further common development in the European region can be built. Language restrictions might limit such efforts.

Another reason might be that fewer Master's level health promotion programmes exist. However, the Bologna process and the Tuning process are ongoing and further changes towards a common two cycle system and the creation of a European Higher Education Area are on the way. Besides, continuing efforts to build up co-operation and experience exchanges could encourage and support the establishment of health promotion training in these regions to close this gap. The PHETICE project intends to include educational institutions of acceding and candidate countries into existing networks and projects in public health. A common language could facilitate these efforts.

Most of the training programmes are offered in the native language. Considering the distribution discussed above that means that health promotion education is offered in many countries of Europe and in many European languages. Thus, health promotion education is accessible for many people in different parts of Europe. Gaps however exist in south, west and east of Europe. Consequently, a number of language needs are not covered.

Some of the programmes are accessible beyond national borders. English as the language of instruction opens up the study programmes to a wider group of students. In this survey, 23 of the programmes (22%) meet this criterion and thereby allow and encourage foreign students to take up their study abroad. Besides, all study programmes offered in the United Kingdom and Ireland are given in English and consequently international students can attend them. Study programmes held in English facilitate and encourage student mobility and allow exchange of knowledge and experiences between students from different countries. This can enrich the study programmes and contributes to moving towards the aims of the European Community and other projects within higher education.

The faculties or institutes, which offer foreign language programmes, are specifically involved in European educational structures (75%). That means they are a member of the Association of Schools of Public Health in the European Region (ASPHER) and/or the European Master in Public Health (EMPH) Network, the European Master in Health Promotion project (EUMAHP) or the European Network of Public Health Nutrition (ENPHN). Membership in one of the three last mentioned European networks EMPH, EUMAHP or ENPHN means that students who finish such a programme are awarded a European Master's degree. The EuroPubHealth Master's programme, for

example, is a programme designed by six European universities working co-operatively. All programmes awarding a European Master's degree are developed through cooperation between several universities. They are able to provide high quality education and include a European perspective into their training programmes. These networks comprise programmes in countries in many regions of Europe.

Many of the study programmes do not yet use the ECTS system. This is one aspect making comparisons between programmes more difficult. Besides, it limits mobility of students by complicating recognition of study periods abroad. However, since the change towards the use of ECTS credits is ongoing it is to be expected that more and more study programmes will be using ECTS credits soon.

5. CONCLUSION

Numerous current actions and programmes aim to establish more commonality and comparability in higher education in Europe. Considering the wide range of Master's level training programmes in health promotion and related subjects across Europe, further development is necessary to create more common aspects in education in Europe.

This survey contributes to current developments by providing an overview of existing study programmes, their most frequent learning objectives, subjects and other characteristics. The identified commonalities, like common learning objectives and most frequently offered subjects as shown in the results could be the starting point for further common development. They might be used to recognize core contents and thereby contribute to the ongoing efforts to develop core competencies and academic standards. The PHETICE project might find some aspects of this study useful for its further work.

The concept of health promotion builds the conceptual foundation of this survey. Therefore, health promotion study programmes form the centre of attention. However, other related study programmes for instance in public health, health education, etc. are included as well.

Study programmes named health promotion tend to be similar in learning objectives, contents and underlying principles. Thus in health promotion study programmes Europe's educational aims are achieved more closely, particularly in the European Master in Health Promotion (EUMAHP). The reason might be found in the existence of a clear basic concept that underlies the programmes and approved practical applications.

The other academic programmes are further away from being comparable or containing similar learning objectives and contents. Further common development is particularly needed in these programmes. The change from a disease-oriented approach to public health towards a public health including health promotion aspects is visible in the range of programmes. This change is an ongoing process and may be reflected in the more consistent inclusion of health promotion in the study programmes.

Altogether, greater similarity in the elementary aspects of study programmes like a clear fundamental basis and a harmony of title and basic contents could be one aspect of common further development in health promotion training programmes.

The database HP-Source.net provides an excellent starting point for the discovery of relevant study programmes. Limitations regarding access to information occur within websites of universities. This refers to language problems and to gaps in programme descriptions.

Considering the fact that English has become a widely spoken language, it is recommended that information is provided in English in order to expand access to information and to simplify information exchange and cooperation. HP-Source.net might be used to contact universities or faculties, which do not provide English websites. A comprehensive programme description could facilitate access to information regarding the study programmes.

Health promotion programmes are offered across Europe. However, there exist gaps in several regions of Europe. Efforts to include more European countries or to establish new study programmes should be continued.

The European Union plays an important role in supporting actions and co-operations. It thereby contributes much in improving quality and establishing a European dimension within education.

The ongoing process of increasing collaboration and improving comparability continues in the development of health promotion education across Europe. It is clear that many effects in the development of health promotion education have already been achieved. However, further commitment is necessary and important to improve training and education in Europe, to create more commonalities, to offer health promotion education in the whole of Europe and to include a European dimension in Master's level education in health promotion in Europe.

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APPENDIX 3

List of acronyms

ASPHER – Association of Schools of Public Health in the European Region
EC – European Community
ECSC – European Coal and Steel Community
ECTS – European Credit Transfer and Accumulation System
EEC – European Economic Community
EHEA – European Higher Education Area
EMPH – European Master of Public Health
ENPHN – European Network of Public Health Nutrition
EU – European Union
EUMAHP – European Master in Health Promotion
Euratom – European Atomic Energy Community
HE – Health Education
HP – Health Promotion
HSc – Health Science
PH – Public Health
PHETICE – Public Health Training in the Context of an Enlarging Europe
WHO – World Health Organisation

APPENDIX 4

List of study programmes

	Country	University	Course title	Website
1	Armenia	American University of Armenia (AUA)	Master of Public Health (MPH)	http://www.aua.am/aua/masters/info3.htm , last accessed 15.05.2006
2	Austria	University of Graz (Karl-Franzens-Universität Graz)	Master of Public Health (MPH)	http://public-health.meduni-graz.at , last accessed 15.05.2006
3	Austria	University of Innsbruck	Master of Advanced Studies (Community Health Developing Countries)	http://info.uibk.ac.at/c/c5/c543/pubhealth/index.html , last accessed 15.05.2006
4	Belgium	Université libre de Bruxelles	Master of Public Health – Epidemiology and Biostatistics	http://www.ulb.ac.be/catalogue/esp/MA-SAPU-B.html , last accessed 15.05.2006
5	Belgium	Université libre de Bruxelles	Master of Public Health	http://www.ulb.ac.be/catalogue/esp/MA-SAPU-A.html , last accessed 15.05.2006
6	Belgium	Université libre de Bruxelles	Master of Public Health Master en santé publique à finalité – Gestion des établissements et services de soins [MA-SAPU-G] public health	http://www.ulb.ac.be/catalogue/esp/MA-SAPU-G.html , last accessed 15.05.2006
7	Belgium	Université libre de Bruxelles	Master of Public Health – Health Promotion and Education	http://www.ulb.ac.be/catalogue/esp/MA-SAPU-P.html , last accessed 15.05.2006
8	Belgium	Université libre de Bruxelles	Master of Public Health – Health Policy Master en santé publique à finalité – Politique et gestion des systèmes de santé [MA-SAPU-H]	http://www.ulb.ac.be/catalogue/esp/MA-SAPU-H.html , last accessed 15.05.2006

9	Belgium	Université libre de Bruxelles	Master of Public Health – Master en santé publique à finalité - Santé environnement [MA-SAPU-E]	http://www.ulb.ac.be/catalogue/esp/MA-SAPU-E.html , last accessed 15.05.2006
10	Denmark	University of Copenhagen	Master of Public Health Science	http://www.pubhealth.ku.dk/bkif_en/ , last accessed 15.05.2006
11	Denmark	University of Copenhagen	Master of Public Health (MPH)	http://www.pubhealth.ku.dk/mphs_en/ , last accessed 15.05.2006
12	Denmark	University of Southern Denmark	Master of Science in Public Health	http://www.sdu.dk/health/ , last accessed 15.05.2006
13	Denmark, England, France, Poland, Spain	Denmark:University of Copenhagen; Spain:Andalusian School of Public Health(Granada); Poland:Jagiellonian University of Krakow; France:National School of Public Health(Rennes); France:University of Rennes1(Rennes); United Kingdom:University of Sheffield	EuroPubHealth - The European Public Health Master	www.europubhealth.org , last accessed 15.05.2006
14	Finland	University of Jyväskylä	Master of Health Sciences	http://www.jyu.fi/liikunta/tervtiede/ttectsguide.pdf , last accessed 15.05.2006
15	Finland	University of Tampere	Master of Health Sciences (Public Health)	http://www.uta.fi/laitokset/tsph/mastersprogramme.htm , last accessed 15.05.2006
16	Finland	University of Kuopio	European Master' Program in Public Health Nutrition (EMPHN)	http://www.uku.fi/kansy/eng/ , last accessed 15.05.2006
17	Finland	University of Kuopio	Master of Science in Public Health	http://www.uku.fi/kansy/english2/studies_general.shtml , last accessed 15.05.2006
18	Finland	University of Kuopio	International Master of Science Degree Program in Public Health (MPH)	http://www.uku.fi/kansy/eng/ , last accessed 15.05.2006

19	France	Université de Clermont I	Master of Health Science	http://www.u-clermont1.fr/index.php?Id=126&Lang=en , last accessed 15.05.2006
20	France	Université Henri Poincaré, Nancy	Master of Public Health Le Master Santé publique et environnement	http://www.sante-pub.u-nancy.fr/esp/formation/Master%20SPE.pdf , last accessed 15.05.2006
21	France	Université de Paris XIII	Master of Education, Clinic and Health MASTER mention Education, Clinique, Santé	http://www.univ-paris13.fr/form/fiche/M_educ_sante.pdf , last accessed 15.05.2006
22	Germany	Freie Universität Berlin, Free University of Berlin	Master of Public Health (MPH)	http://ipg.psychologie.fu-berlin.de/ , last accessed 15.05.2006
23	Germany	Ludwig-Maximilians-Universität München, University of Munich,	Magistra/ Magister Public Health postgrad. (M.P.H. postgrad.)	http://bfv.web.med.uni-muenchen.de/phlmu.html , last accessed 15.05.2006
24	Germany	Medizinische Hochschule Hannover, Hannover Medical School,	Magister/ Magistra Public Health (MPH)	http://www.epi.mh-hannover.de/1728.html?&L=0 , last accessed 15.05.2006
25	Germany	Hochschule für angewandte Wissenschaften Hamburg, Hamburg – University of Applied Sciences,	Master of Public Health (MPH)	http://www.haw-hamburg.de/Studiengaenge.1383.0.html , last accessed 15.05.2006
26	Germany	Heinrich-Heine-Universität Düsseldorf, University of Duesseldorf	Magister/Magistra Public Health postgrad. (MPH)	http://www.uni-duesseldorf.de/WWW/MedFak/PublicHealth/index.html , last accessed 15.05.2006
27	Germany	Technische Universität Dresden, Dresden University of Technology	Magister/ Magistra Public Health (MPH)	http://tu-dresden.de/studium/beratung/zentrale_studienberatung/informationsschriften/pdf_studieninfos/AufbPublicHealth.pdf , last accessed 15.05.2006
28	Germany	Universität Bielefeld, Bielefeld University,	European Master of Public Health (EMPH)	http://www.uni-bielefeld.de/gesundhw/studienangebote/emph/index.html , last accessed 15.05.2006

29	Germany	Universität Bielefeld, Bielefeld University	Master of Public Health (MPH)	http://www.uni-bielefeld.de/gesundhw/studienangebote/mph/index.html , last accessed 15.05.2006
30	Germany	Fachhochschule Neubrandenburg/ Neubrandenburg - University of Applied Sciences	Master of Public Health and Administration	http://gp.hs-nb.de/html/std/grads/gw.html , last accessed 15.05.2006
31	Germany	Fachhochschule Magdeburg-Stendal, (University of Applied Sciences)	European Master in Health Promotion (M.A.) (EUMAHP) - Health Promotion and Sustainability in Europe	http://www.sgw.hs-magdeburg.de/kurmat/goepel/EUMAHP/index.htm , last accessed 15.05.2006
32	Germany	Universität Flensburg, /University of Flensburg,	Magister/Magistra scientiae Health Promotion and Health Education	http://www.uni-flensburg.de/psychologie/abteilung2/studiengang-a.htm , last accessed 15.05.2006
33	Germany	Fachhochschule Magdeburg-Stendal, (University of Applied Sciences)	Master of Arts Health Promotion and Health Management	http://www.sgw.hs-magdeburg.de/gf.html , last accessed 15.05.2006
34	Greece	University of Athen	Master of Public Health	http://www.nurs.uoa.gr:85/eng/index.php?option=com_content&task=view&id=85&Itemid=71 , last accessed 15.05.2006
35	Hungary	University of Szeged	Health Promoter and Mental-health Promoter Master's Degree	http://www.jgytf.u-szeged.hu/Erasmus/egeszseg/index-e.htm , last accessed 15.05.2006
36	Hungary	University of Debrecen	MSc Health Promotion	http://www.sph.dote.hu/frameset_en.html , last accessed 15.05.2006
37	Hungary	University of Debrecen	MSc in Public Health	http://www.sph.dote.hu/frameset_en.html , last accessed 15.05.2006
38	Ireland	National University of Ireland, Galway	M.Sc. Occupational Health & Safety and Hygiene	http://www.nuigalway.ie/hpr/courses/postgrad.htm , last accessed 15.05.2006
39	Ireland	University College Cork	MSc in Occupational Health	http://www.ucc.ie/academic/public/courses.htm , last accessed 15.05.2006
40	Ireland	University College Cork	Masters in Health Promotion	http://www.ucc.ie/academic/public/courses.htm , last accessed 15.05.2006

41	Ireland	National University of Ireland, Galway	Master of Health Sciences (Health Services Research)	http://www.nuigalway.ie/hpr/courses/postgrad.htm , last accessed 15.05.2006
42	Ireland	National University of Ireland, Galway	MA in Arts (Health Promotion)	http://www.nuigalway.ie/hpr/courses/postgrad.htm , last accessed 15.05.2006
43	Ireland	University of Limerick	Masters in Health Education and Promotion	http://www.graduatestudies.ul.ie/prospectus/main/Postgraduate/pages/col_edu_graddip_health_edu_promo.shtml , last accessed 15.05.2006
44	Israel	Ben Gurion University	Master of Public Health (MPH)	http://www.bgu.ac.il/ , last accessed 15.05.2006
45	Israel	Haifa University	Master of Public Health (MPH)	http://hw.haifa.ac.il/publichealth/english/about_eng.html , last accessed 15.05.2006
46	Israel	Hebrew University	International Master of Public Health	http://publichealth.huji.ac.il/eng/programs.asp?cat=100&in=0 , last accessed 15.05.2006
47	Italy	Università di Perugia; Università degli Studi di Perugia	Master in Health Education	http://www.unipg.it/cesei/eng/welcome.htm , last accessed 15.05.2006
48	The Netherlands	University of Maastricht	M.Sc. Public Health – Health Care Studies	http://www.unimaas.nl/default.asp?template=werkveld.htm&id=P2601733W2F40U215R7S&taal=en , last accessed 15.05.2006
49	The Netherlands	University of Maastricht	M.Sc. Public Health – Specialisation Epidemiology	http://www.unimaas.nl/default.asp?template=werkveld.htm&id=5HE3NN16DM4FPG1311F6&taal=en , last accessed 15.05.2006
50	The Netherlands	University of Maastricht	M.Sc. Physical Activity and Health – Metabolism and Nutrition	http://facburfdgw-4.unimaas.nl/StudieGidsBaMa/Master/Masters/MsPAH/EMeNu/Introduction.htm , last accessed 15.05.2006
51	The Netherlands	University of Maastricht	M.Sc. Public Health – Health Policy, Economics and Management	http://www.unimaas.nl/default.asp?template=werkveld.htm&id=0C47LA45V3BE43F2M413&taal=en , last accessed 15.05.2006
52	The Netherlands	University of Maastricht	M.Sc. Public Health – Work and Health	http://www.unimaas.nl/default.asp?template=werkveld.htm&id=46JX2TC2VQHDW7557NQQ&taal=en , last accessed 15.05.2006
53	The Netherlands	University of Maastricht	M.Phil. Health Sciences Research Master	http://www.unimaas.nl/default.asp?template=werkveld.htm&id=U6PAA4433OC1726L0631&taal=en , last accessed 15.05.2006

54	The Netherlands	Wageningen University, Communication and Innovation Studies	MSc Nutrition and Health	http://www.wau.nl/msc/2006/index.html , last accessed 15.05.2006
55	The Netherlands	Erasmus University Rotterdam	Master of Public Health (MPH)	http://www.eur.nl/english/prospective_new/Master/Maprogrammes/postexp/publhealth , last accessed 15.05.2006
56	The Netherlands	Erasmus University Rotterdam	Master's programme in Epidemiology	http://www.eur.nl/english/prospective_new/Master/Maprogrammes/postexp/epi , last accessed 15.05.2006
57	The Netherlands	Erasmus University Rotterdam	Master of Public Health – Health Services Research	http://www.eur.nl/english/prospective_new/Master/Maprogrammes/postexp/mph , last accessed 15.05.2006
58	The Netherlands	Netherlands School of Public & Occupational Health (NSPOH)	European Master of Public Health (EMPH)	http://www.nspoh.nl/eng/index.htm , last accessed 15.05.2006
59	The Netherlands	Netherlands School of Public & Occupational Health (NSPOH)	Master of Public Health	http://www.nspoh.nl/eng/index.htm , last accessed 15.05.2006
60	The Netherlands	University of Maastricht	M.Sc. Physical Activity and Health – Physical Activity and Health	http://www.unimaas.nl/default.asp?template=werkveld.htm&id=IX5D6P67L34W07H2D7S7&taal=en , last accessed 15.05.2006
61	The Netherlands	University of Maastricht	M.Sc. Public Health – Health Education and Promotion	http://www.unimaas.nl/default.asp?template=werkveld.htm&id=KBJ7H373KG37L7M5BL7I&taal=en , last accessed 15.05.2006
62	Norway	University of Tromsø	Master of Public Health	http://uit.no/medfak-studietilbud/folkehelsevitensk/ , last accessed 15.05.2006
63	Norway	Vestfold University College	Master of Health Promotion	http://studier.hive.no/index.php?ID=673_nor&displayitem=197&module=studieinfo&type=studie&subtype=2 , last accessed 15.05.2006
64	Norway	University of Oslo	International Community Health (Master's Degree)	http://www.uio.no/studier/program/ichealth-master/presentasjon/ , last accessed 15.05.2006
65	Norway	University of Oslo	Master of Health Science	http://www.uio.no/studier/program/helsevit-master/presentasjon/ , last accessed 15.05.2006

66	Norway	Institute for Nutrition Research Oslo	Master in Nutritional Science	http://www.med.uio.no/imb/nutri/english/stud/welcome.html , last accessed 15.05.2006
67	Norway	University of Tromsø	Master of Health Science	http://uit.no/medfak-studietilbud/helsefag/ , last accessed 15.05.2006
68	Norway	University of Bergen	Master of Health Science	http://www.uib.no/isf/helsefag/masterprogram.htm , last accessed 15.05.2006
69	Norway	University of Bergen	Master of Philosophy in Health Promotion	http://www.uib.no/psyfa/hemil/undervisning/masterprog2004-6.doc , last accessed 15.05.2006
70	Norway	Gjøvik University College	Master of Health Promotion and Community Care (MHPCC)	http://www.hig.no/eway/default0.asp?pid=227&oid=0&trg=MainPage_7585&Main_5982=7585:0:0:0:5982;5494;:0:0:0&MainPage_7585=7595:0:0:0:5982;7585;:0:0:0 , last accessed 15.05.2006
71	Poland	Jagiellonian University	Master of Public Health	http://www.izp.cm-uj.krakow.pl/?content_id=3_ =1&detail=1 , last accessed 15.05.2006
72	Poland	Uniwersytet Medyczny (Medical University) Medical University of Lodz	Master of Public Health	http://www.umed.lodz.pl/root.php?go=main&lng=en&mn=main_helth-sci , last accessed 15.05.2006
73	Portugal	Faculdade de Motricidade Humana	Master of Exercise and Health	http://www.fmh.utl.pt/ensino/mestrados/exerciciosaude.html , last accessed 15.05.2006
74	Portugal	Universidade de Évora	Mestrado em Saúde e Bem Estar das Pessoas Idosas	http://www.uevora.pt/index_2.php3?op=menu&cat=2&subcat=3&submenu=Ensino , last accessed 15.05.2006
75	Portugal	New University in Lisbon (ENSP/UNL)	Master of Public Health	http://www.ensp.unl.pt/ensp_english.shtm , last accessed 15.05.2006
76	Sweden	Karlstad University (in Swedish: Karlstads universitet)	Master of Community Care and Master of Public Health	http://www.kau.se/utbildning/program_detail.lasso?ID=PR1087 , last accessed 15.05.2006
77	Sweden	Umeå University (in Swedish: Universitetet i Umeå)	Master of Public Health	http://www.info.umu.se/utbkat/ProgramEng.asp?programkod=VF_HPM&termin= , last accessed 15.05.2006
78	Sweden	Malmö University (in Swedish: Malmö Högskola)	Master degree in Public Health	http://www.mah.se/upload/HS/OM/PDF/FHVeng.pdf , last accessed 15.05.2006

79	Sweden	The Nordic School of Public Health (in Swedish: Nordiska hälsovårdshögskolan)	Master of Public Health (MPH)	http://www.nhv.se/customer/templates/InfoPage_160.aspx , last accessed 15.05.2006
80	Sweden	Lund University	International Master of Public Health Programme - Master of Science in Public Health	http://www.mph.med.lu.se/index_2638.html , last accessed 15.05.2006
81	Sweden	Linköping University (in Swedish: Hälsouniversitetet I Linköping)	Master of Public Health	http://www.ihs.liu.se/content/1/c6/02/84/88/utbildningsplan_magister_ht2004.pdf , last accessed 15.05.2006
82	Switzerland	Universitäten Basel, Bern und Zürich	Master of Public Health (MPH)	http://www.public-health-edu.ch/new/index.php , last accessed 15.05.2006
83	Switzerland	Universität Bern	EUMAHP European Master in Health Promotion	http://www.ispm.unibe.ch/teaching/eumahp , last accessed 15.05.2006
84	Switzerland	Hochschule Soziale Arbeit Luzern	MAS Master of Advanced Studies in Prevention & Health Promotion	http://www.hsa.fhz.ch/home.html , last accessed 15.05.2006
85	United Kingdom – Northern Ireland	University of Ulster	Postgraduate Diploma/MSc Environmental Health Protection and Safety	http://prospectus.ulster.ac.uk/course/?id=3161 , last accessed 15.05.2006
86	United Kingdom – Northern Ireland	University of Ulster	Postgraduate Diploma/MSc Health Promotion and Population Health	http://prospectus.ulster.ac.uk/course/?id=3225 , last accessed 15.05.2006
87	United Kingdom – Northern Ireland	University of Ulster	Master of Science in Health Science	http://prospectus.ulster.ac.uk/course/?id=3220 , last accessed 15.05.2006
88	United Kingdom – Northern Ireland	University of Ulster	MSc Human Nutrition	http://prospectus.ulster.ac.uk/course/?id=3209 , last accessed 15.05.2006

89	United Kingdom – Northern Ireland	University of Ulster	Master of Research (MRes) Life and Health Sciences	http://prospectus.ulster.ac.uk/course/?id=3221 , last accessed 15.05.2006
90	United Kingdom – Scotland	Queen Margaret University	MSc INTERNATIONAL HEALTH	http://www.qmuc.ac.uk/courses/PGCourse.cfm?c_id=182 , last accessed 15.05.2006
91	United Kingdom – Scotland	University of Aberdeen	MSc Health Improvement & Promotion	http://www.rgu.ac.uk/prospectus/disp_pgProspectusEntry.cfm?CourseID=MSHSHP , last accessed 15.05.2006
92	United Kingdom – Scotland	Queen Margaret University	MSc PUBLIC HEALTH PRACTICE	http://www.qmuc.ac.uk/courses/PGCourse.cfm?c_id=207 , last accessed 15.05.2006
93	United Kingdom – Scotland	Queen Margaret University	MSc PUBLIC HEALTH NUTRITION	http://www.qmuc.ac.uk/courses/PGCourse.cfm?c_id=206 , last accessed 15.05.2006
94	United Kingdom – Scotland	University of Edinburgh	MSc Public Health Research	http://www.ed.ac.uk/studying/postgraduate/finder/details.html?id=311 , last accessed 15.05.2006
95	United Kingdom – Scotland	University of Glasgow	Master of Public Health (MPH)	http://www.gla.ac.uk:443/studying/pg/prospectus/course.cfm?id=25 , last accessed 15.05.2006
96	United Kingdom – Wales	University of Wales, Bangor	MSc Public Health / Health Promotion	http://www.bangor.ac.uk/courses/postgrad/index.php.en?view=course&prospectustype=postgraduate&courseid=166&subjectarea=33 , last accessed 15.05.2006
97	United Kingdom – Wales	University of Wales, Bangor	MSc Health Science	http://nurse.bangor.ac.uk/courses/postgrad.php , last accessed 15.05.2006
98	United Kingdom – Wales	University of Wales, Swansea	MSc Public Health & Health Promotion	http://www.healthscience.swan.ac.uk/Courses/Postgraduate/XMSc_Public_Health_%20Health_Promotion.asp , last accessed 15.05.2006
99	United Kingdom – Wales	University of Wales, Swansea	MSc Public Health & Partnerships in Care	http://www.healthscience.swan.ac.uk/Courses/Postgraduate/XMSc_Public_Health_%20Partnerships_in_Care.asp , last accessed 15.05.2006

100	United Kingdom – Wales	University of Wales	Master of Public Health (MPH)	http://www.cardiff.ac.uk/medicine/epidemiology_statistics/mph/ , last accessed 15.05.2006
101	United Kingdom – Wales	University of Glamorgan	MSc Health and Exercise Science	http://www.glam.ac.uk/coursedescriptors/685/547 , last accessed 15.05.2006
102	United Kingdom – England	University of Brighton	Health Promotion and Management MA	http://courses.brighton.ac.uk/course.php?cnum=532 , last accessed 15.05.2006
103	United Kingdom – England	University of Brighton	Health Promotion and Education MA	http://courses.brighton.ac.uk/course.php?cnum=531 , last accessed 15.05.2006
104	United Kingdom – England	University of Brighton	Health Promotion MA	http://courses.brighton.ac.uk/course.php?cnum=585 , last accessed 15.05.2006
105	United Kingdom – England	University of Brighton	European Health Promotion MA	http://courses.brighton.ac.uk/course.php?cnum=851 , last accessed 15.05.2006