# Kickoff Meeting PROHEALTH

Berlin, 15.-16.12.2006

Hümeyra Baykan

## Main aspects of the project

health education and information accessibility and attractiveness LLL

health, balance and well being knowledge and competence to preserve health

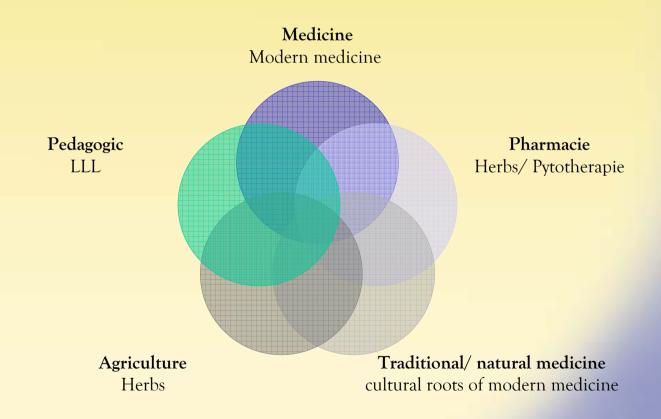
Holistic approach
Interdisciplinary/cultural aspects

own responsibility promoting health and preventing diseases

#### **Objectives:**

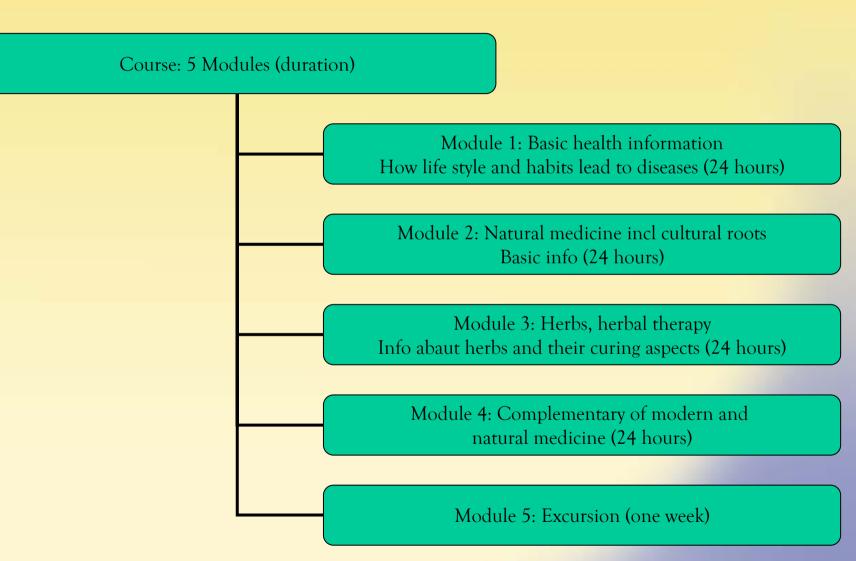
- to **inform about basics** in health prevention, risk factors and interaction between health and lifestyle, habits, nutrition etc. develop sensitive lifestyle, own responsibility for health prevention (LLL)
- to identify **herbs**, what makes herbs work, to use herbal remedies for optimal health
- to explain and discuss the **complementary** (how they complement each other) of traditional/natural medicine and modern medicine (tolerance and opennes to holistic approach, sensitive issue!)
- to explain and discuss the roots of the modern medicine incl.
  cultural backgrounds and to save European cultural heritage
  to create an international network in order to sensitise the public

## Interdisciplinary

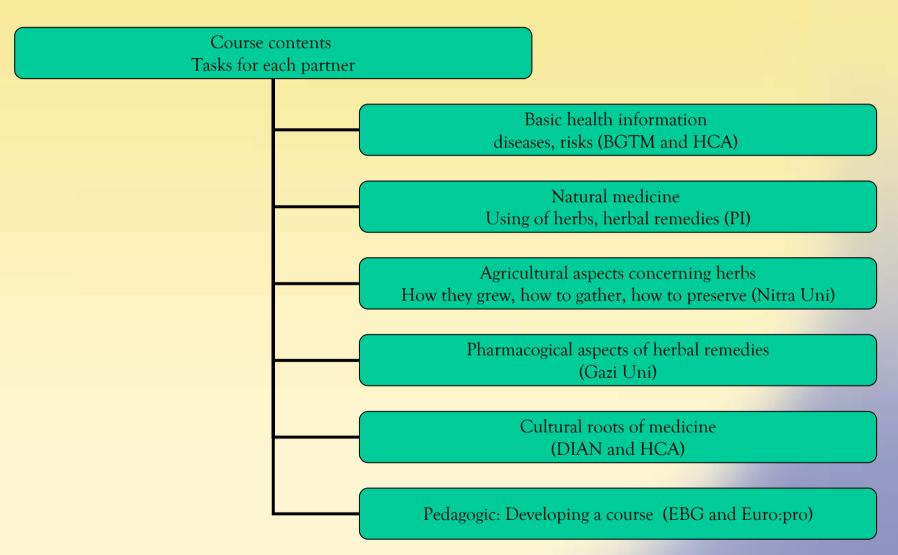


## Products of project

- -Course with 5 modules
- -Hand-/guidebook to implement and run the course/modules
- -Project report
- -Project website
- -Datadiwan/Intranet
- -Valorisation/Disseminationsmaterials (flyer, broshures, poster...)



#### Tasks: Who will deliver what?



## Course will be tested (first for trainer and than for public)

output	DE	BG	EL	SK	TR
Course will take place	EBZ Magdeburg PI Berlin BGTM/TBB Berlin	НСА	DIAN	Euro_pro	Gazi Uni
Participants for testing I	Own staff/ trainers	Own staff/ trainers	Own staff/ trainers	Own staff/ trainers	Own staff/ trainers
Participants for testing II (each partner tests one or two modules)	Seniors, students, worker, migrants, patients	Public and multipliers/adviser for medical, health care issues	Public	Public and worker in well-ness and health care sectors	students and public
Duration	3 hours at 8 Saturday afternoon or 3 hours at 8 working days (evening) or 6 hours at 4 weekends or				

What/ When/Where	Who		
Identification of needs Until February 2007 -Statistical data for every country -Specific focus of the course for every partner organisation	All partners		
Respective partners deliver material/ course contents to prepare the modules February- May 2007	Module 1: BGTM and HCA Module 2: PI and DIAN Module 3: Nitra und Gazi Uni to specifics of herbs from their views Module 4: PI and BGTM together Module 5:DIAN		
Workshop 1 11-12 Mai 2007 Varna/Burgas with extern guests from Bulgaria	Presentation of module contents Dissemination and valorisation of the project		
<b>Developing of Module</b> June- September 2007	EBG		
Testing with trainers September-December	EBG, PI, BGTM in Germany HCA, Euro_pro, DIAN,Gazi Uni		
Partner-Meeting December 2007 Zavadka 57.12.2007	Feedback to testing phase, discussion		
Adaptation and translation of Modules and testing with public January- April 2008	EBG, PI, BGTM in Germany HCA, Euro_pro, DIAn,Gazi Uni		
Partner meeting in Mai 2008 Ankara	Discussion, Feedback		
Preparation of <b>Handbook</b> (module/course) May-July2008	EBG		
International Workshop 2 in EL September 2008 with extern guests from EU	Final workshop with international guests (dissemination of project results)		

## Meetings

- 11.-12. May 2007 Varna/Burgas Workshop
   Partners+ external Bulgarian guests (Dissemination)
- 5.-7. December 2007 partner meeting+ attending international conference in Nitra
- May 2008 Ankara Partner meeting
- September 2008 Greece Final Workshop/conference with international guests (dissemination)

## For Module 1 Info about basics in health prevention, risk factors and interaction between health and lifestyle, habits, nutrition etc. (HCA and BGTM)

- Psychosomatic disorder, psychophysiologic illness
- Cardiovascular diseases
- Respiratory diseases
- Gastro intestinal diseases
- Endocryne disorders
- Traumas, depression

But Influenza, flu as well (caused by bacteria/viruses)

#### For Module 3

#### Info about agricultural aspects (Uni Nitra)

- Basic info about herbs
- Most popular growing herbs (for each partner country)
- Collection herbs of nature interesting and risks
- •Harvesting and post harvesting technologies of herbs
- Growing and collection praxis

## info about Pharmacological aspects of herbal remedies (Gazi Uni)

- •Quality
- Safety issues
- Efficacy

#### For Module 5 info about cultural roots

- •Monks, monastry (DE, Kunze)
- Lokman Hekim (TR, Sener)
- •Oil-man (SK, Haban)
- •Rural healers, monastry (BG, Alexandrova)
- Herbalist (EL, Milos)

For Module 2 info about Natural medicine for health prevention with focus on herbal therapy/ Phytotherapie own responsibility for health prevention (PI)

Detoxication, Deacidisation, Fasting/Nutrition, Phytotherapy, Baths/wraps

But basic info some other therapies like Ordnungstherapie bodymind-order/disorder (in correspondence to Module 4)

#### For Module 4

Coplementary of natural and modern medicine to prevent irritations and point out how both disciplines work complementary to prevent health (HCA,BGTM,PI)

- a)Holistic approach which fosters a cooperative relationship among all those involved in project, leading towards optimal attainment of the physical, mental emotional, social and spiritual aspects of health
- b) The combining of pharmaceutical treatments with herbal treatments to aid in the healing process

People who have untreated mental health issues use more general health services. Depression and chronic stress can weaken the immune system and make people vulnerable to a host of illnesses. A great percentage of ailments that individuals present to their doctors today seem to have some form of mental/emotional complication as well. Researchers estimate that 50%-80% of all medical illnesses reported to physicians have a strong emotional or stress-related component.

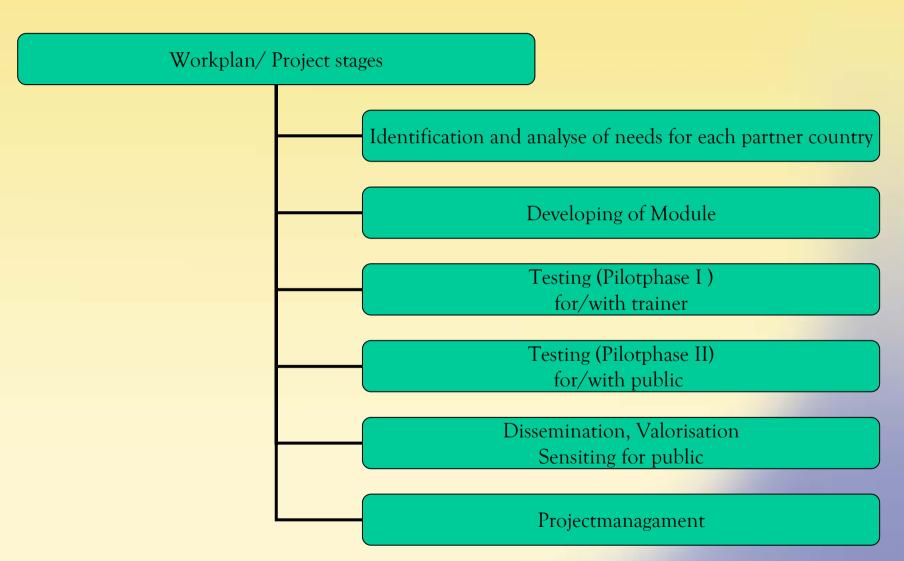
February-April 2007

# Identification of needs until February 2007 to develop a tailored course for the respective target groups All partners

Info about needs of the target groups of partner organizations considering who will be participants of the course and what topics should be focused on the course

- Your experience what your target group need, their problems, interests and
- how you can attract them to participate on the course

What/ When/Where	Who	
Kickoff Meeting Berlin December 2006	All partners	
Network/ Counseling board	All partners	
Intranet/Datadiwan	Responsible: PI	
Project website	Responsible: EBG	
Partner Communication- Platform	Responsible: EBG	
Extern evaluation by process	Subc.	



### How and to what extend the outputs will be implemented after project duration

output	DE	BG	EL	SK	TR
Course	EBG:2 x per year TBB: 1 x per year BGTM:1 x per year EBG: For Grundtvig3 applicants Europe- wide	1 x <b>per</b> year			
Guide book	For trainer and adviser	For trainer and adviser	For trainer and adviser	For trainer, lecturer	For lecturer
Project report	For own use	For own use	For own use	For own use	For own use
Website	All partners/EBG maintains after project end as a subdomain	All partners	All partners	All partners	All partners
intranet	All partners/PI updating and maintaining of intranet	All partners	All partners	All partners	All partners
Valorisations materials (flyer,poster etc)	To spread info, involve target group, attract other institutions to transfer the course	To spread info, involve target group, attract other institutions to transfer the course	To spread info, involve target group, attract other institutions to transfer the course	To spread info, involve target group, attract other institutions to transfer the course	To spread info, involve target group, attract other institutions to transfer the course

#### Independent experts assessment

Application Reference: 229959-CP-1-2006-1-DE-GRUNDTVIG-G1

TITLE: PROHEALTH- PROTECTING AND PREVENTION OF HEALTH BY AWARENESS-RAISING AND INFORMATION

Participants: Coordinator HUMEYRA BAYKAN

The project follows a sound rationale. It aims at bringing awareness on how habits and lifestyles can have a negative incidence in our health conditions. Objectives are specific and measurable. Information, guidance and training on ill-prevention and herbal remedies are part of the implementation process. A strong empowerment approach is embedded in the courses, enabling participants to take responsibility of their own health. There is a strong cultural and historical component in the way herbal medicine is addressed in the project, as natural medicine is seen as a constituent of cultural inheritance. The perspective and needs of migrant communities will be taken on board, as interest groups have been included in the partnership. The active involvement of ethnic minorities, both as course designers and target groups, is one of the strengths of the project.

A handbook on health prevention and a series of courses to be implemented at national level are the main outputs of the project. Courses will be organised at local level, still, transnationality will not be completely sacrificed, as they will be jointly conceived. It is a positive element to adapt the course to local conditions and specific target groups, like migrants. According to the work plan, intensive dissemination activities will be organised to attract potential learners. Although courses have a strong local dimension, there is a clear value added to the customary activities of the partner institutions. With respect to final beneficiaries, partner institutions should make the effort to go beyond their usual constituencies and attract new audiences. The applicant described the main thematic lines of the modules, considering health prevention from complementary perspectives. A well balanced pool of didactic approaches and activities is mentioned. Still, it seems that in several countries the courses could follow a traditional approach to teaching, through teaching lectures.

A good approach to monitoring and evaluation is followed, and relevant indicators are provided. The applicant shows a strong understanding of monitoring (chronogram, budget, and partners' contributions) and evaluation (assessing the potential incidence of the courses). The use of both quantitative and qualitative indicators is one of the assets of the evaluation design. Evaluation is embedded in different implementation phases, and particular attention is given to effectiveness of dissemination arrangements. With respect to the training courses, the partnership will make the attempt of assessing changes in health behaviours.

A clear dissemination strategy is outlined, with concrete targets. For each institution, the main dissemination channels and targets have been already defined. In addition to that, the partnership brings a strong dissemination potential, in terms of networks, and range of target groups. It is an asset to have included in the partnership institutions very active in the delivery of health information, as well as an organisation that hosts a reference website on natural medicine (datadiwan). Dissemination is a strong feature, and awareness-raising events are clearly integrated in the work plan. Some of the partners are actively taking part in valorisation events connected to the Leonardo da Vinci Programme. Valorisation is well-understood (transferring the outputs of the project and exploiting resources), but a specific plan is to be developed.

Expert 2 Comment:

The need for this project is very competently argued. Great coherence prevails throughout the application and the promoters of the project obviously master their subject. The following comments will get into greater detail concerning the various aspects of the proposal.

The rationale of the project is based on a very sound needs analysis, with some convincing reference to basic research. It combines sociological, social, and health references and offers an appropriate background to what is the distinctive quality to the activities of the project, namely its holistic approach.

The objectives are justified in view of the needs and they, in turn, will later in the application be easy to connect with the planned products.

The balance between the various scientific stakeholders has become much more satisfactory than at pre-proposal stage, thus reducing the risk of too parochial an approach and making the holistic approach a reality.

The added value of the project is convincingly put, especially the European one, in so far as it is not simply described as related with the composition of the partnership, but also as a two-way exchange between the project actors and the cultural identities of the countries where they are situated. In view of the importance the projects ascribes to socio-cultural elements in its broad definition of health matters, this is quite valuable.

The target groups have been more precisely identified in this full proposal so as they both contain the general public, plus some more specified targets, according to the country where the learning will take place. This customisation is interesting, in so far as it develops on a common basis for the courses.

The outputs are very appropriate. Precise detail is provided concerning the specific content of each. The decision to use the existing Datadiwan database is very good, as its own existing structure will permit receiving the diversity of information linked with the project. The only slight reserve is that the partner in charge of this database is Patientinformation für Naturheilkunde, that is one whose focus is clearly natural medicine; it needs to be clear that they will host information that reflects the openness and tolerance of the holistic project.

The use and implementation of the various outputs by the various partners is clearly described. In particular, the explicit reference to some use after the end of the project is positive.

## Budget

- Travel cost
- Subcontracts
- Other
- Staff cost
- Overhead
- 75% Socrates grant
- 25% own contribution

## Travel and subsistence costs

Travel cost: from your home to the hotel

- -flight (low budget flightlines/economy class)
- -train or bus (shuttlebus from/to airport)

Subsistence cost (max day rates per country):

- -accomodation (Hotel)
- -breakfast
- -lunch
- -dinner
- -transfer during the meeting (bus, metro)