



Healthy Communities

Modul 1

Introduction **The Role of a Health Guide**



Co-funded by
the European Union

Partners involved:



www.bgz-berlin.de

Germany



www.eurocultura.it

Italy



www.gesundheitbb.de

Germany



www.stowarzyszeniestop.pl

Poland



www.caritas-wien.at

Austria

About the Project

With our **HEALTHY COMMUNITIES** project, we illustrate the contribution that adult education can strengthen the health skills of all citizens (including and especially groups with fewer opportunities), counteracting marginalization, and strengthening participation and commitment. One shortcoming of current health skills development programs is that they do not reach all population groups.

The project team has chosen to focus on the local community, in particular through the connection to the living environment in the community, which has so far only been elementary developed.

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Session 1

1. Welcome & Thank you

Welcome to the training course “Healthy Communities – Promoting Health Literacy for everyone”. We are pleased that you are interested in health topics and want to support others or people in your own community, when it comes to everyday questions about health and health related topics. We appreciate your commitment and the time you will spend for this training course. Through the training we want to provide new insights, perspectives and helpful information but also tools and methods you can apply when you get active in your own community!

We collected useful and helpful information about the most crucial topics concerning health promotion and health literacy. Furthermore, this course also aims to strengthen your social and intercultural skills as well as to extend your knowledge about the health system and digital literacy. We also want to address your critical thinking and your creativity.

Healthy Communities is an ERASMUS+ project, which is implemented in four EU countries: Austria, Germany, Italy and Poland. This training course was developed by all project partners and we put a lot of effort in designing this course. This training will be conducted in four different countries and you are part of this transnational health guide community.

2. Healthy Communities – What are we talking about?

Our Idea & Project Introduction

Scientific studies show a low level of health literacy in many European countries. Having poor self-perceived health, being financially deprived and having a lower status in society were indicators for a lower level of health literacy. Low levels of health literacy are associated with riskier health behaviors and poorer health outcomes. Strengthening Health Literacy can be a key element when it comes to promoting health topics especially if you want to reach out to vulnerable groups and people who are facing difficult life situations.

The challenge is to strengthen health literacy as well as making information about health topics and the health system easily accessible and understandable so that people with difficult living conditions can benefit as much as others do. Formal ways of health education often do not reach these people who would need it most. Our aim is to strengthen health literacy on very local level by transferring scientific findings and easily accessible activities to the communities. In our vision Healthy Communities are a supportive network, where multipliers pass on information about the healthcare system and provide basic knowledge about different health topics to other people in their communities as well as trying to build a link to different offers and institutions.

A central element of the project of Healthy Communities is to implement a local operating team of health guides in the participating countries. They act as a link between health services, communities and neighborhoods. As a Health Guide, you may play an important role within your community. In your role as a networker and multiplier, you may become a key personality, to whom people reach out to and come up with questions about health topics because there is an atmosphere of trust and time to talk. Being a (volunteer) guide is a challenging task overall. You may be confronted with different needs in relation to current crisis and topics like climate change, racism, mental health issues. Therefore, self-care, setting boundaries and strengthening your own health are important topics, we will focus on in our project as well as in the training course



Role of a Health Guide

Health Guides are people who are well connected within their communities and neighborhoods. As communicators and multipliers they have an important networking role. Health guides are key persons with a variety of social skills. They are prepared to work with different people and target groups and are enabled to spread their knowledge within their communities and networks.

Fundamentals:

It is an advantage to be already active as a guide but not obligatory

It is not necessary to have any prior knowledge in the field of health literacy

Social competences like empathy, communication skills and intercultural sensitivity are appreciated

You should have some time resources to be active as guide

For the activities as a guide no payment or expense allowance is provided

Your role/task as a health guide is....

To be an intermediary structure in the neighborhood the health guides take over following tasks:

Address adults and raise the awareness of health issues

Disseminate health-related information

Give orientation in the health system

Guide to contact points for more help and advises (online/ in the community)

Motivate people to use health-related services

Provide space for exchange and discussion

This is NOT your role/task as health guide...

No medical advises

No diagnosis of diseases

No recommendations for specific behavior in the event of illness

No therapy

Group discussion:

How do you define the role of a Health Guide?

Which would you like to get active?

3. What you can expect from the training course?

This training is structured in **seven modules**.

Every **training module has two sessions (à 90 min)**.

Most of the modules are designed as on site workshops or online videos with some additional homework exercises. They should encourage you to learn to take different perspectives and should also give first insights what a future health guide can expect getting into practice.

You can find all our learning materials (scripts, presentations, videos, working sheets) online:

Here you find an overview of the training modules:

Module 1	The role of an Health Guide (adult educator) on site Workshop
Module 2	Communication competence and motivating on site Workshop
Module 3	Maintaining Health online guided self-study
Module 4	Navigational skills in our health system on site Workshop
Module 5	Countering Disinformation on site Workshop
Module 6	Digital health (Health and media consumption) online guided self-study
Module 7	Mental Health on site Workshop

At the end of this training the participants will receive a certificate.

4. Personal introduction and Team Building

We appreciate diversity, different social skills, interests and a variety of biographical experiences.

As one of the main goals **of Healthy Communities** is to promote and foster social cohesion and empowerment.

At first we want to focus on the skills, experiences and interests every one of us/you bring for this training course. Those are useful and valuable resources, which can also help you and our group when you get active as Health Guides.

Materials

Partner Interview:

We prepared a set of questions and ask you to divide into pairs. Every one of you is invited to interview the partner. Please write down the most important information to introduce your partner to the whole group. After 15 Minutes we will meet in Plenum. Finally everyone is invited to introduce one another in the group. The person who is introduced to the whole group has the possibility to add or also correct the given information.

Please find the **profile template** in the attachment (materials).

Additional Activity (according to time schedule and group dynamics, maybe this activity can be done first):

Introducing yourself with your name by giving a meaning to every letter of your name:

Hhealth:

Hhopeful

Empowerment

Allyship

Literature

Trust

Holistic

Now it's your turn - You have 3-5 Minutes - to write your own visiting card.

After that everyone introduce oneself to the group

Session 2

1. Let's talk about health

Activity 1: Group Discussion:

How do you define “health”?

What keeps you healthy?

Every participant get some post it's or cards where they can write down some notes.

After 5 Minutes all participants present their ideas to the plenum.

The trainer collect the notes on a flipchart. During Session 2 this flipchart can be used as a reference.

The **World Health Organization** (WHO) formulated following definition in 1946:

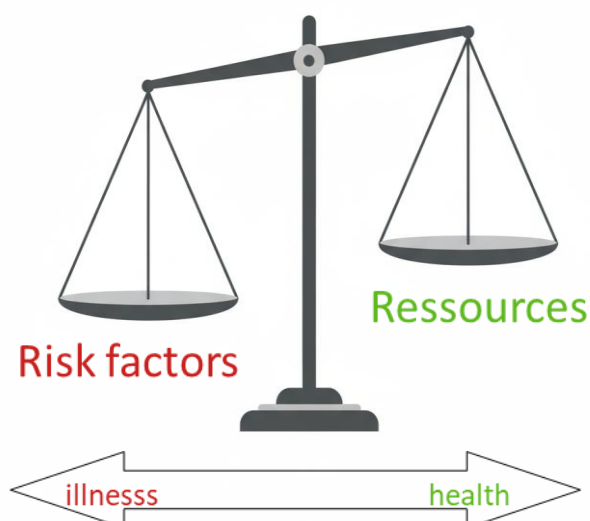
“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

This ideal-typical understanding of health from back then is now viewed critically by many scientists and practitioners. After all, **life is always subject to a dynamic interaction of internal and external demands.**

In addition to its static, ideal-typical character, the WHO definition has the disadvantage that it is not very helpful in practice. The question **“What keeps people healthy?”** which Aaron ANTONOVSKY (1997) attempted to clarify with the **salutogenesis approach**, appears much more practical.

He developed the idea of a **continuum of health and illness**. In this model, health and illness form two poles. The condition of each person can be localized on this continuum. Antonovsky believes that every person always has healthy and sick parts within them.

So when it comes to the question of an individual's health, the question arises: **How and where can we recognize and strengthen the healthy parts of a person?**



Source: <https://gemini.google.com/share/dec40e2cefbf> (Scale)

Klaus HURRELMANN and Matthias RICHTER (2013) currently propose the following definition of health:

“Health describes the state of well-being of a person, which is given when this person is psychologically and socially in harmony with the possibilities and goals and the given external living conditions. Health is the state of balance between risk factors and protective factors that occurs when a person is able to cope with both internal (physical and psychological) and external (social and material) demands. Health is a stage that gives a person a sense of well-being and joie de vivre.”

(Hurrelmann, Richter 2013: 147)

also see: <https://leitbegriffe.bzga.de/alphabetisches-verzeichnis/gesundheit/>

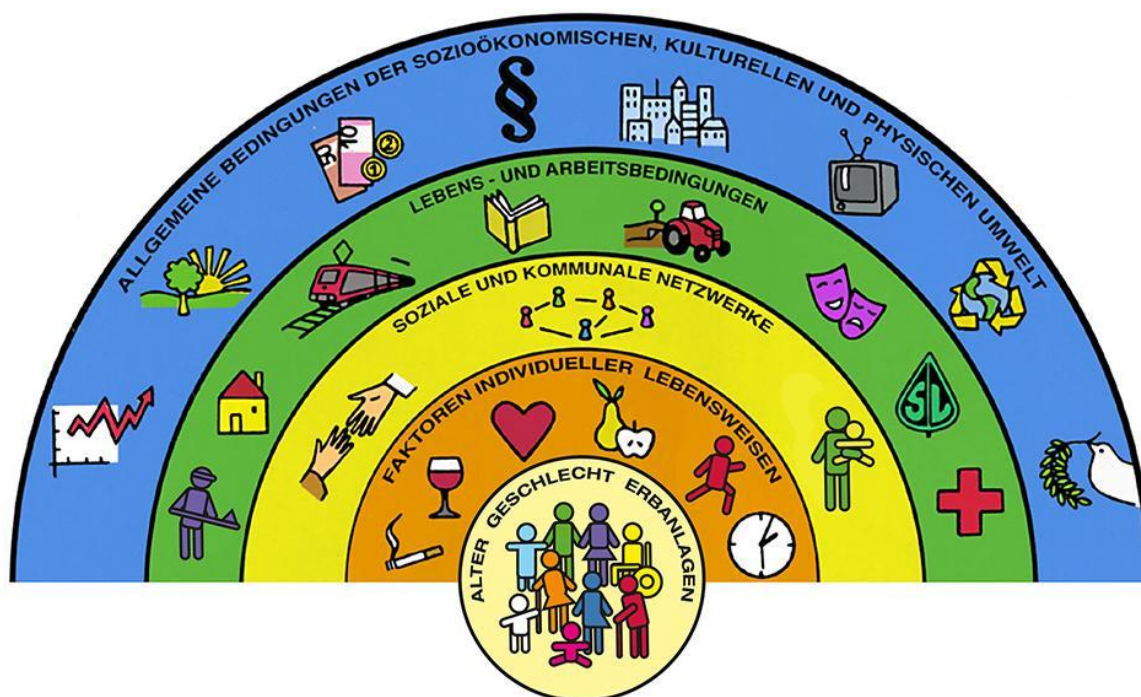
This definition therefore makes it clear that it is about both personal and external factors that influence health.

Factors influencing our health

Health determinants are factors that influence people's health. These influencing factors lie on several levels. If you want to promote people's health, it is necessary to address **all levels**. The conditions for the development of health (health determinants) thus become the **fundamental question of health promotion**:

What health-promoting personal and social resources should/must an individual have at their disposal in order to lead a healthy life, and how can these individual and social resources be promoted? In addition to **personal and social factors**, **there are also economic or environmental factors** that determine the state of health of individuals or entire communities. These **factors influence each other**.

Health promotion is concerned with actively addressing several of these determinants and influencing them in a health-promoting way. This involves paying attention to individual factors such as health behavior or the lifestyles of individuals in their interaction with factors such as income and social status, education, employment and working conditions, access to needs-based health services and the natural environment.



Source: Fonds Gesundes Österreich nach Dahlgren, G., Whitehead, M. (1991)

Factor 1: Age, gender, genetic factors

Factor 2: Individual lifestyle/lifestyles e.g. sport, alcohol consumption, sleep,...

Factor 3: Social and community networks e.g. family, partnerships, friends,...

Factor 4: Living and working conditions (e.g. water supply, hygiene, education system, working environment, housing, health system and access to it)

Factor 5: General socio-economic, cultural and environmental conditions (e.g. financial opportunities, political stability, intact environment,...)

Activity 2: To get a better understanding let us discuss those factors according to our own experiences: When you think about your own life course - can you think of any situations or life events which affected and/or influenced your well being/your health?

Now it is your turn: Try to think about your different life events and draw a nice time line (X-Axis: your age/years; Y-Axis: state of health/well-being) on a piece of paper. - After 5-10 Minutes discuss in the plenum which protective and supportive factors influenced your well being/your health. - Please prepare a drawn example from Juul (34) on a piece of paper to present it in the group if needed.

Juul (34 years): born and raised in a small city, good parents and many friends in primary school, moving to another city, difficulties in school, bullying at school, started to play volleyball in a team, meeting new people, passing final exams, difficulties in finding the right profession, finding a job, enjoying life, traumatic experience while travelling through Europe, ... Please note: Just share the things you want to share.

2. Health and Inequality

“Health Inequalities are the differences in health status between groups of people which are important, unnecessary, unfair, unjust, systematic, and avoidable by reasonable means. They can be observed between populations and groups within populations, and as a gradient. They can also be observed between countries and regions. They are linked to social, economic, and environmental conditions- the conditions in which we are born, grow, live, work and age.

These inequalities often mean that the lower social and economic status – or relative disadvantage – of an individual or group in society is connected to lower health status. (see: the social gradient in health). Health inequalities are connected to wider inequalities and forms of discrimination in society, such as racism and sexism as well as economic imbalances.”

(<https://health-inequalities.eu/glossary/health-inequalities/>, 10.03.2025)

The links between socio-economic living conditions and health has been proven by numerous studies. Health differences are already evident in the subjective assessment of the state of health: people with at most a compulsory school leaving certificate are almost twice as likely to report severe impairments due to disabilities or health problems than people with a school-leaving certificate. People who carry out unskilled labor activities are twice as likely to have health problems as other employees. (according to EU SILC 2011)

People who are unemployed and looking for a job also often suffer from **psychosocial stress and other health problems**. People without employment generally rate their state of health as worse than those in employment. They are more than six times as likely to report severe impairments.

Reducing health-damaging behavior (such as smoking, unhealthy diet, too little exercise) is very often a starting point for counteracting health inequality. However, behavior is not enough.

The **economic situation is decisive for the lifestyle that can be practiced**, for example, in which residential area one lives or whether one can afford healthy food. The material and psychosocial burdens in the life course also include the fact that people with low incomes very often work in sectors in which they are exposed to higher levels of stress such as noise and dirt, but also often have jobs in which they have few opportunities to shape their lives, which in turn has an impact on psychosocial health. People on low incomes also have different coping resources and opportunities for recreation: Low-income earners go on vacation less often, cannot afford a gym, etc.

Also see Euro Health Net (2019): Health Equity in the EU Factsheet August 2019

online: https://eurohealthnet.eu/wp-content/uploads/documents/2019/191023_Factsheet_HealthEquityEU_WebLayout.pdf

Also people with a migration background in particular are confronted with special risk factors and barriers to accessing the healthcare system. **Language barriers and an often lower educational background are determining factors.** Cultural differences in terms of access to healthcare, preventative care and disease prevention also contribute to disadvantages. Women face additional challenges. Family obligations are mainly fulfilled by women, leaving less time for language acquisition and contact with the outside world. The resulting lack of information means that existing services are not used, which has a negative impact on a healthy life in Austria. Language barriers lead to misunderstandings during visits to the doctor or to the fact that medical advice or treatment cannot be used effectively. In addition, the healthcare system has a certain complexity that is sometimes difficult for immigrants to decipher. The choice of a specialist doctor, referrals, different social insurance providers, etc. are important pieces of information that people of different origins first have to acquire.

On the one hand, structural changes are needed so that access to services and information about services is simpler and easier to understand. On the other hand, support services such as those offered by Healthy Communities or other NGOs are an important contribution that build a bridge to existing services.

For more information and deeper understanding about health & inequality also see:

<https://health-inequalities.eu/health-inequalities/>

<https://eurohealthnet.eu/>

<https://eupha.org/>

3. What does health literacy mean and why is it important to foster health literacy?

Here are some examples on everyday life decisions which are connected with health literacy:

- If you enter a building which has an elevator but also stairs: Which one would you choose if you would have to go to the 4th floor?
- You have an appointment at the doctor's who explains you the results of your blood test. Are you able to understand everything? How do you react?
- On a sunny afternoon you have an appointment for a meeting close to your home. Which kind of transportation would you choose? Tram, bike, your feet or a car?

“Health literacy is the ability of individuals to make decisions in their daily lives that have a positive impact on their health: at home, in society, at work, in the healthcare system and at a political level.”

“Health literacy is more than knowledge about health and also more than a healthy lifestyle. Health literacy means being able to find, assess and implement everything you need to help your health. But it also means creating and optimizing environments that make this possible.”

Quotes from **Ilona Kickbusch** (2005, European Health Forum)

<https://www.ilonakickbusch.com/kickbusch/global-health-europe/>

Ilona Kickbusch is an expert for governance for health and health promotion. She has a strong commitment to the empowerment of women. She worked for many international organizations, national governments, NGOs and in private sector on new directions and innovations in global health, pandemic preparedness, governance for health and health promotion.

Health literacy means being able to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being.

It means more than being able to access web sites, read pamphlets and follow prescribed health-seeking behaviors. It includes the ability to think critically about, as well as the ability to interact and express personal and societal needs for promoting health.

WHO defines health literacy as “representing the personal knowledge and competencies that accumulate through daily activities, social interactions and across

generations. Personal knowledge and competencies are mediated by the organizational structures and availability of resources that enable people to access, understand, appraise, and use information and services in ways that promote and maintain good health and well-being for themselves and those around them.”

Why is it important to improve health literacy?

Health literacy requires inclusive and equitable access to quality education and life-long learning. Health literacy is shaped by a wide range of societal factors and is, therefore, not the sole responsibility of individuals to develop and maintain. All information providers, including government, civil society and health services should enable access to trustworthy information in a form that is understandable and actionable for all people. These social resources for health literacy include regulation of the information environment and media (oral, print, broadcast and digital) in which people obtain access to and use health information.

By improving people’s access to understandable and trustworthy health information and their capacity to use it effectively, health literacy is critical to both empowering people to make decisions about personal health, and in enabling their engagement in collective health promotion action to address the determinants of health.

Source: <https://www.who.int/news-room/fact-sheets/detail/health-literacy>

Health literacy and social cohesion

Sustainable development of health literacy requires a collaborative, bottom-up approach involving all relevant stakeholders. Local institutions with a social orientation, such as family centers and neighborhood centers, play a vital role in community well-being. However, these institutions often do not primarily perceive themselves as key actors in health education, even when they occasionally provide health-related programs.

A major challenge in promoting health literacy is the lack of effective communication channels and the absence of tailored, needs-based health information. Many individuals, particularly those from vulnerable groups, face difficulties in accessing, understanding, and applying health information to their daily lives. Additionally, media literacy, as a crucial component of health literacy, is often insufficient. Many people struggle to critically evaluate the vast amount of health information available, distinguish credible sources from misinformation, and make informed health decisions.

To strengthen social cohesion through health literacy, it is essential to foster better cooperation among local institutions, improve targeted communication strategies, and enhance individuals’ capacity to navigate health information effectively.

By doing so, communities can build resilience and empower individuals to take proactive steps toward their own health and well-being.

Optional Activity 3 (not on the slides):

Mapping Health Literacy and Social Cohesion in the Community

- Participants will identify key local institutions that can contribute to health literacy and analyze existing barriers to effective health communication
- Discuss whether these institutions currently engage in health education and how their role could be strengthened.
- Identify challenges that prevent effective health education and communication in these institutions.
- Propose solutions with their own understanding improving accessibility, trust, and engagement with vulnerable groups

4. Lessons learnt & Summary

The most surprising and interesting information I learned in this Module?

About following topics and information I want to learn/hear more...

I already knew that...

Sources and further information

Bundesinstitut für Öffentliche Gesundheit (DE) Leitbegriffe:

<https://leitbegriffe.bzga.de/alphabetisches-verzeichnis/gesundheit/>

Fonds Gesundes Österreich (FGÖ) AT:

<https://fgoe.org/>

Health Inequalities Portal (EU):

<https://health-inequalities.eu/glossary/health-inequalities/> and

<https://health-inequalities.eu/health-inequalities/>

EurohealthNet (EU):

<https://eurohealthnet.eu/>

European Public Health Association (EU):

<https://eupha.org/>

Iona Kickbusch - Global Health @ Europe (EU/INT):

<https://www.ilonakickbusch.com/kickbusch/global-health-europe/>

World Health Organization - Health Literacy (INT):

<https://www.who.int/news-room/fact-sheets/detail/health-literacy>

Eurostat (EU):

<https://ec.europa.eu/eurostat/de/web/microdata/overview>

Annexes

Material 1 - Interview Questions: Health Guide Profile

Presentation Slides – Session 1

Presentation Slides – Session 2



Profile – Health Guide

Name	
What are your interests and favourite leisure time activities?	
Why are you interested in participating in the training for Health Guides?	
How do would you define health? How would you explain to	

others what “health” means?	
Which knowledge or skills do you have and want to share with the group?	

Developed and project coordination:

BGZ Berliner Gesellschaft für Internationale Zusammenarbeit mbH
(Berlin Association for International Cooperation)

www.healthycommunities.eu

Project Partner

Caritas der Erzdiözese Wien - Hilfe in Not

Eurocultura

Stowarzyszenie Trenerskie Organizacji Pozarzadowych

Gesundheit Berlin-Brandenburg e.V.

Funder: European Union Erasmus+

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www.bgz-berlin.de



**Healthy
Communities**

Session 1

The Role of a Health Guide



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MODULE 1

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About the Project

With our **HEALTHY COMMUNITIES** project, we illustrate the contribution that adult education can strengthen the health skills of all citizens (including and especially groups with fewer opportunities), counteracting marginalization, and strengthening participation and commitment. One shortcoming of current health skills development programs is that they do not reach all population groups.

The project team has chosen to focus on the local community, in particular through the connection to the living environment in the community, which has so far only been elementary developed.



Agenda - Session 1

- Welcoming & and first introduction
- Presentation of Healthy Communities - Our idea
- Introduction participants and getting to know each other
- Discussing and clarifying expectations

Welcome & short introduction

- Who we are:
ERASMUS+ Project with Partners from Austria, Germany, Italy and Poland



- **Who are you?**

Name

Age

My friends would describe me as ..., ... and ...
(3 adjectives)



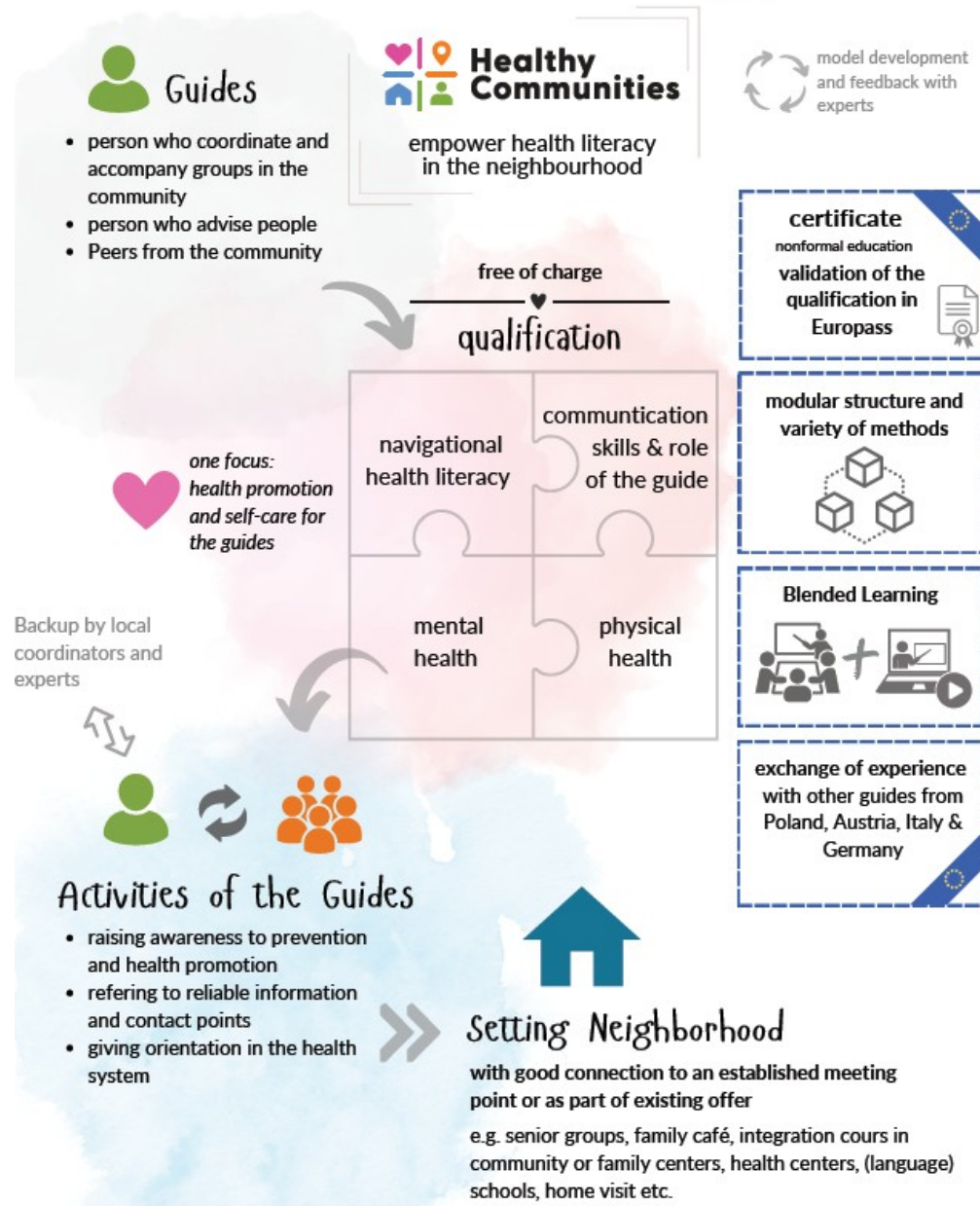
Scientific studies show a low level of health literacy in many European countries.

Low levels of health literacy are associated with riskier health behaviors and poorer health outcomes. Big **challenges in strengthening health literacy**, especially when you want to reach people in difficult and challenging living conditions.

Information about health topics and the health system have to be easy accessible and understandable. Formal ways of health education often do not reach those people who would need it most.

Healthy Communities aim to strengthen **health literacy on very local level** by transferring scientific findings and easy accessible activities to the communities.

Healthy Communities are **supportive networks**, where **multipliers pass on information about the healthcare system and provide basic knowledge about different health topics** to other people in their communities as well as trying to build a link to different offers and institutions.



Healthy Communities: You are a part of it!

A central element of Healthy Communities is to **implement a local operating team of health guides in the four participating countries** (Italy, Poland, Austria, Germany).

They act as a **link between health services, communities and neighborhoods**.

As a **Health Guide** you may play an important role within your community. In your **role as a networker and multiplier**, you may become a key personality, to whom people reach out to and come up with questions about health topics.

Being a (volunteer) guide is a **challenging task overall**. You may be confronted with different needs in relation to current crisis and topics like climate change, racism, mental health issues.

Self-care, setting boundaries and strengthening your own health are important topics, we will focus on in our project as well as in the training course

Healthy Communities: Role of a Health Guide



- person who coordinate and accompany groups in the community
- person who advise people
- Peers from the community

Health Guides are **people who are well connected within their communities and neighborhoods**. As communicators and multipliers they have an important **networking** role. Health guides are **key persons with a variety of social skills**.

They are prepared to work with different people and target groups and are enabled to spread their knowledge within their communities and networks.



activities of the guides

- raising awareness to prevention and health promotion
- referring to reliable information and contact points
- giving orientation in the health system



setting neighborhood

with good connection to a established meeting point or as part of existing offer

e.g. senior groups, family café, integration cours in community or family centers, health centers, (language) schools, home visit etc.

Group discussion:

- How do you define the Role of a Health Guide?
- Which would you like to get active?



This is **NOT** your role/task as health guide:

- Give no medical advice
- No diagnosis of diseases
- No recommendations for specific behavior in the event of illness
- Give No therapy

Your role as a health guide is....

To be an intermediary structure in the neighborhood. Here are some examples for tasks you might have:

- Address adults and raise the awareness of health issues
- Disseminate health-related information
- Give orientation in the health system
- Guide to contact points for more help and advices (online/ in the community)
- Motivate people to use health-related services
- Provide space for exchange and discussion

What can you expect from this training?

This training is structured in **seven modules**

Every training module has **two sessions (à 90 min)**

Most of the modules are designed as on site workshops but also online self-study videos with some small home works.

They should encourage you to learn to take different perspectives and should also give first insights what a future health guide can expect getting into practice.

You can **find all our learning materials** (scripts, presentations, videos, working sheets) also digital: **xx**

At the end of this training you will get a **certificate**.

Overview about the Trainings- Modules

Module 1	The role of an Health Guide (adult educator) on site Workshop
Module 2	Communication competence and motivating on site Workshop
Module 3	Maintaining Health online guided self-study
Module 4	Navigational skills in our health system on site Workshop
Module 5	Countering Disinformation on site Workshop
Module 6	Digital health (Health and media consumption) online guided self-study
Module 7	Mental Health on site Workshop

Partner Interview (Activity 1)

1. Please pair up
2. We prepared a set of questions. Everyone of you get a profile (Steckbrief) with 4 Questions. We invite you to interview each other. Please write down the most important information while interviewing the partner. **You have 20 Minutes for this activity.**
3. We will meet again in plenum. Everyone is invited to introduce one another in the plenum. The person who is introduced to the whole group has the possibility to add or also correct the given information.
4. The trainer will **take notes on cards or post it's** of the presented skills, knowledges and interests of all participants and put it on a board/flipchart.



Here a short repetition

The role as a health guide is....

To be an **intermediary structure** in the **neighborhood**.



Here are some examples for tasks you might have:

- Address adults and **raise the awareness of health issues** - voluntarily
It is not your responsibility that people change their habits
- **Disseminate** health-related information - no recommendations & no medical advices
- Give **orientation** in the health system
- **Guide to contact points** for more help and advices (online/ in the community) - it is the people's responsibility to take those advices, you can support them if needed
- **Motivate people** to use health-related services - no therapy/no diagnosis
- Provide space for exchange and discussion

Visiting card (Activity 2 - optional)

Introducing yourself with your name by giving a meaning to every letter of your name:

HHealth:

Hopeful

Empowerment

Allyship

Literature

Trust

Holistic



Now it's your turn - You have 3-5 Minutes - to write your own visiting card.

After that everyone introduce oneself to the group



Session 2

The Role of a Health Guide



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MODULE 1

Agenda - Session 2

- Let's talk about health
- Health & Inequality
- Fostering Health Literacy
- Closing this Module - Lessons Learnd & Personal Summary

Let's talk about health

Activity 1 - Group discussion

How do you define “health”?

What keeps you healthy?



Please write down your ideas and thoughts on post its.

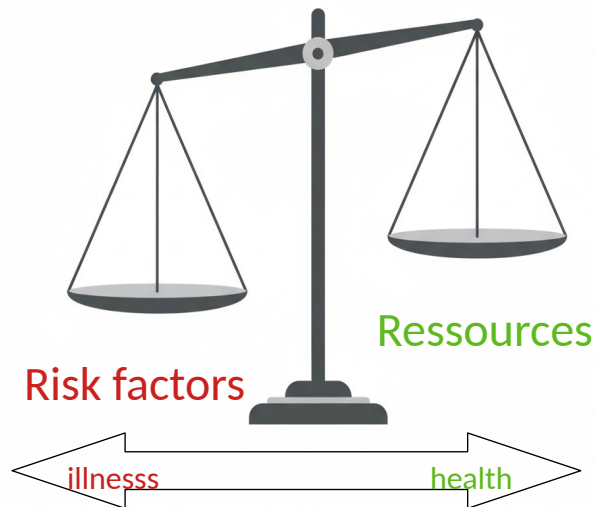
After 5 minutes we will meet again and collect all your notes.

Let's talk about health

World Health Organization (WHO) (1946):

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Nowadays criticised by many scientists and practitioners: Life is always subject to a dynamic interaction of internal and external demands.



Source: <https://gemini.google.com/share/dec40e2cefbf> (Scale)

The salutogenesis approach which Aaron ANTONOVSKY (1997) elaborated appears much more practical.

He describes the idea of a **continuum of health and illness**. In this model, health and illness form two poles.

The condition of each person can be localized on this continuum.

Antonovsky believes that every person **always has healthy and sick parts within them**.

One of the main question is: How and where can we recognize and strengthen the healthy parts of a person?

Let's talk about health

Klaus HURRELMANN and **Matthias RICHTER (2013)** currently propose the following definition of health:

*“Health describes the state of **well-being of a person**, which is given when this person is **psychologically and socially in harmony with the possibilities and goals and the given external living conditions**. Health is the state of balance between risk factors and protective factors that occurs when a person is able to cope with both internal (physical and psychological) and external (social and material) demands. Health is a stage that gives a person a sense of well-being and joie de vivre.”*

(Hurrelmann, Richter 2013: 147)

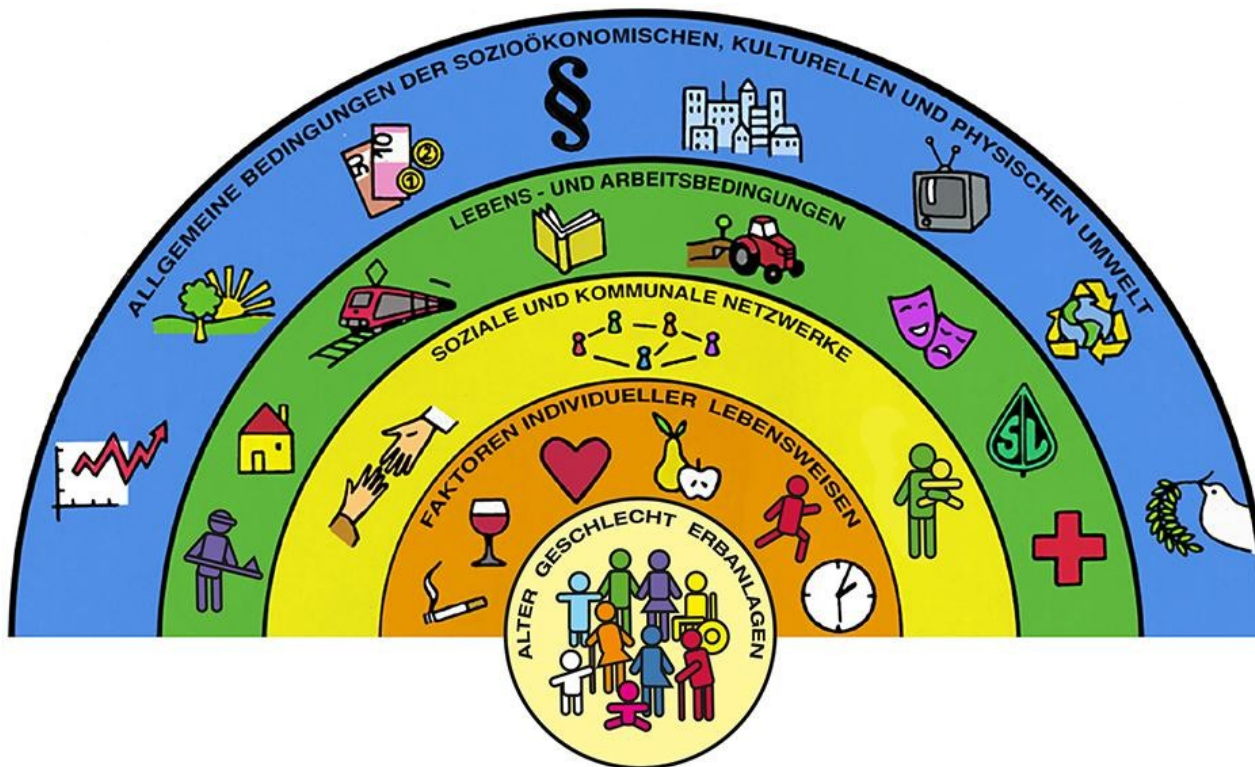
→ It is about both **personal (internal) and external factors that influence health**.

Factors influencing health

Health determinants are factors that **influence people's health**.

These influencing factors lie on several levels.

If you want to **promote people's health**, it is necessary to **address all levels**.



Fonds Gesundes Österreich nach Dahlgren, G., Whitehead, M. (1991)

Factor 1: Age, gender, genetic factors

Factor 2: Individual lifestyle/lifestyles e.g. sport, alcohol consumption, sleep,...

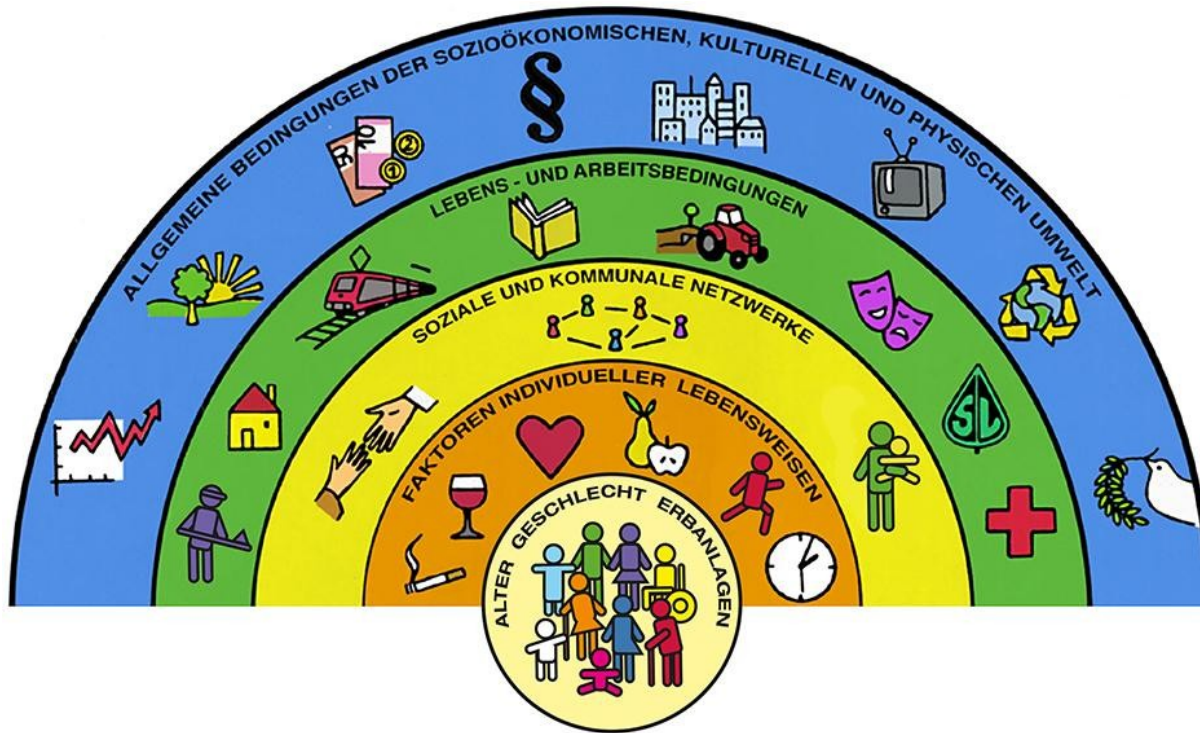
Factor 3: Social and community networks e.g. family, partnerships, friends,...

Factor 4: Living and working conditions (e.g. water supply, hygiene, education system, working environment, housing, health system and access to it)

Factor 5: General socio-economic, cultural and environmental conditions (e.g. financial opportunities, political stability, intact environment,...)

Factors influencing health

Health promotion is concerned with actively addressing several of these determinants and influencing them in a health-promoting way.



This involves paying attention to individual factors such as health behavior or the lifestyles of individuals in their interaction with factors such as income and social status, education, employment and working conditions, access to needs-based health services and the natural environment.

Fonds Gesundes Österreich nach Dahlgren, G., Whitehead, M. (1991)

Factors influencing health

Activity 2: To get a better understanding let us discuss those factors according to our own experiences: When you think about your own life course - can you think of any situations or life events which affected and/or influenced your well being/your health?

Here one example from Juul (34 years):

born and raised in a small city, good parents and many friends in primary school, moving to another city, difficulties in school, bullying at school, started to play volleyball in a team, meeting new people, passing final exams, difficulties in finding the right profession, finding a job, enjoying life, traumatic experience while travelling through Europe, ...

Now it is your turn: Try to think about your different life events and draw a nice time line on a piece of paper (X-Axis: your age/years; Y-Axis: state of health/well-being). - After 5-10 Minutes discuss in the plenum which protective and supportive factors influenced your well being/your health. - Please note: Just share the things you want to share.

Healthy & Inequality

“Health Inequalities are the **differences in health status between groups of people which are important, unnecessary, unfair, unjust, systematic, and avoidable by reasonable means.** They can be observed between populations and groups within populations, and as a gradient. They can also be observed between countries and regions. They are **linked to social, economic, and environmental conditions- the conditions in which we are born, grow, live, work and age.**”

These inequalities often mean that the **lower social and economic status** – or relative disadvantage – of an individual or group in society is connected to **lower health status**. Health inequalities are connected to **wider inequalities and forms of discrimination in society, such as racism and sexism as well as economic imbalances.**”

Source: <https://health-inequalities.eu/glossary/health-inequalities/>, 10.03.2025

More information Factsheet Health Equity EU:

https://eurohealthnet.eu/wp-content/uploads/documents/2019/191023_Factsheet_HealthEquityEU_WebLayout.pdf

The **links between poverty and health or illness** have been proven by numerous studies.

Health differences are already evident in the **subjective assessment of the state of health**: people with at most a compulsory school leaving certificate are almost twice as likely to report severe impairments due to disabilities or health problems than people with a school-leaving certificate.

People who carry out unskilled labor activities are twice as likely to have health problems as other employees. (according to EU SILC 2011)

People who are **unemployed** and looking for a job also often suffer from **psychosocial stress and other health problems**. People without employment generally rate their state of health as worse than those in employment.

Also **people with a migration background** in particular are confronted with special risk factors and barriers to accessing the healthcare system. **Language barriers and an often lower educational background are determining factors**.

Women with migration background often face additional challenges. Family obligations are mainly fulfilled by women, leaving less time for language acquisition and contact with the outside world. The resulting lack of information means that existing services are not used, which has a negative impact on a healthy life in Austria.

Health Literacy in everyday life - here are some examples

Here are some examples on everyday life decisions which are connected with health literacy:

If you enter a building which has an elevator but also stairs: Which one would you choose if you would have to go to the 4th floor?

You have an appointment at the doctor's who explains you the results of your blood test. Are you able to understand everything? How do you react?

On a sunny afternoon you have an appointment for a meeting close to your home. Which kind of transportation would you choose? Tram, bike, your feet or a car?



“Health literacy is the ability of individuals to make decisions in their daily lives that have a positive impact on their health: at home, in society, at work, in the healthcare system and at a political level.”

“Health literacy is more than knowledge about health and also more than a healthy lifestyle. Health literacy means being able to find, assess and implement everything you need to help your health. But it also means creating and optimizing environments that make this possible.”

Quotes from **Ilona Kickbusch** (2005, European Health Forum)

<https://www.ilonakickbusch.com/kickbusch/global-health-europe/>

Health literacy means being able to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being.

WHO defines health literacy as “**representing the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations. Personal knowledge and competencies are mediated by the organizational structures and availability of resources that enable people to access, understand, appraise, and use information and services in ways that promote and maintain good health and well-being for themselves and those around them.**”

Why is it important to improve health literacy?

Health literacy requires inclusive and equitable access to quality education and life-long learning. Health literacy is shaped by a **wide range of societal factors** and is, therefore, **not the sole responsibility of individuals to develop** and maintain. All information providers, **including government, civil society and health services should enable access to trustworthy information in a form that is understandable and actionable for all people.** These social resources for health literacy include regulation of the information environment and media in which people obtain access to and use health information.

Health literacy is critical to both **empowering people to make decisions** about personal health, and in **enabling their engagement in collective health promotion** action to address the determinants of health.

Source: <https://www.who.int/news-room/fact-sheets/detail/health-literacy>

Social Cohesion and Health literacy

Sustainable development of health literacy requires a **collaborative approach involving all relevant stakeholders**. Local social institutions such as family centers and neighborhood centers, play a vital role in community well-being.

A major challenge in promoting health literacy is the lack of effective communication channels and the absence of needs-based health information. Many individuals, particularly people who get excluded from society face difficulties in accessing, understanding, and applying health information to their daily lives.

To **strengthen social cohesion through health literacy**, it is essential to foster better cooperation among local institutions, improve targeted communication strategies, and enhance individuals' capacity to navigate health information effectively.

By doing so, **communities can build resilience and empower individuals to take proactive steps toward their own health and well-being**.

The most surprising and interesting information I learned in this Module:

About following topics and information I want to learn/hear more:



I already knew that:



Sources & further information

Bundesinstitut für Öffentliche Gesundheit (DE) Leitbegriffe: <https://leitbegriffe.bzga.de/alphabetisches-verzeichnis/gesundheit/>

Fonds Gesundes Österreich (FGÖ) AT:
<https://fgoe.org/>

Health Inequalities Portal (EU):
<https://health-inequalities.eu/glossary/health-inequalities/> and
<https://health-inequalities.eu/health-inequalities/>

EurohealthNet (EU):
<https://eurohealthnet.eu/>

European Public Health Association (EU):
<https://eupha.org/>

Iona Kickbusch - Global Health @ Europe (EU/INT):
<https://www.ilonakickbusch.com/kickbusch/global-health-europe/>

World Health Organization - Health Literacy (INT):
<https://www.who.int/news-room/fact-sheets/detail/health-literacy>



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www.healthycommunities.eu



www.bgz-berlin.de



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