problem of the pilot study. A press conference was organised and the project was presented in the local press before starting the pilot study. Participants were motivated by an invitation letter, a colourful leaflet, a small present and breakfast. Home visits for the recruitment were not perceived very positively by the invitees. Another problem was deviations from the standard measurement procedures, which were observed during the fieldwork. The pilot study confirmed the need for retraining of the personnel even though they had previous experience. It will be necessary to put more emphasis on the staff training and monitoring during the implementation of measurements in the field.

We plan to start a full-size national HES at the end of year 2011. The HES will be coordinated be the RAPH in Banská Bystrica and carried out in cooperation with all 36 RAPHs in the country and the Slovak Society of Cardiology. The national study will be guaranteed by the National Public Health Authority. A sample of 4000 persons will be selected from the central population register. The sampling procedure is under discussion with Statistics Norway. The fieldwork will be carried out by the personnel of the 36 RAPHs. They have experience with working in the field for counseling and health promotion. They will be trained for the HES by the national coordinator. We plan to use a questionnaire with the core questions of EHES and add questions on diet, physical activity and stress. The physical examinations will include the measurements of blood pressure, height, weight and waist circumference. Total cholesterol, HDL cholesterol, glucose and triglycerides will be measured from the blood samples in one laboratory.

How to adapt European Health Examination Survey standards without loosing national trends

Antje Goesswald

A Goesswald[1], C Lange[1], P Kamtsiuris[1]
[1]Robert Koch Institute, Berlin, Germany

The Robert Koch Institute, Department for Epidemiology and Health Reporting has experience in the administration of examination and interview surveys since the 1980's and has been interested in improving and standardizing survey methods since then. Comparability of data on the European level has become an aspect of increasing importance in our survey concepts. Therefore we have been involved in the Feasibility of the European Health Examination Survey (FEHES) and European Health Interview Survey (EHIS) Projects since several years. Within the EHIS Project we provided and tested a German translation of the EHIS-questionnaire and are currently involved in combined efforts to improve the quality of the survey instruments.

When planning the German Health Examination Survey (DEGS) in 2008 we already considered the recommendations of the FEHES Project for the selection of our examinations. They corresponded well with the assortment of examinations in our baseline examination survey in 1998. Recommendations for sampling and recruitment also complied with our established procedures. Only the EHIS questionnaire reveals substantial differences to our mixed concept of collecting data by personal interview and self administered questionnaire. This is especially true for items of the Background and the Health Status Module.

We started with DEGS in November 2008 and are continuing our survey with our established instruments. In order to meet the requirements of the EHES pilot study, we are translating the EHES core questionnaire and will ask 250 of our participants to answer to the EHES core questionnaire additionally to our established programme. Afterwards we will compare the data collected with the EHES questionnaire versus our established examination programme. The aim of this comparison is to identify for which topics data can be supplied from our programme without any changes and where additional or modified questions have to be implemented in our future surveys in order to meet the requirements of the planned full size EHES survey.

We will report the results of the pilot study. They will help us to find a strategy to continue national trends, minimize additional burden for our participants and optimize our contribution to the EHES survey.

3.L. Workshop: Health promotion and the social determinants of health: Bridging the gap between structure and agency

Chairs: Thomas Abel, University of Bern, Switzerland and Christiane Stock, University of Southern Denmark, Denmark
Organiser: EUPHA section on Health Promotion
Contact: abel@ispm.unibe.ch

Objectives of the workshop

Health promotion has long struggled with its overemphasis on the role of the individual in producing or maintaining his/her health. On the other hand, the social determinants approach seems to offer little room for the role of individuals' as agents contributing to their own health and that of their communities.

This workshop will present three contributions from leading experts on the interplay between structure and agency as applied specifically to health promotion and the discourse on the social determinants of health. We will start with a paper that reports on the findings from a sound literature review introducing the basic issues related to structure-agency problems in health promotion (Breton). This will be followed by two more specific applications of the structure-agency perspective: one that is focused on issues of unequal resources and capabilities (Frohlich) and one that is focused on structure-agency approaches as they apply to health policy (Ruetten). The three presentations will show the usefulness of social theory in guiding health promotion research and practice. The workshop will allow for advanced discussion and debate through three particular features: a limited number of high level presentations together, the special format of a workshop and a pro-active chairing approach. The major aim of the workshop is to stimulate innovative and theory guided research on health inequalities.

The agency-structure debate and the future of health promotion practice: targeting the individuals or the social determinants of heath?

Eric Breton

E Breton, M Porcherie
French National School of Public Health, Rennes, France

Following the Pasteurian revolution, the bio-medicalization of the public health field has brought to the fore a vision of practice that favours actions mobilising the agency of the individuals over those bringing changes to the structural conditions of life settings. While this dominance has been criticised for a number of years on the ground that agency-focused behaviour change programs were often not effective, it is only recently that researchers and practitioners have also started acknowledging their likely contribution in worsening inequalities in health.

In this presentation, and based on a review of the literature and drawing on experiences from France, we reflect on the agency-structure debate and its implications for health promotion practice at a time when public health agencies and governments are called to reorient their strategies upstream to intervene on the social determinants of health.
Our review shows that the health promotion field is still predominantly concerned by behaviour change and risk factors for chronic diseases; a focus that has so far been translated into strategies centred mostly on the individuals as the agents of change. We then argue that, in spite of a growing consensus on the need to act upon the social determinants of health, the strategies centred on the attributes of the individuals are likely to keep monopolizing most resources in public health. We state two reasons to back our claim: 1) the lack of a clear line that could set apart agency- and structure-related factors and, 2) a right wing ideology that is sweeping the European region and which stresses the importance of individual responsibilities over state intervention.
We conclude our presentation by discussing the role theories of social justice could play in guiding program and policy development by clarifying the targets of the efforts and the respective responsibilities of the individuals and governments in promoting population health.

Capitals, capabilities and health promotion : How social inequalities may become health inequalities

Katherine Frohlich

KL Frohlich[1], T Abel[2]
[1]Université de Montréal, Montréal, Canada
[2]University of Bern, Bern, Switzerland

A number of fundamental tensions in health promotion research, practice and discourse continue to thwart its development. Among these issues are how to engender empowerment in individuals and populations, how social inequalities become health inequalities and whether our work should focus on individual behaviour change versus societal, structural change. We critically discuss these fundamental tensions and offer some new theoretical avenues as a basis for health promotion and public health more generally. We argue that health promotion too frequently functions based on the implicit assumptions of utilitarianism (ie. the utility derived from the distribution of goods in society). This particular view of distributive justice has hindered the awareness that individuals have differential capabilities with regard to their ability to convert resources provided by health promotion into health. These differential capabilities are co-determined by individual capitals. Our objective is therefore to introduce and discuss the joint roles that Pierre Bourdieu's capital theory and Amartya Sen's capability approach might play in bringing health promotion beyond utilitarianism and in bringing about a better understanding of how social inequalities in health arise.This presentation is a conceptual, theoretical discussion that brings together literatures from health promotion, sociology and philosophy. We conclude that it is through the individual actor that social inequalities are converted into health inequalities. Heretofore individual actors have too often been delegated passive roles in health promotion. We bring the actor back into the discussion through Amartya Sen's capability approach. We propose that health inequalities come about due to unequal capacities to act and that the space for options to act is co-determined by Bourdieu's capitals. Material and non material capitals interact to make up the space for capabilities. In this sense, then, unequal capabilities are formed through differential capitals.

Bridging structure and agency in health promotion: Adding the policy dimension as the 'missing link'

Alfred Rütten

A Rütten, P Gelius
Institute of Sport Science and Sport, University of Erlangen-NÃrnberg, Germany

Background
Both structuralist and agentic approaches are genuine perspectives of health promotion: Health promotion emphasizes the ''structure'' of lifestyle (e.g. policy and environmental context), but the five key domains of the Ottawa Charter also refer to agency (e.g. building healthy public policy). Both views have not been adequately linked theoretically so far. Anthony Giddens has developed a seminal concept of structure and agency, but several shortcomings need to be addressed to apply it to health promotion.
Theory/Methods
Adding a concept by Elinor Ostrom to Giddens's approach, we develop a multi-level model of structure and agency in health promotion. It allows us to theorize about interventions at two different levels: the operational level (e.g. health behavior) and the collective choice level (e.g. policy-making).
We connect the model to central claims of the Ottawa Charter, which can be seen as ''pairs'' of structure and agency reinforcing each other on the different levels. For example, involvement of individuals in community action for health promotion may increase personal health behavior skills, and vice versa.
We use a local-level health promotion project for women in difficult life situations in Germany to illustrate the explanatory power of the model.
Results
The case study shows how the interaction of structure and agency on the two levels leads to both structural and behavior change. For example, women were involved in a cooperative planning process to develop health promotion measures. This new structure on the collective choice level enabled participants' agency and led to the establishment of women-only hours at a municipal swimming pool. This new structure on the operational level, in turn, improved self-efficacy among the women.
Conclusions
Introducing the policy dimension to the interplay of structure and agency in health promotion is useful both theoretically and empirically. A multi-level model may help us to better analyze the complex processes and effects of existing interventions as well as design better interventions in the future. It also allows us to deal with virtually all key domains of health promotion outlined in the Ottawa Charter, connecting them in a theoretically meaningful way.

3.M. Ecological health

Testing for Granger causality between population health and economic output in selected OECD countries (1960–2008)

Błażej Łyszczarz

B Łyszczarz
Collegium Medicum, Nicolaus Copernicus University, Department of Health Sciences, Bydgoszcz, Poland
Contact details: blazej@cm.umk.pl

Background
The health economics theory assumes the existence of feedback causality between health and wealth. The purpose of this research is to test this causality for selected OECD countries in the period of 1960–2008. The selection of six countries is arbitrary, however the group purposefully contains relatively well and poorly performing countries as well as from a variety of geographical regions.