

E-learning for the Health Agents Programme in Europe

Development and Implementation of Modules
Based on the Principles of E-learning



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Education and Culture

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Foreword

The large increase in obesity and obesity-related disorders all across Europe is a cause for great concern. This applies in particular to the expanding waistlines of children, thought to be driven by low-energy lifestyles and high-energy foods, which may have grave and long term consequences for the health of entire populations. Many of the most important risk factors for premature death relate to how we eat, drink and move.

Several calls for immediate action have been made, but the complexity of the problem may suggest that multiple and coordinated actions are necessary. It is therefore vital that European countries work together on promoting good nutrition and healthy living, pooling their knowledge and sharing best practice. Furthermore, significant changes and long term solutions can most likely only be achieved if different sectors and professions work together towards promoting health.

Professionals who work in a variety of places such as canteens and meals provision, health centres and other parts of the primary health care system, as well as at various levels of the education system can play important roles in health promotion by taking health issues into their concerns and priorities and integrate aspects of health promotion as part of their core activities. However, these aspects have rarely been included in the curricula of the professions mentioned, and up-to-date and easily accessible and affordable continuing education appears to be lacking. The development of advanced information and communication technologies (ICT) opens up the possibility for more flexible strategies for lifelong learning and in-service training. Learning about health should primarily be informal and, in this sense, become a part of the individual's health behaviour. ICT tools may be used to offer relevant, interesting and easily accessible education to communicate health in a broad sense and in a creative manner.

The “e-learning for the *Health Agents Programme*” (eHAP) aims to take advanced e-learning concepts and apply them in continued and further education for professionals working – in one way or another – with health and nutrition in European countries. The programme presented in this publication can be considered as a prototype framework for a work-based course using e-learning. The prototype can be adapted to form curricula for courses where the needs of specific settings are taken into account.

This publication aims to provide guidelines for institutions that want to develop e-learning courses for *Health Agents*. The basic insights concerning health promotion are common for all member states, while guidelines for diets and health are country-specific and may be culturally determined. The document therefore leaves space for interpretation and translation into specific contexts.

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*If I had my way
I'd make health catching
instead of disease.*

~ Robert Ingersoll

1 Introduction

The e-learning for the *Health Agents Programme (eHAP)* is developed to educate *Health Agents*. The concept of a *Health Agent* finds its inspiration in the term *Change Agent* as it is used in organizational theory. In the eHAP programme, a *Health Agent* is a person who can integrate activities of health promotion in the main tasks and responsibilities of his or her workplace. Through improved human capability and alterations in organizational routines and systems, the *Health Agent* can enhance the health of the local community in which he or she works. The eHAP is aimed at persons who work in the primary health care sector, in the educational system and in catering.

The programme presented in this publication can be considered as a prototype framework for a work-based course using e-learning. The prototype can be adapted to form curricula for courses where the needs of specific settings are taken into account.

1.1 The Challenge

The rise in obesity rates across Europe and resultant ill health, such as type 2 diabetes mellitus, certain forms of cancer and cardiovascular diseases, are about to create an unprecedented public health challenge. Overweight affects between 30%-80% of the adult population in different regions of Europe and up to 1/3 of the child population [1]. Poor diets, lack of physical activity and consequential obesity are estimated to increase direct costs for health care systems in the EU substantially [2]. Particularly the rise in childhood obesity will accentuate the burden of ill health unless the rise in obesity is turned. Dietary improvements and increased physical activity levels are listed as key priority areas in European Union Public Health policies [3].

Promotion of a healthier diet through increased intake of fruit, vegetables, wholegrain and fish and a more balanced intake of sugar, fats and fibre may have beneficial health effects, also independently of their effect on weight. These benefits include primarily reduced risks of several forms of cancer [4], cardiovascular diseases and diabetes [5]. The same is the case for physical activity, which in addition to reducing the risk of several diseases will promote physical strength and function as well as psychological well-being [6].

An energy imbalance caused by higher energy intake, lower physical activity levels, or both, is the primary cause of obesity, but shifts in this balance for whole populations can to a large extent be attributed to factors in the environment. The 2007 Foresight Report "Tackling Obesities: Future Choices," commissioned by the British government, summarises the complex multi-factorial and interrelated causes of the obesity epidemic. The report argues that our societies have become obesogenic, defined as "the total sum of influences in the environment on promoting obesity in individuals and populations." Thus, the responsibility for action rests with actors at all social levels as well as the individual [7].

These considerations are very much in line with the WHO definition [8] of health promotion:

Health promotion is 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.

Current thinking in health promotion has seen a shift from primary focus on the individual, observed particularly from a health care perspective, to building strategies of what works in health promotion from the perspective of the social determinants of health [9]. The Commission's White Paper on a strategy on nutrition, overweight, and obesity-related health [3] further acknowledges that integrated and complimentary actions at different levels, also outside the health care system, are needed. The "Public Health Action Programme (2008-2013)" of the European Union (EU) points out that health professionals as well as professions employed in a variety of places such as canteens, schools, health centres, youth education, nutrition counselling, and fitness centres can be important partners in health promotion. Schools, for instance, can play an important role in health education not only through learning but also by implementing health promoting school policies, organizing daily schedules to promote physical activity and serving high quality food.

The growing recognition that the health of the population is a wider responsibility can also be seen in the ways in which corporate social responsibility (CSR) is being discussed. CSR is concerned with how companies manage their business to encourage a positive impact on, for instance, the environment, communities and various stakeholders. While the responsibility for protecting the workers from harm is of primary importance, businesses can also protect the health of their employees by ensuring healthy food in their canteens and promoting physical activity during working hours.

Lifestyle changes can be achieved through learning experiences that enhance awareness, increase motivation, build skills and, most importantly, open access to an environment that helps people make positive changes regarding their health [10]. Synergistic relationships, health education, health promoting policies and the environment can be developed by involving a wide variety of stakeholders in promoting health. Thus, the educational components of health promotion activities can be supported and strengthened by parallel activities related to the environment [11]. Reviews of intervention studies to prevent obesity and promote healthy diets and physical activity also show that the most successful interventions are those which are multi-component[12].

However, a recent analysis of European public health policies has found few references to how an effective workforce should be developed to reach the goals indicated. This includes lack of references to *who* should work towards the goals and *how the required knowledge, skills and competencies needed should be systematically built up* at different levels [13]. Health promotion, nutrition and physical activity are to a limited degree part of standard curricula for health professionals throughout Europe, not to mention the teaching professions. Catering staffs also have highly variable training in aspects relevant to health promotion. Anecdotal evidence points to the fact that many of these professions lack up-to-date, easily accessible and affordable continuing education regarding health promotion, nutrition and physical activity. Thus, to reach the public health goals, there is a need for further development of the workforce so it can work effectively towards promoting health among their user groups and create more health promoting environments for all.

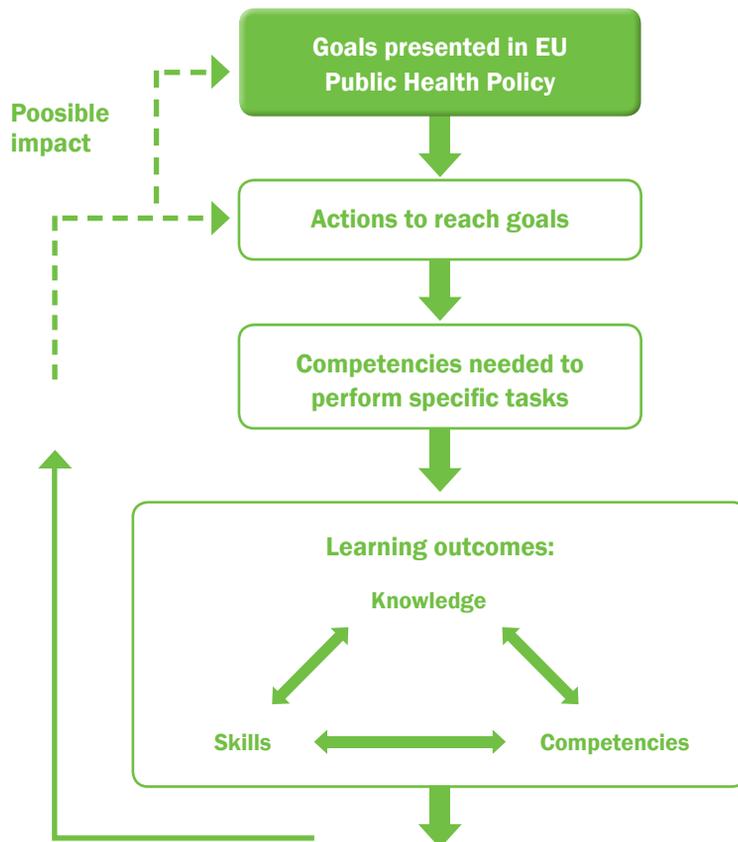


Figure 1: Development of the eHAP programme

1.2 Meeting the needs of future Health Agents: Identification of core competencies

A review of the international literature on health promotion competencies recommends that frameworks and core competencies are developed to guide health promotion training, academic preparation and continuing professional development. Such competencies should be based on analyses of current trends and forecasted changes within relevant environments, while taking into account aspects relevant to different contexts. These steps should be taken to ensure that the competencies are appropriate for future practice and workforce planning [9].

The aim of the eHAP programme was to develop a framework for courses which specifically address the subject of health promotion relevant to various workplaces. As illustrated in figure 1, the goals presented in the EU Public Health Policy were considered as a broad starting point. These goals had an impact on the selection of competencies which were further developed into learning outcomes for the eHAP programme. To develop the target groups and content of the eHAP programme, two main steps were taken:

Step 1: An analysis was performed to identify categories of front-line staff and sectors of the workforce which were indicated as possible partners in improving population health.

Step 2: A Delphi survey was conducted among experts relevant to the sectors to identify core competencies needed to promote health among their user groups.

In step 1 the categories of front-line staff to be targeted by the eHAP programme were identified through analyses of European and national policy documents, action plans and contact with key persons from national institutions or similar as relevant in each of the participating countries. In the first step, three main sectors of the workforce were identified and considered to be relevant target groups for the eHAP programme:

- Teachers and other staff in nursery, primary and secondary schools
- Chefs and other catering staff
- Health professionals involved in public health activities

In step 2, a modified Delphi study method was implemented to identify core competencies relevant for development of the eHAP programme. The Delphi technique is used to obtain the most reliable consensus of opinion among experts and builds upon a series of questionnaires or rounds to gather information until group consensus is reached. The method has been used frequently to develop education and training programmes [14]. Between 7 and 10 stakeholders considered to be experts representing each of the three sectors were recruited in five European countries: Denmark, Iceland, Belgium, Portugal and Norway. The experts had experiences or qualifications which gave them strategic roles or placed them in a position where they were able to consider the overall perspectives of the workforce sector and its role in public health.

The study was conducted in the period between April and December 2010. The starting point for the Delphi study was a preliminary list of competencies identified through published literature. The overall question the experts were asked to consider, keeping in mind the front-line staff of

their sector, was: “If your profession/sector should do more to promote health through nutrition and physical activity, which competencies would they need?” For each suggested competency, the experts were asked rate two questions: 1) How relevant is this competency for your profession, and; 2) How relevant would further education regarding this competency be?

After two rounds of modifications through structured feedback, a list of core competencies was identified. This list, presented in Table 1, contained competencies that were considered to be relevant by the collective groups of experts representing each of the three sectors. When the core competencies were used further to develop learning objectives for the eHAP programme, variations in scoring by sectors were taken into account. The variations were considered to represent variations in aspects relevant to their daily practice (profession specific) and related to the environment in which they work (context specific).

Table 1: The seven core competencies identified as relevant for Health Agents and the eHAP programme

1. Competencies related to basic knowledge of nutrition and physical activity include the abilities to:

- 1.a Explain the basis of the national guidelines for nutrition and physical activity.
1. b Consider central aspects of the nutritional recommendations for different age groups and life stages.
- 1.c Develop your own knowledge and search for scientifically based information within the areas of nutrition and physical activity.
- 1.d Distinguish between scientific advice and other types of information related to diet or physical activity.

2. Competencies related to analysis of the situation include the abilities to:

- 2.a Assess your users' situation in terms of their nutritional status and eating habits.
- 2.b Assess your users' situation in terms of their physical activity levels.

3. Competencies related to food, cooking and the production chain include the abilities to:

- 3.a Plan menus and prepare food in order to make nutritionally adequate meals.
- 3.b Plan menus which will be appropriate to people with different needs related to age groups and life stages, special dietary needs, cultural and sensory requirements.
- 3.c Plan and prepare meals which will ensure the quality and safety of the food.
- 3.d Modify the nutritional composition of a meal by exchanging ingredients or using different cooking methods.
- 3.e Read and interpret nutritional labelling.
- 3.f Discuss important aspects related to ways in which food is produced.
- 3.g Discuss how food production, distribution, presentation and the marketing of food can influence our food choices.

4. Competencies related to change in health behaviour include the abilities to:

- 4.a Assess the mindset of the users to find the most appropriate strategy to initiate change in diet or physical activity patterns.
- 4.b Discuss how different social factors (for instance culture, family situation etc.) influence our eating patterns.
- 4.c Describe how social and cultural differences can be taken into account when developing appropriate strategies to promote health.
- 4.d Discuss how different intervention strategies may widen or narrow the socioeconomic differences in diet, physical activity levels or health.
- 4.e Offer appropriate activities to encourage your users to become more physically active.

5. Competencies related to communication with the users include the abilities to:

- 5.a Use an adequate language when communicating with your users (according to their education, social and cultural situation).
- 5.b Describe how to come into contact with users using appropriate media when designing, planning and implementing small interventions in the area of your profession.
- 5.c Make use of ICT tools (for instance podcasts, presentations, websites, etc.) when designing, planning and implementing small interventions in the area of your profession.

6. Competencies related to planning and implementing small interventions include the abilities to:

- 6.a Include objectives related to food and nutrition in general tasks performed by your profession (for instance health promotion activities in teaching plans, dietary plans in health care for the elderly and dietary variation in the canteen menu).
- 6.b Include objectives related to physical activity in general tasks performed by your profession.
- 6.c Describe how to design, plan and implement small, simple interventions to improve the health and wellbeing of your users.
- 6.d Write proposals for bids/tenders with regard to purchasing foods to promote good nutrition, health and safety within your workplace.
- 6.e Compare and choose the best of different strategies to improve the situation related to your users' diet or physical activity.
- 6.f Manage the finances of small interventions within your workplace.

7. Competencies related to professional conduct and collaboration include the abilities to:

- 7.a Reflect on the social responsibility of your daily practice concerning your users' health (for instance which food is presented for, or recommended to, the users).
- 7.b Motivate and lead colleagues in teamwork with the aim of promoting a balanced diet, physical activity and health among the users.
- 7.c Describe the areas of competence in other professions in order to know whom to contact for further expertise when this is needed.

1.3 The European qualification framework and eHAP

The European Union member states are called upon to create a national qualification framework (NQF) in order to increase the transparency of competencies. An NQF is a set standard of qualifications agreed upon by educational authorities and stakeholders. Even though the eHAP programme is not set in an NQF setting, it is important to refer to a system on which qualifications are based. This is done to create a link between the European Qualification Framework (EQF) to increase the transparency of qualifications and competences.

The EQF is a descriptor defining levels of qualification. The EQF is not to replace individual NQF's but rather to be a shared framework to compare competences. By using the reference framework, the recognition of qualifications within the EU becomes more transparent and facilitates mobility of EU citizens. The core element of the EQF are the eight levels describing what the participant knows, understands and is able to do regardless of what system awarded the qualifications. The main descriptors are skills, competences and knowledge based on tool called Learning Outcomes. The EQF descriptors constitute a common basis for cooperation and comparison. In this context it is important to realise that the EQF does not award qualifications [15].

Transparency and recognition of competences and qualifications are issues that are focused on in the eHAP programme. We mapped the competences domestically, each partner referring to their own National Qualification Framework (NQF). This was then matched to the European Qualification Framework (EQF) indicating that the target group for the eHAP programme may be referred to levels 4-6 on the EQF. The eHAP programme may be implemented and even developed further on a national or international level, and a transfer of the methodology and structure of the programme should even be transferable to other sectors.

1.3.1 Defining EQF levels for the eHAP programme

The European Commission has established criteria and procedures for referencing national qualifications levels to the EQF which elaborate on what areas should be taken into consideration when referencing NQFs to the EQF[16]. In this perspective the eHAP programme has given special attention to the requirement of learning outcomes. As mentioned before, the contents of the eHAP programme are described on EQF levels depending on the target group. We have attempted to portray the reference levels in terms of learning outcomes describing descriptors according to the European Qualifications Framework for lifelong learning (EQF) thus making the comparison of qualifications possible. The following points describe the different levels to which the programme can be adapted, depending on the target group.

- In level 4 the participant will have theoretical knowledge in different contexts and gain cognitive and practical skills which he/she can apply in order to solve specific problems. He/she will obtain competencies in self-management within certain guidelines which are usually predictable. He/she will also be able to manage the routine work of others with responsibility of limited evaluation.

- In level 5 the participant will gain comprehensive knowledge within a specific field of work or study and at the same time is aware of his/her boundaries. The participant will also gain a comprehensive range of skills required to develop productive solutions for different tasks. He or she will also be able to exercise management supervision and review and develop personal actions and behaviour towards oneself and others.

In level 6 the participant will involve reflection and critical understanding of advanced theories and principles in the study field or working environment. The participant will acquire this knowledge through different means and be able to mediate knowledge. The participant will also be able to demonstrate the acquired knowledge through applying advanced skills and demonstrating procedures by using innovation to solve complex and unpredictable tasks. Finally, he or she will manage and utilise complex and diverse technical or theoretical methods to demonstrate acquired knowledge, skills and competencies as well as taking responsibility for managing professional development, whether it is on an individual basis or for a group [15].

The qualification level of the target group for eHAP is on EQF levels 4-6 based on needs evaluation from the Delphi study. For an example of this, see Figure 2.

Figure 2 : Example of participant competence levels

A chef will find him/herself at levels 4-5 on the EQF when it comes to cooking skills and menu planning but might find him/herself less adequate in respect of calculating menus and assessing different dietary needs. The same can be said for a health worker who will have a higher level of competences as regards dietary guidelines but have a lower level of competence when it comes to questions that apply to the quality and safety of food.

1.3.2 European Credit Transfer and Accumulation System (ECTS) and eHAP

ECTS credits are used in higher education programmes in Europe by those countries involved in the Bologna Process. The ECTS system is closely linked to Learning Outcomes, which state what the learner has gained upon completion of a programme rather than being a teacher-centred system as is more traditional.

The eHAP programme will contain 20 ECTS credits in five modules. The participant can choose between the complete programme or a minimum of 5 ECTS. The credits are based on the participant's workload as defined by the learning outcomes which are achieved through learning outcomes. One ECTS credit is equivalent to 25-30 hours of work. The aim of the ECTS credit award system is to make the transfer of awarded credits between or within institutions easier and more transparent. The accumulation of credits must be facilitated in an organisation qualified to deliver education on a higher level [17].

The eHAP participant should receive a diploma supplement certifying the credits upon completion of the eHAP programme.

2 Practical Instructions for Organisers of Vocational Education Programmes Using ICT

2.1 Information technology and health promotion

Information and communication technologies (ICT) are referred to as online learning programs, courses and resources emerging in education with the help of an on-going innovation of teachers, students and computer program builders [18]. ICT used in health promotion is beneficial both for the professionals who are involved in delivering the health promoting activities and for those receiving them. There is a lot of potential for information technology regarding health promotion due to rising costs of health care, changing demographics and an increasing public pressure to include other forms of health care. Health professionals and other professions are increasingly expected to use ICT in their daily work [19]. The eHAP programme is inspired by the dynamics of e-learning and the flexibility that it gives the participant. To get a better view of the dynamics of e-learning this chapter will address these issues. First, there will be an introduction of the processes of learning relating to the eHAP programme. Next, an introduction is given to the concept of e-learning and e-learning objects. Finally, an explanation of several e-learning tools is provided.

2.2 The process of learning

In any given situation of learning four questions need to be answered: 1) Who is learning – how are the learners defined and located? 2) Why are they learning – what encourages them to make the effort? 3) What do they learn – what are the contents and outcomes? 4) How do they learn – what are the processes of learning[20]? The learners in the eHAP programme (referred to as the participants) have been identified as professionals who, in one way or another, work with broad aspects of public health, thus answering question number 1.

An assessment of needs and competencies has been conducted through the Delphi survey, as described in Chapter 1.2, and the eHAP programme meets the demand of the competencies in question, answering question number 3. The more complex questions of “2) What encourages them to make the effort?” and “4) What is the nature of the learning processes?” requires a more thorough explanation where learning is viewed as a process between acquisition and interaction.

Learning can broadly be defined as: *“any process that in a living organism leads to a permanent capacity change and which is not solely due to biological maturation or aging”* [20]. This is a very open definition, but has been chosen to show that the process of learning is very complex. To understand the process of learning, the conditions of learning must be considered.

Learning always involves two different processes; an external process between the learner and his or her environment and an internal psychological process of elaboration and acquisition[20]. Many learning theories do not take this into consideration, but as the eHAP programme is based

on competencies in the profession of the participant it is important to include the environment and its impact as well.

The Danish learning theorist Knud Illeris illustrates the process of learning in a model including three dimensions.

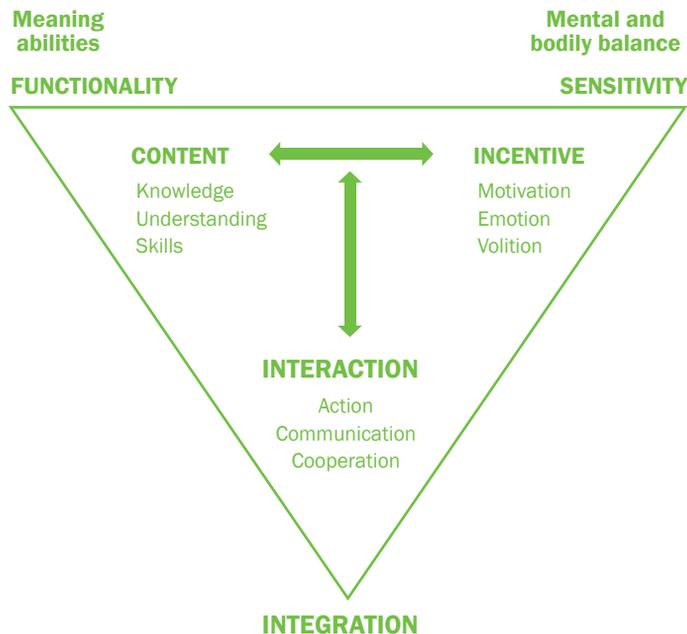


Figure 3: Learning in a three-dimensional model as described by Illeris [20]

The model includes three dimensions: 1) Content which involves the knowledge, understanding and skills obtained by participating in any given situation of learning; 2) Incentive which includes the motivation of learning and the emotions it involves; and 3) Interaction which involves the integration of the content in question, the incentive to learn and the way in which the learning takes place. Learners are always under the influence of the environment that they are in at the given time of the learning process[20].

Taking the “Three Dimensions” into consideration concerning the eHap programme, the dimension of *content* is the knowledge, understanding and skills concerning health promotion and ICT that participants will obtain. The dimension of *incentive* will involve the participants’ motivation to engage in the various learning objectives. The blended learning methods involve both online learning and face-to-face learning. Using a variety of methods gives the participants an opportunity to decide when to study. Furthermore, since the content of the modules is derived from the needs and competence assessment in the Delphi survey it should also be a drive for wanting to engage in the eHAP programme as it is closely connected to the needs of the labour market.

The methods of learning in the eHAP programme involve ICT and blended learning and this brings about the importance of the last dimension - *interaction*. Interaction between the participants will not only be limited to the classroom but will be open for on-going online discussions at any time. This is inspired by the dynamics of social online networks. The eHAP education will be hosted on an online learning platform (LMS) where the participants can engage in online activities 24 hours a day and participate in discussions, share knowledge and listen or watch online lectures when the time is right for them. This means that the participants, for example, can log on to their smart phone or PC on the bus home from work and watch an online lecture or participate in a debate. The interaction between the participants in this programme is therefore a crucial factor concerning the processes of learning and has been carefully considered in order to create an up-to-date further education option meeting the needs of the labour market. This answers question number 4.

The last question which remains to be answered (number 2) is why the participants will make the effort to learn. The eHAP programme is developed in close collaboration with the labour market and hence meets the needs of participants working with health in a variety of settings. Furthermore, the programme is constructed in such a way that most of the learning can take place when it is suitable for the individual. This should be a strong incentive to engage in the eHAP programme and therefore the participants should be willing to make the effort.

To give a better picture of the learning possibilities of involving ICT in the learning processes, the next chapter will address this issue.

2.3 Characteristics of e-learning

E-Learning is defined as any learning that uses information and communication technologies and is looked at as a way to strengthen the development of the student. The potential of e-learning is enormous as educators can teach high numbers of professionals while at the same time avoiding travel or accommodation cost, thus giving people who live far away from traditional education sites or have demanding jobs a better chance to participate in further education. Of course, e-learning will never replace the physical interaction between students and teachers. However, this modern technology has the potential to achieve great support for further education within various professions [21]. It will also increase the “authenticity” of the learning process as it is closely related to the field of practice. The solution that the learner reaches is often connected directly to the field of practice and is then implemented in practice as a result of the learning taking place where it is needed – in the labour market [22]. This also increases the motivation of the learner and is, therefore, an important element when developing further education in today’s society. This is one of the main reasons why the eHAP programme seeks to implement ICT as a vital part of the education. In coming decades, adult students will have more exciting learning options to choose from while they are grooming themselves for a new job or simply updating their skills within their work field [18]. The eHAP programme is an example of further education which uses the dynamics and flexibilities of e-learning.

2.3.1 Computer-supported collaborative learning (CSCL)

In opposition to a traditional view on education where learning is regarded as a transfer of data and knowledge, computer supported collaborative learning (CSCL) represents a method of e-learning in a more modern way where learning is regarded as construction in a social context. There are many ways to facilitate CSCL. Often online discussions and knowledge building activities that take place on a learning platform (Learning Management System - LMS) or in Web 2.0 tools are defined as user generated tools. Examples are blogs, wikis and social network services such as Facebook, Skype etc.

The concept of collaborative or group learning is designed to encourage or engage students to work together on learning tasks. In the eHAP project we use Gilly Salmon's expression for CSCL, called *E-tivities* [23].

2.3.2 E-tivities

E-tivity is a word that is built around active and interactive online learning. E-tivities should be motivating, engaging and purposeful. They are based on interaction between students or participants and usually take place through written message contributions. An E-moderator (electronic moderator or an online teacher) designs and leads the e-tivities which take place over a period of time. E-tivities are cheap and relatively easy to run - often through online bulletin boards, forums or conferences [23].

The importance of e-tivities for the online learning world is great because they spread around in networks. They are well practiced principles of pedagogy for learning and concentrate on releasing the best of networking technologies for the learner. There are many ways of online teaching but e-tivities are designed for efficiency and are also reusable. They can be used by participants who never meet each other or combined with classroom activity [23]. Figure 4 illustrates a model with an e-tivity where the learning activity starts with an online e-learning object (podcast) followed by online discussion and ending up with an assessment of the e-tivity.



Figure 4: The dynamics of e-tivities

2.3.3 E-learning objects

An e-learning object can be described as a learning object which is a part of an e-tivity. The e-learning object is a collection of information which is provided in a digital form in order to meet a study aim. In traditional learning settings this might be content which is provided in a face-to-face lecture. As an e-learning object, the lecture is now provided online and is available for the student when needed. An e-learning object can then be considered as traditional learning content transformed into a digital version available online. When available online, the e-learning object is then reusable in many settings. An e-learning object can be used as a substitute or a supplement. If the lecture is recorded and produced to be available online, then it can substitute a face-to-face lecture making it possible for the students to watch the lecture when they have the time. The online lecture can also be a supplement since it can be used, for example, for repetition to be watched several times. The eHAP programme will consist of e-learning involving both face-to-face teaching but also a variety of e-learning objects to ensure flexibility for the participants, so they can engage in the learning processes when suitable in their everyday work lives.

There are many e-learning tools available with varying degrees of complexity. A number of tools for producing e-learning objects are listed below.

2.4 Tools for Producing e-learning Objects, Instructional Videos, Tutorials and More

2.4.1 Tools for converting PowerPoint presentations into e-learning objects.

PowerPoint has been widely used to prepare presentations, animations, slide shows and multimedia for educational purposes. PowerPoint presentations can easily be saved as video files with added voice narration. In PowerPoint 2010, users no longer need any third party software application to save presentations in video format. One can simply save the presentation as Windows Media Video (wmv) and then share it with anyone.

iSpring Free

If you have an earlier version of PowerPoint than 2010, you can use a free program called iSpring Free to obtain the same possibilities. iSpring Free is an add-in for PowerPoint to create Flash movies from your presentations, keeping all visual parameters, animations etc. When downloading iSpring Free a tab in your PowerPoint will be created and hereafter you just click the tab to create the flash video. To get voice narration you add voice narration to the individual slides in PowerPoint before you convert the entire presentation.

2.4.2 Tools for capturing computer screens

Jing by Tech Smith captures anything on you see on your computer screen (including PowerPoint presentations) as an image or a short video and lets you share it instantly via web, email, IM, Twitter or your blog. It is limited to five minutes in length. Jing lets you capture screen shots or capture screen motion and record audio at the same time. Captured images can be annotated with text, arrows and highlights, which is useful if you want to create brief instructional videos or presentations to demonstrate how to do something on the computer. Jing is free but you can get a commercial version where you will be provided with the ability to save files in MP4 format, which makes it easy to upload high quality copies of your Jing presentations to YouTube and similar hosting sites.

Camtasia Studio by Tech Smith allows you also to record anything that you can view on your computer screen, including software applications, web pages, PowerPoint presentations, and much more. You can embed a video recording (picture in picture) of the teacher/instructor speaking to make it more lively. With the Camtasia screen recorder you can create interactive training and support videos that are on-demand for instant viewing. In Camtasia studio there are good facilities for editing recordings and adding effects. Camtasia is also excellent for producing videos in a shareable format by selecting preset or custom production settings. The program is not free and a fee will need to be paid in order to use it.

2.4.3 Video hosting services (Screencast/YouTube/Vimeo)

Video hosting services are websites or software where users can distribute their video clips. A video hosting service allows individuals to upload video clips to an Internet website. The video host will then store the video on a server, and provide different types of code to allow others to view this video. Examples of video hosting services are YouTube, Screencast and Vimeo. From the hosting server you will normally be provided with a link or an embedding code you can place in your LMS, in blogs, wikis, emails, social network services etc. in order to share your videos with others at a simple click. Normally, the video clips will be streamed, which means that the video is not downloaded but constantly received and presented while being delivered by a streaming provider.

Podcasting (iTunes)

A podcast is a series of digital media files (either audio or video) that are released episodically and downloaded, unlike streamed webcast as described under video hosting services above. When you want to subscribe to a podcast, you can for example use iTunes, which is the most common service for podcasting. You can subscribe to any podcast in iTunes by entering the actual podcast feed URL. iTunes will then subscribe you to the podcasts and begin downloading immediately. Once you subscribe to a podcast, iTunes checks for new episodes at regular intervals. When the episodes are downloaded to your computer you can synchronize your iPod with iTunes (on your computer) and watch or listen to the podcast from your iPod.

3 Structure of the Programme and its Modules

The modules are a mix of e-learning and face-to-face activities. The main purpose of the modules is to increase knowledge, skills and competencies with respect to health promotion for professions in the three sectors targeted by the eHAP programme: 1) Teachers and other staff in nursery, primary and secondary schools; 2) Chefs and other catering staff; and 3) Health professionals involved in public health activities. The modules go beyond traditional education, as modern ICT tools are taken as point of departure.

In the short run, participating professionals will be able to develop e-tools in specific domains according to the topics dealt with in the different chapters. In the long run, the target group should be able to develop e-tools in the broad context of health promotion. The modules can be considered as guidelines to adapt to a society in which media become more and more important. Having completed the entire programme, the participants obtain the title *Health Agent*.

3.1 Organisation of the modules

The full course consists of an introduction, five thematic modules and a final evaluation. The programme introduction presents the main ICT skills (see Chapter 2) and is obligatory also for participants who wish to take single thematic modules only. The main modules have four thematic modules which can be offered independently, and a fifth module which can only be taken if all of the previous thematic modules have been completed successfully. The final evaluation can only be taken if all previous modules have been completed. Chapter 4 presents the main content of each of the modules, while the appendix gives further guidelines for the moderator of the programme.

Each module consists of several steps and ends with an evaluation activity related to the module. Learning outcomes of the modules are reached through online courses, reading, face-to-face sessions and digital interaction. The evaluation activity related to each module is based on a product and the process. Products are produced as part of an e-tivity. A self-assessment tool can be used for the process evaluation. Both the products and the self-assessments are integrated into a portfolio created by each participant. In line with the aims of eHAP, participants should compile their portfolios online. It is up to the organiser of the course to decide where the portfolios are hosted. Examples are blogs or the organiser's communication platform, for instance Facebook.

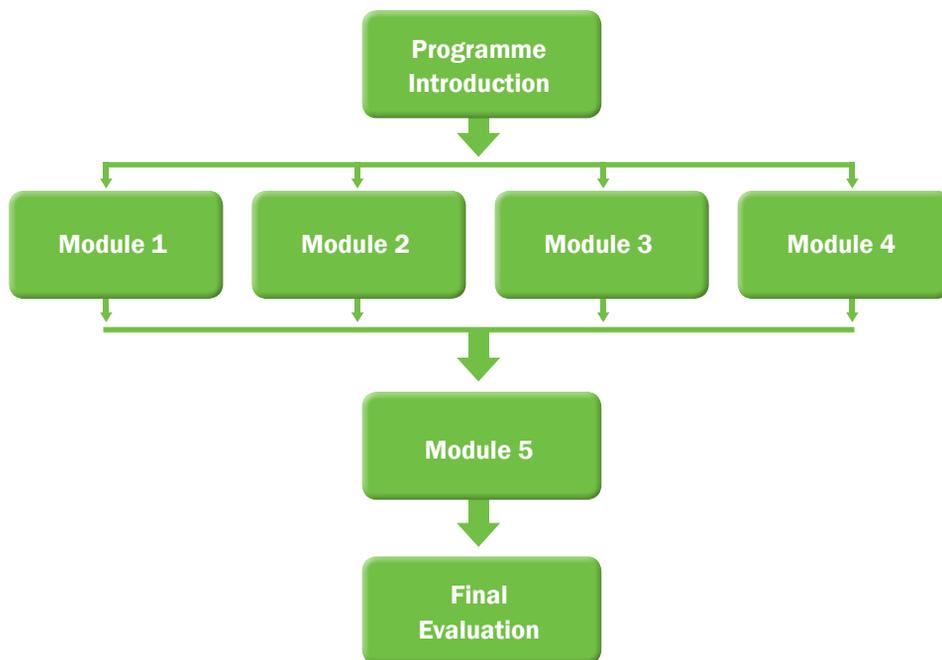


Figure 5: Structure of the full programme towards becoming a Health Agent

3.2 Timeline

One of the advantages of e-learning is that participants can, at least to a large extent within the wider framework, plan their work individually. However, each of the modules has an expected total workload of 75 to 90 hours, which corresponds to 3 ECTS per module. This time includes all learning related activities, including face-to-face sessions. The evaluation of each thematic module is expected to take approximately 8 hours. The average workload of each module may vary more as compared with traditional learning methods. The programme introduction counts for 2 ECTS, while the final evaluation counts for 3 ECTS. Hence, the full programme adds up to 20 ECTS. Professional background and ICT skills may determine the possible weekly workload of the participants. Some organisers may choose to stretch the modules over a longer period of time to accommodate the needs of the participants who may be employed in full time work.

3.3 Necessary engagement by the moderator and the participants

Participating in the modules involves a number of expectations both for the participants and the moderator. The overall structure nevertheless leaves a lot of freedom to the organiser, but there are some overall tasks to be performed.

E-learning requires a certain flexibility of the moderator. Since fixed contact points are limited, the digital follow-up needed of participants is often underestimated. The preparation of the e-learning requires the development of online course material, a broadening of the offered reference list in order to make the list relevant for a specific region or country, and a formulation of a detailed description of the tasks for the participants. Apart from the preparatory work, continuous follow-up and feedback sessions regarding the participants' work are required. The participants' work includes topic related self-studies – such as making a video about nutritional guidelines – and more general work such as building a portfolio or an assessment. Finally, face-to-face moments are intensive and a necessary part of the programme.

First of all, participants are expected to be able to work independently. They will be asked to give feedback on their colleagues' work. Simultaneously, they will receive comments from both colleagues and the moderator. Based on these comments, participants are requested to critically evaluate themselves and in this way improve their learning process as well as the final product. Self-assessment is part of each module. The self-studies involve the development of e-tools. It is obvious that participants should be willing to learn how to work with modern ICT tools. Finally, face-to-face moments are an integral part of the modules.

Comment: face-to-face interaction can be replaced by videoconferencing. This might be a solution for bridging geographical distances or allowing participants with restricted mobility to attend the course.

3.4 Self-assessment as an important learning tool

The self-assessment is a tool to map the personal learning process. The participants select two fulfilled tasks and provide comments on their own work.

There are three main purposes for using self-assessment during the course of the programme, i.e. to:

- Gain insight in the personal learning process
- Visualise the personal growth process, with attention to strengths and weaknesses
- Learn to react adequately on suggested strengths and weaknesses

The method used for self-assessment is a series of questions which the participant can use to reflect on different aspects of the learning process. The self-assessment is suggested to contain the mentioned elements formed as questions for the participant:

1. Choose an example from the tasks in the portfolio. You search for an activity where you experienced difficulties or had expected difficulties.
 - a. Describe the activity.
 - b. What was difficult?
 - i. Why?
 - ii. How did you handle the problem/ difficulty?
 - iii. What was the final result of this approach?
 - c. What have you learned from this situation?
 - d. Could you apply your insight in other parts of the course?

2. Choose an example from the tasks in the portfolio. You search for an activity where you experience no difficulties.
 - a. Describe the activity.
 - b. What was easy?
 - c. What did you learn?
 - d. Did this approach have an influence on any other activity of the course?

The participant will write down reflections and experiences related to the different elements in a document approximately the length of 2-4 pages. The moderator will use the assessment to evaluate the process.



4 Content of the Modules

The following chapter gives a brief description of the content and scientific basis of each of the modules. A more detailed overview of the format and teaching strategy of each module is presented in the Appendix.

4.1 Programme introduction

The aim of the introduction course is to make the participant familiar with the important learning tools used in the programme. These include writing a portfolio and publishing it online as a weblog - more commonly known as a blog. Starting to use a blog as documentation of the learning processes is a way to introduce the participant to online learning activities as described in Chapter 2.

A portfolio is a collection of student work that shows the student's efforts, progress and achievements in one or several areas. It shows the student's self reflections and attitudes to the practical and theoretical areas [24].

During the eHAP programme, the blog will serve as a working portfolio which is used to train the participant to reflect on the learning content, on her/his individual learning process and on her/his progress during the course. The portfolio is a pedagogical tool as well as a tool for documentation - in other words a sort of professional diary for the participants in which they can express personal aims and strategies for their study. When completing all the modules of the eHAP programme, the portfolio must be used actively throughout all the modules.

The blog will also be the online site where the participant can upload e-learning objects that she/he produces during the programme. As the completion of the modules progresses, the blog will be a dynamic place of learning items displaying creative ways to improve the health situations of the participant's target groups.

The online portfolio can contain a variety of the following topics:

- Each of the modules in which you have participated.
- The theory addressed in each module and the learning outcomes.
- The e-learning objects created.
- The relevance for the professional area.
- How did the participant profit from the module and what was the most important experience?

4.2 Module 1: Dietary and physical activity guidelines and assessment of the situation

The focus in Module 1 is on national and European food-based dietary guidelines, physical activity and dietary recommendations, including different food labelling schemes. The practical part of the module aims at using simple assessment methods integrating scientific knowledge with know-how.

This first module will start with an introduction to the National and European food-based dietary guidelines, as well as relevant dietary and physical activity recommendations over the life course. The eHAP participants will specifically study the recommendations most relevant to the user group in their daily practice. Some of the food labelling schemes in use will be presented and discussed.

In Europe, as in many other places of the world, there is a growing public interest in the health aspects of food and physical activity. As a result, more and more foods come with a health claim. Also, different ideas of what constitutes healthy diets and lifestyles have been spread through books, magazines and other media. For a professional who is responsible for, or in a position of, influencing other peoples' health, it is important to be able to distinguish health claims that can be documented from claims that cannot. Thus, during this module the participants will learn how to identify scientifically based information about diet and physical activity and discuss in more detail why this is important.

In order to be able to consider important aspects of their users' situation, decide whether it is appropriate to develop some actions and establish priorities about what to do first, the *Health Agents* should be able to assess the situation. How to develop a small intervention is discussed further in Module 5, but in this module the eHAP participants will learn how to assess their user's situation with regard to dietary intake, nutritional status and physical activity level. The participants will practice their new skills by making a small assessment of their current users. They will also practice how to discuss their findings relative to relevant guidelines and recommendations at the National and European level.

4.3 Module 2: Health communication and behaviour change

In Module 2 the perspective is changing health behaviour. This will involve assessment of the mindset when changing health, hence working with theories and practical assignments for analysis. Furthermore, filming during counselling is presented as a way of using ICT in health communication.

In this module the focus is on enhancing the ability to assess the mindset of the users while taking culture and habits into consideration. In health communication, this is a crucial competence. Not only is it important to be able to address the users of the *Health Agents* in an adequate way,

but it is even more important to be able to understand the situation of the users and then be able to communicate in a way so that it makes a difference to the individual.

Changing behaviour is one of the most difficult aspects of life and one of the most challenging things to engage in. Everybody who has been through a change knows exactly how difficult it is. No matter whether the change is big or small, there are always the same issues at stake. When people are thinking about changes concerning their health, there are many things to be considered. Do I really want this change? What will my family and friends think? Can I manage to go through it? Will I fail and how can I keep up my new habits afterwards?

These thoughts are very common when people engage in change and it is in situations like these that it can be very beneficial to seek the guidance of a Health Agent. When the participant is being approached by a person who needs guidance, it is very important that the Health Agent is capable of assisting the individual seeking counselling. This not only refers to advice on diets and physical activity, but also the ability to use the right method at the right time so that the assistance needed meets the expectation of the person seeking help. A lot of decisions to make a change have been made in haste and can become difficult to carry out if the knowledge on which to base this change is insufficient. Then the situation becomes even more complicated when the individual seeks the advice of a Health Agent and the Health Agent is not able to communicate in a way which makes change a possible option. The thought that change can occur will then be abandoned and the belief that change is actually possible will be given up as well. To prevent such a situation from happening, the Health Agent needs to be able to communicate in the right manner, hence being able to give guidance to the ones seeking help.

There are many methods than can be chosen to rely upon when the aim is to develop the communicative skills of the professional. In the eHAP programme the focus is on motivational interviewing (MI). MI has been chosen because it is easily adaptable into health care and has shown great results in recent years. The belief of the eHAP programme is to update the competencies of the front line professionals working in the labour market in close contact with the people who need the counselling. The aim is that this will have a great impact on health in general. MI is a certain technique that relies on the *Health Agent* to act with the client's best interest at heart and to sincerely believe that change is possible. In this way it is culture-sensitive as well since it always takes its beginning in the single individual and the aspects that influence this individual's life. It does so by taking its beginning where it is most crucial – in the individual's current life situation. It is a client-centred approach that gives the *Health Agent* an opportunity to support the client in finding the right answers to his or her specific situation by applying the knowledge needed through using the technique of MI. MI is a skill that can be mastered at any level and with the correct training it can be most beneficial for the *Health Agents* and their users.

Whether new to MI or a bit experienced, this module will give the participants the possibility to acquire new skills concerning communication.

4.4 Module 3: Creating healthy menus

Module 3 deals with the practical consequences of food guidelines. The participant will learn how to create adequate menus. This includes making recipes healthier by changing ingredients or choosing the best production method. Also, the module introduces tools to calculate menus. Attention is given to the needs of specific target groups based on age, athletic performance or disease, depending on a self-selected topic of each participant chosen according to his/her needs and interests.

More than two millennia ago Hippocrates realized that the key to good health is based on healthy lifestyles. In Europe today, six out of seven risk factors for premature death are related to the way we eat, drink and move. This module is designed to add to the basic knowledge of the associations between health, nutrition and physical activity. The main emphasis is on a practical approach to increase awareness of the importance of food choice and preparation while utilizing scientifically based knowledge and information technology.

The combination of foods, portion sizes and proper cooking methods together makes a healthy menu. In today's society with an overload of news and information about nutrition and health, which may be of very different quality, it is not always easy to make the right choice. Nutrition information is often built on popular myths or even fraud, and may simply be misinformation. Therefore, it is important to be able to distinguish between reliable scientific knowledge and other resources and to know when the scientific basis gives reason to change into practice, based on the strength of the evidence.

Although general dietary guidelines apply for school-age children as well as adults, some special considerations should be kept in mind when designing menus for different age groups. Similarly, there may be considerable differences in the dietary needs, including amounts, time planning and the composition of meals of athletes of different disciplines. Furthermore, every chronic disease calls for a special and evidence-based approach towards making healthy, appetizing and enjoyable menus. In this module, participants learn to gather scientific and useful information about special needs through self-learning by searching for relevant literature. The information gathered is then transformed into practice by creating menus according to these needs.

Last but not least, it has to be kept in mind that food preferences may vary much between individuals and food choice is not simply a matter of getting nutrients, but rather a complex combination of external and internal cues. To be able to create realistic menus that will be eaten and enjoyed, a *Health Agent* has to gain insight into the diverse factors that may influence food choices, such as marketing, manufacturing, cultural norms, family, friends and taste preferences. Food can only be healthy if it is eaten.

4.5 Module 4: Food safety and food quality

Module 4 addresses competencies in the area of food safety and food quality, but sound knowledge of these topics were commonly found to be lacking according to the Delphi analysis. The main topics here are food labelling, quality and safety when planning and preparing meals, as well as risk communication.

The participant will acquire comprehensive knowledge, skills and competencies in the area of food assessment, management and communication in the area of food safety by applying different methods that are generally accepted. In order to influence the way meals are prepared or served, it is imperative that key persons are given sufficient information to take informed decisions. This module will give the participant an overview and some useful tools to assess, manage and communicate important messages, both to colleagues and the consumers of food. Key words are food contamination and risk communication, on the one hand, and different alternatives in food production on the other.

The prevention of food-borne diseases and the response to food safety challenges requires holistic, risk-based and timely food safety policies and strategies. Food safety is best ensured by the shared responsibility of everybody involved with food, from the professional to the consumer. All along the food chain, various procedures and good practices are implemented to ensure that the food which reaches the consumer's table is fit for consumption, that the risks of contamination are minimised so that the population as a whole is healthier from the benefits of safe quality food. But responsibility for food safety should not only be the priority of professionals in the food industry. There are rules and procedures to guide the professionals, but the consumer is equally responsible for ensuring the safety of food in the home. The best way to practice food safety is to be well-informed about the basics of food: natural processes and, especially, the hazards to food from chemicals - both those occurring naturally and those coming from the environment.

Communicating accurate and reliable information is an essential competence in the field of health promotion. It is the food manufacturer's responsibility to uphold good manufacturing practices and apply quality standards and it is the health promoter's task to be able to identify good manufacturing standards and relaying them to colleagues and customers. Food-borne diseases are a growing public health problem worldwide, particularly for infants, children and the elderly. Food safety is everyone's business: from the food producers, distributors and retailers, and restaurateurs to consumers. Food producers must adhere to food safety regulations and apply strict hygiene measures to ensure that products are as safe as possible. To make food safer, all who handle food can play their part. Food safety remains a constant challenge.

By integrating assessment, management and communication methods in order to promote food safety and quality procedures, a quality circle is created. Different approaches are available; however, we have chosen a model that the European Food Information Council recommends. The SAFE FOODS model promotes different approaches to decision-making on food safety. The model takes in to consideration risks, benefits and costs with regard to food production and consumption as well as considering the social aspect of decision making when purchasing, preparing and delivering food.

4.6 Module 5: Community projects

Module 5 focuses on building competencies of *Health Agents* to develop projects within their communities. From working through the module, participants will gain an overview of the major important stages to develop their own projects in their communities or workplaces and will be able to improve their evidence-based knowledge and skills.

As a health promoter, the *Health Agent* has to keep in mind the importance of the development strategies needed when planning projects or interventions to promote health within the community or workplace. This is a task that involves leadership and management skills in order to create successful programmes.

The process of creating and developing a health promotion project starts with the planning. This involves both strategic, programme and operational planning which is guided by the needs assessment of the community. This needs assessment is crucial to the comprehensive planning of the project from the decision-making stage for defining problems to the evaluation process. This first step is then followed by a theoretical approach to the development stages of a project in the second step. The third and fourth steps then focus on the practical competencies and skills of the participants who will apply the project in their communities or workplaces.

Planning the project is a continuous part of the management process. The overall mission has to be clear by setting objectives in order to define what, where, when, and how the mission can be accomplished and at the same time provide answers to the problems identified. The participant should define what kinds of activities are most suitable to reach the goals and objectives of the projects, define procedures and protocols to put those activities into practice, and determine the requirements to implement it. In the fourth step the participants carry out the management and evaluation of the projects they have developed.

It is known that a well-managed health promotion projects can lead to a measurable impact on the health and well-being of the community, but for that to happen the *Health Agent* needs to have knowledge and skills relating to management processes as well as the confidence to apply them.

The evaluation process is important in order to find out the extent to which the goals and objectives of a project have been accomplished and to take corrective action if needed. It is a tool to monitor the progress and the resources of a project, as well as its outcomes.

To finalize the module, in the fifth step the participants are evaluated by the results of their intervention in the community or workplace and tools developed during the module.

4.7 Final evaluation

The purpose of the final evaluation is to demonstrate that the skills, competencies and knowledge described by the learning outcomes have been achieved. In order to show that these have been reached, participants should select five competencies from the list in Table 1. These will be used further in writing a report. The participants should describe, for each of the selected competencies, to which extent the competence is relevant to their profession. Further, they should discuss how these competencies have been developed during the course. For this task, the participant can refer to e-tivities that were created during previous modules, as well as to their own portfolio.

The report should contain the following items for each of the selected competencies:

- Title of the competency.
- Description of the relevance of this competency to the profession.
- Description of the skills and knowledge necessary, from the participant's point of view, for achieving the competency.
- Details of how the participant worked on these skills and knowledge to reach the competency during the modules. E-tivities and the portfolio can be used to provide examples of how the competency has been reached.
- Details of the way in which the participant will use the newly acquired competency in his/her own daily work. This can be described by using a practical example of how the participant worked before the course and how he/she is now able to handle the same task in a different way.

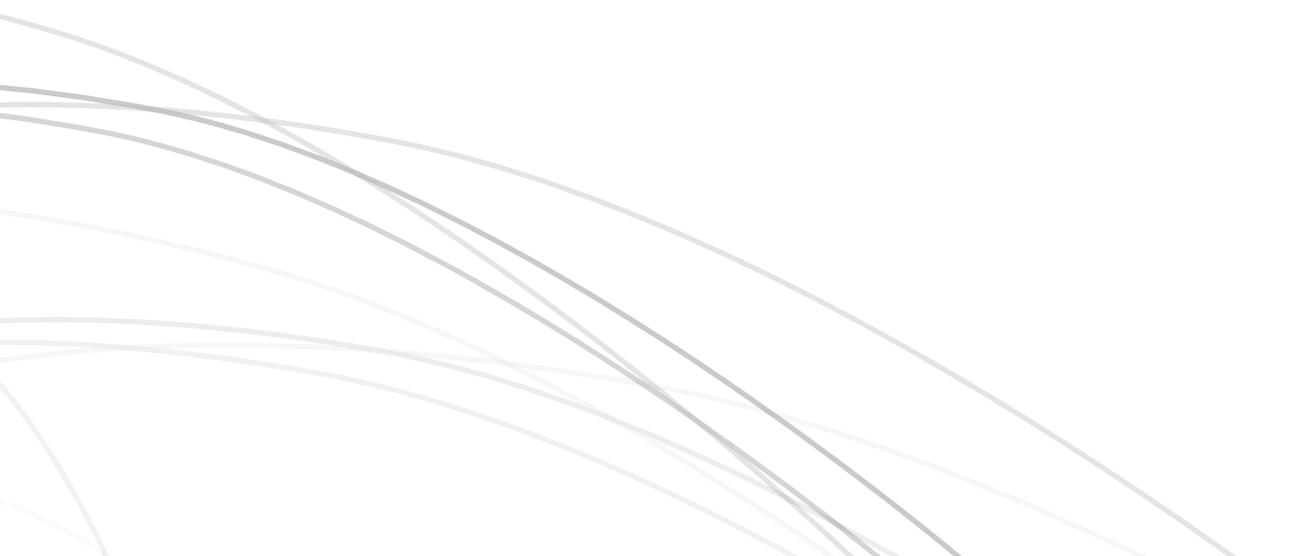
The result of the evaluation is the completed portfolio and the personal evaluation report. It is up to the organiser to define the specifics of the report according to the reporting guidelines of the organisation. In order to deliver a report which is based on evidence-based principles, references to scientific literature are an important element.

5 Final remarks

This publication aims to provide guidelines for institutions that want to develop e-learning courses for *Health Agents*. The basic insights concerning health promotion are common for all member states, while guidelines for diets and health are country-specific and may be culturally determined. The document therefore leaves space for interpretation and translation into specific contexts.

Our journey through the process of developing and implementing a guideline for different user groups on the labour market interested in working on health promotion was interesting, instructive, at times difficult, but most of all fun. It is our hope that the final product will be useful for institutions that want to develop e-learning courses for *Health Agents*. Based on the guidelines given here, and in more detail explained in short-text in the appendix, it is up to the moderators delivering the modules to choose relevant literature. Our findings, based on the results from the Delphi study (which will be published elsewhere), show that it is of great importance to take into consideration the different needs of the labour market in every country and to nationalise the product despite a common ground in choice of relevant topics across the European countries.

Finally we would like to thank all participants in the Delphi study, which were both stakeholders and possible future users of this programme, for their time and effort. The modules are based on that work.



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Creating a **successful portfolio** is easier than you think. Focus on simplicity, ease of use, hitting your objectives, professionally managing the project, and you'll end up with a successful portfolio.¹

1. <http://www.smashingmagazine.com/2008/03/04/creating-a-successful-online-portfolio/>

7 Appendix: Overview of the Format and Teaching Strategy of Each Module

Programme introduction

This statement by Smashing Magazine, a very popular online magazine and blog, captures the important features of an interesting blog. The participants of the eHAP programme have engaged in the programme not only to update their professional knowledge but, more importantly, to gain new skills and competencies within ICT. The eHAP programme is also designed to enhance communicative skills alongside the professional skills of the individual participants. The engagement in eHAP should give the participants a better insight into the use of ICT within their professional fields and enable Health Agents to interact more dynamically with their users online.

Because the main didactic strategy of eHAP is based on blended learning, as explained in Chapter 2, the participant needs to get started by doing online activities before the first module takes place in order to become familiar with ICT work already from the beginning. Monitoring the learning processes in motion is also of great importance, as are the participant's reflections at the beginning of the programme. A portfolio is a great tool for this and because the eHAP programme is focused around online learning activities, the participant might as well get started on integrating ICT in the learning processes by creating a blog. Furthermore, the participants need to enter the Learning Management System (LMS) chosen for the programme and become familiar with the online learning platform. The participants should leave the link of their blogs on the LMS so that all the participants can start to become acquainted with each other and the areas of professional interest before they start working through the modules.

Timeline

Steps	Face-to-face	e-learning
Step 1		x
Step 2		x
Step 3		x

Step 1 - Creating a blog

Learning outcomes

Understanding the concept of a portfolio

Creating a blog

Becoming familiar with blogging

Tasks for the participants

Each participant creates a blog

The participant has to write a description of his/her professional area of interest, also adding a more personal profile to the description for the other participants to get to know the participant.

Post a recent picture of themselves on the blog

Tasks for the moderator

Choose blog system

Provide a short photo story for the participant on how to make a blog

Technical support on making a blog providing the opportunity to get individual tutoring using Skype

Step 2 - Entering the LMS

Learning outcomes

Understanding the dynamics of Web 2.0

Understanding the concept of blended learning

Being able to use the chosen LMS

Tasks for the participants

The participants enter the LMS and leave links for their blogs

Participants choose one of the other participants' blogs and post a comment on the presentation there.

Tasks for the moderator

Provide logins and password for the LMS

Write a welcome letter on the LMS

Post a photo story on the LMS for the participants to understand how to use the LMS

Technical support on entering the LMS providing the opportunity to get individual tutoring using Skype

Step 3 - Getting ready for the eHAP programme

Learning outcomes

- How to ensure privacy and protect the content of your blog
- Secure use of the LMS system

Tasks for the participants

- Write an essay on expectations of the learning outcomes for the eHAP programme, post on blog
- Post a note on one of the other participants' blog, commenting on the essay written

Tasks for the moderator

- Provide guidelines for the essay to be written on the LMS
- Provide guidelines for the comment the participants have to make
- Comment on the essays posted on the blogs
- Provide the opportunity to get technical support and tutoring using Skype

ICT learning outcome

- Knowledge about Web 2.0, LMS systems and e-tivities
- Creating a blog
- Using blogging as a portfolio



Module 1: Dietary and physical activity guidelines and assessment of the situation

Food-based dietary guidelines constitute science-based policy recommendations in the form of guidelines for healthy eating. They are primarily intended for consumer information and education, and as such, they should be appropriate for the region or country, culturally acceptable and practical to implement. Moreover, they should be consistent, easily understood and easily memorable. The development of food-based dietary guidelines consists of the integration of scientific knowledge about nutrients, foods and health in order to identify dietary patterns that facilitate the achievement of desirable food and nutrient intakes.¹

Timeline

Steps	Face-to-face	e-learning
Step 1		X
Step 2	X	X
Step 3		X
Step 4		X
Step 5	X	X
Step 6		X

Step 1 - Guidelines on nutrition and physical activity - National and European perspectives

Learning outcomes

Discuss why National and European diet and physical activity guidelines are important sources of information and the knowledge they are based on.

Present the diet and physical activity guidelines and recommendations for different age groups and for different life stages.

Identify the national diet and physical activity guidelines most relevant to user group and participant's workplace.

Tasks for the participants

Write some reflections regarding your expectations about this module on your blog (see details in the programme introduction for standard questions to use).

Watch online lecture.

Read/study the suggested reading material while having in mind the specific perspective of your workplace/user group.

¹ EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA). Scientific Opinion on establishing Food-Based Dietary Guidelines. EFSA Journal 2010; 8(3):1460.

Post a summary comment on the learning platform of the most important sources of information relevant to your workplace/user group.

Engage in the online discussion on the learning platform.

Comment on at least one of the other participants' summary comments.

Blog about your reflections related to this step.

Tasks for the moderator

Present an online lecture on national and European dietary and physical activity guidelines and recommendations.

Monitor the discussions on the learning platform.

Post comments on the learning platform if relevant.

Step 2 – Scientifically-based knowledge

Learning outcomes

Reflect on the social responsibility of your daily practice concerning your users' health.

Reflect on what scientifically-based information is, how you can separate it from other "health" information and how you can find it, for example by using tools as the Internet.

Tasks for the participants

Present yourself with a short introduction on your background and the social responsibility of your daily practice concerning your users' health. Participate in a lecture on the importance of scientifically-based guidelines and recommendations.

Discuss the social responsibility of your daily practice concerning your users' health, reflecting on the need for scientifically-based guidelines.

Attend an IT-session focusing on searching for online resources relevant to your users' health, followed by discussions regarding the scientific base/credibility of the different sources.

Blog about your reflections related to this step.

Tasks for the moderator

Lecture about the importance of scientifically-based guidelines for health, nutrition and physical activity.

Divide participants into groups if needed.

Lead discussions and IT-session.

Give concluding remarks based on the discussions.

Step 3 - Food labelling

Learning outcomes

Understand the different “front of pack” labelling schemes, official and other, and discuss the credibility of these.

Interpret the nutrition information given on food packages, and use these to calculate nutrient intake based on different portion sizes.

Tasks for the participants

Watch online lecture.

Study the suggested reading material, keeping in mind the specific perspective of your workplace and user group.

Reflect on what would be the most important food and nutrition messages to your user groups and post it on your blog.

Produce a photo story informing your users about nutrition and health labelling on food and post it on the learning platform.

Engage in the online discussion on the learning platform.

Blog about your reflections related to this step.

Tasks for the moderator

Present an online lecture on different forms of food labelling and how to interpret them.

Monitor the discussions on the learning platform.

Post comments on the learning platform if relevant.

Step 4 - Assessments

Learning outcomes

Perform a simple nutrition and physical activity assessment of the user group relevant to your workplace.

Interpret the results from the assessments. Present the assessment results to your users.

Tasks for the participants

Watch online lecture.

Study the suggested reading material, having in mind the specific perspective of your user group and work place.

Present and post the results of your assessment in a PowerPoint presentation and give a short comment summing up your main findings.

Engage in the online discussion on the learning platform.

Blog about your reflections related to this step.

Tasks for the moderator

- Present an online lecture on how to assess your users' situation.
- Monitor the discussions on the learning platform.
- Post comments on the learning platform if relevant.

Step 5 - Creating action plans

Learning outcomes

- Create action plans based on the assessment of your user group/workplace.

Tasks for the participants

- Present results from step 4 in groups.
- Participate in the lecture about national action plans for health/nutrition/physical activity.
- Discuss how your results can be used for developing action plans.
- Blog about your reflections related to this step.

Tasks for the moderator

- Lecture about national and/or European dietary and physical activity action plans, relevant policy documents, activities of NGOs and relevant online resources.
- Divide participants into groups if needed (or keep groups the same as earlier).
- Lead and advice during group work.

Step 6 - Summing up

Learning outcomes

- Writing an assignment.
- Apply tools and findings of this module.
- Transform knowledge into action.

Tasks for the participants

- Study the suggested reading material for the module as a whole, having in mind the specific perspective of your user group and work place.
- Write and post a small assignment about your users' situation relevant to health, diet and physical activity and refer to the curriculum used in this module.
- Engage in the online discussion on the learning platform.
- Blog about your reflections related to this step and the module as a whole.

Tasks for the moderator

- Comment on the individual assignments.
- Comment on the blog.
- Give individual feedback and concluding comments on the module.

ICT learning outcome

Finding and using electronic material on the Internet in communication with the *Health Agents'* users.

Use blog as a portfolio.

Creating a photo story.

Module 2: Health communication and behaviour change

*Behavioural risk factors are the leading causes of the occurrence of, and morbidity and mortality due to chronic health conditions and injuries in the world – and indeed within the WHO European Region. There is convincing evidence that healthy behaviours including smoking abstinence, weight management, blood pressure control and regular exercise are associated with longer life span and better quality of life. However, health promotion activities – and mass public health campaigns in particular – have often failed to have the desired effect in terms of reducing disease incidence and burden, simply because compliance with the message, in the form of the intended behaviour change, is harder to achieve than its precursors of raising awareness, providing knowledge and altering attitudes.*²

Timeline

Steps	Face-to-face	e-learning
Step 1	x	
Step 2		x
Step 3	x	
Step 4		x
Step 5	x	

Step 1 - Influence of behaviour change and emotions on conduct in a cognitive perspective

Learning outcomes

Understanding the process of change.

Being able to assess a person's state of mind using a cognitive approach.

Understanding the influence of the environment on behavioural change.

² World Health Organization. Behaviour change strategies in health: the role of health systems. World Health Organization, Regional committee for Europe. 58th session, 2008. http://www.who.org/IMG/pdf/RC58_edoc10.pdf

Tasks for the participants

Write on your blog the expectations you have for this module.

Post a description online about your previous experience with assessing the mindset of your users related to your work life. Also describe your professional experience with behavioural change.

Study the suggested reading.

Prepare a case which is inspired by a work situation.

Describe it and bring it to the face-to-face meeting.

Blog about your reflections related to this step.

Tasks for the moderator

Introduction to the “stages of change” – model by Prochaska, DiClemente and Norcross.

Lecture on behavioural change, addressing the importance of the emotions involved inspired by a cognitive approach.

Group work on behavioural change.

Evaluate participants of the module during the face-to-face session.

Step 2 - e-tivity on Motivational Interviewing

Learning outcomes

Understanding the basic principle of motivational interviewing.

Understanding the importance of the counsellor's behaviour influence on change.

Tasks for the participants

Study the suggested reading.

View the on-line lecture.

Post answers online to the work questions provided by the moderator on motivational interviewing.

Blog on reflections about using motivational interviewing in daily practice.

Tasks for the moderator

Online lecture on motivational interviewing.

Work questions for the suggested reading.

Post comments on the learning platform if relevant.

Provide quiz on motivational interviewing.

Step 3 - Motivational interviewing in practice including ICT – using filming as a part of counselling

Learning outcomes

Having gained practical experience with the techniques of motivational interviewing.

Gaining practical experience in using a video camera in counselling.

Tasks for the participants

Study the suggested reading.

Bring a case from everyday work life to the face-to-face meeting.

Blog about your reflections related to this step.

Take part in peer assessment used for the evaluation in this step.

Tasks for the moderator

Introducing practical tasks to be performed in class with the other participants.

Facilitate the use of video camera in the counselling session.

Assist in peer assessment.

Step 4 - e-tivity: Case study on motivational interviewing in health care

Learning outcomes

Altering the knowledge on motivational interviewing to include the use of the technique in health care.

Applying motivational interviewing and Stages of Change in practice using the relevant technique for the individual situation.

Knowing how to use the video camera as a part of counselling.

Tasks for the participants

Study the suggested reading.

Apply theory on the case provided and post online.

Comments on two of the other participants' work.

Blog on reflections on using ICT in health care.

Tasks for the moderator

Provide a standard case for all participants to engage in.

Follow up on discussions online.

Provide case with theory applied.

Step 5 - ICT and motivational interviewing

Learning outcomes

Understanding a more advanced use of motivational interviewing.

Being able to use ICT as a part of everyday practice.

Assessing the mindset of the user, applying the technique of motivational interviewing on the basis of an analysis using the stages of change.

Choosing an adequate strategy concerning change in health behaviour.

Tasks for the participants

Study the suggested reading.

Bring a case from everyday work life as an object for analysis.

Produce a video clip of a counselling session and bring to the face-to-face meeting.

Blog about your reflections related to this step.

Comment on two of the other participants' papers posted online.

Tasks for the moderator

Give a lecture on more advanced techniques of motivational interviewing.

Support the use of ICT in everyday work life.

Give feedback on the motivational interviewing used in the film clips produced by the participants.

Give tutorial support on case analysis face-to-face.

Comment on theory applied and techniques used in the paper.

ICT learning outcomes

Using a video camera for counselling.

Uploading film clips on blog.

Module 3: Creating healthy menus

Mostly, mothers are concerned about food. Mothers tell you what to eat and what not to eat, how much of it to eat or not eat, when to eat it, and why you should or should not eat it. Mothers seem to know. The question is, who knows more about good nutrition, mothers or nutritional epidemiologists?

Knowledge and common wisdom about the importance of diet have been handed down from generation to generation for millennia. While the formal study of diet and health is only a few decades old, the importance of diet to maintain health was already known to the ancient Greeks. As Hippocrates (460–377 BC), the

father of Western medicine, put it: ‘If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.’³

Timeline

Steps	Face-to-face	e-learning
Step 1		x
Step 2	x	x
Step 3		x
Step 4		x
Step 5	x	x
Step 6		x

Step 1 - Healthy recipes and food preparation methods

Learning outcomes

- Developing healthy recipes.
- Distinguishing between more healthy and less healthy choices.
- Distinguishing between scientifically-based knowledge and food quackery/myths/fraud.
- Making a video clip and post it on the learning platform.

Tasks for the participants

- Present your favourite recipe with a video and post a comment explaining your choice.
- Post at least one comment on other participants’ recipes.
- Discuss popular myths and fraud related to the topic on your blog.
- Post a comment on how to make your recipe healthier, based on knowledge gained during the lecture.

³ Michels, KB. Nutritional epidemiology—past, present, future. *Int. J. Epidemiol.* (2003) 32:486-488. doi: 10.1093/ije/dyg216.

Tasks for the moderator

Online lecture on what is considered healthy food and how to change ingredients in a meal based on literature and scientifically-based knowledge. Here the focus should be on the nutritive value of certain foods, the combination of foods and proper cooking methods as the constituents of a healthy recipe and/or menu.

Give directions on homework. Lead and moderate discussion on popular myths and fraud related to the topic.

Step 2 - Nutritional needs of various groups

Learning outcomes

Identifying the nutritional needs of different groups of people.

Choosing and reading relevant literature and scientifically-based knowledge.

Using self-learning for given subjects .

Tasks for the participants

Study the suggested literature.

Attend lecture on nutrition for different groups with special needs and the overall role of nutrition.

Discuss and choose topic according to the needs of their users and workplace or own interest.

Write a short report on how to improve the users' performance or health condition by changing their food choice, based on literature.

Participate in lecture on searching and choosing relevant literature and scientifically-based knowledge.

Attend an IT-session focusing on searching for information by using different search engines and databases relevant to your users' health.

Discuss the scientific base/credibility of the different sources.

Blog about your reflections related to this step.

Tasks for the moderator

Lecture about nutrition for different groups with special needs and the overall role of nutrition – what we have to keep in mind when counselling these groups.

Divide participants into groups if needed.

Assist participants in choosing a topic and/or create an imaginary scenario to work on.

Short lecture on searching and choosing relevant literature and scientifically-based knowledge.

Lead discussions and IT-session and distribute some study materials to get the participants started with their topic.

Give concluding remarks based on the discussions.

If necessary, small online lectures or advice for the chosen topics should be given.

Step 3 - Calculating menus

Learning outcomes

Identifying which parts of the dietary guidelines are relevant for one's workplace/ user group, what is the same and what is different between groups.

Planning and calculating nutritionally adequate menus for different groups, using specific software programmes based on scientifically-based knowledge.

Tasks for the participants

Listen to online lecture on nutritional needs.

Plan and calculate a menu for a special group based on information gathered in step 2, fulfilling energy needs and nutrient requirements.

Post menu on platform and respond to participants' comments.

Comment on other participants' menus.

Revise menu after suggestions, both from participants and moderator.

Post a summary of most important sources of information relevant to the work area.

Comment on other people's summaries.

Tasks for the moderator

Online lecture on nutritional needs and how to plan menus that are appropriate for different needs.

Introduce participants to different software for calculating menus.

Give feedback on menus on the platform.

Step 4 - Food choices

Learning Outcomes

Understanding how food choices are influenced by environmental factors, for example by marketing, manufacturing, culture, family, friends and more.

Creating realistic menus by taking food choices into consideration when creating menus.

Making a photo story and posting it on the platform.

Tasks for the participants

Blog on what you think influences your food choices.

Listen to online lecture on food choices.

Study the suggested reading material on the topic.

Create a photo story on a chosen topic related to food choice.

Comment on other participants' photo stories.

Tasks for the moderator

Online lecture: How is food produced and what influences the consumers' food choices, e.g. marketing

Make students aware of the pros and cons of food processing and the marketing of products.

Step 5 - Scientifically-based knowledge and statistics

Learning outcomes

Creating power point presentations.

Presenting scientific knowledge for peers.

Discussing and commenting on chosen scientific topics.

Tasks for the participants

Give an oral presentation on a chosen topic related to creating healthy menus. All topics should include the following discussion points: divergence in dietary needs for normal sedentary individuals (at a similar age), calculated menu suggestions, suggested cooking methods, foods likely to be misinterpreted as necessary or especially valuable for this person/group based on lay knowledge/attitudes gained from media, marketing and common myths.

Giving knowledge-based comments on other participants' presentations.

Tasks for the moderator

Divide participants into groups if necessary. Depending on the number of participants, the presentations can be done in the whole group or in smaller groups divided by topic or profession (whichever seems to fit better).

At the end of the day, a summary of the presentations, feedback and concluding remarks should be given.

Evaluate the presentations based on their content, the quality of information given, scientific knowledge, use of proper language (reflecting an understanding of scientific information and the topic presented), presentation skills and quality of slides/hand-outs.

Step 6 - Portfolio

Learning outcome

Combining the knowledge gained in former steps into the "big picture" by gathering it into the portfolio.

Tasks for the participants

Write a summary related to the special topic chosen for work within this module and put it in the portfolio.

Make use of the feedback from the presentation during the face-to-face session when writing the summary.

Tasks for the moderator

Reply with individual comments.

ICT learning outcomes

Searching for information with different search machines and databases relevant to the health of the *Health Agents'* users.

Advanced use in creating a photo story.

Advanced use of blogging as a portfolio.

Module 4: Food safety and food quality

Foodborne diseases cause significant illness and death worldwide through the ingestion of food contaminated by bacteria, viruses, parasites, chemicals and biotoxins. Food contamination is very common throughout the WHO European Region, even in the most developed countries. Foodborne diseases have reached epidemic proportions in several European Member States.

WHO wants food safety to receive more attention: Dr Margaret Chan, WHO Director-General said: "Governments need to give food safety just as much attention as they devote to the quality and safety of pharmaceutical products. Not everyone needs to take medicine every day but all people need food each and every day."

*WHO/Europe supports countries in building capacity to manage food safety challenges in accordance with the WHO European Action Plan for Food and Nutrition Policy 2007–2012 and the WHO global strategy for food safety. The Action Plan is an important guide for policy-makers and health professionals that include a wide range of actions in the area of food safety.*⁴

Timeline

Steps	Face-to-face	e-learning
Step 1	X	x
Step 2	x	x
Step 3		x
Step 4		x
Step 5	x	x

⁴ World Health Organization: Polic. <http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/food-safety/policy> (accessed 4 July 2011).

Step 1 - National and European policies and global strategy

Learning outcomes

Identifying which parts of the national and European guidelines and policies are relevant for each participant's workplace.

Being familiar with national and international policy plans and understanding the impact on practitioners.

Tasks for the participants

Post on blog who is who when it comes to food safety policies, reflect on who they are and why we have food safety policies.

Comment on others' blogs on the topic.

Post a second blog describing three different action areas related to food and safety of the WHO European action plan for food and nutrition and how it affects your working environment.

Comment on one action area from one of your fellow participants.

Tasks for the moderator

Lecture on national and European policies and global strategies for quality and food safety.

Post comments on the learning platform if relevant.

Step 2 - From farm to fork - Assessment

Learning outcomes

Being familiar with the methodology behind the term "From Farm to Fork".

Tracing the stages of the food chain system and identifying the procedures (HACCP) that ensure food safety.

Implementing strategies that influence the way food is purchased by consumers.

Understanding and rationalising food labelling in regard to the production, distribution and marketing of foods.

Tasks for the participants

Read the suggested study material and watch online videos related to the topic.

Pick a food item within your organisation and describe the food labelling, processing and distribution. Does it fit the description on the existing tender and how? Would you prefer a different producer? Why? Blog.

Interview a producer on the issues of traditional and organic food production.

Post a summary on the blog using two different e-tivity methods.

Engage in online conversation with fellow students on the topic.

Tasks for the moderator

Lead discussions on the selected topics.

Post comments on the learning platform if relevant.

Step 3 - Food contamination and risk communication

Learning outcomes

Analysing, discussing and applying recognised methods that ensure the quality and safety of food, such as the HACCP method.

Knowing how to communicate the fundamentals of the HACCP method to others.

Analysing and discussing areas concerning risk communication, emphasising food-borne diseases and especially those of zoonotic origin.

Analysing and discussing how food safety and quality affect the consumers, with an emphasis on food contamination.

Communicating the meaning of risk in regard to food consumption within the working environment.

Tasks for the participants

Read the study material and watch relevant podcasts.

Draw up a plan on how to communicate and relay information within your work area. Pick a topic and elaborate.

Post the plan and the topic you wish to emphasise on the website.

Use at least three different ways to communicate your message.

Comment on other projects. Post on blog.

Interview a colleague/user in regard to your work.

Tasks for the moderator

Follow up on discussions and comment where needed.

Step 4 - Towards safe meals – Management

Learning outcomes

Planning meals in one's specialised work field, ensuring the quality and safety of food by analysing and mediating comprehensive specialised material that ensures the safety of food.

Expressing important aspects related to the serving of food.

Discussing how food production, distribution, and marketing of food influence our food choice.

Tasks for the participants

Read the suggested study material.

Listen to the relevant podcast on myths about food-borne diseases.

Pick a myth! Investigate within your surroundings what understanding people have on the topic and how it affects their work.

Share and comment on other postings on the blog.

Certain animal diseases may affect food safety. Read about it to get started.

Pick a bacterial disease and relate it to common foodstuffs in your working environment.

Describe risk factors and how particular food should be handled from the moment it enters your environment until it reaches the consumer.

Tasks for the moderator

Managing and presenting study materials online in the right order for the participants' workload.

Follow up on discussions and comment where needed.

Step 5 - Food safety through integration

Learning outcomes

Interpreting different approaches to food safety by applying a set method built on the SAFEFOODS model.

Tasks for the participants

Integration assignment: Where does the food originate from that we are responsible for preparing and recommending?

Pick two food items from a producer that supplies your organisation - fish: cod, haddock, salmon, etc.; meat: pork, beef, chicken etc.; vegetables, starch or milk products.

Describe what system is being used in your company to ensure food safety. What is the rationale behind the system that is being used? What improvements need to be made?

Draw up a strategy on how you would implement changes to your current system. Present it to your manager. Describe the response you got. Take into account influencing factors such as social and economic values.

Tasks for the moderator

Supply participants with study materials based on recognised project management methods.

Give feedback on participants' work.

ICT learning outcomes

Podcasting interviews on blog.

Advanced use of blogging as a portfolio.

Module 5: Community projects

Imagine that you have been asked to take a photograph of your city that will be used for the cover of a tourist brochure. In thinking about a photograph that best represents your city, you are immediately beset by choices. Should you photograph your city during a particular season and, if so, which one? Should you photograph your city's downtown area, showing its architectural and business diversity, or should you choose a particular city park? Should you capture a historical landmark such as a statue or fountain, or should it focus on the people who live in your city and show a family picnicking at the fairgrounds or a baseball team at play? Your choice will probably be influenced by the expectations of the brochure sponsor, the time available to your photographing various aspects of city life, and the budget for producing the brochure.

*It many aspects, conducting a community needs assessment is much like producing the "best" photograph of your city. It involves making choices to capture a picture of a nutritional problem or need within your community. Like photographing your city, it is a process influenced by the expectations of the people and organizations involved in the assessment, the time available for collecting and analysing data, and the budget allocated for the assessment.*⁵

Timeline

Steps	Face-to-face	e-learning
Step 1		x
Step 2	x	
Step 3		x
Step 4		x
Step 5	x	

Step 1 - From needs assessment to analysis

Learning outcomes

- Understanding the concept of the assessment of needs.
- Identifying what is relevant for a *Health Agent* to assess the needs of a community.
- Discussing the priorities when assessing the needs of a community.
- Analysing and assessing the needs of a community.

Tasks for the participants

Spark challenge

Visualize the video presentation with the spark.

⁵ Boyle, M.A, and D.H. Holben DH, Community Nutrition in Action – an entrepreneurial approach 2010, Belmont: Cengage/Wadsworth/Thomson Learning

Comment on the spark based on the knowledge gained throughout the course in the forum of the LMS.

Read the comments of the others.

Analyse the comment of one colleague and indicate three topics that should be improved in the comment.

Answer the comment of the colleague by reformulating their initial comment.

Projects' background challenge

Write a Word document (2 pages maximum) with an example of a project or small intervention in health promotion and nutrition education carried out in the workplace.

Upload the document on the LMS.

Read and analyse the documents of the colleagues and list three strong aspects and three fragile aspects of their projects in a Word document.

Upload the document on the LMS.

Diagnostic evaluation

Answer the online quiz under the relevant theme.

For every incorrect answer, study the topic by referring to the suggested reading.

General reading

Download the documents of the suggested reading.

Read the documents of the suggested reading.

Tasks for the moderator

Spark challenge

Upload the video presentation with the spark for the participants.

Give to the participants the discussion topics for their comment on the spark.

Manage the comments of the participants to the spark and their analysis on the comments of other participants and ensure they participate in the task.

Projects' background challenge

Manage the documents of the participants, their analyses of the other documents and ensure they participate in the task.

Diagnostic evaluation

Upload on the LMS the online quiz under the relevant theme.

Manage the answers of the participants to the quiz.

General reading

Upload on the LMS the suggested reading.

Manage the participants' access to the documents.

Step 2 - An overview of community projects

Learning outcomes

Identifying strategies and methodologies of interventions for promoting health in the community.

Reflecting and discussing the important steps for project development.

Discussing the concept of evidence-based knowledge in relation to planning, implementing, managing and evaluating projects/interventions of health promotion.

Applying the concepts of designing projects in different scenarios.

Knowing how to work in team groups to develop projects.

Tasks for the participants

Theoretical session

Participate on the dynamics of group cohesion and on the theoretical session.

Steps in project's development challenge

In groups, discuss the steps for the project's development.

Write the steps in a *Word* document and present it to the other participants.

Discuss with the other participants the steps the other groups have mentioned.

Scenario challenge

In groups, create a scenario of a project based in the theoretical aspects and in the steps for project's development.

Present the scenario of the group and discuss the scenarios with the other participants.

Tasks for the moderator

Theoretical session

Lead the dynamics of group cohesion.

Present the theoretical session.

Steps in project's development challenge

Manage the participation of the participants in the task.

Scenario challenge

Manage the participation of the participants in the task.

Step 3 - Planning and implementation of community projects

Learning outcomes

Applying the theoretical aspects of planning and implementing projects into an intervention or project in the workplace/community.

Building a logical framework for a project/intervention of health promotion.

Knowing how to write a report about the implementation of a project or intervention to promote health in the community or workplace.

Knowing how to use ICT tools and applying them in the design and implementation of a project or intervention to promote health in the community or workplace.

Tasks for the participants

Specific reading

Download the videocast under the subject of planning and implementing projects.

Read the suggested reading material.

Project planning

Assess the needs of a target population in the workplace.

Plan a project of health promotion and nutrition education to be applied in the workplace, with the application of ICT tools.

Write a *Word* document showing the planning of the project.

Upload the *Word* document on the LMS to be analyzed by the e-moderator.

Wait for the feedback from the e-moderator to start the project implementation.

Project implementation

Begin the implementation of the project in the workplace.

Register the implementation of the project with audiovisual support.

Prepare a report about the implementation of the project.

Upload the report on the LMS for the e-moderator.

Tasks for the moderator

Specific reading

Upload the videocast for each professional group.

Upload the suggested reading material.

Manage the participants' access to the documents.

Project planning

Download the *Word* documents with the project's planning.

Analyse the documents and give a feedback to the participants about it.

Manage uploads of the participants.

Give feedback to the participants about the documents of project's planning.

Project implementation

Manage the participants' uploads.

Step 4 - Management and evaluation of community projects

Learning outcomes

Describing and discussing theoretical aspects related to the management and evaluation of health promotion interventions/projects.

Knowing how to develop a plan to manage and evaluate a project/intervention of health promotion and applying it.

Knowing how to evaluate the impact of the project/intervention of health promotion developed.

Tasks for the participants

Specific Reading

Download the videocast under the subject of management and evaluation of projects.

Read the suggested reading material.

Project management

Oversee the management of the project implemented in the workplace.

Write a *Word* document about the management of the project.

Upload the *Word* document on the LMS to be analyzed by the e-moderator.

Wait for the feedback from the e-moderator before starting the project evaluation.

Project evaluation

Begin the evaluation of the project in the workplace.

Prepare a report about the evaluation of the project.

Upload the report on the LMS for the e-moderator.

Diagnostic evaluation (comparison)

Do the online quiz under the relevant theme.

Tasks for the moderator

Specific Reading

Upload the videocast for each professional group.

Manage the participants' access to the documents.

Project management

Download the *Word* documents about the project management.

Analyse the documents and give feedback to the participants about their reports.

Manage uploads of the participants.

Give feedback to the participants about the project management documents.

Project evaluation

Manage uploads of the participants.

Diagnostic evaluation (comparison)

Upload the online quiz on the LMS.

Manage the answers of the participants to the quiz.

Step 5 - Final evaluation of Module 5

Learning outcomes

Knowing how to present a project/intervention of health promotion, using ICT tools.

Describing and discussing all the steps in the development of the project/intervention of health promotion.

Tasks for the participants

The participants should prepare a presentation of the project developed in the workplace.

For the presentation, the participants should use ICT tools.

The participants will be asked about the steps in the project development and discuss the work done.

The end results developed by the participants during this module (presentations, reports, etc.) will be part of the portfolio for the final evaluation of the course.

Tasks for the moderator

Assist the participants with their presentations.

Evaluate the presentations and the project reports and then discuss the work with the participants.

ICT learning outcome

Advanced use of any of the tools suggested in the previous modules.

