

BUNDESZENTRALE
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AUFKLÄRUNG

DOCUMENTATION

„Travelling Exhibitions in Health Promotion“

and the

„European Health Market“

Report on an international seminar
and a European exhibition

Aachen, March 1994

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SER:

heitliche Aufklärung

Ostmerheimerstraße 200, D-51109 Köln

Tel.: 010/01149/211/ 8992-0,

commissioned by the Federal Ministry of Health, D-53108 Bonn

promoted by the European Commission, B-1049 Brussels,

Programme: „Europe against Cancer“

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Introduction

I am very grateful to the European Union for financially promoting over several years the travelling exhibitions of the Bundeszentrale für gesundheitliche Aufklärung on the topic of "Europe against Cancer". This has made it possible to glean the experience which has been incorporated in this project.

Travelling exhibitions have been part of the work of the Bundeszentrale für gesundheitliche Aufklärung for many years. They had already been one of the main tasks of the Deutsches Gesundheitsmuseum, which was established in Cologne in 1948.

The Bundeszentrale für gesundheitliche Aufklärung emerged from this in 1967. The Bundeszentrale für gesundheitliche Aufklärung is today a federal authority within the sphere of the Federal Ministry of Health. It has a staff of 130 persons and a budget of DM 70.

Travelling exhibitions declined in importance in the 1960s and 1970s. This was linked with the fact that the original educational concept of helping people towards healthy behaviour by teaching and the conveyance of knowledge of biological relations in the anatomical model had been abandoned.

This was replaced by a strategy of motivation and communication against the background of a concept of health which was not merely biological but holistic. The exhibitions according to the old model had no place in this new strategy.

New forms of exhibition and new ideas are called for in a modern strategy of health promotion based on the participation and involvement of the lay public and which pursues a community based approach focusing on dialogue. Exhibitions with experience character and the opportunity to engage in discussion, exhibitions to touch and join in on. In addition, alongside innovative design elements and the implementation of modern educational concepts, modern exhibitions should also be a suitable instrument for on-the-spot co-operative action with local partners. Only when partners have the opportunity of on-the-spot involvement and incorporation of their work in an exhibition, can lasting support by local and regional work be achieved.

The Bundeszentrale für gesundheitliche Aufklärung has therefore developed travelling exhibitions of a new kind and used these throughout Germany.

It was also high time to gather and evaluate international experiences with travelling exhibitions. The European Union has supported this international seminar with substantial funds. I should like to cordially thank those responsible.

I should also like to extend my thanks to the co-operation partners who helped prepare the international seminar as well as the exhibitors at the "European Health Market". They played a major part in the realisation and success of the project.

I hope that this initial exchange of experience will move us a step towards closer co-operation in the future in this field in Europe.

Dr. Elisabeth Pott

Hans Schnocks
Introduction to the Project and Summary of Results

Travelling exhibitions are versatile instruments of communication which, although they are often used, are seldom discussed.

On the one hand, under certain circumstances (use for the public at large, at trade fairs, which are visited by thousands of persons) they have the characteristics of mass communication media, while on the other hand they can also provide expert consultancy and thus personal communication.

In the spatial-temporal-social environment, travelling exhibitions can also have the character of an "event" for the public - and of an "experience" for the visitor. They can serve the purposes of national-local co-operation and promote the local networking of institutions which are involved in their preparation and implementation.

Travelling exhibitions for health promotion merit greater interest since the national and local media on offer as well as people's needs change rapidly. The general trend towards more selective and less intensive use of large-scale mass-media means that a re-evaluation will take place in the health education and health promotion sectors, too.

Alongside mass-communication campaigns, which call for ever greater expenditure, regional campaigns geared to the local inhabitants will presumably become increasingly important.

It was against this background that the proposal put forward by the Federal Central Office for Health Education (BZgA) that the experience gleaned in the member countries of the EU from travelling exhibitions for health promotion be collected and evaluated aroused considerable interest in the EU member countries. The EU promoted the project with funds from the "Europe against Cancer" programme. An international seminar and a joint exhibition were planned. To prepare the seminar, two workshops took place at which the topics planning, team work and evaluation were the main themes concentrated on.

The "European Health Market" took place in the three-country triangle of Germany, the Netherlands and Belgium as part of the "Euregio Business Show", a consumer exhibition held in Aachen from March 4 to 13 1994. Contributions to the exhibition came from these three countries as well as from Denmark, France and Switzerland. Of the 18 exhibitions on show, 6 came from the Aachen region, Eupen, Liège and Maastricht. In this way, the population of the entire region was provided with an attractive event and the participants at the international seminar simultaneously had the opportunity of getting to know exhibition material and examples of work from travelling exhibitions in the field of health promotion. The majority of contributions dealt with themes from the European Code against Cancer and especially with topics 1 to 6 as well as other topics associated with health promotion (e.g. AIDS prevention, addiction).

The seminar took place at the Hotel Quellenhof in Aachen from March 7 to 9, 1994 with 44 participants from 10 EU member states as well as Sweden and Switzerland. Many of the participants had already held travelling exhibitions, others were experts in design while many were planning to hold travelling exhibitions in the near future.

Following introductory talks on the core topics "strategy", "planning", "teamwork" and "evaluation", the participants visited the "European Health Market" together. For an entire day they discussed in working groups their experiences vis-à-vis the core topics. The objective was to filter out experiences which could be passed on and as far as possible to glean from them guidelines for the planning and use of travelling exhibitions in health promotion.

Summary of Results

Preliminary Remark: the following summary is intended to facilitate further discussion and the elaboration of principles and guidelines for travelling exhibitions for health promotion.

Travelling Exhibitions for Health Promotion

I. The role of the institutions organising the exhibition

It is not possible to formulate the tasks, objectives and efficacy criteria of a travelling exhibition nor to appraise alternatives without first clarifying the role played by the institution and the contribution which a travelling exhibition should make to fulfilling the institution's tasks.

Travelling exhibitions must make a contribution to fulfilling the role of the institution which develops them and which bears the costs incurred (see introductory talk on strategy).

The documentation contains examples of private and public institutions which elaborate ideas and concepts for travelling exhibitions on various subjects, whereby the financing and staff exert an influence on the planning and implementation of the exhibition. Stichting Expotheek Nederland, for example, works almost exclusively with sponsoring money. This Dutch trust and Riksställningar in Stockholm regard travelling exhibitions as their main task. ANstiftung in Munich, on the other hand, has taken on the task of providing research and education in the field of "Health and Beauty". A travelling exhibition constitutes an instrument of intervention in this case.

The initiators of the "All about Cancer" exhibition developed their exhibition as part of a difficult process without a pre-defined "structure" with support from the EU and the British Cancer Society (see GB documentation).

In the majority of cases the institution prescribes the contents to be treated in the travelling exhibitions and these are seldom determined by a search for interesting subjects. Implementation develops in the specified task and theme field (see for example Canton St. Gallen, Instituut voor Hygiene, Antwerp, Hauptgesundheitsamt, Bremen).

It is not easy to infer a clear and binding commission for a travelling exhibition from the institution's role in order, for example, to be able to compare at this level the tasks and concepts of the various institutions (see the strategy and planning working group).

II. The Concept of Health and the Task of Education

It is important to be clear about what one sees as making a contribution to health promotion.

The WHO health concept ("perfect well-being") calls for a different educational strategy than does, for example, the functional health concept of Talcott Parsons ("the ability to fulfill one's normal social obligations"). If one aims to make a contribution to the prevention of cancer, then it is clear that epidemiologically researched risk must be combated, while health promotion, on the other hand, intends to bring about the ability to lead a healthy life and thus avoidance of cancer by indirect ways and means (cf. introductory talk on strategy).

A successful educational strategy must be based on appropriate assumptions regarding the efficacy of education.

This is a difficult condition to fulfil. Usually, unrealistic assumptions are made when quantifiable effects on knowledge, attitude and behaviour of "target groups" are expected.

Quantifiable effects are often short-lived. One must assume that knowledge, attitudes and behaviour are part of a life-long developmental process in which our educational efforts are only one single element which will, perhaps, soon be forgotten when new information is absorbed.

It follows that an educational strategy may not be based on isolated individual measures. Education and health promotion must be designed to accompany the recipients throughout their lives. An educational measure requires support and continuation from other measures (the co-operation partner, from mass communication).

Education and health promotion are indispensable for cancer prevention: they convey knowledge where it is lacking and make what is already known interesting and important again, they reinforce positive attitudes to health and correct negative attitudes, they encourage behaviour which promotes health and provide incentives and aid in correcting conduct which is adverse to good health.

The key to the efficacy of education is to be found in its benefit for the target person: the more curiosity and interest it arouses, the more it entertains, the greater become its practical relevance and efficacy.

III. Travelling Exhibitions in Health Promotion

Travelling exhibitions are not a homogenous medium. They can fulfil various tasks, use different media, deal with different topics, address various target groups at the same time and be designed for use at different places with varying logistics.

1. The Objectives of Travelling Exhibitions

Travelling exhibitions can take over the tasks of mass communication (e.g. photo-graphic exhibitions in the European Health Market, one-way exhibitions in many copies). They must then be able to compete with the media of mass communication with regard to cost-benefit aspects. Most travelling exhibitions are developed on account of the hoped-for effects on the knowledge, attitudes and behaviour of visitors. They can then be evaluated using the methods of media evaluation.

Travelling exhibitions can serve to promote discussion or personal contacts. They can then be compared with other personal communication measures (consultancy, telephone advice).

Travelling exhibitions also serve to present the institution behind them to the public and its co-operation with other institutions. The efficacy of such travelling exhibitions can only be evaluated subjectively with regard to the institution.

Travelling exhibitions also constitute a part of public relations work. They can then be compared with other instances of public relations activity.

Frequently, travelling exhibitions have to fulfil several of the above tasks simultaneously. This produces problems with regard to cost-benefit allocations.

2. Communication by way of Travelling Exhibitions

A key question is why visitors attend travelling exhibitions. Wherever there are a lot of people, a travelling exhibition with an attractive appearance attracts a lot of visitors, many of which one cannot assume have any personal interest in the theme of the exhibition.

The theme of the exhibition and public relations work also have an influence on the visitors. Themes and target groups are often specified for travelling exhibitions. But when many of the visitors have neither a particular interest in the theme nor belong to the planned target group then communication is inevitably difficult. But effective communication by and in the exhibition still looks possible, as travelling exhibitions are capable of versatile communication work.

One-way communication in the form of texts, pictures and exhibits mainly conveys objective information and appeals. Interactive machine-based communication provides fun, entertainment and experience in the form of games, tests and computers. Interactive personal communication promotes discussion and provides advice.

The objective of professional design is to achieve as much communication as possible. The European Health Market offered examples of this ("For women only?") while other examples were presented in the seminar's poster session ("Verflixte Schönheit", "All about Cancer", "LiebesLeben" and "Dialog im Dunkeln").

Visitors should be positively addressed via several senses and integrated in the exhibition (example: wombs in "For Women Only?"). Interactive media are particularly important.

The personal interest of visitors can be increased by exhibition design and a personal approach. There are several ways and means of doing this including the visitor's previous knowledge, fun and entertainment, the analysis and evaluation of facts, and even paradox ("Smokers are Considerate") as well as attention to the personal questions and problems of visitors.

Travelling exhibitions can deepen existing knowledge among visitors or correct it, they can increase the relevance of a theme and the visitor's ability to act.

When travelling exhibitions convey important personal experience and provide expert and competent advice, they achieve a high degree of credibility and personal relevance and thus fill a gap in the communication network. Despite the plethora of health information in the mass media, there still remains a subjective lack of personally relevant material and advice.

3. Deployment and Logistics

One should differentiate between travelling exhibitions which use available rooms and those which are deployed outside (examples: stands from Switzerland, Infomobil of the Association contre le Cancer). Tents are also suitable venues for travelling exhibitions, at least during the summer months.

Crucial for the number of visitors is whether the exhibition can be set up where the people are or whether the people have to go to the exhibition. Flexibility in deployment costs money. In the case of the Infomobil, the costs are incurred in manufacture, in the case of tents deployment is expensive. Exception: the travelling exhibition of the St. Gallen Canton needs neither an expensive tent nor a costly vehicle.

Room rentals are also a cost factor which can be very considerable. Space at consumer fairs is usually expensive, space in a shopping centre can sometimes be obtained free.

The location of the exhibition is not only important for the number of visitors, which can vary widely (e.g. 5,000 a day at the consumer exhibition, around 200 in rooms at the town hall), but also with regard to whether certain target groups are reached (e.g. school, place of work).

The visitors, including children, handicapped people, should be able to enjoy the exhibition without problems. The following are important for this: clear signs, suitable aisles for wheel chairs, good lighting, easily understandable operating instructions, little text, good layout, avoidance of compulsory waiting times, the provision of quiet areas.

4. Co-operation for deployment

Travelling exhibitions arouse more interest in small towns than in large ones. If the theme is not new (e.g. Europe against Cancer) and if the exhibition has no local reference, then it is difficult for it to arouse interest in a large city.

More interest can be aroused if the travelling exhibition involves local institutions which permanently provide information and advice on the exhibition's themes (e.g. nutritional advice, cancer advice). The European Health Market also adopted this approach. Here, however, not only four local partners were involved, but also five exhibitions from the neighbouring countries, Belgium and Holland. By emphasising the European nature of the Health Market, it was possible to arouse a great deal of interest in the media of the Maas-Rhine Euregio.

The expenses incurred for public relations work (around DM 40,000) were more than made up for by reprints and a TV broadcast.

The organiser of the Euregio Business Show used the European Health Market as an eye-catcher in his own public relations work. He supported the European Health Market by offering a reasonable rent, which was only half of what is customary (savings of approximately DM 75,000).

The favourable siting of the European Health Market directly next to the main entrance of the consumer fair also led to a considerable proportion of the 150,000 visitors also visiting the European Health Market.

The exhibitors at the European Health Market judged overwhelmingly (9 out of 10 polled) that the interest among the public was high for the health topics on offer and that it had been worth their while participating as exhibitors.

This confirmed the Federal Central Office for Health Education's (BZgA) previous experience that the organiser of a travelling exhibition benefits from co-operation even if he materially supports his partners in the co-operation (e.g. free exhibition space). However, it is important that the travelling exhibition's objectives and message are made clear to visitors and to the public and that they are not overlaid by other messages.

Co-operation with competent institutions also serves the important strategic necessity of promoting a local network. This emphasises the role of travelling exhibitions as part of an overall strategy which achieves its aims with a host of impulses and not by way of a single isolated "event".

IV. Planning Travelling Exhibition, Teamwork

Planning begins with an idea or with a provisional task-description and clarification of the possibilities for implementing them (Introductory talk on teamwork, model "7 S"). Evaluation procedures can already be used for the clarification of the theme and the idea (Introductory talk on evaluation).

The planning of a travelling exhibition is a process involving many mutually independent parameters in which one can make many errors (Introductory talk on planning, guidelines).

The Teamwork working group (see report) pleads for entrusting a multi-disciplinary team with this work. You can read how a team is created and according to what principles it functions in the teamwork introductory talk. In reality, it will often be difficult for the institutions involved to build up a suitable team from the available staff in the available time. The organiser must manage the risky process of development, construction and deployment of a travelling exhibition alone or with a small crew. For this reason, the pressing desire was expressed for training facilities to be created for the managers of travelling exhibitions. Jan Hjorth is possibly to make a proposal on this. A list of institutions offering further and advanced training is enclosed.

Planning must solve problems associated with travelling exhibitions taking into account the limiting conditions (time, money, staff), i.e. to embody plans in a task-description, a schedule of measures and resources and a timetable.

Key planning questions were looked into in the working groups "Strategy and Planning" and "Teamwork" (see reports of WG 1 and WG 2).

The existing literature usually examines questions related to museum work. There is little literature specific to travelling exhibitions. A start was made on a list of participants' literature recommendations. Each participant was asked to name up to five titles he regarded as important (literature questionnaire enclosed).

Museum experience from the fields of museum pedagogics and evaluation is relevant to planning. Its places the emphasis on matters of design and the conveyance of content. Design should, however, be left to professional exhibition makers.

Even when design is entrusted to a professional, the organiser of the travelling exhibition must still make many decisions and ensure control of the project ("Guideline " and Introductory talk by Jan Hjorth).

With regard to deployment as a travelling exhibition, the materials of which the exhibition consists should be light but stable. If possible, packaging should be capable of being used as part of the exhibition (example: Expotheek Nederland). The organiser should invite target groups, set up networks and make sure that visitors are well looked after.

V. The Evaluation of Travelling Exhibitions

Methods are used to evaluate travelling exhibitions which were originally developed for museum visitors. Their foremost objective is to find out whether "effective communication" takes place with the visitors (Introductory talk on "Evaluation"). Evaluation procedures should reveal whether the visitors like the exhibition, whether it corresponds to their needs and what effect it has. Visitor research is comparable with media research in this respect.

A particular difficulty in evaluating travelling exhibitions consists in the fact that the public often changes (see also the section on "Media and Target Groups") and that for this reason it is more difficult to obtain reliable information on the wishes and needs of the public than it is in museum research.

The Evaluation working group developed a list of 7 questions (principal questions) on research and success monitoring:

1. Do you have a clear, measurable, realistic and written objective?
Are you trying to improve knowledge or attitudes or behaviour?
2. Who is the (desired) audience?
3. Do you know the target group's values and attitudes towards the subject?
4. How can the visitors' and experts' knowledge be integrated?
5. Do the exhibit components work the way as planned?
6. Did the exhibit improve knowledge or change attitudes and behaviour?
7. How can data collected during evaluation be made accessible for improving present and future exhibits?

It also developed a schedule ("Stage of Evaluation")

A difficult travelling-exhibition-evaluation problem to solve is the correct determination of long-term and stable effects on visitors' knowledge, attitudes and behaviour (see the critical statement by Gerhard Christiansen). This trial is planned in Great Britain.

A cost-benefit evaluation is also difficult. Although costs can be accurately recorded, the evaluation of benefit remains ultimately subjective. Objective measurement of various types of benefit is scarcely possible (learning success on the part of visitors, public effect of the exhibition, co-operation benefit). If a travelling exhibition is used as the basis of a multi-media strategy (example St. Gallen Canton), then it is of little use merely to evaluate the travelling exhibition and not the entire campaign package. The same applies when a strategy of co-operation and social networking is being pursued (e.g. BZgA, V.A.D., Belgisch Werk tegen Kanker).

However, it is possible to allocate the costs of a travelling exhibition (production and deployment) to the visitor or to the minutes spent by the visitor at the exhibition. This then produces a cost-benefit value as also calculated in other media. One can compare a visitor-minute with a reader-minute. (Schematic example applied to the European Health Market by Hans Schnocks).

According to this principle, various elements of the exhibition can also be compared with each other. However, one is not then content with the schematic allocation of visitor-minutes to the exhibition space and one tries to get nearer to the truth quantitatively and qualitatively by observation.

VI. The European Health Market

Parallel to the international seminar, the European Health Market also took place from March 4 to 13 1994 as part of the consumer fair of the Euregio Business Show in Aachen. One thousand square meters (net) were made available for the Health Market in a large tent. Eight German, 6 Belgian, two Dutch and one Swiss and one Danish exhibitor took part. Nine exhibitions had a direct or indirect reference to cancer and cancer prevention, another 6 contributions addressed other themes of health promotion (e.g. Aids, addiction).

The European Health Market provided participants at the international seminar with material to observe in practice. They also received information in advance on the majority of exhibitions and some information which was presented in the poster session (enclosures). The majority of exhibitors were also represented in the seminar. A visit to the European Health Market was a part of the programme of the seminar participants (first afternoon of the seminar).

The exhibition provided so much information that it was not exhausted in the course of the seminar. The evaluation of the practical examples for the discussion of basics also proved very difficult. Towards the end of the seminar several participants attempted to compile a collection of rules for travelling exhibitions. It is intended to make a contribution to a long-standing information exchange.

The Evaluation working group used observations of the visit as a way into the group work. The 13 participants best liked the "For Women Only?" exhibition, followed by the Danish exhibition elements and the Swiss "Parcour für die Seele". The exhibitions were very different in concept and design. However, most resembled each other in one point: with few exceptions they were manned during the entire opening times of the Euregio Business Show with expert staff.

A poll conducted among the exhibitors showed that they appraised the European Health market positively and would also participate again if it were to be repeated (except for Switzerland). Visitor interest was generally judged to be high. There were, however, barriers as far as exhibitions in foreign languages were concerned. This impression on the part of the exhibitors was also confirmed by a visitor poll, which critically highlighted the high proportion of foreign language exhibitions at the European Health Market. Thus, as far as European co-operation is concerned, one may indeed draw the conclusion that the deployment of travelling exhibitions is restricted by linguistic barriers.

The exhibitors of the European Health Market viewed the wide range of themes and the division of the hall positively. Exhibitors in the outer sector were not satisfied as they did not benefit from the attraction of the European Health Market (Swiss Parcours and Belgian Infomobil). The exhibitors regarded the wide range of themes as one reason for visitors' openness even towards difficult topics (cancer).

Polling of 178 visitors (not representative) by the organisers leads one to the conclusion that around 80% of approximately 150,000 visitors also visited the European Health Market. Around 12,000 visitors came from the neighbouring countries, Belgium and the Netherlands.

Of those visitors who had visited the European Health Market, around half stated that they "had found incentives to do something for their health and that of their family" (prepared statement). 10% of all polled stated (unprompted) that the European Health Market had aroused their particular interest. The "Medium-Sized Company Forum", which was the same size and which had just as favourable a site in the Hall 2 as the European HealthMarket and which was occupied by, for example, Telekom, the Computer Club of the RWTH Aachen, the German Parliament and the leading regional newspaper the "Aachener Volkszeitung" scored only 3% as far as arousing visitors' personal interest was concerned.

VII. International Co-operation

In the final discussion of the seminar, the results of the working groups were looked into from the view point of future co-operation.

As the outcome of co-operation, the EU expects a kind of manual for the development and deployment of travelling exhibitions. This should simultaneously provide a collection of guidelines which can be used for the appraisal of projected travelling exhibitions.

The proposals put forward in the working groups were mostly of immediately practical measures. There was, for example, a series of suggestions on how to maintain and develop contacts between seminar participants such as

- the exchange of fax and telephone numbers
- the compilation of a joint literature list based on participants' proposals
- the compilation of existing advanced and further training facilities in European countries
- the collection of practical guidelines for development and deployment
- the compilation of a list of institutions which give competent advice
- the exchange of experience on costs and costings, check-lists for planning, evaluation and task implementation, samples of briefings and contracts.

A beginning was made on implementing these proposals (see questionnaire on literature, guidelines, list of further and advanced training facilities). A course for the advanced training of managers of travelling exhibitions can perhaps be set up in Sweden. The time needed and expended in effectively setting up an informal network were regarded as constituting a problem.

The proposal to set up a European information centre for travelling exhibitions is intended to solve this problem. With a staff of between one and two persons it should collect data and experience-reports on travelling exhibitions, organise research projects and seminars, provide a synopsis of the literature and establish contacts with suitable experts.

The following proposals were put forward with reference to research:

- a research project for the evaluation of travelling exhibitions
- utilisation of anthropological knowledge
- a workshop on the topology of travelling exhibitions
- studies aimed at a comparison of different mentalities within Europe as a basis for longer over-lapping travelling exhibitions

In the course of the discussion, the EU representative, Frau Lange, declared that support could not be expected from the EU for such a project. However, if suitable proposals were to be put forward for training facilities for the management of travelling exhibitions, an EU model could possibly be based on them.

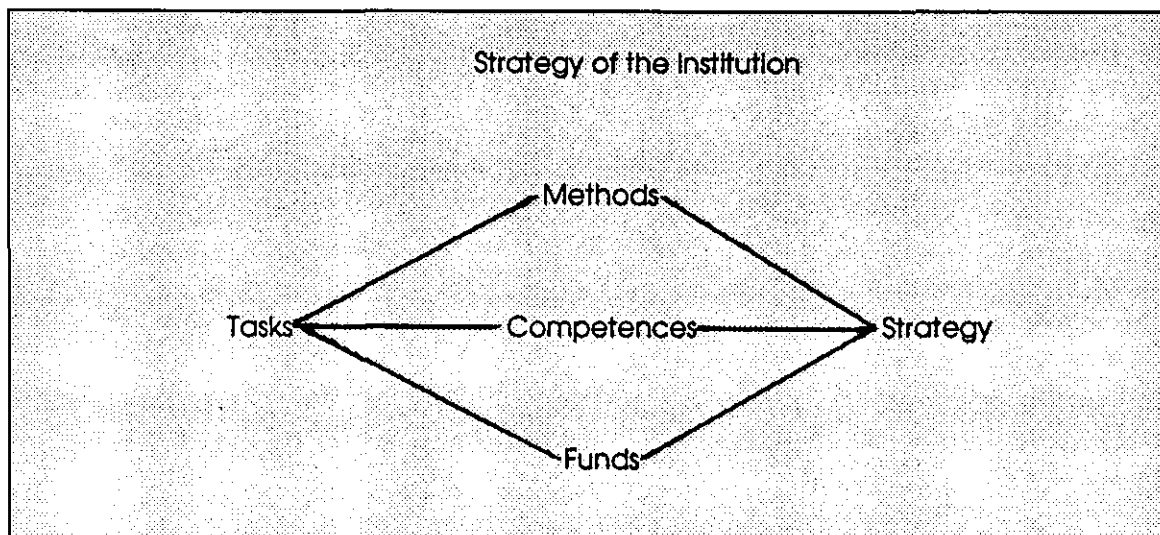
Hans Schnocks
Introductory talk for the International Seminar

**Strategic Considerations for the Use of Travelling Exhibitions
in Health Promotion**

1. The tasks of and opportunities open to the Institution

All considerations relating to the use of travelling exhibitions must commence with the tasks of and the opportunities open to the Institution which wishes to use these exhibitions. The planner of travelling exhibitions can neither ignore nor change the requirements prescribed by the Institution. A travelling exhibition strategy must fit in with the strategy of the institution.

Generally speaking, the responsibilities of the institutions represented at this international seminar are in the field of the prevention of chronic and infectious diseases, partly also in rehabilitation and in research and training on these themes. Many of us set politically-founded priorities in our work. Typically, funding is generally limited. Only limited staff capacities are available for projects.

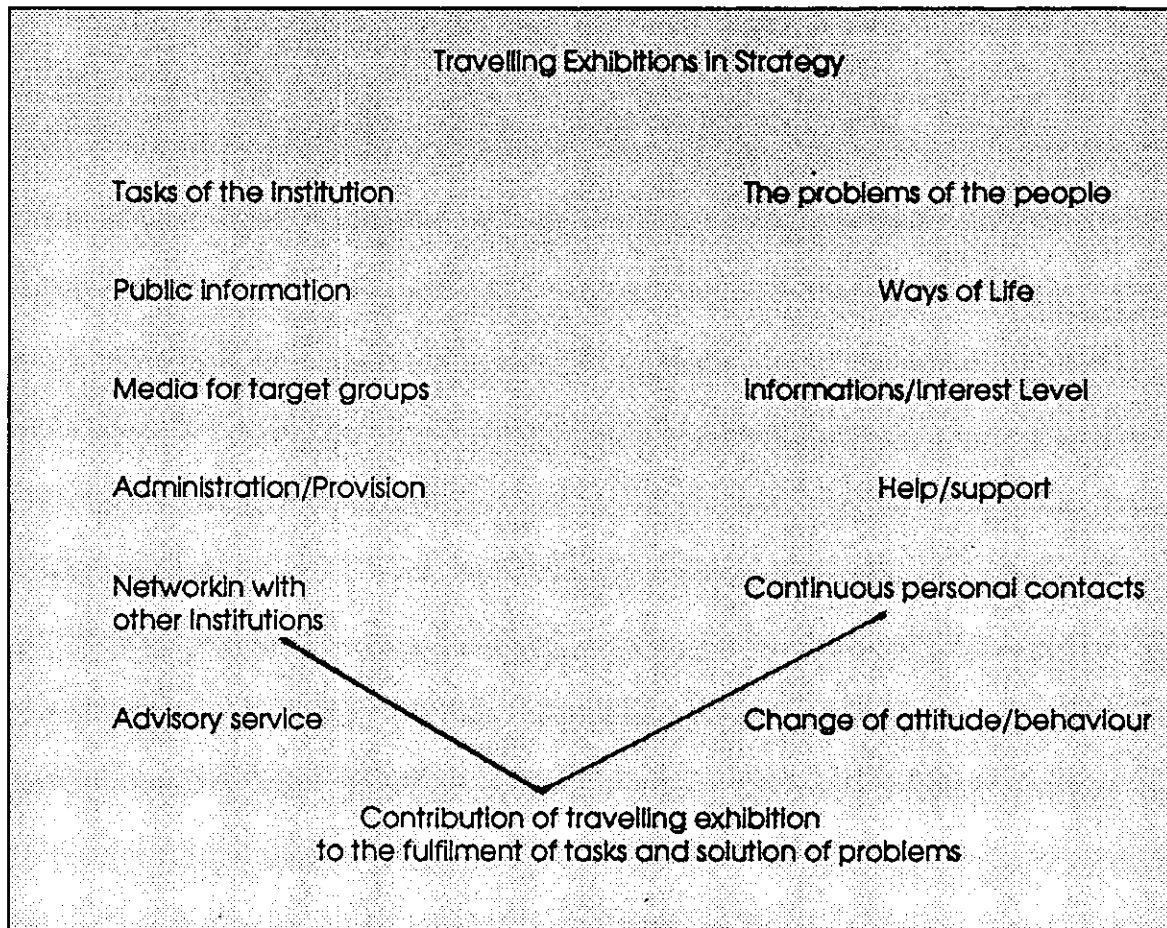


2. From the risk-factor model to health promotion

In general, we make a difference between behavioural and relational prevention. Those organising travelling exhibitions aim, as do the creators of other media, to influence people in their attitude and behaviour, i.e. ultimately to implement behavioural prevention.

Until a few years ago, this intention was mainly justified by recourse to the risk-factor model. This is a matter of eliminating by way of education recognised shortcomings in the behaviour of certain people (target groups) which are linked with epidemiologically ascertainable risks of disease. At the same time, the living conditions and the subjective room for manoeuvre available to these people to change their behaviour are often not taken sufficiently into account. The fact that the individual risks can often be very varied is often swept under the carpet.

In the case of the larger part of possible risks (for example in the case of cancer these are primarily smoking, poor nutrition, alcohol, sun, a large number of pollutants and for other diseases a similarly large number of risk factors), behavioural prevention which is oriented towards the risk-factor model burdens people with a confusingly large number of demands on behavioural patterns.



The use of images as deterrents to certain types of behaviour, which previously were often selected on account of their forcefulness, may trigger fears which can be traumatic when it is impossible to change such behaviour. It turned out that warnings against risks had little effect and most of all did not achieve a situation where people became aware of their own responsibility for their own health and where they acted accordingly.

Since the WHO's Ottawa Charter of 1986, this objective will be pursued with greater prospects of success if the stratgic slogan "to make the healthier way the easier way" is complied with.

3. Life phases. Life situations and changes

The stimulus provided by a campaign of health promotion represents presumably merely only a small contribution to a self-determined manner of behaviour which is geared to promote health. However, there are life phases when the readiness and the will to use the room for manoeuvre to change personal behaviour is particularly great.

The Bundeszentrale therefore divides its educational effort according to a life-phase model in which the phases of pregnancy, parenthood, childhood and youth play a great role. In these phases, there exist strong motives to promote health in the target groups and these can be promoted particularly successfully by information, aid and the support provided by multipliers.

Threats which are perceived as acute are most likely in such phases to trigger a readiness to act, for example in the case of polio, the provision of a simple, easy and even pleasant remedy (oral vaccination). For this reason, the number of cases of persons contracting the disease fell dramatically within just a few years to one tenth of its previous level.

There is also a simple and objective means of protection against AIDS, although in this case substantial subjective difficulties remain to be surmounted.

The modern style of life also creates not only dangers to health but also motives which promote health: for example, the present interest in healthy food and sport can be well employed in preventing cancer. But at the same time, dangers are associated with this: the highly desirable sun tan (melanoma risk), the desire for fashionable slimness (the risk of bulimia, anorexia nervosa) and the body of a superman (anabolic abuse) in some cases call for new counter strategies. The exhibition project of the ANstiftung, Munich, "Verfluchte Schönheit" (Damned Beauty!) furnishes material for discussion in this area.

The readiness to change often arises after many years of taking in information and confronting risks which have led to personal problems or diseases. This is for example often the case among smokers or the overweight. They look for effective help and are thankful when they can be provided with help and are thankful when they can be provided with help in the form of tried and tested scientific methods (such as "Non-smoker in ten weeks" and "Lose weight reasonably"). All these personal motivation situations lead to increased demands on communication and are scarcely satisfactory when adequate feedback and consultancy are lacking.

4. Media Strategies for Health Promotion

Mass communication is also necessary for promoting health. But the conditions for its success are today seen as being more clearly limited than was the case as recently as a few years ago.

- a) In order to be able to assert one's own message among the flood of media messages, large amounts of money are necessary, and these are often not available. For example, the market leader for dog and cat foods in Germany spends around one hundred million DM per year on advertising. That's around ten DM for every cat and dog in the country.

If one transfers this example to health promotion in Germany, then for around 80 million people, about 800 million DM would be available. But nowhere near such an amount is reached.

Nonetheless, we do have successful example of mass communication: AIDS education, for example. Well above 95 % of the population know of the risks of infection and the possibilities of protection.

This success would not have been conceivable without considerable funding and the free support of the public television companies which has been provided since 1987.

The costs of mass communication are on an up trend and their effectiveness is declining.

- b) Feed back facilities (e.g. hot line) can increase the credibility and effectiveness of mass communication. These help to adapt the messages of mass communication to the receiver's personal circumstances.

Feedback can also take place in the receiver's personal environment (family, friends) with local experts (e.g. doctors, advisory offices) or at public events (e.g. travelling exhibitions, talks).

The media strategy must increase the possibilities of feedback, which in the majority of cases are paid too little attention.

5. Selection Effects

One is obliged to recognise that not everyone can be reached by every message. This is not only due to a lack of interest on the part of the individual concerned, but is also dependent on the plethora of information available. To provide just a single example: In Germany, around 300 hundred hours of television programming are shown each week. A viewer can see between 5 % and 10 % of this.

Media can partially overcome barriers of perception which arise from place, time, understanding and interests through a specific orientation to the recipients (target groups).

However, at the same time they also have a self-selective effect. Their selection factors are generally the following:

- a) the medium and/or its characteristics
Example: someone who never reads a newspaper will not read an article on health care or the reader of a local newspaper in Cologne will not be reached by a paper published in Bonn
- b) the topic, the message
Not everyone is interested in the subject of health
- c) the quality of the realisation
A small article will not be read, an insert in a newspaper is thrown away unread, TV game shows do not interest every viewer, an exhibition which has a lot of text and little stimulus to activity soon tires the visitor.

However, there are also positive selection effects. These are determined, for example, by factors such as education, competence and concern.

Observations to the effect that those who already know most and who live the healthiest lives are also the most interested in various aspects of the health topic have been made in all countries and on all occasions. This observation often gives rise to criticism: it is said that the measures were biased towards the middle class and that they favoured those who were already well and healthy.

This criticism is surely a challenge for media makers. But in my view this does not apply so much to travelling exhibitions as it does to other media. Travelling exhibitions can go wherever people are and they can mitigate the educational disadvantages of many people by their design and the advice they provide.

6. Travelling Exhibitions in the Media Mix

Travelling exhibitions do not form a uniform medium. They differ widely in their form and composition and in certain conditions of use.

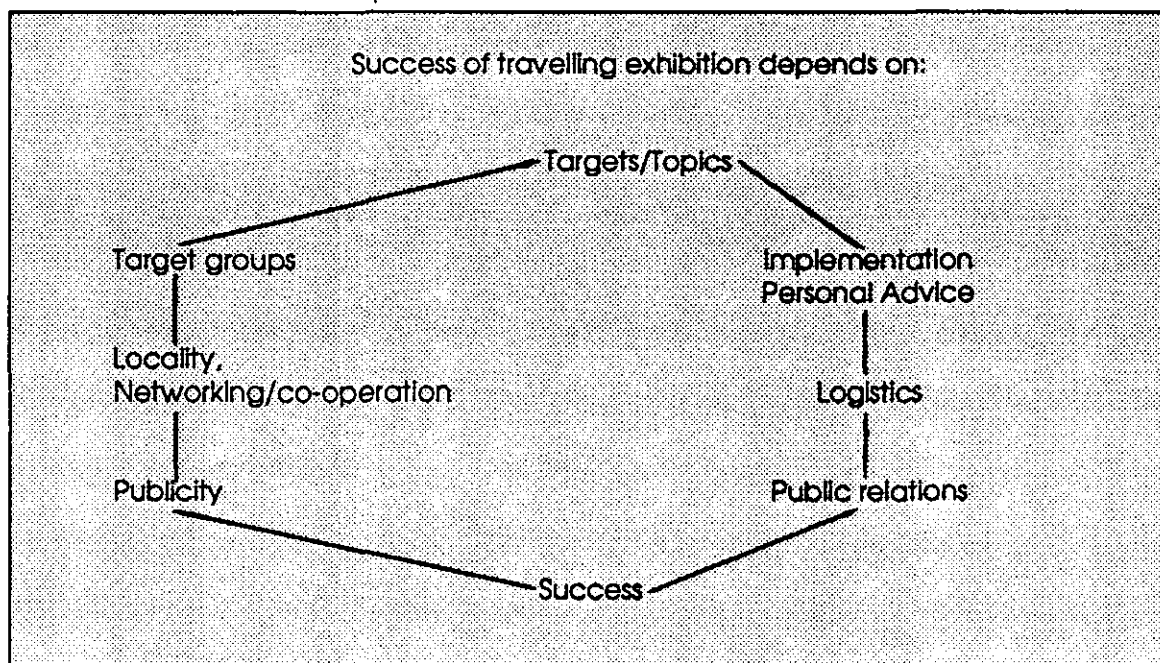
Travelling exhibitions can be intended for one-way or two-way communication. An example of one-way communication is when the exhibition consists practically only of posters (e.g. a photographic exhibition on the theme "We live a healthy life".)

Exhibitions with this poster character can also be linked with feedback possibilities when the opportunity for discussion is provided. Examples of this are exhibitions with large editions of cardboard posters for companies. (Example: "Non-smoker protection") or for advice centres (Example ("Living with Children"). These are simple to set up and can be used until they wear out and can be used several times.

Where such advice and feedback opportunities are lacking, e.g. by use without advisory personnel in department stores or banks etc.), then such forms of exhibition take on the function of mass communication media.

In the case of multithematic and multimedia travelling exhibitions and which also incorporate personal advice facilities (example: "Bewußter leben"), the various advantages which exhibitions have vis-à-vis other media are combined:

- they can embody certain themes and messages in a particularly interesting manner (e.g. interactively),
- they offer direct experience and personal discussion which increase the credibility and relevancy of the information,
- they offer favourable circumstances for a lasting effectiveness of that which has been experienced, e.g. by studying the material taken home by visitors,
- they allow contact with large numbers of people and close contact with a large number of the visitors, they contribute to the exhibitor's "corporate identity", they offer the same advantages as above to local co-operation partners who thus also enhance their contact and position with their public,
- they offer an occasion for reporting and thus a mass media support for the message and objectives of the exhibition.



In contrast, the disadvantages of travelling exhibitions are acceptable:

- the costs are not low,
- personnel costs are so high that they cannot always be covered from own funds. However, one can work on a fee basis with experts, the conditions of the logistics (ability to transport, setting up and dismantling in a reasonable time at quite different locations: tent, town hall, shopping centre, school) set limits on design ideas, the selection effects of the exhibition change from one exhibition next to the venue weather, form of assembly, co-operation partners and public relations work).

7. Special strategy (tactics)

The advantages of a travelling exhibition must be put to their best use in its planning and definition of goals, without the disadvantages interfering too much.

A discussion of the goals should normally precede the choice of media. But the chances of the success of a certain measure are decided during the definition of goals. The initial question for a travelling exhibition, as for any other medium too, is: "What do I want to communicate to whom and why (with what goal)?".

If I want to explain to an exhibition visitor that smoking dirties the lungs, a dummy which smokes cigarettes and whose wadding is visibly dirtied by the tobacco tar is certainly a suitable exhibit.

However, if I wish to explain that smoking causes lung cancer, the smoking dummy can only be one of a number of didactic elements. And if I want to convince smoking visitors that they should stop smoking, then, as we all know, there are no didactic aids which have been proven to be successful. Because nobody can stop a smoker from smoking if they themselves do not want to.

In my opinion, planners often make the mistake that they want the impossible instead of selecting and trying to use something that will interest visitors and which serves their purpose. One example: there is always a large percentage of smokers who are sick of smoking and who are thankful for effective support when trying to give it up. This need can be met (example: computer program "What type of smoker are you?" in the "Healthier living" exhibition).

If the formulation of the goals is oriented to the needs of the visitor it is clear that, apart from certain exceptional cases, there is no uniform target group for travelling exhibitions on health care. Because normally the more selectively an exhibition element addresses a need, the smaller the target group. If 40 percent of visitors to an exhibition are smokers, of whom 10 percent are willing to give up smoking, then our offer to smokers wanting to kick the habit appeals to only 4 percent of the visitors. A travelling exhibition which is in the middle of a flow of passers-by thus has to offer a number of topics which are on the whole attractive for a sufficiently large sector of the general public. In principle it can be said that - whatever the theme - the goal of every exhibit should orient itself to the needs of the visitors.

But not only should the exhibits abide by this principle, the personnel who look after the visitors (personal talks) and the written accessory information should also follow this goal.

Even if a travelling exhibition appeals to different target groups and a wide range of goals are pursued in the different encounters with visitors, there are still certain overriding goals.

One overriding goal for all modern health education is, e.g., to provide people with information which facilitates their choice of a healthy way of living. This general overriding goal can be concretised in travelling exhibitions by ensuring that the travelling exhibition is as attractive as possible for visitors or by making it very learning-intensive.

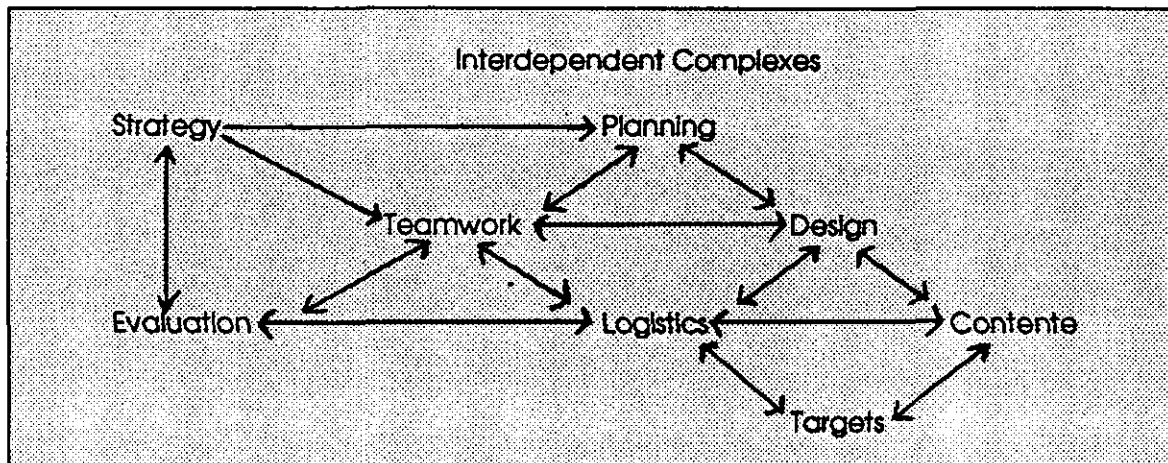
Apart from goals related to the visitors, goals for PR work and for co-operation at the location must also be formulated.

One goal of the PR work could be to encourage as many mass media as possible at the location to deal and identify with the goals of the travelling exhibition and bring out corresponding publications. Wherever this is successful it can also be seen as a contribution to the overriding goal and the success of the local venture (expectations and number of visitors).

The goals for co-operations are along the same lines if they aim to identify the co-operation partner with the travelling exhibition. This is most likely when there are opportunities to contribute to the organisation, for self-presentation and local networking.

From the strategy point of view, the entire process from the definition of goals, through planning, development, performance and evaluation of travelling exhibitions should be seen as a whole.

This is shown in the following diagram:



The preparatory planning flows smoothly into performance planning. However, this process can take place continuously and with no interruptions only in the event of co-operative planning, i.e. through teamwork.

The final diagram shows the essential planning steps, but not their mutual interdependence.

Strategy for a particular travelling exhibition

planning, preparation, execution

team members

objectives and needs

- visitors
- massmedia
- co-operation partners
- your own institution

managers

researchers
planners
executors
cooperators
health promoters

target group (s) / topics

design and logistics

- models, prototypes
- space requirement for venues
- transport, insurance
- assembly, dismantling
- supervisors, educators

planners

designers
executors
cooperators
visitors

accompanying measures

- written instructions for visitors
- information of cooperators
- press information
- training for personnel

planners

P.R. manager

educators, supervisors
cooperators

cost-efficiency, budgeting

managers

planners
evaluators

Jan Hjorth
Swedish Travelling Exhibitions
Introductory talk "Planning" held at the International Seminar

Planning is a tricky business. I have been involved in work on exhibitions for 28 years. For me, it all started with an ad hoc Royal Commission on museums and exhibitions. The commission did a lot of good in the museum world in Sweden. It also set up a state run organisation called Riksställningar, in English Swedish Travelling Exhibitions, which is still in existence. I have been working there since. 1965.

Planning should be seen as a process of co-ordination of interdependent factors. One purpose of planning - to make thorough and exhaustive plans - is of course simply to avoid mistakes, not to say catastrophes, in the future. You may ask, does not planning travelling exhibitions mainly follow the same rules as does planning of most other activities? Well, yes - you may choose among a great many different planning instruments, network planning or personal computer programs, simple ones or very, very complicated PC programs. This is not the time or the right place to discuss planning instruments. I would like to start on the other end - let us ask ourselves the questions, "what are the most common mistakes, what could go wrong with travelling exhibitions?" Some of the general, not only to travelling exhibitions on health promotion, as you are obviously not well prepared to plan and produce such projects if you have not been thinking a lot about the exhibition as a general medium, too.

1. Firstly, the project may be based on intuition only and not have a goal. No projects should be approved unless the goals of the projects are set out clearly and professionally, in writing. Evaluation can then be used to discover whether those goals were reached. Also, write down the arguments that lead to the choice of the exhibition as a medium for your message and not of any other medium available, like leaflet, a book, a video etc. Even if you decide on an exhibition, you should consider that travelling exhibitions often should be elements of a strategy, of a complex of objectives and of a series of measures.

2. Secondly, remember everything takes time, but exhibitions take more time, and travelling exhibitions much more time, to plan and produce. If you do not have personal experiences in producing travelling exhibitions, please accept the time limits suggested by real travelling exhibition people. Last month, one of our ministries presented us with an idea for an exhibition and added, could it be produced and ready before summer? The firm answer must be, before the summer of 1995, not **this** year's summer.

3. Thirdly, I have, believe it or not, met a few cases when a travelling exhibition turns out not to be mobile. This is the most embarrassing thing that can happen to a travelling exhibition. I remember one instance when the organizers and funders had agreed that the exhibition in question would open in a certain museum and initially stay there for some time. It was built on the spot by an enthusiastic crew that was possibly very well experienced in building permanent exhibitions.

Many problems that met the designers were solved in a temporary way - a great temptation when the mobile period seems to be far away in the distant future. Huge forms in textile material, or paper made, were nailed straight on the walls. In the end, the accumulated problems could not be solved for the touring, and the exhibition only saw one town. After that it had to be scrapped. Conclusion: if there is the slightest suspicion that an exhibition could later be attractive for touring, include at least one consultant in your team who is experienced in travelling exhibitions.

4. You should not make a caricature of the medium - panels only, by far too many panels...too many and too small photos...too little three-dimensional material...too much text "to cover it all" is read by few visitors, and so covers less than you would communicate with 10 % of your text etc.

5. Mistake number five - too heavy! In theory, we all realise that light weight materials are to be preferred for a travelling exhibition. All the same, beginners love what we in Sweden call spanskiva (thick fiber board)a.

6. Mistake number six, in my list: the exhibition takes too long to assemble, like five days instead of five hours, and needs too many people in assembling and taking it apart. So your exhibition may become too expensive without much warning while already on tour - when it is too late to do much about it.

7. Constructions too fragile. Once, I remember, I recruited and employed a carpenter whose experience came from building houses, so he told me, "I used to build houses, so with me you'll never risk that constructions will go to pieces".

When his first exhibition came back for its summer holidays, he became somewhat pale. After that he decided to use still stronger but lightweight! material.

8. Inadequate protection of valuable original objects during transport. I know truck drivers who simply throw crates off the truck.

9. Inadequate protection of valuable original objects (art and objects on loan from museums) during the exhibition. Objects can suffer damage by excessive light, wrong temperatures, moist air, dry air and people not wearing clean white gloves when handling the objects. The requirements depend on the individual object.

10. Poor persuasive work on the spot. Perhaps you have not spent enough time making it clear to the local organisers that it is "your project to show the travelling exhibition". If the exhibition emerges from nowhere, is financed from a long way away, is produced by people who - some paranoid - look down on the local organisers and visitors, then the project will not be successful on the road.

11. Manning problems were not solved properly for the travelling exhibition, especially locally.

12. The exhibition can be planned too extensively: 2,000 m² instead of 200 m². Sometimes you will perhaps go to smaller locations, which you perhaps find out far too late, because you failed to plan the route at the same time as the production. Local organisers often have smaller exhibition facilities than you may have expected.

13. Demand for your product is suddenly greater than expected. With hindsight you realise that you could have produced the exhibition in more than one version - double or four-fold or even more. Now it is too expensive to start from the beginning again. A stupid situation. You are fed up with yourself. Sometimes (always?) it's a good thing to go into whether more than one version should be produced right at the outset of planning.

14. In my home country it's normal to engage genuine artists, well-known painters, sculptors, scenery painters etc. as well as young artists right from the outset of the project in order to appeal to the visitor's feelings and to communicate with our fellow human beings. The possibility of using artists should also be considered when planning exhibitions for health promotion and this need not always be expensive.

15. The exhibition is not planned interactively. Learning by doing is, however, for best for most of us and in the majority of cases the best way of learning. Consequently, your exhibition is a flop. This is my most important point and so I would like to make it again expressly: Learning by doing is the best way of learning for most of us.

16. I also believe it right to mention that the exhibition should be planned "for the visitors and not for the critics".

Is there really any difference between these two target groups? After all, we'd like to suit both groups. This can be difficult.

When a museum organises an exhibition on Strindberg, the great Swedish writer, who will write about the exhibition and review it? Not the visitors! They have no say - but the critic will probably be a literary critic. This critic may now believe that the exhibition is a failure because it has nothing new to offer him or her. "It fails to take into account any of the new findings which are shortly to be presented in an obscure doctoral thesis at such and such a university".

Imagine how a critic reacts when the exhibition begins by conveying a few simple facts to the visitor. It can quite easily be the case that the more an exhibition tries to explain the more it is criticised publicly - even when the visitors are very satisfied!

In my opinion, this also applies to exhibitions for health promotion. Strindberg was just an example.

The group of so-called adult visitors can also be divided into several sub-groups. Good exhibitions should have more than just something for a single target group of visitors. It is certainly worth carrying out an analysis at the planning stage. This exhibition, for example, is supposed to appeal to visitors who hate explanations (often artistic types) as well as those who are grateful for every scrap of information.

As you know, one can hold whole lectures on the difference between exhibitions for adults and young people. I should merely like to draw attention to the fact that a lot of museums have decided in favour of producing exhibitions for twelve-year olds "so that at least the adults understand them".

In order to return finally to learning by doing, I have heard it said that a lecturer can only get three of his points across, the rest is soon forgotten, especially by the public. From my own experience as a member of the public, I can only agree with this statement. There is too little interaction and too little learning by doing. So now I have put forward my 16 points in any case. Allow me to sum it all up again in a single point: anyone wanting to know what I have just said should read the written version, which I have typed out nice and neatly and which is attached to the seminar material, and should take a critical look at it.

Johanna Schröder, Eupen and Hans Schnocks, Cologne
Report of working group 1 "Strategy and planning"

This 16-man working group was divided into four sub-groups of four members each. The sub-groups were made up as homogeneously as possible according to the groups of participants at the seminar, which were almost equally represented: Ministries/European Union, museum specialists and experts on travelling exhibitions, representatives of the public health system and of cancer societies.

The assumption that travelling exhibitions for health promotion have different levels of significance for these groups is conformed by a comparison of the cards for the characteristics of the institution on the points "tasks", "objectives", "means" for travelling exhibitions.

It was difficult to formulate a strategy for one's own institution in a few words and to state the role which travelling exhibitions for health promotion play in it. It was certainly not possible initially to state more precisely the contribution made by travelling exhibitions to the fulfilment of the institution's tasks.

This was easier when one took concrete examples as a point of departure as in the "Health Services" sub-group, where the exhibitions "For Women Only?", "Positive Zeichen" (positive signs) and "Bewußter leben" (live in total awareness) were discussed.

"For Women Only?", an exhibition which thanks to its quality was also discussed in the "Evaluation" group, has the following objectives within the framework of the Institute voor Hygiene, Antwerp:

- it is a main medium in the institute's health promotion role. The institute has a second role in environmental protection,
- it supports the work of the institute's prevention consultant in the Antwerp province,
- it maintains interest in self-examination of the breast and the early-recognition examinations of breast and cervix,
- it promotes women's interest in their body and their health in that it eliminates old pre-conceived ideas and taboos.

From this strategic incorporation in an overall context there result yardsticks for appraising effectiveness, costs and benefits. However, strategic positioning alone is naturally not enough.

The exhibition "Positive Zeichen" on the AIDS counselling of the Hauptgesundheitsamt Bremen has a similar positioning:

- the AIDS counselling office's main task lies in personal and telephone counselling of persons infected with the HIV virus, of persons with risk-associated behaviour patterns, of persons volunteering for tests etc. The exhibition serves to establish contacts and promote trust for the purposes of AIDS counselling in the urban districts of Bremen.
- it spreads the main messages of AIDS education; that it is necessary to protect oneself against AIDS and how to do it and that those infected with the HIV virus and those suffering from AIDS need help and solidarity.

- it creates a new district-oriented actuality for these messages.
- it offers the self-help groups active in local AIDS education and other basis multipliers a forum and thus promotes their work.

The "Bewußter leben" exhibition, which has been deployed around 20 times since 1989 in various large cities in the Federal Republic of Germany,

- is one of an average 100 projects of the Bundeszentrale für gesundheitliche Aufklärung,
- is a contribution to the fulfilment of its main responsibilities as laid down by the Federal Ministry of Health, namely to elaborate "guidelines for the contents and methods of health education" and to promote "the exchange of experience and co-operation" with "institutions in Germany and abroad",
- is a contribution to the programme "Europe against Cancer" and this on the main points of prevention of smoking as well as of self-examination and early-recognition examinations,
- this is achieved by supporting visitors in their personal implementation of the programme's central messages by way of discussion and personal impressions and by promoting local networks and creating local topicality for the "Europe against Cancer" programme at the local and regional level.

It became clear that - on account of their high degree of complexity - these examples make it difficult in the course of the discussion to arrive at general rules on the basis of particular examples.

It was shown that there were no meaningfully comparable answers to simple questions (which means are available for travelling exhibitions?). It also showed that there were no answers to complex questions (describe your aims and - if applicable - the significance of travelling exhibitions in your target system).

In place of this, participants drew up a catalogue of questions, a kind of minimal thread running through the labyrinth of strategic and planning problems associated with travelling exhibitions for health promotion from the institution's point of view.

We came to the conclusion that various institutions on account of their differences have widely varying expectations of travelling exhibitions as far as aims and means are concerned. E.g. should it make any difference whether an institution has as its objective the educational task using various media or the development and implementation of political objectives?

Ros Weston
Team development in producing exhibits

"Creative spirits have always been known for surviving a bad training" (Anna Freud).

The development of an exhibition, both of a travelling exhibition as well as of an exhibition at a fixed location necessarily requires a flexible approach both to planning as well as to the project management. It is the interaction between the creativity of the individual, of the environment, of the direction and of the project management which represents the source of energy for innovation in every company or for any project.

If we can establish the essential characteristics of successful project management, we have an idea as to how we can improve the planning of every new project (Waterman & Peters, 1982).

In order to clarify these initial points, we must first of all define the concepts of creativity and innovation.

Creativity is the thought process which helps us to form ideas; innovation is the practical application of such ideas which are to meet the aims of the organization or of the project in a more effective way. Innovation is the elementary component of a joint success or of a team success (Majoro, 1988). There can be innovation in its basic form only when the implemented ideas meet some clearly defined aims; they must be practical, useful, better, cheaper, have another use, meet the expected needs better than the previously used possibilities and achieve a result or effect a modification. In the case of an exhibition on health, this means a modification in the level of knowledge or in behaviour and a certain effect on attitudes. Creativity develops only the idea, which may be eccentric, practical, unusual or anything else; all ideas need the process of innovation so that they can work. There must be interposed a systematic checking as well as a development mechanism between the ideas and the innovation, and these must serve to change the raw drafts of the ideas into clearly determined and successful innovations. It is exactly the same with exhibitions.

CREATIVITY -----> CHECKING -----> INNOVATION

IDEAS ----> CRITERIA FOR EVALUATION ----> RESULTS

(Majoro, 1988)

In order to achieve both creativity as well as innovation, people and money are needed. In addition, there must be:

STRATEGIES

RESEARCH AND DEVELOPMENT

GUIDELINES

PRODUCTION

MANAGEMENT

MARKETING

A PLAN OF IMPLEMENTATION

STAFF

In order to continue the development of such an innovation, it of the greatest importance that:

CLIMATE AND ENVIRONMENT ARE APPROPRIATE

AN EFFECTIVE COMMUNICATION SYSTEM IS ESTABLISHED

PROCEDURES FOR THE MANAGEMENT OF THE PROJECT ARE PREPARED.

This system is designated as 'THE STRUCTURE OF THE SEVEN S'S FOR EFFECTIVE PROJECTS' (Majoro, 1988). This means:

STRUCTURE

STRATEGY

SYSTEMS

THE HIGHER-RANKING AIMS

SKILLS

STYLE OF LEADERSHIP

STAFF

The above-stated concepts do not form a hierarchy, since any one of them can represent at any time the driving force.

By looking at this system, we can recognize the prerequisites for an effective project management which, in the context of this paper, designates the production of exhibits for exhibitions on health. These projects can only be successful thanks to a team which, from the very beginning, works creatively, innovatively and successfully from the first unformed idea to the end, to the overall assessment. Otherwise, it is rather the case that it is unlikely for these projects to achieve their full potential (which does not mean that individuals who work alone cannot also achieve results).

STRUCTURE

This points to an overall structure in which the project can develop and in which the staff dealing with it has a basis for the project. The structure is like an orchestra with a conductor, who coordinates the various units in such a way that the result is a single functioning unit. At any time, the project has its particular aims, all of which form a part of the higher-ranking aim of mounting an efficient exhibition. In addition, the coordinator or manager is the catalyst for the other six S's in order to create a functioning team. Reactions to structural topics should be on a balanced and interactive basis, whereby each person should recognize significance and be endeavouring to achieve harmony as to the value of such a unit, i.e. the violins must recognize the significance of the trombones and both must recognize the significance of the cymbals, even though the cymbals may be rarely used.

STRATEGY

The strategy for the development of such a project includes practical problems, staffing issues as well as skills-related aspects, together with leadership styles and communication networks.

The requirements for successful projects are:

an appropriate management

the preparation of aims

the agreement on working structures

the organization of communication procedures

the limits for the project management and individual contributions

specialist support

support for the management

budget

functions and tasks

time planning and planning of meetings

replanning procedures

how everyday problems are recognized and solved

It is necessary for all members of the project team to back the strategy that is being developed in order to support the creation of an environment and a climate in which all members have the opportunity of achieving something, of discussing and taking over tasks, and in which the aims can be met.

SYSTEMS

Systems which are flexible and which can function on an everyday basis are of the greatest importance. These systems should promote creative and innovative working practices without appearing as monitoring mechanisms or constraints to the members of the project team. Anna Freud's comment makes clear the supposition that when creative people work on a project constraints may be overcome. If the working environment or the style of leadership sets up constraints or excessive checks, unnecessary problems and conflicts can occur because of the frustration of the team members who obstruct the progress of other members of the team by slowing down the development and sabotaging progress, or it leads to some people wanting only to bring their own work to a conclusion instead of trying to produce the best possible product. The interactive balance between the promising systems and the greatest possible creativity of the staff is decisive and should be born in mind by all managers. Systems are necessary for planning and for meetings, irrespective of whether they are meetings which concern development work, or whether it is a matter of briefings, of the preparation of budget plans and the payment of bills, the allocation of tasks and amounts of work, the evaluation of progress and goals achieved, handling conflicts and solving problems. The key element in the system is the climate created by the management and the communication system which is available in support.

SKILLS

A team for the development of an exhibition means that people are brought together for a project, and these people have different skill profiles and come from various professions. Possibly, they have not previously worked in a project team before, but they have perhaps already worked with other people, and they have perhaps not previously worked with some of the other branches. The thought processes and the philosophy of one branch is quite possibly incomprehensible to the members of another branch.

It should be the function of the team leader to make time available which the allows the team to find out together the possibilities with which they can work, solving problems, identifying aims, dealing with conflicts, to be rewarded for successes. It is an essential component in this process to bring each individual member to appreciate the skills of each other member, so that he or she understands the working style and way of learning of each member by means of which the overall result is achieved. All members of the team should have the opportunity of obtaining personal and professional success through the project. All members of the team must be individually assigned clear roles and functions for their work, and they must know to whom they are accountable and what is expected of them at what time. This ought to ensure that the greatest possible efficiency is promoted by means of a planned promotion of helpful practices and that the risk of a lack of competence diminished (Rolls, 1992). A development of the team is a requirement in this process. It includes the investigation and the readiness to work through appropriate topics, to create a climate for the project and to prepare the members of the team for the tasks ahead of them. The facilitation of this process is a key function for the team leader or manager. It is necessary give thought to the necessary type of promotion as well as to the communication processes which are required for success.

The preparation should include:

- the development of a working climate
- the structuring of tasks
- the continuation of activities
- the evaluation of the learning processes
- replanning

An experienced team shows a number of qualities (Rolls, 1992), among them:

- a high level of trust
- a high level of commitment to the task
- a shared responsibility in solving a conflict
- a shared view that the process for achieving the aim is just as important as the aim itself
- a high level of readiness to listen

a high level of decision-making ability

skill in negotiation

the readiness to think about the work

The members of a successful team are aware of their dependence on one another. Sincerity and respect are the pillars of the process. Adair, 1986, suggests that the process

SHOULD MEET THE TASK

SHOULD BUILD UP

SHOULD DEVELOP THE INDIVIDUAL AND CONSERVE THE TEAM

STYLE OF LEADERSHIP

It is the task of the leader of the team or the leader of a project team to make demands of people. It is necessary that when a mature and flexible team is required and desired and creativity and innovation are to be achieved to the highest possible degree, the leader considers how this can be realistically achieved, without wasting time which could otherwise be used for the development of the project. It is of the greatest importance to generate this balance. It is important in the preplanning stage to have enough time and resources for the development of the team. This is rewarded by a possible improvement in the credibility both of the project as well as of the team, and it becomes clear that the matter must be approached strategically.

The final solutions and ideas are obtained by joint discussion after a number of possibilities have been investigated. The halo effect can upvalue the project by not only the individual gaining benefit from it but often an organization profiting from the spillover from the project and from a successful team (Centres for Checking Illnesses, 1992).

The evaluation of a project can also show that the development of a team has promoted imaginative solutions during the development process. We are all capable of growing by means of shared experiences, and we can all represent more than just the sum of the parts. Individuals can alone achieve much, but together with others they can reach heights which they would not even have imagined previously. The development of the exhibition can only profit from this joint approach to work. Team leaders who are convinced and creative, who work within an exactly defined framework and with a strategy, can promote the climate and the environment for such team work. Time, intuition and skill are needed for this purpose, and it also contains risk.

The team leaders must also be able to admit that they do not always have an answer for everything, and, for that reason, are reliant on the help of others. They must recognize the experience of the team members, whose specialist areas, their own know-how, their own factual knowledge are complementary, and they must also see the team members both as human beings as well as professionals. In addition, they must be able to recognize gaps in their own knowledge and their own skills as well as among the team members.

Preparing a team analysis and finding solutions in accordance with it for the cooperation and working possibilities represent the most important tasks.

STAFF

The team comprises individuals who may or may not be appointed to the organization which develops the project.

A project team can be a group of people who is formed for making their particular contributions to the achievement of an exactly defined aim. The members of the team are under various managers, and clearly defined expectations are made of the team.

OR

there might also be a fixed team which is composed of many specialist areas, i.e. the group is formed from people who have a wide variety of skills, and the group exists in order to meet a functional requirement. The team can continue its work over a long time and adapt its function and structure to the changing circumstances.

OR

it could be an already consolidated team, whose members have worked together already on a number of projects.

Whichever definition we apply, it means that we must respond to a number of completely different needs. Many teams require little time for development, others rather more.

An experienced leader knows where he must begin, and he knows the appropriate procedure and the methods which must be used.

It is appropriate for all teams to deal with a number of topics immediately:

which skills areas are required

how big the team is

who the members of the team are

what the functions and the tasks of each individual member are

how the other members see these functions and tasks and whether they are clear to everyone

who is team leader, who the higher-ranking leader, and whether this is clear to everyone

which particular aims we are working toward (these can be different from the aims of the members' own organizations, if the team is composed of members from more than one organization!)

which is the optimum size of the team for each individual task, and whether there is a core team and an auxiliary team.

If these basic rules are not clear, the project could be delayed due to unnecessary confusion and tensions. This could mean a financial loss for the project and possibly lead to legal disputes.

Teams work through various stages in their development (Woodcock, 1979), although not all teams work through each stage and do not even proceed at the same pace.

All teams display various forms of behaviour and characteristics.

The leader makes the decisions in a relatively new team; the skills have not yet clearly been established; tasks and solutions have not been set jointly. The best possible deployment of the team is consequently not achieved. The team may be dominated by the needs or the ego of the individual, and the prima donna effect may appear. This can obstruct progress. The leader would work toward having a team which can experiment. The experimenting team checks its operations and jointly seeks ideas and solutions. If the team is given enough time and resources at this stage, the team begins to grow together. A team which has grown together shows openness and trust. Rules and procedures are treated together with the exact investigation of ideas. Aims and plans can be rethought and reformulated, and the project can be constantly checked in all its units. In a mature team, the members are flexible; they can show a better performance, prove their professional growth a maturity as well as emotional competence and integrity. The individual's initiative is welcome and is oriented to the efforts of the team and its achieved aims.

This stage is characterized by trust, cooperation, honesty, a constructive confrontation and by a constant checking of the progress and of the results. Experienced and convinced team leaders will try to work toward a mature team, and while that is happening, the strategy and the structure of an organization will also further develop. If the effect of opening doors sets in, the high-ranking aims can be modified and permit possibilities for a more creative work and more innovation; this in turn leads to more fluid and more flexible structures, which in turn - (Majoro 1992)..

HIGHER-RANKING AIMS

All organizations have their own aims, all projects, teams and team members also. These are sometimes hidden and sometimes open. However they are, they are not static, but often in the course of development. The S system is not determined by it nor is it superfluous for the aims themselves. Instead, it is an interactive process which should be of advantage for the organization and for the production of a product. A healthy organization is in a state of flux and allows the effect of the opening doors of interaction, in order to improve productivity, quality and sales when it is presenting a product for sale. In producing exhibits for health purposes, the selling is important, since no product can afford to try to enter the market or to reach the public with which we are working together and which we want to influence. We want to modify their behaviour in a certain way in respect of their health; for this reason, we must produce products which make the attempt of achieving this aim. In order to do this, we must create the conditions for allowing creativity and innovation to thrive, with the result that the products which we produce are also effective. The development of the team is decisive in this task and deserves time and resources being expended on it just as much as on the product itself.

Helmut Gold, Cologne
Report on Working Group 2, "Teamwork and Design"

Working Group 2 discussed the various aspects of team work/international co-operation and design of an exhibition. Discussion in the group was inspired on the one hand by psychodynamic processes of group work (1. + 2.), on the other hand by organisational-structural conditions which are to be taken into consideration when planning an exhibition (3.).

1. Recommendations for constructive teamwork:

The time factor is regarded as essential for the process of team formation. Time for group-member feedback, for regular meetings and even for play-like elements. Subject to such conditions, a team can emerge and team motivation can develop. This team motivation must be backed by the setting of clear objectives and key features, by the possibility of advanced and further training and by the provision of technical facilities for all members. Alongside the technical prerequisites, the structural requirements are the most necessary to establish clear communication structures within the team. This means ensuring the transparency of information, the establishment of a non-hierarchical communication structure and of clear deadline and time planning as well as revealing the presuppositions and pre-conceived ideas of the individual participants.

2. Stimulating factors for team building are:

The composition of a multi-disciplinary team - which should consist of participants from within and from outside the organisation - can integrate members from different sectors (creative, artistic, scientific etc.). Mutual respect and recognition of differing positions are particularly important with regard to conduct within such a multi-disciplinary team if the essential conditions for co-operation are to be created. Also helpful in stimulating a positive team climate are arrangements governing clear responsibilities, a reporting system for information and feedback for participants as well as possibilities for social contacts and cultural exchange.

3. Alongside these rather general recommendations for the creation of a positive working climate within a team, the question of concrete team work on the development of exhibitions and travelling exhibitions stood at the centre of the group discussion. The point of departure was found in the various problems which the different participants with their organisations had in the creation, design and deployment of travelling exhibitions. Problems in dealing with external contractors (e.g. designers) were often mentioned in this context. It emerged that the know-how for project management and for handling such contractors is often lacking. This led in the course of the group discussion to the question: What know-how is ideally required for the creation and deployment of travelling exhibitions?

The summary, which is compiled in Annex 1, is intended to serve to create clarity for organisers as to the prerequisites which are basically relevant to the construction and development of travelling exhibitions. This know-how would make it possible to lead external contractors, to have internal and external experts work constructively with each other in a group and to handle the multifarious tasks associated with travelling exhibitions. It was clear to all participants that it is impossible for this expert knowledge to be always available - especially in smaller organisations and initiatives. Precisely for this reason, it appeared indispensable to be able to provide help for consultancy, for training and for the exchange of experience in order to be able to iron out deficiencies in the individual sectors. The following concrete recommendations emerged from this - including proposals for international co-operation following the seminar:

- a) It is indispensable for those making exhibitions to make themselves familiar with the skills and needs which are required for the design, development and deployment of travelling exhibitions. To be emphasised here is the necessity of having a leading project manager who has as wide and varied experience as possible in the various sectors. In addition, a permanent exchange between the planning team of an exhibition and the future deployment team must be ensured.
- b) The exchange of information between various organisations involved in the travelling exhibition at national and international level must be used as a valuable source for one's own work. Such an exchange may relate to the budget for an exhibition, to the costs of deploying exhibitions, to check lists for co-operation partners as well as to recommendations of contractors. Participants were urged to compile sample versions of correspondence, contracts, invitations to tender and competition documents in order to provide organisations with little experience in travelling exhibitions with a valuable aid.
- c) As a continuation of such an exchange of experience, the need was expressed for a central co-ordination point for information exchange, training and services in connection with travelling exhibitions. Such an EU information centre should fulfil the following tasks:
 - central collection point for experience reports
 - central documentation and compilation point (data base for exhibitions)
 - the organisation of workshops and seminars
 - combination of ICOM organisations
 - contact person for personal contacts
 - founding/sponsoring/help
 - help for stocktaking programs

Such a central contact point could be a valuable partner for the planners of exhibitions and a central office for the exchange of information within Europe.

Annex 1: "Know-how" for travelling exhibitions

Conditions:

Clear objectives/clear budget/final approach

DEVELOPMENT	OPERATING
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Project manager Exchange Project manager
(optimal team with experts minimum one person)

needs COMPETENCE

- scientific aspects
- design aspects
- logistical aspects
- media aspects
- time management
- controlling
- team development
- evaluation

written
commitments

clear
briefing

(pre-test)

external paid
partners

external unpaid
partners

needs COMPETENCE

- lobbying
- coaching expert advisor
- logistical aspects
- PR (contact)
- time management
- controlling
- team development
- evaluation

clear
description

training
for coaches

local co-op.
partners

local co-op.
partners

documentation

evaluation

supervision

Patricia S. Munro
Introductory talk "Evaluation" held at the International Seminar

At the end of the 19th century, the poet Walt Whitman wrote: "To have great poets, there must be great audiences, too."¹ You may be wondering what the connection between poetry and the evaluation of exhibits could be - the answer to that query is the word audience in Whitman's statement. The root of the word audience stems from the Latin *audire* which means to hear. Thus, an audience are those "who pay attention to what one writes or says."² A poet's ideas and feelings would go unnoticed without an audience who reads and appreciates his work. Like a poet who wants to be read and understood, exhibit planners want to produce effective exhibitions which communicate clearly with our audience. The use of exhibit evaluation throughout the planning, design and installation stages can assist us to effectively reach this audience - our visitor.

The term evaluation in the exhibit setting is often misunderstood. Perhaps a definition would be helpful. One of the founding fathers of the use of evaluation in a museum setting, Chandler Screven, defines evaluation as "...a process for obtaining information about visitors that ultimately can contribute to the effectiveness of an exhibit and its interpretive components on visitors behavior, interests or the exhibit's ability to communicate".³

Note the emphasis on the visitor and the concept of effective communication. The use of evaluation provides exhibit planners with a way to obtain information about the effect of exhibits on visitors. By analyzing this information, exhibit planners can integrate ideas for better (and more effective) exhibits during various stages of a project's development. Evaluators and exhibit designers have dubbed this process "visitor-oriented exhibition design".

Evaluation is not only a useful method for the evaluators and exhibit designers, however. It can be used by managers and content specialists as a powerful management tool to facilitate planning and problem solving. By defining who our visitors are and how they experience our exhibits, the feedback from evaluation efforts provides insights for informed decision making throughout the various phases of exhibit development.

A short overview of the spectrum of available evaluation approaches during these phases will be made after I make a brief detour about the ultimate *raison-d'être* of integrating evaluation into the exhibit development process - our audience.

I would like to take a moment to discuss the importance of audience as a critical element for successful communication in exhibits. Every institution should be attentive to its audience's interests and characteristics. By getting to know its audience better, an institution can begin to understand the nature of the visitor experience and how to improve it.

¹ Whitman, Walt. "Ventures, on an Old Theme" in *Notes left over*, 1899.

² Webster's New Word Dictionary, Wm. Collins and World Publishing, 1975.

³ Screven, Chandler. "Uses of Evaluation Before, During and After Exhibit Design" in *ILVS Review: A Journal of Visitor Behavior*, Vol. 1, Number 2, Spring 1990, p. 36. (Due to the complexity of the topic of evaluation and time constraints, I shall limit myself to the use of exhibit evaluation although this method has been successfully used to plan and implement affective programming, marketing and PR activities.)

In the book *Open Conversations*, a report of the Field Museum Kellogg Project,⁴ an eloquent request is made for knowing one's audiences: "If we want to develop exhibits and programs can satisfy it. To take full advantage of the opportunities museums (and exhibits) offer for experiencing and learning, we must be clear about to whom we are offering them."

They identified ways to describe these potential audience: demographic (a broad picture of a potential audience, i.e. age, geographical distribution etc.), typological (a classification of the kind of people an institution wants to attract and appealing to their interests and needs, i.e. learning style, visitor motivation etc.) and behavioral (what do people do in museums, i.e. the paths they take through exhibits, time spent in the exhibit etc.). As exhibit planners we must "cultivate an expanded understanding of our audience that involves not just who they are, but what they expect, what they think, and what their base of experience is."⁵ Evaluation provides exhibit planners with their ways to get to know our audience better and explore avenues to effectively reach them.

The task of evaluation is to formulate research questions, gather the information using systematic methods, and analyze the data by identifying significant patterns and relationships. These findings should be applied to solve problems either prior, during or after exhibit development.

What approaches are available to exhibit planners? Of direct interest to exhibit planners are audience survey research and exhibit and program evaluation.

Audience survey research is the collection of information that helps institutions determine "why people do or don't visit and what happens to them when they do".⁶ As a pioneer researcher in this field, Molly Hood recognizes that demographics and participation patterns have been central to many audiences. How do these psychographics differ from sociodemographic data? Psychographics attempt to depict our visitors and their lifestyle choices by characterizing their "... values, attitudes, interests, concepts of self, social interaction behavior, expectations, satisfactions, goals, activities, group memberships, social position and consumption behavior".⁷

I believe that an emphasis on the affective sphere is particularly applicable to exhibit projects which are aimed at influencing visitor attitudes and changing their behavior with regards to health issues.

Exhibit and program evaluation can take place throughout the exhibit development process.⁸ There are three stages during the exhibit development process when evaluation is a valuable tool for collecting information to aid decision making: the Planning Stage, the Preparation Stage, and the Post-installation Stage. Of course, the kind of information you are looking for.

⁴ Blackmon, C.P., LaMaster T.K., Roberts, L.C., Serrell, B., *Open Conversations: Strategies for Professional Development in Museums* Field Museum of Natural History, Chicago, Illinois, 1988, p. 49-51.

⁵ Blackmon, C.P., LaMaster T.K., Roberts, L.C., Serrell, B., *Open Conversations: Strategies for Professional Development in Museums* Field Museum of Natural History, Chicago, Illinois, 1988, p. 55

⁶ Hood, Molly "Staying Away: Why people choose not to visit museums" in *Museums News*, 61 (4), 50-57.

⁷ Hood, Molly "Significant Issues in Audience Research" in *ILVS Review: A Journal of Visitor Behavior*, Vol. 2, Number 2, 1992, p. 181-182.

⁸ While evaluation of exhibits is the emphasis of this presentation, programs as well as marketing + public relations efforts can also be greatly enhanced by the use of evaluation.

Shettel and Miles consider evaluation in the planning stage as preventative in nature, while efforts in the preparation stage and post-installation stage are corrective in nature.⁹

As the plans for an exhibit project are being formulated, the use of Front-End Evaluation can explore the level of knowledge, interests and attitudes of potential visitors as well as their misconceptions or misinformation on a specific topic. An advocate of Front-End Evaluation, Harris Shettel, emphasizes how it can provide exhibit planners "with specific information that will enable them to make a better initial match, at both the cognitive and affective levels, between the intended audience and what it is they wish to communicate to that audience."

On a cognitive level the question which is asked during Front-End Evaluation is "How prepared is the audience to learn the subject matter we wish to convey them?".¹⁰ On the affective level on the other hand, the inquiry is "How interested is the audience in knowing something about the subject matter we wish to convey to them?". Interviews (structured or unstructured) and focus groups normally form the basis for data collection during Front-End Evaluation.

For the planning of the exhibit "Baffling Beauty" Front-End Evaluation was used extensively to investigate the interrelationship between the topics of health and beauty. Goal of the project was to produce an exhibit which portrays health in a holistic manner, taking physical, psychological and environmental factors into account.¹¹ Based on the results of our preliminary interdisciplinary research, an initial concept for the exhibit was developed. During a series of interviews (structured) and focus groups, this concept was discussed by both representatives of our future audience and content experts.

Individual and group interviews with lay men and women of various age groups as well as focus groups with specialists from the field of beauty and health provided input. The result of the Front-End Analysis identified patterns that helped the exhibit team formulate final topics for the exhibit (A brief excerpt from our video documentation of the Front-End Evaluation for the Project "Baffling Beauty" will illustrate the animated quality of this method of data collection.). A comprehensive description of the methods and results of this Front-End Evaluation was published in the last issue of the "Karlsruher Schriften der Besucherforschung".¹²

The next kind of evaluation - Formative Evaluation - occurs during the exhibit design process. During this early design stage an exhibit concept is tested with actual visitors using an inexpensive prototype.

⁹ Harris, Shettel. "Front-End Evaluation: Another Useful Tool" in *ILVS Review: A Journal for Visitor Behavior*, Vol. 2, Number 2, 1992, pp. 276.

Miles, Roger. Presentation at the American Association of Museum's Annual Meeting, Ft. Worth, Texas, 1993.

¹⁰ Harris, Shettel. "Front-End Evaluation: Another Useful Tool" in *ILVS Review: A Journal for Visitor Behavior*, Vol. 2, Number 2, 1992, pp. 276.

¹¹ The WHO Ottawa Charter 1986 was our initial inspiration when searching for an appropriate topic for the project.

¹² Klein, Hans Joachim (Ed.) "Front-End Evaluation. Ein nichtsagender Name für eine vielsagende Methode", *Karlsruher Schriften zur Besucherforschung*, Heft 4, Institut für Soziologie und Interfakultatives Institut für angewandte Kulturwissenschaft, Karlsruhe 1993.

Screven states that "Formative Evaluation provides information about visitors' reactions to temporary versions of the most important panels, formats, text displays, etc. in terms of both their ability to generate and focus visitor attention and effort and their ability to 'deliver' (communicate) their messages."¹³

Establishing the exhibit's goal in terms of observable behavior is the first and essential step before any work with prototypes begins. A spectrum of visitor behavior can be measured during this stage: attraction, holding time, holding power, interaction, emotional response etc.¹⁴

The next step is to build the exhibit prototypes as quickly and cheaply as possible. It is important to include all of the exhibit's critical elements such as placement of components as well as actual text, diagrams or objects.

By using questionnaires and informal, open-ended interviews, formative evaluation can provide helpful information to change an exhibit concept, thus enhancing its communication effectiveness. Patricia McNamara, a long time practitioner of evaluation, echoes Screven when she states that data collected from visitors during Formative Evaluation can help make exhibit design decisions by observing:

- The attractiveness and holding power of an exhibit (i.e. the extent to which the exhibit attracts visitors and keeps their attention).
- The extent to which visitors who stop can successfully operate the exhibit (can they follow the directions, see the spark, turn the dial etc.).
- The extent to which visitors who interact with the exhibit demonstrate the cognitive and affective changes described by the exhibit's objectives.¹⁵

While the planning and building inexpensive but effective prototypes offers a creative challenge to the exhibit planning team, the methods for the collection and interpretation of the data poses and additional intellectual challenge. Determining the right questions to ask is the first step. Observable visitor behaviour is the key to formulating these questions. The second challenge is when do you decide that an exhibit is 'good enough' based on the collected data? Here intuition as well as common sense play a role. Those who have practiced Formative Evaluation can testify that exhibits can be dramatically improved by making simple modifications to an exhibit prototype. McNamara notes: "We are often faced with exhibits that are initially effective for a small proportion of visitors and that are dramatically improved by the first modifications we try. Sometimes drastic measures (such as starting over from scratch) are called for, but on other cases fairly simple changes can triple or quadruple the number of visitors who can profit from their interaction with an exhibit."¹⁶

The observed reaction of the visitors provide us with the clues when an exhibit team (as well as available resources i.e. money and time) to decide when an exhibit is 'good enough'. Formative Evaluation gives the visitors a voice in the exhibit development process, thus making them an active partner in the making of more effective exhibits.

¹³ Screven, Chandler. "Uses of Evaluation Before, During and After Exhibit Design" in *ILVS Review: A Journal of Visitor Behavior*, Vol. 1 Number 2, Spring 1990, p. 41.

¹⁴ Screven, Chandler. "Uses of Evaluation Before, During and After Exhibit Design" in *ILVS Review: A Journal of Visitor Behavior*, Vol. 1 Number 2, Spring 1990, p. 50.

¹⁵ McNamara, Patricia. "Visitor-Tested Exhibits" in *Visitor Studies 1988: Theory, Research and Practice*, The Center for Social Design, Jacksonville, Alabama, 1988, p. 153.

¹⁶ McNamara, Patricia. "Visitor Participation in Formative Exhibit Evaluation" in *Patterns in Practice: Selections from the Journal of Museum Education*, Museum Education Roundtable, Washington, DC 1992, p. 205.

Concepts for the exhibit "Baffling Beauty" are currently being tested using prototypes. A schedule was developed to test the variety of different kinds of exhibits (i.e. interactive, media components, and photo installations). By grouping the test phases, the exhibit team was able to plan and implement the Formative Evaluation within available and allocated financial resources. Our results mirror McNamara's experience: dramatic improvements to exhibit content and design were possible after testing the prototypes with a sample audience.

As a result we have made modifications to the exhibit text and graphic presentation as well as advocated structural changes in the physical design of the exhibits themselves. An unexpected bonus of our Formative Evaluation was feedback from a group of visitors in wheelchairs. Their interaction with the exhibits provided us with ideas how to enhance the physical accessibility of our exhibits (Since pictures are worth a thousand words, I would like to show you a short video showing the Formative Evaluation of one exhibit element of "Baffling beauty" in process. At tomorrow night's poster session you can experience this same prototype yourself.).

Once an exhibit has been completed, the third and last stage of exhibit evaluation - Summative Evaluation - can be carried out on the final installed exhibit under real conditions with actual visitors. Screven notes that Summative Evaluation "... takes place after the exhibit's opening and is intended to provide information on how the exhibit is working overall, how people use it, what they learn from it, or how they are changed by it."¹⁷ The ability to assess the visitor's experience in the final exhibit environment is key to Summative Evaluation efforts.

The information collected during Summative Evaluation can be helpful in a number of areas, ranging from documenting the success of the project, to identifying necessary improvements and providing information for future exhibit planning.

Did the exhibit accomplish what its planners had intended? Summative evaluation provides a way to test whether an exhibit accomplished the goals and objectives established during the early planning stages. Were the stated learning process and behavioral goals achieved and if so, with what success? Insights to these questions can be obtained by using a variety of techniques to collect information: observation of visitors as they experience the exhibit, the use of pre- and post-visit questionnaires and lastly, interviews with visitors as well as the members of the exhibit team.

Despite careful prior testing of concepts and various components of an exhibition using Front-End and Formative Evaluation techniques, some problems only become evident after an exhibit has been given the term "Remedial Evaluation".¹⁸ Although remedial evaluation occurs after an exhibit has been completed, it is methodologically similar to the process of formative evaluation.

The third kind of assessment of an exhibit after its installation is called Critical Appraisal. This assessment is conducted by professionals who are familiar with the body of literature on exhibit evaluation and the implications of research results. The combination of this practical and academic expertise in the evaluation field is an attempt to identify obvious or suspected problems in an exhibit.

¹⁷ Screven, Chandler. "Use of Evaluation Before, During and After Exhibit Design" in *ILVS Review: A Journal of Visitor Behavior*, Vol. 1, Number 2, Spring 1990, p. 52.

¹⁸ Bitgood, Stephen. "An Overview of Visitor Studies" in *Visitor Studies: Theory, Research and Practice*, Volume 3, Center for Social Design, Jacksonville, AL 1990, p. 12.

Screven, Chandler. "Use of Evaluation Before, During and After Exhibit Design" in *ILVS Review: A Journal of Visitor Behavior*, Vol. 1, Number 2, Spring 1990, p.53-57.

The various phase of exhibit evaluation - Front-End, Formative and Summative - offer the exhibit planner insights how to understand the visitor experience. It is the task of all exhibit planners to listen to our audience. However, in order for this listening to occur, exhibit planners have to allow the visitor to participate in the making of exhibits. Shettel notes:

"The fundamental problem in the traditional approach to the development of exhibits and other forms of informal learning activities that are intended to communicate to the communication from the casual visitor...It follows that efforts to improve the quality of such activities ought to be predicated on the notion that the most useful indications of effectiveness are those that are derived directly or indirectly from casual visitors themselves."¹⁹

Integration of evaluation efforts into the development of exhibits - whether on a small or comprehensive scale - provides exhibit planners with the equipment to listen to this voice. It enables us to modify the quality of our dialogues with our audience by encouraging us to examine our attitudes and practice new patterns of interaction.

The quality of this dialogue is especially important in the development of health exhibits. The challenge is twofold: first we need to translate complex information into terms that are understandable (and accurate) to our audiences and secondly, we strive to alter our audiences attitudes, and hopefully changing their behavior to create a healthier lifestyle. The interplay between learning and affect in exhibits provides new vistas for exhibits which want to meet these goals.

The use of evaluation can provide exhibit planners with insights about how to successfully integrate both the cognitive and affective aspects in a concept for a health exhibit. Front-End Evaluation, Formative Evaluation and Summative Evaluation have all proven indispensable when testing the success of communicating cognitive information. However assessing the success of an affective message - one that could influence attitudes and behavior - is more exclusive task.²⁰

In order for health exhibits to achieve their stated goal by "...providing information that may challenge public attitudes and produce new understanding"²¹ it must recognize the effect of emotion on learning. Dr. Tamara Moeller recognizes the implications of health exhibits when she states that:

"...health exhibits should arouse curiosity, impart information, and stimulate further questions, but a health exhibit must also project a responsiveness to each participant's sense of well-being. ... developing an exhibit on a topic related to health requires addressing attitudes, fears and other emotional reactions that are commonly evoked."²²

By formulating objectives which deal with visitors attitudes and value systems, the audience's reaction can be measured using qualitative techniques. This kind of research offers a good model for evaluating the elusive visitor experience. The authors of Open Conversations also promote the use of qualitative research:

¹⁹ Statement of Goals - AAM Visitor Evaluation and Research Committee, American Association of Museums, Washington, DC, 1988, p. 1.

²⁰ In his Book Museum visitor evaluation (American Association for State and Local History, Nashville, TN, 1987) Ross Loomis defines affective criteria as "...acquired emotional reactions to exhibit settings and materials, values, preferences and - quite commonly - the acquisition of change of specific attitudes."

²¹ VanDorn, Bonnie, "Introduction" in Health Exhibitions: Diagnosis and Development, Association of Science and Technology Centers, Washington, DC, 1987, p. 1

²² Moeller, Tamerra Dr., "Creating a health exhibit: the development team and planning Process" in Health Exhibitions: Diagnosis and Development, Association of Science and Technology Centers, Washington, DC, 1987, p. 33-38.

- The natural setting of an event (ie. exhibit) is the direct source of data, and the researcher is the key instrument. Descriptions, not statistics are the essence of the methodology.
- Process rather than product is the key focus for understanding visitors.
- The researcher uses inductive reasoning, developing the hypothesis and theory as the data are collected rather than testing a hypothesis using data collected for that purpose.
- "Meaning" is an essential concern (interpretation and impact of the visitor experience).²³

When combined with research objectives which attempt to measure what Serrell has termed "personal involvement", qualitative research could also assist us in classifying the affective response and its role in health exhibits.²⁴ Institutions which develop health exhibitions can make a valuable contribution to understanding this role of effect by embracing qualitative evaluation methods and integrating it into their exhibit development process. The discoveries of this exploration of the affective domain will set the groundwork for health exhibits which not only communicate successfully but motivate our audience to take charge of their own health as well.

PSM

1. Fassung/Feb. 1994

²³ Blackamon, C.P., LaMaster T.K., Roberts, L.C., Serrell, B., Open Conversations: Strategies for Professional Development in Museums Field Museums of Natural History, Chicago, Illinois, 1988, p. 86-87.

²⁴ Serrell, B. and Raphling, B. "Capturing Affective Learning" In Current Trends in Audience Research and Evaluation, Vol. 7, AAM Committee on Audience Research and Evaluation, May 1993, p. 57-62. Serrell has identified personal involvement as a category of affective response. It "denotes convictions, opinions, and beliefs or world views brought to mind or reinforced by the exhibit. It indicates connection and reflection on the exhibit topic in general and personal way."

Gerhard Christlansen, Cologne
Critical remarks on the evaluation of travelling exhibitions

The results of the "Evaluation" working group call in my view for a short comment as they leave out much of what was raised in the group discussions and individual points mentioned in the report could perhaps be misleading if they are taken as instructions for evaluating travelling exhibitions.

1. The proposal to formulate objectives is certainly useful during strategic planning of a health exhibition, e.g. in order to be clear what value an exhibition has in a broader preventive strategy. However, the proposal to formulate exhibition objectives seems to be based on the hope that it is possible to infer from this clear and perhaps even quantifiable objectives for the evaluation. This is, however, extremely difficult if one considers under what complex and varied conditions health exhibitions are conceived and implemented. Usually it is a matter of finding compromise solutions which must harmonise the contents, exhibition design, the logistical requirements and local conditions. If one attempts under such circumstances to lay down definite objectives, experience shows that there is a danger of these becoming far too global or too oriented to long-term effects - if it is indeed at all possible for an exhibition team to agree on a limited number of clear objectives. A practical initial step towards the planning of an evaluation study would be if the exhibition team were to receive a precise description of what it had done. It would be helpful if this description were based on the formulae of Harold Lasswell, a founder of communication research, which are simple but based on concrete communication situations. Who says (or shows) what to whom and how? Such a description of what should really happen in an exhibition is the most important requirement for realistic research into what really happens.
2. Undoubtedly, an evaluation project should not only describe how an exhibition runs since what is interesting above all else is what the exhibition achieves. But for this purpose it appears of little use to allow oneself to be led by theories or often merely by vague ideas of changes in individual attitudes or behaviour when planning the valuation, especially as the connections between communication messages, attitudes and behaviour are in no way clear either theoretically or empirically. Only one thing is certain: they do not run unilaterally and mono-causally in the following direction: messages change attitudes and these in turn change behaviour. It would be misleading for the evaluation of exhibitions and would actually pre-program failures, if one were to go exclusively by such simplistic ideas on attitude or changes in behaviour.

As far as the selection of evaluation criteria and indicators is concerned, it would be more practical if one were to complement the communication formula "who shows what to whom and how?" with the rider "with what consequences", i.e. list all presumed, intended and not least all non-intended consequences which result directly from that which is to really happen in the exhibition. Such a list would then constitute something like an accounting scheme for the exhibition, especially in such cases as the exhibition costs (as a very substantial consequence) are to be included. This approach could contribute a great deal more to clarification of what can be achieved with the exhibition and what is to be examined with the evaluation than can the orientation towards general theories on the media effect on approaches and behaviour.

3. As far as the methods of exhibition evaluation are concerned, it is not always desirable to let oneself be guided by social science textbook literature (nor by the prestige which certain measurement and analysis procedures currently enjoy). More practical - and methodologically cleaner - when selecting research techniques would be to base the accounting scheme on the presumed exhibition consequences as the consequences of acts are - to the extent that they can be stated precisely - usually measurable by simple counting (e.g. who visits the exhibition when, with whom and how long). For such measurements, it is usually possible to find very simple and cost-saving counting procedures as variously suggested in the evaluation working group, e.g. revolving doors for measuring the number of visitors, circulation figures for newspapers reporting on the exhibition. A further example is provided by the computer-based questionnaire in the "For Women Only?" exhibition.
4. The proposals put forward in this commentary naturally point only towards a general strategy for the evaluation of exhibitions. However, they possibly have the advantage of being capable of easier application to the concrete communication situation of a specific exhibition instead of being led by global objectives, abstract theories and elaborate research techniques (all things which are meaningful and useful in their corresponding contexts).

It would undoubtedly be necessary to develop accounting schemes (short-term exhibition effects and corresponding indicators and their measurement techniques) which are capable of generalisation and which are applicable to at least certain types of exhibition concepts. This, however, can only be achieved by the exchange of experience vis-à-vis concrete exhibition evaluations.

Hans Schnocks, Cologne
Schematic example of a cost-benefit analysis for the "European Health Market"

Normally, a net exhibition space of 180 m² at the Euregio Business Show would have cost the Bundeszentrale für gesundheitliche Aufklärung around ECU 35,000.

A visit-duration of 10 minutes is usually assumed for visitors to the European Health Market. Visitors are usually distributed over the net exhibition space and are assumed to visit each stand for a time corresponding to its size (principle of equally attractive stands).

In addition, for the sake of simplicity it is assumed that the visitor flow is distributed homogeneously over the opening hours: thus:

$$\frac{120,000 \text{ visitors} \times 10 \text{ minutes}}{10 \text{ days} \times 600 \text{ minutes opening hours}} = 200 \text{ visitors}$$

On, average 200 visitors attended the European Health market.

Of these, 18% were at the stand of the Bundeszentrale = 36 persons.

As the Bundeszentrale deployed 7 specialist stand attendants, it was only possible to provide visitors with advice for two tenths of their visit duration or to advise two tenths of the visitors during the entire duration of their stay.

Time spent with attendants has a higher efficacy. This is plausible, but cannot be measured. Such time is weighted (arbitrarily) with a factor of 4. It could also be weighted with a factor of 20 (cf. other advisory costs). Over a period of ten days, the Bundeszentrale's exhibition was attended by 21,600 visitors (18% of all visitors) who stayed 10 minutes on average = 216,000 visitor minutes; of these 20% received advice = 43,000 visitor minutes and thus weighted with a factor of 4 = 172,800 visitor minutes.

The costs for an unattended visitor minute are

$$\frac{\text{ECU } 35,000}{216,000 - 43,200 + 172,800} = \text{ECU } 0.10$$

Attended time is correspondingly to be costed at 4 x ECU 0.10 = 0.40

If one applies this procedure to financing by the EU and if one takes EU costs of ECU 100,000 as a basis, the following calculation results:

120,000 visitors were attended to for 20% of their time (Advice is provided free of charge by the exhibitors).

$$\frac{\text{ECU } 100,000}{1,200,000 - 240,000 + 960,000} = \text{ECU } 0.052$$

per visitor minute for unattended visitors and ECU 0.21 for attended visitors.

The figure for unattended visitor minutes can be compared for example with reader minutes per advertisement.

The amount of ECU 100,000 is sufficient for example for the one-off placement of a half-page advert in the "Bildzeitung" (circulation: 4,486 million). If every tenth Bildzeitung reader reads the advert and takes 5 minutes to do so, each reader minute costs ECU 0.45, i.e. just as much as a visitor minute (unattended).

The example shows that travelling exhibitions can also compete with the mass communication media.

3.

MINUS 5 **SIMPLE PRACTICAL**
GUIDELINES
(starting point for a
handbook, to be developed
for exhibitionmakers **WITH
LITTLE
MONEY**)

International Seminar "Travelling Exhibitions in Health Promotion", documentation. 1994-03-09.

GUIDELINES? SIMPLE? PRACTICAL? THIS WAS THE IDEA:

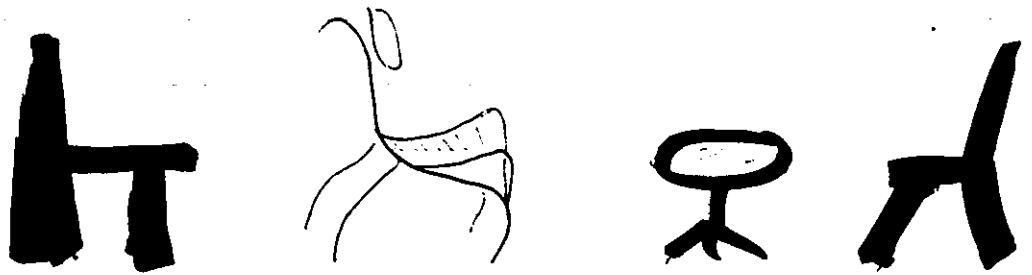
Visiting the Health Market in Aachen, with all its exhibitions, and listening to each other, has already taught us a lot about the simpler do's and don'ts in the making of simple exhibitions for communication and information. Before we leave Aachen and before we forget, let us include in the documentation some basic practical guidelines from us (as we feel today), short texts with sketches, "anspruchslos" and not too serious and respectful. A basic version of guidelines ought to be of value both to producers of exhibitions for health promotion and others.

This version is called MINUS 5 because we anticipate a minus 4 that is a little better, and so on (remedial evaluation as Patricia would put it!). When later we see the minus 1 version we should be fairly near what some people should recognize as QUALITY, so for the following version we should have a real artist making the drawings (PS You see, for the present early MINUS FIVER, we have not yet found a real artist, nor did we have the time to look for one - air flights were waiting to take us away - so I had to make sketches myself..., never done it since boyhood (bad luck for lovers of art). For this version (as remedial evaluation) there has been a reference group with the following members:..... Morten and N.N. have then added material of their own.

Aachen in March, 1994

Jan Hjorth
Swedish Travelling Exhibitions
Stockholm, Sweden

Seals!
Seals!
Seals!



... belong to the medium.

Organise a small cafe ... ?

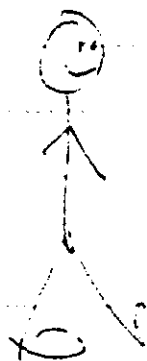
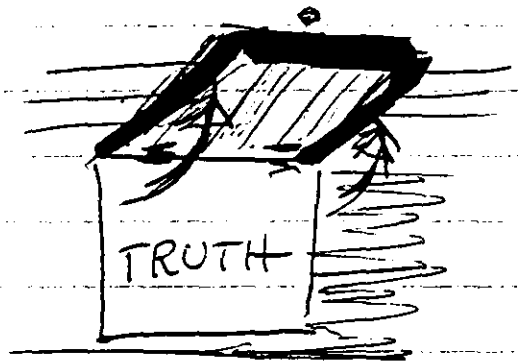
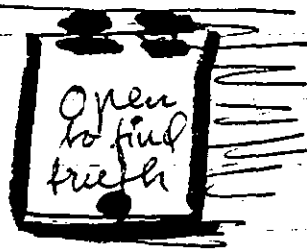
**LET PEOPLE MEET
AND ⁴⁸ TALK**

INTERACTIVITY

■ → the ~~key~~
key word.

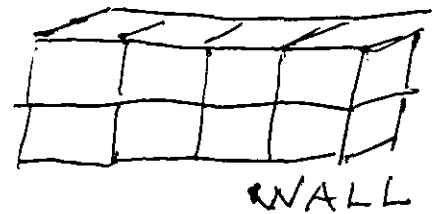
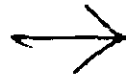
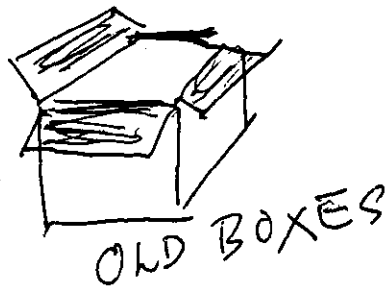
Symbol:

the
(window)



meet people

use lightweight, cheap
SURPLUS ?
MATERIAL ?



→ Non-professionals
= (and professionals with little money)
OFTEN USE FREE LEFT-OVER MATERIALS



CONTAINER

~~literature~~

P.S.

Are they pulling down an old building in your neighbourhood?
Could they donate building material?

A.

Graphic design

is

a world of its own



You'll need
a consultant?

b f a p

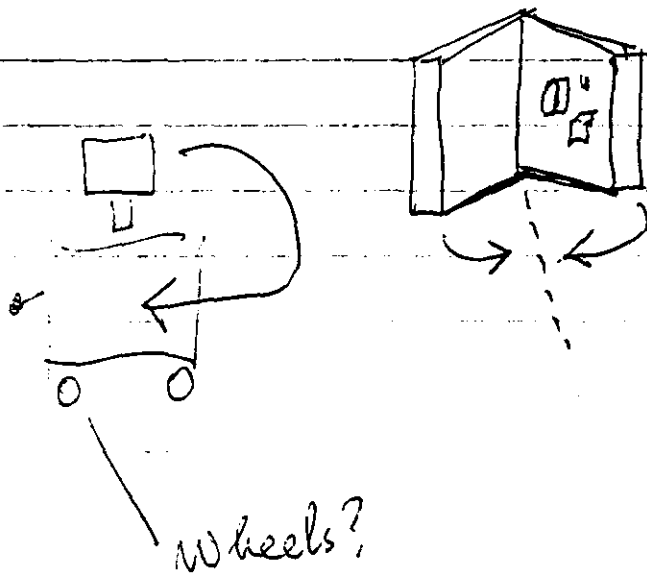
(Handwriting is not horrible.)

NB

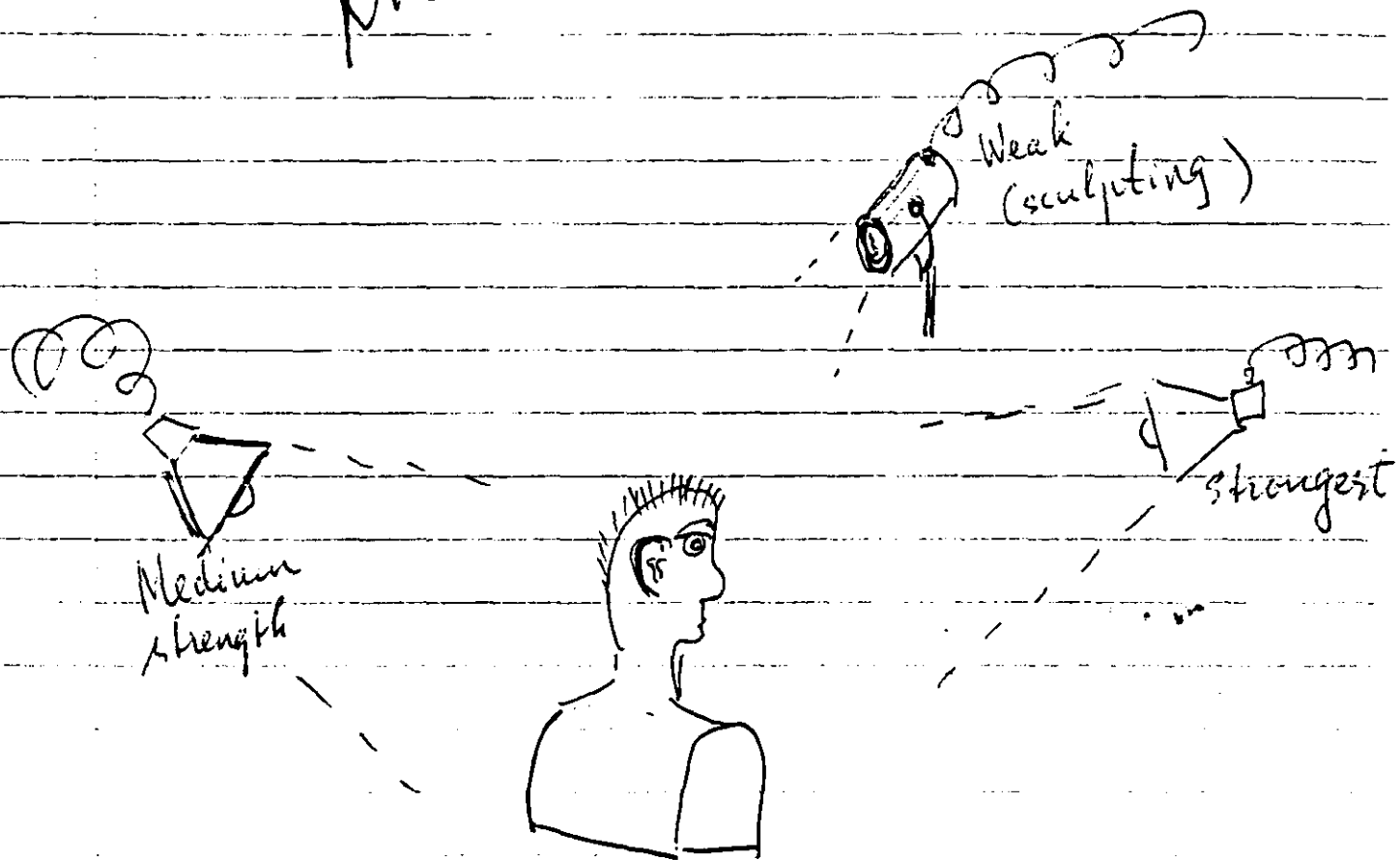
Those who know even a little
of the game, are as sensitive
to blunders as the
opera lover is
to false notes.

DO NOT LET THIS DISCOURAGE YOU.
Make experiments. Borrow style sheets

Integrate
exhibits and ~~packing material~~ and
crates ??



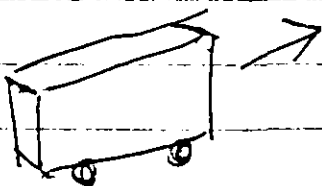
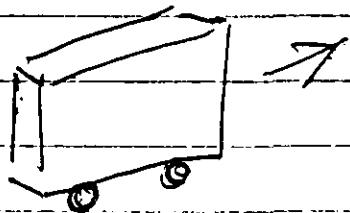
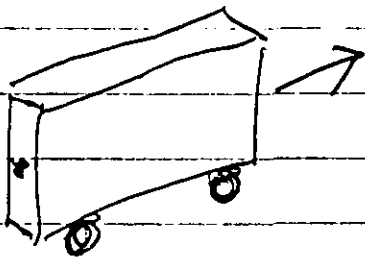
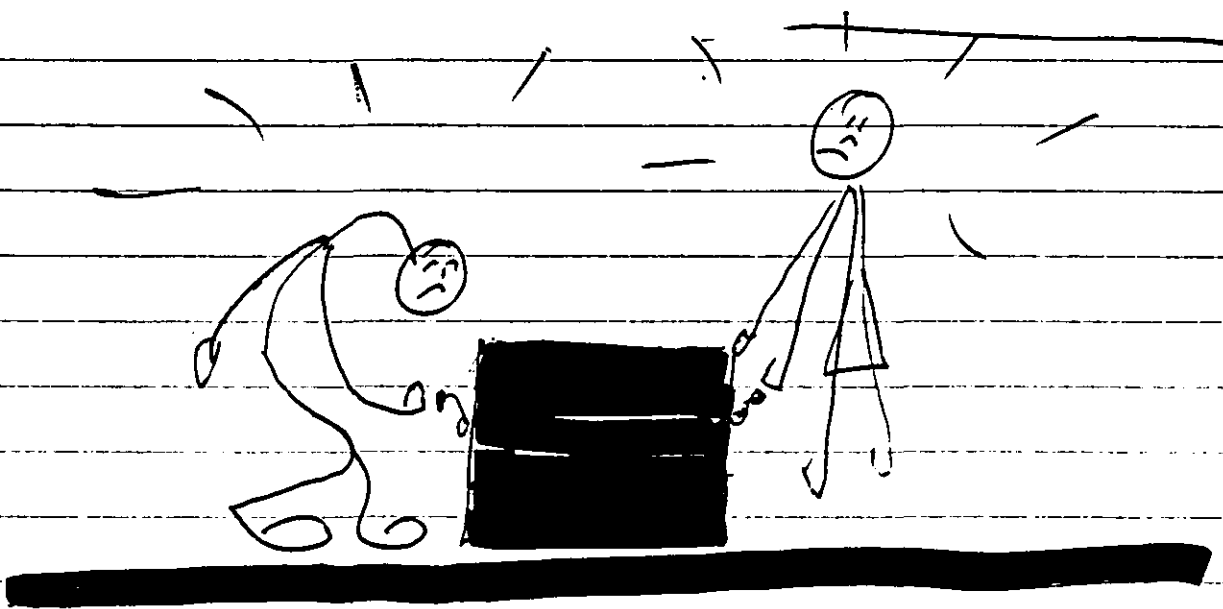
LIGHTING!



One ^{light} strategy among
many others -
the three lamps-
idea.

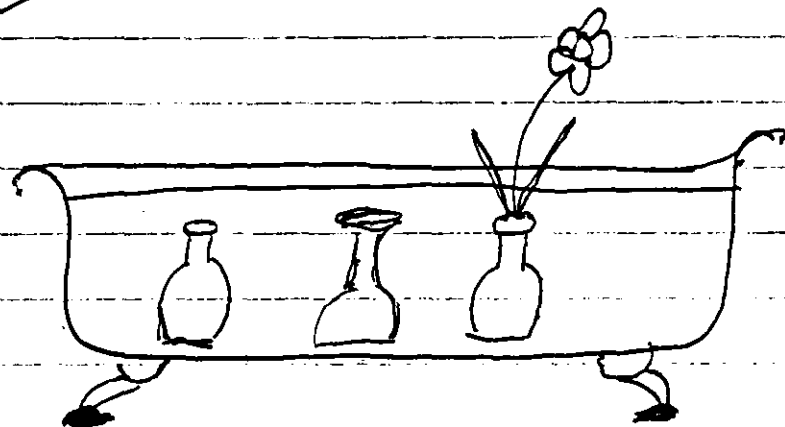
Specialise in
light-weight materials

FOR TRAVELLING EXHIBITIONS



- and wheels....
- and rather 3 crates
than 1 crate with
a lot of material

The bath tub
and the vases



Objects communicate with
EACH OTHER

(as well as with people -)

- Try unusual combinations
- ("shocking" - " -
- with an intelligent
thought!)



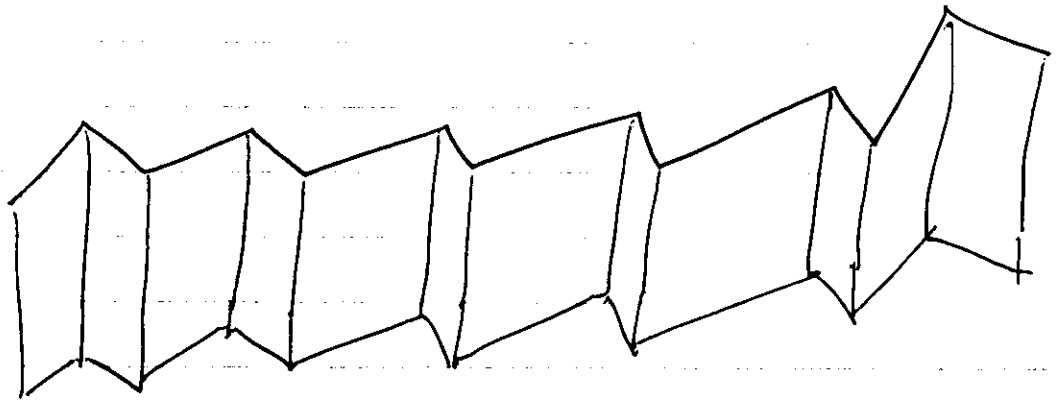
**THIS IS
AN EXHIBITION
ABOUT**



ENTRANCE

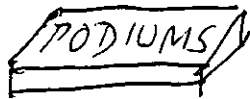


- Make at least some things very clear!
- How do you introduce the situation?
- Alternative introduction strategies ?? Think!



We do **NOT** believe
THE EXHIBITION

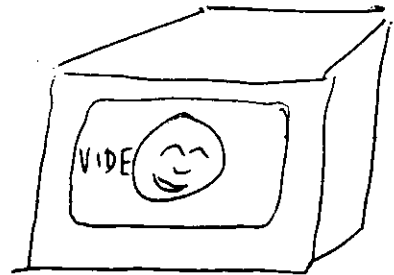
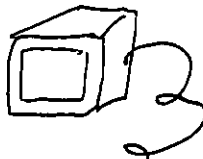
to be a medium of panels only^x



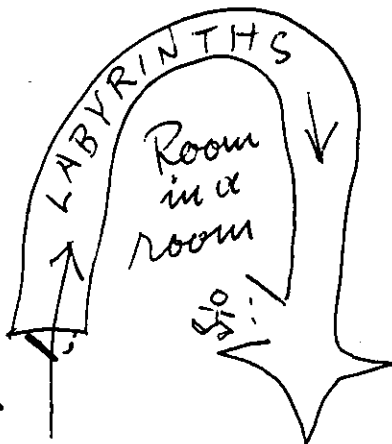
Rooms in
rooms

CREATE CLOSED ROOMS?

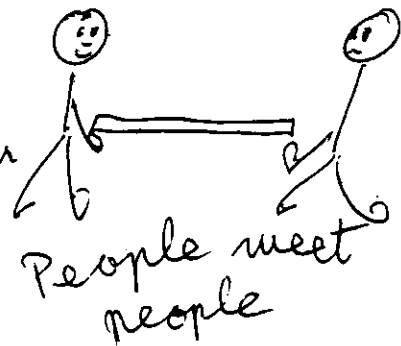
PC's



written
material

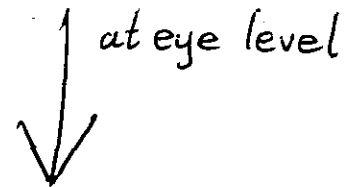


work
together



TEXTS

should be short



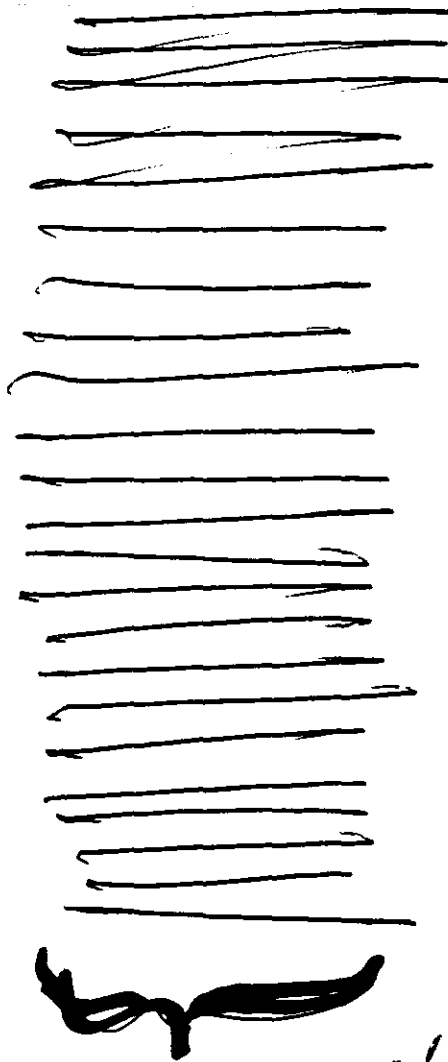
THIS IS INDEED

a SHORT

TEXT



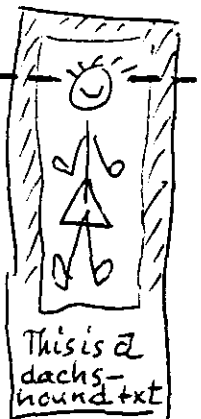
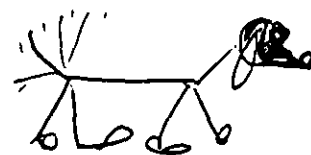
Write it
like a
pro...



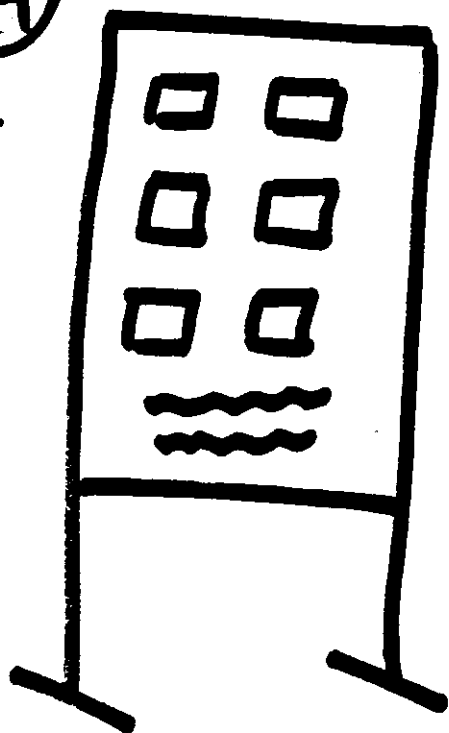
Include it
in your
nice little
folder

(OR TALK TO THEM
ABOUT IT IF YOU
HAVE THE TIME!?)

Eye level

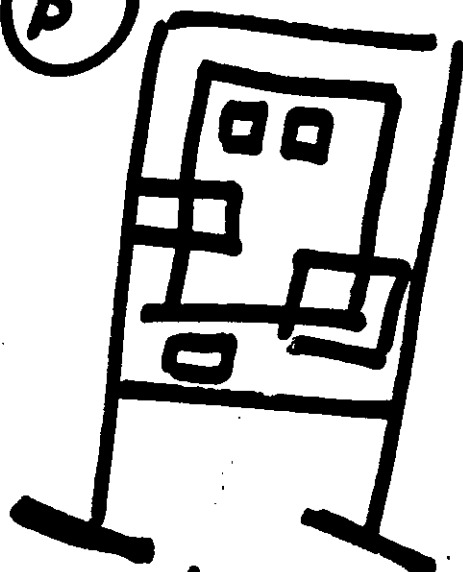


A)



SIX FOTO'S
ON A PANEL

B)



ALSO
6
FOTO'S
ON
A PANEL

• WHAT ARE THE
3 DIFFERENCES?

SEND YOUR ANSWER ON A POSTCARD)

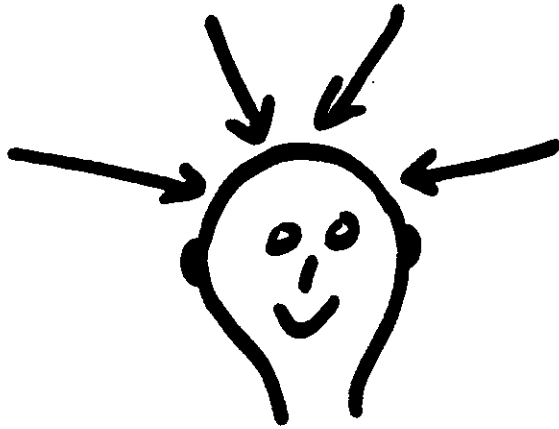
OR A NICE FOTO BOOK



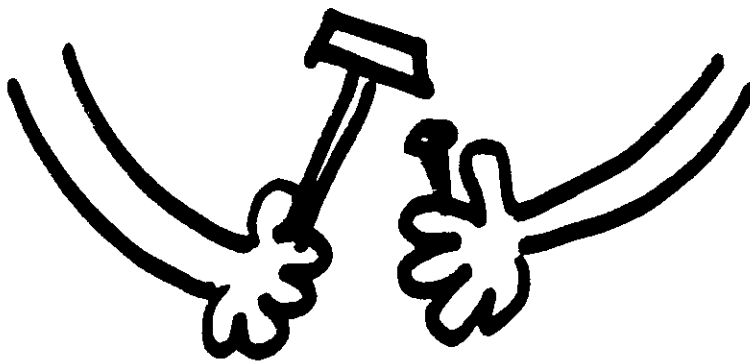
\$

(IT'S CHEAPER TOO!)

THINK!



Before you DO,



(MAYBE IT'S BETTER TO USE...)
...GLUE



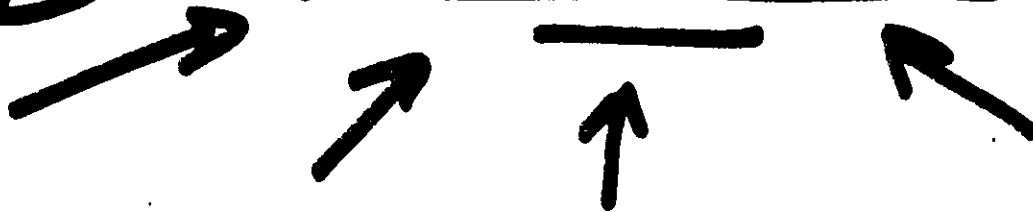
IF YOU USE FOTO'S WITH
PEOPLE

REMEMBER THIS :



OUR SOCIETY =

MULTI CULTURAL ←



SO MAYBE IT'S NICE TO
SHOW A

- CHINESE DOCTOR
- BLACK NURSE
- TURKISH PATIENT

ALSO : ♂ M / F ♀

1.

from
Ros
Weston
(1-5.)

For successful exhibitions you need to encourage your team to work together.

The team

(Picture of all the animals in the team :

Hippopotamus
"We have always
done it like this"

Monkey
Knows everything,
talks too much.

Giraffe
"I am rising
above all of this." Etc.)

You need to be flexible in both planning and project management.

How can you insure this?
Regular open team meetings.
Brainstorming.
Risk-taking.

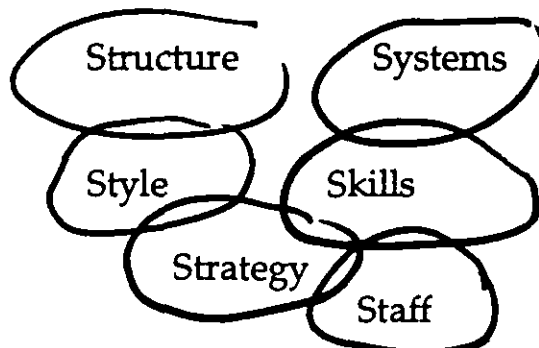
You need to be creative.

Can we train for creativity?
Perhaps we can help people only to develop their creativity further.

and

Innovative

It is necessary to have



to ensure the project develop according to plan and
xxxxxxx know what they have to do.

2.

To make it really work you need

A policy - designed and implemented after full consultation

An operational plan.

Effective production plan.

Creating exciting exhibitions needs —

**A positive working atmosphere (climate)
by setting time aside for team development.**

Effective communication

- **Learning to give and to receive positive and negative feedback.**
- **Learning to listen actively.**

Procedures for project management

**A leader who can orchestrate
(picture of the orchestra).**

**A good project manager
..... who is allowed to manage.**

A core team

**who will co-ordinate all the work and planning.
Choose the members carefully and be aware of the dangers of
"groupthink".**

**Operating team who makes it all happen.
Handle the designers with care!**

**The team leader needs to
set time aside for team development.
Use an outside facilitator.**

3.

Create a team spirit.

This may mean having

Meetings

xxxxxxx together

Having fun

Training and education

Residential workshops.

The team needs to have

Commitment

Motivation

Decent finances

Technical support

Management support

xxxxxxxxx

Clear goals and objectives

An appropriate leader

Communication is the key to success

Information is clear

Democracy is important
(but is it truly possible?)

Consensus should be negotiated.

Boundaries need to be clear.

Decisions are important and should be respected

Deadlines need to be set - and to be flexible.

Trust.

4.

To stimulate the team to work together you need

Written criteria for recruitment
(everything should have clear
criteria so everyone knows where
he or she stands).

Multidisciplinary skills.

Have a system of
regular reporting.

Set xxxxx rules

Good time management

Learn from experience

Have clear roles

All members of the team need to be valued
and all should know what the others contribute.

Could use
the orchestra

Violins

Tubas

Cymbals

Trumpets

Drums

Evaluate the team's progress and the project's progress.

Team

Project

What are we achieving?

How are we
progressing?

How are we achieving?

What do we still have
to do?

Can we do better?

How will we do it?

What can we congratulate
ourselves for?

Who will do it?

What is good?

What can we do better?

What needs
changing?

Successful teams

achieve the task

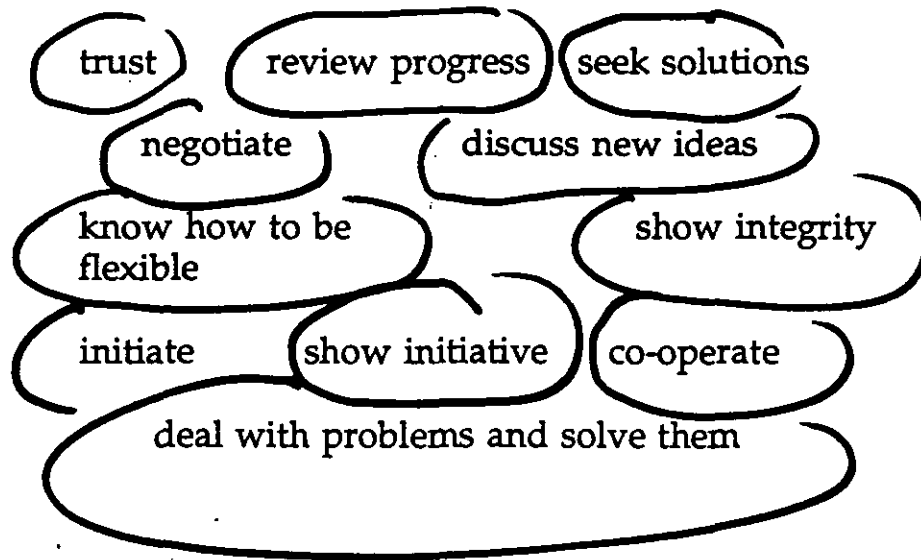
Build the team
and maintain the team

Develop the
individual

5.

NB Of course there are some aspects of teams which are less helpful - a team can become inward-looking, insular and inappropriately loyal to all members.

Successful teams also



- 1) NB Drafts only, with no drawings (yet)
2) x x x x = so far unreadable word

Don't invent what others already invented.

Use standard solutions when available.

from
Morten
S.M.

Look at how other people did bad (or good) exhibits - learn from their mistakes!

Making something interactive means hard times maintaining the exhibition. Think about maintenance - choose durable solutions.

Make visitors' bodies of the exhibit ("environments")

(Example from the Health Market exhibitions: the womb -).

Make your exhibit easy to clean. (Choose surfaces with care)

Invite special target groups in for free on specific dates.

Build networks!

Instructions on how to use the exhibit should be integrated into the design. (The exhibit should work without explanatory text! Use voice instructions when appropriate.)

Talk to more than one sense (ear-sight-smell-fingers).

Your visitor should get the main point within max 60 sec.

Start where the visitor's knowledge is!

If your exhibition is to be in more than one language, you have to think of it from the beginning! Translating in a late stage is like doing the work twice!

Disposable exhibitions made out of cardboard - brilliant idea. (The anti-smoking exhibition from BZgA -.)

Use materials that you can buy cheaply and easily.

Try to make access to your exhibits possible for handicapped people (in wheel chairs, hard of hearing, bad eyesight...).

Make sure that children and older people have access to the exhibits.

Pia Bech Mathiasen's design considerations (to be supplied from Morten S Meyer).

There's never 1 (one) solution to a problem. (Drawing)
It's called creative thinking ...

A space is more than a square. Use it! (drawing)

Working with one exhibit should not be interesting after 5 minutes - if so, make an extra copy of the exhibit.

xxxxxx the contents of your exhibits. Give priority to your ideas!

Medical instruments for health exhibitions

How to raise individual health consciousness

Topic (tobacco, overweight, sun protection etc.)

What is measured by the instrument

Details of instrument

Name of instrument

Price of instrument

approx. _____ US\$

Price of materials per measurement (excluding staff cost):

approx. _____ US\$

How many measurements can typically be made per one hour?

Is trained staff needed to do the measurements?

☐ Yes ☐ No

Is a trained staff needed to interpret the results for the visitor?

☐ Yes ☐ No

How would you rate the potential of changing motivation on a scale from 1 to 4 (4=highest)?

☐ 1 ☐ 2 ☐ 3 ☐ 4

Supplier of instrument

(Name and full postal address)

The supplier is:

☐ Manufactory/international dealer
☐ European dealer

Name of person to contact: _____

☐ National dealer

Phone : _____

Fax : _____

Person who used the instrument in a health exhibition

(Name and full postal address)

Phone : _____

Fax : _____

Please mail completed forms to:

Morten Strunge Meyer

Danish Cancer Society

Strandboulevarden 49

DK-2100 Copenhagen, Denmark, phone: 00 45 35 26 88 66, fax: 00 45 35 26 45 60

Since forms are to be reduced to 50% in size and then copied, PLEASE use full capital letters.
You can obtain a copy of the latest list by sending a fax to Morten Strunge Meyer.

Literaturliste

Empfehlungen von Marianne van de Weerd, Leiden

1. Bergmann, E., Exhibits: A proposal for guidelines, Curator, 1976, no. 2, pp 151-156
2. Bergmann, E., Exhibits: a production checklist, Curator, 1976, no. 2, pp 157-161
3. Braam, A.M., Voorlichting door middel van tentoonstellingen, een literatuurstudie, Vakgroep Voorlichtingskunde, Landbouwwuniversiteit Wageningen/Rijksvoorlichtingsdienst, Afdeling Tentoonstellingen, Den Haag, 1982

Summary

A summary of Dutch and foreign literature about the use of exhibitions in extensions.

4. Feller, E., I. Gaasbeek, T. van Nimwegen, Wijzer in de voorlichting, Overzicht van patientenvoorlichtingsactiviteiten binnen ziekenhuizen, Utrecht, Landelijk Centrum GVO, 1993

Summary

A summary of extension-activities for patients in Dutch Hospitals.

5. Graf, B und G. Knerr, Museumsausstellungen: Planung, Design, evaluation, München, Deutsches Museum, 1985
6. Institut für Soziologie, Universität Karlsruhe, Schriften zur Besucherforschung, 1991-1993
7. Jong, S. de, Het glazen huis: doeltreffend exposeren, Aarlanderveen, van Lisdonk, 1982

Summary

Historical information about the development of exhibitions. Also is discussed how to create exhibitions in an efficient way.

8. Kissiloff, W. , How to use mixed media in exhibits, Curator, 1969, no. 2, pp 83-95
9. McLean, K., Planning for People in Exhibitions, Washington D.C., Association of Science-Technology Centers, 1992
10. Miles, R. S., The Design of Educational Exhibits, London, George Allen & Unwin, 1982
11. Schot, F., Praktijkhandboek voor communicatief exposeren, Deventer, Kluwer, 1985

Summary

Practical handbook for communicative exhibiting.

12. Screven, C. G., Exhibit evaluation. A goal-referenced approach, In: Curator, 1976, no. 4, pp 271-290
13. Stehouwer, J., H. van Etten, J. de Jong, P. van Moorsel, Wat een vertoning: handleiding voor het maken van tentoonstellingen: visuele overdracht en technische aspecten, Utrecht, OKV, 1985

Summary

Handbook for creating exhibitions: visual and technical aspects.

14. Stichting voor Publieksvoorlichting over Wetenschap en Techniek, De reizende tentoonstelling, in: Wetenschap is mensenwerk, Wetenschapsvoorlichting in de praktijk, Utrecht, P.W.T., 1991, pp 39-46

Summary

An explanation about 'de Stichting Gezondheidsexpotheek Nederland', a Dutch foundation which develops and hires traveling exhibitions about health and health-care. The development of an exhibition about CARA is discussed as well.

15. Swandby, R. K., Choosing the Right Exhibit Techniques, Sales & Marketing Management, 1979, no. 3, pp 85-86
16. Wapenaar, H., N. G. Röling, A.W. van den Ban, Basisboek voorlichtingskunde, Meppel, Boom, 1989, pp 162-164

Summary

An introduction in extension science in which exhibitions, as an instrument in extension, are discussed.

17. Wapenaar, H., N.G. Röling, A.W. van den Ban, De nieuwe inleiding in de voorlichtingskunde, Landbouwuniversiteit Wageningen, Vakgroep Voorlichtingskunde, 1988, pp 129-132

Summary

An introduction in extension science in which exhibitions, as an instrument in extension, are discussed.

18. Willems, J. (ed.), Voorlichting op een andere manier, Deventer, Kluwer, 1983

Summary

Alternative ways of extensions, are discussed. One chapter is dedicated to exhibitions.

19. Woerkum, C. J. M. van, Massamediale voorlichting, een werkplan, Boom, Meppel, 1987 (herziene druk)

Summary

A practical guide for preparing, designing, producing, pretesting and evaluating extension messages by way of massmedia, i.a. exhibitions.

20. Zebhauser, H., Messen und Ausstellungen, Medien der Kommunikation, München, Verlag Karl Thieme, 1980

21. Ippen, Johannes
Kunst der Farbe / Kleurenleer
ISBN 9021300583

- book of former Bauhaus director and member about colour; use of colour, colours in relation to each other, contrasts, complementary colours
- not too big, not too expensive, very handy and fun to read.

Empfehlungen von Anja Dauschek, München

Ausstellungsplanung allgemein

Noschka-Roos, Anette.
Bibliographiereport 1993 zu den Gebieten Museologie, Museumspädagogik und Museumsdidaktik.

Berlin: Institut für Museumskunde, 1993

Sehr ausführliche Bibliographie deutsch- und englischsprachiger Literatur. (Zu beziehen über das Institut für Museumskunde, In der Halde 1, 14195 Berlin).

Klein, Hans-Joachim; Monika Bachmeier.
Museum und Öffentlichkeit.

Berlin: Gebr. Mann, 1981

Guter Überblick über die Geschichte der Besucherforschung. Zu bestellen beim Gebr. Mann Verlag in Berlin.

McLean, Kathleen.

Planning for People in Exhibitions

Washington: ASTC, 1993

Gute Übersicht über alle Notwendigkeiten der Ausstellungsplanung unter besonderer Berücksichtigung von publikumsnaher Planung. (Zu bestellen bei ASTC, 1025 Vermont Ave. N.W., Suite 500, Washington D.C. 20005-3516, U.S.A.)

Sautter, Sabine.

"Wer hat soll zeigen!" bisher unveröffentlichtes Manuskript zur Ausstellungsplanung mit Laien. Ein Forschungsprojekt der ANstiftung, 1993

Das Manuskript kann Ende 1994 bei der ANstiftung, Daiserstr. 15, 81371 München bestellt werden.

Texte im Technischen Museum. Textformulierung und Gestaltung, Verständlichkeit, Testmöglichkeiten.

Berlin: Institut für Museumskunde, 1988

(Zu beziehen über das Institut für Museumskunde, In der Halde 1, 14195 Berlin)

Ausstellungsplanung praktisch

Kennedy, Jeff.

User-Friendly: Hands-On Exhibits that Work.

Washington: Association of Science-Technology Centers, 1990

(Zu bestellen bei ASTC, 1025 Vermont Ave. N.W., Suite 500, Washington D.C. 20005-3516, USA.)

Levy, Shab.

Cogs, Cranks & Crates. Guidelines for Hands-On Travelling Exhibitions. Washington: Association of Science-Technology Centers, 1989.

(Zu bestellen bei ASTC, 1025 Vermont Ave. N.W., Suite 500, Washington D.C. 20005-3516, USA.)

Punt, Barbara.

Doing it Right: A Guide to Improving Exhibit Labels.

Brooklyn, NY: Brooklyn Children's Museum, 1989.

(Zu beziehen über American Association of Museums, 1225 Eye Street N.W. Washington D.C. 20005. Tel.: (202) 2 89-91 27, Fax (202) 2 89-65 78)

Witteborg, Lothar P.

Good Show! A Practical Guide for Temporary Exhibitions

Washington: Smithsonian Institution Travelling Exhibition Service, 2nd edition 1991.

(Zu beziehen über American Association of Museums (s. oben).

Empfehlungen von Patricia Munro, München

Adams, James. Conceptual Blockbusting. Reading, MA: Addison-Wesley Publishing Company, 1976.

De Bono, Edward. Serious Creativity: Using the Power of Lateral Thinking to Create New Ideas. New York, NY: Harper Collins Publishers, 1992

Rand, Judy. "Building on your Ideas" in Museum Visitor Studies in the 90s. London, England: Science Museum, 1993: 145-149.

Serrell, Beverly. "Using behaviour to define the effectiveness of exhibitions" in Museum Visitor Studies in the 90s. London, England: Science Museum, 1993: 140-144.

Schwartz, Peter. The Art of the Long View: Planning for the Future in an uncertain World. New York, NY: Doubleday, 1991.

Visitor Studies: An Introductory Bibliography

Patricia Munro, Project Manager, ANstiftung

Anderson, Peter and Roe, Bonnie Cook. The Museum Impact Evaluation Study. Roles of Affect in the Museum Visit and Ways of museums of Assessing them Vo. 1,2,3, Museum of Science and Industry, Chicago, 1993. (Available from Association of Science-Technology Centers, 1025 Vermont Ave., NW, Suite 500, Washington, DC 20005-3516)

Bitgood, Stephan, ed. Visitor Studies: Theory, Research, and Practice: Proceedings of the Visitor Studies Conferences. The Center for Social Design, Jacksonville, AL, 1988, 1989, 1990, 1991 und 1992 . (Available from the Center for Social Design, P.O. Box 1111, Jacksonville, AL 36265)

Borun, Minda. "Naive Notions and Design of Science Museum Exhibits" in Journal of Museum Education 14, no. 2 (1989): 16-17. (Available from American Association of Museums, Bookstore, 1225 Eye Street, NW, Suite 200, Washington, DC 20005)

Evaluation in a Museum Setting (Reprint Package), American Association of Museums Technical Information Service, Washington, DC, 1989. (Available from American Association of Museums, Bookstore, 1225 Eye Street, NW, Suite 200, Washington, DC 20005)

Falk, John H. and Dierking, Lynn D. The Museum Experience, Whalesback Books, Washington, DC 1992. (Available from the American Association of Museums)

Getty Center for Education in the Arts. Insights - Museums, Visitors, Attitudes, Expectations: A Focus Group Experiment, The J. Paul Getty Museum, Malibu, CA, 1991.

(Available from The Getty Center for Education in the Arts, 1875 Century Park East, Suite 2300, Los Angeles, CA 90067)

Graf, Bernhard und Günter Knerr. Museumsausstellungen: Planung-Design-Evaluation, Deutsches Museum, München 1985.

Hood, Marilyn G., "Getting Started in Audience Research" in Museum News 64, no. 3 (1986): 32-39. (Museum News is a publication of the American Association of Museums)

Institut für Museumskunde, Staatliche Museen, Preußischer Kulturbesitz, Bibliographie-Report 1993 zu Museologie, Museumspädagogik, Museumsdidaktik und Besucherforschung Heft 39, Berlin 1993. (Available from Institut für Museumskunde, In der Halde 1, 14195 Berlin)

Klein, Hans Joachim, ed., "Front-End Evaluation. Ein nichtsagender Name für eine vielsagende Methode", Karlsruher Schriften zur Besucher Forschung, Heft 4, Institut für Soziologie und Interfakultatives Institut für angewandte Kulturwissenschaft, Karlsruhe, 1993. (Heft 1,2,3 & 4 are available from Institut für Soziologie, Universität Karlsruhe, Kollegium am Schloß, Bau II, 76131 Karlsruhe)

McCormick, Susan, ed., What Research Says about Learning in Science Museums: Vol. I, Association of Science-Technology Centers, Washington, DC, 1990. (Available from Association of Science-Technology Centers)

McLean, Kathleen. Planning for people in Exhibitions, Association of Science-Technology Centers, Washington, DC 1993. (Available from Association of Science-Technology Centers)

McNamara, Patricia A. "Visitor-Tested Exhibits" in Visitor Studies: Theory, Research and Practice, Jacksonville, AL, 1988. (Available from Center for Social Design)

Miles, Roger. The Design of Educational Exhibits. George Allen & Unwin, London, 1982.

Miles, Roger. "Grasping the greased pig: evaluation of educational exhibits" in Museum visitor studies in the 90s, Science Museum, London 1993. (Available from Science Museum, Bookstore, Exhibition Road, London SW7 2DD)

Moeller, Tamerra Dr., "Creating a health Exhibit, the development team and planning process" in Health Exhibitions: Diagnosis and Development, Association of Science-Technology Centers, Washington, Dc, 1987. (Available from Association of Science-Technology Centers)

Roberts, Lisa. "Affective Learning, Affective Experience: What Does It Have To Do With Museum Education?" in Visitor Studies: Theory, Research and Practice Vol. 4, The Center of Social Design, Jacksonville, AL, 1992. (Available from Center of Social Design)

Screven, Chandler G., "Uses of Evaluation Before, During and After Exhibit Design" in ILVS Review: A Journal of Visitor Behavior Vol.1, No. 2 (1990): 26-66. (Available from ILVS Publications, P.O. Box 11827, Shorewood, WI 53221-0827)

Screven, Chandler G. and Shettell, P., Visitor Studies Bibliography and Abstracts 3rd Edition, Exhibit Communications Research, Inc., Shorewood, WI, 1993. (Available from ILVS Publications)

Serrell, Beverly, ed., What Research Says about Learning in Science Museums: Vol. 1, Association of Science-Technology Centers, Washington, DC, 1993. (Available from Association of Science-Technology Centers)

Shettel, Harris. "Front-End Evaluation: Another Useful Tool" in ILVS Review: A Journal for Visitor Behavior, Vol. 2, No. 2 (1992): 275-280. (Available from ILVS Publications, Inc.)

Taylor Samuel. Try It! Improving Exhibits through Formative Evaluation, Association of Science-Technology Centers, Washington, DC 1991. (Available from Association of Science-Technology Centers)

Umfrage

Geben Sie bitte Ihre fünf wichtigsten Bücher oder Artikel zum Thema Wanderausstellungen an. Rücksendung an Hans Schnocks.

Während des Plenumsgesprächs zum Abschluß des "Internationalen Seminars über Wanderausstellungen zur Gesundheitsförderung" wurde vorgeschlagen, daß alle Teilnehmer jeweils fünf Bücher vorschlagen, die sie in ihrer Arbeit als hilfreich empfunden haben.

Die Planungsgruppe des Seminars hofft, daß Sie die Zeit finden, Ihre Empfehlungen an die anderen Teilnehmer weiterzugeben! Bitte geben Sie neben den üblichen bibliographischen Daten auch an, wo das Buch zu beziehen ist:

Beispiel (Buch): Witteborg, Lothar. Good Show: A Practical Guide for Temporary Exhibitions. Washington D.C.: Smithsonian Institution Traveling Exhibition Service, 1981.

zu beziehen über: American Association of Museums/Bookstore, 1225 Eye Street NW, Suite 200, Washington D.C. 20005, USA.

Beispiel (Artikel): Hood Marilyn G.
"Getting Started in Audience Research"
Museum News 64, Nr. 3 (1986): S: 25-31.

Museum News ist die Mitgliederzeitschrift der American Association of Museums, 1225 Eye Street NW, Suite 200, Washington D.C. 20005, USA.

Name:

Adresse:

Tel:

Fax:

5. Existing Networks for Exhibit planners and Designers

zusammengestellt von ANstiftung, München

ECSITE - the European Collaborative for Science, Industry and Technology Exhibitions

Executive Office:

Museu de la Ciencia

Teodor Roviralla 55

S - 08022 Barcelona, Spain

Tel: 34-3-418-7903

Fax: 34-3-417-0381

ECSITE publishes a quarterly newsletter and meets on a yearly basis.

ASTC - Association of Science-Technology Centers

1025 Vermont Ave., NW, Suite 500

Washington, DC 20005-3516 USA

Tel: 202-783-7200

ASTC publishes a quarterly newsletter and meets on a yearly basis.

Visitor Studies Association

P.O. Box 1111

Jacksonville, Alabama 36265 USA

Tel: 205-782-5640

Fax: 205-782-5640

The Visitor Studies Association publishes a quarterly newsletter, technical articles and proceedings of their annual meeting.

National Association for Museum Exhibition (NAME)

The Standing Professional Committee on Exhibition of the American

Association of Museums

P.O. Box 876

Bristol, CT 06011-0876 USA

NAME publishes a quarterly newsletter and sponsors workshops on exhibition related topics.

Museum Education Roundtable

P.O. Box 23664

3000 Connecticut Ave., NW

Washington, DC 20026-3664 USA

The Museum Education Roundtable publishes the "Journal of Museum Education" a quarterly journal.

Visitor Studies Network

c/o Harry Needham

Canadian Museum of Civilization

100 Laurier St.,

P.O. Box 3199, Station B

Hull, Quebec J8X 4H2

Canada

Tel: 819-776-7123

Fax: 819-776-7033/7122

Mr. Needham started an informal network of colleagues worldwide who are involved in conducting visitor studies of different kinds. He hopes to encourage the exchange of studies and methodologies through this network.

International Committee of Museums (ICOM)
1, Rue Miollis, 75732 Paris, Cedex 15, France
Tel: 1-47-34, 0500/45.68.10.00
Fax: 43.06.78.62

ICOM publishes a magazine and has a number of committees which meet regularly.

Internationaler Museumsrat (ICOM-Deutschland)
c/o Museum Mensch und Natur
Schloß Nymphenburg
80638 München
Tel: 49-89-1783336
Fax: 49-89-1784380

ICOM-Deutschland publishes a membership list and meets on a yearly basis.

Bundesverband Museumspädagogik
Renate Dittscheid
Sprengel Museum Hannover
Kurt-Schwitters-Platz
30169 Hannover

The Bundesverband Museumspädagogik has committees (Landesarbeitskreis) in several countries.
It publishes the journal "Standbein/Spielbein".

Information on courses for exhibition design

Zusammengestellt von Marianne van de Weerd, Leiden, und Anja Dauschek, München

The Netherlands

Reinwardt Academy
Museology Department
Director: Mr. Piet Pouw
Dapperstraat 315
1093 BS Amsterdam
Phone: ..31 20 69 26 338/..31 20 69 22 111
Fax: ..31 20 69 25 762/..31 20 69 26 836

- full-time 4 year day course in Dutch
- post-academic full and part-time 1+1/2 year course for foreigners in English
- no summerschool or short course

Great Britain

Royal College of Art
Kensington Gore
London SW7 2EU
England
Phone: ..44 71 58 45 020
Fax: ..44 71 22 51 14 87

- post-graduation course

France

l'Ecole du Magasin
Grenoble
France
- no adress
- post-graduation course

Germany

Bundesakademie für kulturelle Bildung
Abt. Museumspädagogik
Dr. Andreas Grünewald Steiger
Postfach 1140
38281 Wolfenbüttel
Tel: 05331-808-411/412
Fax: 05331-808-413

Landesverband Rheinland
Rheinische Museumsschule
Bildungsstätte Abtei Brauweiler
Ehrenfriedstraße 19
50259 Puhliheim
Tel: 02234-805 300/303
Fax: 02234-805 202

E

RIKSUTSTÄLLNINGARS
POTEK

A FOUNTAIN OF KNOWLEDGE



"Welcome to the Expotek. We'll be pleased to answer all your questions about the work of putting an exhibition together," says Agneta Sommansson, the documentalist who has compiled the Expotek library. Together with her assistant Åsa Norberg, she is ready with answers to a diverse range of queries.

RIKSUTSTÄLLNINGAR THE SWEDISH TRAVELLING EXHIBITIONS • ALSNÖGATAN 7 • STOCKHOLM
POSTAL ADDRESS: BOX 4715 • S-116 92 STOCKHOLM • SWEDEN • TEL +46-8-644 97 20 • FAX +46-8-702 07 39





HOW DO YOU MAKE A FOREST OUT OF CORRUGATED CARDBOARD?

- Can you have an open fire under plexiglass?
- What type of glue do you use on bookmarks if you want to remove them later?
- Is there a designer who has worked with exhibitions in tents?
- Can you suggest suitable materials for children to use in an exhibition?

- Do you have a register of recent literature concerning museum pedagogy?

Last year they received well over 250 questions that took more than five minutes to answer.

"I may not be able to give you a direct answer every time, but I can always point you in the right direction," says Agneta. "And I can always give you an answer that saves work," she explains. "If I compile

a bibliography covering a specific topic, it should include a short summary of each book, so the reader can quickly determine what is of interest for the work at hand. The material I provide is structured and edited.

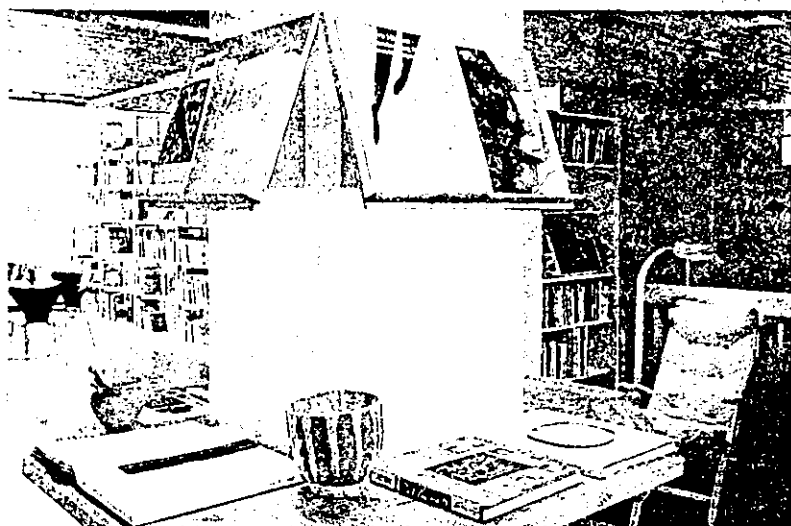
FOR EVERY EXHIBITOR

The Expotek is meant to be a resource for everyone - professionals and amateurs - who are in any way involved in the work of creating an exhibition. Exhibition arrangers, museums and cultural institutions, clubs, schools and other educational institutions; all enquiries

are welcome. Exhibition producers from the Swedish Travelling Exhibitions' own staff, freelance designers, architects - in short anyone who is putting an exhibition together.

Naturally, even those who don't necessarily fall into the above categories, but who have questions related to exhibitions, are also welcome.

Here you will find material describing processes from the idea stage to technical production. Material concerning every facet of work is available: synopsis, sketches, budgets, models, technical solutions, graphics, photos, catalogues, instructions, literature and press clippings.



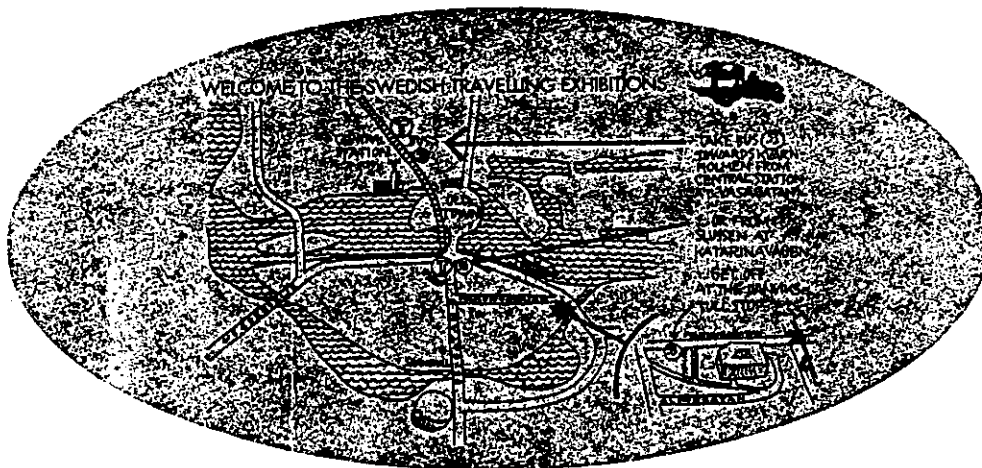
EXPOTEK

RIKSUTSTÄLLNINGAR

The Expotek came into being in 1987 and is based on the Swedish Travelling Exhibitions' more than 25 years of

experience; the experience and knowledge of producers, designers, technicians, tour co-ordinators and PR staff. The Expotek has also started to document exhibitions produced by others; for example the Vasa Museum's "Ships in battle".





WHERE ARE THE ANSWERS?

The Expotek consists of five sections:

- a **library**, with periodicals and books about exhibitions;
- **photo archives**, in which 1,500 exhibitions are documented;
- a **model collection** with working and display models;
- **project archives**, covering all aspects of the exhibition project, from sketches and budgets to printed matter and press clippings;
- and a **database**, EXPO, where all the material is registered.

USE THE EXPOTEK!

You can order material from the Expotek: like **new acquisitions lists** (a couple of times a year) and **bibliographies** covering various topics, eg, Lighting in exhibitions, Texts, Models, Children and museums. You can make **study visits**, but please call first and book a time. You can register for **courses and seminars**, (eg, "Dare to be seen!", a tailor-made course for librarians, arranged throughout Sweden since 1990).

DATABASE EXPO

A special database, EXPO, makes all material easily and readily accessible. This database combines factual and bibliographical data. The software is CDS-ISIS; developed by Unesco, internationally widespread and used by Unesco-ICOM Information Centre – the international museum organization's info-centre in Paris. The Expotek has access to other databases such as Artikelsök, Libris and Dialog (with 800 databases including humanities and cultural subjects).

THE EXPOTEK CONTAINS

5,000
volumes

150
periodical
subscriptions

500
catalogues

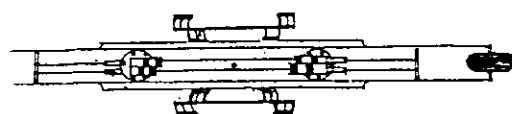
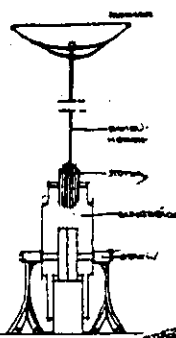
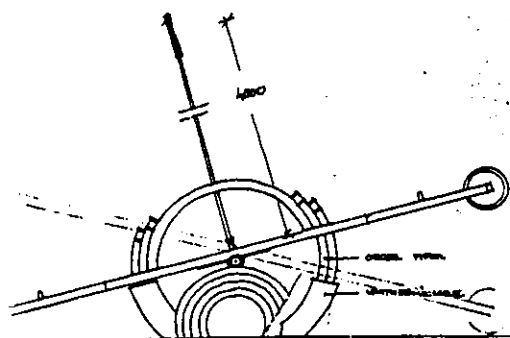
400
posters

120
models

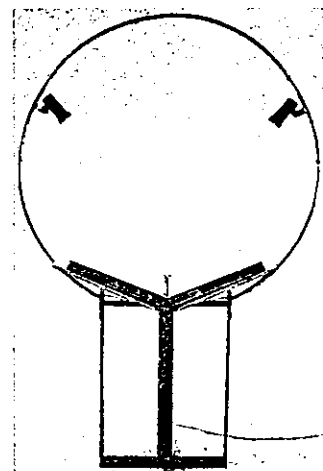
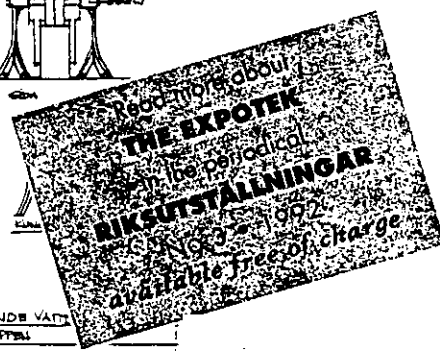
20,000
photos (black and
white and colour)

360
volumes in the project
archives

Technical solutions
exhibits



KLINGAUS VATT
TJELL VITTEL
SALA 1:20 22.3.92



**The
Expotek**

welcomes
telephone
enquiries.

Better still,
come and visit
us and study
our material,
browse and enjoy
this resource. This
interaction is
what makes

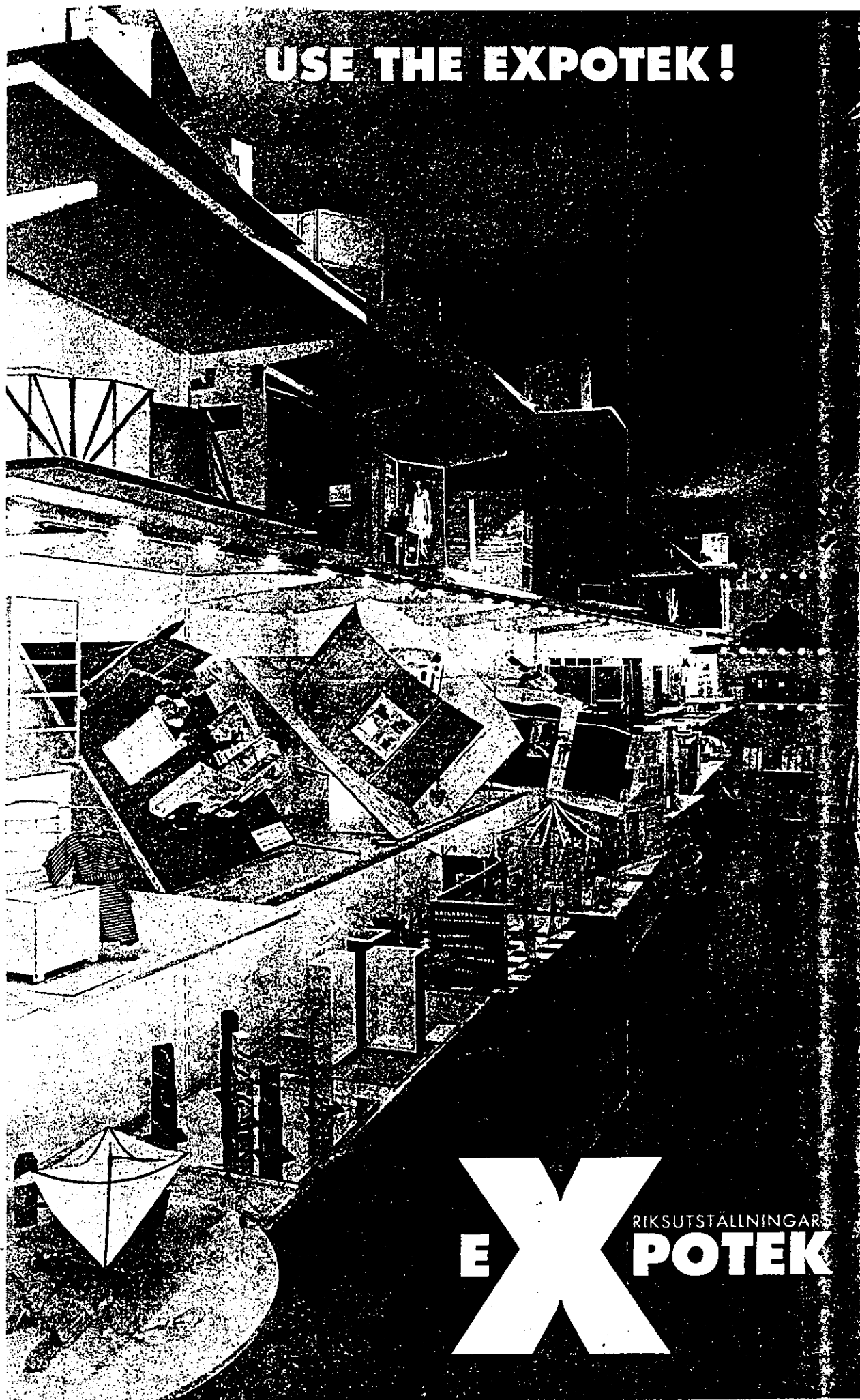
the Expotek

grow and develop
as a fountain
of knowledge
for other
creators of
exhibitions.

Welcome!

*Agneta Sammansson
&
Åsa Norberg*

USE THE EXPOTEK!



E X RIKSUTSTÄLLNINGAR
POTEK

Design: LENA LINDQVIST

Photo: OLOF WALLGREN

Text: STELLA WESTERLUND

Production: TIDNINGSTEAMET,

LAHOLM, 1993

6. DOCUMENTATION OF TRAVELLING EXHIBITIONS

1. "Drink wijs"

Travelling Exhibition on Alcohol Prevention

European Health Market, stand 2

Vereniging voor Alcohol en andere Drugsproblemen, Bruxelles

Documentation by Carla Cox



Fallstudie

A. Vereniging voor Alcohol- en andere Drugproblemen (V.A.D.)

V.A.D.

V.A.D. ist eine flemische Dachorganisation, der etwa 40 Einrichtungen und Organisationen die sich in Flandern angehören, deren Aufgaben im Studium der Prävention und der Hilfeleistung von Abhängigkeit und Suchterkrankungen liegen.

V.A.D. hat mittelbar oder unmittelbar die ganze Bevölkerung als Zielgruppe.

Ihre Arbeit besteht hauptsächlich darin, dass sie

- thematische Arbeitsgruppen : z.B. Alkohol und Arbeit oder Epidemiologie organisiert
- Projekte auf Zeit unterstützt,
- ein ständige Sekretariat unterhält.

Zielsetzung : die wissenschaftliche Erkenntnis, die Prävention und das Hilfsangebot zu fördern durch :

- Koordination, Unterstützung und 'Belangenverteidigung' von neuer Initiative und Vereinigungen mit vorbeugender oder hilfeleistender Zielsetzung.
- Entfaltung von Aktivitäten der Gesundheitsaufklärung, Beratung geben..
- stimulieren der Studium, der Bildung und der wissenschaftliche Untersuchung.

Weiter hat V.A.D. einen Bibliothek (Thematische Büchern, Internationale Gesundheits-Zeitschriften (auch z.B. 'Sucht', Neuland) usw.) und weitere Dokumentationen zur Gesundheitsaufklärung.

Fachkräfte für Prävention

Der Präventionsarbeit für Alkohol und andere Drogenproblemen arbeitet im Auftrag der Gemeinschaftsminister der öffentliche Gesundheit.

Ihr Auftrag ist Präventionsinitiative mit Bezug auf Alkohol und andere Drogenprobleme in Flandern zu stimulieren, um Schlüsselpersonen zu formen und diese Personen im eigenen Region zu unterstützen.

In jeder flämische Region gibt es ein oder zwei Fachkräfte die in einem 'Centra voor Geestelijke Gezondheidszorg' arbeiten.

Auf gemeinschaftlichem Niveau arbeiten innerhalb V.A.D. zwei Koordinatoren für Prävention. Der Ton liegt auf dem regionalen Arbeit mit Aufmerksamkeit für Traditionen und spezifischen Kennzeichen der Region. Zur Beförderung der Präventionsverwaltung werden durch die Fachkräfte gemeinschaftliche Arbeitsoptionen zusammengestellt..

B. Die Ausstellung

1. Zielgruppen

- die Gemeinde mit ihrer Bevölkerung und ihren Schlüsselpersonen
- Schulen, Jugendliche im Klassenverband
- Jugendliche und Jugendclubs
- kulturelle Organisationen

2. Zielsetzung

Die Wanderausstellung will für das Thema Alkohol sensibilisieren und einen verantwortlichen Umgang mit Alkohol zur Diskussion stellen. Die Ausstellung dient Initiativen in der Gemeinde bei Veranstaltungen für Besucher in Gruppen und z.B. Schulklassen.

3. Inhalt

Die Ausstellung behandelt das Thema in vier Schwerpunkten :

a. Alkohol - ein populäres Getränk

Alkohol wird beinahe überall und bei jeder Gelegenheit angeboten und er ist überall vorhanden, nicht nur in Kneipen, sondern auch am Arbeitsplatz und im eigenen Kühlschrank. Eine wichtige Botschaft ist deshalb, dass wir lernen müssen, vernünftig und verantwortlich mit Alkohol umzugehen.

Alkohol spielt eine oft grosse Rolle in unserem Leben und in unseren Gewohnheiten. Aber, warum trinken wir eigentlich ?

Jeder kennt die Sprüche über Alkohol und wir selbst benutzen sie auch: über Entspannung, den tollen Geschmack und Spass...

Aber stimmen die eigentlich immer ?

Alkoholverbrauch : Wieviel trinken wir ? und ich selbst ?

Was wir über Alkohol wissen und was nicht .

Trotz aller Wissenschaft gibt es da noch Überraschungen.

Was passiert im Körper, wenn wir ein Glas trinken ?

Unser Körper hat mit dem Alkohol viel Arbeit, selbst wenn wir nicht betrunken sind.

b. Alkohol und Sicherheit : eine gefährliche Partnerschaft

Alkohol und Arbeit

Alkohol macht schläfrig und ist bei mancher Arbeit absolut fehl am Platz

Alkohol und Verkehr

Alkohol am Steuer absolut tabu

Wie man die Kontrolle über sein Fahrzeug verliert

c. Alkohol und Sport

Sport macht Alkohol überflüssig : mit Sport kann man mehr erleben und sich besser entspannen.

Alkohol löst keine Probleme

d. Alkoholfrei : die Alternative

Es muss nicht immer Alkohol sein.

Alkoholfrei ist sonst auch sehr lecker.

Was sagt Ihnen Ihr Testergebnis ?

4. Was ist interessant für den Besucher ?

- die Botschaften werden visuell umgesetzt
- die Ausstellung kommt direkt zum Publikum
- die Informationen sind knapp und übersichtlich (Man muss keine Bücher wälzen)
- der Besucher muss sich nicht anstrengen (er kann einfach herumgehen und schauen)
- die Besucher werden um ihre Meinung gefragt (das erhöht die persönliche Bedeutung der aufgenommenen Informationen.)

a. Vier Pluspunkte der Ausstellung :

- sie kann ein grosses Publikum erreichen
- durch einfache Informationen können traditionell falsche Vorstellungen über Alkohol bei den Besucher richtiggestellt werden.
- sie gibt dem Besucher Impulse zur Veränderung seiner Einstellung zu Alkohol
- sie vermittelt dem Besucher praktische Vorschläge, die leicht umzusetzen sind.

b. Eine Einschränkung :

- Der Ausstellungseinsatz muss gründlich geplant und vorbereitet werden, indem z.B. Gruppen auf den besuch vorbereitet werden.
- Sonst besteht die Gefahr, dass der Besucher die sensibilisierenden und motivierenden Botschaften der Ausstellung als unverbindlich erlebt.

c. Zweckmässiger Gebrauch :

Die Ausstellung allein erreicht noch keine Veränderung von Einstellung und Verhalten zu alkohol. Sie sollte Teil einer Reihe von verschiedenen Aktivitäten sein. Während der Ausstellung oder auch nachher können Besuchergruppen wie Schulen und Betriebe das Thema in ihre eigenen Arbeit aufnehmen. So schafft man die Möglichkeit zu persönlichen Stellungnahmen zum Alkohol und Alkoholmissbrauch. Dazu braucht man einen Koordinator, der Aktivitäten der verschiedenen Zielgruppen stimuliert und aufgreift.

In einer Anleitung für Koordinatoren werden Vorschläge und praktische Tips für diese Arbeit gegeben. Sie dienen vor allem den Fachkräften für Prävention von Alkohol- und Drogenmissbrauch in Gesundheitszentren, Selbsthilfegruppen, Jugendberatungsstellen und bei der Polizei.

Erfahrungsbericht

■ Der start 1990

Die gemeindezentrierte Kampagne will möglichst viele Menschen vor Ort sensibilisieren. Sie richtet sich nicht nur an die Bevölkerung sondern auch an die Verantwortlichen in Politik, Verwaltung und Wirtschaft sowie an andere "Schlüsselpersonen."

Eine Medienkampagne umfasst Plakate, Faltblätter, eine Broschüre und einen TV-kurzfilm (unter Mitwirkung von INBEL - dem Informationsbüro der belgischen Regierung) und CCAD - Comité de Concertation sur l'Alcool et les autres Drogues (Französische Gemeinschaft)

Mit einem Kongress für Gemeindevertreter wurde die Prävention von Alkoholmissbrauch als Gemeindeaufgabe vorgestellt.

■ 1991 wurde die Kampagne mit neuem Material fortgesetzt. Dazu gehörte ein neues Plakat, sowie ein Musterkoffer mit Promotionsmaterial (neue Faltblätter, Ballons, Mützen mit dem Slogan "Drink Wijs - Trink mit Verstand")

Die Fachkräfte für Prävention unterstützen die Kampagne.

Es gab Überlegung mit CCAD (Französische Gemeinschaft) und ASL - Arbeitsgesellschaft für Suchtvorbeugung und Lebensbewältigung (Deutsche Gemeinschaft) um die Kampagne national auszubauen.

■ 1992 im Mai wurde einem zweiten Kongress für Gemeindevertreter organisiert. Auf diese Weise könnten neue Gemeindevertreter der "Drink-Wijs"-Konzept kennenlernen und Zeugnisse hören von Gemeindevertreter die schon mit der konkreten Ausarbeitung von Initiativen um "Drink Wijs" Erfahrungen hatten. Mit verschiedenen Workshops wurden Erfahrungen durch Diskussionen über dem Konzept ausgetauscht. Neben dem Kongress gab es noch eine Aufführung von der Kabarettgruppe "Op Maat". Als Abschluss gab es noch einen alkoholfreien Getränk.

Eine erste Nachfolge der Kongress war das Berichtbuch, zusammengestellt für Kongresssteilnehmer und für interessierte Gemeindevertreter.

Eine zweite, viel leichtere Ausstellung wurde aufgebaut, weil viele Anfragen kämen und weil die erste Ausstellung praktisch gesehen aus zu schwerem Material aufgebaut war. (Heute wird die erste 'alte' Ausstellung nur noch benutzt wenn es sehr viele Anfragen gibt.)

- 1993 war die Ausstellung an manchen Wochen/Wochenenden ausgebaut.
- Folgende Gemeinden haben die Ausstellung genutzt :

• Jugendhaus Scrabble	Leuven/BRABANT
• Gemeinde Lummen	Hasselt/LIMBURG
• Jugendrat Borsbeek	Borsbeek/ANTWERPEN
• Gemeinde Merelbeke	Merelbeke/OOST-VLAANDEREN
• Vorbeugungsdienst	Leuven/BRABANT
• Gemeinde Lanaken	Lanaken/LIMBURG
• Gemeinde Meerhout	Meerhout/ANTWERPEN
• Gemeinde Aalst	
Familiendienst	Aalst/OOST-VLAANDEREN
• Don Bosco-zentrum	Groot-Bijgaarden/BRABANT
• Provinzielle Bibliotheek	Hasselt/LIMBURG
• Horizon-zentrum	Harelbeke/WEST-VLAANDEREN

■ 1994/Januar

• Jugendrat	Oudenaarde/OOST-VLAANDEREN
• Gemeinde Boom	Boom/ANTWERPEN

In Dezember 1993 wurde eine Umfrage zur Evaluation der Ausstellung gemacht. Gefragt wurde nach Plus- und Minuspunkten, nach dem Zusammenhang in dem die Ausstellung eingesetzt wurde, nach Zielgruppen, Zahl der Teilnehmer, Aktivitäten, Beurteilung von Form und Inhalt der Ausstellung, nach Massnahmen der Öffentlichkeitsarbeit und Begeleitmassnahmen.

Hier eine Zusammenfassung der ersten Ergebnisse.

10 Gemeinden haben bis jetzt auf die Umfrage geantwortet.

DIE ART DES EINSATZES

- Alle Gemeinden haben die Ausstellung mit dem Ziel der Vorbeugung eingesetzt.
- In der Durchführung gab es Unterschiede : so wurde sie zur Eröffnung einer Aktionswoche, zu einer Klausurtragung oder auf einer Messe eingesetzt.

WEITERE AKTIVITÄTEN

- Neben der Ausstellung planten manche Gemeinden folgende Aktivitäten :
 - einen Informationsabend mit einem Gesprächspartner
 - einen alkoholfreie SchulParty während der Schulstunden
 - eine Theateraufführung
 - weitere Ausstellungen z.B. eine "Cartoon-Ausstellung über Alkohol und Drogengebrauch.", Posterausstellung usw.
 - Auseinandersetzungen von Polizei, Fachkräfte für Prävention
 - Vorführung von Videos
 - Wettkämpfe (Ballons und Farben)
 - Gesellschaftsspiele um Drogen und Alkohol

AUSSTELLUNGSORTE

- Jugendhäuser
- Bibliotheken
- Zelt auf der Messe
- Kulturzentrum
- Rathaus, öffentliches Gebäude
- eigenes Zentrum

PLUS- UND MINUSPUNKTE DER AUSSTELLUNG



- übersichtlich
- Positive Botschaft - konstruktiv
- interessant/anziehend für Jugendliche
- informativ
- gut in Inhalt und Form
- aktive Elementen (Frage-Antwort-Spiel, Elektronik)
- klare und einfache Botschaften
- Menschen erzählten über Erfahrungen und hatten auch Fragen

- zuviel Text ↔ Vorliebe junger Leute für Bilder nicht genügend berücksichtigt
- nicht attraktiv, nicht farbig genug, moderner
- kein Experte von V.A.D. anwesend, Fragen blieben unbeantwortet
- Cartoons gefielen nicht
- Die Ausstellung muss Teil einer Reihe von Aktivitäten sein, sonst geht die Wirkung verloren.

TEILNEHMER

Die Zahl von Teilnehmer war sehr verschieden :

von 57 (in einem kleinen Zentrum)
bis 5000 Teilnehmer (in einer öffentlichen Bibliothek)

■ Erfahrungen der Fachkräfte

Es bestätigte sich, dass die meisten Besucher sich nicht alles genau ansehen und nicht allen Text lesen.

Obwohl sie den Aufbau der Informationeen für gut hielten, stellten die Fachkräfte wiederholt die Frage, ob bei der herrschenden Bildkultur nicht besser wäre, mit auffallenden Bildern und Sätzen oder mit Aktivitäten zu arbeiten. Eine gute Form der Begleitung von Jugendlichen durch die Ausstellung muss noch gefunden werden.

Mit Fragen zu den Inhalten der einzelnen Tafeln könnte man eine Diskussion provozieren. Die Ausstellung muss unbedingt mehr aktive Elemente enthalten.

Vereniging voor Alcohol- en andere Drugproblemen
G. Schildknechtstraat 9
1020 Brussel
Tel. : 02/422.49.69
Fax. : 02/422.49.79

Manche Veranstalter der Ausstellung hätten gerne einen Vertreter von V.A.D., zur Beantwortung von Fragen der Besucher, weil sie nicht immer wissen, wie sie auf die gestellten Fragen antworten sollen. Meist haben sie die Ausstellung ohne die Hilfe einer Fachkraft veranstaltet.

Schulen müssen z.B. motiviert werden. Da hilft es oft wenn sie Unterstützung von einer Jugendinitiative aus der Gemeinde bekommen.

Die Aufgabe der Prävention ist nicht einer Veranstaltung erledigt: die Fachkräfte dürfen nicht aufhören, immer wieder Anstöße zu geben, damit die Präventionsarbeit in der Gemeinde sich entwickelt. Dabei sollten nicht nur die traditionellen Sektoren Schule und Gesundheitsdienst, sondern auch die Arbeitswelt, die 'HORECA' (Hotels-Restaurants-Kneipen), die Polizei, kulturelle Organisationen usw. angesprochen werden.

Zur Information :

■ In unserer Umfrage wurde auch nach der Meinung über eine Ausstellung zum Thema 'Illegale Drogen' gefragt.

Aus den Antworten kann man schiessen dass so eine solche Ausstellung seit langem gewünscht wird.

Aber es gibt noch keine Initiative für eine solche Ausstellung.

Man braucht aber solches Material, um bessere Informationen zu verbreiten und regionale Aktivitäten zu stimulieren.

Es wäre sicher gut, wenn jede Region, in der Fachkräfte für Prävention arbeiten, über eine solche Ausstellung verfügen könnte.

Wir stellten auch die Frage, was bei einer Ausstellung über Drogen das wichtigste sei und was nicht fehlen dürfe.

Hierzu erhielten wir nur einige Antworten und Vorschläge, meist viel die Zeit zu mehr fehlte.

- Man dürfe nicht nur über Rauschmittel informieren, sondern müsse die Alternativen zum Drogenkonsum und die Hilfen aufzeigen
- Man solle über die gesellschaftlichen Hintergründe (Jugendliche und Langweile, Toleranz gegenüber dem Drogengebrauch) informieren.
- Informationen die Vorurteile berichtigen seien wichtig für die Umgebung von Drogenkonsumenten, Eltern und Lehrer.
- Informationen über die Entwicklung von Abhängigkeit.

2. "Vlaanderen tegen Kanker"

Travelling Exhibition on Cancer Prevention

European Health Market

Beglich Werk tegen Kanker, Bruxelles

Documentation by Anne Marie Peeters



"Vlaanderen tegen Kanker"

Travelling exhibition of the Belgian Cancer League

The first edition of our travelling exhibition was realized in 1989.

It was a joint initiative of the Belgisch Werk tegen Kanker (B.W.K.) and the Integrale Kankerstichting Antwerpen (I.K.S.A.) as a contribution in the framework of the European Year against Cancer. The idea was to find new ways of communicating and promoting the European Code against Cancer to a larger public.

In the B.W.K. we had been thinking for some time of developing such a medium, especially after visiting the French travelling exhibition "les Cancers . . . comprendre pour mieux agir" and another visit tot Epidaure in Montpellier.

Our first exhibition was the result of teamwork with the doctors of the I.K.S.A. It was indeed quite medically oriented, not only regarding the content of the information but also in its presentation.

The B.W.K. was mainly responsible for the preparation and printing of the accompanying brochure, the publicity and the practical coordination (transport etc.) of the initial project.

The project received financial support of Europe against Cancer and was launched with a press conference.

In its first year the exhibition visited about 30 places. It was put up in town halls, hospitals, in holiday resorts at the sea side. There were guided visits for schools and women's organisations. The local organisation was left in the hands of the regional coordinators of B.W.K. and I.K.S.A. The exhibition remained for 2 months in every Flemish province.

In 1990 we were informed that the financial support of the E.C. was to be prolonged, after we had introduced a new project.

We decided to draw a general evaluation in which not only the two organisations, but also several local users-organisers would participate.

The main results of this evaluation were that the exhibition was too difficult, there was too much text on the panels, the illustrations were shocking for the public, and professional supervision was absolutely necessary. As for the publicity it seemed that much depended on the dynamics of the regional coordinator.

It was decided to use the E.C. subsidy to create a new version of the exhibition, adapted to the conclusions of the evaluation. The general idea was that the concept of a travelling exhibition was a valuable tool to reach the original goal : to communicate and promote the European Code against Cancer to a larger public. It was considered worthwhile to

K BELGISCH WERK TEGEN
KANKER

build on our first experience. The expansion to a more inter-active project was considered as a further step to be taken when more financial means would be available.

The preparation of the new version resulted again in teamwork : this time a steering group was formed consisting of experts in health education, a scientific journalist to write the texts and a professional firm to make propositions for lay out and design.

The new travelling exhibition was launched during the European Week against Cancer in 1991 in the townhall of Leuven. It has been travelling around constantly for 2 years now. It is more colourful and more attractive and understandable for a general public. A small version of the exhibition was also produced, to be presented on tables for use in class rooms for example.

Planning and organisation is still left to the regional coordinators of the B.W.K. to whom we suggest to address specific target groups. The best results are obtained with fully scheduled programmes for schools (e.g. Limburg), or in places where a lot of people are passing by (e.g. hospital halls, town halls, railway station halls). It is also often called upon by local communities as a supporting medium in the framework of screening programmes or local prevention actions.

We have now come to the point of wishing to take a further step : to create a more inter-active type of exhibition by adding new media and secondly, to make some changes in the organisation of the travelling itself to end up with 5 to 10 bigger exhibits a year. We will have to use external sponsoring to realise this project.

Conclusions

The travelling exhibition of the Belgian Cancer League is one of a traditional type with its proper possibilities and restrictions. Financial elements have played a role in this option.

To obtain optimum efficacy it has to be integrated into larger programmes which needs the presence of professional educators. Most users are quite satisfied when asked for a judgment. This type of travelling exhibition is relatively cheap. It can be used free of charge except for transportation costs.

dr. sc. Anne Marie Peeters

Information and public relations manager

Belgisch Werk tegen Kanker

Content of the exhibition

- **What is cancer (1 poster)**
- **The prevention of cancer (4 posters)**
- **The early detection of cancer (8 posters)**
- **The diagnosis of cancer (4 posters)**
- **The frequency of cancer (3 posters)**
- **The treatment of cancer (4 posters)**
- **Psychosocial care (2 posters)**

3. "En route pour la vie"

Infomobile on Cancer Prevention

European Health Market, External Site near hall 1

Association contre le Cancer, Bruxelles

Documentation by Sybille Fleitmann





THE "INFOMOBILE"

The exhibition is set up in a trailer truck that can be extended at one side by a gliding element, thus allowing to create a useful exhibition area of 43 m².

- It is 14 m long and 2.50 m large
- The gliding element measures 8 m by 1.5 m.

THE AIM

The aim of the mobile exhibition unit is to improve cancer prevention and early screening behaviour due to better informatio. A pleasant and interactive presentation will allow the public to be more open for information and to improve their attitude towards prevention matters in order to become aware of their own ability to avoid certain cancers by adopting a healthier lifestyle.

THE TARGET GROUP

The entire population starting from the 16-year-old.

The contents and the presentation of this unit is designed to be easily understandable for those population groups who, for socio-cultural reasons, don't easily have access to other sources of information.

THE THEME

We have consciously opted for a positive, non dramatising approach. Therefore, the **message** we pass on is one of cancer **prevention**. As 70 % of all cancers are related to our lifestyle habits, it is extremely important to inform the public of this fact. The Belgian Cancer Association, who has been giving a great deal of attention to this kind of primary prevention, wanted a more efficient and more personal approach.

The prevention themes are the following : tobacco, alcohol, food, sun exposure and screening.

THE VISITORS

The number of visitors is estimated between 60 and 80 persons an hour (we have had some 1000 visitors in one day!).

The Infomoblie is accessible 2 days a week on the average - 50 weeks a year; we estimate 60.000 to 80.000 visitors a year.



The Belgian Cancer Association, a national non-governmental and non-profit organisation, was founded in 1983 and is one of the major charities in Belgium counting some 600.000 members among a total population of 10 million people.

Active member of major international organisations against cancer (International Union against Cancer (UICC), Association of European Cancer Leagues (ECL) and "Europe against Cancer", a programme of the European Community, the Association is governed by the Board of Directors, counts 35 fulltime staff members, two scientific councils (French and Flemish) constituted by representatives of all Belgian universities and 11 local offices working with about one hundred volunteers.

Our objective is to promote the fight against cancer through coordinated action in granting financial support to research, by providing direct aid for cancer patients, selfhelp groups and institutions and by organizing information campaigns on cancer prevention for the general public in Belgium.

As far as primary cancer prevention is concerned, the Association organises large personalized information campaigns (each campaign is professionally evaluated), directed to the general public and to schools and communities by ways of quarterly magazines (Cancer-info, SmokeBusters-info), booklets, leaflets, posters, especially developed curricula as well as the mobile exhibition unit "InfoMobile. For further information on the "InfoMobile, please see attached information document.

Participants in the seminar:

Ms. Anne Van Boxel:

Responsible for the Evaluation Department of the Belgian Cancer Association, Anne Van Boxel organizes surveys, pre-tests, and evaluations for each campaign. She implements the results in the communication strategies of the Association. Ms Van Boxel will attend the workshop on "strategy and planning". Evaluations must be integrated in the planning process of any campaign/event. She is interested in different planning strategies which necessitate different evaluation procedures.

Ms. Sibylle Fleitmann:

Responsible for the department of international relations, Sibylle Fleitmann coordinates the international activities of the Association, facilitates the exchange of information on international level and currently collaborates on several European projects relating to primary cancer prevention. Ms Fleitmann will attend the workshop on "teamwork and conception". She is interested in the experience of similar exhibitions, possible international collaboration and exchange of information.

4. 'Only for Women?'

Travelling Exhibition on Cancer Prevention

European Health Market, stand 6

Provinciaal Instituut voor Hygiene, Antwerp

Documentation by Christa Truyen



case study Exhibition project

"ONLY FOR WOMEN?"

What you should know about breasts and the womb.

Provincial Institute for Hygiene
Kronenburgstraat 45
2000 Antwerp Belgium
Tel. 03/238 58 84
Fax. 03/237 70 22

I. WHY ?

In Belgium, one in thirteen women develops breast cancer. It is the most common cancer in women. The illness is common in women over thirty but the chance of developing breast cancer increases with age. In Belgium approximately 5000 new patients are diagnosed each year.

If breast cancer is found in time there is a better chance of cure. It is for this reason that monthly self examination of the breasts, a yearly examination by a doctor and, for women over 50, a bi-annual mammogram are so important.

Cervical cancer is the third most common cancer in women. One woman in 85 develops the disease. In Belgium approximately 800 new cases are found each year. This cancer is slow growing and if it is discovered early can be completely cured. Early diagnosis by means of a smear test every three years is an ideal method of catching this cancer in time.

Information and sensitisation are important.

Despite the fact that everyone is flooded with information about cancer, preventive examinations are not routinely accepted by all women.

Hence the travelling exhibition: "Only for Women?"

The exhibition was designed by the Provincial Institute of Hygiene within the framework of a prevention campaign in the Turnhout health region. This campaign is a co-operation between the Flemish General Practitioner's Scientific Committee, the Turnhout General Practitioner Organisation and the communes.

II. A DIFFERENT APPROACH

Most cancer exhibitions do not have wide public appeal. Although prevention and survival rates are talked about, the shadow of illness and death still hang over prevention proposals.

This ever present undertone causes anxiety in many women. Negative messages are after all felt to be better ignored.

For this reason an information campaign whose starting point is anxiety is unlikely to achieve a change in behaviour (preventive examinations).

There is a need to break through the existing taboos.

III. INTRODUCTION

1. Starting point

* The central theme of this exhibition is "breasts and the womb" in general. The subject of cancer is covered along with other topics. The positive approach of the exhibition should 'tempt' the target group to visit it. The exhibition is therefore designed to appeal to the specific target group and also to others.

2. Target group

- * women aged 25 - 70: they are eligible for participation in screening programmes for breast and cervical cancer
- * young people aged 14 and over: they can learn more about femininity, fertility, sexuality and biology.
- * men: it is also important for them to know what can go wrong with the breast or womb. Possible problems can be faced better together.

3. Objectives

- * practical
 - Increase in the level of participation in breast and cervical cancer screening programmes within the communes.
 - Women visiting their doctor regularly for a cervical smear. Women examining their own breasts and having clinical examinations done by the general practitioner; from the age of 50, a mammogram every two years.
- * content related
 - women from the target group know how the campaign is being carried out within the commune.
 - visitors (men and women) are given a view of all aspects of the breast and womb (cultural, functional, medical).
- * society related
 - increase in ability to discuss breast and uterine cancer. This occurs by breaking down the barriers surrounding the subject of breasts or the womb.

4. Criteria

Features of the "Only for Women?" exhibition are:

4.1 Positive principal - integrated approach

The exhibition is built around the theme: breasts and the womb. Various aspects of the breast and womb are dealt with. Answers are given to the questions: what, where, how and why? Cultural influences form an important part of the exhibition but are not the starting point.

4.2 Interactive

If the visitor wants to know more about the breast or womb positive action is required.

4.3 Experience directed

Within the exhibition various sensory elements are used: sight, hearing, touch.

4.4 Three dimensionality

The use of models prevents the display looking too 'flat'.

IV. Content (global aspect)

1. Culture:

To understand the significance of disease or cancer of the breast and womb it is important to know how important breasts or the womb are within a time frame and within different cultures.

Therefore separate and different meanings were given for breasts and the womb: Fertility, Sexuality, Femininity, Motherhood. These are presented in art, poetry, science, politics, folklore, use and language. The message about the importance of breasts and the womb must also be seen in perspective. You don't need breasts or a womb to be happy or to be a woman.

2. Formation and function of breast and womb

- * womb: in connection with pregnancy and birth and sexual significance.
- * breast: breast feeding and erotic significance.

3. Diseases and complaints:

Disease of the breast or cervix is not always cancer.

4. Cancer

What it is, risk factors, prevention and prospects.

- * breast: introduction to and instruction in self examination, familiarity her own breasts is important for a woman.
- * womb: visitors receive a clear picture of a gynaecological examination (reasons for the tests, treatments and after care are shown but are secondary);

5. Evaluation

The exhibition is evaluated using a computer questionnaire about the format and content of the exhibition as well as the preventive behaviour of the visitor.

V. OUTLINE OF THE EXHIBITION

Because of the unusual character of the subject the visitor has to be given a sense of security so as to be able to study the information in peace. In the choice of exhibition space it is important that the visitor is not distracted by the surroundings.

To attract the interest of the visitor there are openings in the outer wall. Through these the visitor can catch a glimpse of what is happening inside. This is also the purpose of a glass back to a display case where the contents as well as a section of the exhibition behind are visible.

The "heart" of the exhibition is a "womb simulator", a space where the visitor is, via sound, sight and movement, given the impression of being in the womb.

The exhibition concept covers a relatively small floor space of 100m². Because of the zig-zag design, corners and spaces are formed which allow room for photo and text material, display cases, spacial models, videos etc;

The design can be adapted to a square or rectangular shape (9x9 or 6x12m).

The exhibition has a clear beginning and end. The visitor is directed through so as to avoid irregular selection or fragmentation of the information.

VI. CONCLUSION

The design and working of the "Only for Women?" exhibition is unique as a cancer prevention exhibition.

The first showing will take place in Turnhout from 13th to 30th January 1994.

An evaluation of its success is not yet possible.

5. "The Travelling Exhibitions of the Expotheek"

Travelling Exhibitions „Chronic Diseases“ and „Choices of Health Care“

European Health Market, stand 16

Stichting Gezondheids Expotheek, Leiden

Documentation by Marianne van de Weerd



Case Report

Stichting Gezondheids Expotheek Nederland
Wassenaarseweg 62, 2300 RC Leiden, The Netherlands,
tel. +31 (0)71 276504
fax +31 (0)71 276510

The objective of the Expotheek is to encourage organizations and institutions to utilize exhibitions as a means to provide the public with (preventive) health information and to do so by employing exhibitions put together by the Expotheek, whether or not commissioned by third parties. With these exhibitions, the Expotheek proposes to help Dutch people adopt a more healthy lifestyle and attitude towards life. The target group basically consists of the general public and in part depends on the exhibition theme.

Method

In accordance with its objective, the Expotheek focuses primarily on institutions which will benefit directly from a coordinated exhibition circuit, such as hospitals, municipal health services and home nursing services, libraries and health centres, as well as municipal and provincial halls. Conference and symposium organizers, too, frequently make use of Expotheek exhibitions.

The explosive growth of the Expotheek necessitates specification of the criteria an exhibition is to satisfy.

Basic premises are:

- the exhibitions are to inform as broad a public as possible;
- the exhibitions are to have health and/or welfare as their general subject and should preferably have a preventive character;
- the exhibitions are to be objective and independent of the interests of any sponsors;
- the exhibitions are to meet strict quality requirements in terms of content, informational value and technical aspects;
- the exhibitions are to offer a diversity of themes.

Informational activities

The Expotheek still is a young organization and has only very limited financial resources at its disposal. The financial resources of the potential target group (often health institutions) are also restricted, so that exhibition fees are necessarily modest.

However, if the number of exhibitions and their rate of circulation can be maximized, the Expotheek expects to be able to operate cost-effectively in the future. In this respect, it should be noted that collection funds are often prepared to cover part of the costs of circulating an exhibition. The CNSLD¹ exhibition commissioned by the Asthma Fund serves as an

¹ Chronic Non-Specific Lung Diseases

example of this. The Asthma Fund has compiled an allocation scale for the circulation of the exhibition, which provides for a certain compensation towards the rent of the exhibition for hospitals, libraries, municipal health services, etc. The public response that the informational activities have so far provoked reveals that a great need exists for information brochures accompanying the exhibitions. In these brochures, people can find relevant addresses and other data after visiting an exhibition, enabling them to telephone the Exoptheek for information, if desired.

The Exoptheek also undertakes various support activities to increase public awareness of the foundation name. Such activities include:

- participation in trade fairs, events and conferences;
- free publicity activities, such as giving interviews, sending press releases, participating in radio programmes, writing articles for newspapers and magazines;
- provision of advice to institutions regarding the development of informational material;
- distribution of the Exoptheek newsletter at least three times a year;
- distribution of brochures on the exhibitions.

History of the Expotheek

At the end of 1989, specific market research was conducted at two hundred public health institutions in order to establish whether there was any demand for a centre lending small travelling exhibitions which included prevention as a central theme.

The market research was commissioned by the Ministry of Welfare, Health and Cultural Affairs. The research to be conducted was to provide insight, in a quantifying manner, into the demand existing among relevant decision-makers in health sector organizations and institutions on the subject of health exhibitions.

Research results showed that hospitals, municipal health services and home nursing services in particular were greatly interested in such an initiative. In view of the developments in the area of health information services of the last decade, this was not really surprising. Nowadays, every self-respecting hospital has its own patient information department.

In order to prevent institutions from starting to organize exhibitions indiscriminately, it was necessary for forces and creativity to be joined, thus promoting efficient and effective use of the exhibition as a medium of information in the field of health (care).

The Expotheek proposed to fill the gap and now operates as a sort of exhibition library lending out small exhibitions in the area of health (care) and welfare. The Expotheek also develops, preferably in collaboration with others, new exhibition material on the basis of the ideas and wishes prevailing in the institutions.

The Expotheek commenced its activities at the Faculty of Medicine in Leiden in 1990.

Exhibitions

The main criterium for developing new exhibitions is that they must be of interest to a large target group. Exhibitions will focus primarily on health care and prevention, but medical and environmental subjects also have preferential status.

Whatever its subject, an exhibition must deal with the state of the art in terms of research and the latest developments in the field of the subject; an exhibition must be geared towards transferring knowledge.

An advisory committee meets several times a year in order to determine exhibition subjects.

Stock

The Expotheek currently has eight exhibitions in stock:

1. Exhibition on Ageing, which focuses on the myriad social facets of growing older, such as osteoporosis, dementia, etc.;
2. Exhibition on Physiotherapy, which shows the various treatment methods;
3. Exhibition on Transplantation, which not only devotes

attention to techniques, results and questions such as: What requirements must donors meet and what patients are eligible for transplants?, but also to such aspects as the quality of life after a transplant;

4. **Healthy City Exhibition**, an exhibition that combines the elements health care, relaxation, cooperation, the environment, and living and working in tolerable circumstances;
5. **Exhibition on Diabetes**, which features modern ideas on diabetes that have been subject to considerable change during the past few years;
6. **Exhibition on Choices in Health Care**, this exhibition deals with a number of questions of the day in the health care sector;
7. **Exhibition on the Chronically Ill**, an exhibition on the image of the chronically ill;
8. **Exhibition on Epilepsy**, which provides information on the neurological aspects of epilepsy and attempts to remove prejudices by giving information.

New projects.

Exhibition on Nutrition in collaboration with such organizations as the Public Information Service on Nutrition and the Dutch Cancer Research Foundation, and an **Exhibition on Home Care** in collaboration with, among others, the Royal Dutch Pharmaceutical Society.

In 1994, a new CNSLD exhibition will be put together in association with the Dutch Asthma Fund, while an exhibition on paediatrics, to be set up in cooperation with UNICEF, is planned for the same year.

Transport

Since good logistic planning of exhibition transport is essential for Expotheek success, this aspect is awarded a great deal of attention. As the number of new exhibitions continues to grow year by year, the workload will increase correspondingly in the coming years. The Expotheek currently employs two exhibition technicians on permanent contract.

Evaluation

In order to acquire a perception of the effect of Expotheek exhibitions on both the general public and the medical world, a number of evaluations are conducted annually by students of the Universities of Leiden and Amsterdam. It is rather difficult to measure the effect of an exhibition. Evaluations of this kind are generally conducted in situations in which the market mechanism is not operative. The Expotheek, however, operates in a (quasi) market environment, in which demand for the product (the exhibition) can be regarded as the chief indicator of success.

Exhibitions as mass media

Exhibitions occupy a special position among the other mass media in the area of public information services. Most mass media are characterized by their centrifugal nature. They disseminate messages to far-away receivers. Radio and

television are typical examples.

At an exhibition, the visitors are the receivers of the messages. Visitors come to see the exhibition, sometimes from far away, in order to enjoy the reception. Visiting opportunities can be increased by rendering an exhibition mobile, though this requires that certain adjustments be made during its construction and development in order to ensure that it can be easily transported.

Using exhibitions as a means of disseminating information offers both advantages and disadvantages, which in part result from its mass media characteristics. The exhibition is a combinatory medium. This means that the combinations of the various media that constitute an exhibition satisfy different demands: the need for information, the need for relaxation and entertainment, the need "to be in the know" and the need for social contact.

This way of using various media appeals to different senses, i.e. the message is presented in a diversified form, so that different types of visitors are enabled to acquire as complete a picture of the subject as possible. An exhibition can thus be attuned to a varied and heterogenous public. This possibility of reaching a broad public with an exhibition also embodies a disadvantage, inasmuch as the great potential offered by the mass media means that the message will not have a strong impact (bringing about a change of attitude).

The effect of an exhibition is associated with the extent to which the presentation is capable of attracting and holding the viewer's attention, as well as with the degree to which the exhibition takes the needs, know-how and interests of the public into account.

Examples of immediate effects include the number of visitors, the exhibition's scope, its attraction, comprehensibility, the interaction between visitors and the exploratory behaviour. Possible long-term effects are changes in know-how, attitude and behaviour as a result of the exhibition.

6. "Sechs Ausstellungselemente zur Krebsprävention"

Exhibition Elements „Restaurant Joule“, „Too Much Sun“, „Knots uncovered“,
„The Wheel of Fortune“, „Healthy and sick“, „Journey through the Lung“

European Health Market, stand 10

Danish Cancer Society, Copenhagen

Documentation by Morton Strunge Meyer

Experience report regarding travelling exhibitions

- 1985** **Project leader on the development of a computer game on nutrition (FOODMAN).**
- 1986** **Project leader on the development of an interactive exhibit on nutrition (RESTAURANT JOULE).**
- 1988** **Project leader on the development of an interactive exhibit on cancer prevention. 10 different exhibits on the theme of the european code against cancer (DARE YOU LOOK).**
- 1988** **Participated in an international workshop: "Science Museums without Walls" on travelling exhibits in India.**
- 1989-91** **Scientific advisor at Eksperimentarium, a new interactive museum in Copenhagen.**
- 1991-** **Head of section in the Information Dept. of the Danish Cancer Society with responsibility of exhibitions and other preventive measures. In 1993 Eksperimentarium produced 7 new exhibits called "Focus on cancer".**

My background is a masters degree in food science and nutrition, and besides that I'm a computer-freak.

Looking forward to meeting you in Aachen.

**Morten Strunge Meyer
27. January 1994**

**Danish Cancer Society
Strandboulevarden 49
DK-2100 Copenhagen OE
Denmark
Phone : +45 35 26 88 66, ext. 405
Fax : +45 35 26 45 60**

Case study on "Dare you look" and "Focus on cancer"

Exhibitor: Danish Cancer Society
Strandboulevarden 49
DK-2100 Copenhagen OE
Denmark
Phone : +45 35 26 88 66, ext. 405
Fax : +45 35 26 45 60

The Danish Cancer Society has an annual income of approx. DKK 300 mill. (DM 75m). Approx. 30 mill. are used for preventing cancer each year.

Contents: "Dare you look" from 1988 consists of the following exhibits:
The bar (alcohol)
Jeppe (alcohol)
The slimming automat (obesity)
Restaurant Joule *)
Too much sun *)
Watch cartoons (several aspects of preventing cancer)
Find the lumps *) (breast self-examination)
Look for cancer (microscopes)
Carbon monoxide in smokers blood (smoking)
Strategy against cancer (epidemiology)

"Focus on cancer" from 1993 consists of the following 6 exhibits:
The wheel of fortune *) (several aspects of preventing cancer)
Sick and well *) (several aspects of preventing cancer)
Go sightseeing in the lungs *) (smoking)
For women only (cervix cancer)
Joule-race (energy expenditure (diet))
Kiss me (smoking)

Exhibits marked with an *) are coming to Aachen in March 1994, and are briefly described in the following:

Restaurant Joule

At Restaurant Joule you can select from 44 pictures of food to create a main meal, i.e., spinach pastries, potatoes, gravy, chicken, drumsticks, etc. There are also 12 drinks to choose from, i.e. water, skimmed milk, whole milk, juice, beer, and soft drinks.

Begin by recording your sex, age, and how hungry you are. Next, plan your meal. At the same time the energy level of your choices are displayed in kilojoules. The total is shown on another display.

When you have finished a calculation of the quality of your meal begins including energy, fat, sugar, and alcohol. The items are handled separately and you are asked to make any changes you want until the nutritional value is perfect. The results can then be printed out.

Too much sun?

Put a probe against your skin and it will optically measure your skin pigmentation. There's a display at this exhibit with buttons which let you choose a type of suntan lotion, a place,

and a season. A computer uses this data to calculate how long you would be able to tolerate being in the sun. People with different pigmentation can compare their sensitivity to the sun under identical conditions.

Find the lumps

At this exhibit four women can simultaneously practice breast self-examination. The exhibit consists of silicone breast models with five lumps. The aim is to teach women how thorough to be to perform proper self-examination.

The wheel of fortune

An exhibit based on the dialogue between the visitors and a guide. The fortune wheel decides the question asked to the visitor. Exciting material is provided for interaction and description of the different subjects. Subjects include the nature of cancer, cancer cells, physiological effects of smoking, diet, skin-cancer, breast-cancer, lung-cancer, testicular-cancer, cervical-cancer etc. But the main emphasis is on smoking and smoke related to cancer.

Sick and well

An exhibit where human organs with and without cancer infiltrations can be studied. When wanted magnification is possible by using a special camera. Texts explain the nature of cancer.

A female torso is also included in this exhibit.

Go sightseeing in the lungs

An interactive programme which in an unusual way let the visitor look into the respiratory system of a healthy person and a person with lung cancer. The visitor can himself choose the way he wants to move inside the bodies. Pictures and video sequences are all real photographs from the human body.

Strategy:

Let visitors play, explore and have fun while learning about prevention of cancer. These exhibitions are purely hands-on. There are no text-picture panels. When possible we let people measure something in or on themselves in order to make the communication as relevant to the individual as possible.

Objectives:

The exhibitions are planned to be used in very different locations. Often without supervising personnel present. Normally individual exhibits go to venues one by one or two by two. Therefore it is only possible to describe the objectives for the individual exhibits and not for the entire exhibition.

Restaurant Joule

Teach people healthy food selection and combination. No single individual food item is healthy or unhealthy - only diets entire are. The aim is to let people experience for themselves how lean a combination of food items should be to meet the nutritional recommendations on fat. Also alcohol, energy, sugar, and fiber are addressed.

Too much sun

To inform the individual on how long he or she can stay in the sun without harming their skin. Give the individual information on how sun-protection works. And how geography and time of year influence on the solar radiation.

Find the lumps

Teach women how careful she should be when performing breast self-examination.

The wheel of fortune

Mainly to motivate visitors to quit or refrain from starting smoking. This exhibit also addresses several other aspects of preventing cancer.

Sick and well

To show cancer as it is.

Go sightseeing in the lungs

Motivate smokers to stop by showing them how much harm they are doing to their lungs.

Use:

The exhibits are continuously in use separately or in groups of up to 10-12 exhibits at each venue. Typically in schools, health-markets, commercial exhibitions or libraries. Once "Dare you look" went to the Main Railway Station in Copenhagen for 3 months and after that it went round Denmark in a train-wagon. Often it is local branches of the Cancer Society who organizes where the exhibits go.

Evaluation:

We have not been able to evaluate the exhibitions on the question of effectiveness of prevention (change of habits). This is mainly due to the fact that the aims and goals of the exhibitions have been too broad and therefore impossible to evaluate.

Our research have been limited to counting the number of visitors and asking visitors questions about what they liked and if they intend to change "life style". But we have no idea about whether they actually change anything.

We have many stories from people who are happy to have used the exhibits. And stories about persons who have stopped smoking or found lumps in their breasts after using the exhibits.

We learned that it is very important that the exhibits are easy to set-up and dismantle and move. These exhibits are not as easy and portable as we would like them to be. Also ease of maintaining is important.

Morten Strunge Meyer

27. January 1994

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7. 'All about Cancer'

Travelling Exhibition on Cancer Prevention, Poster session

University of Southampton, School of Education, Southampton,
and Cancer Link, London

Documentation by Ros Weston



THE UK EXHIBITION ALL ABOUT CANCER 1992-94 : THE HISTORY, DEVELOPMENT
AND PROGRESS OF THE PROJECT AND THE BUDGET COSTS.

INTRODUCTION

The report of the Science Museum International Conference for exhibit makers states that the following stages should be followed when developing an exhibition or an artefact,

- * pre-project research
- * needs assessment
- * development of a prototype
- * piloting of a prototype (front end evaluation)
- * amendments to the prototype
- * formative evaluation with specific criteria
- * amendments and replanning
- * summative evaluation and future development, which often includes prototype 2 once 1 has been found to work (this is over a period of years) Back end evaluation.

It is also common practice for the developers of the exhibition to withdraw at the stage of summative evaluation and for the exhibit to be handled by a major sponsor, another agency or coalition of agencies, or a museum. In the development of the UK exhibition we followed these stages and are now at the stage where we need to negotiate future arrangements for the exhibition.

THE PLANNING OF THE PROJECT

The idea of an interactive exhibition was based on the following research

- * workshops held with professionals in health and health promotion around the UK
- * a national conference " IS CANCER ON YOUR AGENDA" and subsequent evaluation
- * the development of cancer training and a training module for the HEA LOOK AFTER YOURSELF PROGRAMME
- * evaluation of cancer week materials and resources 1992-1993

The research showed that we needed to develop resources to support cancer education and training in health promotion and the community. We did not have a critical mass of personnel who felt confident in this task. We therefore developed training materials which could be used in multi- disciplinary workshops and by multi -disciplinary trainers and in a range of settings. The evaluation of these materials showed they were useful, challenging and could be used easily by non cancer experts, but rather generic health promoters.

One issue which had been particularly important to the participants of the above named events was the lack of educational materials for the public. So, we had another problem. We concentrated in the UK first on training a critical mass of professionals who felt confident to work with cancer education in a public setting, we now had to address the needs of information for the public.

In all the training work we had done we used interactive materials as we established early in the research that cancer issues were a threat to many people, treading on old history, mostly of unresolved grief and pain, having witnessed poor patient care and inadequate palliation. Fear of cancer was also a key block to cancer education and especially to prevention messages. Words such as death and pain being the most often quoted. Belief in prevention was not a popular theme, especially with cancer and seen quite differently to heart disease, where they felt they had more control. The logic of this may be questionable, we were not carrying out this research to question the views of participants but to explore their needs in relation to cancer education and prevention. The belief about control over heart disease and not over cancer remains an issue for further research. The belief of many professionals in cancer prevention was also an important issue.

Interactive workshops using innovative materials helped to dispel some anxiety, myths and misconceptions about cancer and prevention. More importantly they helped people to feel comfortable and secure, something the needs assessment had raised as important to most people. In many cases the exercise created space for people to talk about their feelings and attitudes, their experiences of cancer and to consider future need and change. It was these aspects in particular that gave us the idea for a touring exhibition.

THE DEVELOPMENT OF A TOURING EXHIBITION PROTO-TYPE ONE

It was thought that it could be possible to incorporate many of the principles that had been successful in professional training in an exhibition on cancer prevention for the public. These principles were as follows

- * sensitive educational materials and techniques
- * a secure environment that allowed individuals time and place to talk or be counselled
- * activities which allowed the participant and the educator to share a dialogue about cancer, prevention, treatment and care and their fears and anxieties
- * activities which incorporated other lifestyle messages other than cancer
- * activities which involved people, rather than just visual information displays
- * an exhibition that would attract attention and could be used in public places but by a variety of personnel, to act as a catalyst for behaviour change or lifestyle change
- * an exhibition which could be started with a budget of 30K

The process began by a visit to the Danish Cancer Society to look at the developmental process they had worked through in the construction of their exhibition and to try out the exhibits.

Following this visit initial discussions took place with the designer and CECG as to the best way forward for the exhibit. Drawings were produced and the first construction took place. The size of such an exhibit was always a problem and careful thought was given to this. However some problems still remain and require thought for the future.

PILOTING OF THE PROTOTYPE 1

The initial piloting of this prototype was carried out at the National Conference of Self Help groups in Manchester in April 1993. 300 people were able to sample the exhibition and give their views. (they were all members of the public with a few professionals included). A report of the methods for this evaluation and the findings are attached,

The outcome of this evaluation was instrumental in developing the next stage of the exhibition, as it had given us feedback and ideas for further exhibits. One key issue was that the ideas professionals though workable were not always thought so by the public, they had very different ideas.

Unfortunately the designer had difficulty with both the way we designed the evaluation and the report and refused to alter any of his designs accordingly, even though the pilot testing and amendments were part of his initial contract.

This led to a prolonged dispute which had to be solved by the use of a mediating agency, but fortunately avoided legal action. We did lose money however as we had to cancel a launch planned for July 1993 and were then involved in contracting a new designer and the obvious costs of collecting and delivering the exhibition to the new premises. At this stage we also thought it necessary to form a collaborative partnership with another cancer agency to help us develop the project to the next stage.

The key objectives for such a collaborative partnership were to

- * seek major sponsorship
- * develop a business plan and strategy for the future development and management of the exhibition
- * develop publicity material and a media strategy for a national tour of the exhibition
- * develop a plan for long term evaluation while the exhibit was on tour
- * prepare applications for future funding and development of the exhibition

The exhibit was completed to stage two in October 1993 in a collaborative partnership with CANCERLINK who also invested equal funding to the DOH and EAC to develop exhibits on patient information and support.

This version referred to as prototype 2 was piloted at the Cancer Week Conference in London at London Zoo.

THE FUTURE DEVELOPMENT OF THE EXHIBITION

A detailed business and management plan is currently being negotiated with Cancerlink to take on the future management and development of the exhibition in partnership with EC. This will involve seeking major sponsorship and the management of the national tour.

An independent evaluation will take place during the tour and will seek to establish the following

- * visitor reaction to the exhibit and the interactive exhibits
- * professional reactions to the exhibit
- * whether the exhibit works, ie does it change peoples knowledge

- * follow a sample of participants over two years to see if their were any lasting effects of their experience to the exhibition
- * make recommendations for future development and research
- * assess the benefits of collaborative partnerships established in districts and regions to stage the exhibition
- * collate the numbers of people attending and the nature of their setting ie community, public, professional, schools , colleges, primary care
- * assess the cost benefit of the exhibition, the original budgets and the costs of local staging

For the national tour a coordinated plan is developing whereby local personnel will be trained to run the exhibition alongside the national team from EC and Cancerlink. This will involve a media promotion, leaflet drop to all households and a training video and programme for the team.

The detail of this strategy will be worked out in Manchester at the major formative evaluation pilot in April 1994. Costs for transporting, erecting and dismantling, publicity, maintenance and storage will all be included. A plan for using the exhibition to its full potential will also be worked out.

By July 1994 the exhibition should be ready for tour, with all supporting documentation and video.

LESSONS LEARNED AND RECOMMENDATIONS

Throughout the development of this exhibition many lessons have been learned and these need to be incorporated in any future major project. It is important to be positive about this learning experience as it can benefit others and future projects as well as protect from excess stress and lost time and monies.

it is essential to have management support at all stages of the project

a team approach is necessary and time should be invested in developing the team as multi skilled people come together and may or may not understand other peoples skills and methods of working

time needs to be spent on developing objectives for the work and on the boundaries for project management

management structures need to be clear and processes for communication worked out, yet flexibility is also necessary

using the guidelines prepared by the Science Museum 1993 is useful particularly in looking for design solutions that are cost effective and in the case of touring exhibitions transportable

calculated risk taking is essential in the early development and budgets need to be apportioned accordingly to support the project from beginning to end

each stage of such a project is developmental and cannot always be planned in advance, planning strategies need to take account of this

a planning and development strategy is essential

a plan for solving problems and the processes for such solving need to be worked out in advance

if the project does go wrong commitment, time and support is required to get it back on track

evaluation strategy needs to be considered at the planning stage and have clear criteria by which evaluation is to be carried out

evaluation should be constructive and provide learning and future solutions and recommendations

CONCLUSIONS

This has been an exciting but time consuming complicated project to develop and one for which the project officers were ill equipped. However, they have continued to work through difficulties and provide workable solutions. As educators it is important to understand that concepts which may appear right for educational reasons may require much work with other disciplines to become workable in an exhibition. It is necessary to work with others in a team setting, and learn from the experience of other skilled people to solve all the problems an exhibition throws up. With hindsight we know the mistakes we have made and rectified them in the second stage of the project. These were the lack of a supporting team, long and slow processes for the payment of outstanding accounts, lack of knowledge and a network for design solutions and a network for sharing ideas and solutions. When we became involved in the network in the EC which was bringing together exhibition makers from Europe in Germany we were able to see our experience in context and to share some of our problems. We have found solutions much more quickly and gained confidence in knowing that we have achieved a good product on a low budget and in a relatively short space of time. We know by this sharing of knowledge that we can solve the remaining problems effectively and that we have experienced people we can go to for advice and support. We look forward to the results of the evaluation in determining the worth of such a project.

INTERACTIVE EXHIBITION ON CANCER EDUCATION

FORMATIVE EVALUATION

EXHIBITION PREVIEW

The preview and piloting of the Interactive Exhibition on Cancer Education was held at the National Conference of Cancer Self Help Groups, Owens Park Conference Centre, Manchester University, on 26th - 28th March 1993.

The key personnel involved in the preview were:

Yvonne Anderson	Project leader (Europe Against Cancer).
Celia DiMassimo	Freelance trainer. (Look After Youreslf).
Pamela Elder	Freelance trainer. (Look After Youreslf).
Lindsey Graham	Deputy Director of Cancerlink.
Frank McClean	Principal, Silver Lining Studio.
Ros Weston	Project Manager (Europe Against Cancer).
Jackie Yardley	Freelance trainer. (Wessex Cancer Trust).

The preview was used as a way of piloting the exhibition on a large group of non health professionals, whilst retaining a degree of control which would not have been possible in a public place. A formative evaluation was conducted in order to make immediate and long term recommendations for amendments and additional exhibits, as well as to inform the design of a full scale evaluation on tour.

The key evaluative questions were:

- * Is the exhibition appealing?
- * Is it constructed to an acceptable standard?
- * Do the concepts work?
- * What is its future potential?

Interactive Exhibition on Cancer Education

Formative Evaluation - Exhibition Preview.

Methods and Methodological Issues.

Methods must be selected according to the purpose for which they are required and not for spurious reasons, such as the preferences or talents of the researcher/evaluator, or because of any external pressures to conform to a particular research paradigm. With this maxim in mind, a combination of methods was chosen to evaluate the preview of the interactive exhibition. The evaluation was needed to inform the project team and its potential partners of several different, but related aspects of the exhibition. These arose out of the key evaluation questions given earlier and are stated below:

- * the initial impression created by the module and its ambience

- * perceptions about the quality and durability of the materials and finishes used

- * perceptions about the aesthetic quality of the images and graphics used

- * responses to the exhibits in terms of the educational processes taking place

- * ideas for future developments.

It would be clear to any potential user of the exhibition that those involved in its development would have invested large amounts of time and energy in it. It would be asking rather too much, therefore, to expect total honesty in response to direct questioning by project officers. In all research involving interviews or questions, there is a risk of bias arising from assumptions the respondent makes about the interviewer - in this case the bias would potentially be an even greater threat to the validity of the results. A decision was made to use an ethnographic approach as a major strand of the evaluation.¹ One project officer, who was not known to conference delegates, acted as a participant observer, collecting data by taking on the role of conference delegate and recording all occurrences and comments observed or heard by her.

¹In general, ethnographic methods seek to disrupt the natural order as little as possible, if at all and in this way problems of reactivity, inherent in other methods, are greatly diminished. Clearly, in order to achieve naturalism a certain amount of deception must be used, since the researcher often has to work under cover. For a full discussion of these methods, see Hammersley M and Atkinson P, Ethnography, Principles in Practice. Routledge 1983.

In addition to participant observation of visitors to the exhibition, informal interviews were conducted and comments gathered from all persons involved with the preview over the weekend of the conference. See notes about the sample, below.

In order to assess shifts in perceptions about cancer prevention, a questionnaire was used to test awareness before and after entering the exhibition.

By combining complementary methods in this way, different types of information were gathered, creating multiple perspectives which, when taken together, created the whole picture needed to bring the first phase of development to a close and to move on into phase two of touring the exhibition and conducting longitudinal evaluation.

Data collection.

The participant observer passed as a conference delegate, joining groups of people being guided around the exhibition and, at other times, joining individuals wandering around at their own pace. At appropriate intervals she concealed herself behind exhibits to record notes on a dictaphone. At other times she used pen and paper activities such as the wordsearch to act as a cover for writing detailed notes.

The sample.

Those used in the evaluation process were all delegates at the conference (about 350 people), or professionals staffing the stand (about 12 people). Conference delegates were from cancer self help groups; there were very few health professionals - two or three. Those used to staff the exhibition were the project officers, Cancerlink staff and training consultants brought in for the conference.

Evaluation results.

The results will be categorised according to the five aspects under consideration, given above.

* The initial impression created by the exhibition; its ambience.

The comments about the look and the feel of the module were all positive. Visitors showed no hesitation in approaching the exhibition and in entering it. From the outside many visitors were surprised at the size of it, though it must be pointed out that the module was contained within a conference room - it would look less imposing in a shopping mall. Many visitors commented on the colour scheme, saying it was fresh and appealing, but soothing. Once inside some people commented that the atmosphere was nurturing and that it felt safe to talk about sensitive issues.

* Perceptions about the quality and durability of the materials and finishes used.

The overall quality of materials and finishes was thought to be high, particularly with regard to the framework of the module, the tubing, carpet, seating upholstery, etc. However, specific amendments to the finishes on several exhibits were consistently remarked upon, indicating a clear need for fresh design solutions. These recommendations have been dealt with separately by the project team as part of the ongoing refinements.

* Perceptions about the aesthetic quality of the images and graphics used.

These results will be reported separately for each exhibit:

Clouds and kites. Visitors and exhibition staff liked the aesthetic quality of these images, many remarking on the association between kites and a feeling of being uplifted and of optimism. However, most of those who commented on these graphics thought the images should be bigger, to be more arresting.

Are you happy with your portion? The images of fruits and vegetables were very appealing to most people. Comments included, "mouthwatering", "beautifully drawn", "eye catching".

Let's reflect on your image. These graphics did not communicate to visitors the purpose of the exhibit. All of those questioned said they were confused by the images because they were "messy" and "too busy". In talking to each other, visitors were heard to comment that the graphics had not been skilfully applied.

People like you and me. Observations showed that visitors were very drawn to these two boards - there was a definite tendency to want to know what was behind the closed doors. Two people mentioned that there was no obvious representation of an Asian person, although acknowledging that every effort had been made to depict a wide variety of ages, ethnic origins, able and non able bodied and both sexes. A consistent criticism was that the two older people depicted on the boards had very unattractive

facial features. One person likened the older man to "Ted Heath, but ferocious".

Snakes and ladders. There was a positive response to this exhibit; visitors liked the images and found the overall appearance of the board appealing.

The cancer challenge. This exhibit was unfinished at the time of the pilot. The hand painted knight on horseback was hardly commented on, but when asked, visitors said it was a pleasing image, but that it needed to be about twice as big to have any impact.

* Responses to the exhibition in terms of the educational processes taking place.

Again these will be reported according to each exhibit.

Clouds and kites. It was noted that visitors were markedly reluctant to take part in this activity if they thought they were the first to do so. Clearly the idea of displaying their feelings was worrying and some means of promoting anonymity was required. Towards the end of the conference, when the staff were becoming more used to facilitating this activity, a group of visitors was heard to say that the exercise had great potential as a before and after approach to cancer awareness.

Are you happy with your portion? The budget for this exhibit did not allow for enough technology to make the light box touch-sensitive, so pen and paper exercises had been devised to increase the degree of interaction. A number of visitors became quite absorbed in these. The board stimulated a great deal of discussion about diet and cancer. Many visitors appeared to have been influenced by media speculation on the role of beta carotene as protective agent and were therefore surprised that carrots were not shown on the board. This gave the staff an ideal opportunity to talk about the various dietary sources of different vitamins and minerals. Some visitors felt that this exhibit could alienate people in poorer areas who cannot afford to buy fresh fruit.

Let's reflect on your image: This exhibit was unfinished at the time of the pilot and should have been complemented by a roulette wheel game underneath it. However, the message to smokers to consider giving up was reinforced by a smoking cessation workshop taking place on the outside of the module. Many visitors commented on this connection and thought that the workshop should continue to be offered when the exhibition is touring. Those who understood the underlying message of the board said they thought it was a useful way to tackle the smoking issue as it did not use scare tactics or a lot of "dry statistics".

People like you and me. The conference delegates were all people who either had had cancer, or who were caring for someone with cancer. It seems reasonable to assume, therefore, that most of them were past the stage of asking "Is cancer catching?" or "What is chemotherapy?". However, some questions and answers still provoked a great deal of discussion, particularly the one stating

that up to 80% of cancers could be avoided by changes to lifestyle. Several people expressed surprise in that, where a door was situated on a particular part of the body, they had expected the information to be about that cancer site. This occurred particularly in the case of the child figure, where there was an expectation of information on childhood cancers.

Snakes and ladders. The purpose of the game was readily understood and all participants in the game were able to play without much assistance, being familiar with the childhood version. The game was useful in raising issues around prevention and early detection, but the criticism most frequently expressed was that it needed more text, so more of the squares contained questions and information, thus maximising the potential for fun and learning.

The cancer challenge. Although not presented to its final finished quality, no activity stimulated as much debate and controversy as this one. As might be expected, the majority of participants in the activity cited pollution, stress, food additives, radiation, etc, as major causes of cancer deaths. Great surprise was shown when the true figures were revealed and many hot debates ensued. Further data were collected using the awareness scale and these are reported separately. A few people pointed out that the use of the phrase "Preventing cancer deaths" could be seen as somewhat shocking, or negative. The problem here is that the factual information used in the activity was based on Sir Richard Doll's work on preventable cancer deaths.

* Ideas for future developments.

Many people were keen to suggest additions to the exhibition; these were:

- greater use of space on the outside for local information
- the addition of new panels/areas focusing on support/care
- more on smoking cessation, using the variety of visual aids already available through health promotion
- an activity based on skin care in the sun

Other feedback

- * The pen and paper activities were well received.
- * The workshops running around the outside were popular and were thought to add a useful dimension.
- * It would have been helpful if those staffing the exhibition were clearly identifiable, perhaps wearing a uniform sweatshirt.

Questionnaire report.

To begin to assess the level of basic knowledge that members of the public have about cancer prevention before they enter the exhibition and as a way of tracking whether the exhibition, including exhibits and the training team have any impact on changing perception and knowledge about cancer, a questionnaire was developed based on the EAC 10 point code for living.

The method.

The method was based on research carried out by Batten 1992 into Practice Nurse perceptions of their ability to advise and support patients in giving up smoking. This research was based on previous studies by Prochaska, USA.

The method requires that participants mark a cross on the line 0% - 100% where they believe their knowledge level lies.

Participants were asked to complete the questionnaire "A" on entering the exhibition and before any interaction with exhibits or personnel.

They then repeated the exercise in exactly the same way using questionnaire "B" when they had completed their tour of the exhibition and workshop sessions.

The difference between the point on the line Q.A and Q.B gives an indication of the shift or lack of shift in knowledge or perception. It was pointed out to all participants that this was not a test. "A" was removed and "B" given as they left the exhibition.

13 pairs of questionnaires were completed.

A copy of the questionnaire can be found in the appendix.

Issues.

The issues arising from piloting the questionnaire are as follows:

- * too complicated for the reading ability of all but four of the participants;

- * terminology used in the 10 point code not easily comprehended by the participants;

- * too long and took too much time;

- * participants must be reassured that it is not a test;

- * it is crucial that the person(s) staffing the exhibition are confident, knowledgeable, highly skilled as communicators and sensitive to the subject.

Results.

The shift in knowledge and perception between "A" and "B" was in every case positive, that is it showed an increase. The range of this shift varied from 1.7% increase to 23.3% increase in knowledge and perception.

The number 1 risk factor was given as smoking in 7 out of 12 "A" responses and 11 out of 12 "B" responses, so 4 out of the 5 had changed their perceptions after taking part in the exhibition. After taking part in the exhibition most participants had revised their perception of the priority order of cancer risk factors. Taking the first three risk factors given in each case, one participant changed all three, ten changed two out of the three and two were illegible. Perceived risk factors on "A" which were not predominant on "B" included Pollution, Stress and Radiation.

The results showed that many people have taken on board the smoking messages, although conversations revealed that they do not always see this as relating to themselves. This was particularly true of those who believed they live in "high risk" radiation areas, or those who felt they had a very stressful life. They believed they were at a higher risk of cancer from these factors than from smoking and they could not be persuaded otherwise. Other comments which were recorded:

"no good talking about fruits and vegetables in my area, people can't afford them"

"we know stress and cancer are linked, does the DoH not know this. I'm shocked it is not in the exhibition as a risk factor"

"all my family have died of cancer and my daughter has been told she is at high risk - we have never smoked"

The small number of completed "A" and "B" questionnaires reflects the fact that the exercise was too long and complicated for most people. Clearly the questionnaire would need more piloting and modification if it were to be used in the future.

Recommendations

Short term, immediate.

- Adaptations to be made to "Let's reflect on your image", to produce a simpler graphic.
- Work to continue on roulette wheel game and this added before the next venue.
- Quotes required for rendering the two light boxes touch sensitive.
- Project officer to devise a game based on bingo for touch sensitive light box, "Are you happy with your portion?"
- A new exhibit on skin care in the sun to be commissioned.
- More squares to contain text in snakes and ladders game.
- "The cancer challenge" to be completed.
- Printed material to be typeset and reproduced on quality paper.
- Design solutions to be sought for "People like us" - positioning of doors and facial features of older people.

Longer term.

- Seek further funding, including sponsorship, to continue to develop interactive exhibits.
- Appoint an independent evaluator.
- Appoint an appropriately qualified person to travel with the exhibition to ensure consistency of the cancer prevention messages. (There were great differences in the extent of knowledge and understanding of cancer prevention among the various people staffing the exhibition.)
- Investigate the scope for widening out from prevention and early detection to issues about treatment and care.

INTERACTIVE EXHIBITION, CANCER EDUCATION

Explanatory notes

The UK's first national interactive exhibition on cancer education is designed as an octagonal module which will stand alone, or to which additional modules can be added. The exhibition is mobile and will collapse for transportation by road, rail, or sea. It has been constructed from the highest quality materials in order that it will be durable and require minimum maintenance. The materials all fulfil current safety regulations and recommendations. The particular blend of colours has been carefully chosen to be friendly and inviting. A light, natural wood has been used to trim and finish the surfaces.

The photographss show that from outside the exhibition it is possible to see part of what is happening inside - this has been constructed to stimulate curiosity, whilst also ensuring that when the module is full of people, it will not appear to be overcrowded and it will still be possible to observe from outside. The document which will accompany the exhibition will suggest ideas for additional activities to take place around the outside of the module; these will include street theatre, local arts events, face painting with coloured sun block, competitions for children, etc. Entry into the module has been designed so that people with wheelchairs, pushchairs, or other mobility aids, will have easy access. Clearly visible from the outside, as well as the inside is a clear perspex panel on which motifs of clouds and kites are printed. Visitors will be invited to represent their feelings about cancer by writing or drawing on the clouds and kites. This will create an opportunity for the person staffing the exhibition to talk with visitors about their experiences and perceptions - a necessary beginning for most people to the process of learning about cancer prevention.

Inside the module is a central console, in the centre of which is a globe. Underneath is a circular seat to accommodate several people. Headphones have been fitted to play information tapes on a loop system, in several different languages. (This has been commissioned by Cancerlink.) The panels around the inside of the module address various issues of cancer education, focusing on cancer prevention. Activities and graphics have been placed at different levels so that access is possible for a wide variety of people, irrespective of physical ability or mobility. One panel, entitled "Let's reflect on your image" addresses smoking cessation and includes a distorting mirror with ashtray and roulette game. Two panels show a range of different people constructed in relief, on whose figures are a series of doors, which, when opened, reveal questions and answers about the nature of cancer; this is entitled, "What do people like you and me want to know about cancer?" Snakes and ladders is an activity on one of the light box panels, in which lifestyle factors involved in cancer prevention are used as the means to travel up the ladders or down the snakes. The second lit panel comprises a large display of colourful fruits and vegetables, with supporting text, entitled, "Are you happy with your portion?". The final board

features a knight on horseback and is called, "The cancer challenge". Participants are invited to fight cancer deaths by nominating the three most important lifestyle factors. They are given scores for their answers and are presented with a simple form of the correct information.

Sited within the module are trays and cupboards for the storage and use of printed material. The exhibition is supplied with a selection of materials, most of them specifically tailored to reinforce the ideas contained within the exhibits and targeted to a variety of different groups.

On the outside of some of the boards rectangular areas have been marked off and called "The space". These have been designed to encourage local groups to display their own materials and information.

The exhibition has been commissioned by Europe Against Cancer and the Department of Health, steered through the Cancer Education Co-ordinating Group. The project manager is Ros Weston, UK Co-ordinator for Europe Against Cancer, the project leader is Yvonne Anderson, Consultant to Europe Against Cancer and the designer is Frank McClean, Silver Lining Studio. A contribution to the smoking cessation activities has been made by Ciba Geigy.

Negotiations have been taking place between the project team, Cancerlink deputy director, Lindsey Graham, and a potential sponsor, to tour the exhibition around a number of town centre venues later this year.

8. "Die Seele braucht Zeit, sonst schrumpft sie"

Travelling Exhibition on Health Promotion

European Health Market, External site near hall 1

Health Department of the Canton of St. Gallen, St. Gallen

Documentation by Patrick Roth



«Die Seele braucht Zeit, sonst schrumpft sie»

Aktionen zum seelischen Gesundsein



Autor:

Patrick Roth, Projektleiter Gesundheitsförderung im Gesundheitsdepartement des Kantons St. Gallen.

Zunehmend werden die psychosozialen Einflüsse auf die Gesundheit erkannt, was zur dringend notwendigen Erweiterung des traditionellen Präventionsansatzes der bisherigen Risiko- und Krankheitsbekämpfung führt. Welche Auswirkungen diese Einsichten auf Konzeption und Realisation von präventiven Aktionen haben, werden im ersten Teil des Beitrages erörtert.

Thematischer Schwerpunkt der gemeindenahe Gesundheitsförderung im Kanton St. Gallen ist für die Jahre 1992 bis 1995 das seelische Wohlbefinden. Mit einem «Fitnessparcours für die Seele» soll auf die Bedeutung der Seelenpflege aufmerksam gemacht und durch entsprechende Denkanstösse eine Auseinandersetzung in Gang gebracht werden. Der Parcours löste in den letzten eineinhalb Jahren bereits in über 30 sanktgallischen Gemeinden eigentliche Schwerpunktwochenenden oder -wochen des seelischen Gesundseins aus.

Der traditionelle Präventionsansatz befasst sich immer mit der Frage, was der Gesundheit schadet und wie man diese Schäden vermeiden kann. Ohne die Notwendigkeit dieser Betrachtungsweise in Frage zu stellen, muss sie grundsätzlich und insbesondere für Aktionen zum

seelischen Gesundsein ergänzt werden durch die Frage nach der *Stärkung von persönlichen und sozialen Ressourcen*. Paradox wäre doch, allgemeines Wohlbefinden als Gesundsein zu deklarieren und sich gleichzeitig Lebensfreude in stetiger, konzentrierter Anstrengung verschaffen zu wollen oder emotionelle Beschwerden wie Leere, Sinnlosigkeit, unbestimmte Depressionen, Desillusionierungen oder Verlust von Werten zu bekämpfen, statt nach deren Ursachen zu fragen. Ziel von Aktionen kann es nicht sein, das Leben problemfrei zu machen, sondern Anreize zu geben, dem gewöhnlichen Leben durch verstärkte Wahrnehmung Tiefe und Wert zu verleihen.

Motivierung oder Motivation?

Die Fragestellung der *Motivierung* ist: «Wie kann ich meine Adressaten dazu bringen, etwas zu tun, was sie allein aus sich heraus nicht tun wollen?» Als Motivierungsmethoden bieten sich an: reine Wissensvermittlung, moralisierende Appelle und Ermahnungen, Abschreckungspädagogik, Methode des Verbotes, polizeiliche Verfolgung und Bestrafung sowie Ködern mit



Erfolgserlebnissen. Reinhard K. Sprenger (Buch «Mythos Motivation») spricht von den verführerischen fünf grossen «B»: Bedrohen, Bestrafen, Bestechen, Belohnen, Belobigen. Seine Folgerung: *Jede Motivierung schafft mit mechanischer Sicherheit ihr eigenes Gegenteil, nämlich Demotivation.*

Die weitverbreiteten Anreizsysteme und ausgeklügelten Antreibetechniken in Erziehung und Arbeitswelt haben insbesondere auf das seelische Wohlbefinden kontraproduktive Folgen, weil sie letztlich methodisiertes Miss-trauen sind und aus dem Menschen ein «zu bewegendes» Objekt machen.

Motivation hingegen ist die persönliche Bereitschaft des einzelnen, seine Beweggründe als eine Antwort auf das «Warum» des Verhaltens. Oberflächliche Manipulationen mit dem Ziel, Normalität herzustellen oder ein Leben der Norm anzupassen, reduzieren die Einzigartigkeit der Person, welche sich genauso im Abseitigen und Verdrehten gründet wie im Vernünftigen und Normalen. Die Seele ist keine Sache, sondern eine Qualität oder Dimension, das Leben und sich selbst zu erfahren. Sie hat etwas mit Tiefe, Wert, Bezogenheit, Herz und dem persönlichen Wesen zu tun.

Folgerung: Aktionen zum seelischen Gesundsein sollen den Menschen in seiner Subjektivität ernst nehmen und ihn als Individuum wahrnehmen. Aktionen sollen Angebote sein für die eigene Wahrnehmung und für einen Einstellungswandel: die Bereitschaft zum Spüren, Ernstnehmen, Annehmen und Zulassen des einzelnen, seiner Gestimmtheiten, auch der individuellen Form- und Leistungsschwankungen. Die Aktionselemente müssen deshalb das Wechselspiel von Spannung und Entspannung zulassen bzw. Gespanntheit und Gelöstheit als zwei Pole des lebendigen Ganzen anerkennen!

Was unterscheidet gesunde Menschen von kranken?

Aaron Antonovsky, jüdischer Wissenschaftler, suchte nach den Persönlichkeitseigenschaften und Verhaltensweisen, die gesunde Menschen von kranken unterscheiden. Was war das Geheimnis dieser Menschen? Antonovsky arbeitete das *Kohärenzkonzept* heraus, mit dem er die Persönlichkeitseigenschaften widerstandsfähiger

Die drei Dimensionen des Kohärenzkonzeptes

1. Einsicht – Verständnis

Verstehe ich (intellektuell), was mit mir und in meinem Umfeld geschieht?
(Nicht chaotisch, ungeordnet, zufällig, unerklärlich)

2. Handhabung – Beeinflussbarkeit

Habe ich selbst Einfluss auf dieses Geschehen? Kann ich Lebensumstände selbst mitgestalten, oder muss ich sie passiv über mich ergehen lassen?

3. Sinnhaftigkeit

Kann ich meinem Leben und dem, was mit mir und um mich herum geschieht, einen Sinn zuordnen?
Ist es «wert», dafür Ressourcen und Energien einzusetzen?

ger und gesunder Menschen umfassend beschrieb. In der Kohärenz, dem Gefühl, dass es Zusammenhalt und Sinn im Leben gibt, dass dieses Leben nicht einem unbeeinflussbaren Schicksal unterworfen ist, sieht Antonovsky den Kern des «neuen Denkens» über Gesundheit. Je stärker diese persönliche Kohärenz eines Menschen ist, desto erfolgreicher kann er mit den unvermeidlichen, ständigen Stressoren des Lebens fertig werden, die ja Bestandteil unserer Existenz sind. Die gesundheitsstiftende und gesundheitsschützende Kraft, die ein Mensch mobilisieren kann, hängt also in hohem Masse davon ab, welche *Welt-Sicht*, welche *Lebensphilosophie* und welche *Einstellungen* er hat.

Gemeindenähe Gesundheitsförderung im Kanton St. Gallen

Mit Unterstützung der lokalen Behörden hat das Gesundheitsdepartement ein Netz sogenannter Ortskoordinatorinnen und Ortskoordinatoren für Prävention in der Gemeinde aufgebaut. Diese vom Gemeinderat bezeichneten Kontaktpersonen schaffen in Zusammenarbeit mit dem kanto-

nalen Präventivmediziner und dem Projektleiter günstige Voraussetzungen für themenzentrierte Gesundheitsaktionen auf Gemeindeebene. Die vom Kanton angebotenen Aktionsmaterialien sind eigene Projekte, welche konzeptionell sowie methodisch-didaktisch auf die oben erwähnten Gedanken ausgerichtet sind. Die aktuellen Materialien gehen ein auf seelisch-soziale Spannungsfelder – insbesondere auch auf den Zeit-un-wohlstand – und geben Anregungen für den besseren Umgang mit unserer «Innenwelt». Inhalt und Form sollen dabei Verständnis und Einsicht in die Thematik ermöglichen, auf die persönlichen Ressourcen zur Bewältigung der Spannungen aufmerksam machen und die Sinnhaftigkeit persönlicher Anstrengungen hervorstreichen.

Ausstellung als Vehikel für gemeindegetragene Aktivitäten

Die Ausstellung ist als Parcours konzipiert und eignet sich für ein breites Publikum. Er kann in der Gemeinde – z. B. auf dem Dorfplatz, im Schulhof, auf öffentlichen Wegen und Strassen – aufgestellt werden und eignet sich sehr gut für gemeindeeigene Ergänzungen, wie beispielsweise einen Sinnesparcours, einen Gesundheitsmarkt, ein Spielfest, einen Suppentag usw. Die Ausstellung ist auch eine Art «Trittbrett» für themenspezifische Rahmenveranstaltungen (z. B. Vorträge, Seminare, Theateraufführungen) und insbesondere auch für Projektunterricht in der Schule, um so eine vertiefte Auseinandersetzung mit dem Thema zu bewirken und lokale Initiativen zu fördern.

Elemente des Parcours

Die zehn Parcoursposten bestehen aus doppel-seitigen Plakatständern mit einer Plakatoberfläche von rund 270×130 cm, wie sie z. B. für Abstimmungen und Wahlen im Einsatz sind. Auf der Vorderseite des Postens wird das Thema bildlich-plakativ dargestellt und die Neugierde des Betrachters mit einem «Fitnessstest für die Seele» geweckt. Zur Animation sind einige der Posten mit mechanisch-beweglichen Elementen ausgerüstet. Auf der Rückseite wird mit einem Zitat gewollt ein subjektiver Standpunkt vertreten, um

so die persönliche Meinungsbildung anzuregen. Eine herrliche Bildergeschichte – «Die fürchterlichen Fünf» von Wolf Erlbruch – ermöglicht es auch Kindern und all jenen, die Geschichten einer abstrakten Darstellung vorziehen, die Wichtigkeit von psychosozialen Faktoren für unsere Gesundheit zu entdecken: In zehn Bildfolgen wird erzählt, wie fünf hässliche, ungeliebte Aussenseiter (Kröte, Fledermaus, Ratte, Spinne und Hyäne) Liebe, Anerkennung und eine Aufgabe suchen und finden. Am Ende des Parcours wird ein 32seitiges Magazin mit Erläuterungen zum «Fitnessstest» und zu den Themen abgegeben.

Nebst dem Parcours für die Seele erhalten die lokalen Organisatoren ein Dossier mit zahlreichen Hinweisen zur Umsetzung der Materialien.

Die Themen der zehn Parcoursposten

Gesundsein ist für mich...

Über Betrachtungsweisen von Gesundheit und Krankheit

Mut – Wut

Über den Umgang mit Ärger und Aggressionen

Norm a 1?

Über die Macht der Fremdbestimmung

Ich bin ich?

Über das äussere Bild und die innere Wirklichkeit

Leben heisst empfinden

Über die Entfaltung der Sinne, damit das Herz aufgehen kann

Flucht – Sucht

Über die Sinnsuche

Loslassen?

Über Festhalten und Loslassen

Stress

Über den Umgang mit der Zeit

Signale des Körpers

Über die symbolische Sprache des Körpers

Miteinander

Angst vor Fremden, über das Gefühl zusammenzugehören

Um die Schulen ebenfalls fürs Mittun zu gewinnen, vermittelt ein weiteres Dossier grundsätzliche Hinweise zur (psychosozialen) Gesundheitserziehung im Sinne der «gesundheitsfördernden Schule» sowie konkrete Arbeitsvorschläge.

Fünf Thesen zur Gesundheitsförderung

1. Zurück vom WIE zum WARUM!
Wirksame Gesundheitsförderung fragt nach dem WARUM des Gesundseins.
Im Zentrum stehen die Eigenschaften und Verhaltensweisen, die den Menschen auch dann gesund erhalten, wenn er all den Gefährdungen unseres Alltags permanent ausgesetzt ist.
2. Erkennen der drei Dimensionen
Gesundheits-Bereitschaft (die Bereitschaft ist Sache des einzelnen)
Gesundheits-Fähigkeit (nicht jeder Mensch ist gleich befähigt)
Gesundheits-Möglichkeit (die Voraussetzungen sind nicht immer günstig)
3. Gesundheit ist Lebensweise – und nicht Lebensaufgabe!
Gesundheit ist möglich als positive Begleitscheinung eines gelebten Lebens.
Gesundheit ist keine Lebensaufgabe, bei der gilt: Je mehr ich mich anstrengende, desto gesünder bin ich als Gegenleistung.

4. Gesundheit ist kein «Programm»
Gesundheit wird nicht «verdient» durch körperliche Fitness, durch Diäten und regelmäßige Check-ups, durch Einschränkungen und Vorsichtsmassnahmen aller Art.
Gesundheit in den eigenen Lebensplan zu integrieren erfordert zunächst ein Loslassen, ein Aufgeben des oft verbissenen und vergeblichen Kampfes um Wohlbefinden.
5. Positiver Ansatz als Präventionsstrategie
Gesundheitsförderung hat sich primär auf die gesunderhaltenden und Gesundheit fördernden Kräfte der Person zu konzentrieren.
Gesundheitsförderung hat stets auch eine politische Dimension.

Patrick Roth

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9. "Bewußter leben - mit Europa gegen den Krebs"

Travelling Exhibition on Cancer Prevention

European Health Market, stand 1

Bundeszentrale für gesundheitliche Aufklärung, Cologne

Documentation by Hans Schnocks



Bundeszentrale für gesundheitliche Aufklärung,
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Die Bundeszentrale für gesundheitliche Aufklärung ist eine Behörde im Geschäftsbereich des Bundesgesundheitsministers und für Fragen der gesundheitlichen Aufklärung, der Gesundheits-erziehung und Gesundheitsförderung auf der Ebene der Bundesverwaltung zuständig. Sie wird aus Mitteln des Bundes finanziert (Etat 1993: ca. 70 Millionen DM) und hat 120 Mitarbeiter. Sie besteht seit 1967. In ihrem Errichtungserlaß ist ihr die Aufgabe übertragen worden, Grundsätze und Richtlinien für Inhalt und Methoden der Gesundheitserziehung zu erarbeiten und mit in- und ausländischen Fachinstitutionen zusammenzuarbeiten.

Inhaltliche Schwerpunkte ihrer Arbeit liegen bei den Themen Aids-Prävention, Suchtprävention, Prävention chronischer Erkrankungen, gesunde Ernährung, Gesundheit des Kindes. Das Thema Sexualpädagogik ist ihr 1992 übertragen worden.

Ständig sind etwa 100 Projekte in Arbeit. Hierbei werden sowohl Medien und Methoden der Massenkommunikation (Fernsehen, Anzeigen, Drucksachen) als auch der personalen Kommunikation (Telefonberater, Gesprächspartner, Fachbetreuer von Ausstellungen) eingesetzt.

Die Bundeszentrale arbeitet eng mit den Bundesländern, dem öffentlichen Gesundheitsdienst und zahlreichen Multiplikatoren zusammen, denen sie Material für ihre Arbeit (Informationsbroschüren, Unterrichtsmaterial für Schulen, Filmkopien, Kurssysteme zur Raucherentwöhnung und Ernährungsumstellung, Arbeitsmaterial für die Jugendarbeit) zur Verfügung stellt.

Hans Schnocks, Diplom-Volkswirt, machte das Abitur auf dem 2. Bildungsweg, studierte Volkswirtschaft und Soziologie und war von 1968 bis 1975 Wirtschaftsredakteur der Stuttgarter Zeitung, der Wirtschaftswoche und des Spiegel.

Seit 01.01.76 Ständiger Vertreter des Direktors der Bundeszentrale für gesundheitliche Aufklärung, von 1977 bis 1987 Abteilungsleiter mit der Zuständigkeit für die Themen Suchtprävention. Ernährungsaufklärung, Familienplanung, Gesundheitsförderung von Kindern, Gesundheitsförderung von Behinderten, Prävention chronischer Erkrankungen, Selbsthilfe. Beteiligt an Konzeption und Projektmanagement der Basisaufklärung über Krebs durch die Broschüren zur Prävention "Bewußter leben" und zur Rehabilitation "Leben mit Krebs".

Seit Mitte 1987 zuständig für die Abteilung "Grundlagen und Methoden" mit den Referaten "schulische Gesundheitserziehung", "Gesundheit des Kindes", "Film, Funk, Fernsehen" und "Ausstellungen". Vertretungsweise Leitung des Ausstellungsreferates und Entwicklung der Ausstellung "Bewußter leben", Aufbau eines Stabes von freiberuflichen Fachbetreuern, Versuche zur Optimierung der Wanderausstellung für Besucher, Öffentlichkeitsarbeit und Kooperationspartner.

Ausstellung "Bewußter leben - mit Europa gegen den Krebs"

20 Einsätze in den Jahren 1989 - 1992

Inhalte: Die Inhalte der Ausstellung sind der Broschüre "Bewußter leben" der Bundeszentrale für gesundheitliche Aufklärung entnommen, die kurzgefaßt alle wesentlichen Informationen zur Krebsprävention und -früherkennung enthält. Von ihr wurden zum Auftakt des Programms "Europa gegen den Krebs" im Jahr 1988 900.000 Exemplare in Deutschland (West) verteilt. In die seit 1984 erscheinende Broschüre wurde der "Europäische Kodex gegen Krebs" neu aufgenommen. So wurde eine Verknüpfung zwischen der bis dahin in Deutschland verbreiteten Krebsaufklärung, die die Möglichkeiten des einzelnen betont, zu seinem Nutzen gesundheitsbewußt zu leben, und dem Programm "Europa gegen den Krebs" hergestellt. Die Ausstellung behandelt die Themen Rauchen, gesunde Ernährung, Selbstuntersuchung der Haut und der Brust (für Frauen) sowie der Hoden und der Haut (für Männer) und den "Europäischen Kodex gegen Krebs".

Strategie: Die Ausstellung soll die Erkenntnis fördern, daß jeder für seine Gesundheit etwas tun kann, auch gegen Krebs. Sie soll zur Überwindung der Ich-Ferne einer potentiellen Erkrankung besonders bei jungen und gesunden Menschen beitragen und evtl. vorhandene Krebsangst vermindern.

Die Ausstellung ist als eine Maßnahme der Gesundheitsförderung im Sinne der WHO-Strategie gedacht.

Ziele: Die Wanderausstellung soll aktuelle regionale Impulse zu "Europa gegen den Krebs" durch Erlebnis-, Gesprächs- und Kooperationskontakte geben.

Sie soll viele Besucher möglichst intensiv im Sinne der Strategie ansprechen.

Sie soll Kooperationspartner als lokale Mitveranstalter und permanente Ansprechpartner für Besucher und Öffentlichkeit gewinnen.

Sie soll möglichst viel Aufmerksamkeit der Öffentlichkeit für die Ausstellung und ihre Botschaften der Gesundheitsförderung gewinnen.

räumliche
Umsetzung:

Die Wanderausstellung wurde zum räumlich flexiblen Aufbau in Zelten, geschlossenen Räumen (z.B. Rathäuser, Schulen) oder offenen Räumen (z.B. Messehallen, überdachte Fußgängerzonen) entwickelt. Sie besteht aus etwa 40 Bild-Texttafeln im Format 2,25 x 1,25 m, einem Informationsstand, Testgeräten, Computern, Tischen zur Auslage von Material und Sitzgelegenheiten. Mit einem Videogerät können Filme vorgeführt werden. Der Platzbedarf beträgt ca. 130 qm.

mediale
Umsetzung:

Optisch dominiert der zentrale Informationsstand mit dem Titel "Bewußter leben" durch sein Motiv, eine farbig gezeichnete Straßenszene, die den Umschlag der Broschüre "Bewußter leben" bildet. Die Broschüre wird als Material zum Mitnehmen angeboten.

Bei der Gestaltung wurde insgesamt versucht, der Wanderausstellung einen spielerischen Akzent zu geben und das Hauptthema Krebsprävention vom thematischen Umfeld Krankheit ins Umfeld Lebensfreude zu verschieben. Wo es ging, wurden die Gestaltungselemente den bereits vorhandenen Informationsmedien entnommen.

Mit der Frage, "Welcher Rauchertyp sind Sie?" werden Besucher auf das Thema der Raucherentwöhnung aufmerksam gemacht. Hierzu gibt es vier Text-Bild-Tafeln, die in Grafik und Inhalt der Broschüre "Ja, ich werde Nichtraucher" entnommen sind, die alle wichtigen begründeten verhaltenstherapeutischen Hilfen für den Erfolg eines Entwöhnungsversuches enthält. Die Antwort auf diese Frage können sich Besucher von einem Computer geben lassen, der ein entsprechendes Frageprogramm enthält und weitgehend differenzierte glaubwürdige Analysen als Antwort ausdrückt. Die Besucher bedienen die Computer selbst. Anschließend können sie mit fachkundigen Beratern Gespräche führen.

Seit 1991 geht der Computeranalyse und dem Beratungsgespräch meist ein Kohlenmonoxid-Test der ausgeatmeten Luft voraus, der bei Rauchern hohe Werte zeigt. Die Kohlenmonoxid-Werte wurden in einem erweiterten Computerprogramm berücksichtigt.

1992 wurde eine Ausstellungseinheit zum Nicht-raucherschutz zusätzlich aufgenommen. Sie trägt die Diskussionen herausfordernde Überschrift "Raucher sind rücksichtsvoll" und besteht aus 4 Bild-Text-Tafeln, die inhaltlich und grafisch den Materialien einer "Aktion Rauchfrei" entnommen wurden, die für Betriebe entwickelt wurde.

Die Teststrecke zur Analyse der Ernährungsgewohnheiten beginnt mit der Feststellung von Gewicht, Größe, Blutdruck, einem Belastungs- und Beugetest als Maß für die körperliche Beweglichkeit. Am Computer beantworten Besucher, die auch diese Computer selbst bedienen, ein umfangreiches differenziertes Fragenprogramm zu ihren Ernährungsgewohnheiten. Der Ausdruck enthält eine Analyse und darauf abgestimmte Empfehlungen. Ökotrophologen und Sporttherapeuten stehen zum Gespräch bereit.

Die Ratschläge und die Beratung sollen eine realistische Hilfe beim Abbau von Übergewicht sein aber auch dem gerade bei jungen Besuchern und hier vor allem bei Frauen weitverbreiteten, evtl. bulimisch oder anorektisch bedingten Untergewicht entgegenarbeiten.

Insgesamt kümmern sich 6-8 Betreuer um die Besucher.

Umsetzung der Kooperationsziele:

Kooperationspartnern, wie z.B. Institutionen der Gesundheitserziehung, Gesundheitsämtern oder Selbsthilfegruppen, wurde die Beteiligung an der Ausstellung durch das Angebot eines kostenlosen Ausstellungsplatzes, durch Hilfen beim Aufbau oder bei der Herstellung eines Standes erleichtert.

Sie übernahmen dafür häufig die Betreuung von Besuchern, die Fragen zur Rehabilitation von Krebskranken hatten. An den Einsätzen der Jahre 1989 und 1990 war das Programm "Europa gegen den Krebs" mit einem eigenen kleinen Stand beteiligt. 1989 beteiligten sich daran auch Tumorzentren, die Vorträge ausgewiesener Krebsexperten anboten.

In der Öffentlichkeitsarbeit (Presse, Faltblätter, Plakate) wurde auf Beiträge der Kooperationspartner hingewiesen. Die Kooperationspartner übernahmen ihrerseits häufig die Verteilung der Faltblätter nach einem geeigneten lokalen Verteiler.

In den neuen Bundesländern wurde der Einsatz der Ausstellung "Bewußter leben" mit einem umfangreichen Fortbildungsangebot verbunden.

Umsetzung der
Ziele für die
Öffentlich-
keitsarbeit:

Im Jahr 1989 wurde die Öffentlichkeitsarbeit zu den Einsätzen der Wanderausstellung im Auftrag der EG von einer Agentur gemacht. Seit 1990 wurden Faltblätter und Plakate mit der Grafik der Broschüre "Bewußter leben" im lokalen Netzwerk verteilt. Ein Quiz mit Fragen zum Europäischen Kodex gegen Krebs war Bestandteil dieser Faltblätter. Seit 1991 wurde es auch Zeitungen zur Veröffentlichung angeboten. Die Einsender konnten entweder ein Fahrrad oder eine Freifahrt mit einem Heißluftballon gewinnen. Der Ballon zeigte auf dunkelblauem Grund die goldenen Europasterne und die Aufschrift "Bewußter leben - mit Europa gegen den Krebs". Zur Eröffnung, möglichst durch den Gesundheitsminister eines Bundeslandes oder den Oberbürgermeister einer Großstadt, wurde den geladenen Gästen und der Presse ein kaltes Büffet mit gesunden Gerichten und Getränken (Mineralwasser, Säfte, alkoholfreies Bier) angeboten.

In der Öffentlichkeitsarbeit wurde das Thema der Wanderausstellung um den Aspekt des Gewinnens im doppelten Sinne erweitert: "Bewußter leben und gewinnen - mit Europa gegen den Krebs".

Evaluation

Bei einfacheren Medien, wie z.B. einer Anzeige, ist es leichter, zu glaubwürdigen und aussagefähigen Kennzahlen etwa zur Bekanntheit und Wirksamkeit zu kommen als bei Wanderausstellungen des Typs "Bewußter leben", die als "Ereignisse" dem Besucher viele verschiedene Informationen und Impulse vermitteln sollen und die überdies noch Wirkungen in der Öffentlichkeit sowie in den sozialen Netzen der Kooperationspartner haben sollen.

Thema war bereits bekannt

Die Gestaltung der Ausstellung und die Akzeptanz der Botschaften des Europäischen Kodex wurden keinem Pretest unterzogen.

Aus einer 1983 angestellten Untersuchung war bekannt, daß 76% der westdeutschen Bevölkerung der Meinung waren, zur Krebsbekämpfung müsse mehr getan werden (Krebsregister-Krebsregistrierung, Psy-Data 1983). 77% stimmten der Aussage zu, daß es im Falle einer Krebserkrankung gute Heilungschancen gebe. Von daher erschien eine positive Aussage zur Krebsfrüherkennung und Krebsprävention in der Ausstellung gerechtfertigt. 1984 wurde die Broschüre "Bewußter leben" zur Krebsprävention und Förderung der Früherkennung von Krebserkrankungen entwickelt. Eine Akzeptanz bei Ärzten und bei der Zielgruppe (jüngere Menschen) brachte sehr gute Ergebnisse sowohl was den Inhalt als auch die Form (Text, Grafik) anging (alpha-Institut 1983). Bis zum Beginn der Wandereinsätze der Ausstellung "Bewußter leben" waren bereits 2,5 Mio. Stücke verteilt worden. Die Ausstellungsinhalte waren also in gewissem Umfang bekannt und akzeptiert.

Erfolg mit interaktiven Computern

Bei den 20 Einsätzen der Wanderausstellung zwischen 1989 und 1992 wurden verschiedene Konzepte der Information und Betreuung der Besucher ausprobiert. Der Charakter der Ausstellung wurde stets stark vom Ausstellungsort und von Beiträgen der Kooperationspartner beeinflusst. Die beiden ersten Einsätze 1989 fanden noch ohne lokale Kooperationspartner in Hamburg (Zelt in einer Fußgängerzone) und in Stuttgart (auf der Messe Pro Sanita) statt. Sie lieferten die ersten Erfahrungen im Einsatz interaktiver Computerprogramme zu den Themen Rauchen und Ernährung. Wie die Ausstellungsbetreuer berichteten, waren die Programme für die Besucher so attraktiv, daß manche bis zu einer Stunde Wartezeit in Kauf nahmen, um sie zu absolvieren. Das Ernährungsprogramm konnten täglich etwa 100, das Raucherprogramm etwa 200 Besucher absolvieren. Je nach Einsatzort kamen jedoch täglich 500, 1000 oder gar 5000 Besucher. Die Fachbetreuer (Experten zu Fragen der Raucherentwöhnung oder Fragen von

Ernährung und Fitness) konnten sich also nur um einen Teil der Besucher kümmern. Allerdings konnte jeder Besucher reichlich Informationsmaterial mitnehmen. Die Fachbetreuer berichteten schriftlich über ihre Erfahrungen und besonders über organisatorische und technische Mängel, um deren Beseitigung wir uns dann bemühten. Allerdings traten bei jeweils veränderten räumlichen Verhältnissen neue Probleme auf, die von Licht, Lärm, Bodenbeschaffenheit, Wärme, Kälte, Nässe, Art des Aufbaus usw. verursacht sein konnten. Auch die Zusammensetzung der Besucher nach Alter und Interessen wechselte je nach Standort und Kooperationspartner sowie Maßnahmen der Öffentlichkeitsarbeit.

Die Einsätze in Münster, Düsseldorf und Heidelberg (ebenfalls 1989 im Zelt auf zentralen Plätzen oder bei einer Klinik) erfolgten in Kooperation mit den örtlichen Tumorzentren. Zu diesen Ausstellungen wurden Expertenvorträge zum Thema Krebs und die Beratung zur Früherkennung und zu Fragen der Rehabilitation Krebskranker angeboten.

Einfache Besucherbefragung

Beim Einsatz in Heidelberg (in einem Zelt auf dem Klinikgelände) wurde erstmals durch einen eigenen Mitarbeiter eine einfache Besucherbefragung durchgeführt (102 TN).

Die folgenden Fragen wurden gestellt:

Wie sind Sie auf die Ausstellung aufmerksam geworden ?

Welche Ausstellungsbereiche haben Sie besucht und in welcher Reihenfolge ?

Wie hat Ihnen der Ernährungsteil gefallen ?

Wie hat Ihnen der Raucherteil gefallen ?

Welche Ausstellungsteile sind Ihnen noch aufgefallen ?

Hatten Sie Schwierigkeiten bei der Bedienung des Computers ?

Wie hat Ihnen die Betreuung durch das Personal der BZgA gefallen ?

Kritik / Anregungen

Bei den Antworten fiel auf, daß die meisten Besucher aufgrund von Zeitungsberichten und daß nur wenige zufällig gekommen waren. Das ist mit dem Ausstellungsort zu erklären, der auf dem Klinikgelände abseits des Passantenstroms lag. 40% der Besucher gaben an, sie seien gekommen, um "den Test" zu machen. Es stellte sich heraus, daß viele glaubten, es werde ein Krebstest angeboten. Die tatsächlich angebotenen interaktiven Programme zu Ernährungsfragen wurden einhellig positiv bewertet. Das Raucherprogramm wurde von Rauchern wegen der zu geringen Differenziertheit kritisiert. Dieser Mangel wurde später behoben.

Die Antworten ließen erkennen, daß der Ernährungsteil der Ausstellung das meiste Interesse bei den Besuchern fand und daß danach das Angebot des Tumorzentrums und der Stand der EG am meisten Anklang fanden. Annähernd 80% der Besucher bewerteten die Betreuung durch Fachberater als "gut" oder "sehr gut". Sie lobten, daß Krebs als Krankheit nicht im Vordergrund stehe und daß die Aufklärung ohne Belehrung gegeben werde.

Viele erwähnten, daß ein "angenehmes Klima" in der Ausstellung herrsche. Es zeigte sich aber auch, daß manche Besucher Probleme hatten, sich in der Ausstellung zurechtzufinden, obwohl diese sehr übersichtlich aufgebaut war.

Veränderungen in der Ausstellung

Die Erfahrungen des Jahres 1989 gaben Anlaß zu konzeptionellen Änderungen. Hinzu kam, daß die Verantwortung für die Öffentlichkeitsarbeit von der EG, die eine Agentur damit beauftragt hatte, auf uns überging.

Folgende Änderungen wurden vorgenommen:

1. eine stärkere Ausrichtung auf Familien mit Kindern und eine Erhöhung der Attraktivität durch Integration des Themas Spielen und Vergrößerung der Ausstellungsfläche auf 200 - 250 qm.
2. Verbesserung der Computer- und Testprogramme
3. Verbesserung der grafischen Gestaltung
4. Verstärkung des Bezugs zu "Europa gegen den Krebs" durch plakative Darstellung des Europäischen Kodex

5. Verstärkung der Öffentlichkeitsarbeit durch Entwicklung eines Faltblattes zur lokalen Ankündigung der Ausstellung mit einem Quiz zu Fragen des Europäischen Kodex. Entwicklung und Einsatz eines Heißluftballons.
6. Beginn systematischer Besucherbefragung und Erhebungen im Umfeld der Ausstellung durch ein unabhängiges Institut.

Im Jahr 1990 wurde die Ausstellung zum Weltkrebskongreß in Hamburg (Innenräume eines Einkaufszentrums), in Köln (Zelt, zentraler Platz, anlässlich der Kölner Gesundheitstage) in Essen (Messe in Kooperation mit dem Tumorzentrum und dem Gesundheitsamt) und erstmals in der früheren DDR (Berlin, Zeiss-Planetarium) eingesetzt.

1991 gab es Einsätze in Dresden (Deutsches Hygiene-Museum) und Schwerin (Altes Palais) sowie in Nürnberg (Rathaussaal in Kooperation mit dem Gesundheitsamt). Außerdem wurde ein Teil der Ausstellung in zwei kleinen westdeutschen Städten (Bünde, Niebüll) eingesetzt. Im Jahr 1992 wurde die Ausstellung in Erfurt (in einer Messehalle zum Jubiläum "1250 Jahre Erfurt"), in Potsdam (Zelt in der Fußgängerzone in Kooperation mit dem Gesundheitsamt), in Leipzig (Räume der Leipzig-Information in Kooperation mit dem Gesundheitsamt) und in Magdeburg (Rathaus, in Kooperation mit der neu gegründeten Ländervereinigung für Gesundheitsförderung) eingesetzt.

Wissenschaftliches Institut eingeschaltet

Um die Wirkung der Ausstellung auf ihr Umfeld und auf die Besucher kennenzulernen, wurde eine Besucherbefragung (Fragebogen in der Anlage) gemacht.

Sie sollte aufzeigen, aus welchem Grund und unter welchen Umständen die Besucher kamen, welche Einstellung, welches Verhalten und welche Kenntnisse sie selbst zu Fragen der Gesundheit und insbesondere zu Krebs hatten, welche Informationen sie aufnahmen, welche Ausstellungsangebote ihnen wichtig waren und wie sie die Ausstellung beurteilten. Zum Vergleich mit den Besucherdaten wurden Angaben über Bekanntheit der Ausstellung und Interesse an einem Besuch außerdem telefonisch im Umfeld erhoben.

Die vier Ausstellungen des Jahres 1990 wurden von ca. 60.000 Menschen besucht. Davon wurden ca. 4.000 intensiv beraten. Befragt wurden 390 Personen im Alter von 15 bis 40 Jahren in den drei westlichen Großstädten und 184 Personen in Berlin (Ost). In der Befragung erwies sich der Wissensstand der Besucher als recht hoch, die bekundete Bereitschaft zu Verhaltensänderungen war beachtlich. Auch bei Menschen, die die Ausstellung nicht besuchten, war Interesse daran vorhanden.

Die befragten Besucher stellten eine gewisse Auswahl überdurchschnittlich gebildeter gesundheitsbewußter Menschen dar, deren Bedürfnis an gesundheitlicher Information trotz ihres hohen Kenntnisstandes groß war. Das war in Berlin noch ausgeprägter als in den westdeutschen Großstädten. Zum Beispiel nahmen 96% der Besucher in Berlin (Ost) Broschüren über Krebs mit, im Westen hingegen taten dies nur 39%. In Berlin war man hingegen wesentlich skeptischer als in Hamburg, Köln oder Essen bei der Frage, ob man vor Krebs besser geschützt sei, wenn man gesund lebe. Die Beurteilung der Ausstellung fiel in Berlin hervorragend aus:

"gut" oder "sehr gut" gaben 87% für "Verständlichkeit", 80% für "Gestaltung", 69% für "Beratung" und 91% als Gesamtnote. Auch im Westen gab es gute bis sehr gute Noten.

Evaluationsfragen

Für die weitere Entwicklung der Ausstellung gaben indes die Befragungsergebnisse nichts Neues her. Überdies war zu vermuten, daß die Besucher unter dem Eindruck eines angenehmen und anregenden Besuchserlebnisses bei der Fülle der Informationen, die sie in der durchschnittlichen Besuchszeit von einer halben Stunde aufnahmen, nicht zu kritischen Wertungen kamen. Eine Analyse der Daten im Vergleich verschiedener Einsatzorte ließ überdies erkennen, daß die jeweils veränderten Einsatzbedingungen zu einer jeweils anderen Selektion der Besucher geführt haben mußten. Die Kosten der Befragung waren überdies recht hoch. Wir gingen 1991 bei der Ausstellung in Dresden, die vier Wochen dauerte, dazu über, die Fragebogen den Besuchern zur freiwilligen Beantwortung auszuhändigen. Dieses Verfahren wurde auch in Schwerin gewählt. Der damit gegebene Effekt der Selbstrekrutierung verstärkte

nochmals die Repräsentanz von hochmotivierten und hochinteressierten Besuchern in der Befragung. Die Befragung wurde daher aufgegeben.

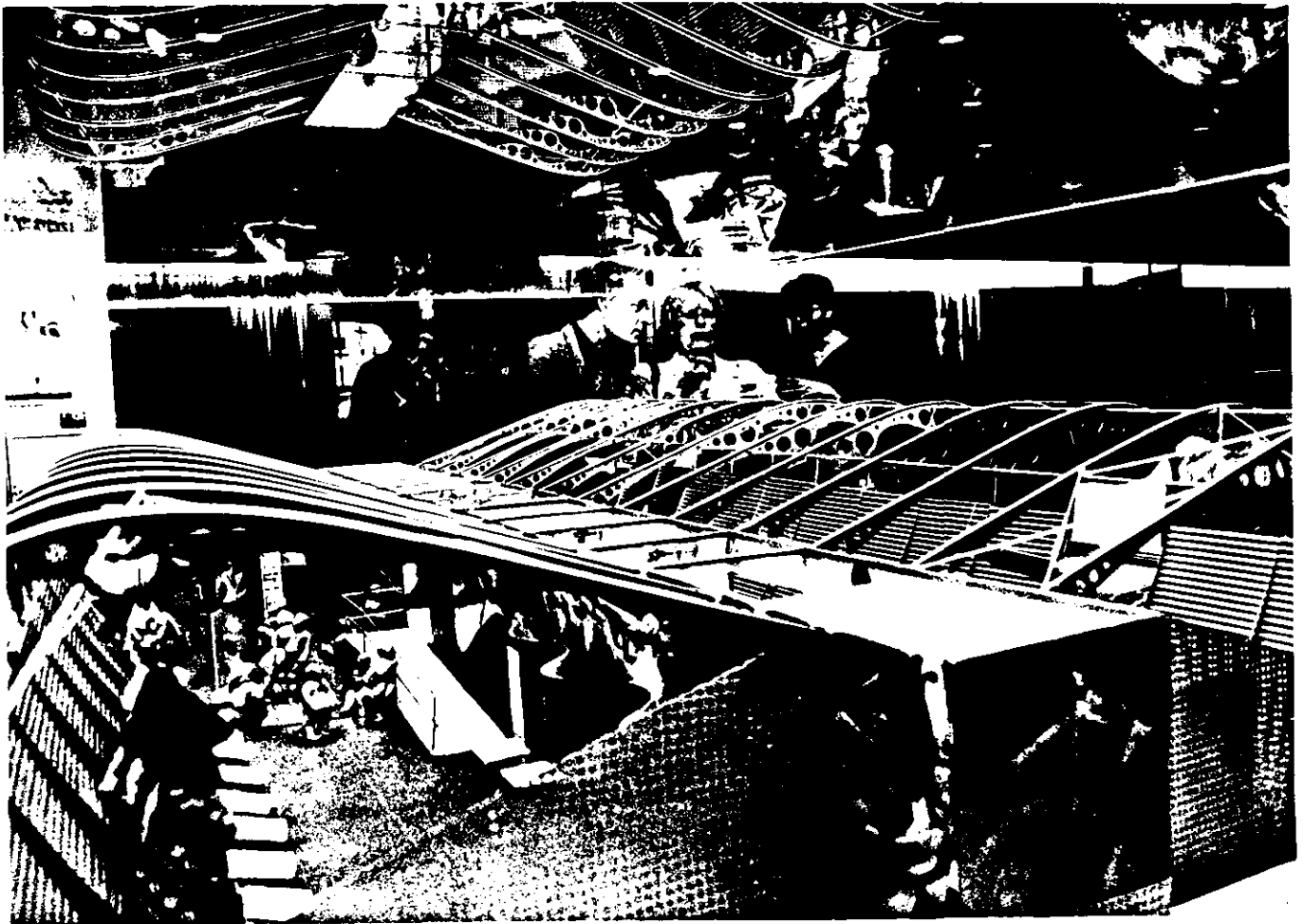
10. 'LiebesLeben'

Travelling Exhibition on Aids Prevention

Model and Prototypes, poster session

Bundeszentrale für gesundheitliche Aufklärung, Cologne

Documentation by Helmut Gold



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"LiebesLeben"

Eine Ausstellung der BZgA zu Liebe, Lust und Aids

Die Ausstellung "Liebesleben" wird zum Zeitpunkt des Internationalen Seminars bzw. des Europäischen Gesundheitsmarktes noch im Bau befindlich sein; Fertigstellung und Eröffnung sind für Ende April avisiert. Gleichwohl werden in Aachen in einer kleinen Präsentation der Aids-Präventionskampagne das Modell der Ausstellung sowie das Computerspiel (in einer Testversion) vorgestellt.

Die nachfolgenden Ausführungen skizzieren die Entstehung des Konzepts aus den inhaltlichen und formalen Rahmenbedingungen der Ausstellung sowie die gestalterisch-logistische Umsetzung.

Übersicht:

1. Ausgangslage/Anforderungen
 - 1.1. Vorgaben zur Konzeption der Ausstellung
 - 1.2. Recherche und Evaluation im Vorfeld
2. Konzept und Planung der Ausstellung
 - 2.1. Leitlinien der Umsetzung
 - 2.2. Ziele der Ausstellung
 - 2.3. Organisation und Logistik
 - 2.4. Teamwork
3. Realisation (Kurzbeschreibung)

1. AUSGANGSLAGE/ ANFORDERUNGEN

1.1. Vorgaben zur Konzeption der Ausstellung

Die BZgA hat seit Mitte der 80er Jahre bis 1991 die Ausstellung "Aids geht jeden an" eingesetzt und erhält bis heute eine Vielzahl von Anfragen aus Städten und Gemeinden, die den Einsatz dieser oder einer anderen Ausstellung zum Thema Aids begleitend zu eigenen Aktionen wünschen.

Im Januar 1992 wurde mit der völligen Neukonzeption einer Aids-Ausstellung begonnen, mit dem Ziel, die Ausstellung in der ersten Jahreshälfte 1994 zu eröffnen. Als Größe wurden 250 -300 qm Ausstellungsfläche veranschlagt, die Aufstellung sollte an sehr verschiedenen Einsatzorten möglich sein: Favoursiert wurde eine Aufstellung, die nicht auf vorgegebene Räume angewiesen ist, sondern die an zentralen Orten in Stadtzentren (Fußgängerzonen, öffentliche Plätze u.ä.) gezeigt werden kann. Eine solche zentrale Lage garantiert eine hohe Besucherzahl (Durchschnitt ca. 1.000 pro Tag) und erreicht auch Publikum, das Ausstellungen in Bürgerhäusern, Museen u.ä. normalerweise nicht aufsucht.

Als Wanderausstellung für unterschiedliche Einsatzorte und -bedingungen konzipiert, mußte ein leicht handhabbarer Auf- und Abbau, rasche Transportmöglichkeiten, flexible Gestaltungsmöglichkeiten und ein wetterfester Aufbau im Freien gewährleistet sein.

Inhaltlich wurde als Zielgruppe die Allgemeinbevölkerung mit Schwerpunkt Jugendliche und junge Erwachsene bestimmt. Die Ziele der Ausstellung sollten denen der Aids-Präventionskampagne der BZgA entsprechen.

1.2. Recherchen und Evaluation im Vorfeld

Für die inhaltliche wie methodische Konkretisierung der Ausstellungsplanung waren - neben Erkenntnissen der Museumskunde - vor allem verschiedene Evaluationsstudien der BZgA zur Aids-Aufklärung eine wichtige Grundlage, um zielgruppengerecht Defizite und Probleme im Sinne der Aids-Prävention zu thematisieren bzw. zu deren Aufhebung beizutragen. (Vgl. bes. Intime Kommunikation 1992, Personale Aids-Kommunikation 1992, Aids im öffentlichen Bewußtsein 1987ff, Wissen, Einstellungen und Verhalten zu Aids in den neuen Bundesländern 1991, Annäherungen 1993). Für die Ausstellungsplanung ergab sich damit die glückliche Lage, auf der Basis von wissenschaftlich fundierten Analysen über die Voraussetzungen, Voreinstellungen und Verhaltensweisen der potentiellen Besucher die Kommunikationsziele der Ausstellung sowie Umsetzungsstrategie ermitteln zu können.

Weiterhin wurde im Vorfeld der Konzeptentwicklung ein Rechercheauftrag an eine freie Mitarbeiterin vergeben, der die Sichtung von Materialien und Medien zu Aids sowie von Exponaten aus dem Bereich Kunst und Aids beinhaltete.

2. KONZEPT & PLANUNG DER AUSSTELLUNG

2.1. Leitlinien für die Umsetzung

Aus den o.g. Anforderungen, den Ergebnissen von Recherche und Evaluationsstudien ergaben sich folgende Leitlinien für das Konzept der Ausstellung:

- Oberste Priorität für die Ausstellung hat nicht die Informationsvermittlung zum Thema Aids, sondern die Vermittlung kommunikativer Kompetenzen und die Anregung zur Reflexion über Sprachlosigkeit und Kommunikationsbarrieren besonders bei sexuellen Themen.

Die Auswertung der o.g. Untersuchungen zeigte, daß es zwar einen hohen Wissensstand zum Thema Aids gibt, zwischen diesem Wissen und dem tatsächlichen (Schutz-)Verhalten dagegen eine erhebliche Diskrepanz besteht. Weiterführenden Untersuchungen zufolge liegt der Grund für diese Diskrepanz wesentlich in der Schwierigkeit, das Thema Aids bzw. Schutzverhalten in intimen Situationen zu thematisieren. Die Ausstellung will daher versuchen, Gespräche zu diesem Problem zu initiieren.

- Eine Ausstellung, die Kommunikationsprobleme zu Aids und Sexualität zum Thema hat, muß zwingend qualifizierte Gesprächsangebote bieten.

Die Ausstellung wird Nischen/Beratungszonen enthalten, in denen kompetente Gesprächspartner beiderlei Geschlechts zur Verfügung stehen. Diese Gesprächspartner rekrutieren sich aus: geschultem Ausstellungspersonal, Fachkräften aus kooperierenden Einrichtungen vor Ort (Gesundheitsämter, Aidshilfen, Beratungsstellen usw.) sowie Präventionsberater/innen der Personalen Kommunikationskampagne der BZgA.

- Der Titel bzw. Aufhänger der Ausstellung wird das Thema Aids nicht unmittelbar zum Gegenstand haben. Sinnvoller erschien vielmehr der Zugang über die übergeordneten (und positiv besetzten) Zusammenhänge von Partnerschaft, Erotik, Liebe und Sexualität.

Dafür sprachen neben didaktischen Gründen (indirekte Vermittlung = breiteres Interesse, geringere Abwehr) vor allem inhaltliche: Die in mehreren Untersuchungen herausgearbeitete große Bedeutung der kommunikativen Kompetenz (in Intimsituationen) ist nicht auf das Thema Aids zu beschränken, sondern betrifft selbstbewußt /-verantwortliches Handeln bezüglich Verhütung, Partnerschaft u.a. gleichermaßen. Gerade für die genannte Zielgruppe gilt, daß

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das Thema Aids von einer allgemeinen Sexualaufklärung nicht zu trennen ist - auch für die Ausstellung wurde darum statt einer thematischen Abgrenzung vielmehr eine Erweiterung versucht.

- Das Thema Kondom muß in dieser Ausstellung einen besonderen Stellenwert haben, darf aber zugleich nicht auf Safer Sex reduziert bleiben. Das Kondom soll generell enttabuisiert und als selbstverständlich dargestellt werden.

Einerseits erscheint es erfreulich, daß die Schutzwirkung des Kondoms allgemein bekannt und anerkannt ist, andererseits hat sich gezeigt, daß gerade die Konnotation Kondom-Aids kontraproduktiv hinsichtlich der tatsächlichen Anwendung (negative Assoziationen: Krankheit/ Tod) wirken kann. Dieses Dilemma, sowie auch andere Probleme der Kondomverwendung (störendes Material, Spontaneitätseinschränkungen, Zäsur im Liebesakt, Verlust sex. Entgrenzungserfahrungen u.a.) sind nicht in jedem Fall aufhebbar. Eine Ausstellung zu diesem Thema muß, wenn sie bei der Zielklientel als glaubwürdig gelten will, diese Bedenken und Beeinträchtigungen offen ansprechen - soweit möglich, Hilfen anbieten (etwa bei Problemen der Handhabung, der Einkaufs usw.) - soweit nicht möglich, auch Unmut über Einschränkungen akzeptieren und zulassen. Insgesamt ist eine Enttabuisierung des Kondoms angestrebt. Die Ausstellung versucht, durch möglichst vielfältige, witzige und kreative Bezüge vorhandene Peinlichkeiten und Tabus spielerisch aufzubrechen, das Kondom aus dem engen Kontext 'Aidsangst' zu lösen und als relativ unkompliziertes, verantwortungsvolles Schwangerschaftsverhütungsmittel und als Schutz zu propagieren, der auf diesem Weg evtl. sogar wieder etwas Unbeschwertheit vermitteln kann.

- Eine attraktive ungewöhnliche Gestaltung mit insgesamt offenem Charakter (keine zwingende Wegeführung, verschiedene, individuell auswählbare Angebote) ist die erste Voraussetzung für eine hohe Akzeptanz bei der Zielgruppe.

Das Medium Ausstellung erfreut sich gerade bei Jugendlichen und jungen Erwachsenen grundsätzlich einer großen Beliebtheit, dem Erscheinungsbild der Ausstellung kommt jedoch entscheidende Bedeutung zu. Gerade im Gesundheitsbereich, erst recht bei einem derart sensiblen Thema, wird jede Form der direkten Belehrung als abschreckend und unangemessen empfunden. Stattdessen fördern Möglichkeiten sinnlicher Erfahrung, auf verschiedene Bedürfnisse hin auswählbare interaktive Elemente sowie künstlerisch-experimentelle Objekte und Gestaltungsformen in der Ausstellung die Anregung zur Reflexion und geben Anlaß zum Gespräch.

- Die zentralen Botschaften vermitteln sich nicht über Texte.

Jede rein kognitiv orientierte Flachwaren-Präsentation (Text/Bild) läßt den großen Vorzug von Ausstellungen ungenutzt, der entscheidend für ihre Attraktivität ist: nämlich ihre Dreidimensionalität, ihre haptischen, ästhetischen und sinnlichen Qualitäten/Möglichkeiten. Wo Textinformationen unumgänglich sind, werden sie für unterschiedliche Bedürfnisse individuell abrufbar (via elektron. Medien) angeboten.

- *Wesentlich für den Erfolg der Ausstellung ist die Einbeziehung von Kooperationspartnern vor Ort sowie ein attraktives begleitendes Rahmen- und Veranstaltungsprogramm.*

Siehe unter 2.4.

2.2. Inhaltliche Ziele der Ausstellung

Die Ziele der Ausstellung entsprechen denen des Aids-Präventionskonzepts der BZgA, wobei besonders die Vermittlung kommunikativer Kompetenzen für die Ausstellung und die Beratung in der Ausstellung zentral wurde. Es ergaben sich damit folgende Prioritäten:

- Kommunikationsbarrieren (bes. in intimen Situationen) problematisieren und Hilfen zur Auflösung anbieten
- Selbstbewußtsein, Diskursfähigkeit und soziale Handlungskompetenz zum selbstbestimmten verantwortlichen (Schutz-) Verhalten stärken
- (Hohen) Informationsstand über AIDS stabilisieren und vertiefende Information anbieten
- zum solidarischen und angstfreien Umgang mit Aidskranken und HIV Infizierten anregen
- Probleme im Umgang mit Kondomen offenlegen und mögliche Lösungshilfen anbieten

2.3. Organisation und Logistik

Die neue Ausstellung "Liebesleben" wird voraussichtlich im April 1994 fertiggestellt und eröffnet. Sie ist als Wanderausstellung konzipiert und soll über mehrere Jahre jeweils an attraktiven zentralen Plätzen (Fußgängerzonen) in verschiedenen Städten und Großstädten eingesetzt werden. Vorgesehen sind ca. 12-15 Einsätze pro Jahr, für 1994 sind zunächst 8 Einsätze geplant. Die Ausstellungsdauer wird pro Stadt jeweils zwischen 5-7 Tage betragen, wobei immer mindestens ein Wochenende eingeschlossen wird (höhere Besucherzahl).

Die Ausstellung hat eine Größe von insgesamt ca. 350 qm, benötigt wird eine Fläche von mindestens ca. 28x14 m (Höhe bis zu 5 m). Der Ausstellungsbau wird mithilfe von zwei LKW-Sattelzügen transportiert und aufgebaut. Er hat einen hallenähnlichen Charakter mit einem rechteckigen Grundkorpus und angebauten geschwungenen Außenträgern (siehe Skizze). Es ist zu erwarten, daß der Bau durch seine bloße Form und Gestaltung für Aufsehen sorgt.

2.4. Teamwork (Kooperation)

Kooperationsmöglichkeiten wurden/werden intensiv sowohl bei der Entwicklung der Ausstellung (a) als auch bei den Einsätzen der Ausstellung (b) genutzt.

(a) Die Vorbereitung zur Ausstellung begann mit einem Brainstorming-Workshop, das zur Hälfte (je 6) mit Personen aus der fachlichen Arbeit (Aidsreferat der BZgA), zur Hälfte mit Personen aus dem Ausstellungs- und Gestaltungsbereich (Grafiker, Architekten, Künstler) besetzt war. Die Ergebnisse wurden in die Konzeption eingearbeitet. Bei der nachfolgenden Auftragsvergabe ergaben sich Arbeitsteams, die auch untereinander in Kontakt waren und mit verschiedenen Fachleuten besetzt waren: z.B. Team AV-Entwicklung (Pädagoge, Grafikerin, Programmierer, Fachreferenten der BZgA), z.B. Team Ausstellungsbau (Historikerin, Architekt, Kommunikationswissenschaftlerin).

(b) Die Präsentation der Ausstellung wird gemeinsam mit Kooperationspartnern aus Gesundheitsämtern, Aidshilfe, Beratungsstellen, Landeszentralen usw. geplant und vor Ort durchgeführt. Die Kooperationspartner erhalten überdies die Möglichkeit, in der Ausstellung selbst ihre Arbeit zu präsentieren (Stand) und ihre regionalen Aktivitäten vor Ort publik zu machen. Zahlreiche Einsätze werden zudem gemeinsam mit Präventionsberatern der Personalkommunikativen Kampagne (PK) durchgeführt und von entsprechenden begleitenden Veranstaltungen (Öffentlichkeitsarbeit, Diskussionsveranstaltungen, Schulaktionen usw.) unterstützt. Während der Öffnungszeiten der Ausstellung sollten ständig etwa 6 BetreuerInnen zur Verfügung stehen, der Anteil der FachbetreuerInnen aus dem Ausstellungsreferat hängt von den Kooperationspartnern (lokal bzw. PK) ab. Begleitend zur Ausstellung -und ebenfalls unter Beteiligung der Kooperationspartner werden die PR-Arbeit, Foto/Video-Wettbewerb, Diskussions-, Musik- oder Theaterveranstaltung veranstaltet, bzw. im Rahmen der PK Fortbildungen für Multiplikatoren durchgeführt.

3. REALISATION (KURZBESCHREIBUNG DER AUSSTELLUNG)

Die Ausstellung ist grob in drei Bereiche gliederbar, die mit den Schlagworten

- INFORMATION (sachliche Präsentation eines breiten, interaktiv dargebotenen Informationsangebots)
 - ATTRAKTION (Eyecatcherfunktion, thematischer Schwerpunkt ist die Enttabuisierung des Kondoms, Präsentation von originellen und ästhetisch interessanten (Kunst-) Objekten)
 - und KOMMUNIKATION (Inszenierungen und symbolische Gestaltungen als Gesprächsanlaß, Anregung zur Reflexion)
- bezeichnet sind.

Elemente der Ausstellung im Einzelnen sind:

- Raum für die Selbstdarstellung der lokalen Kooperationspartner
- INFOTHEK, interaktiv abrufbare, vertiefende Informationen zum Thema Aids und verwandten Themen (Sex.Päd) über PC-Terminals mit touch-screen-Monitoren und Möglichkeit des Ausdrucks
- "Lets talk about ...", interaktives Computerspiel zur spielerischen Vermittlung der o.g. Themen (Rollenspielcharakter, Dialogspiel v.a. für Jugendliche und junge Erwachsene, das besonders geschlechtsspezifischen Unterschieden beim Spielverhalten Rechnung trägt), Akzeptanzüberprüfung/Evaluation während der Entwicklung (Testversionen)
- das "aktuelle Stichwort"; Angebot für aktuelle Themen bzw. aktuelle Informationen
- die Karikaturausstellung "Aufgeblasen" zum Thema Kondom, mit ca. 30 Arbeiten von namhaften und unbekannten Karikaturisten sowie weitere künstlerische Arbeiten und Objekte
- eine Ausstellung zur Geschichte und zur Herstellung des Kondoms mit Vitrinen, Videofilmen und Großobjekten (Materialprüfgerät)
- Außengestaltung LKW Auflieger mit Graffiti
- ein Cafeteria-/Seminar/-Gesprächsbereich, der Platz für bis zu 50 Personen bietet und für Vorträge, Seminarsituation (mit Filmeinsatz), Einzelgespräche ebenso nutzbar ist wie als Cafeteria in der Ausstellung (mit kleiner Saftbar)
- "Raum der Ignoranz/ der Vorurteile": Konfrontation mit überzeichneten, lebensgroßen Figuren, die über Band oder Sprechblase gängige Vorurteile und stereotype Meinungen zum Thema äußern. (provokanter Gesprächsanlaß)
- "Raum der Toleranz": Präsentation exemplarischer Lebensläufe, Fotodokumentation, Selbstaussagen von Aidskranken und Menschen, die sie unterstützen (Vermittlung der Solidarbotschaften)
- "Wand der Neugierde": 8-10m lange Wand mit Guckkasteneffekt mit unterschiedlichen Inhalten (insg. zur Sexualität), und Präsentationsformen: Greifboxen, Dias, Filmen, Zitaten, Modellen, Tonbandinterviews)

Begleitend zur Ausstellung wird ein **umfassendes Programm** erarbeitet, daß von der Organisation eines Fotowettbewerbs über Maßnahmen der Öffentlichkeitsarbeit, Begleitveranstaltungen bis hin zur Evaluation der Ausstellungsbesuche reicht.

Kosten: Da neben der Ausstellung zugleich auch der komplette Ausstellungsbau erstellt wurde, waren zunächst zusätzliche Kosten für den Ankauf bzw. Umbau der LKW-Auflieger notwendig. Dagegen sind die Einsatzkosten gegenüber herkömmlichen Zeltausstellungen etwa um 40% preiswerter, da auf teure Zelt- bzw. Messemieten verzichtet werden kann.

Bau der Ausstellung außen (Raumkonstruktion)	ca. 500.000,- DM
Ausstellung innen	ca. 250.000,- DM
AV-Medien Neuentwicklung + hardware	ca. 200.000,- DM
Kosten pro Einsatz für Transport, Auf- und Abbau, Bewachung, Betreuung durch 5 Pers., inkl. Reisekosten, Nebenkosten usw.	ca. 50.000,- DM
(alle Preise zuzügl. 15% MWSt)	

11. '80 Jahre Krebsaufklärung im Deutschen Hygiene-Museum'

Exhibition on the history of Cancer Education

European Health Market, stand 7

Deutsches Hygiene-Museum, Dresden

Documentation by Susanne Hahn

DEUTSCHES HYGIENE-MUSEUM



**"80 Jahre Krebsaufklärung im Deutschen Hygiene-Museum".
Ausstellung zum Europäischen Gesundheitsmarkt
4.-13. März 1994 in Aachen**

Die Ausstellung gibt einen Überblick über die bis 1911 zurückreichenden gesundheitsaufklärerischen Aktivitäten des Deutschen Hygiene-Museums Dresden zum Thema Krebs und versucht sie einer kritischen Wertung zu unterziehen.

- 1 Modell des Deutschen Hygiene-Museums in Dresden. Nach den Plänen des Architekten Wilhelm Kreis (1873-1955) 1930 zur II. Internationalen Hygiene-Ausstellung in Dresden eröffnet.
Deutsches Hygiene-Museum, Sammlung.
Maßstab 1 : 200, Holz 30 x 90 x 75 cm
- 2 Franz von Stuck: Plakat der I. Internationalen Hygiene-Ausstellung 1911 in Dresden. Nachdruck 1982.
Deutsches Hygiene-Museum, Archiv.
Papier, farbig, 81 x 58 cm
- 3 Karl August Lingner (1861-1916), Fabrikant des Mundwassers ODOL, Initiator der I. Internationalen Hygiene-Ausstellung 1911 in Dresden und Gründer des Deutschen Hygiene-Museums.
Deutsches Hygiene-Museum, Archiv, Foto Nr. 3079.
Foto 36 x 24 cm

Internationale Hygiene-Ausstellung 1911

Millionen von Besuchern sahen die Gruppe "Krebs" der wissenschaftlichen Abteilung der I. Internationalen Hygiene-Ausstellung. Ziel war es, die Krebsforschung zu fördern, die Bevölkerung über die Krankheit zu informieren und Patienten rechtzeitig dem Arzt zuzuführen. Gezeigt wurden Statistiken, Versuchsergebnisse der experimentellen Krebsforschung, anatomische Präparate, Wachs-Moulagen, mikroskopische Bilder, krebsbegünstigende Situationen in der Gewerbehygiene und Möglichkeiten der Heilbehandlung. Außer der Vermittlung eines reichhaltigen Wissens mag die Ausstellung mit den zahlreichen, realistisch abgebildeten Befunden fortgeschrittener Krankheitsstadien manchen Besucher in Angst versetzt und ästhetisch verletzt haben.

- 4 Besucheranstrom auf der I. Internationalen Hygiene-Ausstellung 1911 in Dresden.
Deutsches Hygiene-Museum, Archiv, Foto Nr. 1158.
Foto 24 x 36 cm

- 5 Sonderkatalog der Gruppe Krebs auf der I. Internationalen Hygiene-Ausstellung 1911 in Dresden. Titelblatt.
Deutsches Hygiene-Museum, Bibliothek D 8104.
Aufgeschlagenes Buch, 22 x 35 cm

- 6 Carcinom mit Zerstörung der linken Gesichtshälfte.
Moulage nach Fritz Kolbow 1908.
Deutsches Hygiene-Museum, Moulagensammlung Nr. 889.
Wachs/Holz/Stoff, 29 x 21,5 x 7 cm

- 7 Monströses Carcinom des Penis.
Moulage nach Fritz Kolbow 1905.
Deutsches Hygiene-Museum, Moulagensammlung Nr. 590.
Wachs/Holz/Stoff 31 x 26,5 x 12 cm

Wanderausstellung "Kampf dem Krebs" ab 1931

Zusammengestellt aus Objekten der II. Internationalen Hygiene-Ausstellung 1930 in Dresden, wurde anschließend über mehrere Jahre die Exposition "Kampf dem Krebs" in vielen Städten Deutschlands gezeigt. Sie beruhte auf dem Gedanken, daß der Mensch seinen Körper um so mehr beachtet, pflegt und gesund erhält, je mehr er um dieses Kunstwerk der Natur weiß. Der Körper wurde mit wunderbar konstruierten Maschinen verglichen.

Vor allem unter fürsorgerischen Gesichtspunkten zeigte die Ausstellung die Folgen der Krebserkrankung im familiären und volkswirtschaftlichen Bereich. Präparate und Moulagen waren wieder präsent, jedoch dezenter eingesetzt und durch interessante Schautafeln und Modelle ergänzt. Sogar das Theaterspiel wurde museumspädagogisch eingesetzt.

Nach 1933 wurden die Exponate dieser Wanderausstellung weiter gezeigt oder anderswo integriert, z.B. in die Ausstellung "Ewiges Volk", die von 1937 bis 1939 eingesetzt wurde. Veränderungen waren ideologischer Art: Abbildungen von Menschen orientierten sich am "Arier". Gesund zu sein, galt als Pflicht. Die Bedeutung des Arztes als "Gesundheitsführer" nahm zu.

- 8 Bruno Gebhard: Kampf dem Krebs.
Dresden: Deutscher Verlag für Volkswohlfahrt 1933.
Deutsches Hygiene-Museum, Archiv K 331.
Ausstellungskatalog, 18 x 11,5 cm
- 9 Besucher in der Ausstellung "Kampf dem Krebs" vom 29. 1. bis 6. 3. 1932
im Europahaus in Berlin.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 315, S. 48.
Foto 24 x 36 cm
- 10 Schaukasten für histologische Präparate bei Gebärmutterkrebs.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 69, Bild 132.
Foto 13 x 18 cm
- 11 Leuchtschautafel - Stadien des Krebses.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 76, Bild ???.
Foto 13 x 18 cm
- 12 Der Körper muß wie ein Wunderwerk der Technik gewartet werden.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 40, Bild 75 und 79.
Foto 36 x 24 cm
- 13 "Gesundsein ist Pflicht".
Wanderausstellung "Ewiges Volk", 1937 - 1939.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 305, S. 16.
Foto 36 x 24 cm
- 14 Krebs ist keine Armutskrankheit, aber eine Krankheit des vernachlässigten
Körpers.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 45, Bild 90 und 91.
2 Fotos, je 18 x 13 cm
- 15 Folgen des Krebses: Familie ohne Vater.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 3, Bild 4.
Foto 36 x 24 cm
- 16 Folgen des Krebses: Familie ohne Mutter.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 4, Bild 5.
Foto 36 x 24 cm

- 17 Bei krebsverdächtigen Krankheitssymptomen soll der Arzt aufgesucht werden.
Wanderausstellung "Ewiges Volk", 1937 - 1939.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 305, S. 36.
2 Fotos, je 36 x 24 cm

- 18 Gebärmutterkrebs.
Deutsches Hygiene-Museum, Flüssigpräparate-Sammlung Nr. 92/1898.
Flüssigpräparat vor schwarzem Hintergrund, 14,5 x 17 x 6,5 cm

- 19 Gebärmutterkrebs.
Deutsches Hygiene-Museum, Flüssigpräparate-Sammlung Nr. 93/232.
Präparat nach dem Verfahren des Leipziger Anatomen Werner Spalteholz.
(1861-1940), 18 x 17 x 6,5 cm

- 20 Nierenkrebs.
Deutsches Hygiene-Museum, Flüssigpräparate-Sammlung Nr. 93/490.
Flüssigpräparat vor schwarzem Hintergrund, 20,5 x 12 x 5,5 cm

1945 bis 1949

In der Bombennacht des 13. Februar 1945 wurde das Deutsche Hygiene-Museum zerstört. Von der Notwendigkeit der Gesundheitsaufklärung in den desolaten Verhältnissen der Nachkriegszeit überzeugt, richteten die Mitarbeiter einen fahrbaren Pavillon mit den Konturen des Museums ein. Neben vielen anderen Exponaten, die unter notdürftigen Bedingungen wieder hergestellt wurden, entstand auch eine Abteilung zum Thema Krebs.

- 21 Behandlung des Krebses.
Fahrbarer Pavillon des Deutschen Hygiene-Museums, 1949.
Deutsches Hygiene-Museum, Archiv.
Pappe, farbig, 57 x 40 cm

- 22 Fahrbarer Pavillon des Deutschen Hygiene-Museums auf dem Leipziger Marktplatz, 1949.
Deutsches Hygiene-Museum, Archiv, Fotoalbum F 1178.
Foto 24 x 36 cm

- 23 Die Abteilung "Krebs" im fahrbaren Pavillon des Deutschen Hygiene-Museums, 1949.
Deutsches Hygiene-Museum, Archiv, Fotoalbum F 1178.
Foto 24 x 36 cm

- 24 Gewerbehygienische Ursachen des Krebses.
Fahrbarer Pavillon des Deutschen Hygiene-Museums, 1949.
Deutsches Hygiene-Museum, Archiv
Pappe, farbig, 57 x 40 cm

Krebsaufklärung 1949-1990

Zur zweithäufigsten Todesursache geworden, hatte der Krebs in der Gesundheitsaufklärung der DDR große Bedeutung. In den Lehrmittelwerkstätten des Deutschen Hygiene-Museums entstanden Präparate, Moulagen, Plakate, Broschüren, Diareihen, Filme und Wanderausstellungen, die in alle Welt exportiert wurden.

- 25 Krebs. Leporello einer Wanderausstellung in Vietnam.
Deutsches Hygiene-Museum 1954, Archiv-Nr. 5435-5458.
Faltalbum aus 24 Fotos, je 14,5 x 10,5 cm.
- 26 Krebs. Leporello einer Wanderausstellung in Indien.
Deutsches Hygiene-Museum 1958, Archiv-Nr. 4416-4439.
Faltalbum aus 24 Fotos, je 14,5 x 10,5 cm.
- 27 Diaserie Geschwulstbekämpfung
Deutsches Hygiene-Museum 1969, Archiv, Reihe G
26 Dias im Leuchtkasten
- 28 Aufklärung über das maligne Melanom.
Deutsches Hygiene-Museum 1988, Archiv.
Papier, farbig, 59 x 41 cm
- 29 Malignes Melanom am Fuß.
Moulage von Elfriede Hecker 1955.
Deutsches Hygiene-Museum, Moulagensammlung Nr. 3168.
Wachs/Holz/Stoff, 35 x 17 x 15 cm
- 30 Hautkrebs in der Ohrregion: a) Basaliom; b) am 16. Bestrahlungstag;
c) Heilung mit Narbe.
Moulage von Elfriede Hecker 1954.
Deutsches Hygiene-Museum, Moulagensammlung Nr. 3137 a - c.
Wachs/Holz/Stoff, je 15 x 12 x 5 cm

Zu überdenken: Das Bild des Arztes

Die Rückschau auf 80 Jahre Krebsaufklärung am Deutschen Hygiene-Museum und ein Rundblick auf andere gesundheitsaufklärende

Institutionen machen auch auf problematische Aspekte aufmerksam. Zum Beispiel wird der Arzt stets männlich, als der ständig fiebernd forschende, als der jeder Situation mächtige und die Fäden der Therapie in der Hand haltende "Gott in Weiß" dargestellt - Abbild und Norm realer Verhältnisse in den verschiedenen Gesundheitssystemen Deutschlands?

- 31 Der Arzt bei der Kolposkopie (Spiegelung des Gebärmuttermundes).
Serie "Krebs" 1971, Nr.
Deutsches Hygiene-Museum, Archiv.
Dezelith, farbig, 58 x 40 cm

- 32 "Zu spät".
Serie "Krebs" 1971, Nr.
Deutsches Hygiene-Museum, Archiv.
Dezelith, schwarz/weiß, 58 x 40 cm

- 33 Der Arzt.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 2, Bild 2.
Foto 36 x 24 cm

- 34 Der Arzt.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 22, Bild 40.
Foto 36 x 24 cm

- 35 "Zu spät."
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 36, Bild 68.
Foto 36 x 24 cm

Krebs - ein moderner Totentanz?

Im Bemühen, den Betrachtern seine eigene Krebsgefährdung bewußt zu machen, wird häufig das Totentanzmotiv des Mittelalters aktualisiert: Menschen werden daran erinnert, daß der Tod sie unabhängig von ihrem Alter, ihrem Geschlecht und sozialen Stand zu jeder Zeit einholen kann, um sie auf den rechten Weg zu führen.

- 36 Krebs macht vor keinem Halt.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 2, Bild 3.
Foto 36 x 24 cm

- 37 Am Ende droht der Tod.
Wanderausstellung "Kampf dem Krebs", ab 1931.
Deutsches Hygiene-Museum, Archiv, Fotoalbum 705, S. 6, Bild 11.
Foto 36 x 24 cm
- 38 Jeder kann betroffen sein.
Fahrbarer Pavillon des Deutschen Hygiene-Museums, 1949.
Deutsches Hygiene-Museum, Archiv
Pappe, farbig, 57 x 40 cm

Wirkungen unterschiedlicher Gestaltung

Die Krebsaufklärung wirkt auf den Besucher verschieden. Sie vermag Angst auszulösen oder ihn im anderen Extrem nicht aus der Ruhe zu bringen. Entsprechend unterschiedlich sind die Konsequenzen für sein Gesundheitsverhalten. Eine der möglichen Ursachen für diese Variabilitäten ist in der Gestaltung zu suchen.

- 39 Krebsverdächtige Anzeichen häufig befallener Frauenorgane.
Fahrbarer Pavillon des Deutschen Hygiene-Museums, 1949.
Deutsches Hygiene-Museum, Archiv.
Pappe, farbig, 57 x 40 cm
- 40 Frühsymptome des Brustkrebses.
Deutsches Hygiene-Museum o.J., Archiv.
Papier, farbig/Foto, 60 x 84 cm
- 41 Frühsymptome des Brustkrebses.
Deutsches Hygiene-Museum o.J., Archiv.
Dezelith, farbig, 84 x 60 cm
- 42 Krebshäufigkeit der menschlichen Organe.
Fahrbarer Pavillon des Deutschen Hygiene-Museums, 1949.
Deutsches Hygiene-Museum, Archiv.
Pappe, farbig, 57 x 40 cm
- 43 Krebshäufigkeit der menschlichen Organe.
Deutsches Hygiene-Museum 1971, Archiv.
Dezelith, farbig, 58 x 40 cm

12. "Verfälschte Schönheit"

Travelling Exhibition in Health Promotion

Poster session, modell

ANStiftung, Munich

Documentation by Patricia S. Munro





"Baffling Beauty"

**An Exhibition About
the Joy and Burden of Beauty.**

Executive Summary

- Quick Overview
- Goals
- Project Concept
- Exhibition Design
- The Initiators

• ANstiftung 1993

Quick Overview

The exhibit

poses provocative questions about normative beauty ideals and challenges its visitors to rethink their daily struggles towards perfection.

The goal

is to communicate a new approach about holistic health and its relationship to beauty.

The method

is "hands-on". Visitors will enjoy a variety of experiences in an interactive environment. Public programs will provide additional perspectives of beauty via lectures, films, cabarett and workshops.

The research

for this exhibition is being accompanied throughout the entire planning process by market surveys and comprehensive visitor evaluation techniques in order to ensure acceptance by the general public.

The design

is innovative, uses state-of-the-art media and will be built using environment-friendly materials. The project designers are the design team POLYGON, Offenbach (FRG).

The initiators

of this unique project is the **ANstiftung**, a non-profit research organisation which promotes future oriented social, cultural and economic/ecological projects.

Project Team

**Dr. Elisabeth Redler
Patricia Munro
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**Managing Director
Project Manager
Project Coordinator**

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Fax 0 89/ 7 47 02 20**

"Baffling Beauty":

Beauty - a joy or a burden?

Both men and women want to be recognized as unique individuals and be considered attractive by others. Ideal beauties in magazines and television confront us everyday, but these ideals are unreachable for most.

The media presents beauty as something which can be manipulated or manufactured. By pursuing the medias' beauty ideals our own bodies and personalities become less familiar to us.

This is the *raison-d'être* for the project "Baffling Beauty"

- to confirm that beauty is not only skin deep;
- to make a statement that the way we deal with our appearance is of importance for our physical, mental and social health;
- and to strengthen the belief in the capabilities of the individual to realize one's self-potential.

Goals

"Baffling Beauty" will

- * give "food for thought",
- * encourage self-confidence,
- * offer information on beauty and health,
- * reach a broad audience, men and women, young and old.

Beauty is an issue for all of us. The ANstiftung has confirmed this assumption by undertaking market research:
People of all ages and backgrounds can personally relate to beauty as a topic for lively discussion and thoughtful reflection.

The exhibition **"Baffling Beauty"** invites its visitors to discover beauty as one path towards wellness; it encourages visitors to value their own, individual beauty more than non-attainable ideals. **"Baffling Beauty"** will encourage people to develop a different attitude towards their own bodies. Believing and knowing oneself, enables a person to be more pro-active about one's body and its care.

The Project Concept

"Baffling Beauty"

is an exhibition about beauty in our everyday lives and how it affects our lifestyle.

A unique design approach facilitates the communication of this exhibition's unique message to the visitors. Having fun in an interactive environment is the guiding force for the exhibition concept. Together with the design Team POLYGON, the ANstiftung has realized these ideas in an innovative and future-oriented fashion.

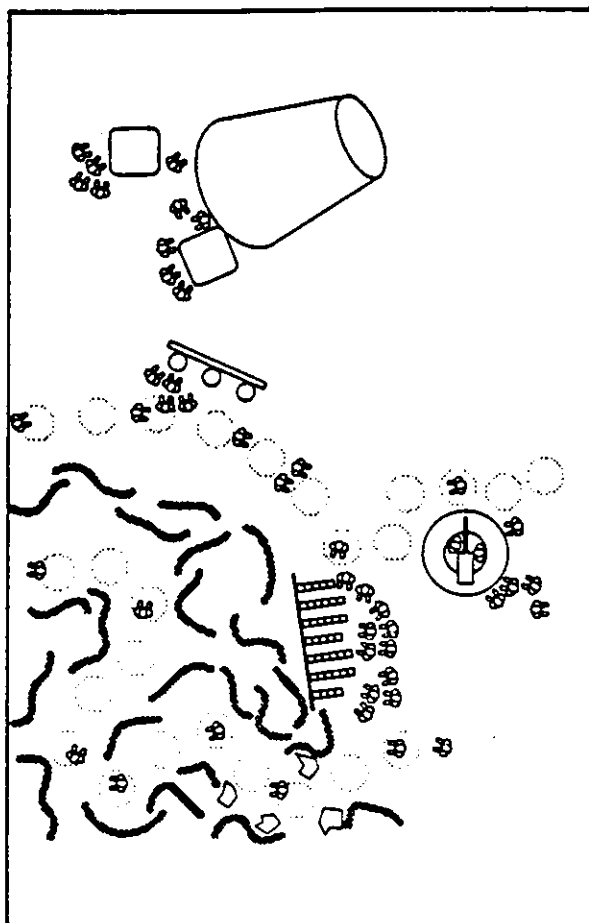
The Exhibition Design

The exhibition is composed of four sections:

- * The **Magic Grove**, which serves as an entrance that introduces visitors to the unique experience they are about to have.
- * On the **Game Board** interactive installations invite the visitors -alone or in groups - to play around with their perception of their own beauty and the beauty of others around them.
- * **Life Cycles** shows beauty as a component of everyday life in an historic time frame of the last 100 years. All age groups are represented in dealing with the joy and burden of beauty.
- * The **Information Center** uses high-tech interactive media to give visitors access to extensive information about beauty and health.

Entrance and Exit

The visitor enters the exhibition by walking through the **Magic Grove**. This unique scenery prepares the visitor to question today's beauty ideals as a standard for the way everyone should look.



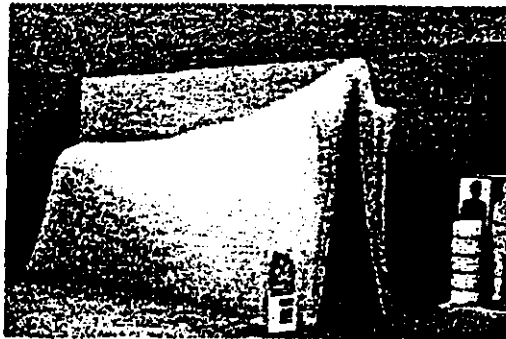
At the exit the exhibition shop offers books and other interesting materials for further study, as well as souvenirs and gifts.

The Game Board

The selected examples of exhibit elements illustrate the hands-on character of the exhibition concept:

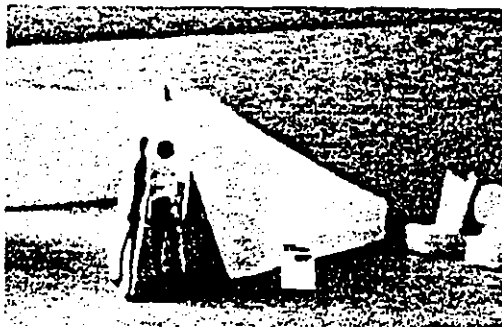
Phantoms of Perfection

Like mirrors in the fun-house of a carnival, a series of mirrors and audiotracks present a variety of distorted views of one's personal beauty.



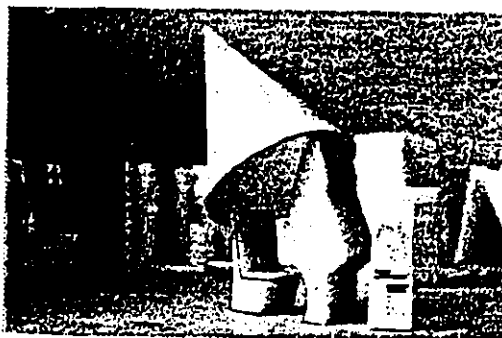
Impressive Motions

is a game with light and shadows, which illustrates the beauty of our bodies in motion.



The Beauty Magician

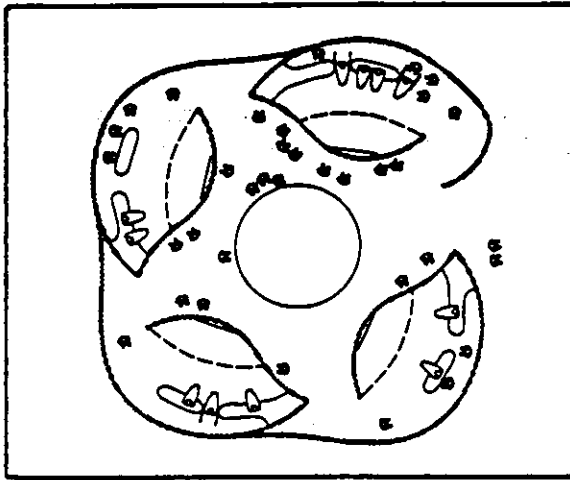
enables visitors to alter various facial attributes using computer technology.



Life Cycles

Life Cycles presents beauty as a life-long pursuit, which is of importance to people of all ages - children, adolescents, adults and senior citizens. Age specific joys and burdens of beauty can be experienced in a multi-media environment.

Life Cycles provides an overview of beauty in the last 100 years via photographs and quotes. The visitor is taken on an entertaining stroll through the history of beauty.



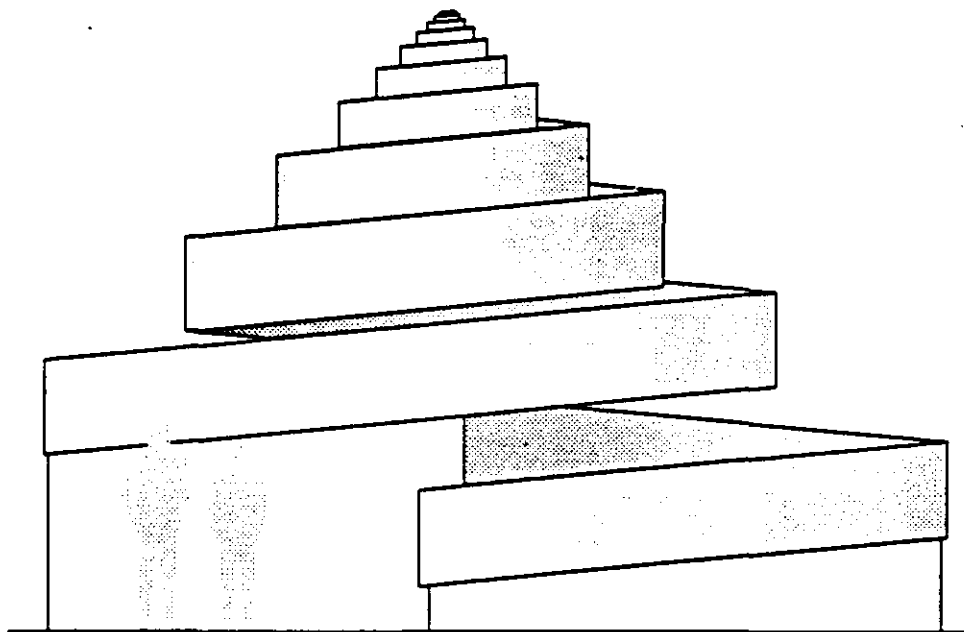
In the center of **Life Cycles** will be a plaza. Here a **Tree of Wishes** will ask visitors to write down their very personal ideas about beauty on notecards and hang them like leaves from the tree. During the course of the exhibition the tree "foliage" will increase with hopes and wishes about beauty!



The Information Center

is the last section in the exhibition. It provides the visitors with a wide range of information on selected issues on the connection between beauty and health. Interactive touch-screens enable the user to have a personal conversation with experts in the fields of sport, dermatology, plastic surgery and eating disorders. These experts are lay people with positive or negative experiences as well as academics from specific fields.

In addition, books, bibliographies and information personell are on hand to answer the visitors' questions.



"Baffling Beauty"...

The unique topic, the exciting design and the latest scientific findings guarantee a uncommon exhibition experience, that will be stimulating and entertaining for everybody.

Spaces to relax, to discuss, to eat and drink ensure an enjoyable visit.

The size of the exhibition is +/- 600qm. "Baffling Beauty" is designed as a traveling exhibition which utilizes modern technology and will be built in an environment-friendly way.

Public Programs

"Baffling Beauty" will be accompanied by a comprehensive series of public programs:

Lectures, movies, discussions, workshops and excursions on the multi-faceted topic of beauty will be offered.

Local health-groups and other initiatives have consulted with the ANstiftung about the planning of additional events.

Parts of this program have been explicitly targeted to special groups such as adolescents, senior citizens and the handicapped.

Behind "Baffling Beauty"...

"Baffling Beauty" was conceived and developed by the ANstiftung, a non-profit research organisation for the promotion of future oriented social, cultural and economic/ecological projects.

The ANstiftung was founded 1982 by Jens Mittelsten-Scheid. Its funds come from a family foundation, which does not have an influence on the work of the ANstiftung. The ANstiftung wants to develop innovative project concepts to the stage where they can be implemented in the social, business or political milieus.

Goals of the ANstiftung

Since its establishment ten years ago, the ANstiftung has initiated many projects which have encouraged people to develop more social and personal competence in today's society. All projects are developed to illustrate that social and cultural innovation is possible. As a research organisation the ANstiftung works with private corporations as well as political institutions to provide impetus for meaningful change.

The Research

The ANstiftung initiates projects and follows their development using various research and documentation techniques. Our concept of research is understood as "learning by doing". The goals and objectives of every project are carefully reviewed while their acceptance, effectiveness and applicability are evaluated. Research projects focus on health, urban planning and handwork.

In the research field of Health the ANstiftung wants to test two objectives with the exhibition "Baffling Beauty":

1. A new and effective way of health promotion

In order to be healthy, people have to develop a positive self-image as well as accept the responsibility for their own physical, mental and social well-being. The exhibition deals critically with the normative beauty ideals of our media-age which make it difficult for many people to develop and maintain a positive relationship with themselves.

2. Optimizing content and communication with the help of visitor studies and evaluation

During the entire process of exhibition content and design development, citizens will be interviewed to ensure that the exhibition's message will reach its prospective visitors.

Dissemination

An important part of all research projects is the documentation of their results. Using a wide range of publications and media the ANstiftung presents its findings to the academic community as well as to the general public. The ANstiftung maintains open communication lines with experts, interested citizens and political leaders for the discussion of the implementation of its research findings.

13. 'Ein Alltag zum Wohlfühlen'

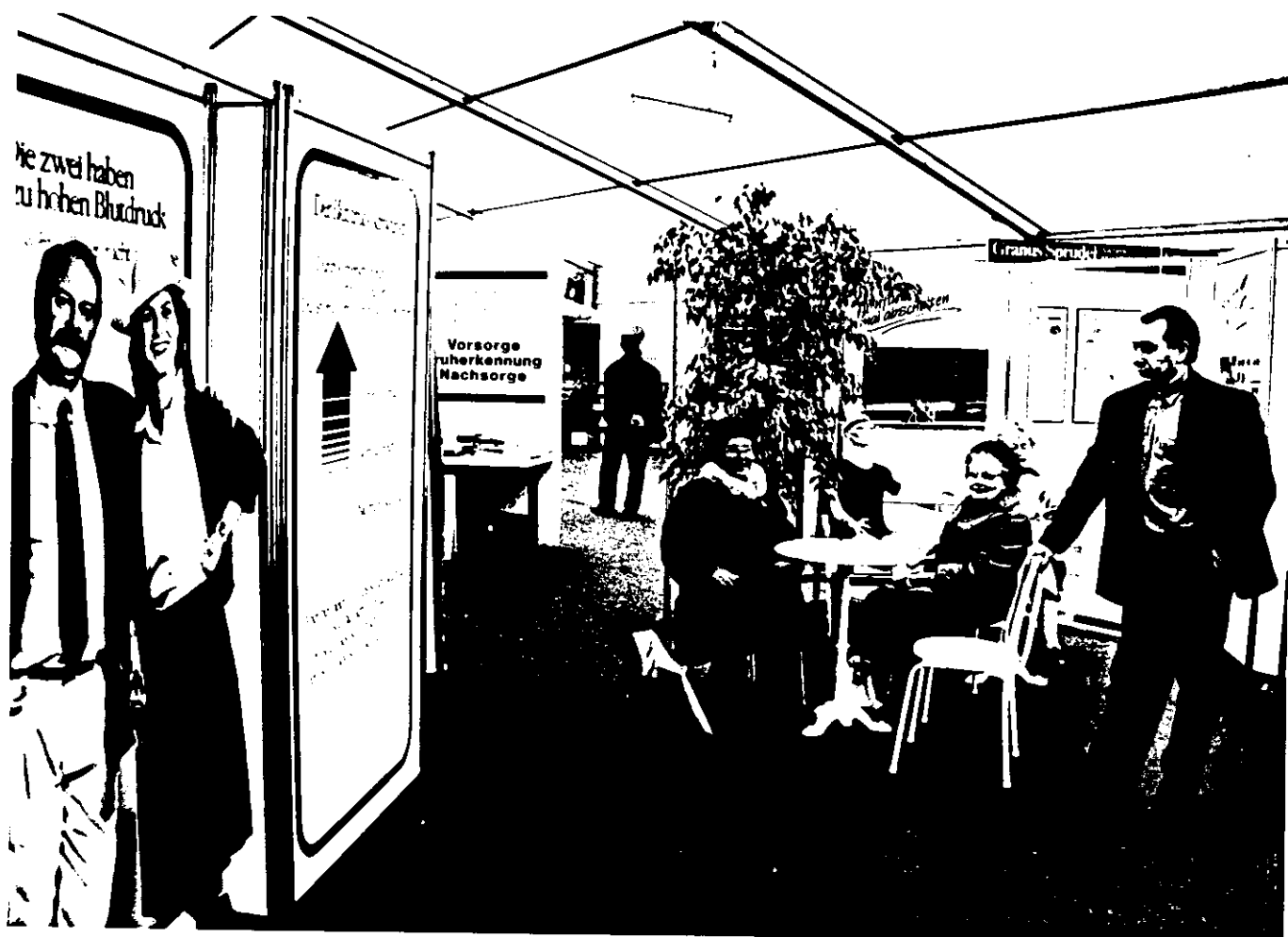
Travelling Exhibition in Health Promotion

European Health Market, stand 15

Institut für Dokumentation und Information, Sozialmedizin und öffentliches

Gesundheitswesen (IDIS), Bielefeld

Documentation by Wolfgang Werse



Seminar: "Wanderausstellungen zur Gesundheitsförderung" Beschreibung der eigenen Institution und der Arbeitsschwerpunkte

Teilnehmer: Wolfgang Werse

Institution: Institut für Dokumentation und Information, Sozialmedizin und öffentliches Gesundheitswesen (IDIS). Organisatorisch gliedert sich das IDIS z. Zt. in fünf Arbeitsbereiche: Zentrale Informationsbeschaffung und -aufbereitung (Beispiel: Auswertung schulärztlicher Untersuchungen), Medizinische Dokumentation (Literaturdatenbank SOMED), Epidemiologie (Gesundheitsreport NRW), Stabstelle Gesundheitsplanung (NIS-Datenbank, NRW-Gesundheitsziele), Gesundheitsförderung.

Zentrale Aufgabe des Arbeitsbereiches Gesundheitsförderung und Prävention: Förderung von Verhaltensweisen, die der Erhaltung oder Wiederherstellung der Gesundheit dienlich sind. Die Arbeit dieses Bereiches entspricht den Aufgaben einer Landeszentrale für Gesundheitsförderung. Aufgabe ist es, Kooperationsprojekte auf kommunaler, schulischer und betrieblicher Ebene zu initiieren und in diesem Feld einen besonderen Beratungs- und Dienstleistungsservice anzubieten. Die thematischen Schwerpunkte umfassen ein breites Spektrum u.a. Alkoholkonsum, Prävention von Herz-Kreislauf-Erkrankungen, Ernährung. Hierzu gehört auch das Angebot von Fortbildungsveranstaltungen für Multiplikatoren. In der Umsetzungsphase- bzw. Erprobungsphase befinden sich im Moment ein Programm zur Verkürzung der Einweisungszeiten bei Herzinfarkt sowie ein Aktionskonzept zur Prävention von Krebserkrankungen mit Zielgruppe Jugendliche und junge Erwachsene.

Neue Schwerpunkte sind die kommunale Gesundheitsberichterstattung sowie der Erfahrungsaustausch der Gesundheitsämter. Darüber hinaus bietet das IDIS eine Beratung und Mitarbeit bei der Planung und Umsetzung gesundheitsfördernder Projekte in der Kommune an (Consulting). Das IDIS ist weiter eingebunden in die Konzeption und Umsetzung des Programms 'Gesundes Land NRW'. Dieses Programm ist Ergebnis aus der Mitgliedschaft Nordrhein-Westfalens im WHO Netzwerk "Regions for Health". Dem Arbeitsbereich angegliedert ist die Medienentwicklung, in der neben der graphischen Gestaltung die Drucklegung von Materialien und Publikationen und die Umsetzung von audiovisuellen Medien erfolgt.

Eigener Aufgabenschwerpunkt: Sachgebietsleiter Kommunikation und Medienentwicklung im Dezernat Gesundheitsförderung, zuständig für die Konzeption und Entwicklung (medienbezogener) Maßnahmen und verantwortlich für die Umsetzung im Haus bzw. mit externen Partnern. Hierzu gehört auch die Entwicklung von Wanderausstellungen (Themenbereiche Blutdruck, Cholesterin, Ernährung, 'Ein Alltag zum Wohlfühlen' (Thema Krebs) und deren Begleitmedien. Momentaner Schwerpunkt konzeptionelle Mitwirkung in den Projekten Herzinfarktfrüherkennung, Krebsprävention, Zielgruppe junge Erwachsene und 'Gesundes Land NRW'.

Wolfgang Werse
Diplom-Pädagoge
Institut für Dokumentation und Information
Sozialmedizin und öffentliches Gesundheitswesen
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EIN ALLTAG ZUM WOHLFÜHLEN

Beratung und Information für mehr Gesundheit und Lebensqualität

Die ursprüngliche Intention und damit inhaltlicher Kern der Ausstellung war ein Beitrag zur Krebsprävention zu leisten. Die Inhalte sollten dabei positiv formuliert werden: Den Alltag gesünder gestalten, das muß nicht mit Verzicht verbunden sein. Und das Motto 'Ein Alltag zum Wohlfühlen' läßt thematische Erweiterungen zu. Hierzu können Inhalte aus dem Bereich Herz/Kreislauf ebenso gehören wie der Komplex gesunde Umwelt. Die Umsetzung für einen Stand auf der Verbrauchermesse 'aktiv-leben' in Düsseldorf sah dann folgendermaßen aus:

Auf 240 qm stehen für den Besucher vielfältige Angebote für einen Alltag zum Wohlfühlen bereit:

- o Eine 9-Felder-Multivisionsschau, die Ideen zum Nachmachen vorführt.
- o Eine Theke und ein Gartencafé, hier kann man sich ausruhen, bekommt Informationen. Oder beteiligt sich bei einem Glas Saft oder Mineralwasser an einem Quiz, bei dem es viele gesunde Preise zu gewinnen gibt. Erster Preis ist ein hochwertiges City-Bike.
- o Eine Ausstellung, die deutlich macht: Mehr Gesundheit kann jeder in seinen Alltag einbauen. Auch Arbeit und Wohlfühlen muß kein Widerspruch sein.
- o Neu im Ausstellungsbereich ist das Thema Umwelt: Damit wir uns auch künftig noch wohl fühlen können, muß jeder sich aktiv für seine Umwelt einsetzen. Das fängt mit dem richtigen Umgehen mit Abfällen an. Über ein Interaktiv-Video können hierzu nützliche Informationen abgerufen werden.
- o Natürlich gibt es auch umfangreiche Meß- und Testangebote wie Blutdruck- und Cholesterinmessungen sowie einen Ernährungs-Computertest. Dabei ist auch ein Fitneßtest, mit dem Beweglichkeit, Kraft und Ausdauer getestet werden.
- o Last not least stehen zu allen Inhaltsbereichen Informationen zum Mitnehmen bereit. Neben Broschüren und individuellen Computertips werden Puzzles und ein Kompost-Memory verteilt. Denn Gesundheit und richtiges Umweltverhalten können auch Spaß machen.

Die Beteiligung des IDIS an Publikumsveranstaltungen wie Verbrauchermessen verfolgt dabei immer noch einen weiteren Zweck: Sie dient auch der Multiplikatoreninformation. Fachbesuchern und anderen Interessenten erklärt das Standpersonal mehr über die Aufgaben des IDIS und die Möglichkeiten, Ausstellungselemente oder Meßeinheiten im Rahmen kommunaler oder betrieblicher Aktionsplanungen einzusetzen.

Besser als über jede noch so gut gemeinte Informationsbroschüre kann man hier direkt erleben, wie man auch vor Ort eine lebendige besucherorientierte Informations- und Ausstellungseinheit gestalten kann.

Die Ausstellung in der Gesundheitsförderung

- schmückendes Beiwerk oder Hilfe zur Verhaltensänderung?

Seit über 15 Jahren werden im Institut für Dokumentation und Information, Sozialmedizin und öffentliches Gesundheitswesen (IDIS)* Ausstellungen entwickelt und im Rahmen von Gesundheitsförderungsmaßnahmen eingesetzt. Das Themenspektrum reicht dabei von Alkohol über Herz-Kreislauf-Erkrankungen bis Krebs. Einsatzorte waren bzw. sind Zeltveranstaltungen im Rahmen kommunaler Gesundheitswochen, Foyes öffentlicher Gebäude, Verbraucher- und Gesundheitsmessen sowie Eingangshallen und Kantinen von Betrieben. Die Ausstellung war in der Regel jeweils Bestandteil einer umfangreichen Informations-, Beratungs- und Testeinheit.

Im folgenden sollen eine Bilanz gezogen, an einem Beispiel die 'Ausstellungsphilosophie des IDIS dargestellt und Perspektiven aufgezeigt werden.

Ausstellungen sind traditionelle Medien in der Gesundheitsförderung. Neben der Broschüre sind sie die klassischen Informationsvermittler. Außer der Faktendarstellung bieten sie die Möglichkeit, auf großer Fläche die jeweiligen Inhalte zu visualisieren. Hierdurch ergeben sich zwei weitere Aufgaben für die Ausstellung: Zum einen bieten gerade großformatige Illustrationen und eine entsprechende farbliche Gestaltung die Chance zur emotionalen Ansprache des Besuchers und zur Einstimmung in das Thema. Zum anderen ist eine gut gemachte Aufstellung natürlich auch Dekoration und liefert das für die Gesundheitsförderung erforderliche Ambiente.

**Die Ausstellung
als traditionelles
Medium in der Ge-
sundheitsförderung**

Häufig genug reduziert sich aber auch der Nutzen der Ausstellung auf diese Funktion: Der Besucher nimmt sie nur als Dekoration wahr und inhaltliche Aussagen werden nicht aufgenommen. Manche Stände können nicht einmal ihrem Auftrag, für eine Einstimmung in das Thema zu sorgen, entsprechen. Sie sind zu unattraktiv gestaltet oder mit Texten überfrachtet.

Ähnlich wie die Broschüre ist die Ausstellung häufig auch ein Alibimedium: Wenn die Zeit oder das Engagement für personalintensive Maßnahmen fehlt, dann stellt man wenigsten eine Ausstellung auf.

**Die Ausstellung
als Alibi**

Bei den im IDIS konzipierten Ausstellungen wurde von Anfang an darauf geachtet, daß diese Medien den oben skizzierten Erwartungen entsprechen. Begonnen hat der Ausstellungsbau mit der Erstellung einer Tafelreihe zum Thema Blutdruck.

* Das IDIS ist eine Einrichtung des Landes Nordrhein-Westfalen, fachlich dem Ministerium für Arbeit, Gesundheit und Soziales unterstellt und hat u.a. die Aufgabe gesundheitsfördernde Aktivitäten im Land zu initiieren und zu unterstützen.

War diese noch eher konventionell, so zeichnete sich bereits die nächste Ausstellung zum Thema Alkohol ("Die Reise ins Blaue") durch Integration von Bildelementen, Fotoserien, Leuchtkästen etc. aus. Bei der "Reise ins Blaue" wurde überdies erstmals ein Umsetzungskonzept realisiert, das bei allen Folgeentwicklungen angewandt wurde.

Die Ausstellung ist integrativer Bestandteil eines Maßnahmen- und Medienmixes mit durchgängigem Gestaltungsprinzip und aufeinander abgestimmten Inhaltsblöcken: Jede Maßnahme bzw. jedes Medium hat hier seine spezifische Funktion.

Die Ausstellung präsentiert die wesentlichen Inhalte, eine Multivisionsschau spricht den Besucher emotional an, vertieft die Inhalte und regt über ein Quiz zur Auseinandersetzung mit den Inhalten aber auch zur Reflexion des eigenen Verhaltens an. Ein audiovisuelles Quiz fragt in spielerischer Form die wichtigsten Botschaften ab. Ein Fahrsimulator verdeutlicht durch eine eingebaute Reaktionszeitverzögerung die Wirkung von Alkohol auf das Fahrverhalten. Schließlich kann man mittels eines Computerprogramms die eigene Suchtgefährdung überprüfen. Dieser Test stellt quasi auch das Bindeglied zwischen nonpersonalen und personalen Maßnahmen dar. Denn auch diese gehören zum Interventionsbündel: Fachleute aus Beratungsstellen und Selbsthilfegruppen stehen für ein Gespräch zur Verfügung.

Das Aktionsset 'die Reise ins Blaue' wurde zwischen den Jahren 1980 und 1990 im Rahmen von kommunalen Gesundheitswochen (Zeltveranstaltungen) in mehr als 30 Städten in Nordrhein-Westfalen unter Beteiligung regionaler Kooperationspartner eingesetzt. Besucherzahlen von bis zu 20.000 und eine verstärkte Nachfrage bei Selbsthilfegruppen und Beratungsstellen in der Folge belegen den Erfolg dieser Maßnahme.

In einem derart differenzierten Kontext macht also der Einsatz von Ausstellungen nach wie vor Sinn. Folglich sind in den vergangenen Jahren im IDIS weitere Ausstellungen zu den Themenbereichen

- o Bluthochdruck (Neubearbeitung)
- o Ernährung
- o Cholesterin
- o Ein Alltag zum Wohlfühlen (Krebsprophylaxe durch bewußtes Verhalten)

konzipiert und vertrieben worden. Die Ausstellungen werden im Octa-Norm-Tafelbausystem erstellt und von Mitarbeitern des IDIS im Land Nordrhein-Westfalen aufgebaut und betreut.

Ausstellung
'Die Reise ins Blaue'
beschreitet neue Wege

Kennzeichen
Maßnahmen und
Medienmix

Ergebnisse

weitere Themen

Am Beispiel der Konzeption für die Ausstellung "Bluthochdruck - Ein Thema von dem Sie sich nicht drücken sollten", soll im folgenden die IDIS-Philosophie für dieses Medium im Detail dargestellt werden.

Die Ausstellungs-
philosophie des IDIS
Beispiel Thema
'Bluthochdruck'

Warum sollte das Thema Bluthochdruck behandelt werden ?

Die Gründe liegen auf der Hand: Der Bereich Herz-Kreislauf steht in der Morbiditäts- und Mortalitätsstatistik nach wie vor ganz oben. Andererseits sind gerade hier Veränderungen in der Erkrankungshäufigkeit und -schwere durch eine gesundheitsbezogene Verhaltensänderung für (fast) jeden möglich.

Warum wird als Medium eine Ausstellung eingesetzt ?

Information, Motivation und Erzeugung von persönlicher Betroffenheit stehen am Beginn jeder Verhaltensänderung. Hier kann die Ausstellung ein wichtiger Wegbereiter sein. Voraussetzungen hierfür sind:

- o Das Medium wird in seinen Möglichkeiten und Grenzen richtig bewertet,
- o die Aufmachung in Text und Sprache ist zielgruppen- und kontextorientiert,
- o bei der Konstruktion des Mediums werden folgende Prinzipien berücksichtigt,
 - : Einfachheit der Sprache
 - : Textmengenbegrenzung
 - : Ausgewogenheit von Bild und Text
 - : attraktive Gestaltung.

Welche Inhalte und Ziele sollen behandelt werden ?

Inhalte und
Ziele

Die Ausstellung erklärt, was Blutdruck ist und wie man seine Blutdruckwerte ermitteln kann. Sie zeigt auf, wann sich der Blutdruck nicht mehr im Normbereich befindet und wann man von zu hohen und zu niedrigen Blutdruckwerten spricht. Was kann der einzelne gegen zu hohen Blutdruck tun bzw. wie kann er sich davor schützen, ist ein weiterer Schwerpunkt. Besonders herausgestellt werden dabei die psycho-sozialen Einflußfaktoren.

Also eine konventionelle Vorgehensweise ? Auf den ersten Blick ja. Dieser Eindruck relativiert sich aber, betrachtet man die Gewichtung der Inhalte und die Zielformulierung, besonders aber die Umsetzung.

Vorrangiges Ziel der Ausstellung ist es, die Bedeutung des hohen Blutdrucks für die eigene Befindlichkeit erkennen zu können.

Hierzu gehören:

- o das Wissen, daß der Bluthochdruck zumindest anfangs symptomfrei verläuft. Um zu erfahren, ob die eigenen Blutdruckwerte normal sind, muß man sich eines Diagnoseinstrumentes, der Blutdruckmessung bedienen. Vermittelt werden muß deshalb
- o die Erkenntnis, daß die Blutdruckmessung die einzige Möglichkeit ist, um zu überprüfen, ob man einen zu hohen Blutdruck hat. Geweckt werden muß also
- o die Bereitschaft, sich möglichst umgehend den Blutdruck messen zu lassen. Nun sind Vorsorgeuntersuchungen mitunter unangenehm, vielleicht sogar schmerzhaft. Wichtig ist deshalb
- o das Wissen, wie eine Blutdruckmessung vor sich geht und was dabei im Körper passiert. Die Ergebnisse der Blutdruckmessung werden dem Patienten häufig ohne Erklärung ihrer Bedeutung genannt. Vermittelt werden muß deshalb
- o die Fähigkeit, die genannten Werte in ihrer Bedeutung erfassen und sie interpretieren zu können ("mündiger Patient sein"). Zur Mündigkeit und Selbstverantwortung gehört es, daß der einzelne weiß, was er selber zur Prävention bzw. zur Behandlung tun kann. Der Betrachter braucht
- o das Wissen, durch welche Verhaltensweisen, Sozial- und Umweltfaktoren das Bluthochdruckrisiko verstärkt wird und welche positiven Alternativen es zu diesem Verhalten gibt. Hierzu gehört der Hinweis auf Kurse und Trainingsangeboten, in denen man diese Verhaltensweisen erlernen kann.

Wie werden die Inhalte umgesetzt und gestaltet ?

Umsetzung

Damit die vielfältigen, oben skizzierten Informationen aufgenommen und darüber hinaus zur Blutdruckmessung motiviert werden können, bedarf es einer ansprechenden und abwechslungsreichen Gestaltung. Wichtiges Prinzip bei der Umsetzung war, daß nicht die Sachinformation, sondern die persönliche Ansprache des Betrachters in den Vordergrund gerückt wurde: Nicht die Theorie des hohen Blutdrucks und der Prävention, sondern meine Blutdruckwerte und ihre Ermittlung sowie meine Möglichkeiten zur Vorbeugung stehen im Mittelpunkt.

Die persönliche Ansprache wird u.a. ermöglicht durch den Einbau folgender gestalterischer Elemente:

- o die Spiegelwand, hier wird der Betrachter gleichsam zum Teil der Ausstellung, seine potentielle Betroffenheit wird ihm im wahrsten Sinne des Wortes 'vor Augen' geführt,
- o die Aktionswand "Blutdruckmessung", hier werden Sachaussagen durch computergesteuerte Leuchtdioden visualisiert; der Betrachter kann sich vorstellen, was während der Blutdruckmessung in seinem Körper abläuft,
- o die Verwendung großformatiger Fotos, die aus dem Rahmen der Tafeln herausragen, hier ergibt sich die Identifizierung mit dem Geschehen bzw. den Aussagen der Tafeln quasi von selbst,
- o die persönliche Ansprache in Überschriften wie z.B. "Was Sie selbst tun können",
- o "das Herz zum Mitnehmen", an der letzten Tafel tritt der Betrachter noch einmal in die direkte Interaktion mit der Ausstellung ein. Er nimmt sich mit dem Herz-Sticker und der Broschüre ein Stück der Ausstellung mit, das zum Weiterdenken und Handeln auffordert.

Die emotionale Ansprache wird ermöglicht durch

- o die Verwendung großformatiger Fotos,
- o den Einbau einer Fototafel, die den Zusammenhang von Blutdruck und Umwelt darstellt,
- o das audiovisuelle Nach-Empfinden-Können der Blutdruckmessung
- o die Darstellung der eigenen Möglichkeiten etwas für den Blutdruck tun zu können: nicht Verbote sondern positive Alternativen, umgesetzt in ansprechenden Fotos stehen im Vordergrund,
- o "das Herz zum Mitnehmen".

Damit die Ausstellung beim Besucher Aufmerksamkeit erregt und ihn von Anfang bis Ende zum Betrachten auffordert, sind Elemente eingebaut worden wie

- o das Abwechseln von Bild und Texttafeln,
- o die Verwendung großformatiger Fotos und des Spiegels,
- o die Darstellung des Blutkreislaufs auf der Tafel "Blutdruck" durch ein Lichtband,
- o die Ergänzung von Bild und Texte durch optische Reize bzw. Informationen.

Es bleibt aber eine Ausstellung, was kann sie also leisten?

Sie soll erste Informationen geben, vor allen Dingen aber zur Blutdruckmessung motivieren!

Damit dies erreicht wird, muß der Betrachter nicht sämtliche Textinformationen aufnehmen. Die Bildinformationen verbunden mit den zugehörigen Textpassagen und den optischen Reizen erreichen eher die zur Motivation erforderliche emotionale Ansprache. Weitere Textinformationen dienen zur Vervollständigung und werden nur von denen aufgenommen, die hierzu durch vorhandene Betroffenheit oder offene Fragen besonders motiviert sind.

Damit die Ausstellung mit ihren zwei Aufforderungen, für den eigenen Blutdruck aktiv zu werden, nicht wirkungslos bleibt, muß sie ergänzt werden:

**Die Ausstellung
als Einstiegsmedium**

1. um die Möglichkeit, sich im Anschluß an die Ausstellung den Blutdruck messen zu lassen;
2. um die Präsentation von Kursangeboten, die vor Ort für die verschiedenen blutdruckrelevanten Inhaltsbereiche angeboten werden.

zu 1: Die Ausstellung als Bestandteil des komplexen Interventionssets z.B. für eine kommunale Gesundheitswoche beinhaltet automatisch die Möglichkeit zur Blutdruckmessung.

Aber auch beim separaten Verleih wird auf die Blutdruckmessung als elementarer Bestandteil des Ausstellungskonzepts hingewiesen: Von der wenig aufwendigen selbstorganisierten Messung mit eigenen Geräten des Veranstalters z.B. des Gesundheitsamtes bis hin zu einer Aktion, bei der die Ausstellung in Foyer z.B. einer Sparkasse aufgebaut und das mobile Blutdruckmeßzentrum des IDIS vor dem Gebäude platziert ist.

Zu 2: Auch hier gibt es zwei Möglichkeiten: Die einfachste und am wenigsten personalintensive besteht darin, Hinweisplakate auf Kurse auf der Tafel "Es geht weiter" anzubringen und die Zettelbox mit Informationsblätter zu füllen, auf denen die Kursangebote mit Veranstalter, Ort, Zeit und kurzer Inhaltsangabe beschrieben sind.

Aufwendiger, aber auch effektiver ist es, wenn sich der Ausstellung ein Beratungsstand anschließt, an dem verschiedene Kursleiter den Ausstellungsbesuchern ihre Kursprogramme vorstellen und sie bei der Kursauswahl beraten.

Die Ausstellung zum Thema Bluthochdruck ist in den vergangenen Jahren in unterschiedlichsten Zusammenhängen eingesetzt worden: Mal im Foyer eines Betriebes als Motivationshilfe zu der dort angebotenen Blutdruckmessung mal als Kern eines 240 qm großen Messestandes auf der Düsseldorfer Messe 'aktiv leben'. Hier waren weitere Elemente wie die 9-Felder-Multivisionsschau, Blutdruck-, Cholesterin- und Fitneßtest, ein Computertest 'Ernährung', ein Kommunikationsbereich mit Theke und Gartencafé sowie eine Entspannungsecke, in der man auch im Messetrubel relaxen konnte.

Natürlich gab es auch wieder Informationen zum Mitnehmen (Broschüren, Testergebnisse, Quiz), die ein Nachlesen und Weiterfolge im Alltag ermöglichen sollten. Nicht nur das ebenfalls zum Mitnehmen vorgesehene Puzzle machte hier deutlich, daß Gesundheit Spaß macht. Und hier liegt auch die Chance und die Zukunft des Mediums Ausstellung: Durch Verwendung von großformatigen Fotos, Illustrationen sowie eine ansprechende farbige Gestaltung emotional anzusprechen, positiv auf ein Thema einzustimmen und damit deutlich zu machen, daß Gesundheit nicht Einschränkung von Lebensqualität bedeuten muß.

Einsatzzwecke

Eine rezipientenorientierte, den Anforderungen des heutigen Medienkonsums entsprechende Konzeption von Ausstellungen muß weiter folgendes berücksichtigen

Anforderungen an das Medium Ausstellung

- : Die Ausstellung sollte immer ein Medium von mehreren sein. Durch Wiederholung und Verdichtung von Inhalten in je nach Medium unterschiedlicher Aufbereitung wird der Lernzuwachs optimiert.
Eine Broschüre und andere Printmedien fassen die Ausstellungsinhalte zum Mitnehmen zusammen und sorgen für den Transfer in den Alltag.
- : Die Ausstellung wird durch personale Maßnahmen ergänzt. Sie ist Wegbereiter für Meß-, Test- oder Beratungsangebote in dem sie zur Teilnahme auffordert und Begründungen liefert.
- : Die Ausstellung bezieht den Betrachter ein. Es geht nicht um *die* Gesundheit sondern um *seine* Gesundheit.
- : Durch den Einbau spielerischer oder interaktiver Elemente sowie durch die Ausgabe von Quizbögen mit Fragen zur Ausstellung kann auch der eigentlich nicht interessierte Besucher zur Auseinandersetzung mit den Inhalten motiviert werden.
- : Die Ausstellung schafft ein positives Ambiente. Durch Einbeziehung von Kommunikationsecken und Verweilzonen wird ein ruhiges, positives Klima geschaffen.

- : Die Ausstellung belehrt nicht, sie liefert dem Betrachter Informationsangebote.
- : Die Ausstellung kommt, wenn immer dies möglich ist, zum Nutzer. Sei es stationär als Angebot im sozialen Nahraum oder als mobile Einheit in einem Informationscontainer.
- : Neben den Standardelementen verfügt die Wanderausstellung über Elemente wie Leertafeln, die vor Ort individuell ergänzt werden können. So kann ein lokaler Bezug geschaffen oder auf Angebote in der Region verwiesen werden.
- : Die Ausstellung wird regelmäßig aktualisiert. Nicht nur Inhalte verändern sich, auch Designvorstellungen wandeln sich.

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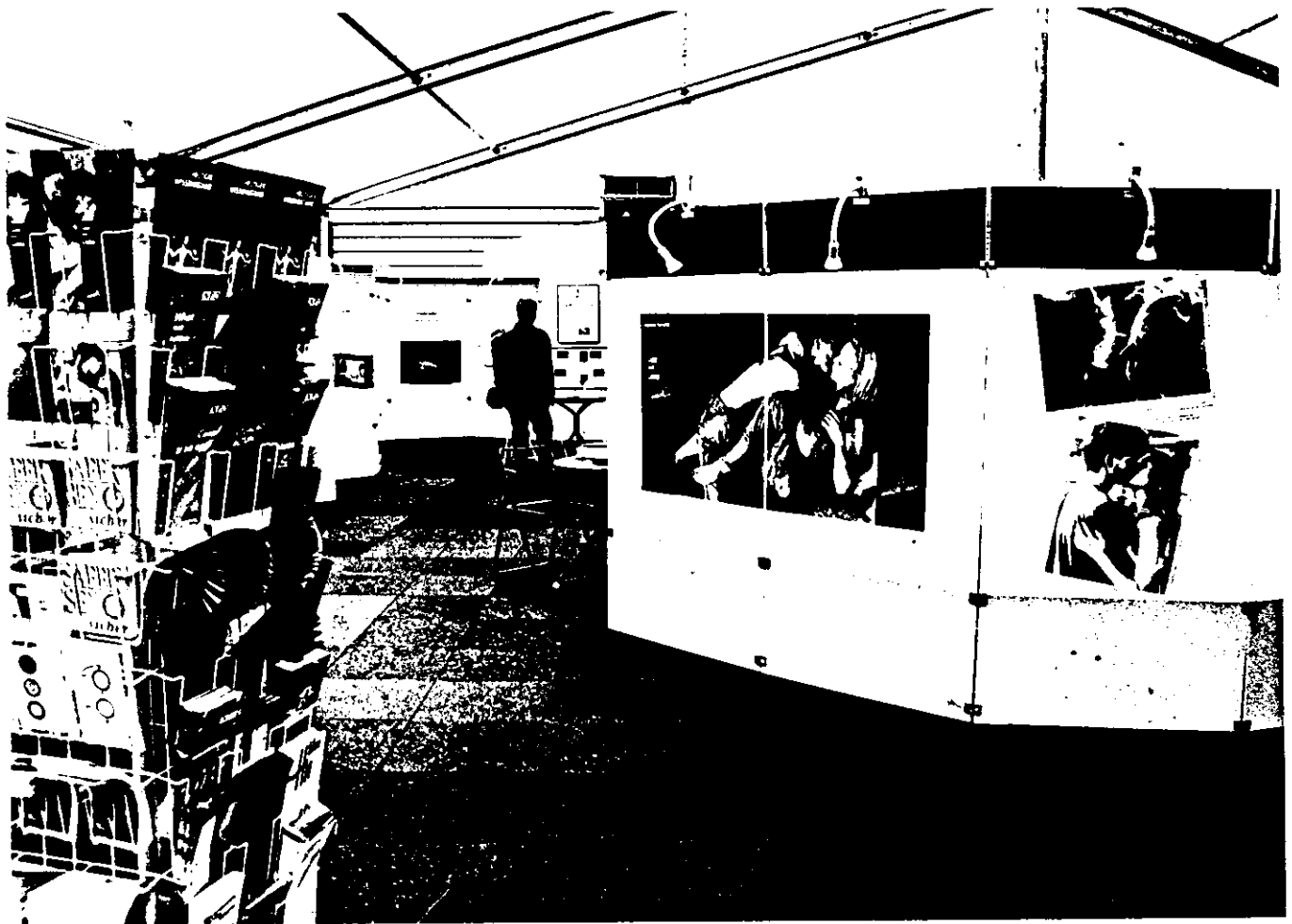
14. "Positives Zeichen"

Travelling Exhibition on Aids prevention

European Health Market, stand 4/5

Main Health Office, Bremen

Documentation by Andreas Masch and Martin Taschies



Die AIDS-Beratungsstelle des Hauptgesundheitsamtes Bremen besteht in ihrer heutigen Form seit 1986. Im Team der Beratungsstelle arbeiten Personen unterschiedlicher Berufsgruppen:

1 Arzt, 1 Krankenschwester/Präventionsfachkraft, 1 Soziologin M.A./
Familientherapeutin, 2 Dipl. Sozialpädagogen, 1 Kombikraft.

Die wesentlichen Aufgabenschwerpunkte der Beratungsstelle sind

die individuelle Beratung und Betreuung
die institutionelle Beratung sowie
die Präventions- und Öffentlichkeitsarbeit.

Seminar Teilnehmer :

Andreas Masch, geb. 1956

Studium der Sozialpädagogik
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sowie der Gesundheitsbildung/
Gesundheitsförderung.

Seit 1987 Mitarbeiter in der
AIDS-Beratung des Hauptgesund-
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Seit 1989 Mitarbeiter in der
AIDS-Beratung des Hauptgesund-
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Die Ausstellung "Positive Zeichen"

Im Rahmen unserer Präventions- und Öffentlichkeitsarbeit entwickelten und erstellten wir die Ausstellung "Positive Zeichen" als einen Baustein zur Information und zur Kommunikation über den Themenbereich HIV und AIDS.

Die Ausstellung verfolgt in den dargestellten Themenbereichen die Ziele, ein Grundverständnis für die Komplexität des Krankheitsbildes AIDS zu erzeugen, die in der Bevölkerung am intensivsten erörterten Fragen nach Infektionswegen und Schutzmöglichkeiten aufzuzeigen sowie das Wechselverhältnis von staatlicher Verantwortung und Eigenverantwortung der Bevölkerung zu problematisieren. Sie thematisiert auf einer Ausstellungsfläche von ca. 120 m² daher neben der Darstellung der Hauptübertragungswege des HIV, dessen Wirkungsweise und einer Skizzierung des Krankheitsbildes von AIDS u.a. auch die Bereiche AIDS und Meldepflicht, Beratung und HIV-Antikörper-Test, die Situation HIV-infizierter und AIDS-erkrankter Menschen sowie die Möglichkeiten einer sinnvollen Präventionsarbeit.

Die Ausstellung wurde nach 1 1/2jähriger Vorbereitungszeit im Januar 1988 erstmals der Öffentlichkeit vorgestellt. Als ein Baustein der Präventions- und Öffentlichkeitsarbeit der AIDS-Beratung im Hauptgesundheitsamt wurde sie in verschiedenen Institutionen und Stadtteilen Bremens gezeigt und dabei bisher von ca. 25.000 Menschen besucht. Dabei bildeten insbesondere Besuchergruppen, z.B. von Schülern oder Lehrern, den größten Anteil der Besucher.

...

Auf dem Hintergrund veränderter Fragestellungen und Bedürfnisse der Besucher/innen ergänzten wir die Ausstellung im Verlauf der Jahre durch neue Elemente für die Zielgruppe Jugendliche und Krankenpflegepersonal sowie durch einen Bereich "positiv leben", in dem wir die Lebenssituation von HIV-infizierten und AIDS-erkrankten Menschen thematisierten.

Mit der Ausstellung arbeiten

Die Ausstellung bietet uns die Möglichkeit, vor Ort, d.h. in Institutionen oder Stadtteilen zu informieren und die Beratungsstelle bekanntzumachen. Ein wesentlicher Aspekt sowohl bei der Planung als auch in der weiteren Arbeit mit der Ausstellung war und ist unser Wunsch, über dieses Medium hinaus mit den Besuchern ins Gespräch zu kommen, also einen Rahmen für die Kommunikation zu schaffen. Hierzu bietet diese Ausstellung Anstöße. Aus diesem Grunde sieht das Konzept der Ausstellung begleitende Gespräche vor, d.h. es stehen im Verlauf eines Ausstellungszeitraumes kompetente Ansprechpartner für weitergehende Gespräche mit den Einzelbesuchern oder Besuchergruppen zur Verfügung. Dieses Angebot wurde in den vergangenen Jahren insbesondere von Besuchergruppen wie z.B. Schulklassen, Betriebsgruppen o.ä. intensiv genutzt, und unsere Erfahrungen damit sind sehr positiv. Die Inhalte dieser Gespräche reichen von reiner Information zum Themenbereich HIV und AIDS bis hin zu intensiven Gesprächen über die erschwerte Lebenssituation von betroffenen Menschen und Möglichkeiten, damit verbundenen Diskriminierungen entgegenzuwirken.

Weitere Anstöße zur Kommunikation bietet ein Rahmenprogramm, bestehend aus verschiedenen Veranstaltungen zum Themenkomplex HIV und AIDS - ein weiterer Bestandteil des Ausstellungskonzeptes. Bei der Erstellung des Programms bemühen wir uns, über die Beteiligung von Vertretern verschiedener Institutionen eines Stadtteils, einen möglichst engen Bezug zum jeweiligen Ausstellungsort herzustellen.

Über eine Evaluation unserer Arbeit mit der Ausstellung sind wir darin bestätigt worden, daß begleitende Gespräche und auch das Rahmenprogramm unverzichtbare Bestandteile unseres Konzeptes für einen sinnvollen Einsatz dieses Mediums darstellen. Die Resonanz auf die Ausstellung in den ersten Jahren war groß, und nur mit Hilfe unserer kooperationsbereiten und verlässlichen Kollegen/innen der AIDS-Beratungsstellen im Rat & Tat-Zentrum für Homosexuelle Bremen e.V. und der AIDS-Hilfe Bremen e.V. war dem Bedarf und damit verbundenen Aufwand nachzukommen.

Auf dem Hintergrund einer intensiven Diskussion über die Weiterentwicklung unserer Präventionsarbeit - damit auch einem effektiven Einsatz unserer Ausstellung - entschieden wir uns für einen primär stadtteilbezogenen Einsatz dieses Mediums im Sinne von konsequenter kommunaler Prävention. Mit der Einbeziehung von Multiplikatoren vor Ort war eine Arbeitsteilung und sinnvolle inhaltliche Beschäftigung mit dem Thema HIV und AIDS über die Ausstellung hinaus gewährleistet.

Das Konzept der stadtteilbezogenen Prävention mit dem Ansatz der personalintensiven Kommunikation und dem Einsatz bekannter Ansprechpartner/innen vor Ort hat sich bewährt und ist bis heute beibehalten worden.

Um die Ausstellung - ergänzt durch ein Rahmenprogramm - in einem Stadtteil zeigen zu können, bedarf es in der Regel mindestens einer 1/2- bis 1jährigen Vorbereitungsphase. Sie beinhaltet u.a.: Anschreiben von verschiedenen Institutionen im jeweiligen Stadtteil, Inanspruchnahme von bestehenden persönlichen Kontakten, viele persönliche Gespräche, viele gemeinsame Arbeitssitzungen. In der ersten gemeinsamen Arbeitssitzung wird über den für die beteiligten Mitarbeiter/innen zukommenden Arbeitsaufwand informiert. Alle so erreichten Interessierten werden für uns Multiplikatoren vor Ort:

1. brauchen wir ihre Stadtteilkenntnisse, damit die Ausstellung ein Erfolg werden kann,
2. brauchen wir ihre Hilfe bei der praktischen Organisation,
3. wünschen wir uns auch, daß sie die Ausstellung während der Öffnungszeiten betreuen, d.h. Ansprechpartner/innen für erste Informationsfragen sind und technische Wartung übernehmen.

Für den dritten Punkt bieten wir immer etwa 3 Wochen vor Aufbau der Ausstellung ein Seminar an, in dem wir Grundlagenwissen zu HIV/AIDS vermitteln. So werden die interessierten Personen, die aus unterschiedlichsten Institutionen kommen (Schulen, Betriebe, Behörden etc.), auf die Betreuungsaufgabe vorbereiten. Aber sie helfen uns weit über die Ausstellung hinaus als Multiplikatoren: Sie tragen Informationen weiter, sie haben uns als Kooperationspartner/innen kennengelernt, z.T. können sie den HIV/AIDS-Anteil in ihrer Arbeit (z.B. Sozialamt, Schulen, u.ä.) kompetenter bearbeiten, sie helfen uns, um Solidarität für Betroffene zu werben und häufig helfen sie uns auf der tertiären Präventionsebene, ein Versorgungsnetz für an AIDS erkrankte Menschen zu organisieren.

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Wir verstehen diese Ausstellung mit ihren Umfeldaktivitäten als sozialen Prozeß, der zur Kommunikation anregen und über die jeweilige Ausstellungszeit hinaus bleibende Strukturen und Zeichen setzen soll. Es geht uns um die Vernetzung der verschiedenen Ressorts vor Ort. Wir haben erfahren, daß die Schaffung solcher Strukturen nicht eines einmaligen Einsatzes bedarf, sondern die Multiplikatoren brauchen uns als Ansprechpartner/innen und in manchen Situationen auch unsere konkrete Hilfe.

Unsere Erfahrungen hiermit sind unterschiedlich. Während es an einigen Standorten gelungen ist, über den Ausstellungszeitraum hinaus bleibende Strukturen zu schaffen - etwa mit der Etablierung einer Arbeitsgemeinschaft AIDS im Stadtteil -, wurde die Ausstellung an anderen Orten eher "altruistisch", ohne weitergehende Thematisierung durchgeführt.

Mit dem Element "positiv leben" haben wir uns bemüht, Besucher der Ausstellung für die Lebenssituation von HIV-betroffenen Menschen zu sensibilisieren und um Solidarität zu werben. Einzelne, von uns betreute Betroffene haben uns mitgeteilt, daß der Besuch der Ausstellung dazu beigetragen hat, daß sie sich als HIV-infizierte Menschen auch öffentlich geäußert haben. Insbesondere dieser Effekt hat uns Mitarbeiter/innen der Beratungsstelle darin bestärkt, trotz des erheblichen Aufwandes auch in Zukunft die Ausstellung als einen Teil unserer Präventionsaktivitäten einzusetzen.

Die Arbeitsanforderungen wurden von uns häufig unterschätzt, z.B. was die Entwicklung gestalterischer Elemente anbelangt. Wenn wir alle Schwierigkeiten von Beginn an geahnt hätten, wäre die Ausstellung vielleicht gar nicht entstanden. Umgekehrt kann dieses Beispiel - auch für andere Themen in gesundheitlicher Aufklärung - vielleicht insofern Mut zur Nachahmung machen, weil es eben kein Produkt einer professionellen Werbeagentur ist, sondern aus den konkreten Erfahrungen eines kommunalen Beratungsansatzes entstanden ist, der große Betroffenen-nähe aufweist.

Die AIDS-Ausstellung ist im Bremer Norden im Februar 1994 unter Einbeziehung vieler Institutionen mit großem Erfolg präsentiert worden.

...

Neben der Präsentation auf dem "Europäischen Gesundheitsmarkt" in Aachen wird sie im Jahre 1994 nochmals in der Unteren Rathaushalle in Bremen zu sehen sein.

Die Dokumentation "Aufklärung ja, aber bitte vielfältig" sowie das themenbezogene Begleitmaterial sind über die AIDS-Beratungsstelle im Hauptgesundheitsamt Bremen erhältlich.

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Horner Straße 60/70
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Fax: 0421/361-15554

Beim Europäischen Gesundheitsmarkt können Sie profitieren

...auch wenn Sie gar

nichts kaufen können



Gesundheitsexperten aus 5 europäischen Ländern informieren und beraten Sie kostenlos.

Wie Sie mit Ihrem Streß fertig werden.
Wie Sie mit einem empfindlichen Rücken besser umgehen.
Zentrum für Gesundheitsförderung am Marienhospital, Aachen, Stand 11

Wie Sie sich das Rauchen abgewöhnen können.
Wie Sie Ernährung und Bewegung in Einklang bringen.
Neue Ideen zu einem gesunden Frühstück.
Bundeszentrale für gesundheitliche Aufklärung, Köln, Stand 1

Wie man sein Wohlbefinden im Alltag steigert.
IDIS, Dielefeld, Stand 15

Wie Sie Ihren Alkoholkonsum unter Kontrolle halten.
Verenging vor Alkohol und andere Drogenproblemen.
Brüssel, Stand 2

Wie Kinder in der Familie gesund aufwachsen.
Deutschsprachige Gemeinschaft in Belgien, Eupen, Stand 14

Wo Sie Hilfe finden, wenn Sie oder ein Angehöriger krebskrank ist.
Wie Sie selbst Krebserkrankungen helfen können.
Krebsskontaktstelle Aachen und Förderkreis Tumorzentrum Aachen, Stand 9

Was Sie tun können, um Krebserkrankungen zu vermeiden.
Association contre le Cancer, Brüssel, Infomobil, Außengelände an der Halle 1

Ouvre Belge du Cancer, Lüttich, Stand 8

Bewußter leben und gewinnen

Bei unserem Animationspiel aus Frankreich geht es um das Kapital Ihrer Gesundheit. Sie können es vermehren, wenn Sie gesund leben. Und Sie können eine Freifahrt mit unserem Heißluftballon gewinnen. Dreimal täglich wird gespielt.
Capital Santé, Stand 13

Europäischer Gesundheitsmarkt, Halle 1
Eine europäische Gemeinschaftsaktion zur Gesundheitsförderung.
Veranstaltet von der Bundeszentrale für gesundheitliche Aufklärung, Köln, mit Unterstützung der Europäischen Kommission.
Programm „Europa gegen den Krebs“

Was Sie für Ihre seelische Gesundheit tun können.
Kanton St. Gallen, Außengelände an der Halle 1

Welche Chancen Sie haben, zwischen Gesundheit und Krankheit zu wählen.
Was Sie über chronische Krankheiten wissen sollten.
Stichting Gezondheids Expotheek Nederland, Leiden, Stand 16

Wie Sie sich und Ihre Kinder vor Sucht bewahren können.
Was Sie gegen eine Aidsinfektion tun können.
Gesundheitsamt Aachen in Zusammenarbeit mit GGD Maastricht und Gesundheitsamt Bremen, Stände 4 und 5

Wie man früher über Krebs aufgeklärt hat und warum man heute anders vorgeht.
Deutsches Hygienemuseum, Dresden, Stand 7

Was Frauen zur Früherkennung von Krebs tun können.
Provincial Institute for Hygiene, Antwerpen, Stand 6

Wie die Heilbäder in der Euregio Maas-Rhein entstanden sind und was sie heute noch für die Gesundheit leisten.
Gemeinschaftsausstellung von Aachen, Spa und Valkenburg, Stand 3

Wie Sie ein kalorienarmes schmackhaftes Essen zusammenstellen.
Wie man einen Krebsknoten findet.
Wieviel Sonne Sie vertragen.
Dänische Krebsgesellschaft, Kopenhagen, Stand 10

Poster Session

List of participants

Institution/representative	Topic and type of material
La Ligue contre le Cancer, Lyon M. Herault	15 photos demonstrating various applications and possible uses of an infomobile.
Vereniging voor Alkohol en andere Drugsproblemen, Brussels, Mrs. Carla Cox	4 posters and accompanying material for the travelling exhibition "Drink Wijs"
Canton St. Gallen Health department Mr. Patrick Roth	Video, evaluation and accompanying material to the exhibition "mental health" as well as material to the new exhibition on communication and health
German Hygiene Museum, Dresden, Dr. Susanne Hahn	Slides of historical exhibitions on the subject of cancer
Portuguese League against Cancer, Mrs. Ligia Maria Lima	Cancer prevention in Portugal taking education against smoking as an example
UK-Coordinator "Europe against Cancer", University of Southampton, Ros Weston	Cancer education through the travelling exhibition "All about Cancer", documen- tation of the development and trial actions
Main Health Office Bremen, Mr. Andreas Masch, Mr. Martin Taschies	Documentation and materials for the travelling exhibition on Aids "Positive signs"
ANStiftung, Munich Mrs. Patricia Munro Mrs. Anja Dauschek	Model of the planned travelling exhibition "Verfluchte Schönheit", information material and evaluation results, video

Institution/representative	Topic and type of material
Danish Ministry of Education, Copenhagen, Mr. Jens Boe Nielsen	Presentation of the travelling exhibition at Danish schools "Exercise strengthens Life - Four Hours a Week" with slides, computer program to test
Belgisch Werk tegen Kanker, Brussels, Dr. Anne Marie Peeters	Information on the travelling exhibition "Vlaanderen tegen Kanker"
Provinciaal Instituut voor Hygiene, Antwerpen, Mrs. Christa Truyen	Information on the travelling exhibition "Only for Women ?", video
Danish Cancer Society, Copenhagen Mr. Morten Strunge Meyer	Amateur video of the exhibition unit "Dare you look"
Bundeszentrale für gesundheitliche Aufklärung, Cologne Dr. Helmut Gold	Model of a new travelling exhibition on Aids prevention "LoveLife" with prototype video towers and Info-Center
Kaleidoskop, Frankfurt a.M. Mrs. Marie-Luise Buchzik	Material on various active exhibitions for children and adolescents Planning of a new exhibition on health care for adolescents commissioned by the BZgA
Foundation Homes for the Blind, Frankfurt, Dr. Andreas Heinecke	Exhibition on blindness

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