

MGEN: THE FRENCH HEALTH INSURANCE COMPANY AND ITS PROGRAMME OF HEALTH PREVENTION FOR TEACHERS AND STUDENTS

Marcela POUČOVÁ

***Abstract:** Even if most modern countries support the inclusion of health risk prevention, and active health education into schools' curricula (considering them to be educational priorities) the actual ideas of how to implement these may differ in each country. Despite the fact that both France and the Czech Republic, as European countries, are relatively similar in their cultural identities, their priorities when it comes to the health education of the younger generation, reveal the differences. These differences are conditioned by history, geography and culture. The article deals with the health education programmes created and offered by MGEN, the health insurance company specialising in health insurance for the Civil Service employees of the departments of Education, Science and Research, and Youth and Sport.*

***Keywords:** health education, prevention of health risk, French Educational System*

The previous article on health education in France stated that although most modern countries support the inclusion of health risk prevention, and active health education into schools' curricula (considering them to be educational priorities) the actual ideas of how to implement these may differ in each country. Despite the fact that both France and the Czech Republic, as European countries, are relatively similar in their cultural identities, their priorities when it comes to the health education of the younger generation, reveal the differences. These differences are conditioned by history, geography and culture. The article deals with the health education programmes created and offered by MGEN, the health insurance company specialising in health insurance for the Civil Service employees of the departments of Education, Science and Research, and Youth and Sport.

MGEN - the Health Insurance Company

MGEN (La Mutuelle Générale de l'Éducation Nationale) provides health insurance to three million clients making it the foremost health insurance company in

France, employing nearly nine thousand people. Not only does this colossus provide a fundamental insurance service to its clients, it also runs thirty-three health and social institutions (such as hospitals, mental institutions, health and physiotherapy centres, and homes for the elderly).¹ It also devotes itself to research, prevention and health education.

² Established in 1947 by the amalgamation of all the health insurance companies for teachers, its distinguishing factor is that the contributions total is derived from the salaries of those insured. Therefore, this system which transfers the fiscal means is based on the solidarity of all the clients.

The company works closely with 'Action et Documentation Santé pour l'Éducation Nationale' (ADOSEN) – a company created by MGEN itself and is its publicity and marketing arm.³

MGEN continues to keep its service provision up to date, making all its methodologies and information on prevention and health education publicly available from its website. All the information is thus easily accessible both to individuals and schools, and teachers are able to use these health education methodologies directly in their syllabus. In addition to the usual information there are applications which help clients find out about their own health condition and how to prevent various health risks. It is interesting to compare this with the service provided by the Czech General Insurance Company (Všeobecná zdravotní pojišťovna – VZP) which, as the largest Czech insurance company (6.2 million clients sic!) also deals with prevention for both adults and children.⁴ Similarly, on VZP's website, in contrast with other Czech health insurance companies, various information material and tests dedicated to prevention can be found.

What sets MGEN apart is its concentration on school programmes of health education which, together with the help from ADOSEN, it prepares for its clients – the teachers.

In the *Education* section of their website can be found information on several methodology materials suitable for use in nurseries, primary schools and secondary schools.⁵ In the same section there are videos dealing with various issues (e.g. violence in nurseries) or the user can take a test to find out whether there is a healthy and creative environment in their school. Other materials are available on the ADOSEN website. Via the site it is possible to place orders for all their products – from CD-ROMs or various educational games to leaflets explaining the basic health issues (for example dental hygiene, smoking, allergies etc.). The site also provides interactive knowledge tests, on topics such as smoking or nutrition.

1 Mutuelle générale de l'éducation nationale. [cit. 2010-08-12]. Dostupné z WWW:

<http://fr.wikipedia.org/wiki/Mutuelle_g%C3%A9n%C3%A9rale_de_l%27%C3%A9ducation_nationale>

2 MGEN, première mutuelle santé française. [cit. 2010-08-12]. Dostupné z WWW: <<http://www.mgen.fr/index.php?id=31>>

3 Mutuelle générale de l'éducation nationale. [cit. 2010-08-12]. Dostupné z WWW:

<http://fr.wikipedia.org/wiki/Mutuelle_g%C3%A9n%C3%A9rale_de_l%27%C3%A9ducation_nationale>

4 Všeobecná zdravotní pojišťovna České republiky [cit. 2010-08-12]. Dostupné z WWW: <<http://www.vzp.cz/cms/internet/cz/Vseobecne/O-nas/>>

5 5 CD-ROMs and DVDs available:

1) Nutrition (CD+DVD, €15)

2) To Live with the Sun (education programme available for free download)

3) Education – Health (CD-ROM sent out free to the company's clients)

4) Torn Up Exercise Books: School Face to Face with Vulnerable Children (CD-ROM, €15)

5) Prevention of Bullying in Schools (CD-ROM, €15)

Don't tell me what to do

Let's turn our attention to two of the CD-ROMs on offer – *Education for Health* (2003) and the CD+DVD *Nutrition* (2005). *Education for Health* is designed primarily for use by pedagogical workers, student teachers, students and parents. Over six hours of consultations brings information on diverse topics. Interviews with health workers, experts in a variety of lines of prevention, teachers, students or interactive texts and tests – all can be downloaded and printed out to use in the users' own didactic projects. The three main themes (*Every Day Health; The Risks of Adolescence; Practical Health Education*) are divided further into sub categories which aim to map the fundamental points of those issues. Theoretical solutions are mixed here with real life examples: the user is introduced to the primary principles of children's and young people's risk behaviour prevention and, at the same time, they can obtain materials which can be used in their work.

The main characteristic is the tolerant approach to each of the themes and the aim to create non-directive teaching methodologies. The “*you must/you mustn't*” method is substituted here with illustrative examples and an endeavour to approach each problem from several angles. It is obvious that France has absorbed its long established multi-culturalism which questions the model of one generally-held truth and attempts to educate by use of examples rather than by proclaiming singular suppositions and solutions. This approach is in direct contrast with the model still presented by some of the Czech materials on the VZP website. While the French professionals, who undoubtedly do come across some examples of drastically endangered health or even fatal situations, are trying to explain the means with which to create a healthy school environment and what kind of preventative principles to inculcate pupils and students in order to influence their behaviour, the Czech materials sometimes read more like a listing of horrors and disasters. In turn, these make the majority of parents paranoid individuals. Children are then in turn also traumatised by this kind of prevention. Imagine how distressing it must be for a child to see their parents smoke after Sunday lunch, having been shown at school photos of lung cancer, albeit having been done in good faith.⁶

We Really Are What We Eat

The CD-ROM *Education for Health* attempts to avoid such traumas. The basic principles are rounded up into ten simple points and then further richly illustrated by real-life examples from various specialists with children's comments.

The CD+DVD *Nutrition* is an exemplary presentation of these principles. There are two parts to it, the first one being a DVD designed mainly for parents and children. The 180 minutes are divided into three parts (*Eating Habits; Food and Meal Times*) with 28 themes. Using short film sequences the well known nutritionist Dr Laurence Plumey introduces the principles of a healthy and balanced diet as well as basic eating habits. Once again the main presentation principle is non-directive. Let's see how these principles are used in the overall concept of a preventative programme.

She is well aware that **‘to be informed and to approve of something does not necessarily mean you want to do it yourself’**. Especially if it comes to such delicate

⁶ *Éducation-Santé* (CD-Rom), Adosen Paris, 2003.

themes such as bringing up children and the family's eating habits where any specialist giving advice can find themselves skating on thin ice. A directive approach to issues, to which most of us react sensitively since they concern our most intimate and private life, can be counterproductive despite the best intentions. Therefore Dr Plumey does not demonstratively throw away all food out of a fridge, leaving only the most definitely healthy items – which most of the Euro-American population find inedible (e.g. various grains and beans, vegetarian meat substitutions or healthy drinks which taste like petrol) – because she knows that **'all risk behaviour is conditioned by something'**. Instead she tries to explain and demonstrate that everybody can eat a healthy and well balanced diet, even those who shop in supermarkets and, being too busy, heat up their frozen food in microwaves because **'it is better to stay away from statements attacking general habits or preferences'**.

At the same time, because she is well aware that **'dramatisation and diabolisation of a problem does not help in identifying with the presented message'**, she adds simple advice on how, in today's busy life, to avoid making neurotics out of our children who determinedly refuse to eat anything but sausages and chips with ketchup. Putting aside the indisputable quality difference of food available in French and Czech shops, as parents, we can relax. We can see that it takes minimum effort to bring up our children as healthy individuals without any nutritional frustrations or phobias.

Similarly Dr Plumey presents the pluses and minuses of different types of food and the quantity and advantages of their consumption in our healthy development. In the last part which deals with the three main meals of the day, we are introduced to several principles showing how to make a little celebration out of every meal, not only fulfilling all the necessary nutritional values but also making eating together an opportunity to enhance family life. Although the DVD's creators are aware that **'it is impossible to forbid or order a certain kind of behaviour within the cultural environment and generational differences'**, they still placed their bets on the fact that the traditional model of French dining, where the family eating together represents the main social event of the day is still strong, and should this not be followed it would result in traumatic consequences.

Then there is an educative CD for French teachers, with the same videos as on the DVD for children and parents. Here is extra material prepared for each of the themes discussed, which can be used both individually or in bigger groups. All materials can be printed out and used immediately. The teachers should be aware that **'the process of health education is not to be based on demanding a new set of habits and behaviour but should allow, as much as possible, to make your own, conscious decisions'**. And should the teachers want to try to convince their students about the advantages of certain eating habits, in the form of the CD+DVD Nutrition they have effective means to do so.

It may seem to most of the Czech specialists that this kind of information is obvious and superfluous, but it takes only a single glance into a local restaurant, observing simply the body posture and the way the cutlery is held, to spot who has been eating all their life in front of a TV, buried in a sofa with a plate on the coffee table. Another example are those – both men and women – who can be seen eating out, alone or with a partner, reading while eating. And this is often the case even in canteens and restau-

rants specialising in healthy foods. So, even the way we eat should be an integral part of a healthy life style.

It is often mentioned that Czechs hold the top position in the world's consumption of good quality beer. However, it would be interesting to find out how it is with their consumption of low quality tea. The way at which drinking weak and more or less sweetened black tea is embedded in Czech society is rather shocking. It is found all the way from maternity wards, through school and company canteens, to the homes for the elderly. It would be truly interesting to know what hygienists, health workers and nutritionists of other European countries make of this fact. Hence it seems that, at least when it comes to breaking down stereotypes concerning dining culture, Czech schools have a lot to catch up on. Though the question remains whether they are aware of the fact.

Yes Minister?

From the case of the forth-coming controversial handbook of sex education for primary schools which stirred up the 2010 summer silly season in the Czech Republic, it is obvious that the curriculum of social sciences is problematic in all societies, no matter how they define themselves. In modern times it has always been Europe which set out the direction of social development and it was Europe's 'libertarianism' which has always, in the end, won over 'traditional' values. Today's Post Modern European democracy shows a considerably liberal attitude towards various schools of thought because she is probably convinced that her modernist interpretation will triumph once again. Nevertheless, it seems that in societies which have not yet completely resigned from the traditional family model (and Czech society is undoubtedly one), the parents' determination to maintain control over certain kinds of information on physical and mental health remains, no matter what educational approach they take. And it is so, despite the indisputable development of 'scientific' learning. Hence more than ever it will be necessary to continue the dialogue as one of the fundamental principles of health education. Historical studies of our daily lives which would clearly show the influence schools have had on the change of lifestyles within different countries over the previous decades could, to us Europeans, explain and clarify facts about our cultural and social habits, and therefore about ourselves.

Ten principles of health education from the CD-ROM Education for Health

1. One of the aims is the ability to learn to make the right decisions. To not be categorical and to avoid rash decisions. The process of health education is not based on demanding new behaviour or habits but it should allow for the making of well considered decisions.
2. It is not enough to know in order to become motivated to change one's behaviour. To be informed does not necessarily equate to wanting to change. Information is, most of the time, necessary but never the complete answer. It does not, as a matter of course, have to be a starting point. It does not have to precede but should rather follow or conclude the process of learning.

3. To approve of something does not automatically lead you to doing it yourself. It's not enough to want in order for it to happen. It is possible to co-operate on listing the obstacles which prohibit certain preventative behaviour and trying to overcome them.
4. No behaviour is senseless. There are always 'good' reasons that encourage health damaging behaviour. Each risk behaviour has its own cause. Helping others to clarify the reasons and conditions of risk behaviour, and discussing them, results in a realisation and possible instigation of change.
5. Low self esteem is the origin of addiction. All addiction prevention should stress self confidence and forestall both implicit and explicit self-depreciation.
6. We take up new ways of behaviour more easily if we see that they are supported by our society. In respect to the social environment and generational differences, it is not possible to forbid or order one sort of behaviour. It is imperative to learn about the social habits and models of a group before any preventative advice is issued.
7. It is advisable to avoid any statements which directly attack any general habits or preferences. The desire for freedom and respect of an individual should be made foremost. It is advisable to help others to start questioning their place in society and their personal freedom in relation to society's demands.
8. Prevention cannot be based on fear. Over-dramatisation and demonisation of a problem restrains identification with the presented message. On the contrary, such behaviour instigates refusal. Prevention does not equal moralisation. Education for Health means supplying information, advice and providing a dialogue. Let's not be scared of talking about the pleasures – the alluring aspects introduced by some of the health damaging habits.
9. Dialogue. Discussion and listening must take precedence over fact deliverance. It is recommended to prioritise a dialogue and satisfy the audience's expectations.

Literature

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<<http://www.vzp.cz/cms/internet/cz/Vseobecne/O-nas/>>

FRANCOUZSKÁ ZDRAVOTNÍ POJIŠŤOVNA MGEN A JEJÍ PROGRAM ZDRAVOTNÍ PREVENCE PRO UČITELE A ŽÁKY

Abstrakt: Ačkoli většina moderních států zařazení prevence zdravotních rizik a uvědomělé výchovy ke zdraví do školních programů podporuje a řadí ji k výchovným prioritám, samotné představy o náplni těchto programů se mohou v jednotlivých státech lišit. Ačkoli Francie a Česká republika k sobě jako evropské státy nemají kulturně daleko, jejich priority v oblasti zdravotní prevence mladé generace vykazují jisté odlišnosti. Tyto odlišnosti jsou podmíněny historicky, geograficky i kulturně. Příspěvek se zabývá výukovými programy výchovy ke zdraví, které vypracovala a nabízí svým klientům zdravotní pojišťovna MGEN specializující se na zdravotní pojištění zaměstnanců spadajících pod ministerstva školství, vědy a výzkumu a mládeže a sportu.

Klíčová slova: výchova ke zdraví, prevence zdravotních rizik, francouzské školství