INNOVATION AND SUSTAINABILITY STRATEGIES IN THE FIELD OF HEALTH EDUCATION

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Abstract: The field of health is indestructibly linked to that of education, and the interdependence of these major areas for regional development supports the policy of cohesion and regional competitiveness launched by the EU. The measures to which the authorities refer in the sense of dynamic and sustainable economic development, aim at capitalizing on the regional potential. In line with this goal, regional policies aim, among other things, at developing health through investment in education and training infrastructure. The transition to a Europe connected to social needs, conducive to enhancing inclusion, is becoming an increasingly important goal for the integrated and sustainable development of each geographical area. Health promotion programs need to be limited to investing in health infrastructure by rethinking sustainable education and health systems. Maintaining the need for competitiveness generates effective good practices, which can be transferred to the implementation of modern educational management systems, generating sustainable, customer-centric health services.
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1. Introduction

In the last two decades, more and more specialists in the field of education are paying special attention to the concept of innovation. The first researcher to use the term innovation is J. B. Taylor, categorizing the term as "a new way of doing things - with the explicit purpose of responding to a social need".

Although not neglected, a number of discoveries have led to innovation, starting with the great pedagogues and sociologists of the last century, referring to Pestalozzi, Montessori, Rousseau or Durkheim. The ideas launched during the evolution of modern education, from the second half of the twentieth century to the mid-1960s, shed light on the difficulties constantly encountered in the education system: the lack of financial resources allocated from the state budget and the inequality of opportunities. access to the right to education. Moreover, real importance is given to the qualitative and innovative dimension of education, by referring both to the privileged status of education, through which people access a socio-professional status, and to the ideal and aspirations of the school population, beyond the quantitative dimension reflected substantially, by multiplying the number of schools, the number of educators who access educational programs more and more often, as well as the number of teachers who adhere to the process of completing their teaching career.

The 1960s remain reference years in the development of the history of education systems, overlapping with the period of the establishment of the Center for Research and Innovation in Education (CERI). The mission of this center was to promote innovation in the specific field of education, a mission then perpetuated by more and more institutions

and bodies that focus on education. Regarding this desideratum, in 1973, L. Huberman identifies and reproduces an aspect key to the concept of innovation: "innovation is a measurable and deliberate improvement, sustainable and unlikely to occur frequently" (Huberman, 2005), which is associated with a series of changes that resonate with current educational needs: innovations in technology, concepts, curricula and teaching methods, and, not least, bringing references to the transformative role of interpersonal relationships.

Going back to modern times, the establishment of the Council for Social Research and Technology and Social Innovation in Canada is an opportune time to highlight three key dimensions in rendering the specifics of innovation: the curricular dimension - which emphasizes rethinking the structure of school curricula, the pedagogical dimension - by inserting transformative elements at the level of the instructive process - educational and the organizational dimension - which resets the importance of the mission of the persons invested in the roles of teachers. As a quintessence of the specificity of these dimensions, innovation is defined as a "deliberate process of transforming practices, by introducing a curricular, pedagogical or organizational novelty, which is disseminated and aimed at sustainable improvement and the educational success of pupils and students" (Huberman, 2005).

Regarding the analysis of the factors that favor innovation, Jean-Pierre Bèchard points out that they generate both the triggering of an evolution of innovation and the inhibition of the innovation process, the direction in one direction or another being decided by the educational context and the ability to mediation of teachers (Béchard, 2001).

The current education system is undergoing incipient forms specific to innovation, which can be extended both inside and outside the education system.

One of the objectives of using a set of sustainable tools to support the implementation of an innovative model of educational intervention planning are:

• Correlation with government development policies and educational standards set by the European Union, by extending access to financial resources to maintain quality in education;

• Revitalization of the education system, with a role in preventing imbalances that can impact the health space of the population in a certain region;

• Reviewing proposals for decentralization of decision-making and their convergence to the regional / local community;

• Promoting a constant and active partnership between the educational actors involved in promoting a sustainable education, through the continuous training of health specialists;

• Development and implementation of educational programs in line with regional development strategies.

The preoccupation of the public bodies for the increase of the quality of the professional competences, allows the restructuring of the educational contents and the improvement of the teaching-learning-evaluation methods. Subsequent effects can be identified in the quality of public services, which can improve the quality of life in a region by increasing employment. We consider that it is necessary to structure a training module for specialists in the field of health education to support this approach regardless of the category of beneficiaries. From this perspective, the training of specialists involves a multi-purpose training that will contribute to the development of the skills necessary for effective communication and that will overcome any barriers regardless of their nature. Living in an age of globalization but also as a result of rapid population dynamics, migrations and differences of a linguistic, cultural and not only nature, specialists must be prepared to work with populations of beneficiaries as diverse as possible. Just as prevention is essential

in medicine, at least to a similar extent the scheduling of training sessions and the planning of activities are of real importance for the success of the formative educational approach.

2. The current context. The specificity of innovation in health education

The sustainability of programs in the field of Health Education requires essential attention, especially during the implementation period because it plays a key role in the process of sustainable development and because it must face the challenges of the globalized world (Serdyukov, 2017).

This idea supports the importance of clearly and robustly accelerating the concerns for shaping a new architecture of teaching intervention, designed to maintain a vital level of creative investment in the teaching-assessment process. The history of education strongly highlights the fact that the clear delimitation between traditional and modern is inserted slow, as well as the adaptation of new practices to previous new structures .

In this process of transition to a cohesive and harmonious cohesion with the needs of future health educators, the emphasis is on developing reforms that reduce competitiveness within the school space, by promoting cooperation and collaboration at macro and micro-institutional level. However, there is a risk factor that can be given by the decentralization of the education system and this process can encourage competition and can affect the quality of the educational process in terms of geographical coverage.

A role The key associated with sustainable development is the concern for the specialization of education professionals, due to the need to train specific skills (Romjin et al., 2021). In this sense, it is necessary to initiate, develop and carry out projects to innovate teaching strategies, in order to strengthen the teaching dimension, promoting the idea of regional educational partnership. The current situation is favorable for this field and as a result of the increasingly concrete perception of social fragility as a result of the experience gained from the Covid 19 pandemic.

Innovation in the field of health education implies a constant correlation with the specific objectives of regional education, emphasizing the process of individualization of educational intervention. Therefore, the quality of teaching is indicated by a high level of achievement of objectives, through an increasingly creative organization and use of teaching tools and means, correlated with teaching methods.

Through a series of innovation projects, education is consolidating its place in the vast system of social life, promoting tools with a role in strengthening the personalization of teaching activities, by a continuous focus on the needs of the learner, creating appropriate conditions for complementary initiatives on the transfer of skills. various disciplines, expanding the space for the expression of human freedom. Context-dependent competencies are seen as a relationship between skill, tasks, and health system design. (Epstein & Hundert, 2002). This idea is an extension of the metaphor by which C. Berge stated: "We live in a world in which , In the short term , there will be no room for innovators".

3. Factors that induce the progressive upward trend of innovation in education

In order to prevent recurring problems identified at the educational level, it is necessary to reconsider the importance of institutional and contextual factors in the restructuring of scientific knowledge and the way in which it is transmitted.

Starting from the structural and dynamic analysis of education, the assimilation of innovation to the current dimension of education, sheds light on the role of cultural-political factors, those in the scientific and technological sphere, to which are added both endogenous factors specific to the education system and exogenous factors - specific to the environment.

The specificity of the intervention of these factors frees the education of uniformity, by changing the reform from a psychological perspective, progressively inspiring the researches in the field, with a role in propelling the socio-economic development.

Moreover, the human factor is a quintessence of information resources, materialized in productive actions, stimulating innovative learning and, in essence, the restructuring of means with a role in relaunching innovative actions in new situations. The diversification of learning situations and the specific contexts of social interactions, highlights the reflection of the transformative meaning of learning - as an action of value formation - a true bridge of cohesion between the individual and society.

Another important role belongs to mental constructions, whose function is to model the ability to solve new, challenging situations, highlighting the student's ability to overcome uncertainty, reaching real levels of harmonization with the natural-external environment.

This desideratum is only partially realized in the space of formal education, since the substantiation of the evolutionary human processes becomes an argumentative premise for the societal learning, changing the paradigm of the self-centered intervention, towards the social finality. The improvement of the education system launches new trends in the educational structure and practice, towards a social purpose correlated to the needs of the society that generate new meanings towards regularities and legalities.

From the interaction of cultural, political and economic factors, successive waves are reflected in the sense of development, generating a series of changes, which Havelak R. highlights the importance by associating with the creativity of human resources, with the generous space of training contexts, in terms of enhancing productivity. , by resorting to equipment adequate to the didactic objectives. Moreover, the change emphasizes the need for self-training, replacing the role of authority, with the specialist, who joins the growth initiatives initiated by or towards educators. Also, the changes lead to a suite of values and tendencies, specific to the assimilated educational principles, which presuppose a transition from the level of knowledge, to the attitudinal one, observable both by an individual behavior and by a group behavior.

4. Strategies for innovation and sustainability in the field of Health Education

The history of contemporary reforms has highlighted the tendency of simultaneous changes in the structural components of education, reconfiguring the performance of the education system.

However, the literature has a limited consensus on the theoretical framework of the definitions (conceptual and operational) of sustainability. Even if the literature is not extremely extensive, we find several terms used to refer to sustainability. These terms include: "maintenance", "sustainability", "institutionalization", "incorporation", "integration", "routine", but also expressions such as "community ownership" and "capacity building". Moreover, we found in the literature the following definitions that were considered to be clarifying for the concepts that I frequently found:

We often see a concern for sustainability, and this is the ability to maintain service coverage at a level that will provide ongoing control over a health issue (see Claquin, 1989).

In addition, the sustainability of a project is defined by many economists concerned with international development as the ability of a project to continue to deliver the desired benefits for a long time after the end of an initial period. Continuity of functionality from this perspective can also be found in our concerns due to the fact that an educational system even if it is dynamic and constantly changing (adaptive to existing societal needs)

is constantly based on previous experiences in its evolution (definition of Bank World in Bamberger and Cheema, 1990).

We also extract from the literature the idea that a development program is sustainable when it is able to provide an adequate level of benefits for a long period of time after the end of a period of financial, managerial and technical assistance from a donor or fund. external (US Agency for International Development, 1988).

Although often avoided, the term "institutionalization" refers to the long-term viability and integration of a new program within an organization (Steckler and Goodman, 1989). We believe that this term should not be avoided because it has a clarifying role regarding the framework in which health education should take place, it even introduces many more aspects on how the process can be carried out but also brings elements aimed at managing the training process. of health education specialists.

In terms of organizational change, as seen in the literature, it ultimately involves at the level of each process new practices and ideas that succeed in imposing themselves as values at the local level and can in some cases even become standards with benchmark and can even become essential for all organizations (Yin, 1979).

Attention to sustainability in health intervention programs is growing, but consensus is limited on the conceptual and operational definitions of sustainability. Moreover, an empirical knowledge base on the determinants of sustainability is still in the process of being developed. Sustainability planning requires, first and foremost, a clear understanding of the concept of sustainability and the operational indicators that can be used to monitor sustainability over time. Important categories of indicators include: (1) the maintenance of health benefits achieved through an initial program, (2) the level of institutionalization of a program within an organization, and (3) capacity building measures in the recipient community. Secondly, sustainability planning requires the use of programmatic approaches and strategies that favor the long-term maintenance of the program. We suggest that the potential influences on sustainability can be derived from three major groups of factors: (1) factors in the design and implementation of the initiative, (2) factors in the organizational framework and (3) factors in the wider Community environment. Future efforts to develop sustainable health intervention programs in communities can be based on the concepts and strategies proposed in this material.

For the design of a sustainable health education system we consider a number of necessary steps. Thus, we further propose a model that can be successfully applied in the process of establishing an innovative and sustainable program for health education.

Factors of design and design of the program for health education.

1. The process of social debate of the project. Are the approaches and objectives of the project discussed with the members of the beneficiary community, equally partners? Are the needs of the community leading the program or those of external donor agencies and technical experts? It is a stage in the whole process of negotiating or building consensus through which a compromise can be reached to address all the actors involved.

2. Project effectiveness. Is the project (perceived as) effective? Is it visible? This approach ensures the implementation of all the fundamental elements through which the transition to an updated level with the contemporary needs in the field of health education is achieved.

3. Project duration. This stage is a variable one, but considering the urgency with which the need for a well-elaborated health education is manifested, the consumption of resources being high, it can produce desired results in a shorter time interval.

4. The financial aspects can be assumed totally or partially by the state institutions with abilities in this direction due to the fact that health education is a strategic field.

5. Training component (professional or paraprofessional) of the human resource involved effectively and directly in the process of health education

Beyond this overview as an elaboration of logical steps to follow, there are a number of more specific factors that can concretely express how an innovative and sustainable program for health education can be built.

Specific factors at the level of the organization. These factors are representative of the institutional component needed for the success of the proposed program.

7. The institutional force represents the assumption of this approach at institutional level by a representative institution. Of course, this institution is also the one that is going to implement the necessary steps for the development of the previously expressed stages.

8. Integration with existing programs / services at the level of the organization or educational system.

Factors in the wider Community environment that are part of education and public health strategies and policies

9. Socio-economic and political considerations. From this perspective, the aim is how favorable the general socio-economic and political environment is for building an innovative and sustainable program for health education.

10. Community participation. Practically, this aspect aims at the level of community participation and the depth of social involvement.

All these elements in fact converge on the idea of sustainability, which ensures the continuity of a program and especially its resilience over time.

Sustainability is a global term often used to describe the general phenomenon of continuity of any program. The choice of the term sustainability is dictated by two considerations. First of all, sustainability is a broad term that incorporates essential notions of continuity (permanent, time) without resorting to a series of limitations or specific manifestations.

The main categories of definitions in the literature offer three radically different perspectives on sustainability. These are: (1) the maintenance of health as a result of the benefits obtained through previous experiences, (2) the continuity of the activities carried out so far and which have proved to be of real use, and (3) the permanent education of the community which will be the beneficiary of the whole process. It is necessary to develop specialized literature in this field so that the universe of knowledge can be expanded, but what is of real interest is given by the substantiation of theoretical aspects based on practical, concrete experiences, studies that effectively contribute to building an experience. international. It is of real importance in the contemporary period, as a result of globalization, that concerns about society and health can overcome physical, cultural, religious or any other barriers. The foundation of sustainable health education programs is another preventative approach that is now increasingly detached from lesser concerns.

Following the Covid 19 pandemic, most medical and educational systems reported that the main elements that proved to be good practice were prevention and the short time to mobilize the system for crisis response. These two experiences or "lessons" learned can only prove effective if there is a fundamental health education. Already many developing and developed societies are building or reforming their own education system for curricular development conducive to health education. The beneficiaries of these educational programs are getting younger and younger and this aspect corresponds to the importance and long-term strategic thinking. Of course, any educational program requires a good theoretical foundation, a flexibly constructed methodology, a framework in which it can be carried out (dedicated and properly equipped spaces) but also a human resource prepared both in terms of the content to be transmitted and and from a pedagogical perspective. This human resource can be selected from the existing specialists at the

moment, but the urgency with which this global need is required to be met may also present risks regarding the quality of the delivery of the educational process.

Starting from the inferences of the American scientist R. Havelak, regarding the specifics of innovation at the level of the education system, we delimit a series of strategies that would give sustainability to the field of health education:

- the research and development strategy is specific to global intentions, by highlighting the role of development and the extension of innovations. Research thus becomes an inseparable component at the educational level, because, as E. Faure pointed out, innovation in education does not occur automatically, but requires the imagination, preparation, simulation and stimulation of interventions with an applicative role, but in accordance with the competencies. specific targets;

- the social interaction strategy that promotes the continuous connection of the educational system with the social system;

- the strategy focused on solving problems highlights the interventionist role, specific to the research-action approach, when, through ad hoc but creative treatments, a series of functional defects can be avoided, by actual improvement;

- unitary and balanced strategies, functionally synchronized, with a role in detonating resistance to change, through a single legislative issue at regional level, constantly highlighting the innovative effects or quickly establishing appropriate correction systems, in order to transform institutions;

- substitution strategies that promote the idea of replacing disruptive elements that have occurred at the level of the education system;

- reshaping strategies, by transforming already existing structures or outdated interventionist tendencies (using a single textbook or a single teaching strategy vs. a single method of didactic interaction);

- restructuring strategies that involve a redesign of the workspace and a recalibration of interpersonal relationships, reducing resistance to change.

This suite of strategies highlights the need to identify solutions to promote the sustainability of education, through an analytical mediation of the effects of the economic crisis on education.

The desire for sustainable growth and innovative growth leads to the reunification of the efforts of the educational actors involved, by creating onsite and offsite learning contexts, with a role in facilitating the pedagogical skills of future health educators. In this way , the exchange of experience, mutual learning and cooperation is facilitated , using a series of tools tested by application in the relationship with students.

These methodological resources are to be materialized through dissemination in training courses or practical workshops, which will then be analyzed by the political factors involved in the enactment of educational policies.

The constant updating of the contents and their alignment with the socio-economic needs, determine that, in the elaboration of the health policies, to sustain the sustainability of some practices that to make the educational intervention more efficient.

In the field of global health, the implementation of any educational approach emphasizes the need to structure functional and productive contexts, constantly, giving stability to the process.

The initiation of research projects supports the need to develop functional national programs in line with domestic and international labor market interests, generating a robust public health system that supports the well-being of the population in a given region.

In order to streamline these approaches, in order to overcome possible deviations from these evolutionary goals, it is necessary to support the productivity of the actions

initiated by the social actors involved and, especially, to support the interventionist actions themselves, such as action research.

Education and health professionals play an important role in streamlining practices aimed at improving the lifestyle of direct and indirect beneficiaries. Studies show that health education in the field of health education is syncopated in the training and acquisition of professional skills by graduates in the field of health education. In order to reduce the gap between role and outcomes, health educators need to be able to acquire real skills in the field of educating the population to implement a positive lifestyle, in the context of the social community and the family environment.

The realization of this desideratum determines the advancement of the tendency encountered among education / health professionals, to intervene in isolation, encouraging collaborative actions, bringing together the results and conclusions of their real interventions, having a significant positive impact on individual health, in particular and the general population.

In order to generate and maintain the indicators specific to maintaining the sustainability of regional development strategies, it is necessary to highlight the indicators that have a double role in supporting the subsequent policies in the field of health education: stability and flexibility.

This educational path highlights the role and effects of social actors in their professional practice: teachers - in the process of setting up and innovating teaching methodologies, and future health educators - in the process of implementing the acquired knowledge.

Initiating and maintaining meetings between members of the research communities catalyzes the launch of evidence-based education policies - as a solid basis for action, adjusting specific factors to reach a specific end state specific to maintaining a sustainable education. Thus, those professional skills associated with the needs and requirements of the labor market, have their roots in the constructivist study of educational practices.

There is a need for an integrated and unified approach, at the level of a multidisciplinary team, thus developing ideal opportunities for the development of specific patient care documents, useful to all professionals involved in this process. This goal supports the urgent need for coordination, production and delivery of quality educational documents and resources, based on concrete evidence. The approaches described above find their meaning and importance in the conditions of dissemination of results at the level of the multidisciplinary team, thus catalyzing the efforts towards the continuous development of professional skills in the field of patient care.

This idea supports the specificity of the meaning of sustainability, as we find it described in the literature: sustainability is materialized when it is maintained beyond a certain time and place (Moore et al., 2017; Pluye et al., 2004; Shelton and et al., 2018; Tricco et al., 2015; Yang et al., 2010).

5. Conclusions

Educational initiatives can lead to the development of sustainable strategies and frameworks, with a role in effectively addressing social inequalities related to health and, implicitly, education.

In order to develop regional development strategies and policies aimed at integrating the social inequalities found in the field of health education, it is necessary:

- reviewing educational objectives, through a reorientation of the intervention towards the formation of professional skills and the implementation of new educational acquisitions, in interaction with direct and indirect beneficiaries (patients, relatives, own family etc.);

- maintaining a transparent, continuous and fluent communication between the actors actively involved in the organization, development and implementation of educational programs;
- compatibility of educational programs with current needs in the education system vs. health, calibrating the effectiveness of treatment-type intervention;
- prevention of risks by educational organizations through the development of sustainable action research programs;
- achieving a certain level of stabilization of the organizational resources actively involved in the development of sustainable education programs (trained teachers, access to funding, endowment with teaching aids and tools, training and continuing education);
- sharing educational artifacts that may occur at the level of educational organization / respectively at the level of research program;
- initiating and carrying out events / interventions - treatment specific to the process of implementing sustainable education programs;
- standardization of the rules regarding research programs, by issuing appropriate policies at state level, respectively at the level of educational organization;
- balancing the relationship between the costs associated with research programs and the rewards that may adequately motivate the actors actively involved in sustainable education programs.

For a constant anchoring of educational needs to the current conditions of economic development, it is necessary to support lifelong learning, perpetuating the correlation between the education system and social requirements. In this way, education becomes an adoptive lever, by adapting the content and training of future health educators, for a proper insertion in the labor market.

The decision makers involved in implementing an innovation have to face the final challenge in planning for when the implementation phase is completed. Clearly, not all innovations need to be continued, as circumstances, people, situations and problems change. Moreover, an assessment of effectiveness may find that an innovation does not operate outside of specific controlled conditions. However, the pursuit of innovation must become a primary goal if reality shows that it meets the needs of a target population.

Thus, sustainability seems to be a multidimensional concept of the process of continuation and the term includes a variety of forms that this process can take.

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