



Final Evaluation Report

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1 Introduction

Several objectives were set for the DETERMINE project. DETERMINE's overall objective was to apply the EU and its Member State's shared policy competences to act on the socio-economic determinants, and to make concrete, sustainable progress towards policy developments that positively influence social and economic determinants of health. It is, in other words, to ensure greater awareness of the responsibility that all policy sectors, beyond the health sector, have with respect to maintaining and improving the health of EU citizens, and to gather the evidence of the benefits of greater collective investment in health. (Final description, 1.)

In addition to general aims, some specific targets were established. They included the following:

- to establish a sustainable high level multi-stakeholder Consortium comprised of governments, health bodies, organisations and institutions from 26 countries, to work as an active EU level platform to apply evidence based approaches across policy sectors in the EU and its Member States;
- to consolidate the current knowledge base on comprehensive approaches to influence policies addressing socio-economic determinants of health drawing on expertise of the Consortium partners;
- to identify innovative approaches to change health-related behaviour amongst socio-economically vulnerable groups, involving social marketing and public-private partnerships;
- to support and promote innovative Health in All Policy (HiAP) approaches by piloting actions taking them forward;
- to advocate and raise the awareness for approaches to address the socio-economic determinants in health and relevant other policy sectors at the national, EU and global level and to build the capacity of Consortium members and other stakeholders to take them forward.
- to further develop a web-based resource of knowledge and tools in the EU context on the wider health determinants that will support policy making in public health and other policy sectors. (Final description, 1.)

Indicators that described success in the project plan were drawn up for six different fields. They included the following:

- Sustainable Consortium
- Consolidating comprehensive HIAP approaches
- Innovative approaches
- Pilot actions
- Advocacy and capacity building
- Web based resource

This evaluation is based on the indicators outlined in the project plan. These indicators are described in the various sections of this report. Project activities were undertaken in the context of seven Work Packages, including Work Package 3 on evaluation. The responsible actor in the Work Package 3 was the Finnish Centre for Health Promotion

(FCHP), which also created the project evaluation plan and co-ordinated the compilation of the intermediate and final evaluation report. The Hungarian National Institute for Health Development (NIHD) also took part in the evaluation, and was responsible for the sections 4.1.1, 4.1.2, 4.1.3, 5.1, 6.1, 7.1 and 7.2 of this report. The FCHP is responsible for the other parts. In this report the main focus is in the content and in the indicators. Therefore the report has been written by combining different kind of evaluation material such as views of the Consortium members and Work Package partners as well as evaluator's views when talking over different contents related to the indicators.

2 Evaluation methods

The evaluation plan and implementation of the evaluation were based on the indicators in the project plan. The evaluation material was collected by means of, for example, interviews, questionnaires, and meetings. The evaluation methods were quantitative and qualitative analysis of the responses to the questionnaires and the visitor counter for the portal as well as interviews, document analysis, and observation at meetings. Document analysis was used to evaluate various outputs and publications and to judge success in reaching the related goals. Views of the Consortium were collected through questionnaires conducted electronically after each Consortium meeting. It was possible to take part in the survey related to the final Conference either by filling in the questionnaire in the folder during the Conference or by responding electronically when the questionnaire was sent to participants after the Conference. Information was also collected from the management team via interviews and questionnaires. During the management team meetings, the evaluator also observed and took notes on discussions, that were used in the evaluation.

5 interviews via telephone were done to the management team members between March and April 2008. During the interviews there were 1-3 members and overall 10 management team members participated to these interviews. During the project there were sent 7 different questionnaires. The four Consortium meeting questionnaires included questions related to the meetings, to the Work Packages and the project overall. In the third questionnaire there were a couple of extra questions to the management team members. In the first Consortium meeting questionnaire the response rate was 44,7 %, in the second 45,3 %, in the third 47,7 % and in the last fourth Consortium meeting questionnaire the response rate was 31,0 %. The final Conference questionnaire included questions related to the conference and to the project and its outcomes. The response rate in this questionnaire was 27,6 %.

About half of the participants in the Consortium meetings have responded to the questionnaires sent to them after each meeting. The number has remained quite constant, but the group of respondents has not always been the same. Some people did not answer any of the questionnaires, and several responded to every one. The questionnaire after the last Consortium meeting is an exception, with responses from fewer than a third of the participants. On the other hand, there were some Consortium members who completed the final conference questionnaire but who did not fill in the Consortium questionnaire. All in all, more than a third of the Consortium members provided their views in questionnaires in the final stage of the project. It is assumed that the outcomes of the questionnaires represent the views of all Consortium partners.

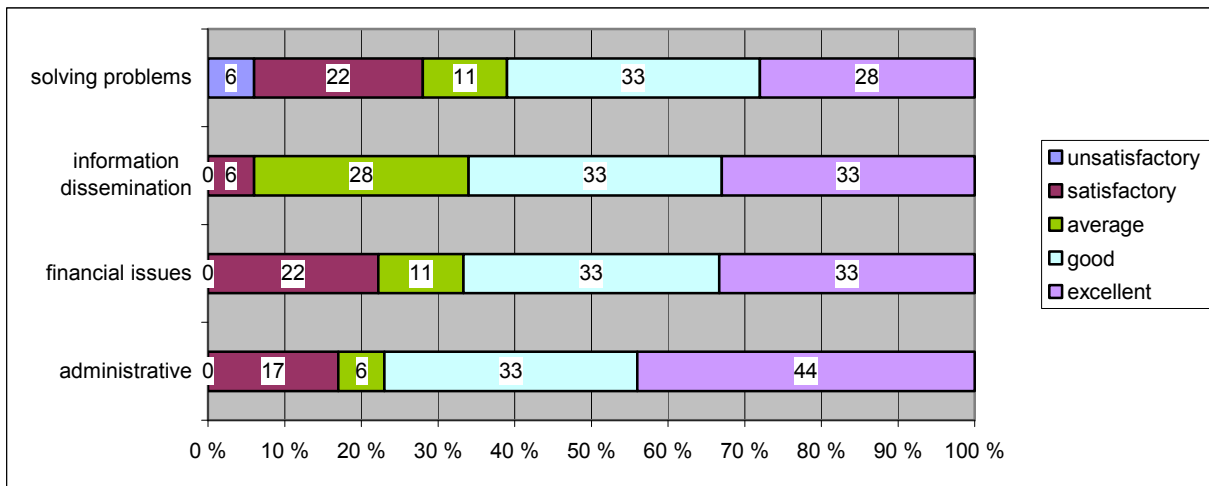
The Work Package 5 questionnaire was sent to the Work Package partners and it included questions related to the process and content of Working Documents 1 & 4. The response rate in the questionnaire was 60,0 %. The Work Package 6 questionnaire was sent to the Work Package partners and it included questions related to the process and content of the Working Document 2. The response rate in this questionnaire was 75,0 %.

3 Co-ordination of the project – Work Package 1

The DETERMINE project does not include any indicators relating to the coordination of the project. Successful co-ordination is still a significant part of the project’s overall success, so it is important to highlight some related factors in the final evaluation. The two organisations with primary responsibility for the project, the Czech-NIPH and EuroHealthNet, were responsible for coordination. The Management team, comprised of Work Package leaders, was also strongly involved in the coordination and implementation of the project.

In discussions during Consortium meetings and on feedback forms, the Consortium members raised strong coordination as one of the projects’ strengths, which enabled the continuous progress of the project and reaching of the objectives as planned. The questionnaire following the second Consortium meeting included a separate question related to co-ordination. The answers showed that Consortium members thought that co-ordination of the project was successful (see Graph 1.). In other surveys, a similar question was not asked, so the conclusions are based on the evaluator’s observations of meetings and discussions.

Graph 1. Satisfaction with the overall coordination of the project (N¹= 18)



During the first half of the project, the management team members were surveyed via group telephone interviews. In the third Consortium meeting questionnaire, some extra questions were presented to them. With these surveys, the team evaluated the strengths and possibilities, weaknesses, and threats of the project and their centrality with respect to the success of the project. Similar things were highlighted both times. Amongst the strengths and possibilities identified were: clear planning; partners’ strong commitment and

¹ N= number of respondents

expertise; the strong collaboration amongst Work-Package leaders; the incentive provided by the project to collaborate with other policy sectors and to develop new partnerships. Amongst the challenges were: the possible weakening of Consortium members' commitment in the final stage of the project, integration of work undertaken by different Work Packages, (availability of outputs) and overlaps in the due dates of some of the main deliverables.

Many kinds of strengths and also challenges were faced during the co-ordination and implementation of the project. According to the evaluator, considering and discussing these things during the project has helped along the successful progress of the whole project. Members of the management team have been committed to their meetings, which have been held more frequently than required in the original plan. The management team have held their discussion in an open manner in their meetings, so all necessary viewpoints have been presented for the making of decisions. Further evidence of positive views related to co-ordination is the spontaneous acknowledgement of the co-ordination personnel in the surveys and meetings.

According to the DETERMINE partners, the co-ordination in the project has been professional. Both the Czech-NIPH and EuroHealthNet and the Work Package leaders were also strongly involved in the coordination and implementation of the project.

4 The Consortium – Work Package 4

Creation of annual publications was included in the project plan as the intended output of the operations of the Consortium. Indicators describing the Consortium's operation were:

- Number, consistency, level and commitment of Consortium members
- Number and perceived quality of Consortium meetings in EU Presidency Countries
- Perceived added value of the Consortium for the members; decision maker relevance; new sector involvement; EU added value.
- Synergy of the Consortium members as measured by the Partnership Synergy Questionnaire
- Number of Consortium publications (annual report series) translated and disseminated
- Number of presentations regarding DETERMINE at related events by Consortium members

All documents in the annual report series were evaluated as a part of the evaluation process. Analysis of the first and last document is presented in Subsection 4.1. The document analysis for the second year's annual report is presented in Subsection 7.2, as it is an integral part of the operation of Work Package 7. An overview of the second year publication is in the Subsection 4.1.2. The documents have been evaluated with document analysis, so the opinions are solely based on the evaluator's views. The majority of the material on the Consortium's operations and views is based on the information collected with questionnaires after the annual meetings. Material has also been collected by observing the meeting discussions and looking over the participant lists. The first four indicators are discussed in Subsection 4.2. Although the last two indicators are related to the Consortium they are discussed in Section 8, which covers the dissemination of the project.

4.1 The Publication series

All publications are compiled by EuroHealthNet. Project partners were given ample opportunity before, during and after the Consortium Meetings to provide input and comments and to ensure that the reports could truly be considered “Consortium Publications”.

4.1.1 The first annual report: ‘Action Summary. Improving Health Equity via the Social Determinants of Health in the EU ‘

The first publication was published in August 2008². The main target groups of the publication are composed of decision-makers with the objective of attaining greater awareness and capacity to take health and health equity into consideration when developing policy. Another overall objective of the report is to inform a wide audience about DETERMINE’s activities. Almost all project partners decided not to print it but to disseminate it electronically. A large number of partners decided to translate the report, while others opted to include their own introduction while using the English version. 13 countries have translated the report, while 8 have included their own introductions, replacing, or in addition to the EuroHealthNet introduction. All translated versions are available on the home page of the portal.

The evaluation was conducted from the perspective of how the publication could be perceived by policy makers. Therefore, the length of the document is a key issue and proved a major consideration in the elaboration phase. In discussions in the second Consortium meeting, it became very clear that a concise publication pointing to further information would be much more useful than a longer report that is more difficult to translate and disseminate. The authors and partners agreed to shorten the first version. Also, the report’s design is very colourful and can arouse interest.

Since the objective of the report is to address people outside the health field, introducing the topic of the document has crucial importance. At the same time, it should catch the attention of the reader from the very first pages by explaining why he or she is being addressed. The report found a good balance in this, starting with the main messages right after a brief project presentation. In the chapter ‘Our main messages’, core concepts and project results are summarised, alongside calls for action. Responsibility for health equity at government level and beyond the health system is clearly declared, although it could have been highlighted even better, as mobilising other actors is a key goal of the project. Subsequent chapters (‘Why is health equity important to Europe today’ and ‘What can be done’) give a detailed description of the broader conceptual framework, inviting the reader to gain fuller understanding of the entire issue of health equity and the social and economic determinants of health. These chapters provide a sound basis for the comprehension of key concepts. Right after presentation of the theory, examples of EU member states’ actions are given, which derive mainly from Work Package 5 and Work Package 6 activity. It is useful that approaches stretching beyond the boundaries of individual governments and strategies undertaken by players in other policy areas are referred to explicitly among

² DETERMINE Consortium. *Action Summary: Improving Health Equity via the Social Determinants of Health in the EU. Update on the first year of work by the DETERMINE Consortium*. Brussels: EuroHealthNet; 2008

them, since these actions have special importance for the target audience. The final words and the conclusion material also play a prominent role in conveying the message of the document. Therefore it is right that the chapter ‘What are our next steps’ speaks of what the DETERMINE Consortium intends to do in the future. Activities for better understanding how to involve relevant policy sectors in the pursuit of health equity, and awareness-raising activities of Work Package 7 (e.g., policymaker consultation with experts outside the health sector), could have been presented in greater detail. All in all, those pieces of information that may relate directly to decision-makers could have been summarised (as in a checklist) and stressed more.

The document is very consistent in pointing to further information, and it conveys an accurate and promising picture of Determine’s actions so far.

4.1.2 The second annual report: ‘Menu for Capacity Building and Awareness Raising Actions to address the social determinants of health and to improve health equity’

The second publication was unique in terms that it targeted both Consortium partners and the public. The ‘Menu for Capacity Building and Awareness Raising Actions’ (Menu of Actions) compiled in the first half of 2009 is an interactive guidance document that served as a resource for partners to plan their capacity building and awareness raising actions and later it was elaborated for the broader public. Evaluation of the Menu of Actions is part of the Work Package 7 evaluation. For more information please read Subsection 7.2.

4.1.3 The third annual report: ‘Story of DETERMINE’

The third and last part in this publication series, the ‘Story of DETERMINE’ was released in April 2010³. It was beyond the scope of this evaluation to obtain the Consortium partners’ views on the final version, so the opinion below is solely based on the evaluator’s views.

As is stated in the conclusions, ‘[t]he main aims of the DETERMINE Consortium were to advance action on health equity in the European Union, to show what can be done and to contribute to global learning. This report has illustrated how the Consortium approached this by contributing to our understanding of the problem, highlighting potential solutions and stimulating greater engagement and action.’

The report was very precise in summarising the main outcomes of DETERMINE in a clear and logical structure, with concrete and relevant examples taken from various working documents. It found a good balance in showing results from every field of professional project activity. A minor remark regarding Section D in Part I (about innovative approaches) is that one of the three pilot projects that were selected for funding is not described in detail. While the Danish and Hungarian project is presented, the Slovenian one is only mentioned.

The detailed and thorough presentation of the story of the project also resulted in a length twice as great as was planned according to the project description (‘Description of the action’). The original aim was to produce brief reports (15 pages long) sticking to key

³ DETERMINE Consortium. *The story of DETERMINE: Mobilising Action for Health Equity in the EU*. Brussels: EuroHealthNet; 2010

points and referring to longer working documents, in order to increase readability for policymakers.

Extended length might be a disadvantage from the standpoint of reaching the target group (policymakers and decision-makers), as they may not have time to read it. On the other hand, the core parts of the document, the shorter and the full version of 'key messages', form an independent part that can be read on its own at the beginning and the end of the document, respectively. In addition, project partners had the possibility to summarize or shorten the report, if they think they will reach some selected audiences more effectively by doing so.

The document starts directly with the key messages, which is a good way to catch the attention of the reader and highlight that the document aims not only to describe the story of DETERMINE but to draw practical conclusions from it. However, for those who are not fully familiar with the project, a very short introduction setting forth the main aims and some information about the project (one or two paragraphs) could have been useful. Alternatively, for example, the form of a text box, such as page 8's 'DETERMINE in figures', could have been employed.

It is important that the key messages reflect the main results of the project very well. One technical issue is that the main essence of each point in the short messages could have been emphasised – for example, with the use of boldface to make certain words more 'catchy'. It could have been useful also to target these messages more specifically for different levels of stakeholder / target group. The messages are all addressed to the EU, its member states, and health systems. These categories implicitly include all stakeholders concerned with tackling health inequities, and from the document as a whole, especially from the examples, it is clear that all stakeholders have to be engaged (e.g., sectors other than health, research, local governments, media, civil society, etc.). However, in the main messages of the first Action Summary it is better emphasised that responsibility for health equity lies not only in the health sector, even though the conclusions at the end express this thought very clearly.

As regards sustainability, it is good that the conclusions also state that the DETERMINE Web site will continue to serve as a central resource in exchange of knowledge and experience. It might have been useful to mention this in point 7 in the key messages, as well.

From the reader's point of view, the work is attractive and well designed. Pictures, text boxes, colours, and use of other techniques make it expressive. All in all, the report is very thorough and comprehensive, starting by explaining the problem and ending with solutions for them, which are strongly underpinned by project findings.

4.2 Evaluation of the Consortium's actions and meetings

The evaluation of the number, permanence, and commitment of the Consortium shows that few changes have occurred in partners. Only one partner dropped out of the project, for reasons of internal capacity. In some cases the initial contact person from an organisation changed position or left that organisation, and was replaced by another. Only

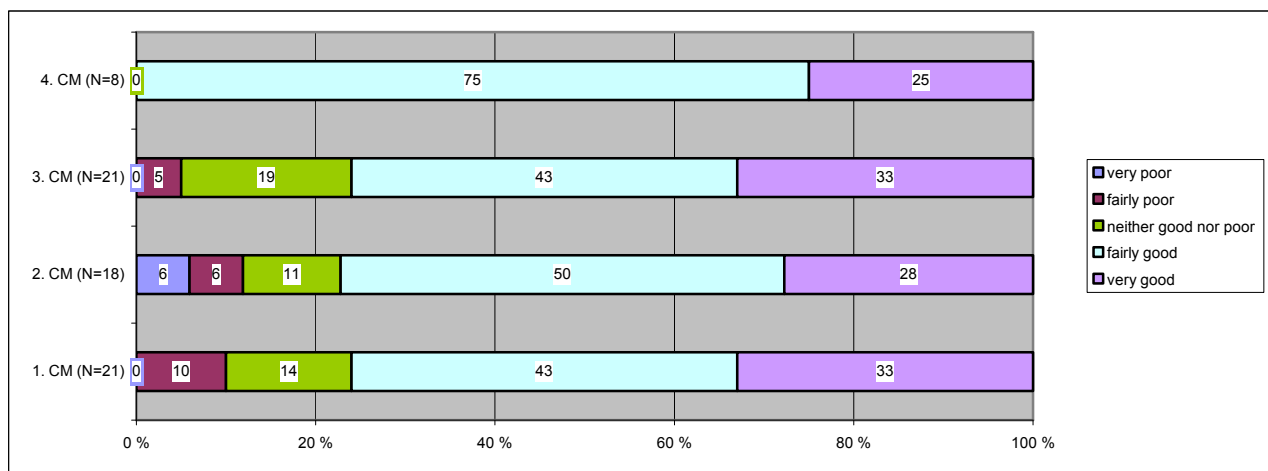
one country (Malta) signed up as collaborating partner but did not take part in any of the projects' activities.

When evaluating the commitment of the Consortium members with respect to the number of participants in the meetings, one can see that the number of participants has been quite stable from one meeting to the next, at about 45. Only in the last Consortium meeting, there were fewer participants than in other meetings (about 30). The reason might be the final conference, on the previous day. That conference was attended by some Consortium members who did not take part in the last Consortium meeting. On the other hand, the previous Consortium meetings lasted two days, so taking part in both the final conference and the last Consortium meeting did not entail a greater commitment in terms of time. The end of the project, when the operation was in its final stage, may have caused the higher level of non-attendance of the meeting and the lower number of responses to the questionnaire by the meeting participants.

Discussion at the meetings was animated. The purpose of the questionnaires was to give people an opportunity to take part in the discussion and influence matters if their view was, for some reason, not expressed during the meeting. Some partners took this opportunity, as the questionnaires included some views that were not expressed during the meetings

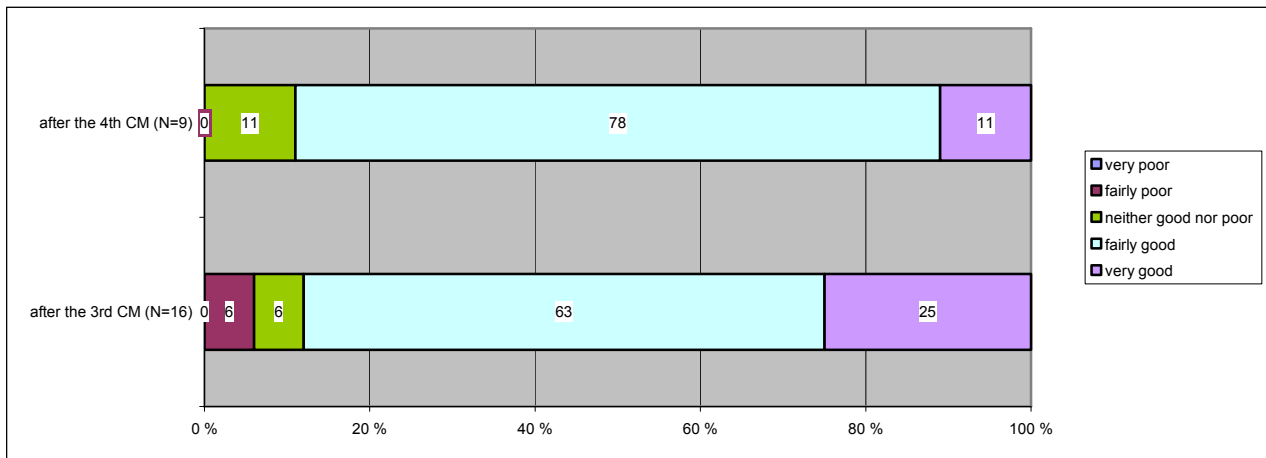
When assessing the quality of Consortium meetings, the participants were asked to evaluate the meeting as a whole, after each meeting. According to the respondents, the meetings have been successful: almost 80% have rated the meeting as fairly good or very good (see Graph 2.) after each meeting. All responses for the last meeting were in these two categories. The number of responses following the fourth meeting was lower than the number of responses to earlier questionnaires, which may distort the results.

Graph 2. Consortium members' evaluations of the meetings



The meetings as a whole were evaluated after the last two meetings. The answers show an even more positive distribution in comparison to that of the previous graph (Graph 3.). In other words, the majority of the respondents, almost 90%, evaluated the meetings to be at least rather good as a whole.

Graph 3. Consortium members' evaluations of the meetings as a whole



One of the indicators was 'Perceived added value of the Consortium for the members, decision-maker relevance, new sector involvement, and EU added value'. The members' views on these issues were examined with two open questions instead of choices from a list of options. In the first question, the respondents mentioned areas in which DETERMINE had succeeded, and for the second they indicated some of the challenges faced.

According to the responses, the biggest challenges were elements related to continuity and sustainability of work following the project. In this context, it was also felt that project partners should not be the only ones taking forward work but that there should also be continuity at the EU level to generate political change.

' Dissemination of the project documents/outcomes. Getting relevant partners to actually read and take forward the determine messages and outcomes is very difficult because of lack of time/resources/interest.'

According to the respondents, the greatest successes of DETERMINE involved the increased awareness in various fields, such as paying attention to health in all policies. It was also mentioned that, thanks to the project, several actors from different sectors have been involved in project activities and the profile of the work of determinants is higher.

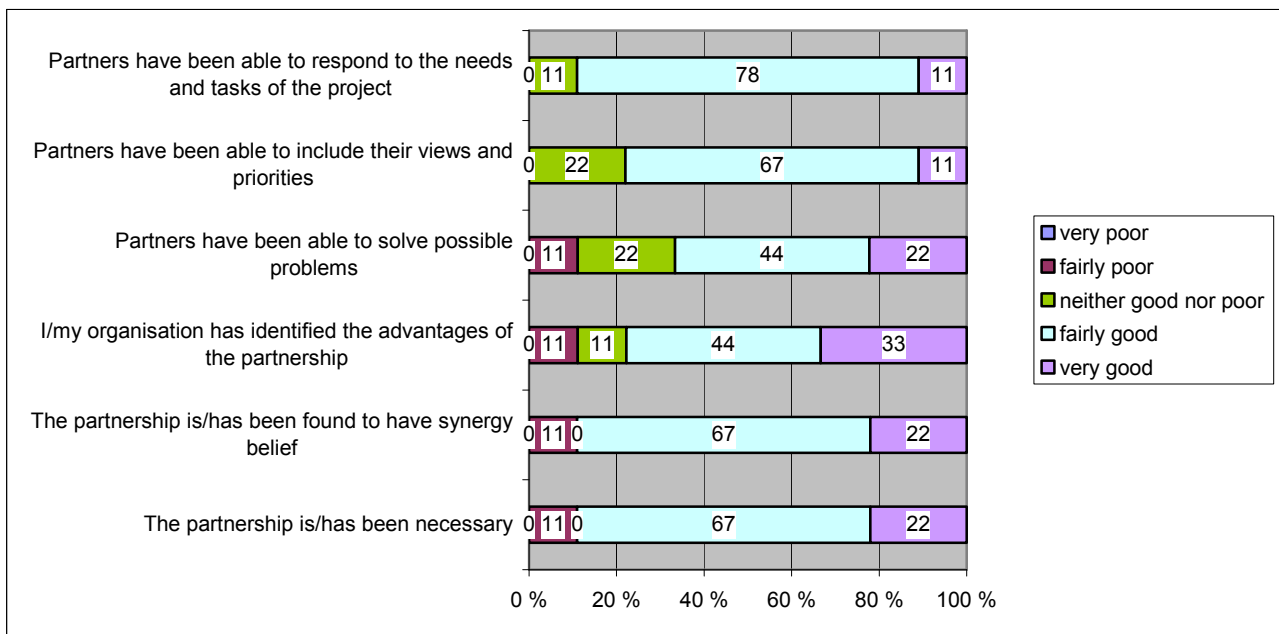
' Raising the profile for social determinants of health work and adding status and credibility to the work. Facilitating important networking and professional contact experiences and opportunities.'

It can be stated on the basis of the responses from the Consortium members that the project has been able to meet the objectives concerning influencing the decision-makers. Moreover, it has attracted new sectors and has had EU added value.

Synergy and partnership in the project were evaluated by including questions related to them in the questionnaire sent after the last Consortium meeting. At that time, the members already had an overall view of the matter. The respondents evaluated the themes presented, scoring statements on a scale of 1–5 (1 = very poor, 5 = very good). The results are shown in the graph on the next page (Graph 4.).

According to the answers, partnership is seen as necessary for the project, as the clear majority (89%) rated the related statement 4 or 5. A general conception was uncovered in the many positive responses to statements related to synergy and partnership. Thus the answers show that the activities of the Consortium have been successful. Most answers were distributed between referring to the problem-solving ability of partners and to the of benefits of the partnership. According to the evaluator, the first of the two can be explained by the fact that no actual problems arose during the partnership so there was no need to test the problem-solving ability.

Graph 4. Members' evaluations of Consortium synergy (N= 9)



Members of the Consortium also evaluated the success in reaching the objectives of the project (presented in the first subsection of the report) on a scale of 1–5 (1 = not well at all, 5 = very well) at the end of the project. Only eight partners responded to this question, so it is not appropriate to present the outcomes in terms of percentages. The majority of the respondents evaluated the project as having succeeded at least rather well in reaching the objectives.

The work and actions in the Work Package 4 and in the Consortium have been successful, when evaluating it through the indicators chosen. The Consortium members have been committed to the project. The DETERMINE has been able to meet the objectives concerning influencing the decision-makers, it has attracted new sectors and has had EU added value according to the answers from the Consortium members.

5 Reviewing the evidence and transferability of approaches that address socio-economic determinants – Work Package 5

Work Package 5 focussed on reviewing the evidence and transferability of approaches that address socio-economic determinants and was led by The Institute of Public Health in Ireland. Indicators linked to Work Package 5 were:

- Comprehensiveness of the knowledge base on current approaches
- Number of other policy areas scrutinized for SED approaches
- Number and quality of cross-sectoral governance approaches identified
- Cost-benefits of HIAP approaches clarified for Consortium members
- Outcomes adopted by Consortium members and used in their awareness raising / capacity building & dissemination actions.

Evaluation based on these indicators was performed by soliciting views not only from people who took part in the Work Package 5 work but people in the Consortium. Partners of the Work Package 5 were sent a questionnaire on the documents and their processing. The answers are presented in Subsection 5.1. Consortium's views are presented in Subsection 5.2.

5.1 The Working Documents 1 & 4, according to the Work Package 5 members

The evaluation of Work Package 5 activities was based on the two working documents that were prepared during the course of the project. In the first year, partners representing 15 countries and regions worked together on the first Working Document⁴, which aims to identify and explore examples of policies and actions at EU and member state level that address the social determinants of health inequalities (SDHI). This working document was released in summer 2008. The participating partners continued the work in the second year by compiling Working Document 4⁵, released in 2010, in which they identified and explored economic arguments to support the social determinants approach.

A single evaluation questionnaire was designed (by the Finnish Centre for Health Promotion and the Hungarian National Institute for Health Development) to assess the two working documents. At the beginning of 2010, partners received the online questionnaire, which included both open and multiple-choice questions, surveying the professional content of both documents and the overall comprehensiveness of the knowledge base on current approaches addressing the social and economic determinants of health inequalities.

Answers were provided by nine partners, or 60% of the Work Package partners. In their responses to the background and technical questions, all of them reported having had enough time to read the documents, which ranged from taking the time needed to around one day. One respondent additionally mentioned spending several days on editing the

⁴ Lavin, T & Metcalf, O. *Policies and Actions Addressing the Social Determinants of Health Inequalities. Examples of Activity in Europe*. DETERMINE Working Document No. 1. Brussels: Institute of Public Health In Ireland, EuroHealthNet; 2008.

⁵ Lavin, T & Metcalfe, O. *Economic arguments for addressing social determinants of health inequalities*. DETERMINE Working Document No 4. Brussels: Institute of Public Health in Ireland, EuroHealthNet; 2009.

document and developing recommendations. This also reflects the strong satisfaction of the majority with the opportunity to participate in the process of preparing both documents.

The first set of questions focused on Working Document 1. The responses reflect that the document fulfilled its mission, with the vast majority of the respondents reporting that the content was well or excellently in line with the aims and objectives defined.

'The aim of the document was to provide an overview and enhance understanding of measures being taken to address the social determinants of health inequalities (SDHI) in Europe. This is an enormously broad task, and I think the document made a contribution to improving knowledge about this.'

As regards the content in general, all respondents reported that the professional language was very understandable; clarification of terms was good, and thorough elaboration of topics was regarded as a little weaker but still good.

The specific content was assessed from two angles. First, in terms of overall government policies described in the section 'Policy' that are oriented towards addressing action on SDHI (referred as 'policy areas'). These policy areas mean strategies that are initiated by the health sector or are driven by sectors outside of health. Secondly, in terms of the various arrangements and different structures described in the section 'Structures' that are in place to support action on SDHI (referred as 'structures'). These were grouped into three broad categories: Financial resources, Offices and Processes.

All but one respondent assessed the categorisation and clarity of description of policy areas as good. Views of the number of policy areas outside health policy were varied; four people found the number good, four thought it a bit low, and one regarded it as only satisfying.

All but two respondents found the categorisation of different structures good. The structures' diversity, referring to how widescale and different the areas of structures are, was rated also as mainly good. Where clear description and quality of the various structures were concerned, the material was assessed as good in general; the number of structures was regarded as mainly good or somewhat general.

Some points were mentioned as needing further clarification or improvement. One respondent said that more information should have been given about some policies and structures mentioned in the document (such as 'Interministerial policy research' in the Netherlands). As a shortcoming, one respondent cited the document as being too general. Another respondent highlighted lack of information regarding the effectiveness of the examples in Section 2:

'The document contains a broad list of policy measures, structures, tools etc that are being implemented to address the SDHI, but very little is actually said about their effectiveness. As stated in the conclusions, little can be said because this is a relatively new area, but on the other hand, project partners providing information could have in some cases elaborated upon this.'

The conclusion of the document were considered in various terms:

'a bit succinct, but generally accurate'

'[I]t is difficult to draw firm conclusions when there are such diverse systems and structures. I believe the reports are as well informed as circumstances allow.'

An extra conclusion was added reaffirming that actions on SDHI need further support both at national and on EU level.

As regards further benefits of the document, answers were diverse. More than half of the respondents indicated that it makes an excellent or good contribution to the second stage of Work Package 5, but the rest marked the contribution as weaker. Similar views were found regarding the contribution that one work package made to another. An additional observation was that in 2010 the context has already changed and the document needs updating.

The second set of questions focused on Working Document 4. The majority of respondents found the content in line with the aims. Understandable professional language, thorough elaboration of topics, and clarification of terms were regarded as good or excellent by the majority; accordingly, they did not find anything that should have been further clarified. This also reflects that in none of the cases was the discussion of the main topics in the document assessed as not understandable at all or hardly understandable. The majority found the material on all of the topics well or excellently understandable, but the spread of answers was the greatest for the topics 'Opportunities and challenges to using economic arguments' and 'Examples of economic arguments that consider health outcomes'.

Two respondents think that more countries (or 'non-English speaking countries') should take part in this kind of research. The depth of information was also criticised in one answer, saying that examples are presented in only a descriptive way and that the clarification and usage of economic arguments are not clear or thorough enough. A crucial issue was also raised by one respondent, who stated that the financing of the economic evaluations should also be described.

All respondents agree with the professional viewpoints, conclusions, and recommendations. The whole document seems to have added value, as five respondents found some information that was especially useful for them. General issues were mentioned as examples, such as the literature review, basic definitions, examples of economic evaluations in many countries, the difficulty of using economic arguments, and the general conclusion that 'this is an area that needs developments'. Four of the respondents learned new concepts from the work. The added value for the other work packages was assessed as diverse but rather general. It is important to note that all but one respondent thought that the document will aid in further work on the topic well or in an excellent way.

The questionnaire also assessed the overall knowledge base on current approaches (based on Working Documents 1 and 4). The overall picture (knowledge, understanding, and practices) of HIAP approaches that address SDHI and economic arguments for addressing SDHI is regarded as good or excellent by the vast majority of respondents. Comprehensiveness of the knowledge base related to HIAP approaches that address

SDHI was mainly considered good, while the collection of concrete examples that address SDHI was graded as mainly general. The majority agreed that the economic arguments presented successfully indicate the cost and benefit of HIAP approaches that address SDHI, and three people did not. Specifying these opinions, the respondents indicated that the work done was appreciated but people are aware of some limits.

'The work undertaken in this project is very good and highlights the gaps, one of which is the need to have better economic arguments available now to counteract reduction in budgets in the current economic climate.'

'The information presented conveyed that which is known at the moment. More convincing arguments could still be developed, but the information isn't really "out there" and accessible to public health and health promotion professionals yet.'

Every respondent agreed that opportunities and challenges of using economic arguments for addressing SDHI are discussed in a balanced way.

The collection of concrete examples of economic evaluations that consider health outcomes was assessed by more than half of the respondents as only generally comprehensive, while the rest found it comprehensive enough. One person expressed that the selected examples are too vague to be made use of in official or research documents.

It is a good result that all but one respondent believe that the economic arguments presented for addressing SDHI and economic evaluations considering health outcomes can pave the way for further action to analyse the health impact of policies in economic terms. The only dissenting opinion was related to the idea that it can also contribute to problematising the use of economic arguments. Another concern arose in relation to the value base for reducing social inequalities, highlighting the dangers in using economic arguments.

'I think we need to discuss the value base of reducing social inequalities. We should NOT accept that economic arguments should be dominant. From one economic perspective, it could be economically beneficial that the poor people die.'

One respondent appreciated not only the document's results but the efforts behind it:

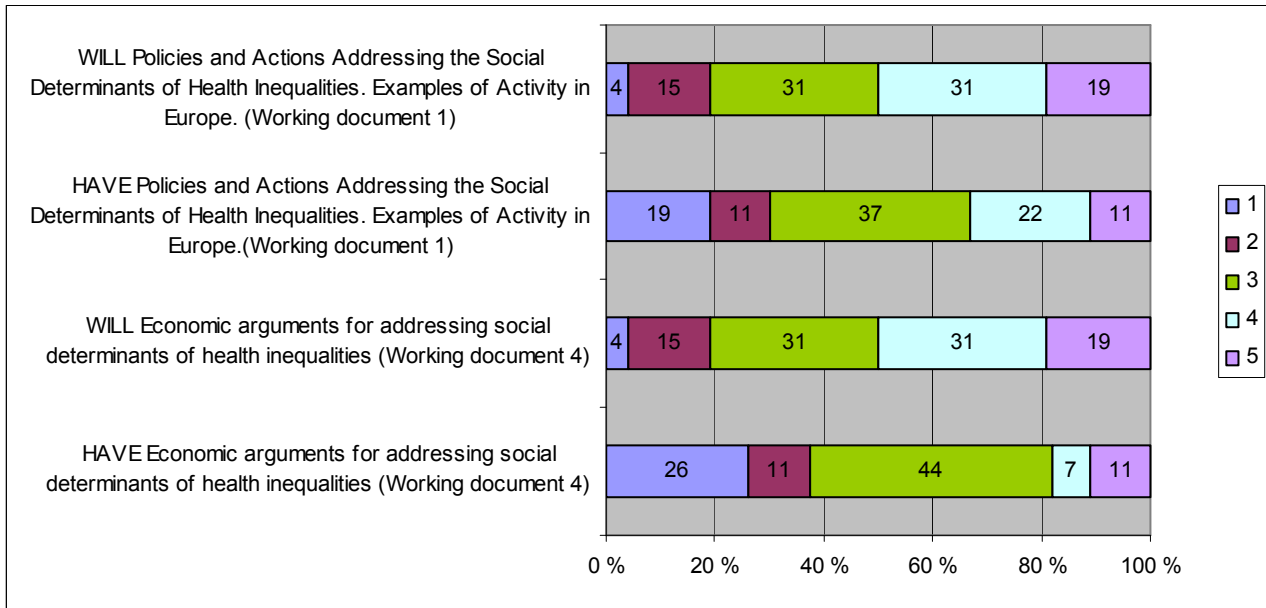
'As non-specialists in this area, Work Package 5 leaders faced a difficult task and did a very good job with this topic. The success of this document is very largely due to them and the work / additional research they did on this topic [...]

5.2 The views of the Consortium

The views of the Consortium were examined through an item, in the third Consortium questionnaire, asking whether the costs–benefits of HIAP approaches were clear after one had read Working Document 1. About 74% of the respondents answered 'yes', and the rest of the group had not read the it or would have needed more in-depth analysis of the facts. Use of the various working documents and publications was asked about in the final Conference questionnaire, too. It is interesting to note the expressed use and need for the Work Package 5 Working Documents after the project (see Graph 5.). Almost half of the

respondents stated that, in particular, the document 'Economic Arguments for Addressing Social Determinants of Health Inequalities' will be used after the project. Roughly 18% of the respondents had used the document at least a fair bit (option 4 or 5) during the project. Half of the respondents indicated that they were going to use it at least a fair amount after the project.

Graph 5. How much you/your organisation have used (N= 27)/will use (N= 26) different kind of outcomes of Determine in your/your organisations work and actions during/after the project? (1=not at all, 5= very much)



All the objectives set to the Work Package 5 have been met. The Work Package partners have been satisfied to the process and the outcomes of the Working Documents. Also the Consortium members as well as final Conference participants have found the content in the Working Documents useful.

6 Innovative approaches and pilot projects – Work Package 6

Work Package 6 focussed on innovative approaches and pilot projects and was led by National Marketing Centre in England. The innovative approaches included the following indicators:

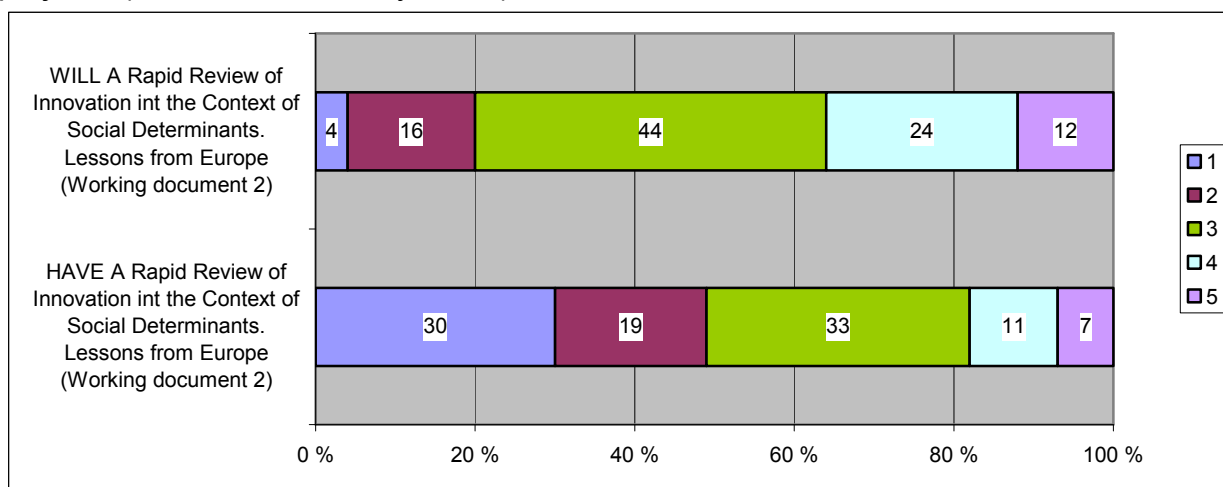
- Number and quality of social marketing strategies described that address socio-economic determinants
- Number and quality of 'public private partnership' approaches identified that address socio-economic determinants
- Outcomes adopted by Consortium members and used in their awareness raising / capacity building & dissemination actions.

Section 6.1 describes analysis of the working document produced by this Work Package. The analysis is based on the questionnaire sent to the Work Package's partners and on questionnaire responses. Subsection 6.2 presents the pilot projects of Work Package 6.

6.1 The Working Document 2, according to the Work Package 6 members

Related to the use of the document 'A Rapid Review of Innovation in the Context of Social Determinants: Lessons from Europe'⁶, produced by Work Package 6, the questionnaire answers from the final Conference show that there is need and practical use also for this output after the project (see Graph 6.). Almost half of the respondents have used the document very little or not at all during the project. Only a fifth saw it as being of little use in the future, indicating that it could prove useful at a later stage.

Graph 6. How much you/your organisation have used (N= 27)/will use (N= 26) different kind of outcomes of Determine in your/your organisations work and actions during/after the project? (1=not at all, 5= very much)



The report on innovative approaches was compiled in spring 2008 by the National Social Marketing Centre, with active contribution from Work Package 6 partners. It is aimed to provide guidance on innovative approaches which focus on changing health-related behaviour among socio-economically vulnerable groups, involving social marketing and public-private partnerships (PPPs) and also serves as an input for piloting of three innovative projects in the area of the socio-economic determinants of health (SED) from September 2008.

The evaluation questionnaire elaborated by the Finnish Centre for Health Promotion and the Hungarian National Institute for Health Development was sent out to Work Package 6 members in July 2008 with a deadline for responding within one week. This Web-based questionnaire included both open and multiple-choice questions, surveying the explanation of primary and other major concepts, the conceptual framework, the number and quality of the innovative social marketing and PPP approaches, and the personal professional view of respondents. It included some technical background questions, as well.

Answers were provided by nine partners or 75% of the Work Package partners. The majority reported being very satisfied with the opportunity given to participate in the

⁶ Christopoulos, A, Mc Vey, D & Crosier, A. *A Rapid Review of Innovation in the Context of Social Determinants. Lessons from Europe*. DETERMINE Working Document No. 2. Brussels: National Social Marketing Centre, EuroHealthNet; 2008

process of preparing the document, and most of them spent several hours or even a whole day reading it. Around half of them did not have enough time to read it; accordingly, it was also mentioned that the report is too long, at 81 pages.

While the explanation of primary concepts, such as health-relevant behaviour, behavioural intervention, social and economic determinants of health, innovation, PPPs, and social marketing, were classed as readily understandable in general, there were some specific comments worthy of note regarding them. The definition of innovation was found especially useful, and the description of social determinants of health was deemed very clear and well written. Health-relevant behaviour was found both unclear and useful, reflecting two opposite opinions regarding the same concept. Behavioural intervention should have been described better.

It is stated that there is good general introduction to the two main concepts: PPPs and social marketing. Both were new to the majority of the respondents, meaning that they had no real experiences with them prior to the work package activity. The main aspect of analysing these two concepts was the balanced presentation of their benefits and potential difficulties.

Almost all respondents detected balance regarding social marketing. Only one reported that doubts and critical remarks on the compatibility of the SDH concept and the social marketing concept are not highlighted enough and expressed the following professional concern.

'The concept of social marketing involves a basically asymmetric approach (selling health to others), individual-level processes, and potential use of manipulative techniques.'

Other comments regarding social marketing reflect a need for more in-depth information and more examples of the concept if it is to be understood fully. For instance, it would have been good to illustrate with examples how social marketing approaches differ from simply involving target-group participation and 'customer-orientation' or to employ specific examples showing how social marketing interventions affect upstream change in professionals, organisations, and policymakers (although references are provided). Also, the concept of the benchmarking criteria for social marketing could have been explained.

One third of the respondents found the balance between benefits and difficulties to be lacking in description of PPPs. They highlighted ethical concerns regarding PPPs in the health field.

'The ethical challenge is under-emphasised. We find it very difficult to identify private-sector partners that are acceptable collaborators in health promotion.'

More details on how companies and other organisations work together would have been useful also (although beyond the scope of this document); and the connection between PPPs and corporate social responsibility would have needed further clarification. One respondent expressed doubts about the legitimacy of PPPs and social marketing at all in the context of innovative approaches.

'The major relevance of PPPs and the social marketing approach is not legitimated. Neither in Closing the Gap nor in DETERMINE has the link to these areas been made sufficiently explicit [...]. I do not understand why we consider projects to change health behaviour to be innovative in a European project that aims to look at socio-economic determinants of health. Here, the innovation would be in interventions that go above and beyond the classical behavioural approach.'

At the end of the Working Document there were case studies of PPP and social marketing approaches selected by partners and examples of other innovative approaches chosen by the authors could be found throughout the document. Partners had very different experiences in collecting case study data. Some already have had some national source of information; others had to work hard to find appropriate ones. Lack of an evidence base⁷ and the identification of PPP and social marketing examples⁸ among existing projects were mentioned as problematic. A question was also raised as to whether there are better innovation examples beyond the sphere represented by the partners; however, partners' efforts to find case studies were appreciated. In the case of examples chosen by the authors, it was not clear from the report.

'...which research strategies led to the highlighting of other projects from countries that were not recommended by project partners themselves. Some of these other projects could be critical from partners' viewpoint. That should have been checked in advance.'

The review of innovative approaches was given good marks in general. Most of the respondents judged 16–20 case studies (from 21) as being of a good quality, although, it was expressed that short case descriptions do not offer an adequate basis for quality assessment. One partner mentioned that only a few examples deal with the highly excluded (HIV patients, drug users, prostitutes). Identifying PPP and social marketing approaches that address SDH from case studies also led to varying results and numbers. It was mentioned that most of the case studies can be described without use of the terminology and conceptual framework of social marketing.

In summary, the responses assessing the functionality of the document reflect that the report is of very good quality.⁹

'It 'does a good job of introducing the topics and bringing together the available information, which can launch further debate regarding this issue.'

It was appreciated that the Working Document recommends further research for more in-depth information with references (however, a list of references at the end of the document was absent but extensive references are included at the bottom of it's page). It was also

⁷ 'There are certain topics that are covered and there aren't as many new and innovative projects, maybe because it is difficult to finance different kinds of projects than we are used to, or people are afraid that they aren't effective enough.'

⁸ 'Since we have a database of projects for promotion of the health of the socially disadvantaged, it was easy to find projects to submit. The explicit reference to PPP and social marketing, however, was not clear to me.'

⁹ Aspects of functionality highlighted were its understandable professional language, logical structure, thorough elaboration on topics, sufficiently detailed information, discussion of critical points, harmony between aims and content, harmony with other work package activity, and contribution of input to the second stage of work package activity and to the future work of the respondent.

mentioned that more discussion points should have been included. Another criticism is that unnecessary overlap exists with other DETERMINE publications, and reference could have been made to Closing the Gap. The document was described as reflective of the discussions at Work Package 6 and Consortium meetings. Basically, all of the respondents agree with the conclusions and expressed a belief that the report provides a sound basis for achievement of greater equity in health and offers a real focus on vulnerable groups.

'The conceptual framework provides the POSSIBILITY of improving social equality in health, because it includes new concepts and new ways of thinking in relation to inequality.'

6.2 The pilot process

Indicators related to the pilot process were:

- Number of applications to the Call for pilots to implement innovative approaches
- Quality of the lessons learned from the pilot actions
- Perceived usefulness of the results from the pilot actions for Consortium members

One indicator related to the pilot process was the number of applications submitted. Applications were submitted for 11 projects by the deadline. While no goals concerning the number of applications were set in the project plan, the number of applications submitted can be deemed healthy: almost four times the number selected (3).

Adding to the original evaluation plan, views on the process of selecting the pilot projects were solicited not only from the Work Package members but from all Consortium members in the questionnaire from the third Consortium meeting. By the time of the 3rd Consortium Meeting, Work Package 6 leaders had undertaken study visits of the pilot projects. Experiences of these and the whole process were highlighted in the meeting. The answers were categorised by whether the respondent was a Work Package partner and/or an external person. According to the critical views, the pilot projects could have focused more on the innovative approach, social marketing, and/or public/private partnership. All respondents except one were people who had not taken part in the selection process or selection meeting. However, the majority of the respondents considered the pilot projects and the process interesting and promising.

At the time of the last Consortium meeting, the pilot process had been finished. At that time, the questionnaire could be used to evaluate the usefulness of the realised projects as well as their strengths, possibilities, weaknesses, and challenges. The usefulness of the pilot projects was evaluated on a scale of 1–5, where 1 = not useful at all and 5 = very useful. The clear majority – that is, almost 70% of the respondents – evaluated the Hungarian and Slovenian projects with a mark of 3. Evaluations of the usefulness of the Danish project covered the full scale, and two respondents evaluated the project to be very useful. The total number of respondents to the question was 9, so straightforward conclusions as to the views of the whole Consortium cannot be drawn. According to the clear majority of the respondents, the pilot projects and the related process included possibilities and strengths thanks to, for example, investments in the selection process or because there was a bottom-up view even in rather complex pilot projects. The short duration and lack of transferability of the pilot projects and learning to other Work

Packages or outside the project to different countries were seen as challenges or weaknesses by some respondents. There was no difference between the answers of Work Package partners and other Consortium members.

One of the indicators in the pilot process was the quality of the lessons learned. The final report compiled by the Work Package leaders describes very accurately different conclusions that were drawn after the process. If the realistic approach of the conclusions and different viewpoints on the success and challenges of the process are used as the basis for evaluation of the quality of the conclusions, it can be noted that the final reporting has very well met the requirements of the objective. Leaders of the Work Package have been responsible for their own Work Package but not for the pilot projects themselves. They therefore had an objective view of the pilot projects' and their progress. Contacts with the projects have been very close, study visits have been made to projects, and a great deal of information has been obtained from them, so reporting is not solely based on external views.

The final report for the pilot process highlights the same viewpoints related to weaknesses, challenges, strengths, and possibilities as in the responses from the Work Package partners and Consortium members. Regulations related to EU funding, indicating the influences of small projects and determining their innovativeness, were seen as weaknesses and challenges in the report. For example, good leadership and management were required of the selected projects. According to the report, the pilot projects should also be seen in the context in which they operate. This can be taken as both a challenge and an opportunity. The report shows that the strengths and possibilities of the pilot projects were found, in particular, in the 'bottom up' approach and the participation of the project target groups. It is also mentioned in the report that although the bottom-up approach and people's participation has many strengths, it is necessary to use, for example, research data alongside them. According to the responses and the Work Package leaders' final report, the pilot process can be regarded as a positive and interesting experience as a whole, one that has already been useful and will also be useful in the future.

To conclude the process in the Work Package 6 it can be argued that the Working Document 2 in the beginning was a good way to start the work in this Work Package. Also the pilot process was a very useful process to assign that, for instance, different projects should be seen in the context in which they operate. The pilot process was all in all a positive experience.

7 Awareness raising and capacity building – Work Package 7

Work Package 7 focussed on developing and implementing awareness raising and capacity building activities and was led by EuroHealthNet and IUHPE. The following indicators were related to this Work Package:

- Number of interviews with national, sub national and EU policy makers within and outside the health sector about their awareness and capacity to address HIAP.
- Number, attendance and perceived quality of the awareness raising actions in Member States at EU and global level
- Outcomes to be used in advocacy responses to EU and relevant national / sub national policy consultations
- Documentary evidence of contacts with global level bodies
- Number, attendance and perceived quality of the capacity building training activities in Member States and at European level
- Enhanced knowledge and skills of Consortium member agencies to work with socio-economic determinants to improve health
- Attendance, outcome and structured participants feedback of Consortiums' final event

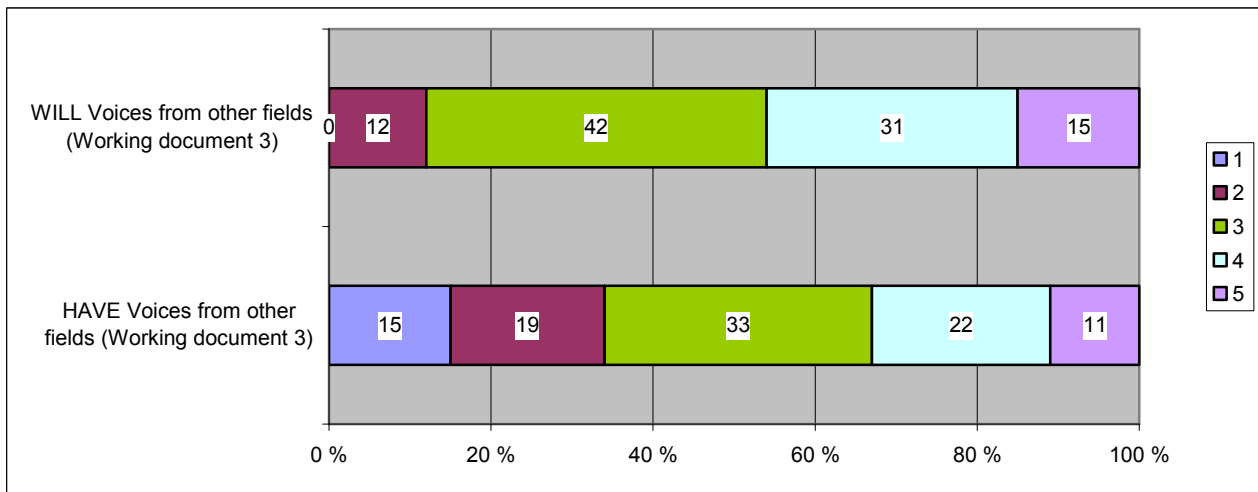
The working document 'Voices from Other Fields' was prepared as the initial operation in the Work Package 7. The document has been evaluated through document analysis, so the opinions are solely based on the evaluator's views and can be found in Subsection 7.1. As part of the Consortium's annual publications, the 'Menu for Capacity Building and Awareness Raising Actions to address the SDH and improve health equity' document was drawn up as part of Work Package 7. The document was intended to help partners assess their Capacity Building needs and to identify at least one action that they could take to address HI and the SDH in their country. An 'external' version was also developed to help actors beyond Determine 'progress' action on HI and the SDH. The document analysis and partners' evaluations can be found in Subsection 7.2. The final Conference was also part of Work Package 7 activities and is an indicator for the Work Package 7 operations. Therefore the conference is described in Subsection 7.3.

7.1 The Working Document 3: 'Voices from Other Fields'

'Voices from Other Fields'¹⁰ is a document that has had much use and will also be used after the project. This can be seen from the following graph (Graph 7.), which shows that partners are planning to continue to use the document in the future.

¹⁰ Fasso, S. *Voices from Other Fields: An Account of 40 Consultations with non-health policy makers and politicians across Europe on tackling the socio-economic determinants of HI*. DETERMINE Working Document No. 3. Brussels: EuroHealthNet, IUHPE; 2008

Graph 7. How much you/your organisation have used (N= 27)/will use (N= 26) different kind of outcomes of Determine in your/your organisations work and actions during/after the project? (1=not at all, 5= very much)



The key messages of DETERMINE are intended for an audience of key actors and decision-makers. In order to tailor the messages about the social determinants of health and the need for inter-sectoral co-operation to this audience, it is important to establish their views and needs regarding these matters. Work Package 7, therefore took on as a first task the analysis of policy and decisions-makers' experience, awareness, capacities, and information needs in the area of addressing the socio-economic determinants of health from a collaborative perspective. The objective of these consultations was to acquire greater understanding of whether, and how, policy sectors other than health, take the issues of health inequalities into consideration when developing policies and programmes. The results of this analysis were reported in working document 3, 'Voices from Other Fields. An account of 40 consultations with non-health policy makers and politicians across Europe on tackling the socioeconomic determinants of health inequalities'.

The document was primarily intended to guide the inter-sector work of the Consortium partners by providing a basis for future capacity building initiatives, as well as by enabling the health sector to develop greater leadership in addressing the socio-economic determinants of health inequalities through collaborative action. However, the report states that it does not intend to provide a comprehensive overview or to be an authoritative representation of current engagement by non-health-sector policymakers, nor does it intend to represent the individual views of the interviewers or respondents. It 'should rather be seen as an account of consultations', and 'offers some reflections' without 'attempting to generalise'.

There were 40 interviews, with respondents from 17 or 19 countries (multiple data in report), included in the report. Although, in total, 47 consultations were conducted by DETERMINE partners, seven were not received in time to be included in the working document. The work plan makes no mention of the number of interviews to be carried out under this activity.

Interviewers were selected by current DETERMINE partners, with each interviewer asked to recruit up to three respondents, who were to be policymakers or politicians from outside the health sector. The requirements applied in the selection of respondents were as follows:

- 1) ensure balanced representation at the local, regional, and national level;
- 2) select at least one respondent from the following policy areas: treasury, finance, internal affairs, justice, safety and security, and foreign policy; and
- 3) recruit at least one female respondent.

The report does not mention to what extent individual interviewers were able to fulfil those requirements and, if they were not, for what reasons. The report does present some data for the first two requirements (no information on the sex of respondents is given).

Ad. 1: It is not totally clear how respondents are distributed at the local, regional, and national (or EU) levels. It is mentioned that 13 out of the 40 respondents are politicians (including local councillors) while the remaining 27 are policymakers and political advisers. The material on categorisation of respondents by sector (Table 1.) mentions six respondents from local politics and four from the regional development sector.

Ad. 2: Since respondents were primarily selected and recruited by public health bodies, the report mentions the overrepresentation of respondents from sectors in which co-operation on health issues is already present and/or stronger, such as employment, education, and welfare and social affairs (Table 1.). This was probably the reason for requiring interviewers to recruit at least one respondent from each of various policy areas. The numbers of respondents by policy sector add up to 39 (out of 40 – there is no mention of the missing interview).

Table 1. Respondents by policy sector

Social affairs / welfare	9
Local politics	6
Environment-Town planning	5
Education	5
Employment	4
Regional development	4
Migration	2
Finance	2
Housing	1
Justice	1

The topics to be included in the report were chosen on the basis of their utility for subsequent awareness raising activities as well as the frequency with which they were raised in the interviews. This means that a mix between ‘objectively’ and ‘subjectively’ chosen topics is covered. The report presents the key findings in a structured manner: well-defined chapters cover different themes, and the summary divides the material on key findings into topics as well.

Two points that came to our attention in our evaluation of the reporting of the key findings were the following:

- The inter-sectoral co-operation questions in the semi-structured questionnaire ask for general experiences with inter-sector co-operation and do not mention the health sector or health inequalities specifically. Since finding out about the latter is the actual objective of the consultations, one might ask whether the consultations

could have profited from more specific questions, especially in light of the conclusion that 'existing co-operation is seldom initiated by the health sector or guided by health equity objectives'.

- Some of the conclusions about the effectiveness of inter-sectoral co-operation were presented on a generalised, national level ('In some countries [...]'). This demands some caution, however, since it might very well be that in some countries only one respondent was interviewed.

The report makes clear what policymakers need and want when it comes to inter-sectoral co-operation and where they see possibilities in tackling health inequalities in terms of determinants and target groups. The report also points out that when policymakers do not yet see the full scope of possibilities, there is existing information that should be made more accessible to them. The possibilities and challenges of the (leading) role of the health sector in collaborative action are discussed. The report, furthermore, gives a clear overview of policymakers' information requirements and (issues with) the available institutional support tools in two clearly set out tables.

7.2 The awareness raising and capacity building actions

In the final phase of the project, in spring 2009, partners chose to conduct capacity building or awareness raising actions to facilitate efforts to address the social determinants of health and to improve health equity in their national context. The deadline for reporting on these actions was the end of 2009. Quality in these activities was ensured through thorough preparation: a 'Menu for Capacity Building and Awareness Raising Actions' was prepared by EuroHealthNet and IUHPE in spring 2009 to guide partners in choosing the activity best suiting their national needs and circumstances. The Menu was considered the second year 'annual publication'. Partners received further help by discussing their initial ideas over the phone with colleagues at EuroHealthNet and UHPE and later with each other and external experts at the second Consortium meeting. Also, a separate working meeting was held in Paris in autumn 2009 to exchange experiences of ongoing activities and needs. All the above activities addressed one of the aims of the capacity building initiative – to encourage partners to gain better insight into their capacity building needs and find relevant entry points. EuroHealthNet also appointed a Capacity Building officer to provide partners with on-going technical support during the implementation of their actions.

The main feature of the process applied in choosing activities was flexibility, since partners differ in resources and needs in the field of addressing health inequity. The interactive guidance 'Menu for Actions' identified six areas with priority for action, from which partners selected at least one action and undertook a related activity. The six areas of the Menu were policy development, organisational development, skills development, partnership development and leadership, development of the information base and evidence base, and awareness raising and advocacy. To each area belonged some concrete suggested activities with a list of available resources. Some of these resources were DETERMINE documents, while others were relevant literature and content from various other sources and websites.

In the evaluation questionnaire for the third Consortium meeting – i.e., at the beginning of activities – partners were asked to assess the capacity building and awareness raising actions that far and judge the quality of the planned actions. The question was answered

by 19 persons (out of the 21 respondents to the questionnaire). Most who responded were very satisfied with the support given by project co-ordinators:

'positively surprised by the thoroughness of the support the partners get to start up this activity.'

Some respondents expressed their opinion of the menu of actions.

'partners were offered a lot of activities, with external references as help, to choose from and can combine them.'

'there are probably too many menu options to choose from for any meaningful analysis to take place'

As for activities, concerns and positive judgements were mentioned in roughly equal proportions. Concerns were raised by two people about limited time and resources and future sustainability.

'The task given to partners is imminently doable in a short time, if no notice is taken of outcomes or sustainability of effects. However, a good capacity building or awareness-raising activity would contain measurement of process and at least short term outcomes that predict sustainability. Putting that into place with at least some measures by the deadline in December will demand serious investment and commitment.'

It was also stressed by a couple of respondents that each partner is at a different starting point and should assess the present situation in his or her country, than to build on existing activities.

The working meeting in Paris was also a useful resource for partners, since it included three training sessions with the participation of invited experts, as well. Both in the training session and in the six parallel sessions, concrete examples and tools were presented and experiences and ideas were exchanged. It is crucial that in the final plenary session it was clarified whether addressing the social determinants of health (SDH) or health inequalities (HI) is the aim in the capacity building action. It was agreed that *'while the former is easier to achieve, the emphasis should remain on the latter, since we are, essentially, working on a social justice agenda. At the same time, educating about the SDH is important, since there is a strong general perception that population health is primarily the domain of the health care system and/or health professionals, and other sectors should not get involved'*.

After actions were taken, EuroHealthNet and IUHPE produced a working document to summarise them 'Building Capacity for Health Equity'¹¹. The report indicates that partners chose to implement activities related mainly to three fields (out of the six): awareness raising and advocacy, partnership development and leadership, and skills development. Some activities were categorised as 'other initiatives'. The number of participating

¹¹ Chiotan, C. [Building Capacity for Health Equity. A report of capacity building actions to address health inequalities and the socio-economic determinants of health.](#) DETERMINE Working Document No. 5. Brussels: EuroHealthNet, IUHPE; 2010

countries is 20, which is a good figure considering there were a total of 24 project partner countries. The number of actions is 22.

The report reflects good quality of actions: 'Despite the time and resource limitations, and sometimes a less than favourable political context, DETERMINE partners successfully identified entry points for action to advance health equity. The capacity building strand within DETERMINE provided the opportunity and enhanced partners' capacities to develop and initiate actions addressing SDH and HI, and many of the activities undertaken will continue beyond the project.'

In the last Consortium meeting questionnaire, eight partners (out of 9 respondents to the questionnaire) answered the question "How would you estimate the quality and success of the awareness raising and capacity building actions which was/were in your responsibility (related to WP 7)?" Of these, five considered their action truly successful.

'Very well, more than I expected: interest to participate on the Nat. conference was higher than we can satisfied! Participants from different sectors, levels and institutions. Spontaneous evaluation of conference was very positive.'

One partner mentioned drawbacks but recognised success in completion of a first step that can pave the way for further action. One respondent judged the quality and success to be 'discreet', while one reported relatively little success, caused by lack of time and resources on their side as well as their collaborating partners' side:

From the Capacity Building working documents' conclusion it became clear that initial concerns about limited time, effort, and sustainability were not realised. It was a real concern mentioned by one respondent in the first Consortium questionnaire's answers that the short timeframe – approximately half a year – will prevent partners planning for the long term in order to meet the reporting deadline. A number of activities go beyond Determine, such as planning/organising of six training sessions (in Italy; Wales; Tenerife, Spain; Estonia; Poland; and Denmark) or are planned even for several years, among them the 'Capacity Building and Awareness Raising Action Plan to Address Social Determinants of Health and Improve Health Equity (2010–2015)' developed by the Flemish Institute for Health Promotion and Disease Prevention (ViGeZ). An important aspect of this work is that two actions 'with external benefits' were taken also. A package of 11 tools and guidelines was established by Wales, Scotland, the Netherlands, and Ireland, which is easy to use and transferable across Europe (<http://www.health-inequalities.eu/?uid=f81b18ef968ea329dcc217f36bd09d2e&id=Seite3459>). Partners from Wales, Belgium/Flanders, Spain/Tenerife, Estonia, Italy/Perugia focused on establishing a training module that will be available for professionals and decision makers in other sectors and decided to continue their work and agree on several key points within the module that can be delivered across Europe. The promising examples and experiences are also presented in the final Determine publication.

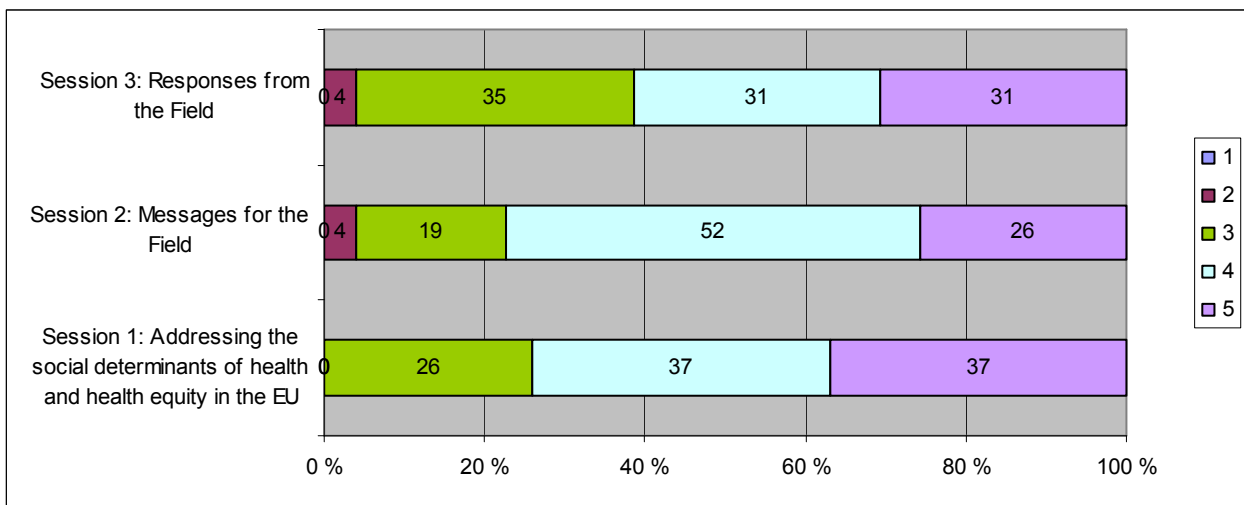
The Working Document on Capacity Building also identified some key points that emerged from experience. These key points highlight, amongst other elements, the crucial role of the regional and local level in identifying and implementing actions. One of the criteria for evaluation of actions is the available evidence of good practices in awareness raising and

capacity building. Evaluation of these criteria would require further follow-up, as does evaluation of actions' long-term sustainability.

7.3 Final Conference

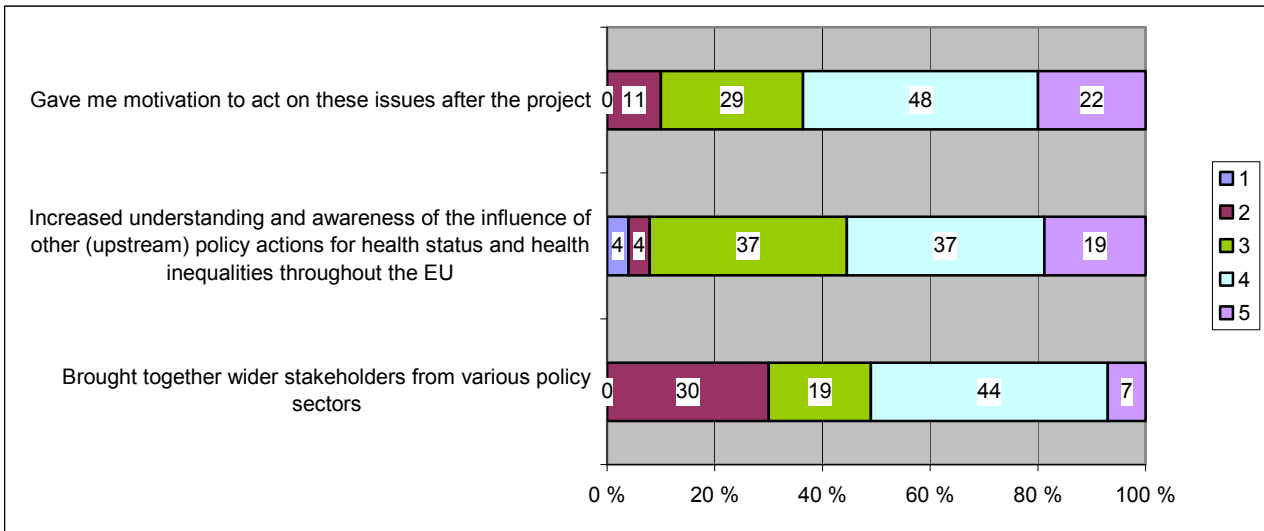
About 110 people took part in the final Conference held on March 2010. One in four of them answered the questionnaire related to the event. The respondent groups consisted of participants outside the project, who accounted for about a quarter of the respondents, and actors in the project. Feedback on the conference was quite positive from all respondent groups, particularly regarding the first two sessions (see Graph 8.).

Graph 8. How would you estimate the Final Conference agenda (with grades 1-5, where 1= very poor, 5= very good, N= 27)



Some statements were presented in the questionnaire; these are presented in the graph on the next page (Graph 9.). The statements are directly related to the objectives set for the conference in the original project plan. The final Conference brought together a wider range of stakeholders, from various policy sectors – at least to some extent, as no-one gave the associated statement a rating of 1. The answers of the associated partners were divided on this statement, as half of them responded with a rating of 2 and the other half with either 4 or 5. For other parts, their connection to the project did not influence the way the responses were divided. The Conference clearly increased understanding and awareness of the influence of other (upstream) policy actions related to health status and health inequalities throughout the EU, as clearly more than half of the respondents chose option 4 or 5 for this statement. There were no differences in the answers in relation to the respondents role in the project as in the answers for the previous statement. The Conference also provided motivation to act on these issues after the project, with 70% giving this statement a score of 4 or 5.

Graph 9. How would you estimate the Final Conference from the different aspects (with grades 1-5, where 1= not well at all, 5= very well, N= 27)



Feedback given in the open answers supports the above-mentioned statement, as the respondents mentioned that the most interesting or useful thing was to hear in concrete terms what had been done in the project. The conference aided in sharing of views among those working in different sectors. Ilona Kickbush and Robert Madelin's addresses were mentioned in several answers, as they had helped the respondents to consider issues related to the theme.

At the end of the final Conference questionnaire, it was asked how much information the respondent had gained from the project about socio-economic determinants of health over the level of their prior knowledge, on a scale of 1–10 (1= no new information, 10 = very much new information). The most common score was 7, given by 26% of the respondents, while the clear majority of the answers were between 5 and 8. When the answers are categorised according to the respondent's role in the project, it can be seen that all lead partners' answers are placed between 5 and 10 and almost 42% of the associated partners chose 8. In other respects, the respondent's role had no clear connection to the breakdown of the answers.

The Work Package 7 has been able to reach its objectives. The Working Document 3 makes clear what policymakers need and want when it comes to inter-sectoral co-operation. The Menu for Capacity Building and Awareness Raising Actions encouraged partners to gain better insight into their capacity building needs and find relevant entry points. DETERMINE partners successfully identified entry points for action to advance health equity. At the end of the project the final Conference brought together wider stakeholders from various policy sectors and gave motivation to partners to act on these issues after the project.

8 Dissemination of the project

Work Package 2 focussed on dissemination in the project via a web-based resource of knowledge and tools, which was included in the project plan as the intended output of Work Package 2. Federal Centre for Health Education, BzgA, in Germany was mainly responsible for the development and updating of the Portal, but they worked in close collaboration with EuroHealthNet, also with respect to disseminating annual publications and working documents, which EuroHealthNet was mainly involved in coordinating. The indicators related to the Work Package were the following:

- Increase in new, high quality content about HIAP approaches and good practices in addition to the current European Health Inequalities Portal
- Use of the online resource (number of visitors and hits per month)
- Perceived usefulness by Consortium members and policy makers.

In this section the work in the Work Package 2 is described in Subsection 8.1. The dissemination done by the Consortium members can be found in Subsection 8.2.

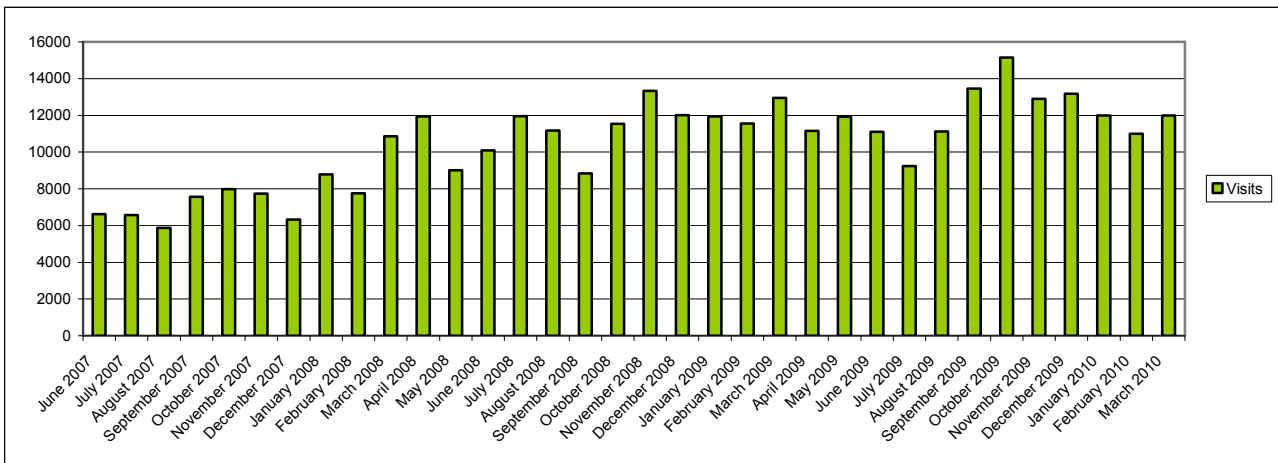
8.1 The work in the Work Package 2

In addition to the indicators listed above, the evaluator monitored the development of the portal www.health-inequalities.eu and changes to the portal during the project. According to the evaluator, updating the structure of the portal throughout the project is better than keeping it static. Menu text and headings were edited. For example, events that were presented as internal or external events for the project were later presented in the time scheme as past or upcoming events. Also a tree was placed on the front page that guides the portal user and makes it easier to find the required issue on the appropriate 'branch'.

The portal has a section on good practices based on the Closing the Gap project (2004-2007), which was implemented before the DETERMINE project. This section is continuously being updated. The Portal's search-function was also improved. Persons responsible for the portal have actively sought material for the sections on good practices, events, and publications by sending e-mail reminders and raising these issues at Consortium meetings.

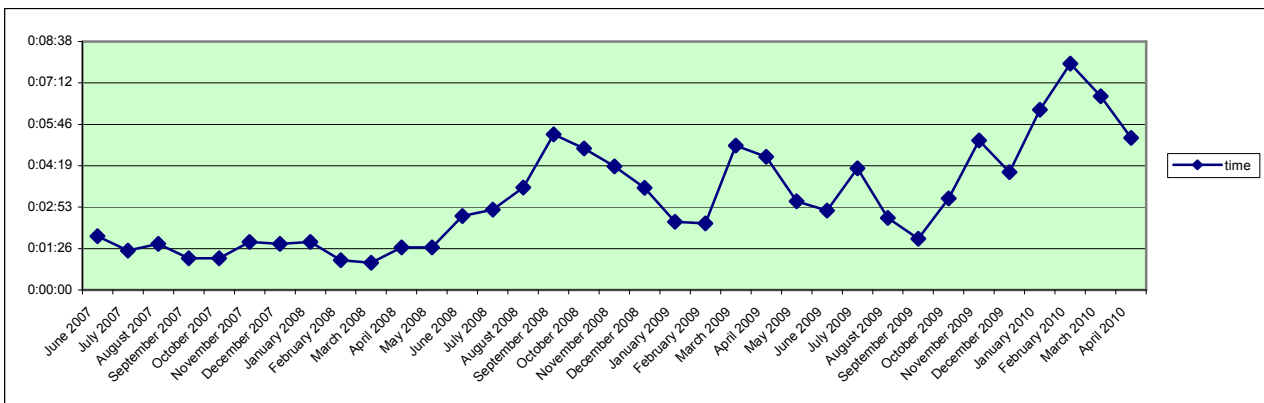
The increased number of visitors suggests that much positive development has occurred in the use of the portal (see Graph 10.). When the project began, about 6,600 visitors per month accessed the portal. Then the number of visitors showed a continuous increase. With few exceptions, there have been more than 10,000 visitors each month.

Graph 10. Number of visitors to the portal



The number of visitors and the time spent with the portal describe well the portal's use and usefulness (see Graph 11.). Until the second Consortium meeting, the time spent in use of the portal each month was quite stable, at about 1–2 minutes per visitor. After May 2008, time spent at the portal increased. Except for a few months in, for example, the holiday season or when there were fewer activities related to the project, the time used for the portal during the project has even quintupled. This can be considered a crucial indication that the objective related to the use of the portal has been reached.

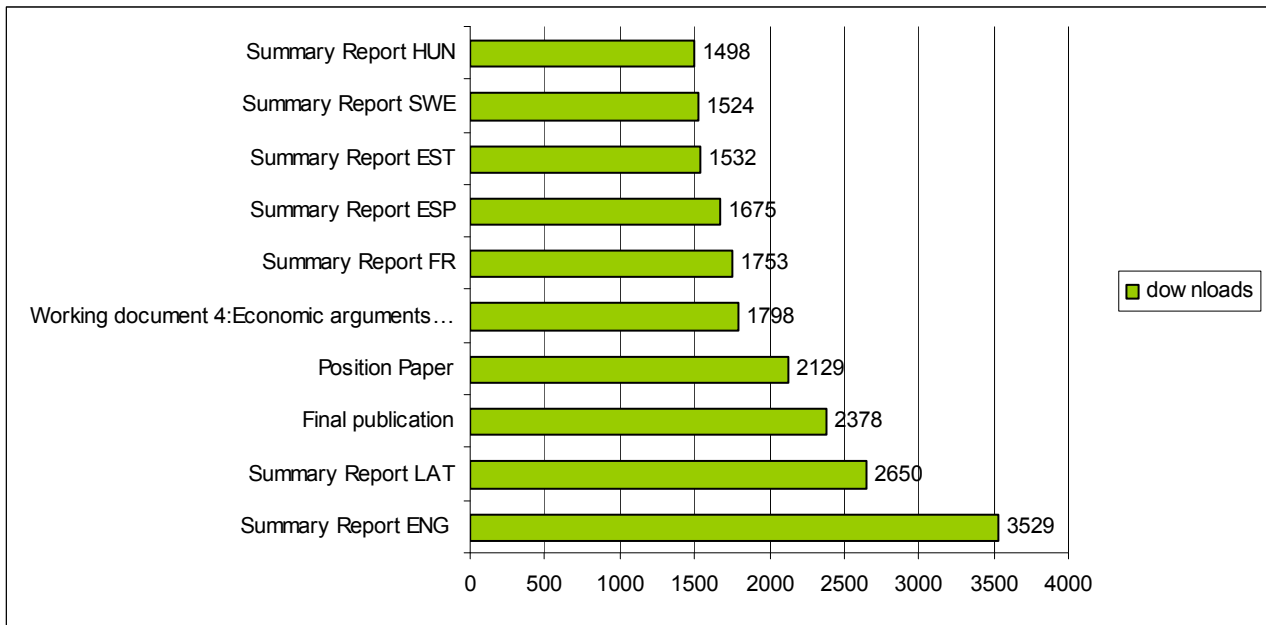
Graph 11. Time spent at the portal per visitor



Use of the portal has also been a subject of enquiry in Consortium questionnaires, to support the view provided by visitor statistics. The first questions related to the portal were presented in the questionnaire after the second meeting, when the portal had been in use for the project for less than a year. The answers showed that there were many visits to the portal, and none of the respondents reported having never visited the site. Nearly half of the respondents had visited several times already at that time, and almost as many had done so 'more than once'. Linking the portal to the site of one's own organisation was done quite seldom, by about a fifth of the respondents. Over 60% of the respondents had not linked to the portal, with under a fifth unable to answer the question. After a year, the situation had changed, as nearly 70% had linked to the portal and only a fifth had not.

The most downloaded pdf-documents have been the first year's publications in different languages, the Working Document 4 and the final publication (Graph 12.).

Graph 12. The most downloaded pdf-documents



In the final stage of the project, the use and benefits of the portal also for other people than those involved in the project were studied. This is why questions on the portal were included in the final conference questionnaire: many people outside the DETERMINE project, such as policymakers, took part in the conference. Over 80% of the respondents in this survey had visited the portal some or several times. It is particularly gratifying that the great majority of those external to the project already were familiar with the portal: 70% of the respondent group had visited it some or several times. People were also asked what kind of information they had obtained and hoped to receive from the portal. The answers show that the portal has provided diverse data on situations of other countries, concrete examples and realised procedures, material for one's work, and useful downloadable publications. Information that people hoped would be available but is not was significantly more difficult to specify. Individual remarks concerned getting information on relevant activities in other countries and on the implementation of activities, and links on the portal to other sites. A clear majority said that it is difficult to give an example of information that one cannot find via the portal. This indicates that the portal has provided desired information.

According to the responses to the questionnaire from the Consortium members and the final Conference, the portal has been a useful tool for information sharing. Also the number of visitors and the time used for visits to the portal increased clearly during the project, which supports this view.

8.2 Dissemination of the project outcomes by the Consortium

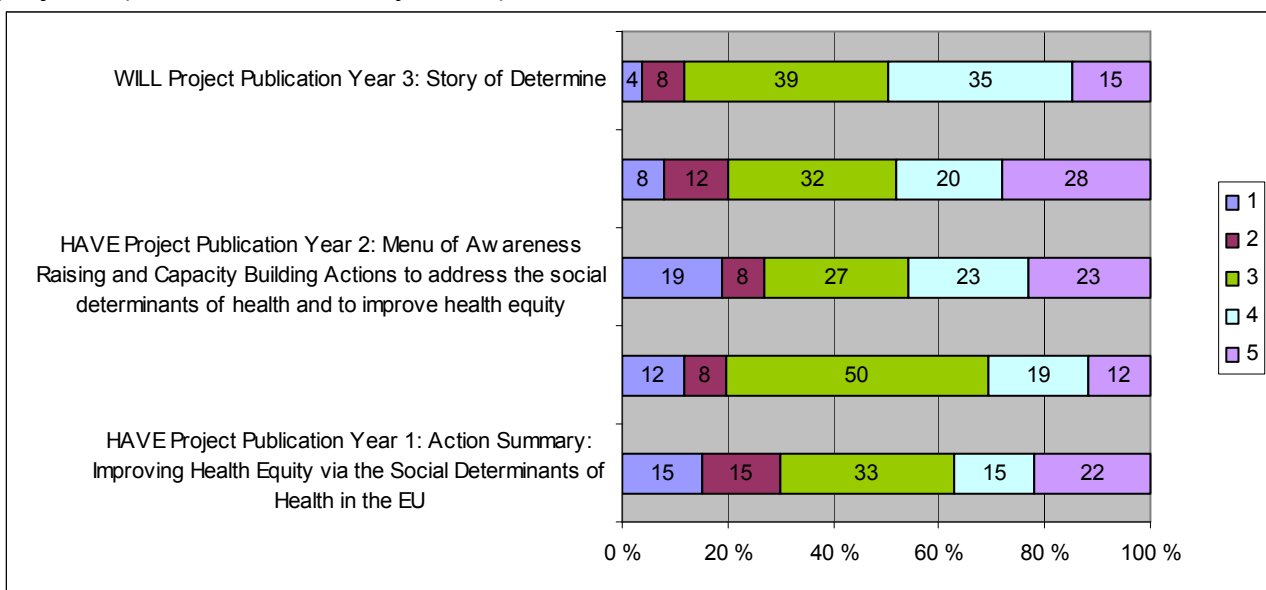
This section describes how the members of the Consortium and participants in the final Conference have used the annual publications. People who took part in the final Conference outside the project probably received the annual publications through Consortium members. This is why these results are presented in this section describing the activities of the Consortium. It is also explained how the Consortium members have

shared information on the project and how they have distributed the outputs of the Consortium publication series.

Responses in the final Conference questionnaire show that 75% of the respondents had seen the DETERMINE project or its outputs in their country at least a few times. Half of the respondents outside the project had not seen them at all, and the other half had seen the project or its outputs a few times. The number of responses in each category is so low that a single response has great importance in the distribution of the responses. For this reason, cross-tabulation between these two variables (connection to the DETERMINE project and detection of outputs in one's own country) is not sensible.

Use of the annual publications of the Consortium was examined through the respondent being asked to evaluate, in the final conference questionnaire, how many different publications the respondent or his or her background organisation had used thus far and how many publications he or she thought would be used after the project. Respondents were also asked to evaluate the use of working documents produced in different work packages. In each case, the results are presented in the Work Package section of the document in question. According to the responses, use of the Consortium publications has been quite extensive so far, as the two earlier publications had been used quite a lot (see Graph 7.). It was expected that the final conference would increase interest in the thematics and outputs of the project. Accordingly, the questionnaire asked to what extent the project outputs are expected to be used in the future. The responses show intent for use of the publications in the future, too, as the number for options 1 and 2 is lower here than for questions concerning use during the project (see Graph 13.). Another positive feature is that there were many high expectations for last year's publication, which was not yet complete at the time of the survey. Just 12% of the respondents chose option 1 or 2, the lowest percentage for any of the three publications. The amount of use and the related differences are not explained by the responder's role in relation to the project.

Graph 13. How much you/your organisation have used (N= 27) /will use (N= 26) different kind of outcomes of Determine in your/your organisations work and actions during/after the project? (1=not at all, 5= very much)



The Consortium members have been asked in annual questionnaires how they have distributed the thematics related to DETERMINE's operations and contents. It must be noted that the evaluation is based on the responses given, so information is not available from countries with no responses to the questionnaire, even if there was operation in those countries.

Halfway through the project, the responses to the third Consortium questionnaire showed that the project had been presented in a versatile manner to decision-makers at local and national level – e.g., in national parliaments and the EU parliament. Almost 90% of the respondents in the last Consortium meeting questionnaire had presented it in their home country at some stage of the project. In this questionnaire, the respondents said that they had distributed information not only to decision-makers at different levels but also in situations and at events where the project was brought up in discussions.

After the last Consortium meeting, the Consortium members were asked in an open question about the methods they had designed and implemented for distributing the publications and project. The analysis of the responses of course omits information from Consortium Members who may have engaged in dissemination but not answered the questionnaire. According to the questionnaire responses, the first year's publication had been distributed to members of the parliament and ministries, as well as to participants in various events. The answers show that the second year's publication was not distributed as widely as the first. According to the evaluator, this publication is more of a guidance document, which may explain this. Its use differs from that of conventional publications to some extent. The respondents stated that they had distributed the third (last) publication to the same target groups as the first one. According to some respondents, the publication was to be distributed to those partners who were invited to various events.

For evaluating the usefulness of the project and action in the Consortium, the members of the Consortium were asked to assess in the last questionnaire which of the actions taken would have been left undone if the DETERMINE project did not exist. The responses show that Determine has enabled several, varied activities that, because of weak resources, would not have been possible without the project. Receiving the greatest mention here were collecting, gathering, and analysing the information. Some respondents mentioned either previous or planned events and operations and contacts with various authorities as examples of actions that would not have been implemented without the project. Hence the benefits of the DETERMINE project can be seen in these answers as well.

' I would not have done the search (and taking the contacts) for XX¹², we would not made the capacity building plan. I would not had the good sustainable relation with the XX good practise.'

With respect to the distribution for the Consortium's activities and outputs, it can be stated that the Work Package 2 and the members of the Consortium have been committed and active. According to the evaluator, it is important to keep the topic of health inequalities and the social determinants of health on the agenda once the project has officially ended.

¹² XX: The evaluator has omitted the names in the answer, to maintain anonymity.

9 Summary

The evaluation of the DETERMINE project was planned to be an external one that considers the project as a whole. The purpose of the evaluation was to judge the outcomes as planned and realised, rather than to guide the operators. This is partly because the work packages managed the project in a very professional way and there has not been any need for evaluation aimed at suggesting changes of direction in the middle of the processes.

It is quite clear that DETERMINE has succeeded in reaching its goals when one considers the matter in the light of access indicators created for the project. From the evaluation's perspective, the DETERMINE project has been a good example of a project in which evaluation is an integral part of the operation even at the initial stage instead of just the final one. The challenges faced during the project did not prove to be too great and all planned activities and outputs have been realised. The challenge of distributing and utilising the outputs was highlighted in the project. Responses to the final conference questionnaire show that the publications and outputs have been utilised and will continue to be. It can be noted that activities and outputs planned for the project have been implemented and have been of high quality, because they have been utilised and well distributed. The challenge of all limited term projects is to ensure sustainability of the work undertaken following the project. The DETERMINE publications and working documents are suitable tools to help keep the subject under discussion in the future, too. The portal will also remain available after the project, and all Consortium members are continuing their valuable work to level up health differences in their respective countries. The project has given them new tools to keep the issue of HI and the SDH on the agenda of their organisations' and at different levels of government. The project has served to improve members' understanding of these themes and their ability to take action.

In the last Consortium meeting partners were provided with an opportunity to reflect on their experiences with DETERMINE over the past three years. Comments were largely positive. Partners raised the high level of commitment amongst project partners and Work Package leaders. Comments were focusing on the fact that DETERMINE increased the capacity of new Member States to become involved in European projects, and to put health inequalities on their national agenda and about the fact that the project was run in a professional and yet good natured manner.