

**DETERMINE**  
Working  
Document  
**# 2**

**A Rapid Review of Innovation  
in the Context of Social Determinants:**

# **LESSONS FROM EUROPE**

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**DETERMINE – an EU Consortium for Action on  
Socio-economic Determinants of Health**

## Summary

DETERMINE is an EU Consortium for Action on the Socio-economic Determinants of Health (SDH). The overall objective of DETERMINE is to achieve greater awareness and capacity amongst decision makers in all policy sectors to take health and health equity into consideration and to strengthen collaboration between health and other sectors.

This report presents the outcomes of an analysis undertaken by the National Social Marketing Centre in collaboration with ten DETERMINE partners, to provide DETERMINE Consortium Members and the wider European Union with guidance on innovative approaches. It also aims to provide momentum to the adoption of new and effective approaches to improving the health of vulnerable groups.

The report begins with an introduction on the social determinants of health, and a discussion of why the focus is on vulnerable groups. Studies have shown that initiatives aimed at broad population groups may be overused by those who are more informed or equipped to be able to utilise the service. It is important, therefore, that interventions, however well-intentioned, do not inadvertently widen the health gap.

The term 'innovation' is broadly defined as a new or different approach to addressing an issue. As described by DETERMINE partners, this could represent a new process for achieving behaviour change, involving new people in working partnership or seeking to address new or innovative target groups. One important aspect of innovation is that it is dependent on the context it operates within. Consequently, it will always be changing – an approach that is innovative now is unlikely to seem so in the future. In addition, what is considered innovative in one country may not be so in another.

The report then looks at specific examples of innovative approaches, including those provided by DETERMINE partners, and draws out some of their common characteristics. There is a specific focus on the issue of private-public partnerships (PPP's), which notes that, while there is a swell of support for the potential of PPP's, it is important to explore potential ethical issues rising. There is also a specific focus on social marketing. As with other innovative approaches, social marketing starts with the individual and seeks to gain insights into their life to inform interventions, a technique that is recommended in the report. A key observation arising from the analysis of innovative projects is that they all used some form of partnerships or cross-sectoral approach, bringing together a diverse range of parties to address behaviour change.

The issue of evidence on effectiveness in relation to innovative approaches is also addressed. Since innovative approaches are by definition; new approaches, it is not always likely that they will be accompanied by a strong evidence base. Nevertheless it is important that projects are tied to some form of logic model, with information supporting assumptions made.

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## 1.0 Introduction

This report has been compiled by the National Social Marketing Centre, as part of the 'Innovative Approaches' work strand of the DETERMINE Consortium for action on the socio-economic determinants of health. The main objectives of this work strand are to:

- Identify innovative approaches to changing health-related behaviour among socio-economically vulnerable groups, involving social marketing and public/ private partnerships;
- Support and promote innovative approaches by piloting three projects.

This report plays a key role in meeting the first objective, but will also feed into the second. It briefly summarises current knowledge on the social determinants of health, identifies the importance of innovative approaches to improve health-related behaviours of vulnerable groups and considers the value of social marketing and public/ private partnerships to support measures to change behaviour. This report also provides examples of innovative projects taken from a questionnaire sent to Work Package 6 partners. Examples from this review are provided throughout this report.

The aim of this report is to provide DETERMINE consortium members and the wider European Union with guidance on innovative approaches, as well as providing momentum to the adoption of new and effective approaches to improving the health of vulnerable groups. In addition, the findings will feed into the development of the second stage of this work strand which looks to pilot three 'innovative' projects operating in the area of the socio-economic determinants of health from September 2008.

It is important that we clarify what we mean by 'health-related behaviour'. For our purpose, this includes both 'direct' behaviours that relate to health, such as smoking, diet and physical activity, and also 'indirect' ones such as staying in education for longer or exercising better control over finances and debt management. Behavioural change in either of these domains has the potential to have a positive impact on an individual's life. To help clarify this, we feel the term 'health-relevant behaviours' is a better way of describing what we are looking for in this project – those that can impact on health in one form or another, which can include social factors not just individual ones. Therefore, throughout this report we will refer to health-relevant rather than health-related behaviours.

## 1.1. Report Layout

The report is laid out as follows:

- Introduction to the social determinants of health;
- Why are we focusing on vulnerable groups;
- What do we mean by innovative approaches;
- Overview of Public Private Partnerships and social marketing;
- Other examples of innovative approaches;
- Review of the evidence of effective interventions;
- Summary and conclusions
- Description of the case study analysis;
- Examples provided by partners.

## 1.2. Report Limitations

It is important that the limitations of this report are considered when reviewing the information it contains. Although this is a report on innovative approaches in Europe, the majority of information considered has been taken from English language sources. Therefore, although these reports may have been translated into English from other languages, there is still a bias on the type of information reviewed. This language bias is likely to have a greater impact on the identification of actions at a local level which are unlikely to have been translated. However, it should have less impact on national level work which has a higher likelihood of translation and dissemination.

Due to time constrictions, this report does not provide an exhaustive review of innovative approaches – nor is this its aim. The role of this report is to identify examples to stimulate debate and, where relevant, encourage practitioners to adopt innovative approaches. The references provide throughout give examples of more thorough reviews in this area, which practitioners are encouraged to read.

It is also important to take into account that some areas in this report are only covered very briefly, therefore if readers wish to read the full debate surrounding them, further reading is recommended. For example, this report covers a brief description of public/ private partnerships and social marketing. Each of these topics has a wide range of literature devoted to them which it is not possible to fully digest for this rapid review. Therefore, this report looks to draw out some of the key areas of debate rather than provide a comprehensive and robust précis.

## 2.0 Social Determinants of Health

Over the past few decades there has been an improvement of overall health in Europe due to improvements in factors such as ‘*living and working conditions, food supply, and access to essential goods and services, such as education and health care*’<sup>1</sup>. However, despite these overall improvements in health indicators, health inequalities within and between countries have continued to exist and in many cases have widened<sup>2</sup>. This highlights that, although overall health is improving, the health of those from higher socio-economic groupings is improving at a faster rate – therefore widening the health gap. As reported in *Closing the Gap*, this can result in some individuals not being able to achieve their fundamental right to enjoy the ‘*the highest attainable standard of health*’ possible.<sup>3</sup>

In recent times, there has been recognition that health inequalities are not exclusively determined by bio-medical factors or lifestyle choices (although these do still have an impact). Research has shown that health inequalities can reflect structural inequalities in the distribution of wealth within and between societies. Health inequalities are also a consequence of the social conditions that people operate in which can be defined as the socio-economic determinants of health.

The model below, taken from the WHO’s (World Health Organisation) Commission on Social Determinants of Health looks at the pathways and mechanisms of the social determinants of health inequalities. The model highlights how differences in socio-economic context can cause differences in socio-economic position and therefore related life opportunities, characterised by factors such as income levels, education and social class.

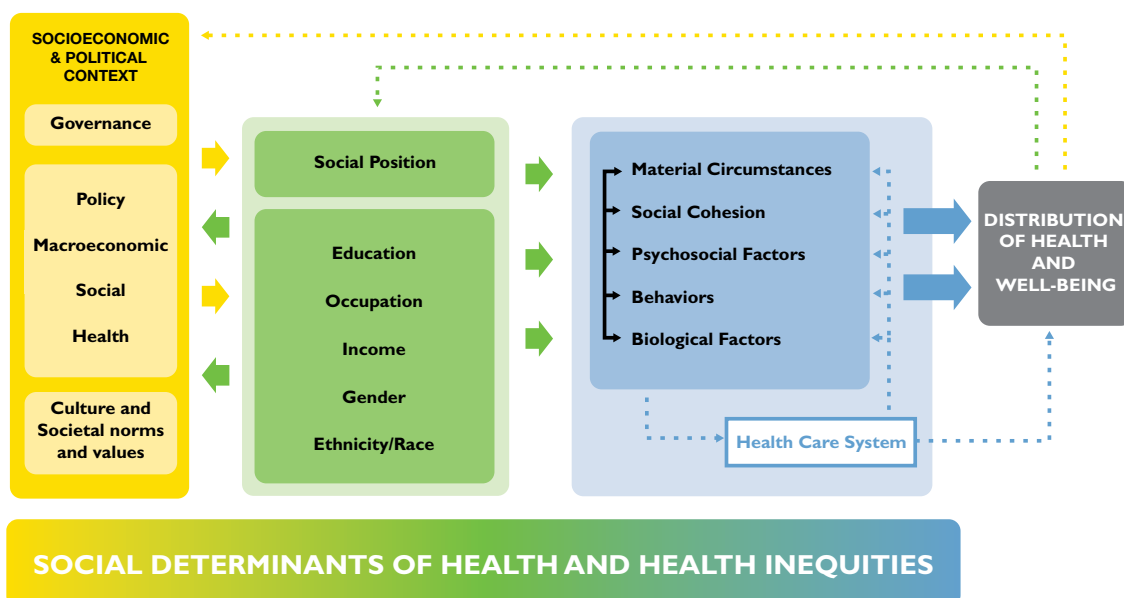


Figure 1 – Summary pathway and mechanisms of social determinants of health inequalities<sup>4</sup>

- 1 European strategies for tackling social inequities in health: Leveling up Part 2. Göran Dahlgren, Margaret Whitehead, WHO Collaborating Centre for Policy Research on Social Determinants of Health, University of Liverpool, World Health Organization 2006, reprinted 2007, Pg 57
- 2 Kelly, M.P, Bonnefoy J, Morgan A, Forenzano F. *The Development of the Evidence Base About the Social Determinants of Health*. WHO Commission on Social Determinants of Health Measurement and Evidence Knowledge Network. May 2006
- 3 *Closing the Gap: Strategies for Action to Tackle Health Inequalities in Europe, Taking Action on Health Equity*, May 2007, EuroHealthNet publication.
- 4 Commission on the Social Determinants of Health. *A Conceptual Framework for Action on the Social Determinants of Health*. Draft discussion paper, April 2007. pg. 47

This model characterises the determinants as both structural and intermediary. Structural determinants include social and political mechanisms as well as socio-economic position. Intermediary determinants are the pathways that lead from the structural determinants to the actual differences in health that are seen at population level. These can be split into material circumstances (such as living and working conditions), behaviour and biological factors (such as smoking), psychosocial factors (stress in employment) and the health system itself.

Many Governments across the EU have recognised the occurrence of health inequalities as a consequence of the socio-economic determinants of health. For example, in the UK the Government is addressing health inequalities through looking at the wider determinants of health<sup>5</sup> and their impact on lifestyle<sup>6</sup>.

Dahlgren and Whitehead's (1991) Wider Determinants of Health model provided below highlights the different layers of determinants that can impact on health. The model suggests that there are certain fixed individual level factors such as age, gender and heredity, which are likely to influence health. However, the surrounding layers can be modified to positively impact on health. These include:

- Individual lifestyle factors such as smoking habits or physical activity levels;
- Social and community networks such as interactions with friends, family and the community;
- Living and working conditions such as employment, education and housing;
- Wider socio-economic, cultural and environmental conditions.

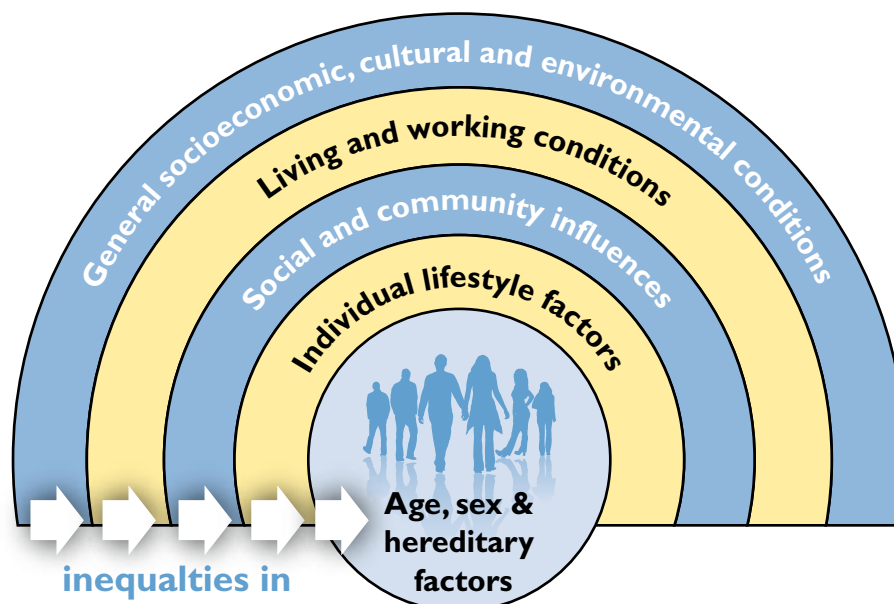


Figure 2 Dahlgren and Whitehead (1991) Wider Determinants of Health Model<sup>7</sup>

Highlighting the different influences on individuals, Mackenback (2006) discusses how tackling health inequalities should not only be limited to addressing contributory 'lifestyle' factors such as smoking, excessive alcohol consumption and diet:

5 Department of Health (2003). Tackling Health Inequalities: a programme of action. London: Department of Health (pp1 & 7)

6 Wanless, D. Securing good health for the whole population: final report, London: HSMO, p.g 40

7 Dahlgren G, Whitehead M. Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Future Studies, 1991

*Changing behaviour will only be possible if other determinants of health-damaging behaviour; both at the individual level (e.g. psychosocial stressors, financial problems...) and at the group level (e.g. social norms, geographical barriers to healthy behaviour...) are addressed.<sup>8</sup>*

The WHO's pathways model, Dahlgren and Whitehead's (1991) Wider Determinants of Health model and Mackenback's work illustrate the multi-layered factors that influence the health of an individual. This work complements reviews on behaviour which describe its complexity and how it can be influenced by a wide range of different factors such as psychological, social, environmental and cultural factors among others<sup>9</sup>. In their review of social determinants of health, Wilkinson and Marmot (2004) stressed that there is a need to better understand where behaviour fits in with the environment and how this knowledge can be used to achieve healthier behaviour:

*We...emphasise the need to understand how behaviour is shaped by the environment and, consistent with approaching health through its social determinants, recommend environmental changes that would lead to healthier behaviour.<sup>10</sup>*

The different strata of determinants that influence health create a wide range of implications for organisations responsible for delivering the health of a nation. The social determinants of health are broad and can present a number of policy challenges to Governments, addressing areas such as: stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport<sup>11</sup>.

As a consequence of the diverse range of determinants, impacting on an individual's behaviour is a challenging area. This view is echoed by Agis Tsouros, the then Head of Centre for Urban Health in the WHO Regional Office for Europe:

*The field of the social determinants of health is perhaps the most complex and challenging of all. It is concerned with key aspects of people's living and working circumstances and with their lifestyles. It is concerned with the health implications of economic and social policies, as well as with the benefits that investing in health policies can bring.<sup>12</sup>*

It is important to remember that we should not assume that addressing the social determinants of health will positively impact on health inequalities. Tackling the determinants of health inequalities should be seen as tackling the 'unequal distribution'<sup>13</sup> of health determinants. Consequently, we need to focus on levelling up their distribution<sup>14</sup>.

8 Health Inequalities: Europe in Profile, Prof Johan P Mackenback, February 2006, page 40

9 Prevention That Works A Review of the Evidence Regarding the Causation and Prevention of Chronic Disease CONSULTATION DRAFT November 2003 Chronic Disease Prevention Initiative: Paper #2 Prevention and Wellness Planning Population Health and Wellness Ministry of Health Planning Victoria BC, Pg 14

10 R. Wilkinson, M. Marmot, Head, Centre for Urban Health, WHO Regional Office for Europe, Social Determinants of Health, The Solid Facts, Second Edition, World Health Organisation 2004, Pg.9

11 IBID

12 Agis D. Tsouros, Social Determinants of Health, The Solid Facts, Second Edition, World Health Organisation 2004, Pg.5

13 Health Inequalities: concepts, frameworks and policy, NHS Health Development Agency, 2004, Page 5

14 IBID, pg 5

## 2.1. Addressing the Social Determinants of Health

While most contemporary literature broadly accepts the existence and impact of social determinants of health, there is still a great deal of debate relating to what can actually be done to address this. This report looks to identify innovative approaches to addressing health-relevant behaviour among vulnerable groups. This may involve identifying projects that are concerned with intermediary determinants, such as an intervention to improve living conditions of a vulnerable group. However, it could also include structural interventions, for example, a project that aims to keep vulnerable groups in education for longer.

An example of the type of social determinant approach that this report seeks to identify is the *Komm auf Tour* case study taken from Germany. This looks to increase the occupational interests of socially disadvantaged adolescents by helping them to develop their self-confidence and future occupational goals. This is based on the assumption that providing occupational interests to this group will help to make alternative lifestyles such as teenage pregnancy less of an attractive option. Therefore this case study looks at employment as a social determinant of health. This approach is similar to the *U-Turn* case study in Denmark which works with drug using adolescents aged 15-23. The project focuses on wider issues such as housing and education rather than simply on drug abuse to look at the impact of wider determinants on the health behaviour of drug use.

Work Package 5 of the DETERMINE project focuses on the wider policy actions that Governments in the EU have taken to address the social determinants of health. These actions can be seen to focus on structural rather than intermediary determinants, although they do impact on them. As an example of how the work packages can complement each other Work Package 5 may identify a Government's fiscal policy addressing wider structural determinants. By contrast, Work Package 6 might use an approach providing specific financial advice to groups, such as debt or loans advice – more of an intermediary determinant approach.

Work Package 5 is looking at some of the more population wide strategies, with Work Package 6 focusing on targeting more specific vulnerable groups. This approach has been suggested as a potentially effective way of tackling the health gradient<sup>15</sup>. In addition, this two-pronged approach is proposed by the WHO's work on obesity where they highlight the need for micro interventions to be supported by macro scale interventions – there are only likely to be small effects without this complementary approach<sup>16</sup>.

A difficulty in identifying innovative approaches in changing health-relevant behaviour is that evaluation of interventions is relatively sparse. While there is a great deal of literature which describes the existence and the problem of inequalities, there is much less detailing evidence-based interventions<sup>17</sup>. In addition, it has been identified that there is a lack of information about the economic value of interventions to tackle the social and economic determinants of health<sup>18</sup>. The challenges and debate relating to the evaluation and evidence of interventions is explored further in this report.

15 Cracking the nut of health equity: top down and bottom up pressure for action on the social determinants of health, IUHPE – Promotion and Education VOL XIV, NO.2 2007, Page 91

16 The challenge of obesity in the WHO European Region and the strategies for response, Summary, World Health Organization 2007, Pg.24

17 ESRC, Developing the evidence base for tackling health inequalities and differential effects, Prof. Hilary Graham, Prof. Mike Kelly, Page 9

18 A census of economic evaluations in health promotion, Bonnie Rush, Alan Shiell and Penelope Hawe, HEALTH EDUCATION RESEARCH Vol.19 no.6 2004, Theory & Practice, Page 707

As highlighted in this section, addressing the social determinants of health is a challenging area, which spans a broad range of determinants, population groups and there is a lack of information about effective, evidence-based interventions. It is also important to consider the challenges and complexity of reviewing this across Europe, highlighted by Dahlgren and Whitehead (2007):

*Given the existence of major differences, between countries, in the magnitude and causes of social inequities in health, there is, however, no strategic blueprint for tackling this health divide. Opportunities for (and barriers to) the implementation of equity-oriented policies may also differ due to a number of factors, such as political ideologies, institutional frameworks and the strength of different global and national vested interests.<sup>19</sup>*

The lack of a 'strategic blueprint' that Dahlgren and Whitehead (2007) describe should be considered when reading this report. Due to multiple differences between countries, such as cultural values, health systems, political structures and many others, it is unlikely that innovative approaches can simply be lifted from one country and implemented in another. Interventions will need to be culturally translated to ensure their relevance in new environments – success in one country does not guarantee success in another. Therefore, it is important that this review of innovative approaches is seen as a mechanism for identifying innovation rather than a substitute for innovative intervention design specific to individual countries.

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<sup>19</sup> European strategies for tackling social inequities in health: Leveling up Part 2, Göran Dahlgren, Margaret Whitehead, WHO Collaborating Centre for Policy Research on Social Determinants of Health, University of Liverpool, World Health Organization 2006, reprinted 2007, Pg 4

### 3.0 Why Focus on Vulnerable Groups?

The focus of Work Package 6 is to address health-relevant behaviour among vulnerable groups. However, as the health gradient recognises, social determinants affect different strata of society – it is not just the most vulnerable groups that feel the consequences of the gradient in health.

DETERMINE justifies the focus on vulnerable groups rather than other sectors of the population due to the following reasons:

- Their health status is generally the lowest;
- They are more exposed to potentially damaging environments;
- The consequences of their exposure are likely to be higher than for other groups.

As Mackenback (2006) writes; ‘research has shown that health inequalities are mainly caused by a higher exposure of lower socio-economic groups to a wide range of unfavorable material, psychosocial, and behavioural factors’<sup>20</sup>. This view is supported by the WHO’s research into the challenge of obesity which identifies that those from a lower socio-economic status are more vulnerable to obesogenic environments<sup>21</sup>.

Therefore, it can be argued that a health inequalities intervention is only successful when it is at least as effective for the lowest socio-economic group as the highest<sup>22</sup>.

In the report Leveling Up (Part 1), Whitehead and Dahlgren (2006) address this issue in respect to tackling social inequities in health. They outline the following three step sequence, which can be considered when addressing improving health and reducing inequalities:

- **Step 1:** Improving the health of the most disadvantaged groups. This improvement is important even if inequalities have widened;
- **Step 2:** Narrowing the gap. This looks to improve the health of disadvantaged groups at a faster rate than higher socio-economic groups;
- **Step 3:** Reduce health inequalities across all groups in society – not just focusing on the extremes of income groups.<sup>23</sup>

<sup>20</sup> Health Inequalities: Europe in Profile, Prof Johan P Mackenback, February 2006, page 3

<sup>21</sup> The challenge of obesity in the WHO European Region and the strategies for response, Summary, World Health Organization 2007

<sup>22</sup> Tackling health inequalities: turning policy into practice? D. Hunter and A. Killoran, Health Development Agency, 2004, Page 2

<sup>23</sup> Leveling up (part 1): a discussion paper on concepts and principles for tackling social inequities in health, Margaret Whitehead & Göran Dahlgren, WHO Collaborating Centre for Policy Research on Social Determinants of Health, University of Liverpool, World Health Organisation 2006, Pg 14-15

The report argues that although Step 3 can be achieved through narrowing the difference between middle and high income groups, this will leave the most disadvantaged groups behind. There is a moral imperative for society not to ignore the situation of disadvantaged groups. Consequently, they conclude that:

*The only valid indicator of reduced social inequities throughout the whole population is when the health of the most disadvantaged groups has improved faster than that of the middle- and high income groups.<sup>24</sup>*

Therefore, although an intervention focusing on lower socio-economic groups may potentially only help out a small proportion of the population<sup>25</sup> it is still a morally defensible and important approach to take.

Consequently, taking into account the impact of health inequalities on those in lower socio-economic groups, DETERMINE wishes to focus the identification of innovative approaches on those from vulnerable groups.

A report undertaken in 2007 for the NSW Reinvestment Strategy, which looked at best buys in behaviour change in population health/ prevention, highlighted a number of key intervention features that may predict success when working with disadvantaged groups<sup>26</sup>. These are briefly summarised below and provide useful criteria to take into account when designing interventions with this audience.

- Ensure the intervention is culturally tailored;
- Use community educators or lay people to lead the intervention;
- Use one-on-one interventions with individualised assessment and reassessment;
- Focus on behaviour related tasks;
- Provide feedback;
- Use high-intensity interventions (such as those with more than 10 contact times) delivered over a long duration (equal to or more than 6 months).

Some of the vulnerable groups cited by Work Package 6 partners in their case studies are:

- Prostitutes;
- People involved in human trafficking;
- Socially disadvantaged adolescents;
- Mothers living with HIV;
- Unemployed families;
- Roma communities;
- Current and previous drug and alcohol users.

<sup>24</sup> IBID

<sup>25</sup> Health Inequalities: concepts, frameworks and policy, NHS Health Development Agency, 2004, Page 2

<sup>26</sup> NSW Health Reinvestment Strategy. Population Health/ Prevention Best Buys: Behaviour Change, Summary Document, Final Version 16th July 2007, Page 16

## 4.0 Innovation

The word ‘innovation’ is often used but seldom explored and defined. The generally accepted definition, and the most commonly used in dictionaries, is ‘*using new methods or ideas*’<sup>27</sup>. A survey undertaken in the United Kingdom looking at achieving innovation in Central Government identified the following characteristics of innovation from academic literature:

- ‘Anything new that works’
- ‘Change that creates a new dimension of performance’
- ‘Creativity is thinking up new things. Innovation is doing new things’<sup>28</sup>

These definitions complement the definition used in Closing the Gap, which Work Package 6 has used for the case study questionnaire:

*Those interventions which practice new solutions for certain problems and challenges through the application of new ideas, techniques and methods are innovative.*<sup>29</sup>

However, there is uncertainty regarding how ‘innovation’ is classified in an EU-wide project such as DETERMINE. There are a number of different ways to consider this.

Firstly, innovation in an EU perspective can be seen as identifying a project that brings a new approach that has not been seen across the EU. In this way, something is only innovative if it is innovative in relation to the highest common denominator in the EU. Another approach is that we are looking at innovation relative to the country. For example, a standard ‘traditional’ project in Finland might be seen as ‘innovative’ in the UK.

DETERMINE will focus on the latter principle – we are looking at innovation relative to the individual country. This idea of innovation is used by Rogers in his book *The Diffusion of Innovation*, where he defined innovation as being a concept that is *perceived as new* by an individual or other unit of adoption<sup>30</sup>.

While the idea of innovation is often characterised as a new idea or concept, it can also be seen as a process, not simply a product or service. This way of approaching innovation is described by Kotler et al (1999) as: ‘*a process of identifying, increasing and delivering new-product service values that did not exist before in the marketplace*’<sup>31</sup>.

The Innovation-Unit, an organisation that is involved in looking at innovation in the public sector in the UK has an interesting perspective on innovation which it describes as ‘*the successful exploitation of new ideas*’<sup>32</sup>. This implies an idea in itself is not enough, for something to be innovative; the idea must develop into action.

<sup>27</sup> <http://dictionary.cambridge.org/define.asp?key=40920&dict=CALD> (accessed 17:00, 07/02/2008)

<sup>28</sup> Achieving Innovation In Central Government Organisations, Report By The Comptroller And Auditor General | HC 1447-I Session 2005-2006 | 25 July 2006 Page 8

<sup>29</sup> Closing the Gap – Good practice criteria – COMPLETE REFERENCE

<sup>30</sup> Rogers EM, *Diffusion of Innovations*. New York: The Free Press, 1995.

<sup>31</sup> Principles of Marketing, 2nd European edition, Kotler et al., 1999 Prentice hall, Page 1003

<sup>32</sup> <http://www.innovation-unit.co.uk/about-us/what-is-innovation/what-is-innovation.html> (accessed 03/04/08)

The UK-based Centre for Public Innovation<sup>33</sup> devised '10 rules' of innovation for the public sector. While tending to focus on the mindset of innovators, these rules are useful to consider when setting up an innovative project:

1. Innovation comes from people, not from committees or studies;
2. Innovations come from looking at the opportunity;
3. Innovators see potential and solutions, not problems;
4. Successful innovators tend to have a supportive manager or sponsor;
5. Innovators like risk-taking but understand the boundaries and limitations;
6. Innovation depends more on the timing of resources than the amount;
7. Small amounts of money can be used to make big differences;
8. Innovators seek to change behaviour;
9. Innovation succeeds through trial and error, until the best solution is found;
10. Innovators find time to work on their innovations without affecting their other priorities.

#### 4.1. Work Package 6 - Views on Innovation

As highlighted previously, the role of Work Package 6 is to focus on changing health-relevant behaviour with a particular focus on social marketing and PPP techniques<sup>34</sup>. However, the focus is not purely on social marketing and PPP's. Work Package 6 will also look for other approaches that can be described as innovative ways of addressing health-relevant behaviours among vulnerable groups.

As part of the review on innovative approaches, Work Package 6 partners were asked to describe how 'innovation' is defined in their country. In general, partners agreed with the definition of 'innovation' used in the Closing the Gap project – therefore this is a term of reference that we can be confident using throughout the course of the DETERMINE project.

Work Package 6 partners were also asked to provide examples of 'innovative' projects in their country. These examples help to provide a strong basis for identifying what is 'innovative' as well as what is 'innovative in relation to addressing health-relevant behaviour among vulnerable groups'. These examples are referred to throughout the course of this report and are provided in full in the appendices.

<sup>33</sup> <http://www.publicinnovation.org.uk>

<sup>34</sup> DETERMINE: An EU Consortium for Action on Socio-Economic Determinants of Health, Annex I – Description of Action

In summary, the types of innovative approach suggested by partners cover some of the following topics:

- Using a public private partnership approach;
- Addressing topic areas that have not been focused on previously;
- Looking at new target groups;
- Social inclusion – such as integrating prostitutes back into society;
- Creating and strengthening social networks – therefore building social capital;
- Using holistic approaches to address target groups needs. For example, not just focussing on one aspect such as unemployment, but also factoring in health;
- Treating groups in their homes rather than in specific clinics so that they are not removed from society, therefore strengthening their inclusion in society;
- Using a family-based approach rather than focussing just on the individual;
- Community development and engagement;
- Using participatory and peer-led methods in communities;
- Inter-sectoral approaches to address issues;
- Developing partnerships between professionals that have not previously worked together;
- Producing innovative intervention materials such as using theatre to promote physical activity and nutritional habits in children;
- Identifying the needs of target groups;
- Using a social marketing ‘bottom-up’ approach and building interventions based on the target group’s needs;
- Using health equity and health impact assessments as tools to advocate resource investment in projects addressing health inequalities;
- Interventions fitting in with people’s lives. For example, providing medical services for truck drivers in motorway services areas;
- Addressing issues different to the presenting problem to look for indirect links between the two. For example, helping disadvantaged people with drug and alcohol misuse to increase their levels of exercise, even though this is not their main health problem;
- Developing self-confidence and potential in target groups rather than identifying where there may be a perceived deficit.

## 5.0 Public-Private Partnerships

The DETERMINE framework views the use of Public Private Partnerships (PPP's) as an innovative approach to changing health-relevant behaviour. This section looks at the background to PPP's, some of their defining characteristics, why they are seen as useful and also outlines some issues to be aware of when using this type of approach.

### 5.1. Background

Partnerships to address particular health challenges are becoming increasingly important and are seen as a key tool to address behavioural challenges. The Bangkok Charter for Health Promotion outlines the importance of building alliances and partnerships with public, private and non-governmental organisations to achieve their aims. In the UK, the Government currently sees partnerships as key to *'positively influencing people's lifestyle decisions [and] influencing the nation's health'*<sup>35</sup>. In addition to this, while not specifically mentioning partnering with the private sector, the NICE Guidance on Behaviour Change (2007) states that it is *'vital that any behaviour change programme should be developed in partnership with stakeholder organisations'*<sup>36</sup>. In their review of behavioural interventions in health, the National Social Marketing Centre recommended enhancing working between the public and private sector as an effective route to address behavioural challenges<sup>37</sup>.

The Ministry of Foreign Affairs of Denmark has instigated a Public Private Partnership Programme (PPP Programme) to promote sustainable PPP's. They recognise that private sector involvement is crucial to achieve the development goals of the international community<sup>38</sup>. More information on their programme can be accessed at the website [www.pppprogramme.com](http://www.pppprogramme.com).

PPP's are currently being promoted as an innovative policy by institutions such as the World Bank, UN<sup>39</sup>, Governments<sup>40</sup> and other institutions (such as UNAIDS<sup>41</sup>). The private sector is increasingly being seen as a route to reach and connect with different societies or specific communities. The importance of this trend is illustrated in the statement below, delivered by Ban Ki-Moon, Secretary-General of the UN:

*We need business to give practical meaning and reach to the values and principles that connect cultures and people everywhere.*<sup>42</sup>

35 Partnerships for Better Health (a report by the Department of Health in England 2007).

36 NICE Guidance on Behaviour change (2007)

37 It's our health! Realising the potential of effective social marketing, National Social marketing Centre, Summary, 2006, pg 2

38 Ministry of Foreign Affairs of Denmark, Danida, Corporate Social Responsibility – Support facilities in the Public Private Partnership Programme, November 2006, Ministry of Foreign Affairs of Denmark, Page 4

39 *Report of the Secretary-General, Enhanced Cooperation Between The United Nations And All Relevant Partners, In Particular The Private Sector, August 2003*

40 Public-private partnerships and Health for All, How can WHO safeguard public interests? Judith Richter, Globalism and Social Policy Programme, Policy Brief, No 5 September 2004, Page 1

41 AIDS is Everybody's Business, Partnerships with the Private Sector: A Collection of Case Studies from UNAIDS, UNAIDS/07.33E / JCI 368E (English original, December 2007), PG 3

42 Ban Ki-Moon, Secretary-General of the United Nations, Source: <http://globalcompact.org.ua/en> (accessed 10:30, 13/03/2008)

The increasing importance of PPP's can partly be attributed to the growing significance that Governments are placing on Corporate Social Responsibility (CSR)<sup>43</sup> which can be defined as 'business taking account of their economic, social and environmental impacts, and acting to address the key sustainable development challenges based on their core competences wherever they operate'<sup>44</sup>. The quote below from Gordon Brown in his time as Chancellor of the Exchequer illustrates the growing pressure on the private sector to contribute to the wider environment they operate in:

*Today, corporate social responsibility goes far beyond the old philanthropy of the past – donating money to good causes at the end of the financial year – and is instead an all year round responsibility that companies accept for the environment around them, for the best working practices, for their engagement in their local communities and for their recognition that brand names depend not only on quality, price and uniqueness but on how, cumulatively, they interact with companies' workforce, community and environment.*<sup>45</sup>

However, while there is a growing trend within Governments and international institutions to welcome the private sector as partners in achieving their objectives, there is also growing pressure from the private sector to become involved in addressing public sector objectives. There are a number of benefits which the private sector can accrue from working with the public sector. As the quote from Gordon Brown highlights, a company's brand name can be influenced by their involvement and interaction with the community. There has been a growing importance reported in companies moving from just selling products or services to selling a brand image. It can be argued that private companies can use PPP's as a way of identifying their brand with a public health organisation or ideal<sup>46</sup>.

A major challenge is to make sure that the benefits which the private and public sector receive from any partnership are balanced – this will be discussed in section 5.4 looking at issues to be aware of with PPP's.

## 5.2. Definition of PPP's

Defined, PPP's can be seen as the public and private sector working together in partnership to achieve a particular goal or objective. This is different to CSR mentioned earlier, which might be a *no strings attached* donation of funds to a particular cause. PPP's are distinguished by the fact that there is a 'shared process of decision making'<sup>47</sup> between the two sectors. The definition of partnerships used by the UN is as follows:

*'Partnerships are commonly defined as voluntary and collaborative relationships between various parties, both State and non-State, in which all participants agree to work together to achieve a common purpose or undertake a specific task and to share risks, responsibilities, resources, competencies and benefits.'*<sup>48</sup>

43 Ministry of Foreign Affairs of Denmark, Danida, Corporate Social Responsibility – Support facilities in the Public Private Partnership Programme, November 2006, Ministry of Foreign Affairs of Denmark, Page 4

44 Corporate Social Responsibility A Government update, First published May 2004. Department of Trade and Industry, © Crown Copyright. [www.dti.gov.uk](http://www.dti.gov.uk), DTI/Pub 7201/1k/05/04/NP, Page 2

45 Gordon Brown, Chancellor of the Exchequer, Corporate Social Responsibility A Government update, First published May 2004. Department of Trade and Industry, © Crown Copyright. [www.dti.gov.uk](http://www.dti.gov.uk), DTI/Pub 7201/1k/05/04/NP, Page 2

46 Using private money for public health: the growing trend towards partnership, Gill Walt, Public-Private 'Partnerships': Addressing Public Health Needs or Corporate Agendas, Seminar Report, HAI Europe 2001, Page 10

47 Public-private partnerships and Health for All, How can WHO safeguard public interests? Judith Richter, Globalism and Social Policy Programme, Policy Brief, No 5 September 2004, Page 2

48 *Report of the Secretary-General, Enhanced Cooperation Between The United Nations And All Relevant Partners, In Particular The Private Sector, August 2003*

A review looking into the effectiveness of partnerships for health promotion undertaken on behalf of the Health Education Authority identified a set of characteristics of good partnerships that are broadly summarised as:

- Relevant needs assessment; and
- Setting up of committees crossing professional and lay boundaries that can steer, guide and account for the implementation.<sup>49</sup>

### 5.3. Why use PPP's?

So far in this section we have highlighted the trend towards using PPP's and their defining characteristics. It is important to understand why it is that there appears to be an increasing movement towards the use of PPP's. While this is not a fully comprehensive list, the points below highlight some of the key arguments in favour of using PPP's:

- The public sector can benefit from the familiarity and trust that some customers have to certain brands;
- The private sector may have a different range of skills, expertise and knowledge that can be utilised in their relationship with the public sector;
- Commercial organisations may have better access to different customer groups, both in terms of proximity and also on an emotional level;
- Working with the private sector can enable the potential use of different communication channels;
- Private companies may have access to higher financial resources;
- Complex issues such as obesity can be difficult to address through just one organisation. A range of behavioural theories highlight the importance and impact of the wider environment on an individual's behaviour. Therefore it can be argued that excluding the private sector – who operate in and occupy a large part of an individual's environment – may make it more difficult to fully understand and address behavioural challenges. This is recognised when looking at the UNAIDS strategy where they state that no one sector can address all of the different aspects of AIDS, and that *'the talent, resources, experience and commitment of business must play a central role in designing, implementing and promoting effective responses to HIV'*<sup>50</sup>;
- The private sector might be able to undertake projects at a quicker speed;
- Some of the larger global companies have greater recognition and access across borders which may be advantageous for certain types of intervention. For example, it is easier to recall global sports retailers (Nike), food providers (McDonalds) or sports clubs (Real Madrid) than it is to name global health providers.

It can be argued that involving different partners, people and processes to address public health issues may increase the potential of things being done differently, and therefore raises the potential of increased innovation.

49 Effectiveness Of Alliances And Partnerships For Health Promotion, Pamela Gillies, Health Education Authority, London, UK, Health Promotion International Vol. 13, No. 2, # Oxford University Press 1998 Printed in Great Britain, Pg. 104

50 AIDS is Everybody's Business, Partnerships with the Private Sector: A Collection of Case Studies from UNAIDS, UNAIDS/07.33E / JCI 368E (English original, December 2007), PG 3

There have been examples of successful PPP's, such as in the Netherlands which reports an example of a successful partnership with Supermarkets in the private sector to run a 'Fat Watch' campaign. This campaign reported reduced consumption of saturated fats (from 16.4% to 14.1% of energy intake over a 5 year period)<sup>51</sup>. Another good example is the Big Noise Snack Right Campaign which aims to improve the healthy snacking behaviours of under 4's in deprived areas of North West England (details can be found under: <http://www.nsms.org.uk/public/CSView.aspx?casestudy=37>). The ChaMPs (Cheshire and Merseyside) Public Health Network formed a partnership with the supermarket Aldi. Aldi had an existing scheme of local supply of fresh produce and had a planned fruit and vegetable campaign which ChaMPS were able to 'piggy-back'.

As this section highlights, there are many potential benefits of using PPP's. However, the identification of potential benefits is just the first stage – work needs to be done to ensure that the benefits of PPP's are achieved. This is clearly set out by the World Economic Forum as a major challenge for the future:

*'One of the key leadership challenges of our time is to find new ways to harness the innovation, technology, networks, and problem-solving skills of the private sector, in partnership with others, to support international development goals.'*<sup>52</sup>

#### 5.4. Issues to be aware of with PPP'

While this section has highlighted potential benefits of using PPP's there are a number of important considerations to be discussed before this approach is used.

##### **Ethical Challenges**

First, there are some strong ethical concerns that need to be taken into account when working with the private sector. Although the private sector can bring a number of potential solutions to challenges faced by the public sector, in some cases there may also be a conflict of interest with the two sectors working together. A current example that highlights some considerations that need to be taken account of is the 'Change Tactic, Be Active' campaign that Coca-Cola run in Greece (more information can be found under: [http://www.active-lifestyle.eu/asp/our\\_actions/det\\_partnership.asp?doc\\_id=46](http://www.active-lifestyle.eu/asp/our_actions/det_partnership.asp?doc_id=46)). This is a 3-year educational programme involving the Greek Ministry of Public Health and Social Welfare and the International Foundation of Olympic and Sports Education. The campaign includes interventions such as TV and internet campaigns. While this programme may be effective at positively changing behaviour, certain moral judgements need to be made about the validity of Coca Cola – a company that sells drinks with high sugar content to children, being involved in children's activity levels – something that may be influenced by their consumption of sugary drinks. The role of this report is not to judge whether this is right or wrong, but simply to raise these issues for debate.

As highlighted in the quote below, it can be argued that, although companies may have the intention to act in the interests of social good, these intentions are secondary to their financial responsibilities. This overall financial aim of the private sector can lead people to question the motivations of companies becoming involved in PPP's. For example, is it to help a vulnerable group have access to better financial advice, or to increase sales of credit cards or insurance packages?

51 The Evidence Of Health Promotion Effectiveness: Shaping Public Health In A New Europe, 2ND EDITION, JAN 2000, ECSC-EC-EAEC, p.15

52 Partnering for success, Business perspectives on Multi-stakeholder Partnerships, World Economic Forum, January 2005, Page 4

*We cannot escape the fact that all corporations have a fiduciary (legal) duty to maximise profit for their stakeholders. No matter what the rhetoric and the often good intentions of individuals working within corporations, there has to be a financial payoff - either in the short or long-term.<sup>53</sup>*

It can be argued that it is unreasonable to expect private sector companies to enter into a PPP without the expectation of some gains (such as a more positive brand image or increased sales). However, care must be taken to ensure that these goals are aligned with and complement those of the public sector. Without careful design, private sector motivations can alter the mission of the public sector organisation which has the potential to change the focus from marginalised groups in society therefore conflicting with equity in health<sup>54</sup>.

### **Lack of Evidence**

A lack of evidence surrounding the effectiveness of interventions to address the social determinants of health is highlighted in Section 8 of this report. This lack of evidence of effectiveness is also true for PPP's<sup>55</sup>. Patouillard et al (2007) undertook a systematic review of literature, looking at whether working with the private sector can improve utilisation of quality health services by the poor – an issue strongly relevant to Work Package 6 of DETERMINE. Some of the key conclusions coming from this systematic review were that:

*'Better evidence of the equity impact of interventions working with the private sector is needed for more robust conclusions to be drawn.'<sup>56</sup>*

And:

*'Few studies provided evidence on the impact of private sector interventions on quality and/or utilisation of care by the poor.'<sup>57</sup>*

The paper also reported that only a limited number of studies provided evidence of the impact of private sector involvement on the quality and/or utilisation of services by the poor. In addition, it was noted that much of the evidence available looks at short-term effects and therefore raises questions around the long-term success and sustainability of the intervention.

However, as noted in Section 8 of this report, it is difficult to extract traditional robust evidence from some forms of behavioural interventions; therefore it can be argued that there is a need to use a different evaluation framework to measure success. Consequently, the PPP's included in the systematic review may have been effective interventions even though this may not have been recognised through traditional evaluation methods. The paper referred to this by stating that there have been a number of successful interventions in poor communities where positive equity impacts can be inferred.

53 The Perils of Public Private Partnerships: How do Partnerships impact Grassroots Campaigns? Patti Rundall – Baby Milk Action UK, Public-Private Partnerships: Addressing Public Health Needs or Corporate Agendas, Seminar Report, HAI Europe 2001, Page 23

54 Sania Nishtar, 28 July 2004, <http://www.health-policy-systems.com/content/2/1/5>

55 Using private money for public health: the growing trend towards partnership, Gill Walt, Public-Private Partnerships: Addressing Public Health Needs or Corporate Agendas, Seminar Report, HAI Europe 2001, Page 10

56 Can working with the private for-profit sector improve utilisation of quality health services by the poor? A systematic review of the literature. International Journal for Equity in Health 2007, 6:17, E. Patouillard, C. Goodman, K. Hanson, A. Mills

57 IBID

## Usage needs to be justified

Although there is potential for PPP's to be an effective route to achieve behavioural goals, the evidence gap and ethical challenges present significant questions to their adoption. Although there has been a trend towards organisations recommending the use of PPP's, these should not just be the default intervention when addressing behaviour<sup>58</sup>.

The European Commission's guidelines on successful PPP's set out a range of recommendations to be considered before undertaking one:

- There should be detailed analysis of the costs and benefits of private sector involvement versus public alternatives;
- Both parties should appreciate the appropriateness of working together in a partnership – this could be through their organisation type or the subject matter;
- Detailed analysis of the full costs should be calculated prior to commencement;
- Is there sufficient structure and ability to be able to effectively implement an intervention?<sup>59</sup>
- Can the objectives of each party be met in the relationship?
- Finally, a PPP should only be used if it can be clearly demonstrated that it will add additional value to other approaches<sup>60</sup>

Another consideration before embarking on PPP's is to ensure that the process is open to scrutiny by public agencies and is independent of commercial interest<sup>61</sup>. This will help to enable transparency in the process and has the potential to prevent future issues arising with the process.

## Avoidance of regulation

The impact of PPP's on regulation was raised by some Determine members. It is important to ensure that the projected partnership will not undermine future legislation possibilities before engaging in a PPP. It has been argued that avoiding future legislation may be a hidden agenda for some companies when seeking for or accepting partnerships.

This is particularly important because legislation – such as offering smoke free places to the whole population, or regulating exposure to advertising – are often policies that are more likely to reach or profit the more vulnerable groups in society. In addition, some of these regulative policies are low cost, therefore may be effective for countries who do not have the means to create a sufficient health promotion infrastructure.

<sup>58</sup> European Commission, Directorate-General Regional Policy, Guidelines for successful public – private partnerships, March 2003, page 9

<sup>59</sup> IBID

<sup>60</sup> European Commission, Directorate-General Regional Policy, Guidelines for successful public – private partnerships, March 2003, page 9

<sup>61</sup> Report on the Contributions To The Green Paper "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases" The Netherlands, October 2006, National Institute for Public Health and the Environment, Pg 15

## 5.5. Partners views PPP's

Work Package 6 partners were asked to give their views on PPP's – whether they are currently operating in their countries and if they have any information to take into account. In general, PPP's are seen as a relatively new approach – therefore helping to explain why they are seen as innovative in the DETERMINE framework. Some partners feel that there is potential for this approach to *'contribute to the reduction of health inequalities in our country'*.

In Estonia, the most active form of PPP is reported in HIV and AIDS prevention, where a coalition of private companies against HIV was established in 2007. In Denmark, primarily PPP's have been used for building and construction purposes and in the areas of engineering and environment. However, they are now beginning to be adopted in the areas of health, social welfare and municipal services. Highlighting the prevalence of PPP's in Danish municipalities, in 2005, FTF (a Danish trade union confederation for 450,000 public and private employees) conducted an investigation of the use of PPP by Danish municipalities. It showed that 17% of municipalities use PPP's. Between 17 and 22 % of the municipalities apply, or consider applying, PPP's related to health, recreation activities, school etc. (Resonans, no. 21, December 14, 2005)<sup>62</sup>.

In Germany it was noted that, as in the rest of the EU, public health services have withdrawn over recent years, therefore the private economy is becoming increasingly involved. In this context, PPP's have helped to compensate for this, however more often in acute care – such as costly technological development that has been financed by PPP's – than in health promotion.

Some partners report that, due to the novelty of this approach, they have concerns about the lack of *'strong evidence on the positive impact of PPP's to reduce health inequalities.'* In addition to this, several partners also note the need to be sensitive when using PPP's to ensure that the objectives of all collaborators are checked to ensure they match.

Some examples of PPP's that Work Package 6 partners provided in the review are listed below. The full case studies are provided in the appendices.

### Partner Case Studies – Public-Private Partnerships:

- Gift of Life (Estonia) – a charity campaign raising awareness of HIV and pregnant women with HIV, this involved the National Institute for Health Development working in cooperation with Hansapank, one of the biggest banks in Estonia.
- Cervix Screening Programme (Hungary) – a screening programme looking to boost participation of lower-mid levels of society. This involved the Hungarian Marketing Association working with the Public Health Unit.
- Tour de Disadvantaged (Denmark) – a cycle race for current and previous drug users and other disadvantaged users of shelters in Denmark. This was an arrangement between the National Association of Shelters, Danish Cycling Union, and the National Olympic Committee and Sports Confederation of Denmark.
- Jobfit Regional (Germany) – Partnership between a health insurance company (BV BKK) and the North Rhine-Westphalian Ministry of Work, Health and Social Affairs aiming to increase the health of those unemployed.

<sup>62</sup> <http://www.ftf.dk/magasinet-resonans/nummer/artikel/danske-opp-erfaringer-er-i-light-udgaven/>

## 5.6. Examples of PPP

### **Zoneparc – United Kingdom**

A playground improvement project developed by The Youth Sport's Trust, Department for Education and Skills (DfES) and Nike.

#### **Aims & objectives**

Zoneparc aims to transform playgrounds in urban primary schools that are, at best, uninspiring, and at worst unsafe due to bullying and racism into “vibrant, exciting and welcoming places for all children” with the long-term aim of increasing physical activity and improving behaviour.

#### **What it involves:**

Zoneparc is made up of four principles:

- 1) Zoning, where the playground is split into 3 zones; one zone for active sports such as football, one as a multi-activity area for activities such as dancing and skipping and the third zone for quiet play. This allows dominant sports to be restricted to one area and opens up space for other games to be played safely.
- 2) Introducing and managing innovative play equipment aiming to inspire children to play new games and create their own.
- 3) Training pupils and supervisors to help guide activities, aiming to give often troubled children a sense of responsibility while supporting and encouraging activity.
- 4) Providing resources for the activities to encourage and promote a range of activities in the different zones, as well as providing help for children to design their own games.

#### **Why is it innovative?**

Innovation can be seen in the use of a Public-Private Partnership between a Government department, a Charity and a Private company (Nike) to introduce innovations to the playground. In addition, children and schools consider a range of innovative activities “such as circus skills and cheerleading that often appeal to pupils who feel excluded by many traditional games”

“What makes it unique is the ‘software’. By training the teachers and other caretakers in school and most of all, make the older children responsible during break time (and train them too). A new mind set is introduced into the school and a behaviour change is the result

#### **Duration of the project:**

The first three year pilot project started in May 2001 in Stockwell, London. Since this initial pilot, Zoneparc has been implemented in over 425 schools in the UK. It was also introduced in the Netherlands where 18 Zoneparcs have been introduced since 2005.

#### **Summary of effectiveness:**

Results from a survey completed by staff from the 13 pilots showed that:

- 97% felt that the overall impact of Zoneparc had been positive or very positive;
- 87% felt that their children's overall enjoyment of the playground and playtimes had increased or greatly increased;
- 83% reported that their pupils' activity levels had increased or greatly increased;
- 85% felt that the range and number of activities available to children at playtimes had increased or greatly increased;
- 85% felt that opportunities for girls to take part in and be involved in playground activities had increased; 33% believed they had greatly increased.

Qualitative research was also carried out through interviews with staff and lunchtime supervisors and pupils, showing positive opinions of the Zoneparc scheme.

#### **Contact details:**

For Zoneparc UK contact [www.youthsporttrust.org](http://www.youthsporttrust.org)

For Zoneparc Netherlands: Zoneparc Foundation Nederland; Tel: +31 (0)30 262 8787, [info@zoneparc.nl](mailto:info@zoneparc.nl)

## **Learning through Soccer - Ireland**

A partnership between Larkin Community College (Dublin) and Shelbourne Football Club, with partial funding from the Irish Parliament Dormant Accounts Fund.

### **Aims & objectives:**

The programme is aimed at 'disadvantaged' children from the Dublin area who are at risk of dropping out of education due to a lack of financial, social and emotional support, but who have a talent and interest in football. The overall objective is to keep the students in education for as long as possible, through their interest in football. Secondary aims are to improve soccer skills, increase self esteem and confidence, to achieve a formal qualification and to begin to involve third parties in the school system.

### **What it involves:**

Final year students attending local primary schools are targeted, as well as students in primary schools in other 'disadvantaged' areas in the greater Dublin area. Students undertake a football trial and if successful they enter Larkin Community College for three years and do the standard Junior Cycle and Junior Certificate exam, they can then continue to do the Leaving Certificate in Larkin College. The key points to the scheme are that the students receive a Scholarship towards the cost of books, transport and equipment, and they receive football training from Shelbourne's qualified football coaches.

### **Why is it innovative?**

A public private partnership between Larkin Community College and Shelbourne Football Club, with Government funding and support.

### **Duration of the project:**

September 2001 - ongoing

### **Summary of effectiveness:**

While research results are not publicly available on the internet, the project has been selected as an example of "best European practice" by Ann Bourke in Education Through Sport edited by Jan Janssens et al. Reported results of the programme from internal evaluations through input from Student's, parents, coaches and teachers have been: "better student attendance, a greater interest in soccer and other sports on the part of the students and an improvement in school discipline".

### **Contact details**

<http://www.larkincommunitycollege.ie>

## 6.0 Social Marketing

The term 'social marketing' was first used in the 1970's by Philip Kotler and since then has developed into an area of growing influence in the field of behavioural challenges. Increasingly, Governments and Public Health departments are using a social marketing approach to address challenges in their fields. For example, the Department of Health in the UK set up a National Social Marketing Centre (NSM Centre) in 2006.

There are a number of different definitions used to explain social marketing, below are basic definitions taken from Andreasen (1995) and the NSM Centre (2006):

*'Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior (NOTE: although it can also be argued that 'involuntary behaviour should be included in this definition'<sup>63</sup>) of target audiences to improve their personal welfare and that of society'<sup>64</sup>*

Andreasen (1995)

*'The systematic application of marketing concepts and techniques to achieve specific behavioural goals, for a social or public good'<sup>65</sup>*

National Social Marketing Centre (2006)

Looking across the different definitions of social marketing provided in academic literature, while there are some discrepancies, the broad focus can be described as: using a marketing approach based on a sound understanding of the customer group to address precise behavioural challenges with an ultimate focus on attaining benefit to the society.

The 'It's Our Health!' (2006) review undertaken by the NSM Centre concluded that:

*'There is a growing evidence-base to show that social marketing can significantly improve impact and effectiveness.'<sup>66</sup>*

This finding was echoed in a systematic review of the effectiveness of social marketing, where Stead et al (2006) reported that:

*'The review has found reasonable evidence that interventions developed using social marketing principles can be effective.'<sup>67</sup>*

63 Social Marketing Principles and Practice – Rob Donovan & Nadine Henley, IP Communications, Melbourne, 2003. Pg – 4-5

64 Andreasen, A (1995) Marketing social change: Changing behaviour to promote health, social development and the environment. San Francisco: Jossey Bass. Pg 7

65 It's our health! Realising the potential of effective social marketing. National Social marketing Centre, Summary, 2006, pg 2

66 It's our health! Realising the potential of effective social marketing. National Social marketing Centre, Summary, 2006, Pg 6

67 A systematic review of social marketing effectiveness, Martine Stead, Ross Gordon, Kathryn Angus and Laura McDermott, University of Stirling, Stirling, UK, [www.emeraldinsight.com/0965-4283.htm](http://www.emeraldinsight.com/0965-4283.htm), July 2006, P.G. 180

## 6.1. Definition of Social Marketing

Social marketing approaches behavioural challenges with a focus on customer understanding rather than the expert “we know best” model. Stead et al (2006) describe the customer orientated approach of social marketing as being ‘not “*what is wrong with these people, why won’t they understand?*”, but, “*what is wrong with us?*”<sup>68</sup>. This is not to dismiss expert knowledge, rather to ensure that it is used alongside understanding of the customer.

Unlike, for example; PPP’s, social marketing interventions cannot be characterised as one particular approach to addressing behavioural challenges. In a sense, projects can take a social marketing approach rather than be a social marketing intervention. For example, based on understanding of the target audience, a social marketing process may conclude that a PPP or a community engagement model is the most appropriate form to develop an intervention as long as it follows the basic principles of social marketing. Therefore social marketing projects cannot simply be identified because they use advertising campaigns, partner with private sector organisations or change an existing service.

An independent review of the potential of effective social marketing undertaken by the NSM Centre reported that social marketing is not a concept designed to replace other aspects of public health but something that can be used alongside current activities to inform the current mix of interventions<sup>69</sup>.

A good way to look at social marketing as an approach is to consider the ‘marketing’ element. In their book on social marketing, Kotler and Zaltman (1971) describe the difference between ‘sales’ and ‘marketing’ – these differences give an important insight into social marketing’s approach. A sales approach can be seen as ‘*finding customers for existing products and convincing them to buy these products*’<sup>70</sup> whereas a marketing approach looks at ‘*discovering the wants of a target audience and then creating the goods and services to satisfy them*’<sup>71</sup>. This difference in approach characterises the paradigm shift that social marketing takes – it is not a top down approach but one which starts with the customer.

However, although there is no one *type* of social marketing project, this is not to conclude that *any* project can be a social marketing project. Although the topics and interventions used in social marketing projects may be very different, they follow the same approach and concepts to reach the intervention stage.

The table below summarises the social marketing Benchmark Criteria developed by French, and Blair-Stevens (2006) adapted from Andreasen’s (2002) original benchmark criteria. These criteria provide a useful framework for both designing and evaluating social marketing interventions.

68 A systematic review of social marketing effectiveness, Martine Stead, Ross Gordon, Kathryn Angus and Laura McDermott, University of Stirling, Stirling, UK, [www.emeraldinsight.com/0965-4283.htm](http://www.emeraldinsight.com/0965-4283.htm), July 2006, P.G. 181

69 It’s our health! Realising the potential of effective social marketing, National Social marketing Centre, Summary, 2006, Pg 4

70 Social Marketing: An Approach to Planned Social Change, Philip Kotler and Gerald Zaltman, Journal of Marketing, Vol.35 (July, 1971), Pg 5

71 IBID

### The National Social Marketing Centre's Benchmark Criteria <sup>72</sup>

<b>Customer Orientation</b>	<p>Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources</p> <ul style="list-style-type: none"> <li>• Formative consumer / market research used to identify audience characteristics and needs, incorporating key stakeholder understanding</li> <li>• Range of different research analysis, combining data (using synthesis and fusion approaches) and where possible drawing from public and commercial sector sources, to inform understanding of people's everyday lives</li> </ul>
<b>Behaviour</b>	<p>Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behaviour goals</p> <ul style="list-style-type: none"> <li>• A broad and robust behavioural analysis undertaken to gather a rounded picture of current behavioural patterns and trends, including for both the 'problem' behaviour and the 'desired' behaviour</li> <li>• Intervention clearly focused on specific behaviours i.e. not just focused on information, knowledge, attitudes and beliefs</li> <li>• Specific, actionable and measurable behavioural goals and key indicators have been established in relation to a specific 'social good'</li> <li>• Intervention seeks to consider and address four key behavioural domains:             <ol style="list-style-type: none"> <li>1: formation and establishment of behaviour;</li> <li>2: maintenance and reinforcement of behaviour;</li> <li>3: behaviour change;</li> <li>4: behavioural controls (based on ethical principles)</li> </ol> </li> </ul>
<b>Theory</b>	<p>Is behavioural theory-based and informed? – draws from an integrated theory framework</p> <ul style="list-style-type: none"> <li>• Behavioural theory is used transparently to inform and guide development, and theoretical assumptions tested as part of the process</li> <li>• An open integrated theory framework is used that avoids tendency to simply apply the same preferred theory to every given situation</li> <li>• Takes into account behavioural theory across four primary domains:             <ol style="list-style-type: none"> <li>1: bio-physical;</li> <li>2: psychological;</li> <li>3: social;</li> <li>4: environmental / ecological</li> </ol> </li> </ul>
<b>Insight</b>	<p>Based on developing a deeper 'insight' approach – focusing on what 'moves and motivates'</p> <ul style="list-style-type: none"> <li>• Focus is on gaining a deep understanding and insight into what moves and motivates the customer</li> <li>• Drills down from a wider understanding of the customer to focus on identifying key factors and issues relevant to positively influencing particular behaviour</li> <li>• Approach based on identifying and developing 'actionable insights' using considered judgement, rather than just generating data and intelligence</li> </ul>

<sup>72</sup> Social Marketing: National Benchmark Criteria, French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2002)

<b>Exchange</b>	<p>Incorporates an 'exchange' analysis. Understanding what the person has to give to get the benefits proposed</p> <ul style="list-style-type: none"> <li>• Clear analysis of the full cost to the consumer in achieving the proposed benefit (financial, physical, social, time spent, etc.)</li> <li>• Analysis of the perceived / actual costs versus perceived / actual benefits</li> <li>• Incentives, recognition, reward, and disincentives are considered and tailored according to specific audiences, based on what they value</li> <li>• Kotler and Zaltman (1971) see the concept of exchange in the marketing process as key, they state:  'Marketing does not occur unless there are two or more parties, each with something to exchange, and both able to carry out communications and distributions.'</li> </ul>
<b>Competition</b>	<p>Incorporates a 'competition' analysis to understand what competes for the time and attention of the audience</p> <ul style="list-style-type: none"> <li>• Both internal and external competition considered and addressed <ul style="list-style-type: none"> <li>- Internal e.g. psychological factors, pleasure, desire, risk taking, addiction etc</li> <li>- External e.g. wider influences / influencers competing for audience's attention and time, promoting or reinforcing alternative or counter behaviours</li> </ul> </li> <li>• Strategies aim to minimise potential impact of competition by considering positive and problematic external influences and influencers</li> <li>• Factors competing for the time and attention of the audience considered</li> </ul>
<b>Segmentation</b>	<p>Uses a developed segmentation approach (not just targeting) – avoids blanket approaches</p> <ul style="list-style-type: none"> <li>• Traditional demographic or epidemiological targeting used, but not relied on exclusively</li> <li>• Deeper segmented approaches that focus on what 'moves and motivates' the relevant audience, drawing on greater use of psycho-graphic data</li> <li>• Interventions directly tailored to specific audience segments rather than reliance on 'blanket' approaches</li> <li>• Future lifestyle trends considered and addressed</li> </ul>
<b>Methods Mix</b>	<p>Identifies an appropriate 'mix of methods'</p> <ul style="list-style-type: none"> <li>• Range of methods used to establish an appropriate mix of methods</li> <li>• Avoids reliance on single methods or approaches used in isolation</li> <li>• Methods and approaches developed, taking full account of any other interventions in order to achieve synergy and enhance the overall impact</li> <li>• Four primary intervention domains considered: <ol style="list-style-type: none"> <li>1: informing / encouraging;</li> <li>2: servicing / supporting;</li> <li>3: designing / adjusting environment;</li> <li>4: controlling / regulating</li> </ol> </li> </ul>

It is important to note that social marketing is not just used for addressing behaviour of individual customers. As Stead et al (2006) reported, their systematic review of the effectiveness of social marketing:

*...confirmed the potential of social marketing interventions to effect “upstream” change – to change the behaviour not of individual consumers or patients, but of professionals, organisations and policymakers.<sup>73</sup>*

## 6.2. Issues to be aware of with social marketing

### Evidence

Although, as highlighted previously, reviews of social marketing have concluded that there is good evidence supporting the effectiveness of social marketing, there is still some concern about its quantity and quality. In his review of the performance of social marketing reaching the poor and vulnerable in relation to AIDS control programmes, Price (2001) states that:

*‘Despite a 30 year history, there has (until recently) been little lesson-learning of social marketing impact and effectiveness, beyond the collection and analysis of aggregate sales Data.’<sup>74</sup>*

Due to this lack of analysis and data, Price (2001) affirms that it is difficult to reach a conclusion as to the effectiveness of condom social marketing programmes in meeting the sexual health needs of the poor and vulnerable.

In Stead et al’s (2006) review of the effectiveness of social marketing, their search criteria for interventions used the six benchmarks identified by Andreasen (2002): behaviour change, consumer research, segmentation and targeting, marketing mix, exchange and competition. In their search, they found that the term ‘social marketing’ was not very helpful in identifying interventions which adopted social marketing principles<sup>75</sup>. This highlights the difficulty faced when looking at the effectiveness of social marketing projects, due to the fact that they can be difficult to identify and therefore it can be hard to add to the evidence base.

### Skills

Looking at the Benchmark Criteria above, it is clear that social marketing requires a diverse range of skills for practitioners to follow its basic principles. Some have argued that it is difficult or unreasonable to expect practitioners to possess such a broad range of competencies. Due to this, there is the potential to have expert marketing professionals or expert topic related professionals leading a project who do not fully consider the wider aspects of the programme. This issue is considered by Donovan and Henley (2003) who state that:

73 A systematic review of social marketing effectiveness, Martine Stead, Ross Gordon, Kathryn Angus and Laura McDermott, University of Stirling, Stirling, UK, [www.emeraldinsight.com/0965-4283.htm](http://www.emeraldinsight.com/0965-4283.htm), July 2006, PG. 182

74 The performance of Social marketing in reaching the poor and vulnerable in AIDS control programmes, Neil Price, Health and Policy Planning; 16(3): 231-239, Oxford University Press 2001, Pg 232

75 A systematic review of social marketing effectiveness, Martine Stead, Ross Gordon, Kathryn Angus and Laura McDermott, University of Stirling, Stirling, UK, [www.emeraldinsight.com/0965-4283.htm](http://www.emeraldinsight.com/0965-4283.htm), July 2006, PG. 180

*Too many early (and recent) social marketing campaigns were conducted by health and social policy professionals who lacked marketing expertise or were lead by marketing or advertising professionals who lacked an understanding of the health or social policy area in question.<sup>76</sup>*

The need for a range of skills highlights the importance of creating a diverse team with members' strengths covering a broad range of competencies.

## Ethical Challenges

Any concept that addresses behavioural challenges gives rise to ethical considerations, therefore it is important to look at potential issues arising from social marketing. Laczniak, Luscha and Murphy (1979) conducted a review of the ethics of social marketing, from which arose three main areas of concern:

- While there are potential beneficial elements to the use of social marketing, there is also the potential that its use may cause ethical controversies;
- Social marketing practitioners must remain accountable for their actions – this will be a major societal concern; and
- When judging social marketing from an ethical standpoint, it appears to be difficult to separate the ethics of applying marketing techniques to social ideas and programs from the ethics of the ideas themselves.<sup>77</sup>

Essentially, these considerations are related to the same theme; if social marketing can be used for good, then it may also be open to allegations of being used as a tool for bad purposes.

In addition, a criticism of social marketing is that it is a form of manipulation or social engineering of behaviour that an individual may not have undertaken without the intervention. Therefore, it can be open to criticisms of forcing change against people's will. Indeed, some critics challenge the appropriateness of using 'marketing' for social issues.<sup>78</sup> However, in response to this criticism, it is important to consider that social marketing is about understanding the consumer in order to develop interventions which are based on their needs, rather than forcing them to undertake a behaviour.

Ethical considerations also arise when selecting different segments of society for an intervention. Prioritising different groups of society (even if the most vulnerable) gives rise to the issue of inequity<sup>79</sup> – because some groups may receive a service over others. If an intervention is not well targeted to vulnerable groups in society, it has the risk of increasing health inequalities. This highlights the importance of clearly defining the target group and tailoring an intervention to suit them. In addition, evaluation procedures need to be in place to collect information on who interventions are reaching – whether this is intended or not.

The MSSSB (Marketing and Sales Standards Body) are currently undertaking a consultation to look at setting common standards for social marketing in the UK. This is a welcome move in the debate around the ethics of social marketing by having a common code which practitioners must follow.

<sup>76</sup> Social Marketing Principles and Practice – Rob Donovan & Nadine Henley, IP Communications, Melbourne, 2003. Pg – 4-5

<sup>77</sup> Gene R. Laczniak; Robert F. Lusch; Patrick E. Murphy 'Social Marketing: Its Ethical Dimensions' in Journal of Marketing, Vol. 43, No. 2. (Spring, 1979), pp. 29-36.

<sup>78</sup> Social marketing for public health, D C Walsh, R E Rudd, B A Moeykens, and TW Moloney, Health Affairs, Vol 12, Issue 2, 104-119, Copyright © 1993 by Project HOPE

<sup>79</sup> Social marketing: improving the quality of life, P.Kotler, N. Roberto, N.Lee, Second Edition SAGE, 2002, Page 395

### 6.3. Partners perceptions of Social Marketing

As with PPP's in general, Work Package 6 partners see social marketing as a fairly new approach in their country, with some feeling that it has the potential to contribute to the reduction of health inequalities.

In Germany, the use of social marketing has featured most prominently in their AIDS prevention campaigns in the 1980's and 1990's. Since 1987, the German Federal Centre for Health Education, BZgA, has been leading a huge campaign consisting of mass communication, personal communication and telephone consultation. Beforehand, the initial situation had been carefully analysed. As a consequence of the intervention, the knowledge, intention and behaviour about 'safe sex' was improved in the population and incidence rates of HIV/AIDS decreased which could be a consequence of the campaign.

In Denmark, it was noted that there are relatively few examples of 'social marketing' directly. Part of this may be due to the reasons outlined by Stead et al (2006) which had difficulty in identifying projects that specifically reference social marketing. Highlighting that this approach may yield more example projects, our Danish partner reported that there are some examples of projects with a direct focus on the reduction of social inequalities in health that incorporate a "customer orientation" approach which ties into social marketing's core principles.

For some partners, as with PPP's, the jury is still out as to whether social marketing will impact on health promotion and there is a need for more evidence of its effectiveness.

One partner expressed concern that social marketing approaches are likely to affect the middle-classes more than the poor and other deprived groups and in some cases there is evidence of it increasing health inequities. An example provided was an intervention trying to increase the participation of low-social status women in different cancer screening programmes (e.g. breast screening) which showed a clear picture of increasing inequities. While this must be taken into account, social marketing practitioners would argue that, in this case, more effective targeting of the target audience and consideration of the benchmark criteria would result in a better chance of them taking up the services, rather than them being used by the middle class.

Some examples of a social marketing approach provided by Work Package 6 partners are listed below. The full case studies are provided in the appendices.

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#### Partner case studies – social marketing:

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- **Seize the Opportunity (Denmark)** – this project looks at reducing social inequality through targeted interventions in diet, exercise, smoking and alcohol. The project uses a bottom-up social marketing approach developing interventions based on the views of the target group.
- **Cervix Mass Screening Programme (Hungary)** – this case study is a good example of insight generation. The project is designed to boost participation of lower-mid groups in society in screening programmes. Following on from the Research Conducted, the insight was that cash, car and a flat are important motivators for this group. Therefore, the insight was utilised and the campaign had a lottery element with these aspects to entice participation.

## 6.4. Examples of Social Marketing

### ChaMPs Public Health Network: Snack Right Campaign – United Kingdom

This project aims to increase the proportion of children between the ages of 2-4 years from lower socio-economic groups in the 'ChaMPs' area reporting eating at least one fruit or vegetable snack more than prior to the campaign

#### Aims & Objectives:

ChaMPs (Cheshire and Merseyside Public Health Network) and the social marketing group, 'Big Noise' developed a 'Snack Right' campaign – based on insight into people's lives with the ultimate aim of changing the snacking behaviour of 2-4 year olds in deprived areas of Cheshire and Merseyside

Research found that although, in general, children were eating well at Children's Centre nurseries, outside of the nursery context they were eating unhealthy snacks. The challenge for the initiative, therefore, was to get them eating healthily at home.

#### What it involved:

The scoping stage of the initiative (which focused on gaining insight into the target audience), revealed those factors that influenced a family's purchasing decisions - most importantly big-brand advertising: people found it easy to recall specific adverts and associated characters that appealed to children. A campaign therefore would need to wield the same power as the brands that were selling less healthy food, and partnership – particularly with retailers - would be vital.

After mapping all possible partners, food retailer Aldi was chosen because it had shops in the right geographic areas, appealed to the target audience, had a local supply policy on fresh produce and had signed up to the Government's Healthy Start scheme. An added advantage of working with Aldi was that it had a fruit and vegetable advertising campaign planned that the campaign could 'piggyback' on.

A selection of activities that took place were:

- Holding special events at children's centres and nurseries, where pre-schoolers were encouraged to try fresh fruit and vegetables, which can be eaten as an alternative to an unhealthy snack;
- Targeting households with healthy eating advice leaflets
- Aldi supported the project launch and provided free fruit and vegetables for the children's events
- Developing a network of "ambassadors" through PCTs and children's centres to support the Snack Right programme
- Promoting Healthy Start, the national free food voucher scheme for low-income families.

#### Summary of effectiveness:

The evaluation of this project is not yet publically available, however, current successes include:

- 15 events have taken place across Merseyside and Cheshire, reaching 1,500 children, parents and carers in phase one
- Commercial support from Aldi
- Press and radio coverage of the launch
- Healthy eating leaflets dropped to 113,000 households in the most deprived areas of Cheshire and Merseyside

## Tackling Health Inequalities in the Roma Community – Slovenia

This programme looks to address the higher likelihood of members of the Roma Communities in the Pomurje region having more illness and disabilities, and high mortality.

### **Aims & Objectives:**

This programme takes a bottom-up approach in health promotion with the aim of enabling people to increase control over their own health. The main objectives are:

- Raising awareness of health inequalities
- Increasing community capacity
- Reducing inter-regional health inequalities
- Supporting vulnerable groups
- Supporting clean and healthy environments

### **What it Involved:**

Based on a lifestyle survey of the Roma population in Pomurje region, the programme looks to develop and implement effective, culturally appropriate interventions to reduce health inequalities.

Activities so far have included:

- The selection and motivation of a local coordinator in Roma community
- Lifestyle survey
- Family counseling interventions
- Themed edition of newspaper
- Conference
- Media activities

Further information can be found under: <http://www.zzv-ms.si/en/home/documents/Pomurjeregion.pdf>

### **Summary of effectiveness:**

Evaluation results are not yet available.

## Parent Know How – United Kingdom

### Aims & objectives:

Parents from lower socio-economic groups have been found to have difficulties accessing information relating to their children's educational welfare. The "Parent Know How" campaign sought to access this hard to reach group. Two key objectives were identified:

- To find a new approach to local engagement, providing information to parents in an interesting, accessible and appealing format.
- Empower parents by providing them with information about their child's future.

### What it involved:

The campaign placed educational information for parents in environments where they were likely to pick it up. The supermarket ASDA was selected as an appropriate demographic match for the target audience. The campaign was initially piloted across 10 stores and then rolled out across 40 more stores.

Extensive developmental research was conducted to inform campaign development. It emerged from this that key barriers to messages being accessed by the target group included shortage of time and the fact that significant numbers were low income, single parent families often with no internet access.

The campaign involved in-store communications drawing attention to the display, including posters on trolleys, at point of sale and store entrances and exits, plus badges and "barkers" – (promotional messages attached to actual supermarket shelves). Use of other ASDA platforms included the ASDA website, GEORGE clothing stores and the ASDA magazine.

### Summary of effectiveness:

The campaign succeeded in having a positive influence on behaviour:

- 89% of parents receiving information felt more confident about parenting issues and 78% claimed they knew more than they did before.
- After 5 months, 79% agreed that they had "acted upon information and advice given in leaflets" and 55% said that they had "looked up information sources given in the leaflet".

## 7.0 Other Examples of Innovative Approaches

This report has highlighted two approaches that may be used to address health-relevant behaviour of vulnerable groups – PPP's and social marketing. This section outlines other approaches that can be seen as innovative that should be considered for DETERMINE.

### 7.1. Characteristics of Successful Projects

A number of reviews have been undertaken that look at the characteristics of successful interventions to change health-relevant behaviour. These reviews should be considered when designing innovative interventions to address health-relevant behaviour.

The four points below are taken from the NSW (New South Wales) Health Reinvestment Strategy looking at behaviour change. This review involved a literature review of population health behaviour and suggested the following principles:

- Undertaking comprehensive strategies is more effective than implementing individual strategies in isolation. This is also referred to in a recent UK Foresight report looking at tackling obesity which refers to the 'futility of isolated initiatives'<sup>80</sup> - it outlines how focusing on one element of the system is unlikely to result in large scale changes;
- The intervention issue must be targeted and defined at the outset;
- Readiness of the target group to change is an important factor; and
- Interventions are more likely to succeed if they are based on a clear understanding of target behaviours and environmental context.<sup>81</sup>

The National Institute for Health and Clinical Evidence (NICE) in the UK recommends the following when developing behavioural change interventions, tying in with the recommendations from NSW. In particular, the point made about health equity is an important consideration for Work Package 6. It is important when looking at the health of vulnerable groups that interventions are effectively targeted and tailored to them.

*Effective interventions target specific groups and are tailored to meet their needs. This is particularly important where health equity is one of the goals. Service user views may be helpful when planning interventions.<sup>82</sup>*

<sup>80</sup> Tackling Obesity: Future Choices – Project Report, 2nd Edition, FORESIGHT, Government Office for Science, First published in October 2007. Department of Innovation Universities and Skills. [www.dius.gov.uk](http://www.dius.gov.uk); DIUS/PUB 8654/2K/12/07/AR, © Crown Copyright. URN 07/1184X, Page 10

<sup>81</sup> NSW Health Reinvestment Strategy: Population Health/ Prevention Best Buys: Behaviour Change, Summary Document, Final Version 16th July 2007. Pg 3-4

<sup>82</sup> Behaviour change at population, community and individual levels, National Institute for Health and Clinical Evidence, October 2007, Page 14

The German Federal Centre for Health Education has identified effective approaches and developed success criteria for projects to promote health and health behaviour for the socially disadvantaged. More than 50 models of good practice have been identified along the success criteria identified, more information can be found at <http://www.health-inequalities.eu/?uid=b704f457f30ad5a6fdde98c6e7edb1d3&id=Seite490>. The following areas are viewed as key among the success criteria:

- Visiting (scouting) work;
- Participation and empowerment of target group;
- Setting an approach to change social structure;
- Inter-sectoral work involving other societal actors.

There are a vast range of behavioural theories that are essential to consider when designing behavioural change interventions. The Economic and Social Research Council (ESRC)<sup>83</sup> conducted a study looking at whether changing attitudes, norms and self-efficacy causes changes in intentions and behaviour. This study reviewed the effects of 214 interventions taken from published and unpublished studies. The study found that interventions aimed at increasing an individual's level of self-efficacy (people's perception about their ability or capability to perform a particular activity) had a much larger impact on intention and behaviour than interventions aimed at changing attitudes or social norms. The study also coded different elements of interventions (such as whether they agreed a behavioural contract) – this enabled them to look at what characteristics are apparent in more successful interventions. It found that the most effective strategies for addressing behaviour were:

- Prompting practice;
- Prompting specific goal setting;
- Generating self talk;
- Agreeing a behavioural contract;
- Reviewing behavioural goals;
- Discussing relapse prevention.

The strategies it found least effective were those that prompted anticipated regret and fear arousal.

## 7.2. Empowerment and Participatory Approaches

The World Bank defines empowerment as:

*‘...the expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives.’<sup>84</sup>*

The aspects of empowerment and control are relevant to much of Marmot’s work on the causes of the gradient of health. In their report on the Social Determinants of Health, Wilkinson and Marmot (2004) state that societies where citizens play an active role in the social, economic and cultural life of society will be healthier than those where citizens face insecurity, exclusion and deprivation<sup>85</sup>. Wallerstein (2006) furthers understanding of the nature of empowerment by describing how it is both an outcome of and an intermediate step towards a healthier life status<sup>86</sup>. As such, it can be seen as a goal to achieve and also as a mechanism for achieving healthier life goals and areas such as disparities in health outcomes.

In her review of the evidence of the effectiveness of empowerment to improve health on behalf of the WHO, Wallerstein found evidence that empowerment interventions can lead to positive health outcomes. The report recommended that effective empowerment strategies that health promotion could use are:

- ‘Increasing citizens’ skills, control over resources and access to information relevant to public health development;
- Using small group efforts, which enhance critical consciousness on public health issues, to build supportive environments and a deeper sense of community;
- Promoting community action through collective involvement in decision-making and participation in all phases of public health planning, implementation and evaluation, use of lay helpers and leaders, advocacy and leadership training and organizational capacity development;
- Strengthening healthy public policy by organizational and inter-organizational actions, transfer of power and decision-making authority to participants of interventions, and promotion of governmental and institutional accountability and transparency;
- Being sensitive to the health care needs defined by community members themselves.<sup>87</sup>

Other reviews have reported that there is increasing recognition that projects that use participatory approaches in health development are more likely to be successfully implemented<sup>88</sup>.

84 The World Bank, What is Empowerment?, Chapter 2

<http://siteresources.worldbank.org/INTEMPowerment/Resources/486312-1095094954594/draft2.pdf> (accessed 21st February 2008) PG 11

85 R. Wilkinson, M. Marmot, Head, Centre for Urban Health, WHO Regional Office for Europe, Social Determinants of Health, The Solid Facts, Second Edition, World Health Organisation 2004, Pg.11

86 Wallerstein N (2006). What is the evidence on effectiveness of empowerment to improve health? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/Document/E88086.pdf>, accessed [21/02/08]. Page 4

87 Wallerstein N (2006). What is the evidence on effectiveness of empowerment to improve health? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; <http://www.euro.who.int/Document/E88086.pdf>, accessed [21/02/08]. Page 5

88 Constructing the evidence base on the social determinants of health: A guide, Authors: Josiane Bonnefoy, Antony Morgan, Michael P. Kelly, Jennifer Butt, Vivian Bergman, November 2007, The Measurement and Evidence Knowledge Network (MEKN) of the WHO Commission on Social Determinants of Health, Page 138

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## Partner Case Studies – Participatory techniques:

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- Manuel Merino (Spain) – this project looks at promoting a healthy lifestyle among adolescents. This project involves young people participating in design of campaign materials. The project created ‘spaces’ where the adolescents could express themselves and also trained them to be ‘health agents’.

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## Partner Case Studies – Empowerment:

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- Empowering people living with HIV and AIDS (Estonia) – the Estonian Network of People living with HIV was set up to unite people living with HIV and AIDS. The network aims to build cooperation in the fight for rights of people living with HIV and Aids, to fight against stigmatisation and to empower the Network.
- Akkuna (Finland) – this programme looks to help unemployed people connect with each other and help empower themselves to help each other. Based on the assumption that unemployed families have challenges to go outside of the home, this project looks to encourage families to go outside of the home and appreciate the world outside their windows (‘Akkuna’ means ‘window’ in Finnish)

### “With Migrants for Migrants – Intercultural Health in Germany” (MiMi)

The “With Migrants for Migrants – Intercultural Health in Germany” (MiMi) programme was developed by the Ethno-Medical Centre with funding from the Federal Association of the Companies Health Insurances. It recruits, trains and supports inter-cultural mediators to teach the German health system and related health topics to their migrant communities.

#### Aims & objectives:

MiMi aims to make the German health system more accessible to immigrants, increase health literacy and empower them through participative processes.

#### What it Involved:

Initially a pilot in four cities in Lower Saxony and North Rhine-Westphalia. It has since expanded to 24 cities in Lower Saxony. MiMi sees migrants as experts in their field who have often developed positive coping strategies and resources from their own experiences, which the MiMi programme looks to utilise through five strategies:

- **Intercultural health mediators.** The programme trains and certifies multilingual inter-cultural health mediators through a 50-hour course. Locally recruited migrants, they plan and conduct the information events themselves.
- **Community group sessions.** MiMi shares culturally sensitive information with migrant communities in their own language through group sessions held in easy-to-reach locations.
- **Health Guide.** Available in 16 languages. It describes the German health system in an easily understandable way and gives information on targeted health topics. Essential in increasing immigrants’ capacities to use available resources
- **Partnership, networking and public relations.** Public relations are conducted through media content, the website ([www.bkk-promig.de](http://www.bkk-promig.de)) and regular newsletters. Networking aimed at health and social institutions to better meet the needs of immigrants. It includes annual programme review meetings where policy makers, mediators and health and social workers can meet.
- **Monitoring and evaluation.** The programme is monitored through: pre/post interviews with mediators; interviews with participants; feedback from participants; reports by mediators and further evaluation from network partners and workshops.

**Why is this innovative?**

*“Our Project sees immigrants as an important human resource for the future development of our society. Not only do most of them integrate quite well and with a little help, but they also provide financial, cultural and social benefits for German society. MiMi promotes both integration and the building of bridges between cultures.*”

**Summary of key research and insight that formed the project**

The Federal Government's 2nd Poverty and Wealth Report highlighted increased likelihood of unemployment, lower educational attainment levels and, therefore, a higher risk of finding themselves in poverty, with the health of migrant women and children at particular risk. Also, with one in every eight people in Germany from an immigrant background, the Health System faces a significant challenge in providing equal health care to all parts of German society.

**Project Duration:**

2003 - Ongoing

**Summary of the project's effectiveness:**

The project won the 2006 'Janssen-Cilag Zukunftspreis Award' for innovative social health projects, and representatives were invited to the 2006 Berlin integration summit. Two key results are that the mediators' training has had a very good response rate from women, important as this can serve as an entry point for women to take increased leadership in their communities, a particularly relevant result as the project was not gender based. Also, the number of participants has grown constantly since inception so the project reaches more of the target communities, faster.

## 7.3. Community Based Approaches

There has long been a desire for more community based approaches to address health-relevant behaviour. As addressed previously in this report, many issues, such as obesity, are complex areas without one approach that can, in silo, achieve significant positive behavioural change. Reviews of behavioural change have shown that community-based approaches, which combine many different risk factors into one 'package', are needed<sup>89</sup>.

Community based approaches can follow a similar path to empowerment – for example, an intervention may seek to empower a community. A review of randomised control trials conducted by Giles (1998) found that the greater the representation of the local community in health promotion, the greater the impact and the more sustainable it is<sup>90</sup>. Some of the activities suggested in this report that help to increase the benefit from community approaches are:

- Volunteer activities;
- Peer programmes;
- Having durable structures to facilitate planning and decision making, such as the use of local committees and councils.<sup>91</sup>

The National Institute for Health and Clinical Excellence (NICE) in the United Kingdom released guidance on community engagement in February 2008. They concluded that approaches that help communities to work either as equal partners, delegate some power to them, or give them total control may lead to more positive health outcomes<sup>92</sup>. The guidance outlines the following three recommendations that can be used with interventions with the local community that can address the wider social determinants of health:

### 1. Community members as agents of change

Recruit community members to become 'agents of change' that can help plan, design and deliver activities. If relevant, offer training on how to plan, design and deliver community based activities and encourage them to recruit other members of the community.

### 2. Community Workshops

Run community workshops to identify the needs of community and also to develop and maintain levels of participation in the work.

### 3. Resident Consultancy

Consult members of the local community to draw on their skills and experience from previous activities. Engagement in this route can help to:

- Secure residents' trust;
- Be seen as working 'with' rather than 'for' the local community;
- Identify local structures and organisations to work with;
- Use as an opportunity to offer advice, guidance, mentoring and training;
- Empower local people to build partnerships and run community organisations.

The concept of community based approaches also links in to interventions that look to strengthen social capital. Social capital can be defined as the connections individuals have within and/or between social networks. This can also be seen as a route to address social determinants of health:

*Building social capital could be seen as a relatively inexpensive means of tackling the structural determinants of health and disease and offsetting the most abrasive effects*

## Partner Case Studies – Community-based approaches:

Roma Community Development Programme (Hungary) – this is a community development project aimed at the disadvantaged Roma community in Debrecen. Its aims are to increase both individual skills and also community cohesion – this is done through a network of stakeholder organisations in addition to participatory action research.

## Kyrgyzstan: Community Action for Health - Kyrgyz-Swiss Health Reform Support Project

### **Aims & objectives:**

This project aims to support and develop health reform in one of Kyrgyzstan's remotest regions using an approach which enables the community to act on its own to create health improvements.

### **What it involved:**

Villages are given tools to analyse their own health situation, answering the question 'What do you need to stay healthy, to live a healthy life?' This approach looks at focusing on the determinants of health rather than simply the treatment of diseases. Trained staff then analyse responses with groups of around 10 people from neighbouring households for 1 to 2 hours.

Participants list the determinants on paper and then the facilitator asks them to compare their list with the main elements of Primary Health Care that were outlined in the WHO declaration of Alma-Ata. Participants are then asked to rank the most common and important diseases and are asked to identify the five most burdensome for the village.

As the session closes, the facilitator asks the group what they themselves could do to improve the situation such as forming a village organisation or health committee. Recommendations are taken on board and each village elects a village health committee or equivalent. The committee is responsible for planning, implementing and monitoring agreed activities and is able to apply for a small grant fund.

### **Why is it innovative?**

This project focuses on the community as a whole and is concerned with the community members who are involved in defining its problems and possible solutions to these. This represents an important form of empowerment.

### **Project Duration:**

January 2000 - Ongoing

### **Summary of project effectiveness**

A four month evaluation process has shown strong outcomes.

## 7.4. Other Examples of Innovative Approaches

### **BIG (Bewegung als Investition in Gesundheit - Movement as an Investment for Health)**

Run by the Institute of Sport Science and Sport, University of Erlangen-Nuremberg in collaboration with numerous partners. It has been funded by the German Ministry for Education and Research.

#### **Aims & objectives:**

To promote physical activity among women in 'difficult life situations' in Erlangen Germany.

#### **What it involved:**

An umbrella type structure, with partners including: The National Research Centre for Environment and Health, The Institute of Sports Medicine, WHO European Office for Investment for Health and Development, The German Olympic Sports Federation, Siemens, Sports Clubs, the Mayor and The Ministry of Health. The project comprised of four key parts: **Physical activity classes, Women-only indoor pool hours, Instructor seminars for women and Project Offices.** The projects encourage healthy life styles, and are generally run by women of the target group. I.e. In one area aimed at Russian women, a woman of Russian origin organises and promotes exercise classes. The interventions correspond to the women's needs (e.g. the provision of child care, affordable, located close to their residence) and listening to the women's' needs is central.

*"Particularly the Muslim women used the cooperative planning to express their desire for women-only indoor pool hours. Other local stakeholders and policy-makers of the planning group supported them in establishing such pool hours. The pool hours then turned out to be a huge success: a weekly average of 100 women (plus children) visit the pool".*

#### **Why is it innovative?**

While the involvement of the target women, combined with the broad support from private and public organisations are key factors, the BIG project argues that the real innovation is in challenging the traditional concept of physical activity.

*"We would like to argue that getting together with friends at the bowling lane, walking with a neighbour through the community, or cycling through a nearby park affect health and wellbeing through pathways other than physiological body adaptation and caloric expenditures... In the view of current concepts, such pathways are rarely considered. Doing this might require a new understanding of physical activity, and thus we have developed the concept of 'movement'.*

#### **Summary of key research and insight that formed the project:**

Interviews with government institutions and actors linked to health promotion and sport showed that "despite awareness of inequities in health behaviour, there is a lack of sufficient policies and initiatives to reduce them. Thus, since its inception, BIG has received support from policy makers, with the hope that the pilot would lend lessons learnt for similar interventions and scaling up".

#### **Project Duration:**

2005 - Ongoing

#### **Summary of the project's effectiveness:**

Evaluating the project is difficult due to the small sample sizes and a lack of an adequate control group. Though, initial results indicate positive effects, with a reduction of blood pressure and a significant improvement of heart-rate-variability. The programmes also reached the target group (90% of the participants match the target group criteria).

Qualitative research with the women, "indicates the success of the participatory approach and its impact on categories such as empowerment"

## **Groningen Active Living Model (GALM)**

GALM is a joint initiative of the Human Movement Science working group of Groningen University and the More Exercise for Seniors Programme

### **Aims & objectives:**

To encourage under-active older adults aged 55-65 to become more active, improving their wellbeing and health

### **Project Description:**

An 18 month programme offering activities such as volleyball, basketball, aerobics, gymnastics and badminton lasting one hour per week, with activities adjustable to the needs of the participants. Adults fitting the age range in five areas received written invitations to take part as well as a home visit from a GALM team member. A common barrier to taking part was seen as attending alone. As such, participants were invited to bring someone along even if that person did not fit the target criteria.

### **Why is it innovative?**

While encouraging adults to participate in physical activity in itself may not be innovative, the means of inviting individuals directly to take part (through both a personal face-face invitation and a written invitation) combined with the awareness to state the participants can bring someone along who may not fit the target group, overcoming a key barrier to participation, can be seen as a key innovation.

### **Summary of key research and insight that formed the project:**

The GALM project was set up to address levels of physical inactivity in older adults, in order to improve quality of life and well-being. Depending on the definition and measurement, statistics show that “approximately 35–80% of Dutch adults aged 55 years and older can be considered physically inactive”. Research indicates that regular physical activity is important in decreasing the risk of conditions such as “cardiovascular disease, non-insulin-dependent diabetes mellitus, hypertension, colon cancer and obesity, and increasing functioning and quality of life in older adults”.

### **The duration of the project**

The GALM method was pre-tested in a pilot project (1995-1996). In mid-October 1999, 290 local GALM projects were launched in over 70 municipalities. Recruitment of participants began in autumn 2000.

### **Summary of the project's effectiveness:**

A study looking at effects after 6 months and 12 months suggested that GALM increased the amount of intensive recreational sports being undertaken, but was less effective in increasing other leisure-time physical activities. The intensive door-to-door recruitment may have encouraged participants to increase their level of other leisure-time physical activities in the short term (6 months), but not in the long term (12 months). To further increase the level of recreational sports and other leisure-time physical activity levels in the long term, the report advised increasing the frequency of GALM sessions from once a week, and placing more emphasis on behavioural skill-building during the GALM program as well as providing advice on how to increase other physical activity in conjunction with participation in the program.

### **Any other relevant information**

Groningen University have devised various schemes that have similar aims of increasing physical activity, though targeting different populations, including The Groningen Sport Model that targets primary school children.

## 8.0 Limited Evidence on the Effectiveness of Interventions

The lack of evidence of effectiveness of interventions that address the social determinants of health, health inequalities or behaviour is a theme that has run throughout this report. Some argue that the evidence base is currently weighted towards understanding the social determinants of health rather than the social determinants of health inequalities<sup>94</sup>. This section looks through some of the evidence and evaluation considerations that need to be accounted for when selecting innovative interventions to address health-relevant behaviour.

While there is an extensive range of literature describing approaches and models to address behaviour change, in general, evaluation of these models and theories is inconsistent<sup>95</sup>. This evidence gap can be acutely seen in response to interventions looking to address health inequalities where, although there is a great deal of literature describing the existence and the problem of inequalities<sup>96</sup>, there remains little on effective interventions to tackle them.<sup>97 98 99</sup>

As highlighted in the quote below taken from the Health Development Agencies' report into tackling health inequalities – much of the difficulty in finding evidence to support interventions is because it differs from traditional evaluation techniques:

*'The evidence base on measures to tackle health inequalities is limited, and what evidence there is does not match the traditional requirements in evidence based medicine for randomised control trials (RCT's).'*<sup>100</sup>

This problem has been experienced by the WHO at a European level when looking for evidence to prevent obesity. Their work has highlighted the difficulty in performing RCT's in open populations<sup>101</sup> with other reports highlighting that RCT's can be weak forms of evaluation for some intervention types<sup>102</sup>. When looking at why research into interventions appears to be underdeveloped, Millward, Kelly and Nutbeam (2003) suggest that the reasons can be grouped under the following five areas: complexity, methodology, timescale and return, structure and theory.<sup>103</sup> These areas help us to appreciate the difficulty involved in measuring the impact of interventions. Using PPP's as an example, not only is it challenging to assess the effect this has had on behaviour, evaluation must also be taken to look at the wider consequences of the intervention. If in this case you are able to conduct a RCT, you may still only be able to say that a PPP is more or less effective than no intervention. Therefore, if you look to measure its effectiveness against other forms of intervention, the evaluation design is likely to be very complex and expensive – and have the potential to not produce the 'traditional' level of evidence that some require.

In addition to these difficulties, in their review of the potential of social marketing, the National Social Marketing Centre found that current evaluation was not always looking at the right areas<sup>104</sup>. For example, interventions aimed at changing a particular behaviour were only measuring awareness as an indicator rather than actual changes in behaviour.

94 Graham H. (2003). The social determinants of health and health inequalities: the same or different. London: Health Development Agency, Unpublished report.

95 Behaviour change at population, community and individual levels, National Institute for Health and Clinical Evidence, October 2007, Page 9

96 Closing the Gap, 2007; Graham, 2000; Marmot & Wilkinson, 1999

97 ESRC, Developing the evidence base for tackling health inequalities and differential effects, Prof. Hilary Graham, Prof. Mike Kelly, Page 9

98 Public health intervention research – the evidence, L. M. Millward, M. P. Kelly and D. Nutbeam, Health Development Agency 2003, Page 31

99 Kelly, M.P, Bonnefoy J, Morgan A, Forenzano F, The Development of the Evidence Base About the Social Determinants of Health. WHO Commission on Social Determinants of Health Measurement and Evidence Knowledge Network. May 2006

100 Tackling health inequalities: turning policy into practice? D. Hunter and A. Killoran, Health Development Agency, 2004, Page 2

101 The challenge of obesity in the WHO European Region and the strategies for response, Summary, World Health Organization 2007, Pg.24

102 Tackling health inequalities: turning policy into practice? D. Hunter and A. Killoran, Health Development Agency, 2004, Page 3

103 Public health intervention research – the evidence, L. M. Millward, M. P. Kelly and D. Nutbeam, Health Development Agency 2003, Page 31

104 It's our health! Realising the potential of effective social marketing, National Social marketing Centre, Summary, 2006, pg 19

It can be argued that there needs to be a change in the way that evaluation is seen and used when related to behavioural interventions. Hunter and Killoran (2004) state that more flexible evaluation frameworks should be designed to capture changes and that there should be a move towards not simply concentrating on the outcome of an intervention, but also exploring and understanding the process undertaken<sup>105</sup>.

In their report on constructing the evidence base on the social determinants of health, the Measurement and Evidence Knowledge Network (MEKN) stated that:

*'Often the richest sources of data on how things work in the real world can be found by tapping into the tacit knowledge of those working most closely with the targeted communities, and the tacit knowledge of the communities themselves'<sup>106</sup>*

This suggests the need to tap into the tacit knowledge (information in people's minds that is difficult to access) held by those working with, or those within local communities.

In their book 'Realistic Evaluation', Pawson and Tilley (1997)<sup>107</sup> highlight that evaluation terminology is often too focused on whether 'programmes' work. They argue that it isn't programmes that work, but the resources they generate that give the opportunity for people to make them work. This way of looking at evaluation raises important considerations when looking at the effectiveness of innovative interventions.

Other schools of thought feel that there needs to be a greater emphasis placed on undertaking more valid evaluation, such as looking at the representativeness of those involved<sup>108</sup>. They argue that without such external validity, it is difficult to generalise the results of interventions and therefore their utility is limited.

The role of this report is not to recommend a future path for evaluation, but to stimulate debate into what needs be considered when selecting an intervention. A key consideration to take into account is that, although there may not be evidence proving the effectiveness of innovative approaches, this does not mean it is because they are not effective. As highlighted previously, due to issues such as complexity it is difficult to measure effectiveness. In addition, thorough evaluation programmes can require a large budget, beyond that of many smaller organisations who may be undertaking innovative interventions.

<sup>105</sup> Tackling health inequalities: turning policy into practice? D. Hunter and A. Killoran, Health Development Agency, 2004, Page 10

<sup>106</sup> Constructing the evidence base on the social determinants of health: A guide, Authors: Josiane Bonnefoy, Antony Morgan, Michael P. Kelly, Jennifer Butt, Vivian Bergman, November 2007, The Measurement and Evidence Knowledge Network (MEKN) of the WHO Commission on Social Determinants of Health, Page 145

<sup>107</sup> Pawson R, Tilley N. (1997). Realistic Evaluation. London: Sage.

<sup>108</sup> Behaviour change intervention research in community settings: how generalisable are the results? D Dziewaltowski, P Estabrooks, L Klesges, S Bull and E Russell. Glasgow HEALTH PROMOTION INTERNATIONAL Vol. 19. No. 2 © Oxford University Press 2004. All rights reserved: 10.1093/heapro/dah211, Page 235

## 9.0 Summary and conclusions

### 9.1. What counts as innovation?

This review has looked at ‘innovation’. In itself this is a broad concept that can be defined as a new or different approach to addressing an issue. As described by our partners, this could represent a new process for achieving behaviour change, involve new people in the working partnership or seek to address new or innovative target groups. It is important to note, however, that the aim of this report is not to say whether one type of project is more innovative than another, or to identify the *most* innovative approach possible. Innovation is dependent on the context it operates within. Consequently, it will always be changing – an approach that is innovative now is unlikely to seem so in the future.

In considering the European situation, this report focuses on innovations that are *relative* to the country they operate within rather than approaches that are new *across* Europe.

It is important not to be swayed by something that is new just *because* it is new. The fact that something is ‘innovative’ does not necessarily mean it will be effective. Within this document we are not just looking to highlight fresh approaches, but ones with the potential to work. This means that it is important for projects to follow a logic model for achieving behavioural change and, if possible, to have some form of evidence supporting any assumptions that are made.

### 9.2. The focus on vulnerable groups

It is important that our focus on ‘vulnerable groups’ is kept at the forefront. Previous studies have shown that initiatives aimed at broad population groups may be overused by those who are more informed or equipped to be able to utilise the service. DETERMINE is concerned with health inequalities and the unequal distribution of the social determinants of health. It is important, therefore, that interventions, however well-intentioned, do not inadvertently widen the health gap.

### 9.3. The role of evidence

This leads onto the role of evidence and evaluation. To have a good idea about the effectiveness of an intervention’s impact on health there needs to be a flexible evaluation framework in place to look at impact, and to collect any lessons for wider dissemination.

Because, by definition, innovative projects will be new approaches, it is unlikely that there will be a great deal of existing evidence available to support them. Therefore it can be argued that demanding a strong evidence base when undertaking innovative projects is counter-intuitive. It is a ‘chicken and egg’ situation – evidence about innovative projects will not come until they have been conducted. Therefore, we should not be too demanding about what evidence is required before setting up a project. However, it is important that projects are tied into some form of logic model, with information supporting assumptions made. Even with this, there will still be an element of risk with innovative projects, which needs to be considered.

## 9.4. Innovative approaches

One of the common themes running through submitted examples of ‘innovation’ was an in-depth understanding of the target audience in relation to the area that was being considered. Regardless of how innovation was framed, many innovative examples tended to use more of a ‘bottom-up’ than a ‘top-down’ *expert knows best* approach. Even though the innovative approaches were different in form, many involved understanding the target audience through different listening techniques and then building interventions based on an insight into people’s lives. This is one of the cornerstones of social marketing.

When looking at the two innovative examples described in the DETERMINE framework - social marketing and PPP’s - it is important to understand that these relate to a process or way of approaching a situation rather than a universal way of doing something. For example, a PPP might involve community engagement or a project using social marketing might look to build social capital. Indeed, a social marketing approach might well look to use a PPP.

Therefore, the process by which interventions are designed can be seen as of equal importance as the intervention itself. A project won’t necessarily be effective just because it uses a PPP. However, it might be effective because it is underpinned by an understanding of the presenting issue and the target group, and, given this understanding, a PPP might present itself as the best possible option by which to address the issue.

Many of the innovative projects identified share an understanding that behaviour is influenced by the wider context and not just the individual. There is a common appreciation that behavioural interventions are not levers for change but depend on a myriad of factors.

We need to acknowledge the wider conditions that influence behaviour. It is clear that, due to the complexities of behaviour and the fact that it is influenced on a number of different levels, one isolated approach is unlikely to work. Interventions need to understand people’s lives. This is not a new concept and has been occurring in public health initiatives for many years. However, this report recommends that this approach should be continued and developed in the future.

Behaviour in itself is a wide-ranging term that can take many forms and the type of intervention you design depends on the behaviour you are addressing. Therefore, your behavioural intervention may have an individual, household, community or national focus. In addition, although the overall focus will be on vulnerable groups, the behavioural initiative may not be targeted at these individuals directly. For example, a project may focus on changing the behaviour of policy makers, in order to have a knock-on impact on the lives of vulnerable individuals.

Many of the innovative projects identified used community approaches to address behavioural challenges, confirming the importance of looking at the wider influencers of health and behaviour. In particular, some innovative approaches cited the use of empowerment and participatory techniques as being innovative methods.

A key observation arising from the review was that nearly all innovative projects identified used some form of partnerships or cross-sectoral approach. This is a key finding of the review – many innovative ways of addressing behaviour involve bringing together a diverse range of parties to address an issue. Linking to the social determinants of health, not all partners were specifically involved in health, but all were working in areas which were indirectly relevant to health.

The image below highlights some of the innovative examples that Work Package 6 members detailed – these are included in more detail in the appendices.

## Innovative approaches

- Using a public private partnership approach;
- Addressing topic areas that have not been focused on previously;
- Looking at new target groups;
- Social inclusion – such as integrating prostitutes back into society;
- Creating and strengthening social networks;
- Using holistic approaches to address target groups needs;
- Using a family-based approach rather than focussing just on the individual;
- Community development and engagement;
- Using participatory and peer-led methods in communities;
- Inter-sectoral approaches to address issues;
- Developing partnerships between professionals that have not previously worked together;
- Producing innovative intervention materials;
- Using a social marketing 'bottom-up' approach and building interventions based on the target group's needs;
- Using health equity and health impact assessments as tools to advocate resource investment in projects addressing health inequalities;
- Designing interventions that fit in with people's lives;
- Addressing issues different to the presenting problem to look for indirect links between the two;
- Developing self-confidence and potential in target groups rather than identifying where there may be a perceived deficit.

### 9.5. The use of social marketing

This review has shown that social marketing can be an effective way of initiating behavioural change. Social marketing can be seen both as a mindset – based on a customer understanding point of view - and also as a planned set of techniques and tools. For some, using a basic planning process and the benchmark criteria as a guide for interventions can be seen as an innovative way to address behavioural challenges. As with other innovative approaches, social marketing starts with the individual and looks to gain insights into their life to inform interventions.

### 9.6. The use of public/ private partnerships

The review also highlights that there is a swell of support for the *potential* of PPP's and, in theory, there are many benefits that can be accrued from using this type of approach. However, before using a PPP approach it is important to consider what benefits are to be gained from partnering with the private sector and to explore any ethical issues arising. Those involved in PPP's should develop a shared set of goals, understood by all, which can be worked towards together.

## 10.0 Case Study Review Search Criteria

As highlighted previously, Work Package 6 partners provided examples of 'innovative' interventions in their country for this review. This section details the selection process that was taken by partners.

Because this review was looking for innovative examples and the fact that innovation takes a new approach at tackling an issue, Work Package 6 wanted to give partners flexibility when selecting examples to ensure that projects were not excluded because they did not follow traditional pathways.

Work Package 6 partners were asked to investigate a number of different channels to access case studies for the review. The channels below were provided as guidance, however, partners were encouraged to use local systems and structures to gather information and be flexible in their approaches to finding innovative projects.

- **Published reports** – publicly available reports that are likely to have been peer reviewed;
- **Grey literature** – reports and data that is unlikely to have been published. The type of information this includes is likely to be: reports, working documents, bulletins, fact sheets, presentations and information available on websites;
- **Primary research** – partners may have chosen to directly contact projects to gather information. This may take the form of depth interviews with members of the project team, stakeholders or the target audience.

The type of information that partners were expected to collect included the following:

- Reviews of projects;
- Short descriptions of projects with verifiable references;
- Analysis of data;
- Process evaluation of projects;
- Qualitative judgements of projects based on interviews with project members; audience or stakeholders;
- Outcome evaluations looking at changes in knowledge, attitudes and behaviour.

Partners were asked to not select case studies that began before 2000; this was done with the aim of generating new ideas on innovative approaches. Partners were also encouraged to consider the following aspects when selecting case studies for analysis to help receive a range of different types of case studies.

- Aim for a mix of rural and urban case studies;
- Look for a spread of different sizes of projects;
- Identify examples of PPP's and social marketing.

Each partner was expected to provide around 2-3 case studies.

## 10.1. Case Study Questionnaire

Partners were expected to consider the following questions (where information was available) for each case study area.

1. A brief description of the project – *this should include the aims, objectives, and goals*
2. Importantly, why they felt it was is an innovative project? – *describe the elements of the project that make it innovative*
3. The assumptions that were followed throughout the project – *this should highlight what basis there was to expect success.*)

**Was any research conducted to inform the design of the project – e.g. developmental research with the target group or other stakeholders?**

4. The duration of the project – *provide the start and end date*

**A summary of the project's effectiveness – this could be in the form of evaluation or any relevant research conducted**

5. Any qualitative judgments, either from yourself, project members, stakeholders or target audience – *this information can include key issues and why did it work or not? We encouraged Wp6 partners to give their own judgments on projects.*
6. Any information on the context (e.g. social or political context) that the project operated under – *for example, do you feel that a recent Government strategy had encouraged this development?*
7. Was the project part of a larger project or linked to any other activities
8. Any other relevant information? – *For example, was there anything special about the team members or the way the project was managed? Any further references?*

## 10.2. Search Strategy

The points below summarise the range of strategies that Work Package 6 partners took when searching for case studies:

- Accessing existing good practice networks;
- Identifying innovative projects that have been developed in house;
- Reviewing published reports;
- Undertaking web searches on terms such as “innovation and health”, “innovation and health promotion”, “public private partnerships and health”, etc;
- Contacting different public health boards;
- Utilising previous experience and knowledge;
- Focusing on the most important topics and vulnerable groups. For example which vulnerable groups need action taken to improve their situation as soon as possible;

Some partners applied the following additional exclusion criteria when selecting case studies:

- Excluding activities prior to 2007;
- Excluding projects without sound monitoring and evaluation systems;
- Excluding in-house case studies.

## 11.0 Case Studies

### 11.1. Case Study Summary

This section of the report details the innovative examples provided by Work Package 6 partners. It is important to remember that the case study collection was designed to be a flexible process looking for ideas and new ways of doing things, not necessarily what works. Many of the judgements made about these examples are qualitative conclusions made by partners and therefore may not be representative of their organisation or country as a whole.

Project Title	Key search terms	Country
Akkuna run by a NGO TSTRY (TSTRY is established in 1992 by unemployed people)	Self-empowerment; grassroots; networking	Finland
Charity Campaign „Gift of Life!“	Public-private partnership; preventative	Estonia
Project „Integration of Women Involved in Prostitution Including Victims of Human Trafficking into the Legal Labour Market“	Community initiative; partnership approach; bottom up; insight driven	Estonia
The Estonian Network of People Living With HIV (ENPLWH)	Partnership approach; organised cooperation; networking; self-help;	Estonia
“Let’s Live Healthy – Health promotion program in rural settings”	Culturally appropriate, upstream and downstream, cross-sectoral, networking, community empowerment	Slovenia
“Tackling Health Inequalities In Roma Community In Pomurje Region”	Roma population, lifestyle indicators survey, health inequalities, partnership	Slovenia
Roma community development project	Targeted; partnership; participative;	Hungary
Cervix mass screening programme	Focus on hard to reach; insight driven; incentive scheme; partnership	Hungary
Komm auf Tour	Empowerment, social capital, education	Germany
Doc Stop	Cross-sector partnerships, public-private partnerships, access to medical care	Germany
Job Fit Regional	Cross-sector partnerships, public-private partnerships, motivational interviewing, unemployment	Germany
Equity in health: Seize the opportunity!	Target group involvement, family-oriented, insight generation, peer ambassadors	Denmark
Tour de Disadvantaged	Public-private partnership, sport as a tool for social integration	Denmark
U-turn	Comprehensive, holistic approach, reflective ‘coaching’, Network building	Denmark
Automatic distribution of food for easy breakfast and health promotion	Cross-sector partnership, public-private partnership, target group involvement	Italy

Project Title	Key search terms	Country
Manuel Merino Project	Cross-sector; theory-based; participative; partnership; health champions	Spain
Proyecto Delta de Educación Nutricional	Cross-sector; participative	Spain
Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS Prevention among IDUs and Bridging Population	Network development; partnership; joined up strategy; insight driven	Latvia
Media campaign to rise public awareness on young women vulnerability to HIV/AIDS.	Partnership; tailored training; participative design;	Latvia
The Programme of Heart Health Consulting Rooms in Latvia.	Service design; integrated approach; access; tailored	Latvia

## Charity Campaign 'Gift of Life!' - Estonia

### Keyword(s)

Public-private partnership; preventative

### Description of Project

- In November 2006, the National Institute for Health Development launched a charity campaign "Gift of Life!", in cooperation with one of Estonia's largest banks, Hansapank (Swedbank).
- The campaign's aim was to highlight HIV, and especially HIV amongst pregnant women, as one of the most pressing social problems facing Estonia.
- A campaign bank account was opened to handle donations, which were taken via telephone hotlines.
- The campaign was delivered through a range of media channels: three Estonian TV channels aired a campaign feature for two weeks; five Estonian and Russian radio channels aired radio clips; and posters were displayed in all bank offices of the Hansapank. The campaign was also promoted via the Internet and using Hansapank ATM machines - every time a customer withdrew cash from an ATM they were reminded of the campaign and invited to the campaign's charity concert.
- For several years World AIDS Day concerts have been organised on December 1st in Kaarli Church in Tallinn. In 2006 the traditional charity concert, featuring famous artists, became a part of the bigger charity campaign "The Gift of Life!". Almost 1,700 people attended the concert, which was broadcast live on public television (ETV) to every home in Estonia. The patron of the concert was the Estonian Prime Minister.
- The campaign and concert together raised more than 300,000 kroons (20 000 Euros). This will be used to buy formula milk in order to prevent mother-to-child transmission of HIV during breast feeding. The sum donated was enough to provide infant formula for every HIV-positive mother in Estonia in 2007. The infant formula was distributed through the hospitals where HIV-positive mothers give birth and where health care services are provided to them and their children.

### Why is this innovative?

The campaign marked the first example of collaboration between the Estonian Government and a private sector partner in the field of HIV prevention. By supporting the campaign, Hansapank hoped to bring to public attention the issue of HIV as one of the most painful social problems within Estonian society.

## Assumptions followed throughout projects

On average 100 HIV-positive women give birth in Estonia yearly. If an HIV-positive woman decides to become a mother, and necessary treatment is begun during pregnancy, the child is usually born healthy. However, the child can become HIV infected by breastfeeding from the HIV-positive mother. To avoid this, breast milk substitute (infant formula) must be used. Unfortunately, financial reasons mean that it is often unobtainable.

## Research Conducted

According to available data, 23 children had been infected with HIV through vertical transmission by 2006. The total number of known childbirths to HIV-positive mothers was 376 at the end of 2006.

## Project Duration

November 2006 - December 2006

## Summary of project's effectiveness

- The project's run-time was too short to allow for robust evaluation.
- Most feedback was collected over the duration of the campaign, as well as at the "Gift of Life" concert.
- Feedback focused on whether people had noticed the campaign's advertisements on television, radio and ATM's.
- Success was also evaluated according to how well-attended the concert was, and how much money was raised as a result of the campaign.

## Context

Before this campaign, different pilot projects had distributed breast milk substitute to the most vulnerable groups in different regions of Estonia. For example, among HIV-positive women from Ida-Virumaa - one of the most problematic areas of Estonia.

## Other Relevant information

- HI-virus in a pregnant woman was found for the first time in Estonia in 1993. The first childbirth with an HIV-positive mother took place in 1999.
- All women who come to register their pregnancies are recommended in Estonia to take the HIV test. The majority of women are tested for HIV. The total number of HIV-positive pregnant women by the end of 2006 was 631. According to available data, 23 children had been infected through vertical transmission by the end of 2006.
- The total number of known childbirths to HIV-positive mothers was 376 (by the end of 2006).
- The number of HIV-positive pregnant women in Estonia has remained stable in past years. All pregnant women in Estonia are covered by health insurance from the 12th pregnancy week and thus are guaranteed all health services free of charge (including prophylactic ARV treatment).
- All women who register their pregnancies are advised during their first visit to take the HIV-infection test in addition to other tests. The corresponding test is also recommended to all women who decide to have an abortion.
- Regulation of the Ministry of Social Affairs No 118 from 31 October 2003 establishes that each pregnant woman shall be tested for syphilis and HIV-infection in the course of registering the pregnancy.
- Mother-child HIV transmission typically occurs when risk group women are not aware of their rights, or when their actions are dictated by immediate economic need (i.e. lack of money).
- In order to support this vulnerable group the cooperation of local level specialists is needed, as well as their case management principles.
- The pilot project of parent-child HIV spread prevention started in the beginning of 2004 in Ida-Virumaa and it was funded by the American Embassy.

## Website

<http://www.tai.ee/?id=5112>

## Integration of Women Involved in Prostitution, Including Victims of Human Trafficking into the Legal Labour Market - Estonia

### Keyword(s)

Community initiative; partnership approach; bottom up; insight driven

### Description of Project

- EQUAL is a Community initiative, financed by the European Social Fund. The objective of EQUAL is to trial new methods for reducing discrimination and rejection in the labour market, as well as reducing inequality, by using international cooperation.
- The Ministry of Social Affairs in Estonia is responsible for EQUAL. The Department of the European Social Fund at the Estonian Labor Market Board is the programme's developmental partnership councillor and supervisor.
- EQUAL is one of thirteen EQUAL projects in Estonia. Its lead partner in Estonia is the National Institute for Health Development.
- This project is aimed at women who have been prostituted as a result of people trafficking, and who are willing to find a way out of their situation.
- Another target group are the officials who come into contact with prostituted women and victims of human trafficking.
- Indirectly, the project is also aimed at society as a whole, with the intention of breaking myths about prostitution and raising public awareness about problems caused by trafficking.

Project activities include:

- Research with prostituted women, including victims of trafficking, in order to determine their social, economic, psychological and health circumstances
- Publication of a book, "Voices of the Silent", about the life and problems of prostituted women, including victims of trafficking
- Study among Estonia's adult population to determine general attitudes towards prostitution and prostituted women
- Education of the general public around the background and reality of prostitution and human trafficking
- Training of specialists (social workers, youth workers, teachers, police, health workers, career consultants and support personnel)
- Founding of a social and psychological rehabilitation centre, ATOLL, for prostituted persons in Tallinn
- Establishing a system of support personnel for prostituted women
- Cooperation among government institutions, citizens organisations and the private sector in order to make activities for the rehabilitation of prostituted women more efficient
- Drafting of basic principles for a nationwide strategy and action plan for the rehabilitation and integration into the labour market of prostituted women

### Why is this innovative?

The project is innovative for Estonia because there have been no previous activities to rehabilitate and integrate prostituted women into the legitimate labour market.

### Research Conducted

EQUAL is part of the international project, Headway, which set the project's design.

### Project Duration

January 2005 - July 2008

## Summary of project's effectiveness

Final evaluation will be conducted once the project is completed.

- Context
- While its main focus is on inclusion and health inequalities, the Ministry of Social Affairs has also developed Estonia's National Plan for Social Inclusion.
- The National Action Plan for Social Inclusion has been prepared in connection with Estonia's participation in the European Union's social inclusion process.
- The open method of co-ordination has been applied through the national action plans for social inclusion, which aim to achieve common goals between member states.
- Key social inclusion priorities include: increasing employment, improving accessibility to education, medical care and housing, and making use of information technology-based opportunities to increase social inclusion.
- Among the risk groups, particular attention is paid to the long-term unemployed and those excluded from the labour market, school dropouts, children with special needs, disabled people, people with housing problems and victims of violence.

## Other projects linked with

EQUAL is one of thirteen EQUAL projects in Estonia directed to inequality in the labour market. International cooperation is the framework of the Headway project. Headway's aim is to gain social integration for the victims of human trafficking. Project partners are Lithuania, Poland, Germany, Portugal and Italy.

## Other Relevant information

- According to estimates, 3000-5000 women are engaged in prostitution in Estonia. Their period of activity is about 5-6 years. Upon ceasing this activity, a large majority of prostituted persons (usually young women under 30 years), find it difficult to return to normal life and enter the legitimate labour market.
- The project helps previously prostituted women to resume their studies, acquire a profession and find a job. These are general requirements for starting an independent and economically viable life.
- The general objective is to improve for prostituted women, including the victims of human trafficking, the opportunities for rehabilitation and integration into the legitimate labour market. An indirect objective is to arrest the spread of prostitution by raising public awareness and increasing the economic independence of women. This will be done via rehabilitation programmes and the development of capabilities which will enable them to achieve full integration into society.

## Website

[http://www.tai.ee/failid/EQUAL\\_inglise\\_keelne3.pdf](http://www.tai.ee/failid/EQUAL_inglise_keelne3.pdf)

<http://www.osservatoriotratta.it/headway/index.php>

## The Estonian Network of People Living With HIV (ENPLWH) - Estonia

### Keyword(s)

Partnership approach; organised cooperation; networking; self-help;

### Description of Project

The Estonian Network of People Living With HIV (ENPLWH) was created for people living with HIV and AIDS, for people who remain indifferent to the consequences of the HIV epidemic in society, and for those who work for the Estonian state.

The network includes:

- PLHIV (people living with HIV)
- Relatives of people living with HIV
- People who are indifferent to the epidemic's consequences
- Individuals and organisations serving PLHIV
- People making public decisions, forming policy and influencing public opinion

The Estonian Network of People Living with HIV is not connected to any political, religious, or law enforcement groups, and is under no surveillance at any time. Anyone may join the network, regardless of age, race, sexual identity, creed, religion or lack of religion.

The network's goals are to:

- unite people, who want to participate in finding information and making decisions with the aim of overcoming consequences of HIV infection
- represent and lobby the interests of HIV-positive communities in different structures and departments
- organise communication among members of the movement, HIV-positive community, and society in general
- involve all stakeholders in a joint cooperation effort
- organise actions, processions and other events to draw society's attention to the problem and create positive change
- train members of the movement to actively improve their lives and the lives of other community members, and also be leaders of the HIV-positive community
- involve influential people, decision makers and public opinion leaders in the movement
- set up regional representation in order to collect and spread information and coordinate cooperation efforts

### Why is this innovative?

This Network is an ongoing project which involves most of the support and self-help groups for people living with HIV and AIDS in Estonia. This kind of organised co-operation allows the project to fight for the rights of PLHIV more forcefully, to combat stigmatization at a range of levels, and to empower PLHIV.

### Research Conducted

Information has been continuously gathered and exchanged between the Network and those people who are existing or possible target groups for the project. This is to ensure that the Network provides people with the services, advice and support that are most relevant to their current needs.

### Project Duration

Ongoing

### Other projects linked with

The Network is an ongoing organisation and is linked to all HIV and AIDS related networks and

organisations in Estonia. The network is not obligated to consider Government strategies, because it does not work under the Government's authority. However, the Estonian Government does support programmes such as these.

#### Website

<http://www.ehpv.ee/eng/index.php?nid=2&pid=1>

## Akkuna – Finland

#### Keyword(s)

Self-empowerment; grassroots; networking

#### Description of Project

- The project "Akkuna" has two aims. It helps unemployed families to connect with each other and to empower themselves to help each other. It also keeps a whole-family focus, so that it works to support children as well as adults.
- The project aims to work with families, to offer unemployed parents and their children access to new activities and hobbies.
- Its aim is also to support parents to become employed and educated.
- In this way, the project hopes to reduce or prevent health-inequalities.

#### Why is this innovative?

- It is often the case that those families who are affected by unemployment find it hard to leave their homes. Akkuna offers these families opportunities and activities to encourage them to leave their homes and to see the world beyond their own windows ("Akkuna" means a kind of window in Finnish).
- The project is carried out in a centre which is led by an NGO of unemployed people (TSTRY). In the centre, activities are held at the same time for children and their parents. Parents are invited to use the centre's services (for job searching and education). At the same time, the centre organises activities for their children.
- By taking care of families in this way, the project hopes to help parents get on in their lives and to support them in their everyday lives. Parents can also attend peer support groups where they can discuss a range of issues including divorce, child raising and other family issues.
- The centre's services are free of charge.

#### Assumptions followed throughout projects

This project helps adults to get back to work and offers them information about different education possibilities. The centre and the TSTRY have been active since 1992 and were established by unemployed people themselves. The aim of the TSTRY is to offer unemployed people the possibility of meaningful life, as well as networking opportunities and new chances. To achieve these aims, the centre wants people to empower themselves. All activities are based on individuals' needs and the centre hopes to offer activities which will encourage active participation and allow the adults to build new capacity and expertise.

#### Project Duration

2007-2009

#### Summary of project's effectiveness

In Finland it is often thought that the best way to prevent health inequalities is to keep people in working life and to support adults in every possible way to be employed. This is the reason why FCHP wanted to present this project.

## Roma community development project - Hungary

### Keyword(s)

Targeted; partnership; participative;

### Description of Project

- Launched by the Faculty of Public Health, University of Debrecen in 2002, this is a community development project aimed at a disadvantaged Roma community in Debrecen.
- The idea for the project was formed during a previous research programme in which colonies (sub-standard settlements) in Hungary were surveyed by the Faculty.
- This Roma community was identified during the colony survey as living on the outskirts of Debrecen in a settlement with extremely disadvantaged conditions characterised by a lack of indoor water and electricity and by overcrowded and infested living spaces.
- The community development project set the goal of improving the health and socioeconomic conditions of this community of 70 people (of which 24 were children) using a participatory approach.
- Funding was provided by the Ministry of Health to the School of Public Health for three years.

### Why is this innovative?

The innovative elements of the project are:

- Diverse methods applied to increase individual skills and community cohesion
- Network of helping organisations (stakeholders)
- Establishment of civil organisation from community members and researchers
- Participatory action research among Roma community
- Community design of houses (version 1: remodelling of houses occupied by community members; version 2: building new houses)

### Project Duration

- The project started in 2002. Three summer camps were organized in the summers of 2003-2005 with the participation of international volunteers to improve living conditions at the colony.
- A suit was filed in 2005 by the city government, owner of houses at the colony to evict the community on the grounds of lack of entitlement (a frequent problem of disadvantaged Roma communities).
- Since then multiple avenues – including legal action, correspondence, and personal negotiations with local and national stakeholders as well as international Roma rights organisations, and various media presentations - have been used to postpone eviction as eviction would make all community members homeless.
- The project continued through 2006 and 2007 and no end date is indicated.

### Summary of project's effectiveness

This project was formed on the basis of a previous research project. The aims of the community development project were defined on the basis of a participatory community diagnosis. A health impact assessment of the housing programme was carried out. The best indicator of the project's effectiveness is the successful fundraising campaign.

### Qualitative Judgments

This is a very thoroughly planned and evaluated programme with strong professional supervision in Hungary. The innovative elements make the project effective and unique. The broad network of stakeholders is a clear strength of the project. A wide network of supporting organisations was established, including the Roma Self-Government of Debrecen, the local Family Help and Child Protection Services, the primary school and kindergarten which children from the community attended,

and various civil organizations working for the Roma. Moreover, a civil organization (Opre Roma) was established from members of the colony and researchers of the Faculty in 2006 in order to continue the project, fight eviction and find a solution for the housing issue with the involvement of architects.

#### Other projects linked with

The project is integrated in a broader research and action project of the Faculty of Public Health, University of Debrecen on focusing on the health improvements of the Roma community living in colonies.

#### Other Relevant information

An article on the Roma community development project was published:

K. Kósa, Á. Molnár, M. McKee, R. Ádány: Rapid health impact appraisal of eviction versus a housing project in a colony-dwelling Roma community. *J. Epidemiol. Community Health* 2007; 61:960-965.  
<http://jech.bmj.com/cgi/content/full/61/11/960>

## Cervix mass screening programme - Hungary

#### Keyword(s)

Focus on hard to reach; insight driven; incentive scheme; partnership

#### Description of Project

- The aim of this project is to boost participation among the lower-mid straits of the society in screening programmes, in order to improve the mortality data in cancer.
- Cancer is the second most frequent cause of death and one-fourth of all deaths are caused by cancer.
- This programme focuses on cervical cancer prevention and targets 2.4 million women between 25-65 years to participate in screening programmes.
- The programme is coordinated by the Public Health unit of the National Public Health and Medical Officer Service since 2005 and the implementation is based on PPP approach.
- Evaluation of earlier programmes indicated that educated women with mid/high incomes participate more often in screening programmes than women in deprived groups.
- The Hungarian Marketing Association carried out representative research with surveys to explore the motivations and value systems of women with low-level education and income.
- Research found that key motives for any type of participatory action are children and (cash) money. Results also showed that cash above 4000 Euro (1 million Hungarian Forint), cars and flats are outstandingly important motives.
- As a consequence, the health campaign was complemented by a lottery as a key element of the mobilisation.

#### Why is this innovative?

The innovative elements of the project are:

- Using PPPs as an overall approach
- Applying different communication channels at the same time
- Organisation of a lottery to boost participation in screening
- Sustainability based on the long-term integration of the programme in the New Hungary Development Plan (financed from the EU Structural Funds)

#### Project Duration

This project started in 2005 and ends in 2008. However, the activity itself will remain sustainable, only the financial mechanism within the PPP framework will be closed as the agreement with the main

private donor, Lilly Hungaria, will end in 2008. The programme elements have been integrated in the New Hungary Development Plan (financed from the EU Structural Funds) in order to achieve a long-term, sustainable implementation.

#### Summary of project's effectiveness

- Economic effectiveness has been shown by the multiplication effect of the invested sums.
- The overall budget of the programme was 80,000 Euro, of which 40,000 was spent on ATL communication. Based on estimations, the overall PR value of the campaign is calculated as 1,040,000 Euro.
- The programme has been monitored continuously. All women who participated in the screening had to fill out a short questionnaire in order to take part in the lottery. This questionnaire included information about the education level, place of living, number of children, the last date of any cardiovascular or cancer screening etc.
- Based on the results 52% of the participants graduated only in primary school, 31% had a high school degree and 50% did not participate in any type of screening in the previous 10 years. The results indicate that the programme successfully reached the target group - women in less affluent situations.

#### Qualitative Judgments

This is a wide-scale programme with impressive aims, diverse communication tools, strong PPP approach and strong social impact. The focus of the programme includes a key element of tackling social and economic determinants of health inequities. The activities are based on a close cooperation between a government-based public health agency, the Hungarian Marketing Association, and one of the biggest pharmaceutical companies. The commercial, advertising elements in the programme are rather limited.

#### Other projects linked with

Among its 19 targets, the National Public Health Programme (NPHP) aimed to strengthen secondary prevention type activities by increasing the number of people who participate in screening. This programme became an important strand of the NPHP.

## Manuel Merino Project - Spain

#### Keyword(s)

Cross-sector; theory-based; participative; partnership; health champions

#### Description of Project

Since 1998, the Manuel Merino Health Care Centre, located in Alcalá de Henarés, Madrid, has developed various projects focussing around mental health promotion and personal development among teenagers.

In 2002, as a result of this experience, one specific action programme was created in which young people become partners in health. The young people were involved in the project from the outset, actively participating in each of its phases and producing a range of different materials and activities.

Professionals from a range of different sectors are involved in the project.

#### *Justification*

This project is the result of a previous experience of working in groups with adolescents and young people, as well as with parents, teachers, sociologists, social workers and many other people.

It is based on the theory that health is a lifestyle, which can be learnt through a continuous process of interaction with others. Common problems experienced by young people who live in socioeconomically deprived areas include: boredom, poor educational results, absence from school, drug consumption, social relations and communication difficulties, emotional problems such as anxiety, sadness, jealousy and violence. Such issues are difficult to afford by formal institutions. To address this,

part of the health centre's team, together with professionals from other sectors, has gone into the youth's community to get involved with the youngsters who are in these situations.

Nobody can change another person's life if he or she doesn't want it to change. We must all be the main actors in our own lives and choose our own pathways.

### **Aim**

To promote a healthy life style among adolescents.

### **Objectives**

- To engage teenagers and adolescents in a healthy lifestyle related to their own health
- To learn how we can have healthy relations with others
- To promote a daily life without violence
- To involve adolescents in the project from the very beginning, right the way through to the evaluation
- To cover daily needs of interpersonal relationship, affection, solidarity and friendship

### **Why is this innovative?**

It is innovative for the following reasons:

- Many professionals from different fields are involved in the project: doctors, nurses, teachers, social workers, technical officers, psychologists, etc. and is very unusual, at least in our country, to get so many people involved in one project.
- The adolescents produced a web site <http://adolescentes.blogia.com/>, radio broadcast, educational materials, workshops, meeting with parents to develop ways of communicating, and many other activities also created by the adolescents.
- Some private companies have given economic support for the materials that they need in the activities, although the project is a public action, run by the Health Centre.

### **Key Assumptions**

One of the great challenges was to create "spaces" where the adolescents could freely express themselves and feel that they were listened to.

The second great challenge was to train the adolescents to be "health agents".

### **Research Conducted**

Research was based on observations made by employees from the Health Centre. Observations led professionals to be concerned that many adolescents were spending all of their days on the streets.

### **Project Duration**

Since 2002 - ongoing

## **Proyecto Delta de Educación Nutricional - Spain**

### **Keyword(s)**

Cross-sector; participative

### **Description of Project**

- Institutional Strategy of the Canary Government for Nutritional Education, Physical Activity and Obesity Reduction.
- Delta project emerges as a result of a specific situation in the Autonomous Region of the Canary Islands, where the problems associated with nutrition, like overweight, obesity, diabetes, cardiovascular disease and mortality, show an increased gradient.

- The highest prevalence of obesity is among adolescents. The population between 10 and 19 years old represents 11.8% of the whole population in the Canary Islands.
- Social changes that have taken place since 1998 include: increasing levels of overweight, creation of agencies for nutritional security, publication of the European Commission's Green Book. These justify the Delta project, which was launched in December 2005.

The project represents a source of proposals, strategies and educational material oriented towards the promotion of healthy diet, physical activity and in a wider context, relevant health education. It has three main defining features:

1. A cross-sector programme
2. Mainly focused on socio-economically vulnerable groups
3. Based on scientific research

The educational materials are to be used by children and adolescents, so aim to be easily understood.

In addition, the project will focus predominantly on Public rather than Private or Semi-Private schools, in order to address class inequalities and reach those children in Canary Island society who are, typically, more vulnerable.

The project's main resource is the book "En busca de la alimentación perdida: Un paseo por las pirámides" ("In search of the lost nutrition: A walk through the pyramids"). This provides inspiration for most of the project's activities. Many of these activities are developed with children and adolescents in schools, theatres, sports activities, cultural activities (music, readings, etc.), healthy parties, etc.

They are supported by the mass media and by institutions such as the Ministry of Education, Culture and Sports, the Ministry of Employment and Youth, the Town Hall and other NGO organisations. This cross-sector partnership approach has also been included in the "Strategy for Multi-Sector Development", which has been adopted by some of the Ministries mentioned above.

The project was piloted in three municipalities in order to evaluate its methodology. A team of national and international experts participated in this evaluation.

### **Justification**

Following the publication of WHO research findings, overweight and obesity have been recognised as a global epidemic, with estimations that more than 1 million people are currently overweight and at least 300 million are obese. This has implications for attendant conditions such as cardiovascular diseases, diabetes, hypertension and some forms of cancer.

Contemporary causes of obesity include the highest ever consumption of hyper-caloric food combined with the lowest levels of physical activity. At present, 55% of the Spanish population never practice any physical activity and 38% of young people declare themselves to be sedentary<sup>109</sup>. 13.9% of the Spanish population between 2 and 24 years old are obese and 26.3% are overweight. Furthermore, the southern regions of Spain (Andalucía, Canary Islands and Murcia) rate 4 points higher than other regions.

### **Aim**

To promote healthy nutritional habits and physical activity in order to reduce the high prevalence of obesity, and contribute to a reduction in morbidity and mortality from chronic diseases. (NAOS, 2005).

### **Objectives**

To promote community action, mainly in schools, the primary health care sector, restaurants, food retailers, mass media (TV, radio, internet access) and sports clubs.

To secure buy-in and understanding of the full implications of obesity from non-governmental organisations, county halls, scientific societies, professional bodies and ministers from the Ministry of Health, Ministry of Education, Culture and Sports, and Ministry of Agriculture, Fishing and Nutrition.

### **Why is this innovative?**

It is innovative for the following reasons:

- Cross-sector approach: one of the few projects involving so many different institutions at the same time
- Involves the public and private sector

- Involves Ministries and NGOs
- High quality materials produced, including puzzles, theatre plays, and interactive activities, with a story focusing on healthy diet.
- Resources include three to-scale 'people' so that children and adolescents can compare their own weight status and address what their body looks like.
- Resources used as a "starting point" for wider actions and strategies on healthy lifestyles.

### Key Assumptions

That significant impact will be gained from many sectors working together to address one of Spain's priority health problems, obesity and diabetes.

That diabetes incidence in the Canary Islands is 3 times higher than on the Mainland.

### Research Conducted

The project is based on data from the Health Questionnaire of the Canary population (2004), and the Nutritional Questionnaire (2003).

### Project Duration

December 2005 - ongoing

### Summary of project's effectiveness

In one year, the Delta project, with financial support of 200,000 Euros, reached all of the Municipalities in the Canary Islands, as well as several international forums. It has been presented in more than 1,000 schools, as well as in health services and other public institutions across all of the seven Canary Islands. The project has reached hundreds of public and private companies and enrolled a wide range of people, including famous sports professionals.

Evaluation of results is in process but the project's scope has already been wide. One issue is that of working across a fragmented territory – the Canaries have seven islands, each with unique characteristics and needs. This makes it difficult to transfer projects from one island to another.

### REFERENCE

© Dirección General de Salud Pública del Servicio Canario de Salud. Gobierno de Canarias.

## Let's Live Healthily - Health Promotion Program in Local Rural Communities - Slovenia

### Keyword(s)

Culturally appropriate, upstream and downstream, cross-sectoral, networking, community empowerment

### Description of Project

- The Institute of Public Health Murska Sobota and partners developed and implemented a health promotion program in local rural communities. The main goal of the project was to improve health by promoting healthy lifestyles and enabling people to take active role in the process of health promotion and protection of their own health.

#### Target population:

- Adult inhabitants of local rural communities
- Beneficiaries were the family members of program participants and the general population who were becoming involved by means of media communication, public events etc.

#### Aims:

- To raise awareness and responsibility of the target population about health
- To improve the healthy lifestyle of inhabitants in local rural communities by increasing skills and knowledge
- To strengthen supportive networks of local institutions, NGO's and individuals
- To increase capacity of the local community in the process of health promotion

#### **Specific approach:**

- Culturally appropriate (winter time, modification of traditional meals etc.)
- Implemented in local community where people live
- Practical methods of work
- Inclusion of all structures of local community in program activities (local authorities, church, NGO's, kindergarten, school, health centers, restaurants etc.)
- Support to social gathering
- Engagement of local coordinators

#### **Why is this innovative?**

- Addressing major public health problem (chronic diseases) in the region through health promotion
- Addressing adult rural inhabitants as major target population in region
- Engagement of all community structures and strengthening social networks
- Multidisciplinary team of experts (medical doctors, nurses, teachers, food technology engineers, engineers of agriculture, cooks, physiotherapists, etc.)
- Local coordinators - contact person and promoter between community and program leader
- Innovative promotional methods and media support (quarterly thematic newspaper »Let's live healthily«, cook book, series of radio shows, columns in newspapers and magazines, cable TV announcements, exhibitions, public events etc)
- Increasing community capacity in order to continue independently with health promotion activities
- Enabling people to take active role and to continue with healthy lifestyle (self-support groups for physical activity, regular walking tours etc.)
- Supporting small gardening and self-supply with vegetables and fruits
- Culturally appropriate program (performed in winter time, traditional meals adapted in healthy way etc.)

#### **Key Assumptions**

- A good knowledge, evidence base and understanding of local population, health problems and culture
- Development and implementation of culturally appropriate program within natural environment of participants

#### **Research Conducted**

- Vital and health statistics data suggested that some major health indicators in region Pomurje were worse than average
- CINDI Health Monitor (CHM) national survey in year 2001 measured some of the worst lifestyle indicators in Pomurje region, identifying low educated rural inhabitants as the most vulnerable group.

#### **Project Duration**

Institute of Public Health Murska Sobota with partners developed a pilot project in year 2000 and implemented it in the season 2001/2002 in 8 local rural communities in Pomurje region. A pilot project » Let's live healthily« grow up over years to a program and has been transferred to other local rural communities in Pomurje and the rest of Slovenia. Only in Pomurje region, the program has been performed in 50 local communities simultaneously in last season 2007/2008.

## Summary of project's effectiveness

- Ongoing evaluation of changes in skills and knowledge of participants
- Internal evaluation process at the end of each season and in each local community shows changes in nutritional habits and physical activity in majority of participants.
- External evaluation is going on.
- CHM national survey in the year 2004 indicated significant statistical changes in nutrition and physical activity in Pomurje region.
- The curriculum and education program for purposes of program transfer to other environments has been developed.

## Qualitative Judgments

The program was tailored and culturally adapted to the target population and their needs (evidence based needs and perceived ones)

## Context

From the beginning, the project enjoyed political and financial support from the Ministry of health of Slovenia.

Local authorities support the program to the best of their abilities. They incorporated promotion of healthy lifestyle into different community events.

## Other projects linked with

The project was initially part of the »MURA- Investment in Health and Development « Program.

It was complemented with other promotion projects-» Pomurje in Motion«, » Less Stress-more Health«, » Let's Walk with Poles«, »Enabling the quality of life for elderly«and supported with other local projects and activities of NGO's.

## Other Relevant information

The program was acknowledged by WHO and presented on their website.

Network of participating local authorities, institutions, organizations and local coordinators was established in each community. At a national and regional level the network of experts was established.

Social bonds within communities increased.

## Tackling health inequalities in Roma Community in Pomurje region - Slovenia

### Keyword(s)

Roma population, lifestyle indicators survey, health inequalities, partnership

### Description of Project

The main goal of the project was to tackle health inequalities in the Roma community through health promotion, as part of the regional strategy on health inequalities.

### Aims

- To conduct research on the lifestyle of the Roma population in the Pomurje region to develop the program.
- To establish a group of local Roma coordinators
- To implement an innovative method of health promotion – family counseling

### Target population

- Adult inhabitants of 18 Roma settlements in Pomurje region
- Indirectly family members

### Why is this innovative?

- A part of comprehensive program aimed at tackling health inequalities in the Roma ethnic group
- Partnership with legal representatives of Roma ethnic group – Roma Union of Slovenia
- Identifying local coordinators among Roma population for each settlement
- Specific intervention, consisting of conducting questionnaire and after that health promotion counseling during a home-visit.

### Key Assumptions

- Process of building trust and understanding resulted in project partnership with Roma Union of Slovenia
- Local Roma coordinators participated from the beginning in project activities
- CINDI Health Monitor questionnaire ensured high quality data comparable with national survey.

### Research Conducted

Analysis of available quantitative (socio-economic, environmental, legal data) and qualitative data (personal contacts, interviews, information from Roma printed media)

### Project Duration

- Project was implemented within Roma settlements in years 2005 and 2006.
- It was a beginning of the comprehensive process of tackling health inequalities in the Roma ethnic group by means of health promotion. The process continues on national and regional level and includes development of policies and national and regional programs.

### Summary of project's effectiveness

- Survey successfully completed, data on lifestyle indicators gathered
- Sustainable partnership with representatives of Roma ethnic group
- Starting point for further development of comprehensive health promotion program in Roma ethnic group

### Qualitative Judgments

- The representatives of Roma union of Slovenia were satisfied with their active role in and contribution to the project.
- Project participants had a positive opinion of the project, because their health needs were listened to and respected .

### Context

Project results supported development of policy and program in the field of health protection of Roma in Slovenia.

### Other projects linked with

- Partnership or participation in diverse Roma projects, round tables etc.
- Fieldwork-interventions in Roma families and community (workshops for children, healthy cooking demonstration etc.)
- Organization of the first Roma conference about health together with Ministry of Health, Roma council and Roma union of Slovenia
- Survey on health services utility among Roma women and children in Slovenia

### Other Relevant information

- Project leader was NGO, which had recognized the problem. Institute of Public Health further developed the program on regional and national level.
- One of the project outputs was culturally appropriate health promotional material – broadcasting in Roma language, articles in Roma newspapers etc.

## Equity in Health: Seize the opportunity!” – Denmark

### Keyword(s)

Target group involvement, family-oriented, insight generation, peer ambassadors

### Description of Project

- From 2006-2010, the National Board of Health is leading a project called “Equity in Health”. The project is carried out in collaboration with six municipalities, each running their own project with the objective to reduce social inequality in health and to improve health and health behaviour among socio-economically disadvantaged groups. The overall aim of the project is to create new knowledge about health promoting activities targeting socio-economically disadvantaged groups in Danish municipalities. More specifically, the target groups include individuals who have taken early retirement, are recipients of cash assistance, or are unemployed skilled and unskilled workers.
- Through the work of the municipalities and efforts of the National Board of Health, knowledge of effective methods and good practices targeting socio-economically disadvantaged groups will be collected, developed and distributed. The results will be used to produce informational materials for use by the municipalities and their collaborators. So far, two reports related to the ‘Equity in Health’ project have been published by the National Board of Health: “Health among socially disadvantaged citizens – motivation, barriers and possibilities” (The National Board of Health, 2007) and “Citizen-oriented health promotion and equity in health – planning of health promoting activities targeted at socially disadvantaged groups” (The National Board of Health, 2006). In addition, a folder has been published: “Health and disadvantaged citizens – inspiration for municipalities” (The National Board of Health, 2007).
- This case study will describe the ‘Equity in Health’ project in the municipality of Vordingborg. The overall aim of the project is to reduce social inequality in health through targeted efforts in the areas of diet, exercise, smoking and alcohol. The target group is parents who are unemployed skilled or unskilled workers with one or more children under the age of 18. More specific aims include:
  - Raising the health level of unemployed skilled and unskilled workers. This can be achieved by:
    - Increasing the number of physically active
    - Increasing the number of persons with healthy eating habits
    - Reducing the number of daily smokers and heavy smokers
  - Teaching the families to make a healthy choice
  - Making sure that families experience the period of unemployment as a potential time to enhance their well-being.
  - Making sure that the children experience an improved well-being and lead a healthier lifestyle.
  - Making sure that the target group becomes more physically active, and in turn improving their mental well-being and that of their children, which will hopefully result in some participants’ re-entering the labour market.
- The project starts by setting up a meeting between the family and a counselling team (a cross-disciplinary group comprised of a physiotherapist, a psychologist and a dietician). During this meeting the family’s dreams, needs, expectations, problems and barriers regarding health and well-being are mapped out. The meeting results in concrete objectives and action plans for a period of three months. During these three months the family participates in self-chosen, family-based exercise, cooking, and adventure activities. Several of the exercise activities build on links with different sports clubs and training is adapted directly to the needs of the family. Cooking activities include e.g. weekend courses and individual or family-based counselling by a dietician. Adventure activities include joint outdoor trips, social events like dinner, dance workshops etc.
- After three months, the family meets again with the counselling team, an evaluation is carried out and new action plans are created. After another six months, the counselling team and the family make a final evaluation and a long-term plan that focuses on maintaining the lifestyle changes without the support of the “Equity in Health” project and the counselling team.

### Why is this innovative?

The project is innovative (in a Danish context) for several reasons:

- It is targeted at the family rather than the individual and focuses on the families' own experiences, wishes, problems, and attitudes regarding health. All families are offered counselling and activities regarding diet and exercise. Family-based activities are a priority. When needed, activities are initiated related to smoking and alcohol. An objective of the project is to provide the target group with a feeling of efficiency, control, and ownership of the decisions that affect their health and living conditions. Thus, it is a core element of the project that the participants and their families are directly involved in the definition, planning and implementation of the activities.
- Another project that is part of the larger "Equity in Health" project is within the municipality of Jammerbugt. "Equity in Health: Active, healthy well-being" is very similar in its methods and focus to the project in Vordingborg. However, a key difference and innovative feature (particularly in a Danish context) of the Jammerbugt project is that some of the project's participants are appointed "motivational ambassadors" to the health promoting activities (e.g. "minister of swimming"). The aim of the ambassadors is to be supportive and increase the motivation of the participants involved in the activity. Again, this shows direct involvement of the target group and an emphasis on entrusting the target group with responsibility and efficiency.

### Key Assumptions

The project has four main focuses:

- Family (described above)
- Time: The project is based on the assumption that through a direct focus and health-oriented activities the period of unemployment can actually be experienced as an opportunity. While the target group comprises a complex mix of people with different situations and experiences, they all have time to spare and they are all parents. The participants probably do not see the potential in the free time that they have while in unemployment, so the aim of the project is to help them realise this time-potential and use it positively in health promoting activities.
- Health behaviour: The project focuses on diet, exercise, alcohol and smoking.
- Empowerment: Participants are directly involved in the project (described above).

### Research Conducted

In 2006, a health survey I10 was conducted in the municipality of Vordingborg showing that the municipality has a higher prevalence of heart disease, diabetes, osteoarthritis, apoplexy, and osteoporosis than citizens in the rest of the country. The survey also showed that Vordingborg has relatively more citizens with a low income compared to the average of the country. The health survey formed the background of the initiation of the "Seize the opportunity" project.

### Project Duration

The "Equity in Health" project began in May 14, 2007 and is due to run until 2010.

### Summary of project's effectiveness

The project has not yet reached completion and therefore has not been evaluated.

- However in 2007 the National Board of Health published a report within the framework of the "Equity in Health" project based on qualitative interviews (individual and focus group interviews) with the different target groups and employees within the project ("Health among socially disadvantaged citizens – motivation, barriers and possibilities"). The report provides preliminary results of the projects.
- Interviews with the target group of Vordingborg showed that their understanding of health is closely related to the health of their children. Often the children's health takes priority over that of their parents. Furthermore, many of the participants miss the social life they had at their previous workplaces and before they had children.
- The report also shows that several of the participants in the "Equity in Health" project experience an overall lack of meaning in their life, which creates a situation where they are not motivated or capable of changing their lifestyle to become healthier.

- In addition, the social element of health promoting activities is very important to the participants since life outside the labour market is often characterised by social isolation.

### Other projects linked with

As previously mentioned, the project is part of the larger “Equity in Health” project run by the National Board of Health.

## Tour de disadvantaged– Denmark

### Keyword(s)

Public-private partnership, sport as a tool for social integration

### Description of Project

- “Tour de disadvantaged” was – as the title indicates – a cycle race targeted at current and previous drug and alcohol abusers, as well as other (socially disadvantaged) users of shelters in Denmark.
- The project had two aims: First, the project wanted to emphasise sport and exercise as a part of the social work taking place at Danish shelters. The race was meant to inspire the placing of sports and exercise on the agenda at local shelters, e.g. by training and increasing the participants’ physical fitness before the race. Second, the project aimed to change the participants’ health behaviour around exercise.
- The approximately 150 participants were divided into 13 teams that all rode tandems. The race was 350 kilometres (from Copenhagen to Vejle) split into six stages. Inspired by Le Tour de France, the race also included daily competitions, e.g. sprinter races, mountain stages, team time-trials etc.
- Several actors arranged and financed the project. This also makes this project an example of a PPP with the objective to improve the health and health behaviour of socially vulnerable groups. The National Association of Shelters (supported by public funds) made all the practical and organisational arrangements. They worked closely with the Danish Cycling Union and The National Olympic Committee and Sports Confederation of Denmark (both private organisations). The Ministry of Social Welfare, the Board of Employment and the National Health Insurance Fund funded the project along with the two private organisations mentioned before.

### Why is this innovative?

- The project was innovative because of the PPP with a direct focus on improving health and health behaviour among socially disadvantaged groups. Activities like this are generally rare in Denmark.
- In addition, the project was innovative because it put on the agenda the important issue of changing and improving exercise habits and health lifestyles among socially vulnerable people. Previously in Denmark, health promotion directed at improving the health behaviour (e.g. exercise, diet, and smoking) of this target group had only occurred rarely due to the extensive social, physical, mental, and economic problems this group usually experiences. This means that unhealthy habits may seem a minor problem compared to other issues this group has to deal with. The “Tour de Disadvantaged” clearly showed that improving exercise habits among socially disadvantaged groups is an important issue, despite other serious problems faced by the target group (reasons for this are provided below).

### Key Assumptions

The project had to be based on the target group’s capacity – or lack of capacity - for relatively demanding physical activity. The project dealt with a target group that hardly ever performed physical activity. The Danish Cycling Union assisted the process by training and educating the participants and workers at the shelters (e.g. concrete training programmes were developed).

### Research Conducted

None. The National Association of Shelters arranged to race and they already had an extensive knowledge about the target group.

### Project Duration

The race took place during August 21-28, 2005. However, the duration of the project was longer due to the planning of and training for the race.

### Summary of project's effectiveness

- The project has not been evaluated professionally. However, The National Association of Shelters published a report about the project in January 2006: "Report on a different cycle race" (Curt Sørensen, The National Association of Shelters, 2006).
- The report states that most participants experienced an improved physical fitness and well-being both before (because of the training) and after the race. Before the participants started training for the race some could not ride a bike more than 200 metres, but by the end of training some of them could ride up to 350 kilometres.
- Perhaps more importantly, the participants saw the project as being meaningful and it gave them a sense of belonging to a community. Some of the participants felt that being in the race was almost like having a "normal" life where people around them demanded something of them and where they had to work closely with others in order to complete the "job" successfully.

### Qualitative Judgments

The report on the project contains interviews with four of the participants. The interviewees all stated that participation in the race was important to them physically, mentally, and socially. Not only did they all improve their physical fitness, but they also all established strong social bonds with the other participants and they all felt that participating in the race gave them a mental push in the right direction and toward a healthier lifestyle. Completing the race gave them a boost in self-confidence and a sense that they are capable of something despite several failures in their lives – capable of more than most of society believes.

### Context

The support of the Ministry of Social Welfare to the project is based on the Danish Government's plan of action: "Joint Responsibility – an action plan targeted at society's most disadvantaged groups". The action plan contains concrete initiatives directed at socially disadvantaged groups and emphasises the need for a joint effort between both the public, private and voluntary sectors.

## U-turn – Denmark

### Keyword(s)

Comprehensive, holistic approach, reflective 'coaching', Network building

### Description of Project

- U-turn is a counselling and treatment centre for socially disadvantaged adolescents between 15 and 23 years of age with a drug abuse problem. The centre is situated in Copenhagen and funded by the Copenhagen Social Services Administration.
- The project has several elements, e.g. counselling, day group treatment, evening treatment, individual treatment, excursions, treatment etc, and therefore several aims and target groups;. This case study will focus just on the day group treatment, as this element of the project has been evaluated.
- The target group for the day group treatment is socially disadvantaged adolescents, primarily under the age of 18, with a drug abuse problem. The adolescents are not engaged in employment, education, or any other significant activity.
- The objective of the day group treatment is to help these adolescents attain a meaningful everyday life, take up a job or education, and become drug-free or reduce their drug abuse. The treatment programme therefore does not focus solely on changing a health behaviour (drug abuse), but it also focuses on improving the target group's situation as a whole.
- The day group treatment is based on an intensive and structured weekly programme and "relation

work” between an employee at the centre and the young person. The weekly programme contains physical activities, education, group interviews/sessions, individual interviews, and other social, cultural and occupational activities, such as workplace and educational visits. The adolescents undergo treatment at the U-turn Centre for approximately 6 months, with transportation provided from their homes to the Centre for the first 1-2 months. Shortly after beginning their treatment, the adolescents are interviewed in order to systematise their individual treatment.

- During 2006, a total of 93 adolescents underwent treatment at the U-turn Centre.

### Why is this innovative?

- The project is innovative because of its comprehensive approach that looks at the adolescents’ situation as a whole and aims to change both a health-related behaviour of and the socio-economic determinants of health inequalities (employment, education, living conditions, etc.).
- The U-turn Centre uses coaching as a method to engage with the adolescents. Here, coaching is understood as a conversational form that inspires the adolescents to reflect on their lives and thus find their own solutions. The adolescents are directly involved in the process and not seen as drug abusers, but as young people.
- In line with the centre’s coaching approach, the focus is on what takes up the adolescents’ attention. In the day group treatment the adolescents are not required to stop their drug abuse. The work of the centre is focused on finding the young people a place to live, getting them started in jobs/education, tackling delinquency problems or family issues, etc.
- A comprehensive treatment of this kind has not existed in the traditional treatment system in Denmark – at least not within one centre/location. In the traditional system, one sector typically deals with adolescents’ drug abuse while another sector deals with their social problems.

### Key Assumptions

The project builds on four overall assumptions:

1. **Network-orientation:** The centre uses a network-oriented approach. It is important to get adolescents, employees, parents etc. engaged in a joint project.
2. **Solution-orientation:** The centre uses a solution-oriented approach, which means that its focus is on the future, not the past. It is focused on the existing relations in the adolescents’ networks and the belief that positive changes are possible.
3. **Empowerment:** It is important that the adolescents regain control of their lives and rebuild their self-respect in order to make positive changes in their lives.
4. **Coaching:** To strengthen empowerment among the adolescents, the centre practices coaching and thus inspires the adolescents to reflect, learn from experience and learn new ways of behaving.

### Project Duration

The project received public funding and started up slowly in 2002. The U-turn Centre opened in May 2004 and the project is still running.

### Summary of project’s effectiveness

- The day group treatment was evaluated in August-October 2006 and the evaluation was published in January 2007 in the report “A couple of years later... An investigation of the “old” young attending the day groups”<sup>111</sup> (Susanne Pihl Hansen, January 2007). The evaluation built on qualitative interviews with 9 adolescents who attended the day groups in 2004-2005. Written material from the work of the day groups was also included in the evaluation.
- According to the young respondents, life and quality of life generally improved after they started treatment at the centre. They felt a greater responsibility and became more self-confident and mature. They all emphasised that the day groups had a significant and positive affect on their lives.
- The use of drugs decreased for 6 of the 9 adolescents, although the risk of relapse was still present. The drugs abused typically included hashish, ecstasy, cocaine, speed and amphetamine.
- However, only two of the adolescents stopped doing drugs completely. At the time of the interviews, the remaining seven still used drugs daily or almost daily (primarily hashish), although in smaller amounts. In addition, several of the adolescents could still be considered very vulnerable.

<sup>111</sup> The report (in Danish) can be found at: [http://www.uturn.dk/media\(99,1030\)/Et\\_par\\_%C3%A5r\\_senere.pdf](http://www.uturn.dk/media(99,1030)/Et_par_%C3%A5r_senere.pdf)

- Delinquency among the adolescents ceased, they all found a safe place to stay, most of them regained good relations with their family and friends, and most of them took up work or education.
- In general, the report concluded that the day group treatment within U-turn was appreciated greatly by the primary users (the adolescents) and therefore the initiative was evaluated positive. However, the report also pointed out the need for patience, the initiation of varied activities, and a long-term effort in order to help the adolescents with their drug abuse.

### Qualitative judgments

The evaluation report contains quotations from the interviews with the adolescents. The following quotations, gained in September 2006, indicate the adolescents' self-description:

*"It is difficult to put into words how I am today. The most adequate way to describe it is probably this: I am a developing adolescent. I am going somewhere. I have been through hell and I am on my way to the life that I want to lead from now on. Everything is uncertain but then again, not so uncertain, but there is a lot to deal with!"* (My translation)

*"I am someone with a greater self-confidence, someone who dares to speak his mind – even in the presence of others, who might be thinking: What a fool and what a foolish suggestion. I still have my downs and I can still hurt people and do things I might regret. But I am someone who has become wiser. Someone who sees the consequences – and is able to see them the following day. Someone who is... just... I don't quite know... wiser. I guess that is the right word to use, wiser."* (My translation).

### Context

The project was created because of extensive drug use problems among adolescents in Copenhagen. Hashish is the most frequently used illegal substance among adolescent citizens in Copenhagen (and Denmark in general), and among socially disadvantaged adolescents. In all, 60% of 16-19 year olds in Copenhagen have smoked hashish within the past year (2005). This is twice as much as other parts of Denmark and is forecast to treble in a period of 6 years. In addition, 20% of male adolescents between 16 and 20 years of age in the Copenhagen area have tried cocaine. 112

### Other projects linked with

As mentioned, the U-turn project contains several other activities besides the day group treatment.

## "Komm auf Tour" (Come On) – Germany

### Keyword(s)

Empowerment, social capital, education

### Description of Project

Komm auf Tour aims to develop occupational interests and life perspectives in socially disadvantaged pupils.

### Why is this innovative?

- The poor occupational prospects of socially disadvantaged adolescents can have a large affect on their life plans. Socially disadvantaged girls in particular have a higher risk of teenage pregnancy and difficulties in developing relationships of mutual respect.
- 'Komm auf Tour' aims to develop self-confidence in these young people and to develop realistic occupational goals. In this context it is important to focus on potentials, not on deficits.
- To this end, a join-in tour was developed which visits a town for three days. During this time adolescents can discover their potential and interests (e.g. working with their hands, working with people, being creative, gardening, etc.), which are associated with specific occupational groups. Local teachers, parents and qualifications organisations are linked to this event and are responsible for following up with the young participants.

112 [http://www.uturn.dk/media\(102,1030\)/Udviklingsplan.pdf](http://www.uturn.dk/media(102,1030)/Udviklingsplan.pdf)

## Key Assumptions

- Having a good job and prospects for promotion ranks highly on young peoples' agendas, as does having a family and children. Less educated boys and girls, however, have a higher risk of unemployment.
- In cases of possible unemployment, motherhood is an option some girls take in order to fulfil a social role that is accepted by society.
- Prevention of teenage pregnancy cannot rely on promoting contraception use as a key strategy. It also requires dealing with young people's perceptions of the future, and their goals, wishes and fears.

## Research Conducted

The German Institut für Youth Research (Deutsches Institut für Jugendforschung, DJI) and the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA) have been conducting research on young peoples' lives and teenage pregnancy for many years.

cf. Institut für Jugendforschung (IJF) (2005): Das Lebensgefühl der Jugendlichen

cf. BZgA (2006): Jugendsexualität. Wiederholungsbefragung

## Project Duration

2007 - open end

## Summary of project's effectiveness

The pilot has been externally evaluated. Young people, teachers and collaborative partners have been interviewed. Key results include:

- About two-thirds of those adolescents who have participated in the tour have an idea of how to think about their future, relationships and their own potentials. The circuit is well-received, with adolescents appreciating the chance to try out different things in the play station.
- Teachers feel that the intervention meets existing demands to strengthen young people's self-confidence and help them reflect on friendships, sexuality, behaviour, etc. Most teachers would like to offer this initiative as a regular part of class 7 in secondary school.
- Network partners feel that the intervention fits into/links up with existing structures of education and occupational qualification.

## Qualitative Judgments

Linking occupational and personal development is an innovative feature of (sexual) health promotion. This approach recognises that health and behaviour are dependent on other socio-economic factors such as education and occupational prospects.

## Context

To date this intervention is unique in Germany. The pilot was developed by the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA) and the Northrhine-Westphalian Ministry for work, health and social affairs and was funded by the European Social Funds.

## Website

[www.komm-auf-tour.de](http://www.komm-auf-tour.de)

## jobFit Regional – Germany

### Keyword(s)

Cross-sector partnerships, public-private partnerships, motivational interviewing, unemployment

### Description of Project

Job Fit aims to promote the health of unemployed persons by implementing health modules in employment and training/qualification institutions. The project has two stages:

1. Unemployed persons are recruited into the project in employment and training/qualification institutions.
2. Those who sign up are provided with a motivational interview, which results in a health promotion plan that is then implemented as a group activity within the employment and training/qualification institutions.

### Why is this innovative?

- For the first time, a health insurance company is working with employment and training/qualification institutions to enhance the health of the unemployed. Employees of these institutions are trained to lead motivational interviews and carry out health promotion activities with the unemployed in their environment. The skilling up of these institutions' own personnel makes this initiative sustainable.
- This service is directly discounted by the health insurance company so that minimal financial cost is incurred by unemployed persons who make use of these services. This benefit is important when offering regular services to disadvantaged individuals.
- Job Fit will help to boost awareness of the important link between health and employment and training/qualification (i.e. 'health in all policies').

### Key Assumptions

- Unemployment is associated with poverty, downward mobility and poor health which in turn reduce the chance of re-employment. Furthermore, disability brings high costs to health insurance companies as they have to give additional pay-outs to the unemployed while they experience income loss.
- Reaching the unemployed for health promotion purposes is a challenge. Settings in which to reach them include employment centres or health insurance companies. This, however, may be off-putting for the target group who fear that their benefits are in danger. The important innovation was thus to find a feasible setting.

### Research Conducted

Scientific expertise was gathered on the topic of 'health promotion in the unemployed'. There appear to be only a few efforts addressing this issue in Germany.

### Project Duration

The pilot was carried out from 2004 to 2006

### Summary of project's effectiveness

Scientific evaluation has suggested that:

- the project is well accepted;
- health has become more important;
- there is improvement in health behaviour (physical activity and nutrition);
- there is reduction of psychosocial stress; and
- workability is rated higher after the intervention, although it can not yet be concluded how much improvement there has been in reintegration into the labour market.

## Context

- With §20 SGBV (Social Code), health insurance companies are appointed to promote the health of vulnerable groups. An important group among these are the unemployed, who have to date not received many effective approaches.
- The federal association of company health insurance funds (BV BKK) and the North Rhine-Westphalian Ministry of Work, Health and Social Affairs have linked up to develop this intervention.

## Other projects linked with

Within the federal association of company health insurance funds (BV BKK), Job Fit is part of a large campaign 'Health for All' (Mehr Gesundheit für Alle). Since 2003, more than 60 model projects of this kind have been developed with the unemployed being one of five target groups.

## Doc Stop – Germany

### Keyword(s)

Cross-sector partnerships, public-private partnerships, access to medical care

### Description of Project

Doc Stop provides fast links to medical services for truck drivers via motorway service areas.

### Why is this innovative?

Doc Stop provides quick access to medical services by partnering with local motorway service areas. Addresses of medical specialists are deposited in registered motorway service areas and transportation to nearby doctors is provided. Doctors located within 4 km of the highway give preferential consultations to truck drivers. The service is available to those with health insurance membership with European coverage.

### Key Assumptions

Truck drivers typically have difficulties accessing acute medical services. They are on the road for many days and often lack awareness of local medical facilities in cases of emergency. Furthermore, they do not want to risk a long wait for medical attention due to time constraints, especially when they are transporting fresh goods. As a result, many truck drivers do not seek medical care and instead, rely on self-medicating with adverse effects on their fitness to drive and road safety. Preventive measures, such as check ups, are also rarely taken, resulting in higher risks of musculoskeletal, cardiovascular and cancer related diseases.

### Research Conducted

Some 800 truck drivers have been interviewed, with 85% feeling that their medical provision is inadequate. This systematic inquiry builds on the experience that the project initiators and stakeholders have had.

### Project Duration

2007 – open end

### Summary of project's effectiveness

- While there is no scientific evaluation, setting up such a network for better working conditions receives strong support from the public as well as the truck and coach drivers themselves. However, some truck drivers fear that they will be signed-off. The project therefore needs to be communicated in a more effective way. The advertisement is currently being improved with flyers, posters, a hotline etc. Funding, however, remains a challenge and new partners are being sought. Additional local doctors also need to be involved.
- There are over 1.5 million daily commercial vehicles on the road in Germany and this number is constantly increasing. If the actual prognosis for the transport industry up to the year 2012 is

reached, issues for drivers will only increase. This requires such support systems for drivers to be put in place at an early stage. This initiative can prove cost-effective by reducing incidences of drivers falling ill and the economic consequences of these incidences (e.g. delay of a delivery or collection).

### Qualitative judgment

Since fitness to drive and road safety are priority areas for improvement, this project is considered very highly by the German Association of German Motor Service Areas (Verband deutscher Autohöfe, VEDA). Health insurance funds are being used to contribute to this strategy and would motivate more doctors to contribute as local partners.

### Context

Doc Stop is a private initiative initiated by chief commissioner Rainer Bernickel, European consultant for road safety. The project figurehead at the European level is Traffic Expert and European Member of Parliament Dr. Dieter L. KOCH, who also sits on the Board of the European Road Traffic Safety Council (ETSC). A partnership agreement was reached in a constitutional meeting in Brussels for the project and the initiative was officially launched to the media at Eisenach, Germany on 19th April 2007. Partners include:

- German and International Road Transport Associations, Publishing and Road Safety Organisations
- Bundesverband Güterkraftverkehr Logistik und Entsorgung ( BGL)
- Berufsgenossenschaft für Fahrzeughaltung (BGF )
- Deutscher Verkehrssicherheitsrat (DVR)
- International Road Transport Union (IRU)
- UICR - Europäische Berufskraftfahrer Verbände
- VEDA Autohöfe
- KRONE – Trailerhersteller Werlte
- ETSC – Europäischer Verkehrssicherheitsrat
- DEKRA
- ETM Verlag

### Other Relevant information

The initiative will first be rolled at a national level in Germany, and then across Europe. Enquiries about the project have already been received from trade organisations in Denmark and the UK and initial discussions have been held with these interested parties.

### Website

<http://www.docstop.eu>

## Automatic distribution of food for easy breakfast and health promotion – Italy

### Keyword(s)

Cross-sector partnership, public-private partnership, target group involvement

### Description of Project

- A key public concern, supported by epidemiological data on the state of the population's health, is the need to encourage healthy food choices through interventions at the point of sale, with particular attention to food and drink vending in schools.
- In response, USL and Buonristoro Vending Group, in collaboration developed the project "Choose Health", which involved second grade students in several secondary schools in the province of Modena, as well as local refreshments firms and two university campuses.

- In the secondary schools, the project was divided into the following stages:
  1. Group sessions with students in a class to discuss health issues and generate suggestions on how to develop the project (e.g. choice of favorite foods among a selection of products identified by experts based on nutritional value, suggestions on how to provide the food and what messages to use to encourage healthy lifestyles);
  2. Visit to Legislative and Regional Parliament of the Emilia-Romagna region of the school involved, to build on the activities of the project (e.g. develop policies for health protection based on its determinants);
  3. A contest with prizes was offered to students to encourage them to actively take part in creating slogans in their own language that will best encourage healthy lifestyles among their peers.
- The schools involved set up health promotion efforts in their refreshment areas: vending machines were stocked with healthy products (e.g. seasonal fruit, yogurt, fresh ham sandwiches) and messages on health were prominently displayed (e.g. slogans on drinks glasses, posters on vending machines, healthy food adhesives on the floor indicating where initiatives were taking place).

### Why is this innovative?

- This is an innovative project because time was dedicated to listening to the wants and needs of the target group and educating them on healthy lifestyles.
- An appropriate setting (refreshment areas in schools) was identified to stimulate behaviour change and the environment was adjusted to make it easier for students to adopt healthy behaviours.
- The project is an example of a public-private partnership to promote health.

### Key Assumptions

- Promoting healthy eating through vending machines allows us to influence point-of-purchase decisions and can help improve the efficacy of health messages.
- The project integrates different health promotion and marketing strategies, i.e. the introduction of healthy products is linked with innovative health communication activities.
- The project takes place in a variety of settings - schools, universities and workplaces – and is looking to work in additional settings, like gymnasiums, social centres for old people and petrol stations. This will require the health promotion activities to be tailored according to the health needs and characteristics of the different target groups.
- A strength of the project is its potential to be long-lasting. In order to give continuity to the project, a proposal for 'Healthy Public Procurement for Vending Machines' has been developed to introduce health promotion values in the procurement of vending services in public institutions. The proposal was written by representatives of: the Social Marketing National Working Group - Health Plan, Modena Local Health Service; FARE (an Association of Public Purchasers); Food Science, "La Sapienza", University of Rome; the Retail Operators, Confida (Italian Vending Association); the Italian Association Local Agenda 21; and Federconsumatori (a National Consumers' Association).

### Research Conducted

Several pieces of research informed the design of the project:

- The need to promote healthy nutritional choices through vending machines came out of an epidemiological analysis of the population's health status and several listening activities capturing citizens' health needs.
- The project's activities have been defined according to the target group's preferences, which were gathered through focus groups with representatives of the audience.

### Project Duration

The first trial of the project took place in some workplaces and in two areas of the university in May 2005 and lasted six months.

Between March and June 2006, the project began working with some schools (students aged 14-19 years).

In the second part of the 2006, the proposal for 'Healthy Public Procurement for Vending Machines' was written.

Planning is currently underway to implement this project in other settings.

#### Summary of project's effectiveness

- In the first trial, purchase of healthy foods made up 30% (25.000 items of healthy food/beverage) of all purchases from vending machines in the project area.
- The first trial raised significant interest in the project, which saw the number of healthy food vending machines rise from an initial 13 to 175 by the end of the 2007.
- The students themselves also showed a great interest in the project - more than 110 slogans were developed by the students for the contest.

#### Qualitative Judgments

- During the development of the project, the partners expressed very positive views of the project. The many activities that have been developed over the past three years provide evidence of the interest of the partners in using vending machines for health promotion.
- During the focus groups, the students also expressed their appreciation for the project.

#### Context

- The project took place in the province of Modena (north-east Italy), which has over 670,000 inhabitants and 47 municipalities.
- Just as in the rest of Europe, in Italy chronic diseases are one of the main public health issues and the Italian Government has expressed the need to promote healthy lifestyles through the national programme "Guadagnare Salute" ("Gaining Health") and the National Health Prevention Plan. Health promotion activities through vending machines are one of the priority actions of the "Guadagnare Salute".

#### Other projects linked with

As already described, the project is part of group of activities that uses vending machines as a channel to promote health. One of its strengths is its potential to be adapted to different settings.

#### Other relevant information

The project won the prize "Firm's Social Responsibility in the Province of Modena". It was presented in a national convention and featured in numerous national and local newspapers.

### "Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS Prevention among IDUs and Bridging Population" – Latvia

#### Keyword(s)

Network development; partnership; joined up strategy; insight driven

#### Description of Project

##### Project background

- In 2004, the majority of newly identified HIV infected people continued to be Intravenous Drug Users (IDUs), aged 15–25 years old.
- What is worrying is the increasing tendency for other forms of HIV transmission. Transmission between heterosexuals accounted for 8% of new cases in Latvia in 2001, 16% in 2003 and 20% in 2004. Vertical transmission also increased rapidly, marking the spread of HIV from IDUs to the general population.
- This situation means that prevention activities need to bridge the population, targeting regular sexual partners of IDUs, pregnant IDUs and others.

**Project objective:**

To prevent the transmission of HIV and other infections in high-risk groups and bridging populations within the project area.

The project's purpose is to develop and strengthen a specially targeted network of LTCs for HIV/ AIDS prevention among IDUs and bridging populations in the project area by raising awareness of HIV and other infections and decreasing risk behaviour amongst target groups.

Several population groups are regarded as project beneficiaries, showing the overall importance of the issue and the necessity to build up international networks and national public health systems' capacity to tackle the problem in the project area. Target groups include:

- Intravenous drug users (irrespective of ethnicity, gender or age). Especial effort will be made to reach a younger population, possibly those using drugs for recreational purposes.
- Bridging populations, including sexual partners of IDUs, the hard-to-reach, pregnant IDUs and others.
- General society

**Why is this innovative?**

Partnership approach to achieve joined up strategy.

**Lead Partner:**

- Latvia AIDS prevention Centre (since March 1<sup>st</sup> under Public Health Agency)

**Associated partners:**

- ITA Consultant, Latvia
- Lithuanian AIDS Centre, Lithuania
- National Institute for Health Development, Estonia
- National Public Health Institute, Finland

**Collaborating partners:**

- Latvian Association of Local and Regional Governments, Latvia
- Tartu University, Estonia
- The State Agency of TB and Lung Diseases, Latvia
- Association "Dose of Love", Bulgaria

**Research Conducted**

- It should be emphasised that understanding the practices, trends, risk behaviours and life skills both of the core and bridging populations is vital to make the surveillance and prevention work targeted and effective.
- This will require methodical data collection and analysis, to develop insights about the behaviours and attitudes of local drug-using communities and bridging populations.
- It is also essential that the general population is made aware of safe behaviours, and alerted to the fact that HIV transmission routes are changing. The project will emphasise that a non-IDU can no longer class themselves as 'safe' unless certain precautions become habitual.
- Working together with IDUs and bridging populations, secondary HIV prophylaxis will be effectively backed up by primary prevention. This work must be carried out at the local level, as close to clients as possible.
- Support for the development of methods and networks for gathering, providing, analysing and exchanging information and good practice in order to contribute to the development of policies, strategies, measures and work plans is also crucial for the project's success.

**Project Duration**

July 1st, 2006 – June 30, 2009 (36 months).

## Qualitative judgment

### Intended outcomes:

- Establishment of the transnational network among project partners and other relevant actors in the Baltic States and partner countries, with the aim of tackling the threat of epidemic.
- Establishment and maintenance of web-page for increased communication among Network partners and to make information readily available for other interested parties
- Development of the LTCs Net to ensure appropriate integration between health and social primary care to promote risk reduction and to facilitate access to the services, including:
  - Creation and piloting software for multilevel use by relevant organisations (Baltic AIDS Centres, institutions, LTC-Net, NGOs etc) to ensure integrated approach in data monitoring and surveillance
  - Research on HIV and tuberculosis as the leading indicative diseases for AIDS among IDUs and bridging population (sexual partners)
  - Continuous training and capacity building of LTCs personnel (medical staff, social and outreach workers) to ensure user-friendly operations of LTCs
  - Development of LTCs operations handbook, giving common indicators and improved methods for monitoring and evaluating LTC activities
  - PR campaign for collaborators/stakeholders on local, national and international level

## Context

### Financed by Europe Commission

#### Total project budget:

1 314 560 EUR (EC financing 80% or 1 051 647 EUR)

#### Lead Partner:

Latvia AIDS prevention Centre (since March 1st under Public Health Agency)

## Media campaign to raise public awareness about young women's vulnerability to HIV/AIDS – Latvia

### Keyword(s)

Partnership; tailored training; participative design;

### Description of Project

#### Objectives:

The main objective of the project is to promote awareness amongst 15-25 year olds about young women's rights to safe sexual behaviour.

The post-campaign Snapshot survey among 1,106 respondents (37% males, 63% female), indicated that on average 42% of 15-25 years olds have noticed the products of the campaign, and 75% of them mentioned that they have understood the main message of the campaign. 49% of respondents marked that the campaign reminded them about the problem of HIV and 20% indicated that the campaign motivated them to pay more attention to HIV prevention issues.

Following the Snapshot survey, two focus group discussions were held with 15-24 year olds (one for each gender). Overall, both the boys and girls evaluated the media campaign positively. The youngsters mentioned that the placement of informative posters in public transport stops, night club toilets, pubs, cafes, bowling centres etc was a particularly successful solution. However, some gender differences were noticed in focus group discussions - the girls were interested to obtain more information (with explanations), whereas the boys were interested in laconic, concrete and easy to read information.

1. The media campaign to raise public awareness about young women's vulnerability to HIV/AIDS has been implemented. The campaign consisted of:

- Development of the message for the campaign. The campaign message was "Es par, ja tu ar!" (I agree, if you are with!), with a hidden slogan "Only you can protect yourself from HIV/AIDS and STIs". The public campaign materials included:
  - Outdoor posters in Latvian
  - indoor posters (for toilets) in Latvian
  - videos in Russian/Latvian
  - banners in Latvian
- Display of 100 outdoor posters (25 copies – design of a boy, 85 copies – design of a girl, in Latvian) in public transport stops in 17 cities all around Latvia
- Display of 226 indoor posters in WCs of night clubs, pubs, cafes, bowling centres etc in 18 cities all around Latvia
- Telecasting of an informative video clip (in Latvian and Russian) on TV Channels LNT (22 transmissions per 10 days period) and TV5 (35 transmissions per 10 days period)
- Distribution of an informative internet banner (in Latvian) in WebPages daily used by youngsters in Latvia - [www.draugiem.lv](http://www.draugiem.lv) (3,129 clicks, 5,632,308 impressions) and [www.tvnet.lv](http://www.tvnet.lv) (40,000 exposures per day during 1 month period).

All products of the campaign were developed in collaboration with young female volunteers from NGO "Youth Against AIDS". They helped in pre-testing materials, as well as featuring as models for the information brochure.

Information about the campaign was featured in newspapers and websites.

2. Media training was carried out to strengthen communication and PR skills amongst campaign leaders and representatives from partner organizations involved in HIV/AIDS prevention. 17 HIV prevention professionals from 10 organisations across Latvia participated in one-day seminars in Riga. The participants came from a wide range of organisations.

The post-training evaluation results show that 15 out of 17 participants (88%) evaluated the training as very useful and that the training has provided additional skills for the future work.

3. Along with the public campaign, an information pack for students of boarding schools, orphanages and vocational schools was distributed to teachers during training seminars (Activity 2). This was done in collaboration with the Health Promotion State Agency. The information pack consisted of:

- Information brochures (in Latvian and Russian, 15,000 copies)
- Stickers (in Latvian and Russian, 10,000 copies)
- Posters (in Latvian and Russian, 1,300 copies)

Several copies of these materials were also disseminated during the Teachers' conference in the framework of World AIDS day campaign 2005 (see Topic 4), and through partners of the AIDS Prevention Centre, including:

- Health promotion School Networks
- Library of Riga Stradins University
- Low Threshold Centre of AIDS Prevention Centre
- State Gymnasium of Jelgava
- Riga 3 secondary school
- Low Threshold Centres in 10 cities all around Latvia
- Tuberculosis and lung disease state agency
- NGO "Nāc līdzi" in Ventspils
- NGO "DIA+LOGS"
- Youth health center of Valka district
- 40 schools in Cēsu district
- Narcology State Agency
- Pauls Stradins Museum of the history of medicine

All these materials were developed in collaboration with young female volunteers from the NGO, "Youth Against AIDS".

All developed materials were re-printed (4,000 copies of brochures; 1,000 copies of posters; 4,000 copies of stickers – all in Latvian and Russian) due to high interest from other schools (general education), other institutions and organisations involved in HIV/AIDS education and prevention. Re-printed materials were distributed in 2006.

4. In collaboration with the Health Promotion State Agency, the conference, "Promoting youth health in educational establishments and orphanages", for directors and health teachers, was organised as part of the 2005 World AIDS Day campaign. The goal of the conference was to introduce teachers to latest trends on HIV/AIDS, as well as other youth-related health issues in Latvia. Examples of good practice in HIV/AIDS educational programs from different educational establishments were also presented.

In total 130 participants from boarding schools, orphanages, vocational schools and secondary schools attended the conference.

#### Why is this innovative?

- Partnership working
- Media training
- Pre-testing of materials
- Targeting of intervention (orphanages etc)
- Youth input into design of materials

#### Project Duration

Reported : 31.12.2005

#### Summary of project's effectiveness

Overall, the project met all of its intended outputs:

- A comprehensive media campaign was implemented and positively viewed by the target audience
- A range of informative materials was created and distributed
- Media training was implemented

In addition, the project strengthened collaboration between State Institutions (the AIDS Prevention Centre and the Health Prevention State Agency), different ministries (Ministry of Health and Ministry of Education and Science), municipal organisations and NGOs.

#### In detail:

1. The media campaign to raise public awareness about young women's vulnerability to HIV/AIDS was successfully delivered. The campaign consisted of:
  - Display of 100 informative posters in public transport stops in 17 cities across Latvia
  - Display of 226 informative posters in WCs of nightclubs, pubs, cafes, bowling centres etc. in 18 cities all around Latvia
  - Telecasting of an informative video clip during TV broadcasts on TV Channels such as LNT and TV5
  - Display of an informative internet banner on web pages used daily by youngsters in Latvia - [www.draugiem.lv](http://www.draugiem.lv) and [www.tvnet.lv](http://www.tvnet.lv) .
2. 17 HIV prevention professionals from 10 organisations participated in media training to strengthen communication skills and media relations.
3. Package of interactive information materials (15,000 copies of informative brochures; 1,300 copies of posters; 10,000 copies of stickers) on HIV prevention for boarding schools, orphanages and vocational schools, distributed across Latvia. All these materials were reprinted and further distributed in 2006.
4. In collaboration with the Health Promotion State Agency, the conference "Promoting youth health in educational establishments and orphanages" was attended by 130 participants.

## Qualitative judgment

The project made a remarkable contribution in promoting HIV and STI prevention among young people, especially young women in Latvia. Factors which determined success in meeting the project's objectives were:

1. A media company *Inorek&Grey* provided significant (80-90%) discounts on their services to develop an image and slogan for the campaign.
2. The time of the media campaign (end of September, beginning of October) was successful because September 1<sup>st</sup> is the beginning of the school year in Latvia, and young people pay more attention to various outdoor campaigns (indicated during focus group discussions).
3. Development of media campaign products and information packs facilitated through successful collaboration with young people who are volunteers in youth NGOs. Experience of the AIDS Prevention Centre shows that young people have many innovative ideas and original points of view, and are willing to participate in different projects as volunteers.

Wide distribution of materials in schools was possible because the campaign was implemented in parallel (as planned) with the training courses for teachers.

## The Programme of Heart Health Consulting Rooms – Latvia

### Keyword(s)

Service design; integrated approach; access; tailored

### Description of Project

#### *Cardiovascular Disease Prevention Programme: functions of a heart health consulting room*

#### **Goals and objectives**

Heart health consulting rooms operate within the framework of the Cardiovascular Disease (CVD) Prevention Programme.

The goals of the CVD Prevention Programme are:

1. To reduce CVD morbidity
2. To promote early detection of CVD
3. To promote recovery of CVD patients paying particular attention to heart disease risk factors and their prevention

The following objectives have been set in order to achieve the programme goals:

1. To raise public awareness about the need for CVD prevention
2. To increase public knowledge about CVD risk factors and means of prevention
3. To create readily accessible opportunities for inhabitants to carry out prophylactic examinations for CVD
4. To ensure best possible access to consultations with cardiologists

The Heart Health Consulting Rooms Programme is financed from the State budget. Heart health consulting rooms operate in specific areas (regions) in the field of heart health promotion and disease prevention with the aim of reducing morbidity and increasing early detection. Heart health consulting room services are provided by a specially trained nurse and they can be obtained without a doctor's referral and free of charge.

#### **Responsibilities of the heart health consulting room's nurse**

1. To carry out heart health prophylactic examinations of patients:
  - determine body mass and height ratio

- measure blood pressure
  - determine blood cholesterol and triglyceride levels
  - determine blood glucose level
  - computerised record of patient data
2. To provide information to visitors on:
    - heart health promoting lifestyle
    - examination results
  3. In case of indications, recommend the visitors to attend the family physician
  4. Upon request, provide family physicians with information on the visitors of heart health consulting rooms observing personal data protection.

#### **Why is this innovative?**

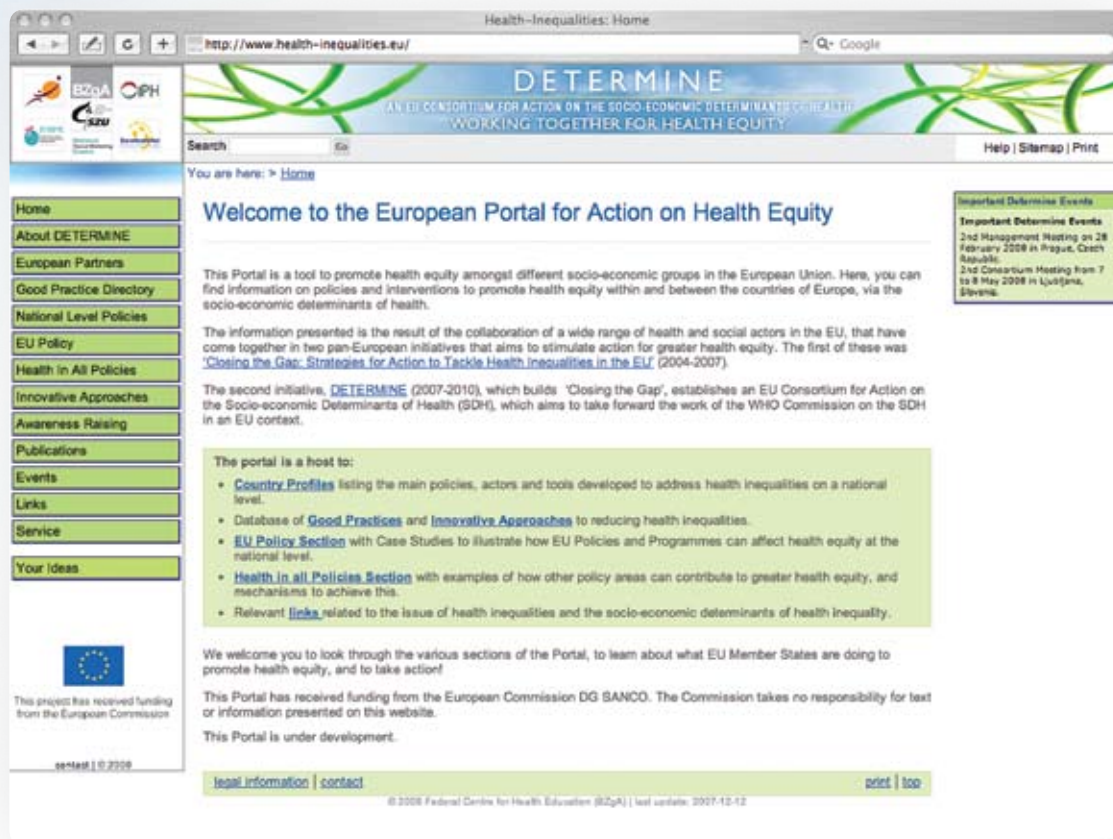
The development of health promotion consulting rooms, which would be affiliated to regions where heart health consulting rooms operate, is planned as a follow-up activity to the Heart Health Consulting Rooms Programme.

The aim of health promotion consulting rooms is to raise public awareness about disease risk factors associated with dietary, mental health and family health issues. It is planned that health promotion consulting rooms will employ public health specialists who will consult the inhabitants on dietary, mental and reproductive health issues.

The establishment of such health promotion consulting rooms could solve a number of issues related to the availability of health promotion services to young people and other population groups, including socially disadvantaged population groups. Also these health promotion services will be provided without the family doctor's referral, free of charge and will be tailored in readily accessible places.



## Interested in learning more about **DETERMINE** and its outcomes?



The screenshot shows the homepage of the DETERMINE portal. At the top, there is a navigation bar with the DETERMINE logo and the tagline "AN EU CONSORTIUM FOR ACTION ON THE SOCIO-ECONOMIC DETERMINANTS OF HEALTH WORKING TOGETHER FOR HEALTH EQUITY". Below the navigation bar is a search box and a "Help | Sitemap | Print" link. The main content area features a "Welcome to the European Portal for Action on Health Equity" heading. The page is divided into several sections: a left sidebar with a menu of topics, a main text area with introductory paragraphs, a central box listing the portal's content, and a right sidebar with "Important Determine Events".

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**Welcome to the European Portal for Action on Health Equity**

This Portal is a tool to promote health equity amongst different socio-economic groups in the European Union. Here, you can find information on policies and interventions to promote health equity within and between the countries of Europe, via the socio-economic determinants of health.

The information presented is the result of the collaboration of a wide range of health and social actors in the EU, that have come together in two pan-European initiatives that aims to stimulate action for greater health equity. The first of these was 'Closing the Gap: Strategies for Action to Tackle Health Inequalities in the EU' (2004-2007).

The second initiative, **DETERMINE** (2007-2010), which builds 'Closing the Gap', establishes an EU Consortium for Action on the Socio-economic Determinants of Health (SDH), which aims to take forward the work of the WHO Commission on the SDH in an EU context.

The portal is a host to:

- [Country Profiles](#) listing the main policies, actors and tools developed to address health inequalities on a national level.
- Database of [Good Practices](#) and [Innovative Approaches](#) to reducing health inequalities.
- [EU Policy Section](#) with Case Studies to illustrate how EU Policies and Programmes can affect health equity at the national level.
- [Health in all Policies Section](#) with examples of how other policy areas can contribute to greater health equity, and mechanisms to achieve this.
- Relevant [links](#) related to the issue of health inequalities and the socio-economic determinants of health inequality.

We welcome you to look through the various sections of the Portal, to learn about what EU Member States are doing to promote health equity, and to take action!

This Portal has received funding from the European Commission DG SANCO. The Commission takes no responsibility for text or information presented on this website.

This Portal is under development.

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