

**DETERMINE**  
Working  
Document  
**# 6**

# Lessons from the **DETERMINE** pilot projects

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

## Executive summary

DETERMINE is a consortium of more than 50 public health organisations from 26 European states. It aims to contribute to the evidence base of how to reduce social inequalities in health at a Europe-wide level. It seeks to encourage decision makers in all policy sectors to take health and health equity into consideration when developing policy.

Governments across Europe accept that health inequalities are produced by the unequal distribution of social, cultural and environmental factors - the so called 'social determinants of health'. But there remains a lack of consensus about which approaches should be used to reduce inequalities in health between the wealthier and the poorer groups in society. Two areas of the DETERMINE project sought to provide new insights into this area. The first aimed to identify effective national level policies and practices that promote health equity. The second – and the subject of this report - sought to identify innovative approaches to improve the health of disadvantaged groups, and to implement small scale pilot projects in this area.

Social inequalities in health exist throughout the social hierarchy. There is a gradient in health outcomes – whether measured by life expectancy, morbidity or well being. The gradient mirrors the social pecking order: the best off enjoy the best health, while at each step down the social ladder, health outcomes worsen progressively. The health inequality 'story' is therefore not just about the relationship between poverty and health. The DETERMINE pilot projects focused on seeking to improve the health of some of the poorest members of society. This focus is recognised as an important element of an overall strategy to reduce health inequalities at all levels and across all groups.

The DETERMINE pilot projects were charged with the task of being innovative in the way they sought to tackle health inequalities. 'Innovation' is a notoriously difficult concept to define and one that is even more difficult to put into practice. For the purposes of this project, the term was taken to mean '*new solutions for problems and challenges through the application of new ideas, techniques and methods*'. Furthermore, innovation was considered as a *relative* concept in relation to practices of different DETERMINE member states. Thus, approaches deemed innovative in the pilot projects selected, may not be viewed as innovative in other country contexts.

Three small scale pilot projects were selected by DETERMINE for funding. Each project produced a work plan, detailing aims and objectives, and received funding of €20k. The agencies that hosted the projects were working already with socially disadvantaged groups and were concerned with health improvement. The common feature was that all three agencies sought to reduce health inequalities by focusing on one or more social determinant of health.

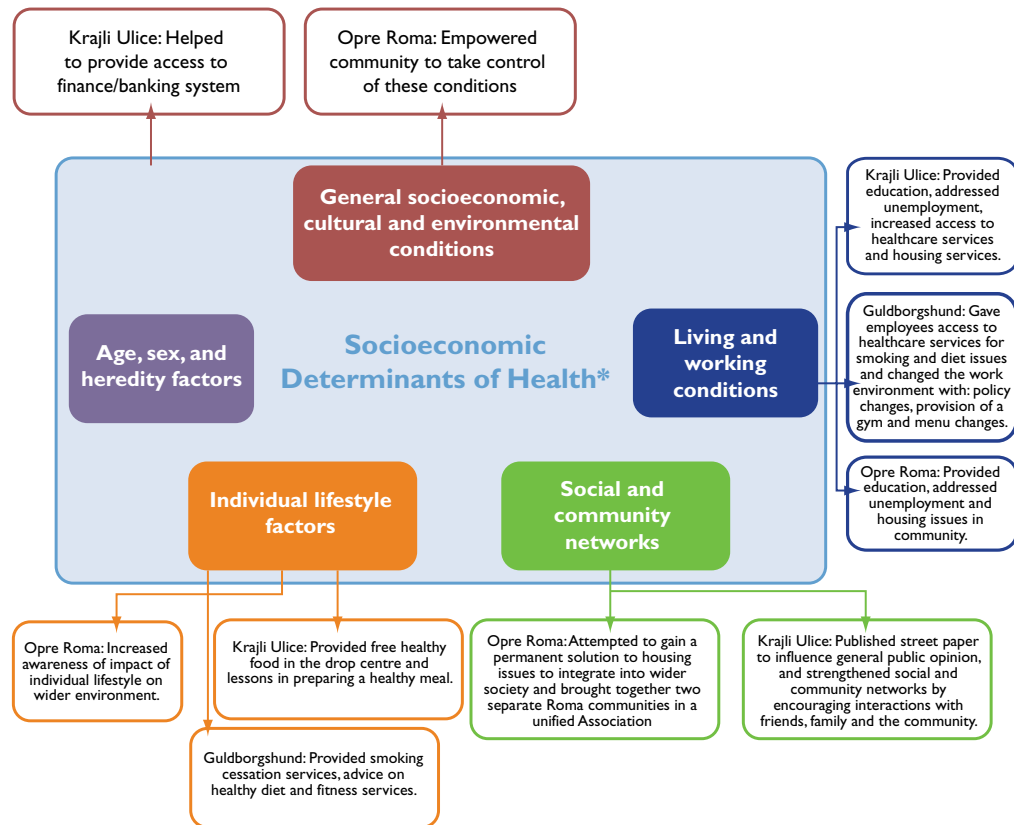
A concern for the DETERMINE project was the difficulty of identifying adaptable projects in non-English speaking countries, that were genuinely in touch with the communities they sought to represent, and which were also capable of demonstrating the full range of 'due diligence' required by the European Union in order to permit them to receive funding from public sources. We recommend the use of simpler reporting mechanisms for projects of this nature in future, to allow flexibility in approach and also a greater focus on delivery, rather than on administration.

The following three projects were selected as the DETERMINE pilot projects.

- **Hungary: *Opre Roma***, which translates as 'Rise up Roma', is a housing and empowerment project based in Debrecen, in the east of Hungary, that seeks to improve the quality of life for people living in slum housing. It is a collaborative project between a disadvantaged Roma community and the Faculty of Public Health of the University of Debrecen. *Opre Roma* used the DETERMINE funding to develop plans for healthy and sustainable housing and to raise awareness of energy issues in the areas of housing (energy-saving construction methods, insulation, heating), the environment (water and sewage), energy and health. Housing has a large impact on inequalities in health in society. It was identified by the *Opre Roma Association* as the single biggest problem faced by two disadvantaged Roma communities in Debrecen.
- **Slovenia: *Kralji Ulice or Kings of the Street*** is a non-governmental and not for profit organisation based in Ljubljana, Slovenia. The project is a multi component programme of activities that seeks to support vulnerable people – most of whom are homeless. One element of the project is the production of a monthly newspaper about the homeless way of living in the streets of Slovenia. The newspaper is called *Kralji Ulice*. It is co-edited and produced by people who are homeless, and sells around 12,000 copies per month. Members of *Kralji Ulice* are also encouraged to participate in the public sphere, acting as representatives at congresses and media events. The Association also advocates on behalf of people denied access to primary health care and basic services and also provides health education through its drop in centre and outreach services. As an advocacy organisation, *Kralji Ulice* lobbies local and national government to improve access to health and social care for people who are defined as 'without residence', and who are denied access to any social or health services because they lack health insurance. This category includes people who are homeless and other displaced people. Through its public facing activities – including the newspaper – *Kralji Ulice* has sought to engage and influence public opinion to understand the needs of people represented by the Association.
- **Denmark: *The Municipality of Guldborgsund*** developed a health promotion project that involved a public-private partnership (PPP) with local employers. It sought to improve the health of obese, inactive men with little or no education. The Municipality of Guldborgsund worked with two private organisations - Hardi International, a factory producing agricultural pumps, and the Nymand Bus Company. The project focused on promoting a healthier diet, reducing smoking levels and increasing physical activity among the employees of these firms. In addition to the giving of information and advice, the project undertook a series of measurements to monitor weight and fitness as well as smoking, eating and alcohol behaviours. It also worked with the caterers at the workplaces to re-design the menus to make healthier eating an easier option. It was the public-private partnership aspect of this project that to the pilot-project selection committee regarded as 'innovative'.

The DETERMINE project did not set out to evaluate the extent to which the projects were effective in reducing health inequalities. Such a challenge would be beyond the scope of small projects with less than a year to demonstrate health outcomes. Instead, the assessment of the innovative projects sought to identify lessons about what appeared to be good practice based on the available evidence.

The wider determinants of health that each project addressed are summarised in the diagram below:



The following observations have been distilled from the various elements of research used to assess the impact of the three pilot projects in their respective contexts. These included reports produced by the projects of their activities, together with site visits to each of the projects.

- **There is no 'one size fits all' approach to tackling the social determinants of health inequalities through small projects**

It is not possible to transplant culturally specific projects from one country to another. For example, the *Kralji Ulice* project, appeared to be successful in engaging with and promoting the needs and interests of socially vulnerable groups in Ljubljana. However, such a project may not even be needed in states that have an established and well-functioning health and social care and welfare system, which provides for all, regardless of health insurance and residency status. Similarly, this report considered that the *Opre Roma Association* was successful at promoting the interests of certain Roma communities in a region in Hungary. However, it is unclear whether this particular project would be suitable for Roma communities in other countries, or even other *types* of Roma groups.

- **A 'citizen centred' approach appeared to be more effective than an 'expert led' approach**

Our observation was that it is the *process* which projects followed and the *ethos* that informed their actions that may be transferred from one context to another, rather than the projects themselves. The over-arching *leitmotif* that united the successful projects was that they were 'citizen-centred' and were led by the needs of their audiences. By contrast the more traditional 'expert led' project in Denmark appeared to be less effective in supporting the most disadvantaged.

- **Researching the needs and desires of audiences was a vital foundation on which to build project actions**

Both the *Kralji Ulice* project and the *Opre Roma* project evolved to take on ever more demands, tackling a wide range of challenges and providing a similarly wide range of services. Neither project set out with a clear programme of activities – rather they both sprung from a sense that the needs of the populations that the projects sought to support should be understood sensitively and then acted upon. Our assessment was that this process of discovering concerns and priorities was a vital aspect of a citizen centred approach. The advantage of this course of action was that the projects worked collaboratively with the people they sought to represent, allowing the projects to grow organically, and to tackle different barriers identified by participants. Through this process of engagement, both of these projects supported by DETERMINE succeeded in enabling people to take control of aspects of their own lives that had hitherto seemed unthinkable. This approach may be considered as part of the ‘participatory’ approach to health improvement, or indeed as a feature of social marketing – which proposes a thorough understanding of the needs of the audience as the starting point

- **Caution is required when designing and implementing private-public partnerships, to ensure that they are ‘citizen centred’ and meet the needs of the established target groups, rather than serving, primarily, private interests**

The Danish project was topic-focused and expert-led. Our assessment of the *Guldborgsund* project was that the public-private approach had a negative impact on improving the health of the most disadvantaged people involved with this project. In 2008 the private enterprise where the project took place, made around 250 of its factory employees redundant in response to the global economic downturn. Indeed, it was the most socially disadvantaged employees who found themselves out of work, and consequently excluded from the DETERMINE supported project. Meanwhile, the project itself continued its activities, promoting a healthy lifestyle – including diet, physical activity and smoking cessation – to the remaining staff. A *citizen centred* project may have sought to continue working with those who had lost their jobs to ensure that the negative impact of unemployment on their health was minimised. Instead, in the case of this Danish project, it is likely that the health inequalities between those who remained in employment and those who were dismissed will have widened. Clearly, the evidence from this single project does not invalidate the potential value of the private-public partnership for tackling social inequalities in health. However, it does demonstrate some of the risks associated with the approach. The initial review on innovation undertaken by DETERMINE in an earlier report<sup>1</sup> highlighted that while public-private partnerships are sometimes proposed as a means of tackling public health issues, there is little good quality evidence to indicate that they are effective.

- **Positive features of the ‘citizen-centred’ projects: outward facing, inclusive and democratic**

There were important features of the pilot projects that we felt followed from the ‘citizen-centred’ approach that helped make these interventions successful. The first of these was that citizen centred projects tended to be ‘outward facing’ – rather than inward looking – and built and sustained a broad range of relationships with individuals and agencies that could help develop the work of the project. The *Kings of the Street* project established strong relationships with the national public health department, academic institutions, doctors that worked with marginalised groups, housing associations and the media in Slovenia. Such an approach helped to embed activities into the social and political system and to build a network of interest groups that could advocate for change at various levels.



The citizen centred approach also took an ‘assets’ – as opposed to a ‘deficits’ - based approach. Both the *Opre Roma* and *Kralji Ulice* projects focused on the assets – or the strengths - of the groups involved, rather than on what they were lacking. The inspiration of these projects was to look at the potential of the people who they supported, rather than the negative behaviours that may have been present. This was evident in the *Kralji Ulice* project with its emphasis on building skills in the target group; looking to provide access to education and employment opportunities. The project did not focus on a baseline of poor behaviours that they wanted to change; rather they approached the target group with an offer of what positive elements they could provide. The *Opre Roma* project also tapped into the assets of the people it worked with, including the various Roma community organisations. This was done with the intention of mainstreaming changes so that they become sustainable.

- **A participatory approach leads to creativity and empowerment**

By following a citizen-centred approach, these projects worked *with* and not *to* the target audience. Instead there was a focus on what may be termed ‘co-production’ or engagement. The effect of this was that it helped to encourage the empowerment and taking of control by the groups with whom the project worked. A positive outcome of this was that the projects avoided a ‘dependency relationship’ with the project or its staff. The ‘target groups’ were seen as agents of change. This was a key strength of the *Opre Roma Association*. It sought to enable uneducated and socially deprived people from Roma groups to negotiate with local government and state officials by themselves, rather than as passive actors in the process.

The two citizen-centred projects displayed creative approaches to management, demonstrating both strong leadership, championing of the project by important stakeholders, high levels of commitment and a tendency towards collective decision making. Both *Kralji Ulice* and *Opre Roma* involved members of the ‘target group’ in the management process, at various levels. It was noted that such an approach helped to focus the project on the needs of the target group. The project team in Hungary was diverse and included members of the Roma community and members of the Faculty of Public Health in Debrecen. This mix of staff gave the project access to a broad range of views and skills. The Roma communities’ involvement in the management helped to empower them and increase their management skills. The presence of faculty members gave Roma community members the opportunity to access resources such as the internet that might have been otherwise unavailable or difficult to obtain.

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# I. Introduction

## I.1 About DETERMINE

DETERMINE is a multi-stakeholder consortium supported by the European Commission. It consists of representatives from governments, health bodies and other organisations from 26 countries. DETERMINE seeks to contribute to the evidence base of how to tackle the socio-economic determinants of health inequalities at an EU level.

The main aim of DETERMINE is to increase awareness and skills of decision makers in all policy areas in considering health and health equity when developing and implementing policy. This aim is to be achieved through tackling the following objectives:

- **Identifying effective national level policies and practices that promote health equity**
- **Undertaking a cost-effectiveness review**
- **Designing and implementing awareness raising and capacity building activities**
- **Seeking innovative approaches to improving the health of disadvantaged groups and**
- **Running three small scale innovative pilots addressing the social determinants of health inequalities.**

For more information about the consortium and its work, please visit its portal: [www.health-inequalities.eu/determine](http://www.health-inequalities.eu/determine).

## I.2 Purpose of this report

This report has been prepared by Work Package VI which is concerned with identifying innovative approaches to addressing health-related behaviour. It follows on from learning gathered in a rapid review of innovation with regards to the social determinants of health that was undertaken in 2008<sup>2</sup>. This report presents findings from the following four stages of the DETERMINE process:

1. Identifying 'innovative' projects in the EU
2. Selecting three innovative pilot projects
3. Outlining the experiences of the three pilot projects
4. Transferable learning from pilots in a wider EU context

## I.3 The social determinants of health inequalities

The health of the peoples of Europe has improved over the past half century, and much of the reason for this can be attributed to factors such as improved living and working conditions, improved nutrition and better education and healthcare<sup>3</sup>. However, while health indicators have improved overall, social inequalities in health within and between countries have remained, and in many cases have widened<sup>4</sup>.

The concept of social inequalities in health can appear at once disarmingly simple, and complex and uncertain. At the heart of the concept is the fact that some groups experience poorer health and

<sup>2</sup> For more information on innovative approaches please see the report A Rapid Review of Innovation in the Context of Social Determinants: Lessons from Europe produced by work package 6 (saved in [www.health-inequalities.eu/determine](http://www.health-inequalities.eu/determine))

<sup>3</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 57

<sup>4</sup> 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

have a shorter life than others, and that social position - whether measured by class, income or education - is a powerful indicator of which groups experience the poorest health. Implicit in the focus on social inequalities in health is an appreciation that this situation is unjust and importantly, that inequalities may be reduced or even removed by the action of public policy on the root causes, or the 'determinants' of health.

The determinants of health are many and varied. But over the past few decades there has been a growing awareness of the importance of the so called 'social, cultural and environmental' determinants of health. As Wanless wrote in his influential report to the UK government:

*'Health and well being are influenced by many factors including past and present behaviour, healthcare provision and "wider determinants", including social, cultural and environmental factors... Public health policy has recognised the growing importance of the wider determinants of health, such as income, education, employment, housing and the environment, as well as their effect on lifestyle. Highlighted by the Black report and the Acheson report, much of government policy now seeks to address these issues that have traditionally been outside the health domain.'* (Wanless, 2004)

The WHO (World Health Organisation) model<sup>5</sup> below illustrates the different levels of pathways that can determine health. It classifies 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 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.

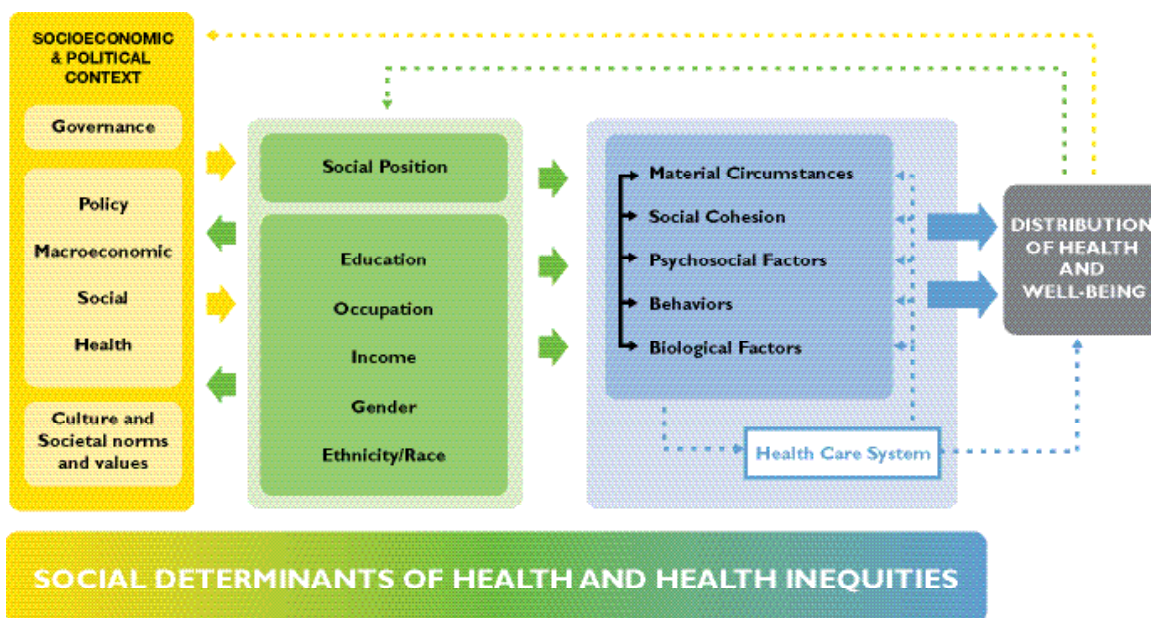


Figure 1 – Summary pathway and mechanisms of social determinants of health inequalities<sup>6</sup>

Dahlgren and Whitehead's (1991) Wider Determinants of Health<sup>7</sup> model follows a similar pattern. It illustrates different layers of determinants that impact on health. The model proposes that there

5 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

6 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

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

are certain fixed individual level factors such as age, gender and genetic factors, which are likely to influence health. However, other layers of determinants can be modified to positively impact on health, including:

- **Individual lifestyle factors such as smoking habits, nutrition and levels of physical activity**
- **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**

Appreciating the impact of various determinants of health poses a broad range of challenges to those responsible for improving population health. Understanding the impact on health of transport, housing and employment to name but three areas of public policy - creates a potential for change in approaches to improving the health of the public.

## 1.4 Addressing social determinants of health inequalities through pilot projects

The notion that health inequalities are produced by the unequal distribution of social determinants as well as by individual behaviours, is increasingly accepted by governments across Europe. However, there remains a lack of consensus about what approaches should be taken to tackle the problem. Two areas of the DETERMINE project sought to provide new insights into this area.

Work Package V focused on structural policy actions that governments of the member states in the EU have taken to address the social determinants of health<sup>8</sup>. Work Package VI focused on targeted approaches aimed at specific vulnerable groups. In particular, Work Package VI sought to identify innovative approaches to addressing social determinants of health in the form of three pilot projects. Such a two-pronged approach has been suggested as a potentially effective way of tackling the health gradient<sup>9</sup>.

## 1.5 A focus on disadvantaged groups

The work of Marmot and others has established the existence of a gradient in health throughout the social hierarchy – not just among the poorest and the most socially disadvantaged. Therefore, it could be argued that projects addressing the unequal distribution of the social determinants of health should focus on reducing inequalities at all levels of the social hierarchy.

However, this strand of DETERMINE specifically focuses on vulnerable groups in society. Justification for this approach is highlighted in Whitehead and Dahlgren's (2006)<sup>10</sup> recommendations for 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**

8 <http://www.health-inequalities.eu/?uid=b3fe0b5bd02d161a13961482238e3134&id=Seite872>

9 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

10 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

## 1.6 Identifying ‘innovative’ projects

The DETERMINE consortium set Work Package VI the task of identifying ‘innovative’ projects that addressed health-related behaviour. The rationale for this was to identify non-traditional and possibly hitherto unknown approaches to improving health in Europe. However, the task was not simply to identify and transfer a ‘good practice’ example from one country to another, but to understand whether certain elements of different approaches might be appropriate for use in different environments. Due to multiple differences between countries, including cultural values, health systems, and political structures, it is unlikely that so called innovative approaches can simply be transplanted or grafted from one country to another. Interventions need to be culturally translated to ensure they have relevance in new environments. Therefore DETERMINE sought to identify innovative projects in order to provide a wider audience with transferable learning on the following:

- **the type of issue being tackled**
- **how issues were addressed**
- **the target groups**
- **the context projects operated in**
- **how wider determinants were tackled**
- **what was deemed to be innovative and of relevance to own country**
- **approaches to evaluation.**

## 1.7 Defining innovation

Innovation is a loosely defined concept that can be taken to mean a new or different approach to addressing an issue. For the purposes of the DETERMINE review, the definition of innovation was taken from the EU supported *Closing the Gap* report,

*‘Those interventions which practice new solutions for certain problems and challenges through the application of new ideas, techniques and methods are innovative’.*

A problem with this definition however, is that what is innovative is a subjective matter. What is innovative for one, may not be so for another. For our purposes, innovation was viewed as a *relative* concept. Hence, certain elements deemed ‘innovative’ in the pilot projects selected, may not be viewed as innovative in other country contexts.

In the rapid review undertaken by Work Package VI several ‘innovative’ themes emerged. These themes, listed below, helped to inform the *call for pilot projects* and gave DETERMINE members a shared understanding of the type of projects they would identify:

- **An in-depth understanding of the target audience in relation to the area that was being considered.**
- **Understanding that behaviour is influenced by the wider context and not just the individual.**
- **Nearly all innovative projects used some form of partnerships or cross-sectoral approach. This is a clear finding of the review – many innovative ways of addressing behaviour involve bringing together a diverse range of parties to address an issue.**

It is important to note that, by nature, selecting projects that demonstrate new / different approaches to an issue has an element of risk associated. If these projects are without precedent within their country it is unlikely that they will be based on a strong existing evidence base.



## 1.8 The role of evidence

As highlighted in the review undertaken on *Innovative Approaches to Changing Health-Related Behaviour* that preceded this report, the kind of unequivocal evidence about the impact of interventions, is difficult to produce in relation to effectiveness of approaches that seek to address the social determinants of health inequalities. Although there is a great deal of literature describing the existence and problem of inequalities<sup>11</sup>, there remains little evidence on effective interventions to reduce social inequalities in health.<sup>12 13 14</sup>

This lack of good quality research evidence has itself been the subject of academic inquiry. Millward et al suggest that the reasons why evaluation is underdeveloped in this area may be grouped under the following five areas: complexity, methodology, timescale and return, structure and theory.<sup>15</sup> These domains are particularly pertinent with regards to the DETERMINE pilot projects – all of which faced these challenges, coupled with the additional burden of having to demonstrate impacts with only a small budget.

In order to extract useful, relevant evaluation information from the pilot projects, an approach recommended by the *Measurement and Evidence Knowledge Network (MEKN)* looking at the evidence base on the social determinants of health was followed:

*‘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>16</sup>*

The three projects selected were relatively small and operated to a tight budget; therefore they did not have either the internal structure or necessary funding to undertake a comprehensive quantitative evaluation. It can be argued that it would be unreasonable to ask such projects to divert and devote funding to evaluation when they are dealing with vulnerable population groups with limited resources. In addition, the type of evaluation data that the projects collected was generally not ‘health’ statistics – because they were projects whose focus was on the wider determinants, rather than immediate health outcomes.

The DETERMINE consortium took a three-pronged approach to gathering evaluation data:

- 1. Requesting a final report from the projects summarising their evaluation efforts – these reports are included in the appendices of this report.**
- 2. Requesting internal reports produced by pilot projects.**
- 3. Undertaking site visits over March/April 2009 to complete basic process evaluation interviews with, where possible, the project leader, public health/ DETERMINE representative and a participant. These interviews reviewed progress of the projects and assessed the data being collected by sites.**

The evaluation of these pilots used mainly qualitative data, following the MEKN approach. This helped gather rich information on the strengths and weaknesses of different approaches. The strength of this approach is that it offers the opportunity for insights into the process followed and reported successes. It does not however seek to determine the effectiveness of the projects.

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

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

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

14 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

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

16 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



## 2. The pilot projects

### 2.1 Opre Roma Association (Rise Up Roma), Hungary

The *Opre Roma Association* is based in Debrecen in Hungary. The project sought to improve the living conditions of people living in slum housing. *Opre Roma* was established in 2006 by members of a disadvantaged Roma community and employees of the Faculty of Public Health of the University of Debrecen after a 3-year community development process. Based on consultation, housing was identified as the most pressing problem that the community faced. The project seeks to improve the quality of life for people living in slum conditions. In one of the communities; the Domokos Márton Kert social housing complex, many of the families had been served eviction notices, despite living there for more than 20 years. In addition, current housing is inadequately constructed, under-heated, and underserved in polluted, unattractive and unhealthy areas.

Opre Roma translates as 'Rise up Roma' and this is the ethos of the Association. It looks to build skills in the community through initiatives that include community development, housing design and land negotiations. The following statement by the President of the Opre Roma Association illustrates the empowerment imperative embodied by the Association. They do not seek 'charity' in the form of other people working on their behalf. Instead, they want to take charge of their own concerns.

*"What is really important for us is that we are now designing our homes. We want to build the houses with our own hands... we have skilled craftsmen in the community who work with traditional materials."*

*President of Opre Roma Association.*

The Association used the DETERMINE funding to establish a project aimed at identifying solutions to the housing problems the Roma community faced - developing plans for healthy and sustainable houses and raising environmental awareness.

The project included families living in two different Roma communities; the Domokos Márton Kert social housing complex and members of the Kishegyesi street social housing complex. In addition, with the aim of inclusion, families with at least two children living as tenants of social housing in Debrecen were also invited.

The project sought to produce housing plans for the community, to present to a housing charity with the aim of relocating and building sustainable and secure housing. In addition, community members would also be trained in household management skills such as understanding the financial consequences of energy usage. Community members were also taken on field trips to explore environmental issues about energy use and pollution.

*Opre Roma* has managed to survive thanks to small grants and short term funding. Securing resources to sustain the project is a concern for those involved.

#### 2.1.2 Project aims and objectives

The main aims that the Opre Roma Association sought to achieve with the DETERMINE funding were:

- To influence individual and community behaviour by raising awareness of energy issues in housing (energy-saving construction methods, insulation, heating), environmental (water and sewage), energy and health issues and how these issues connects with each other.

- To help the community take control of their housing situation and produce community plans for sustainable, energy-saving and health-conducive social housing.

The specific objectives of this programme were as follows:

- In order to increase levels of environmental and energy awareness in the community and prepare them for living in houses with higher expenditure than they are used to, the project took members of the communities on visits to:
  - The E-ON Trans-Tisza Electricity Company Ltd to understand the costs of energy use, both financial and environmentally
  - The Debrecen Sewage Plant to learn about waste disposal
  - Debrecen Waterworks to understand about water usage and wastage
  - The AKSD Garbage Company to explore impact of wastage and recycling
  - The Nyíregyháza Forestry Company Ltd to appreciate the environmental impact of their actions
- In order to increase awareness and knowledge of sustainable energy-saving housing and the benefits of living in an unpolluted environment, community members visited:
  - The bio-sewage plant of Biogest, Hajdúszoboszló to look at wastage and environmental issues
  - The bio-villages of Galgahévíz and Agostyán, the bio-village of Győr and the social housing project run by *Habitat for Humanity* in Csurgó. The purpose was to look at different ways of living and how to live in an environmentally-friendly manner
- To produce ready-for-construction plans for sustainable, energy-saving and health-conducive social housing, the project:
  - Held a community housing design workshop
  - Undertook an architectural survey of the Kishegyesi st. housing complex and created plans for how it would be remodelled and the future housing programme
- The architectural survey and planning for a sustainable, energy-saving and health-conducive social housing programme had the following objectives:
  - To provide housing plans for 4 families and improve conditions for 12 more
  - Complete and submit proposal to *Habitat* on 8 October 2009
- In order to help empower the community and ensure they had control over the direction, content and management of the project, two public forums were held. In addition, the project linked in with other agencies working with the Roma community such as the Roma Centre in Debrecen to give access to training to develop new skills such as literacy and IT skills.

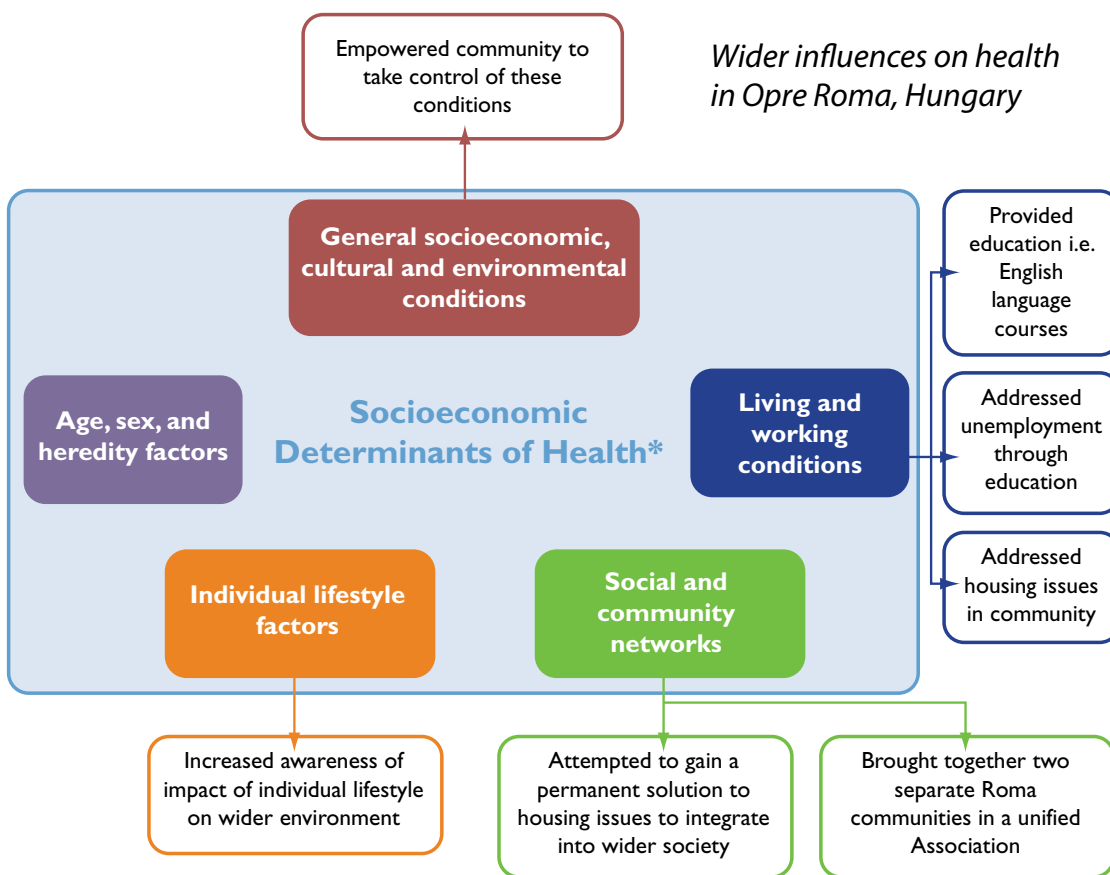
### 2.1.3 How is this project innovative?

This project was deemed to be innovative for the following reasons:

- In general, environmental and energy awareness is relatively poor in Hungary. Projects looking at this topic are considered to be reasonably innovative. In addition, targeting a socially disadvantaged community to look at these issues is far from the norm – in general they are usually the last to be considered in such issues
- The project was community-led – with members of the community forming the management committee. Through this ‘bottom-up’ approach, any problems that arise are solved with the community directly rather than decisions being made on their behalf

- The participatory approach encourages the community to identify its own needs and to act in its own interests, rather than relying on others. Consequently, the development of the housing plans involved the community at every stage of its design
- The project team felt that linking housing and the environment was innovative within Hungary. Also, by developing housing plans, the community was equipped with something they could use to lobby with at the end of the project
- The project involved a broad range of partnerships between the local government, Roma Self-Government of the City of Debrecen, a civil organisation consisting of community members and members of the research sector, and international organisations. In addition, it is using private funding to aid project development.

The diagram below summarises the wider determinant approach taken by *Opre Roma*.



#### 2.1.4 Evaluation

Members of the Domokos Márton Kert and Kishegyesi St communities were asked how they would define the success of this project, they noted:

- Members of the two communities considered the biggest success was that Roma and non-Roma people could be brought together and spend time with each other with no negative incidents occurring. The fact that longstanding deep resentments between inhabitants had been dispelled was seen as a big success

- Members of the Opre Roma Association viewed the completion and submission of an application to Habitat for Humanity as a great achievement
- Members from the Public Health Faculty considered it a success that participants expressed their wish to participate in subsequent projects

In order to measure changes in attitudes, knowledge and behaviours, the project team administered structured interviews and questionnaire surveys before and after the project. For most measures of attitudes, knowledge and behaviours that were recorded, no significant difference was found. However, this is based on around 17 interviews and these low numbers make it difficult to identify statistically significant changes.

The project team also collected process measures such as participation rates at workshops.

### **Main achievements**

1. Approximately 70 people directly benefited from the project. The greatest number of participants at a single occasion was 48 on the trip to Csurgó and 46 on the trip to Galgahévíz.
2. Produced detailed architectural plans that were included in the proposal to the social housing project submitted to *Habitat for Humanity*.
3. Facilitated communication and agreements between different Roma settlements that had previously been mistrustful of each other.
4. Undertook a wide range of workshops and organised visits for the Roma community.
5. Involved a broad range of partners in the project including the University of Debrecen, the Hungarian Reformed Church, Debrecen Roma Minority Government and local architects.

## 2.2 Kralji Ulice (Kings of the Street), Slovenia

*Kings of the Street* is a not-for-profit non-governmental humanitarian organisation based in Ljubljana, Slovenia. It started in 2004 when a group of experts and students came up with the idea of participating in the “spending 24 hours with the homeless” initiative. The project started with outreach work, making contacts with and seeking a better understanding of the situation of homeless people. In 2005, the project produced a publication about the homeless way of living in the streets of Slovenia – named *Kings of the Street (Kralji Ulice)* - the paper is published monthly and sells around 12,000 copies per month.

Since its inception, the *Kings of the Street* has developed and in 2006 opened a drop-in centre to distribute the newspaper and to help the homeless people with everyday problems. It aimed to help people spend their time in a constructive way by offering educational courses and workshops concerning primary health care and health recovery. In 2007, the Association began daily outreach work, such as clearing up drug users’ dirty needles and syringes, and it began to provide other social events and sports activities.

The Association aims to help socially excluded individuals and groups that are currently not reached by the existing health sector and social services. This group experiences exclusion from housing possibilities, employment networks, public health services, system information, a lack of social networks and difficulties in accessing primary healthcare. Consequently they face anxiety, uncertainty, low levels of self-esteem, social isolation, and a lack of control – all of which directly or indirectly impact on their health.

This project believes that helping this vulnerable group requires a holistic approach. It is conscious of the impact of the social and economic environment on health and therefore tries to influence different aspects that can improve quality of life and health outcomes.

The *Kings of the Street* paper is sold by members of the Association and helps them earn an income in a legitimate and socially acceptable way. The Association wishes to encourage the homeless to health themselves, therefore the paper is co-edited and sold by the homeless. Members are also encouraged to participate in the public sphere, being given the opportunity to go to congresses, media events, and to write reviews. The Association also informs and advocates changes in primary health care for the homeless population and provides health education through its drop in centre and outreach services.

### 2.2.1 Project aims and objectives

The main aims of this project are to:

- Equip marginalised population groups, especially homeless people, with information and knowledge of how to engage with the public health care system they are currently excluded from. In addition, undertake advocacy with and on behalf of the homeless in this area.
- Influence the views of the wider public and decision makers by addressing themes such as social exclusion and access to primary health care in the street paper *Kings of the Street*.
- Build partnerships and collaborate with experts, decision makers, the media, and organisations involved with vulnerable groups working in the areas of the public health system and social welfare.
- Help to promote social and psychological health and individual planning for users of the Association’s services.

- Provide regular access to various physical activities, such as football and swimming, for the homeless population to help with fitness and self-esteem.
- Equip members of the homeless population with skills to build self-esteem and to secure employment through regular workshops and lectures.
- Help the homeless population access housing services.

The specific objectives of this programme were:

- Implement outreach work and provide a drop-in day centre for the homeless, especially those with health and medical difficulties. This involves:
  - Accompanying users to health care facilities
  - Organising clean ups of used needles and syringes with homeless volunteers
- Publish paper Kings of the Street to inform a wide range of readers and experts in different fields about homeless health risk factors and the impact of the public health system on vulnerable groups and/or hidden populations.
- Offer a range of services to users of the service, such as:
  - Counselling support
  - Assistance in bureaucratic matters in health treatments (such as arranging primary health insurance
  - Advocacy
- Provide personal counselling about people's entitlements to treatment and the laws.
- Implement workshops to provide socially excluded groups with new knowledge and skills in areas such as video, theatre, computers and language. This was designed to facilitate empowerment and self-help and engages people in more active, healthy and creative pursuits.
- Organise lectures and workshops on hepatitis C and on the options available for victims of crime, such as how to respond to exploitation, harassment, torture, physical or mental abuse.
- Organise weekly sports activities (street football, table tennis, badminton, billiards, football, team games) Take part in the:
  - The Social Inclusion Games in Denmark
  - International football games in Croatia
- Produce and distribute leaflets to inform the homeless and wider public, including:
  - Homelessness, health and availability of health service in Slovenia (Špela Razpotnik and Bojan Dekleva, 2009)
- Cooperate with experts from the Institute of Public Health and other institutions working in the field of social welfare, public health and with vulnerable groups.

### 2.2.2 How is this project innovative?

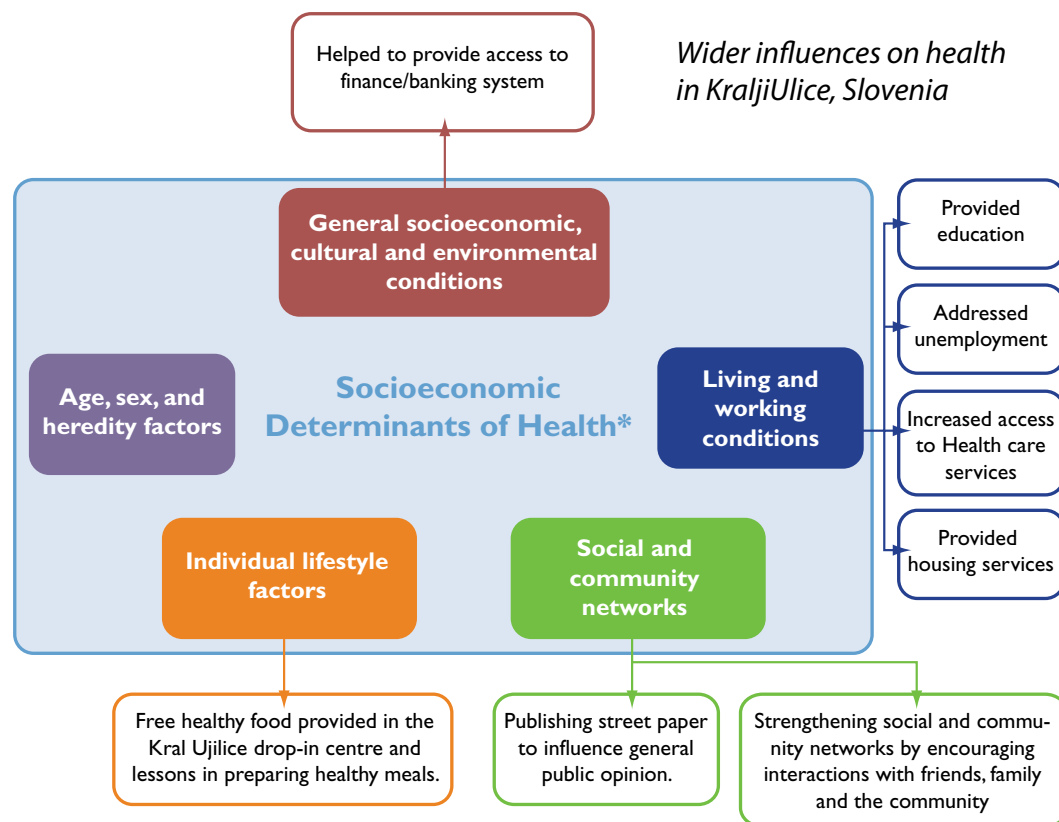
This project was deemed to be innovative for the following reasons:

- It takes a holistic approach to addressing the problems related to homelessness, with both direct out-reach and drop-in centre work with vulnerable groups, but also wider advocacy work with different audiences.



- It uses progressive inclusion – the principle of small steps and small aims to generate behaviour change.
- The project provides a number of different flexible options for an individual to change their behaviour. For example, some can sell copies of a street newspaper, whereas others can be involved in other aspects of the programme from individual counselling, to mentoring others.
- It addresses a broad range of different audiences. It works directly with vulnerable groups, but also with the public to address the wider environment in order to improve inclusion and provide more opportunities for vulnerable groups. It aims to connect homeless and the general public through articles in the Kings of the Street paper.
- The breadth of intervention entry points is deemed to be innovative. The project looks at individual level behaviours such as healthy eating, but also attempts to address wider determinants of health such as housing related schemes. In addition, it tries to change the wider public's perceptions of vulnerable groups.
- Activities are developed through an understanding of the needs of homeless and vulnerable groups, rather than a top-down approach. It uses 'action research' to involve the target group in the design and implementation of research studies in order to use the research process as a learning process for the people in charge and vulnerable groups involved.

The diagram below summarises the wider determinant approach taken by *Krajli Ulice*.



### 2.2.3 Evaluation

The *Kings of the Street* project had broad aims and objectives with a wide range of stakeholder groups: the homeless and vulnerable groups in society, the general public and expert groups, the media and government. Much of the evaluation for this project focussed on quantitative process evaluation measurements of activities, such as how many people attended different sessions or had counselling interviews with members of the project team. In addition, qualitative judgements on the impact of the project on behaviour of the different target groups were made by members of the project team and observations made during the DETERMINE site visit in April 2009. Much of the evaluation evidence is anecdotal and cannot be used to directly attribute changes in behaviour as a consequence of the project.

#### Impact on homeless and other excluded individuals

##### Targets:

- The main goal of this project was to address behaviour change by establishing realistic goals representing “small steps” that would gradually lead to broader aims and objectives. -This was designed to build trust and cooperation between Kings of the Street and its users. The involvement of a user in one activity, or helping them to acquire health insurance could, for example, be regarded as a ‘success’. While such accomplishments might not generate immediate behaviour change, they represent a step in the right direction and could encourage further steps along the path to greater social inclusion.

##### Qualitative judgements:

- Feedback from members of the project team and interviews undertaken in the DETERMINE site visit highlighted that users of the programme were, in general, very satisfied. Members of the project team reported visible changes in the attitudes and behaviours of users once they had been provided with information about their rights in the health care system.
- In the DETERMINE site visit, a primary care doctor reported that the Kings of the Street project had been effective at improving the self-esteem of users and that he and his staff visibly noticed this when users attended his surgery. A nurse in the same surgery spoke highly of the resettlement programme that the project helped to implement and its impact on the homeless population. During an interview with a Social Worker the advocacy role that the project played was identified as ‘vital’ in giving an excluded population a voice.
- In particular, members of the project team received positive feedback from the users of the service in relation to the sports activities, the drama group and the writing courses that the project arranged, all of which they believed had a strong influence on their improved self-esteem.
- Although the project does not have data on health outcome indicators to show the impact of the project on users’ health, anecdotal feedback and DETERMINE site visits highlighted that elements of the scheme, such as helping with access to healthcare, had positive benefits to the health of participants.
- There was also clear evidence of the transfer of ‘social skills’ – including the ability to advocate on behalf of others in order to improve people’s well being. The Kings of the Street project has helped former drug users to become care workers and support staff, who befriend and support other vulnerable people, who find themselves without a home.

## Impact on the wider public

- One respondent who was interviewed as part of the DETERMINE site visit noted how the Kings of the Street paper had a very positive influence on the attitudes of the general public. In an average month, 10,000 issues of the paper are sold. Topics focussed on accessibility of public health services to the homeless and the problems they face, such as:
- October 08 - Heroin addicts declarations about their life stories
  - November 08 - Cleaning action of cast-off needles
  - December 08 - Safe rooms for heroin addicts and “How I cured Hepatitis C” – based on a real life story
  - February 09 – Dr. Evita Leskovšek – AIDS and other sexual transmitted diseases
  - March 09 – Tuberculosis – interview with a pulmonary specialist

## Expert groups, the media and government

- The impact that the project made on expert groups, the media and government is difficult to quantify. The ‘success’ that the project experienced in this area constituted elements such as arranging meetings with influential stakeholders or attracting new funding. It is difficult to attribute positive changes in the health of homeless users of Kings of the Street to such activities. However, without exception, members of the project team and those spoken to in the DETERMINE site visits strongly agreed that such activities were vital.
- The biggest change noted by the project team is that, for the first time, they have received financial support from the Ministry of Health, which is a significant sign that the social and health sectors are cooperating. In addition, Kings of the Street has also received invitations from several different governmental institutions to cooperate in developing research in the field of homelessness, and offers to attend international conferences on homelessness, to share their experience of tackling homelessness and allied social problems in Ljubljana and beyond.
- The project team feel that the research undertaken with the Ministry of Health, Institute of Public Health and Faculty of Pedagogy has served as a catalyst that has led to dialogue on health care systems with experts and decision makers in Slovenia.
- The Kings of the Street paper was distributed monthly to governmental and non-governmental institutions such as the Ministry for Health, Ministry of Labour, Family and Social Affairs, University Psychiatric Centre Ljubljana, Psychiatric Hospital Idrija, Stigma, Shelter for Homeless, Pro bono dispensary, social centres and other organisations that work with homeless people.

## Further information on the project:

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## 2.3 Health promotion with inactive men in Guldborgsund, Denmark

This health promotion project, managed by the public health department of the Municipality of Guldborgsund looked to use a public-private partnership with local employers to improve the health of obese, inactive men with little or no education. The Municipality of Guldborgsund built relationships with two private organisations; Hardi International and Nymand Bus Company.

Hardi International is an international company that produces pumps for the farming industry. Its offices in Denmark had 525 employees at the start of the project (September 2008), however due to the impact of the global recession, this reduced to 325 employees by the end (October 2009). This project started when the HR manager at Hardi International approached the Municipality of Guldborgsund to discuss introducing a “Stop Smoking” health promotion initiative as they had recently introduced a non-smoking policy. The scope of this initial project grew to involve more than just smoking, and looking to improving the health of the company’s employees through a more holistic approach.

The owners of the Nymand Bus Company wished to undertake a health promotion initiative due to concerns held about the health of their employees – for example, within one month three drivers were seriously ill caused by strokes and heart attacks. It is a smaller company than Hardi with around 60 employees, who drive handicapped children to and from school and patients to hospitals and doctors. This company joined the project in April 2009.

This project started by undertaking an assessment of the current health of the employees by administering a test covering the areas of diet, tobacco and alcohol intake and physical activity. Based on the results, the Municipality worked with the companies to develop plans to tackle problems that were identified. This took the form of encouraging the adoption or revision of health policies within the company. In Hardi, for example, the project team worked with the canteen caterers to improve the quality of the food provided.

In summary, the project reached 287 employees in the different companies. The findings from this project will be implemented in the form of changes to the companies’ health policy and have helped to develop the Municipality’s “The Health Promoting Workplace” concept. It is anticipated that the relationships built during this project will be maintained and built on.

### 2.3.1 Project aims and objectives

This health promotion project had the following aims:

- To promote healthy lifestyle changes in the behaviour of employees of the two organisations. In particular, encouraging healthier diets, reducing smoking levels and increasing physical activity.
- To undertake focus-group interviews, and implement a user-led approach to designing interventions to change the behaviour of individuals.
- To work with employers to make changes to the working environment and policy to make it easier for employees to undertake healthier behaviours.
- To engage the wider community to create a healthier environment. For example, through the provision of healthier food choices at food suppliers.
- To ensure that activities are sustainable in the longer-term.

The specific objectives of this programme were:

- At an individual level to:
  - Increase levels of physical activity
  - Improve nutrition by reducing the consumption of foods high in fat and sugar, and promoting the consumption of healthier foods like whole-wheat bread, vegetables and fruit
  - Change the behaviour of those smoking to either give up or smoke less
- Undertake a personal health test with employees on the scheme.
- Carry out qualitative research with employees to understand the challenges they face and look for ways to encourage and incentivise positive behaviour change.
- Ensure that employers and workplaces provide access to physical activities and fresh healthy food for their employees.
- To improve the supply of healthy food at road-side fast food providers.

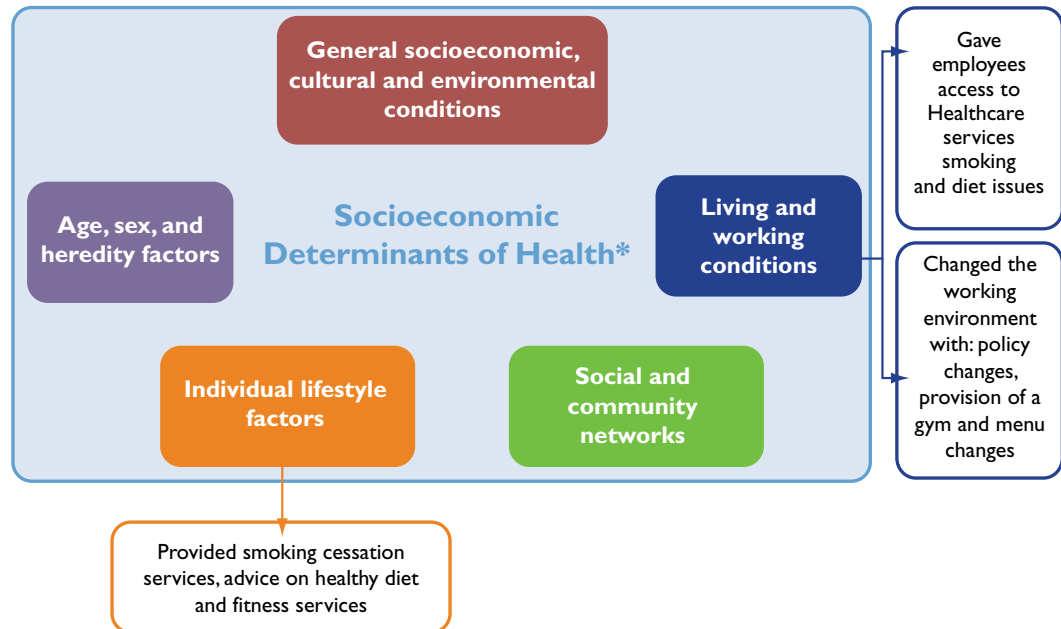
### 2.3.2 How is this project innovative?

This project was deemed to be innovative for the following reasons:

- By bringing together health professionals from the municipality, private sector employers and fast food companies, this project used a public-private partnership (PPP) approach. It was intended that working with employers might enable structural and policy changes.
- The PPP created and developed partnerships between professionals who had not previously worked with each other. Another aim of these PPP connections was to strengthen ongoing networks between organisations for potential future collaboration.
- Using qualitative research at the start of the project to understand the needs of the employees was a 'bottom-up' approach designed to build the intervention based on the target group's needs.
- Engagement of the wider community (through e.g changes in provision of food, provision of exercise opportunities) in efforts to change the behaviour of the target group rather than focussing simply of the target group. This was designed to facilitate a longer-term approach to changing behaviour.
- The project used 'health ambassadors' in the workplace to try to encourage the uptake of activities amongst colleagues and make them aware of unhealthy factors in the workplace.

The diagram below summarises the wider determinant approach taken by the *Municipality of Guldborgsund*.

*Wider influences on health  
in Guldborgshund, Denmark*



The *Municipality of Guldborgsund* project focused on changing the behaviour of different layers of society with the aim of improving health on their primary audience - employees.

### Workplace:

- Looking at Dahlgren and Whitehead's<sup>17</sup> social determinants model, the 'work environment' is outlined as one of the 'living and working conditions' that impact on social and community networks and individual lifestyle factors. Related to this, the WHO's pathway model<sup>18</sup> classifies working conditions as an 'intermediary' determinant of health. This highlights the importance of the employer of influencing health of employees.
- One of the main features of the Guldborgsund project is its focus on working environment, with one of its key aims being to implement structural and policy changes by the employer to encourage healthier behaviours.
- One effect of the project has been structural changes in the workplaces, such as more healthy food available and an improved indoor climate, with less noise and dirt. In addition, this project has led to health policy changes in the organisations involved.

### Education:

- The team that ran this project intentionally selected workplaces that employed a high number of staff with little or no education. Both workplaces that were selected had experienced employees getting ill from lifestyle diseases that could have been prevented.

<sup>17</sup> Dahlgren G, Whitehead M. Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Future Studies, 1991

<sup>18</sup> 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



- While this project did not specifically look to address education as a determinant of health, it considered lack of education as a determinant of health, and a factor that should be taken into account for targeting of the intervention.

#### **Society/Wider Environment:**

- The impact of position in society as a determinant of health is documented in Marmots' research into the social determinants of health. The Municipality of Guldborgsund project attempted to address the wider societal impact on health by layering its activities to focus on employees, employers and food suppliers. By involving such a broad range of stakeholders, the project tried to create an environment that would enable and induce healthier behaviours.

### **2.3.3 Evaluation**

#### **How did different stakeholders groups define success?**

The DETERMINE evaluation site visit in 2009 was not able to include a meeting with any members of the target audience due to the imminent announcement of redundancies at the Hardi factory at the time, that occurred in the wake of the banking crisis. Therefore, it was difficult to gauge the views of the target audience to the project and how they would define and classify its successes. The project team at the Municipality who managed the project felt that the main achievements of the project were as follows:

- 287 employees out of 575 employees at both workplaces participated in a health test and 65 employees participated in healthy barbecue.
- Reports that there was a marked decrease in consumption of warm, unhealthier food in the factory canteen.
- That six groups participated in the DHL-relay compared with only one previously, that two groups of cycle 'spinning' classes had been established, that one large group had started running, that 'count your steps' competitions at both workplaces and, that 16 bus drivers enrolled for a water gym class.

#### **Evaluation approach**

- The voluntary health test undertaken with employees at the organisation reached 287 people. The test was offered at the beginning, midway, and the end of the project. For more information on what this involved and detailed results see the full report in the appendix. The areas covered in the test were blood pressure, CO2 levels, lung capacity, BMI, fat %, weight and physical condition.

#### **Evidence of impact on health**

- In the health tests, the project team found a number of participants who had high levels of blood pressure that they were unaware of – they were referred to the GP.
- The test showed that employees working in a certain hall in Hardi had an amount of CO2 in their lungs that was equivalent to a light smoker. These findings resulted in a pollution test of in the hall area. As a consequence of this test, company policy changed so that the gas truck that operated there was limited to a set amount of time.

- Project team members from the Municipality felt that the health check was a revelation for those who participated because it provided them with an opportunity to talk about their health, and smoking, food and level of physical activity and how they could be improved.

### **Evidence of other impact**

- The Hardi company found room in their factory to set up a fitness centre for staff. In addition, they allowed changes in the types of food served in the canteen.
- Nymand BC will be moving to a larger location where they plan to provide facilities for fitness activities for their staff.
- The human resources manager at Hardi International stated: “In the beginning, the employees at Hardi Nr.Alslev were not at all interested in the health project. Now the workers are talking about the project when I come around in the production area”.
- The Municipality also benefitted from this project, gaining more experience in health promoting workplaces to develop their concept of “The Health Promoting Workplace”.

### **Further information on the project:**

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## 3. Conclusions

In this section, we describe the key observations identified from the assessment of the three DETERMINE pilot projects.

### 3.1 The importance of context

It is important not to apply a *one size fits all* approach when tackling the social determinants of health inequalities. This is especially pertinent when considering European-wide approaches. This conclusion is supported by Dahlgren and Whitehead (2007) who noted:

*'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 difference in political structures and ideologies that the different pilot projects faced meant that they all started from different places therefore direct comparisons are not relevant. For example, a project such as *Kings of the Street* might not be needed in Denmark due to its present health system, whereas in Slovenia such an approach may be necessary to include marginalised groups.

It is important that projects are seen in the context of the country they operate in rather than simply the approach used or the target group addressed. This report recognises that the *Opre Roma Association* approach is effective at looking at the interests of certain Roma communities in a region in Hungary. However, it does not state that such an approach would be suitable for Roma communities in other countries, or even other *types* of Roma groups. It is the process which projects follow and the ethos that forms their actions that can be transferred into other contexts.

### 3.2 Questions about innovation in health improvement

As highlighted in the introduction to this report, we are looking at innovation *relative* to the country rather than attempting to find an *absolute* level of innovation across Europe. The term 'innovation' is widely used in the context of Europe; with the assumption that innovation and effectiveness are interchangeable. The process of finding 'innovative' projects has led to the conclusion that the term can be misleading. The review undertaken in the first stage of this work found that the term was very rarely explained when referred to and assumed to be positive. More work should be done to unpick what is meant by *innovative*— this will help clarify what is a vague and ambiguous term.

When looking for projects that deviate from the norm and are attempting to do something new or in a different way, projects should be given more freedom to use a different approach. However, for an EU project of this nature it is difficult to relinquish control and funding to something that, by nature, has a low evidence base and is without precedent.

The DETERMINE programme started with the assumption that certain approaches such as social marketing or public private partnerships (PPP) were innovative. The analysis of the three selected pilot projects activities found this way of viewing innovation may be unhelpful. Our research indicates that it is the ethos of a project and the process it follows to uncover the needs of its intended audiences that may be classified as innovative, rather than its form (eg public-private). That said, there is nothing new about participatory approaches to health improvement, which have

<sup>19</sup> European strategies for tackling social inequities in health: Levelling 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

been known of for decades. However, projects that follow this model rarely receive official support because funders are seldom willing to support projects that find it difficult to identify at the outset, precisely what they will achieve and how. This willingness to accept that the projects goals will evolve over time, in response to needs – that emerge - appears to be one of the defining characteristics of the flexible and adaptable projects in Slovenia and Hungary.

### 3.3 Public private partnerships

The initial review on innovation undertaken by Work Package VI highlighted that, although PPP's are sometimes cited as potentially good ways to tackle public health issues, there is little high quality evidence (as with many other measures being implemented to tackle health inequalities) to support their use. Several interested parties - including DETERMINE partners - urged caution on this programme before it embarked on supporting a PPP – due to factors such as the potential dominance of the private sector in the relationship.

The *Guldborgsund* project had a PPP element and the actions of the private sector partner could be argued as being opposed to the initial objective for why the project received funding in the first place. The number of employees in the private company was reduced by around 250 as a result of the economic crisis of 2008. The evaluation site visits by DETERMINE found that the company intended to use the economic situation as an opportunity to rid the company of employees with lower qualifications and with the more serious health problems, with the intention of employing 'higher calibre' staff when the economy recovered. There was little evidence that the project had provision for maintaining relationships with those made redundant. Such an approach is likely to increase inequalities; something against the very nature of this project.

### 3.4 EU funding rules and small projects

For those projects selected for the funding, the level of administration that needed to be completed when receiving financial support took up a great deal of time. It was a necessity for projects to have members that could communicate fluently in English. Such a demand is difficult for certain kinds of projects; such as the *Opre Roma Association* in Hungary. In this project, only one person could communicate in English and consequently they were overburdened with administering the project.

When we talk about finding 'innovative' projects, we must be careful not to apply too many terms and conditions. In the selection process, instead of just looking for innovative projects; we were actually looking for innovative projects that could communicate in English – reducing the universe of potential projects. Therefore, projects that might involve groups such as those with low literacy rates would be excluded. We recommend the use of more simple reporting mechanisms for projects of this nature to allow flexibility in approach and also a greater focus on delivery, rather than administration.

It is also important to note the limitations of having a relatively narrow pool of professions on selection committees. In the pilot selection process, the panel comprised representatives involved in public health from different countries in Europe. It can be argued that such a relatively homogeneous group are likely to be drawn towards certain types of projects which may mean that they are more likely to send calls for project proposals through familiar channels and accept certain types of 'innovation' rather than going towards a less traditional route. In addition, the involvement of solely public health professionals on projects looking at the wider determinants of health inequalities might mean that there is a bias towards selecting more traditional public health projects rather than those that might be present in different areas, such as transport or education.

### 3.5 ‘Off the shelf’ projects – unlikely to be innovative

When selecting small projects for this type of funding, it is tempting to select relatively well defined and self contained projects with clearly stated objectives and a prepared work plan. However, such an approach can result in less ambitious, more traditional projects with an existing evidence base, and away from projects seeking a different approach. This review highlighted the possible benefits of using a citizen-centred approach when looking at the wider determinants of health. However, using this approach means projects need to be flexible to meet the needs of the populations that the projects represent. It is more difficult to specify specific objectives upfront for these projects. This requires the funding organisation to be sanguine about buying into a ‘goal’ rather than specific objectives. This can be challenge for public bodies that tend to demand evidence of clearly quantifiable activities and outcomes.

When following a citizen-centred approach, the process may ultimately be frustrating for a funding organisation. For example, it may take more time – such as those experienced when dealing with inter-Roma community challenges faced by the *Opre Roma* project.

### 3.6 Evidence and small projects

For projects of this nature with stretched resources and a limited budget, it is important to be realistic about what can be achieved over a short time period – especially with relation to health outcomes. When considering changes to health relevant behaviours, it is difficult to measure, let alone achieve, changes in a year. As noted previously in this report, the evaluation undertaken for projects was mainly qualitative with some quantitative process indicators. With future projects of this nature, it must be considered whether such outcomes provide the quality of evidence that policy makers require to make decisions.

### 3.7 Good project characteristics

The process of selecting, monitoring and evaluating the three pilot projects has provided the DETERMINE project with a broad range of information about effective elements of projects involved with the wider determinants of health. Effective practice observed in projects followed the same theme, that the projects were ‘citizen-centred’ and followed the needs of their audience. The diagram below highlights the different elements observed in projects which follow this approach:



It can be argued that following the needs of citizens results in a wider determinant approach. Using a more traditional expert-led method, it is suggested that projects become relatively topic-specific. For example, the *Guldborgsund* project paid attention to specific behaviours in target groups such as smoking or diet as these were the elements that the public health team classified as important. Consequently, while certain elements of the project could be argued as having a wider determinant approach, in general, the project was more focussed on individual behaviours. However, if the project had started with the needs of the user group, it is likely that the approach would have been broader and may have touched on more social and economic determinants of health. While initiatives that aim to generate behavioural change can improve health, addressing structural issues that influence behaviour, such as job security and unemployment may be a more effective and sustainable approach to achieving this.

### 3.8 Investing in research to understand needs

Taking a citizen-centred, rather than expert-led approach, follows the needs of the user not the topic. It can be argued that using an issue-specific mindset can be reductionist and breaks down issues into individual behaviours, whereas following user needs explores the wider influencing factors. This was seen in the *Kings of the Street* project which extended to a broad range of wider determinant areas such as health, housing, education and employment. If this project had been defined by topic-specific behaviours i.e. getting the homeless back to work, it is unlikely to have focussed on such a broad range of determinants.

The reaction of projects to issues that came up during the process illustrates the difference between issue and citizen focussed approaches. The *Opre Roma Association* experienced difficulties between different Roma and non-Roma communities who mistrusted each other and had long-established issues between them. The project dealt with these challenges through community forums and looked to solve issues arising so that no groups were excluded from the process. When compared to how the more *topic-focussed Guldborgsund* project reacted to changes, the benefit of this approach can be seen. When faced with high levels of unemployment, the Danish project continued to focus on the areas of diet, activity and smoking rates. This meant that the approximately 250 employees that were made redundant were excluded from the intervention because they didn't fit with its remit. A *user-focussed* project may have looked to continue working with those who has lost their jobs to ensure that their health behaviours didn't suffer. It could be argued that, due to this approach, health inequalities between those who kept and lost their jobs will have widened – out of sync with the aims of DETERMINE.

### 3.9 Outward facing and empowering projects

Effective projects established a broad range of stakeholders to tackle the issues they faced. Projects recognised that, in order to have a chance in being successful in tackling both individual behaviours and wider community opinion, they needed to engage with a diverse pool of stakeholders.

The *Kings of the Street* project established strong relationships with the national public health department, academic institutions, Doctors that worked with marginalised groups, housing associations and media groups in Slovenia. Such an approach helps to embed activities into the system and build a network of interest groups that can advocate for change at various different levels, such as local or policy.

Both the *Opre Roma* and *Kings of the Street* projects focussed on the assets in the user group involved, rather than what they were lacking. The ideology of these projects was to look at the potential of the audiences involved, rather than negative behaviours that may be present. This could be seen in the *Kings of the Street* project where the emphasis was on building skills in the target group; looking



to provide them with access to education and employment opportunities. The project did not focus on a baseline of poor behaviours that they wanted to change; rather they approached the target group with an offer of what positive elements they could provide.

The *Opre Roma* project also looked to tap in to existing assets, such as Roma community organisations. This was done with the intention of mainstreaming changes so that they are more sustainable in the long-term.

By following a citizen-centred approach, good practice was seen where projects worked *with* and not *for* the target audience. The target group were viewed as agents of change. This was a key strength of the *Opre Roma Association*, which sought to provide the communities involved the skills to negotiate by themselves, rather than regard them as passive actors. This was highlighted in the DETERMINE site visits where the Roma leader of the Association told interviewers that he was encouraged to represent the communities' views to the Council by himself rather than being accompanied by a Public Health Faculty team member. He noted that the project had empowered and given him confidence to approach authority figures which, without this influence, he would never have done.

### 3.10 Effective leadership and democratic management

The composition of a project's management team reflected their commitment to a citizen-centred approach. Those projects that followed a citizen-centred approach had members of the target audience either managing the project, or involved in the management team. It was noted that such an approach keeps the focus of the project on the needs of the target group.

The project team in Hungary was diverse and included members of the Roma community and members of the Faculty of Public Health in Debrecen. This mix of staff gave the project access to a broad range of views and skills. The Roma communities' involvement in the management helped to empower them and increase their management skills. The presence of Faculty members gave Roma community members the opportunity to tap into resources such as Internet access that might have been previously unavailable or difficult to attain.

All projects had committed management teams who clearly wanted to improve the lives of the audience they were serving. For some of the projects, such as the *Opre Roma Association* and *Kings of the Street*, involvement of the management team extended beyond a traditional 9 to 5 working day, with members of the project team working long hours to reflect the needs of their target group. While such an approach is admirable and follows the needs of the target group, caution must be exercised to ensure that workers are not overstretched.

The pilot projects selected had a range of 'champions' involved with their cause. In Hungary and Slovenia, the projects involved senior members of their Faculties of Public Health which gave them access to academic stakeholders. These champions or leaders did not dominate the project but acted as advocates of the issue to a wider audience. They played a guidance and advocacy role on the projects, rather than leadership. Their involvement provided the projects with opportunities – like access to EU funding streams such as this DETERMINE project.

The project in Denmark noted in the DETERMINE site interviews that they had not really achieved *top-level* buy-in to the project and that, although a senior HR Director was involved, the management team were not on the project team. Team members observed that it may have had more influence and increased effectiveness if more senior members of the company had been involved.

## 4. Appendices

### Appendix I: The selection process of innovative pilot projects

#### Selecting the pilot projects

The rapid review of innovative projects addressing the social determinants of health in 2008 identified how emerging innovative approaches might be applied to influence behaviour among vulnerable groups in the EU. Based on this review, Work Package VI members developed a set of selection criteria, put out a call for projects and then participated in a meeting to select the three pilots for funding.

#### Selection criteria/eligibility

DETERMINE consortium members were invited to gather proposals for funding from innovative projects in their country.

Building on the rapid review of innovative approaches, a set of criteria was developed to select potential projects. The first few criteria: 'innovation', 'health-relevant' and 'a focus on insight into individual's lives' were developed from the findings from the rapid review. Other criteria, such as 'good governance', 'clear financial plans' and the 'ability to start immediately' were born out of a need to select organisations that could be trusted to use the funding given effectively, and to minimise the risks of the project failing. The criteria are listed below:

#### 1. Innovation

- *The planned action should be simple, creative and solution-oriented.*
- *The project should be capable of using the learning to influence others – easily and to become sustainable.*

#### 2. Health-relevant

- *Projects should demonstrate how activities are relevant to health (either directly or indirectly)*
- *For example, the project may directly focus on health such as reducing smoking prevalence in a target group or increasing the screening rates in an area.*
- *However, the project may also aim at tackling indirect factors such as improving or extending educational opportunities, improving housing or the built environment etc...*

#### 3. A clear focus on behaviour informed by insight into individuals' lives

- *There should be a focus on behaviour.*
- *Behaviour can encompass a number of different levels. It could be at an individual level – such as people visiting a screening service or it could be focussing on the behaviour of a professional – such as looking at the behaviour of those referring patients to a particular service.*
- *The proposal should demonstrate that its approach is informed by insight into individuals, groups, or communities' lives – including professionals where appropriate – and their motivations and barriers.*

#### 4. Good governance

- *The applicant must be able to demonstrate legitimate organisational credentials in order to receive EU funding. Key criteria will include evidence of the following:*
- *Proper governance structure (e.g. presence of a board)*

i. Organisation follows national level financial and legal guidelines. For example:

1. Are their accounts audited?
2. Do they report financial results to a board of Governors?
3. Are they a legally registered organisation?

ii. Evidence of work in related field

#### **5. Ready to start immediately upon selection**

- Applicants show that sufficient resources and planning procedures are in place to undertake work immediately
- There should be a clear project plan

#### **6. Clearly expressed aims and objectives, and evidence that outcomes are achievable**

- The proposal should state what outputs and outcomes the project seeks to achieve, with whom and how.
- The proposal should demonstrate that the proposed approach is likely to lead to the identified outputs and outcomes.
- Given the short timescale for implementation (11 months), aims and objectives should be realistic, and tangible outputs should be identified.
- The outputs and outcomes must be able to be evaluated.

#### **7. Clear approach to monitoring and measurement**

- The proposal should demonstrate how they will measure the results of the project
- This could be either by establishing a new measurement tool or method, or preferably by adapting existing methods of measurement.

#### **8. Involves one or more vulnerable and/or socially disadvantaged group**

- The beneficiaries should be people who are socio-economically disadvantaged – and/or socially vulnerable in some other way.
- This may involve vulnerable groups directly, or those responsible or engaging with vulnerable groups – for example, social workers or politicians
- The beneficiaries of the project must be clearly defined.

#### **9. Ethical**

- Must consider the full impact of the intervention – on the intended and unintended audiences – and ensure it takes into account the national ethical codes

#### **10. Make it clear how the money will be spent**

- Clearly highlight how the funding will be allocated – when and for what purposes
- Ensure that a financial monitoring system is in place to account for where the funding has been spent – to be reported back on specified dates to the funder.

## The selection process

A call for proposals was made to all of the DETERMINE consortium members. Potential pilot projects were asked to fill out a standard proposal questionnaire created by Work Package VI members. In total, 11 proposals were submitted. Three proposals were selected for funding at a DETERMINE meeting in London on Thursday 21<sup>st</sup> August 2008. The selection process followed was:

- All members were asked to read through the proposals prior to the meeting. Each member was asked to judge the proposals against the selection criteria and award a score of 1 to 5 for each project.
- All 11 proposals were discussed by the group.
- Through a combination of discussions held and the combined scores provided, 6 proposals were selected for further consideration.
- A blind vote was undertaken where participants ranked their top three proposals (participants were not allowed to vote for their own country). The top two proposals were selected.
- The third and fourth place proposals were discussed further and the third was selected through a final vote.

It was agreed in the selection meeting that all proposals were of a high quality. The pilots that were not selected are listed below:

<b>Belgium</b>	<p><b>Recharge Yourself</b></p> <p><i>Public Private Partnership between the tourism and social sector to provide people who otherwise would not have the means with the opportunity to enjoy short holidays</i></p> <p><i>This project was subsequently selected as a project for 'additional partial funding' via the Equity Channel. For further information <a href="http://www.holidayparticipation.be/">http://www.holidayparticipation.be/</a></i></p>
<b>Denmark</b>	<p><b>Social inequality in health</b></p> <p><i>Focuses on changing health attitudes and health behaviours among young clients with severe mental disorders and the staff at a social psychiatric institution/group home. It uses a holistic approach – with the focus shifted from mental illness to a more positive and changeable aspect; their health behaviour (diet, smoking, and exercise).</i></p>
<b>Germany</b>	<p><b>Fitness for Kids</b></p> <p><i>This aims to improve motor skills and physical fitness of socially disadvantaged pre-school children through the use of nursery teachers and parents.</i></p>
<b>Hungary</b>	<p><b>Lilly Programme</b></p> <p><i>Enhance participation in cervical screening through a communication campaign and a national-level 'lottery' aimed at women. This uses a Public Private Partnership approach and marketing elements</i></p>
<b>Italy</b>	<p><b>Migrant Friendly School</b></p> <p><i>The project aims to increase social inclusion of migrants in the Italian school system looking to improve health through the education sector.</i></p>
<b>Latvia</b>	<p><b>Improving the skills of medical doctors in Latvia to provide voluntary counselling and testing for HIV/AIDS</b></p> <p><i>The project aims to prepare prison doctors to conduct more HIV/AIDS counselling and testing for prisoners.</i></p>

<b>France</b>	<p><b>Mission Possible Community Health Education Workshops</b></p> <p><i>This is a preventative intervention aimed at marginalised and disadvantaged youths aged 6-12. It attempts to socialise the children and develop their ability to envisage and build a future. This is done through the identification of the needs of target groups, using inter-sectoral approaches and using partnerships between professionals (e.g. teachers, psychiatrics, doctors, artists, magistrates...)</i></p>
<b>Spain</b>	<p><b>“Opening doors”: community based project</b></p> <p><i>Working in two deprived areas, this programme has three main elements: 1) Develop a “Drug abuse prevention” programme 2) Train “educational agents” in schools 3) Make young people participate actively in the community. It involved a partnership approach, with people from education, communities, NGO’s government, public and private sector.</i></p>

The selected pilots are included below, with a brief description of why they were selected:

<b>Hungary</b>	<p><b>Raising awareness for planning healthy and sustainable houses –amongst a segregated Roma community living in Debrecen.</b></p> <ul style="list-style-type: none"> <li>→ This was a good example of health in all policies and addressing social and economic determinants of health.</li> <li>→ The selection committee particularly liked the appreciation of the impact of housing on health.</li> <li>→ The areas of migration and Roma communities are relevant across Europe</li> </ul>
<b>Slovenia</b>	<p><b>Improving homeless health: innovative project. Enabling homeless to help themselves and improving their access to health services as well as the publics’ awareness and perceptions, through a wide range of initiatives.</b></p> <ul style="list-style-type: none"> <li>→ The project was involved with very vulnerable groups – immigrants, refugees, drug users, homeless.</li> <li>→ The committee were particularly interested in media advocacy with decision makers – an innovative part of this project.</li> </ul>
<b>Denmark</b>	<p><b>Innovative health promotion project for obese, inactive men with little or no education at workplaces in the Municipality of Guldborgsund.</b></p> <ul style="list-style-type: none"> <li>→ The committee liked the use of the work setting as an environment to change behaviour.</li> <li>→ The committee also liked the fact that the intervention focussed on the behaviours of different groups – individual, employers, and community.</li> </ul>

**What was required from the pilot projects?**

The three selected pilots were given funding of €20,000 over a timeframe of 11 months. In return, each was required to:

- Arrange a site visit for work package VI representatives and participate in basic process evaluation interviews
- Send regular project updates
- Provide two interim financial statements and a final financial report, with proof of expenditure
- Produce a final report on their activities over the previous year.

## Appendix 2 : Further information about the 3 pilot projects

### Opre Roma

This project focussed on a number of different structural and intermediary determinants of health. Its main focus was on housing and the wider environment; however it also addressed community control, education and the impact of governmental structure.

#### Housing:

- Housing has a large impact on inequalities in health in society. It was identified by the Opre Roma Association as the single biggest problem faced by two disadvantaged Roma communities in Debrecen. The main issue with housing was not just that environmental and indoor conditions are severely substandard, but that the City Government has issued a standing order for the evacuation of all families
- The threat of removal resulted in the community having little control over their lives and constant fear of eviction. Therefore, the removal of the permanent danger of evacuation by solving the housing problem was seen to have the largest influence of all determinants of the communities' health
- The impact of housing can be seen in the comments below taken during the DETERMINE site visit:
  - “We wouldn't have anywhere else to go . My husband and I could end up on the street...
  - “What I am most afraid of is losing my children. If we become homeless, our kids would be taken away from us and put into state care homes. I don't know what I would do then, I love them very much” – Roma Community Members, Debrecen
- The project looked to address this issue by producing architectural plans for new housing and preparing a proposal for funding from Habitat for Humanity.

#### Impact of the wider environment:

- One of the main aims of the project was to increase the communities' knowledge and awareness of wider environmental factors that impacted on their life – such as how wasting energy can affect the amount of money they have and therefore have an indirect impact on health.

#### Control:

- This project is led by the Opre Roma Association and members of other disadvantaged groups; it is a bottom-up approach and encourages community members to take action for their own issues
- Association members were encouraged to meet with Government and housing officials themselves and take control over the situation rather than relying on members of the Faculty of Public Health or other figures of 'authority' to speak on their behalf.

#### Education:

- The project provided funding for two community members to undertake English language courses. This was done with the aim of improving their education so that they were better able to find employment. In addition, having more members with English skills will help the community to better manage and bid for projects funded from outside of Hungary (such as DETERMINE).



### **Governmental structure:**

- Participants in the project were conscious of the impact that the Government, both at a national and local level, had on their behaviour. They noted that they were not aware of any incentives to motivate energy-conscious behaviour. For example, the price of garbage removal does not depend on the amount of garbage – people pay the same even if their container is empty.

### **Target Audiences and What Was Learnt About Them during the Project**

The Opre Roma Association involved a broad range of different stakeholders in their project, reflecting their commitment to changing the wider determinants that affect the community.

### **Roma Families living in the Domokos Márton Kert and Kishegyesi Complex:**

- The project involved families living in the Domokos Márton Kert and Kishegyesi social housing complexes in Debrecen
- The most disadvantaged community were those families living in the Domokos Márton Kert social housing complex – it will be evacuated and demolished in the near future, whereas the Kishegyesi street social housing complex in Debrecen will be maintained
- All members of both communities were invited to participate in the project. However, generally it was the members of the Opre Roma Association, or those with personal acquaintances with members who were involved. Nevertheless, even those that did not directly participate on the project benefited from activities. The project team felt that all families of the complex learned about the project due to other participants sharing their experiences and acquired knowledge
- At the start of the project some of the long standing grievances held between members of Domokos Márton Kert and Kishegyesi st. threatened to jeopardise participation. However, the Opre Roma Association held face-to-face meetings and mediated discussions with these communities to attempt to alleviate the heavier arguments. Nevertheless, such activity required a lot of time – many of the cases went back for years and had never previously been discussed
- The project team learned that Roma communities are not as unified and homogeneous as people might assume when looking in from the outside. The project uncovered a number of issues both within and between communities – some deep rooted problems that have been unresolved for years.

### **Members of the Mosolyvirág Association and other disadvantaged communities**

- Although the focus of this project was on the Roma community, the ethos of the project was one of inclusion. All members of communities were invited to participate if they were considered to be disadvantaged with regards to education, income, employment opportunities or housing
- The Mosolyvirág Association is formed of families with many children, many of whom experience disadvantage. In total, nine joined this project and shared what they learned with other families
- In addition, an attempt was made to involve families with at least 2 children living as tenants of social housing in Debrecen and they were invited to participate through the city's Family Help Services and the company that manages social housing in the city. However, these invitations (through mail, leaflets handed over in person, and posters in the Services) did not bring any participants
- Most members of the Mosolyvirág Association are not Roma and the project team sensed

serious reservations between Roma and non-Roma community members at the start of the project. The involvement of both Roma and non-Roma communities was made clear during the recruitment process and consequently, the project team made it explicit that no verbal or non-verbal hostility would be tolerated. The project team also asked for any potential arguments to be raised for their attention so they could be mediated.

#### **Transferable learning from working with disadvantaged Roma and non-Roma communities**

- The project team learnt that personal encounters between Roma and non-Roma in a non-judgmental and equal setting (i.e. where one is not the boss/interviewer) were the best way to decrease prejudice and help the other to experience the similarity of situations
- Difficulties experienced with recruitment taught the project team that public invitations to programmes were not very useful with disadvantaged groups. Establishing a personal relationship was more effective, with people more likely to participate if they knew the organisers and others who might participate – community members generally didn't like joining groups of strangers.

### **Faculty of Public Health of the University of Debrecen:**

- The Faculty of Public Health was a key stakeholder in this project. It has historically been a long-time supporter of the Opre Roma Association; providing it with an address and meeting place. Members of the faculty helped to facilitate Association meetings and provide guidance with the project, if needed.
- The Faculty has also carried out participatory action research on inequalities which it intends to use for scientific publications. This is with the aim of influencing other stakeholder groups such as academics and governments, thus strengthening a wider determinant approach to talking health inequalities.

### **Héra Family Help Service:**

- The Héra Family Help Service is responsible for helping families in need in both housing complexes involved (Domokos Márton Ker and Kishegyesi st.). Therefore, it is an important stakeholder to keep involved in the project.

### **Roma Self-Government of Debrecen:**

- The main aim of the Roma Self-Government of Debrecen is to help Roma communities preserve their culture, traditions and identity. They will help the Opre Roma Association implement the housing project that has been developed with DETERMINE funding.

### **Cívís Ház Ltd, the company managing all city property, including social housing complexes:**

- Cívís Ház Ltd. is a major stakeholder of this project because it manages the daily tasks relating to maintaining social housing complexes. Although they act on decisions made by the City Government, they still play an important role in influencing decisions.
- Once the proposal to Habitat for Humanity for the housing project is accepted, the Opre Roma Association will propose its plan submitted to Habitat for implementation in conjunction with Cívís Ház Ltd.

### **City Government of Debrecen:**

- The City Government is a major stakeholder, however, at present they are a target rather than a supporter. The project team will start negotiations with the City Government once the proposal to Habitat for Humanity is accepted.

### **Habitat for Humanity**

- An end goal of this project was to submit a proposal to Habitat for Humanity to request funding for the housing plans developed – therefore the project team ensured that the information collected was in the correct format and included the right level of detail for this stakeholder.

### **Evidence of impact on health:**

Impact on health was measured quantitatively through self-completion questionnaires that were either completed individually or with the aid of a project team member. On balance, changes in attitudes and knowledge between the start and end of the project were positive on most measures. However, as noted previously, in part due to low base sizes, the changes were not statistically significant. The questionnaire focused on the following health domains.

- Self-reported health status (perceived health) – this is measured on a 5-point scale (very good/ good/ satisfactory/ bad/ very bad).
  - Before the programme 16.67% of the participants felt their health was bad/very bad, at the end 11.11% thought the same. This was a 5.56% improvement, though not statistically significant. ( $p=0.629$ ). However, the sample size was too low ( $n=18$ ) to detect significant changes.
- Sense of coherence
  - The mean sense of coherence score at the start of the project was 60.29 (SD: 14.4, min: 39, max: 86) on a scale potentially ranging from 13 to 91. By the end of the project, this grew to 64.53 (SD: 7.55, min: 48, max: 76), representing a 7% improvement – higher points mean greater sense of coherence. However, this was not statistically significant ( $p=0.29$ ).
  - However, it should be noted that sense of coherence was measured in 2007 among the inhabitants of Domokos Márton Kert ( $\bar{x}=50.66$ , SD:3.47) and compared with this,, there was a 13.86 point significant increase ( $p=0.0007$ ) by September 2009.
- Mental distress – this was measured by the GHQ-12 questionnaire.
  - The mean at the start of the project was 25.58 (SD: 6.20, min: 18, max: 43), by the end it decreased to 21.82 (SD: 4.66, min: 16, max: 32) – this was moderately significant,  $p=0.054$ .
  - However, taking into consideration the relatively small sample size ( $n=17$ ), this change may be more meaningful – lower GHQ can mean lower mental distress.
- Satisfaction with life
  - The mean satisfaction score was 48.8 (SD: 8.78, min: 33, max: 60) at the start of the project, and rose to 54.56 (SD: 8.57, min: 35, max: 67) by the end which was a moderately statistically significant increase ( $p=0.074$ ).
- Locus of control of own health - measured by the question: “How much can you do for your health?” (Nothing at all/ not much/ much/ very much/ I don’t know).
  - Before the visits, 16.67% (SD: 0.08) of participants answered that they could do nothing/ not much for their health; this decreased to 5.56% (SD: 0.05) for the end of the project. The 11.11% improvement was not significant ( $p=0.289$ ).
  - The proportion of those who stated that they could do much/ very much for their health before was 83.33% (SD: 0.08), this increased to 94.45% (SD: 0.05), although not significant,  $p=0.288$ .

### **Changes in participants’ knowledge, attitudes and behaviour:**

In addition to monitoring impact on health, this project measured changes attitudes towards environmental issues. Although no significant quantitative differences were found, the project team observed positive changes in behaviour among participants.

- Attitude to saving energy –measured with a visual scale, with 0 = that saving energy is not important at all, and 10 = saving energy is most important.
  - The mean score at the start of the project was 8.89 (SD: 1.59), after the visits 8.78 (SD: 1.53), no significant difference was found ( $p=0.859$ ).
- Attitude to saving water – measured with the scale 0 = saving water is not important at all to 10 = saving water is most important.
  - The mean before the visits was 8.50 (SD: 2.51), after the visits increased to 8.63 (SD: 1.80) however, this was not significant ( $p=0.833$ ).
- Although changes in attitudes proved not to be statistically significant, members of the project team strong felt that energy and environmental awareness was raised during the project. They cited the following examples of proof of change:

- During the weekend trips, garbage was collected in the bus and adults and teenagers kept an eye on littering children and asked them to pick up after themselves. In addition, they also paid attention to switching off the light when coming out of rooms.
- After the final meeting, all participants helped collect garbage at the meeting place without being requested to.

## Kralji Ulice

The *Kings of the Street* project touched on a number of different social determinants of health, with the aim of improving the quality of homeless health overall. In particular, it focussed on:

### **Social environment:**

- The project tried to influence the social and economic circumstances in which people live. Homeless people are confronted with a range of concerns such as insecurity and low levels of self-esteem, social isolation and lack of control over different elements of their lives, all of which have a strong impact on health. Such psycho-social risk factors accumulate during peoples' lifetimes resulting in poor mental health and premature death. Long-term concerns, uncertainty and a lack of social networks, are regularly encountered by the homeless and can have a harmful impact on their health
- The project tried to influence users' social environment through the provision of activities such as selling the street paper, outreach work, drop-in day centre, resettlement projects, workshops, sport and cultural activities
- The project also provided its users with assistance in obtaining financial support, arranging basic health insurance, obtaining health cards and medical drugs without additional charge.

### **Housing:**

- The housing resettlement project run by the Association aims to help homeless people get access to housing to enable them to gain more independence and autonomy over their lives. The project also linked its users to available shelters and helped with their applications for medium-term housing contracts and other resettlement programmes. An example of the role the Association often plays is in the situation where users of the service don't have a fixed address to get a bank account, without which, they cannot access medium-term housing contracts. The Association helps these users fill in application forms and use the address of the organisation as a point of correspondence
- The organisation also has a program to help vulnerable groups overcome obstacles towards independent living. These are skills such as managing money – for example, saving money, dealing with payment of living costs, managing the household, building relationships with co-residents and neighbours, time management, caring for their own personal space and environment and arranging personal documents.

### **Employment:**

- Homeless people are able to sell the *Kings of the Street* magazine which helps to strengthen the skills required for regular employment and provides an income. In addition, it offers the opportunity to participate legally in the economic sector and people take steps towards being an active member of society

- Skills sessions were also provided to equip users with skills that might help them attain employment. In addition, the increased self-esteem generated through undertaking these classes was beneficial for future employment.

#### **Education:**

- The project runs 'University under the stars' which offers a range of informal learning and cultural activities – including creative writing and drama courses, designed for socially excluded individuals with fewer opportunities for education.

#### **Social Networks:**

- The project offered social support and opportunities for users to help widen their social networks. Linking into Dahlgren and Whitehead's determinant model 20, the project looked to strengthen social and community networks such as interactions with friends, family and the community
- Articles in the regular King's of the Street paper were designed to reduce the stigma around homelessness with the aim of greater inclusion among the general public. In addition, collaboration with academic institutions and other experts was aimed to strengthen the voice of vulnerable groups
- Homeless people are constantly faced with poverty, which tends to bring greater social exclusion and isolation. Through this target of providing a social network, the aim was to give users a feeling of security, personal values, respect and love.

#### **Providing a healthier environment:**

- The project offered the homeless the opportunity of a daily stay in their drop-in day centre, visitors were also offered cold and hot drinks and healthy snacks. The project believes that access to good quality affordable food is more important than simply learning about health. Therefore, it distributes fresh fruit daily
- Those in the supported housing project weekly prepare a healthy meal in their apartments on a weekly basis together with professional workers.

#### **Reducing the use and impact of alcohol and drugs:**

- The homeless population are often confronted with a predisposition to alcohol, drugs and tobacco and this is subject to the general social orientation. Causality is likely to take place in both directions. Alcohol and/or drugs (ab)use can alleviate the pain caused by the difficult economic and social conditions, on the other hand alcohol and/or drug dependence can exacerbate these problems
- The project helps to inform homeless users about projects for drug treatment, safer drug use and supports them in different projects as an alternative family. In addition, it distributes sterile syringes to homeless drug users (harm reduction).

#### **Target Audiences and What Was Learnt About Them during the Project**

This project segmented its audience into three main groups that it looked to influence. This reflects its wider determinant approach to addressing the challenge of being homeless, by addressing wider society and decision makers/influencers.



### **Homeless and other excluded individuals:**

- The homeless were the key target audience of this project and consequently they were the main creators of what the project involves helping to design, undertake and manage different elements
- The project aimed to approach the homeless on their own territory and environment and used a push/pull approach to engaging with the homeless population –with out-reach services (push) and the provision of a drop-in centre (pull). The project used a “snowballing” technique to identify new contacts from existing users.

### **The whole community:**

- Communication was established with the wider community through articles in the street paper. The paper had a wider variety of different articles described the seriousness and complexity of problems in public health care system for vulnerable groups and suggests possible ways that the wider public can help. Each version of the paper included articles written by the homeless and other vulnerable group so that their voice could be heard by the wider public
- The street paper aimed to influence public opinion not only to reduce social exclusion of the homeless population, but also to lobby the Government to make policy decisions.

### **Expert groups, the media and government:**

- Reflecting the wider determinants of health approach, this project looked to target decision makers and those who could influence their decisions. It co-organised two professional meetings that brought together representatives from the homeless population, decision makers, experts and the media. It also had one broadcast on National television about the Slovenian health system and homelessness.
- The Association also helped organise an awareness raising event, “A week of health equality” and a professional meeting titled “We are a hospital, not a social institution” to stimulate better inter-sectoral collaboration between public health and the social sector (Ministry of Health; Ministry of Labour, Family and Social Affairs; Institute of Public Health and also non-government organisations).
- Team members of Kings of the Street and homeless and vulnerable groups provided expert and laic articles in the paper to influence public health care institutions. The paper is distributed monthly to government and non-government institutions such as: Ministry for Health, Family and Social Affairs, University Psychiatric Centre Ljubljana, University Psychiatric Centre Ljubljana, Psychiatric Hospital Idrija, Stigma (an organisation that works with drug users), Homeless Shelters, Pro bono dispensary, Centres of social work and other organisations that work with the homeless.
- Members of the Association undertook research that was part funded by the Ministry of Health about accessibility to health services for the homeless; Homelessness, health and availability of health service in Slovenia, to inform non-governmental institutions and also encourage them to employ and include medical and nursing staff.

## Quantitative judgements:

→ Approximately 80 homeless people sell the street paper and are involved with the Kings of the Street Association.

→ The impact of the project was assessed with the following indicators:

- number of contacts within outreach work
- number of visits in the drop-in daycentre
- number of distributed copies of street paper
- number of distributed material for injecting drug users
- number of homeless involved in sports and other activities
- number of visits of health care institutions and other organisations
- age and gender structure of homeless
- number of media involved in wider debate about public health system

→ The table below shows an analysis of the outreach reports:

	Number of contacts	Male	Female	Conversation/ interview	Information	Advice/ Counselling	Monitoring	Visit to 'base' (emergency accommodation)	Other
Sep 08	61	55	6	47	35	25	19	28	19
Oct 08	45	35	10	44	30	23	13	19	12
Nov 08	43	37	6	38	31	15	16	30	20
Dec 08	40	33	7	32	24	12	10	17	21
Jan 09	29	24	5	24	13	9	5	11	12
Feb 09	28	23	5	21	14	11	9	12	6
Apr 09	28	22	6	25	9	6	7	11	17
May 09	22	18	4	21	12	9	12	13	15
Jun 09	48	31	17	29	9	4	4	8	10
Jul 09	16	16	0	12	10	2	3	0	1
Aug 09	10	6	4	6	5	3	4	0	1
Sep 09	14	10	4	7	3	2	4	1	7
<b>TOTAL</b>	<b>384</b>	<b>310</b>	<b>74</b>	<b>306</b>	<b>195</b>	<b>121</b>	<b>106</b>	<b>150</b>	<b>141</b>

## Health promotion with obese inactive men in Guldborgsund, Denmark

This project aimed to influence the behaviour of three different groups: employees, employers and fast food providers. This reflects its wider determinants approach to addressing the issues of inactivity and poor diet in their target audience.

### Employees:

- The main target audience of this project were employees at the two organisations involved. In general, these were men with little or no education who tended to work in shifts and eat at roadside kiosks, local supermarkets, bakeries and butcher shops where the menu is limited and it is difficult to get a healthy meal. All employees were in jobs that did not promote physical activity in the workplace. This group of 'employees' can be split into three groups: blue-collar workers at Hardi, white-collar workers at Hardi and bus drivers from Nymand Bus Company (BC)
- The blue collar workers at the Hardi production unit in Nr. Alslev were generally those without a skilled education.
  - The target group is mainly men although there was a group of 40 women (out of 521) who were invited to participate in the project
  - The total number of staff at Hardi reduced from 521 to 250 as a consequence of the global recession
  - Feedback to the project team indicated that in the beginning this group were not keen to be involved in the project, however grew more positive and interested as the project continued
  - The project team report anecdotal feedback that there has been interest in a count your steps competition and that a number of workers have been more active.
  - The main findings from qualitative research that was undertaken with this group that fed into the development of the project were to:
    - Hire a masseuse, chiropractor; and physical therapist to teach correct work positions and movements at each job station
    - Request the employers to offer better options for job rotation
    - Offer obese factory workers consultations with a dietician and remove unhealthy foods from the cafeteria and vending machines. In addition, hire a chef in the work canteen
    - Design a gym with exercise machines and give workers free access to the local pool
    - Continue offering health checks and arrange a *we bike to work* competition
    - Put smoke detectors in the bathrooms.
- White collar employees in the Hardi administration unit (administrators, economists, engineers) were included in the health promoting project
  - The project team reported that a larger proportion of this group are now participating in running
  - Some have started in a fitness centre and others have got a more demanding training program.
- The third target group of employees were bus drivers from Nymand Bus Company (BC).
  - The project team report that this group were very interested in the first health test and the count your steps competition and barbecue.
  - However, interest and enthusiasm in the stop smoking sessions were low.

### Employers:

- The project team at Hardi included representatives from human resources, the production unit, trade unions and a health ambassador. This diverse group of representatives from the company were joined by the project manager from the Municipality of Guldborgsund. The board met monthly to update on progress and make decisions about next steps.
- Feedback from the DETERMINE site visit indicated that, although the project team at Hardi involved a broad range of representatives, it may have had more influence/ increased effectiveness if it had involved more senior members of the company.
- The project team at Nymand BC included the owners of the company and representatives from the Guldborgsund municipality.
- Both organisations were encouraged to participate in this project with the following benefits:
  - Improving the health of their workers increases the possibility of reducing level of absence due to illness.
  - The workplace may get more satisfied workers.

### Fast Food Suppliers:

- The project sought to involve fast food providers to encourage them to offer healthier foods to their customers.
- At Hardi, the project team worked with the local food producer Slaughter Putte who provided the food to the company.
  - Together with Slaughter Putte, the project introduced a plan for healthier food to be made available in the company. The plan involved relatively simple changes such as larger amounts of full corn in the bread and less fat and sugar.
  - Feedback received by the project team and Slaughter Putte has been that, since the introduction of the new food scheme, nobody orders the hot plate which very often were the dishes with high levels of fat.
- The project team at Nymand BC also tried to target fast food providers who serve the bus drivers with 'easy to go' food.
  - However, this group has been very difficult to reach and influence.
  - The space in the kiosks is very limited and kiosk owners only want to keep food which has a long life, such as like frozen food. Consequently, the supply of fresh fruit and vegetables are limited.

## Appendix 3 : What next for the pilot projects?

Members of the DETERMINE consortium were keen to ensure that the projects funded were sustainable beyond their pilot status. In addition, it is important to understand how projects plan to disseminate information and learning they have gathered from the pilot process so that transferable lessons can be shared.

### Opre Roma Association, Hungary

The *Opre Roma Association* has submitted an application to *Habitat for Humanity* to apply for funding to implement the social housing project that was developed for the DETERMINE project. They are also planning to organise open forums to consult on future development of the project, which all participants of the project are invited to.

The project will house material it has produced for this project on its website; in addition it is printing a colour booklet on environmental issues produced in the project for all participants. The project team will also visit the minority ombudsman of Hungary and will present him with the Hungarian summary of the report and copies of the environmental booklet.

**Lessons for the future:** The project team will offer more opportunities for Roma and non-Roma communities to get to know each other at the start of a project in order to reduce distrust and prejudice, such as providing weekend trips or day-visits. In addition, team members conclude that hands-on experience is the most appropriate teaching route for this target group as opposed to lecture-style teaching of abstract ideas – therefore this approach will continue.

### Kings of the Street, Slovenia

The *Kings of the Street* project anticipate that they will continue with current activities after the DETERMINE funding has finished and hope that the project will grow. In 2009, the project received funding from the Ministry of Health and this will be used to continue developing the project so that it addresses the needs of the homeless. The project team also want to expand their work focussing on changing the attitudes of the wider public to the homeless.

**Lessons for the future:** The project wishes to continue using a wider determinant approach by ensuring greater cooperation with government institutions in the field of health to attempt to influence legislation.

### Municipality of Guldborgsund, Denmark

The project at Hardi will continue with greater involvement from the health ambassadors. The health tests will be maintained and the HR manager will continue monitoring the physical and psychological work environment. The project at Nymand Bus Company will continue receiving support from the health consultants.

The findings from this project will be implemented in the health policy at the two workplaces in addition into the future activities of the municipality concept of “The Health Promoting Workplace”. The results from the health tests will be pulled into an anonymous database and used to benchmark against other workplaces.

**Lessons for the future:** The Public Health team feel that this project has underlined the importance of the public sector becoming involved in the workplace for health promotion projects.

