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ACTION-FOR-HEALTH

Reducing health inequalities by preparation for action plans and structural funds projects

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About the project

General objective of the project was to improve health and quality of life of citizens by addressing health inequalities (HI) by means of health promotion (HP) and by increasing the capacity of stakeholders within European regions to use health promoting interventions to effectively address HI as a core part of regional action plans. Project connected 10 countries from different parts of EU in a meaningful partnership, using their existing capacity in reaching synergistic and sustainable effects. 3 countries are "old" member states and 7 are "new" member states. The project increased the capacity at regional level, which has already been identified as an obstacle in the use of structural funds (SF).

The general objective has been achieved through the implementation of 6 specific objectives:

1. To carry out the situation overview and needs assessment with regard to basic socioeconomic determinants of health and structural funds plan at country level and in one chosen region. We have used the common methodology and already available data and knowledge. In this objective we have implemented the part of the overall project approach, in transfer of knowledge between partners. The partners from UK (theory of HI, HP and SF), the Netherlands (methodology of needs assessment, data collection) and Slovenia (common approach at regional level) transferred their existing knowledge and approaches to other project partners. We used existing data in order to save resources for the preparation and the implementation of action plans. The deliverable of the objective was the booklet entitled "Situation analysis and needs assessment in seven EU-countries and regions".
2. To identify examples of good practice for tackling HI in partner and other EU countries. The partners identified examples of good or promising practice in their countries in order to explore the former or current work in the area of HI and to eventually establish partnerships in their environment.
3. To increase the capacity of public health professionals (PHP) to reduce HI. The objective is to support the knowledge transfer between project partners by organising the training (M7), the summer school (M13) and the final conference (M22). Each of the five joint meetings of all partners has been used for capacity building; hence this was a continuous process throughout the project, supported by printed materials and e-tools. We have expanded the target groups from one event to the next.
4. To prepare the action plans for tackling HI by means of health promotion at regional level, compatible with structural funds criteria. 6 project partners from "new" MS and 1 from "old" MS prepared regional action plans for one chosen region in respective country. The regional action plan serves as a guidance and a tool for regional stakeholders, health experts, local politicians, NGO's, other compatible sectors e.g. education, to start joint actions toward a common objective.
5. To implement one objective from the action plan in each region/country. The implementation is a test of appropriateness and acceptance of the approach in local/regional environment. It serves as an evidence of effectiveness of the action plan to decision makers and as a motivation to support further steps.
6. To increase public health capacity to address HI by using structural funds. The participation at the summer school, training and final conference was aimed at the presentation of and the discussion on structural funds. Partners shared their information and gained new knowledge on this important topic.

Implementation

Figure 1:
Project partners at the meeting in Murska Sobota

The core project activities were based on the horizontal transfer and adjustment of the bottom-up approach, which was developed, implemented and horizontally transferred in Slovenia. In order to achieve successful implementation of the approach, the project was structured into 3 major phases.

The first one was situation analysis, needs assessment and identification of good or promising practice examples, using the common methodology and following the provisional project vocabulary in order to ensure common project terms. We have decided to make the transfer of the approach in 7 out of 10 partner countries, because UK, the Netherlands and Slovenia already have several national or regional plans or policies to address health inequalities. The methodology for the first phase was developed by WP4 leader (CBO) with active participation of project partners. We decided to use all available data bases as the most cost-effective way to create a general picture of the situation on country level and more detailed situation analysis in one chosen region in each of the 7 countries. We have produced a booklet describing the methodology and the results of this project phase which is available in printed and e-form. The aim of the booklet is to support the dissemination and sustainability of project results.

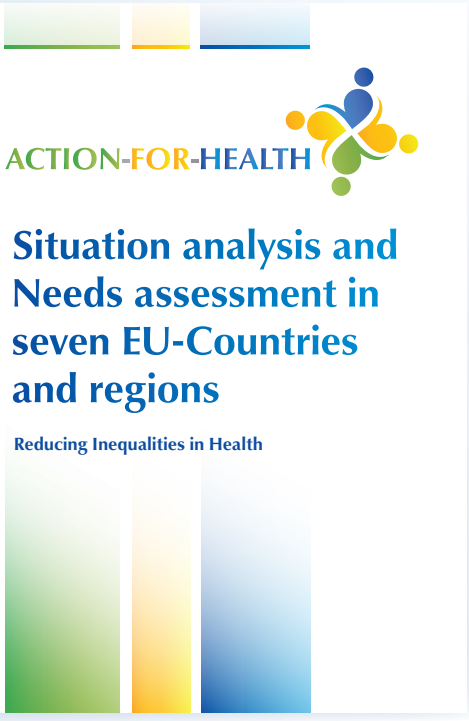

Figure 2:
The first part of publication trilogy

Figure 3:
Summer school interactive workshops

The second phase of the project was the preparation of regional action plans in seven regions. The partners went through the capacity building event, where they actively took part in interactive workshops about health inequalities, strategic planning, priority setting and applicative health promotion. All partners agreed upon the common methodology in the preparation of regional action plans. The main results of second project phase were seven regional strategic action plans to tackle health inequalities by means of health promotion. All action plans are available as printed or e-publications on project and partners' web sites.

Figure 4:
Summer school interactive workshops

Figure 5:
Measurement of risk factors for CVDs, Slovakia

The third phase was the implementation of one strategic objective in 7 regions as an evidence of effectiveness for target groups, stakeholders and partners. Each of the 7 partner organisations implemented one strategic objective in the region, promoting healthy lifestyle in particular vulnerable group in the collaboration with partners from the environment. Throughout the project we successively performed capacity building activities in the areas of HI, health promotion and structural funds, which led partners from one project phase to the next. Each project phase was supported by printed and e-publication.

Additionally, we have produced a Distance Learning Tool (DLT). This audio-video tool in English will contribute to the capacity building of wide range of PH experts and increase sustainability of project results. The DLT is also accessible to persons with special needs since all lectures are audio and video recorded.

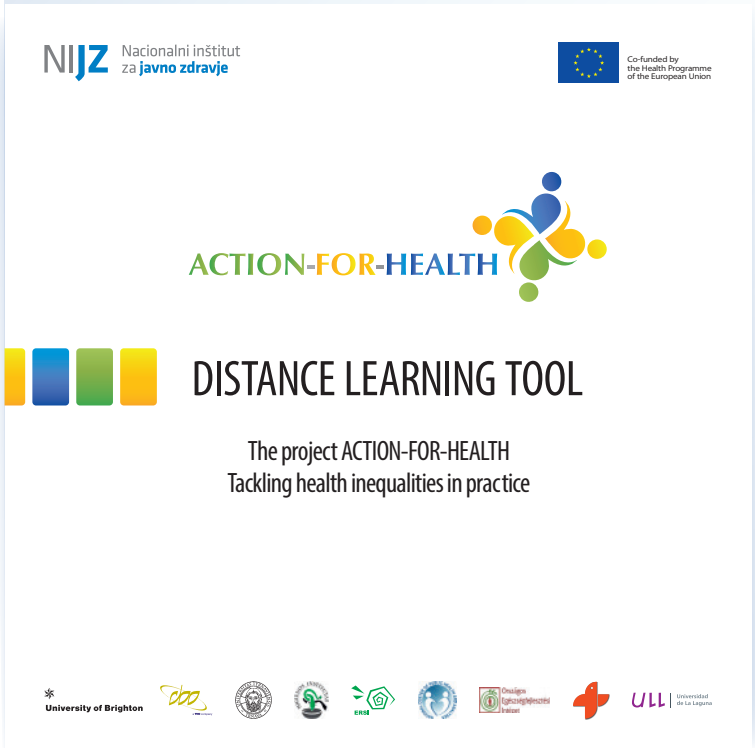

Figure 6:
Distance Learning Tool

Evaluation

The project evaluation was continuously performed by WP 3 leader, University of Brighton and comprehensively documented at the Interim and Final evaluation report. We cite some of the findings from the Final evaluation report: "WP3 aimed to monitor, document and evaluate the process, output and outcomes of the project. WP3 aimed to support the coordination of the project as well as all project partners, by ensuring that objectives, deliverables and milestones were met according to the project proposal. Six objectives with corresponding indicators were developed and elaborated in detail with the project coordinator. The fulfilment of these indicators was evaluated with a combination of different quantitative and qualitative research methods. Evaluation data demonstrate that the project was successful in the achievement of all objectives, milestones and deliverables and in some cases, such as pilot activities went beyond what was required demonstrating further added-value of the project. Partners reported that they have benefitted personally (e.g. increased skills and knowledge) and institutionally (e.g. new partnerships and collaboration, increased institutional capacity regarding addressing HI) from the project." (Gugglberger, Sherriff, 2014).

Figure 7:
Summer school interactive workshops

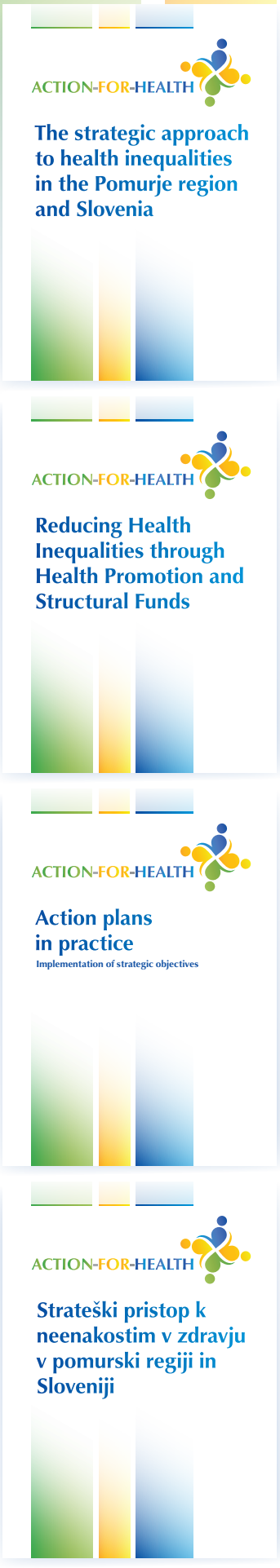

Figure 8: *Project publications*

Dissemination

Dissemination plan has been proposed by coordinator and adopted by consensus of all partners. Targeted dissemination activities were present from the early beginning of the project. All common project dissemination materials are in English. Beside common project materials, each partner translated or produced additional materials in country language, increasing the visibility and awareness. The project website was active at the time of the kick-off meeting enabling very early visibility of the project. Project leaflet was disseminated by all partners throughout the project. Dissemination materials are: 5 project booklet publications in printed and e-version, DLT (e-version, CD), 7 action plans (in English/country language) in electronic or printed version, leaflet, posters and peer reviewed paper. Project booklets target public health professionals, policy and decision makers. Seven action plans target stakeholders on regional level, policy makers on regional and national level. The peer reviewed paper and posters target academic community and public health professionals. Leaflet and project activities target general public and vulnerable groups – end beneficiaries.

Results

The project resulted in increased capacity of public health experts and partner institutions in the fields of health inequalities, health promotion and knowledge on structural funds. Strengthened existing and established new partnerships represent an added value of the project, which is the potential guarantee for the sustainability of results. Action plans can serve as a guidance for PH professionals to continue with efforts on addressing health inequalities. Since all action plans are adjusted to regional/local environment, culture and needs, there is a reasonable potential of the horizontal transfer of this bottom-up approach to other regions within participating countries and consequently impact on national policy level. Among the most important impacts is definitely the pilot implementation of one strategic objective. Although in small scale, this was the actual interaction with the end user. All partners chose the most vulnerable group or the most prominent public health problem. The pilot implementation enabled actual "in field" testing of each action plan. The feedback from target groups was very good in all regions. The target groups, community, stakeholders and public health professionals got evidence that the regional action plan is actually useful and implementable.

The horizontal transfer of the bottom-up approach, increased capacity and partnerships are strategically the most important impacts.

Conclusions and recommendations

We can conclude that the ACTION-FOR-HEALTH project achieved all objectives and even produced an added value. The robust bottom-up approach for the region in the region has proved that it can be transferred to all EU member states - "new" and "old" ones.

The approach results in the increased capacity on regional level which has been already identified by EU as an obstacle in access to structural funds.

It was very challenging to modify and adjust the basic approach to different socio-economic, health and cultural environments, but it was successful.

Partners recommend the continuation of implementation of action plans, since its feasibility and acceptance by target groups was demonstrated. Partners also recommend building partnerships in environment to perform joint actions. The pilot implementation of project activities directly to target groups provided added practical value to the project. Increased capacity of public health professionals, regional action plans and partnerships strongly support the sustainability of project results at regional level.

Figure 9: *Implementation of strategic objective, Croatia*

Building capacity on local/regional level should go hand-in-hand with other top-down approaches.

Although the capacity has been evidently increased, we recommend further support to make the approach rooted into local environment and support its transfer to other regions because of the following reason:

- The project took two years, what is sufficient time to increase the capacity and short-term results, but very short time to achieve mid- or long-term impacts.
- More time and resources is needed to establish the changes and processes in the environment.
- We have realised that structural funds are a very complex issue with large variation in organisation, structure and topics between countries. The successful approach to the SF needs additional efforts from project partners and other interested stakeholders at regional/local level.

Concerning Slovenian experience, continuous support from regional or national level as well as personal commitment are necessary for the continuation of the implementation of strategic objectives.

Figure 10:
Participants of the Summer School

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