Second Project Meeting (7 July 2011)

Meeting report

**Chair:** Caroline Costongs (Deputy Director EuroHealthNet)

**Participants:** Sara Bensaude de Castro (IUHPE, France); Bruno Buytaert (VIGeZ, Belgium); Justyna Car (NIPH-NIH, Poland); Noelle Cotter (IPH, Ireland); Sara Debenedetti (IUHPE, France); Mojca Gabrijelčič Blenkuš (NIPH-IVZ, Slovenia); Lorenzo Gios (CRRPS, Italy); Hana Janatova (SZU, Czech Republic); Pania Karnaki (Prolepsis, Greece); Yoline Kuipers (EuroHealthNet); Claudia Marinetti (EuroHealthNet); Owen Metcalf (IPH, Ireland); Clive Needle (EuroHealthNet); Sharon Rawlinson (NHS Sefton, UK); David Ritchie (NHS North West/Sefton, UK); Marielle Schipperen (NIGZ, the Netherlands); Agnes Taller (OEFI, Hungary); Nicoline Tamsma (RIVM, the Netherlands); Malcolm Ward (PHW, Wales); Paula Wheeler (NHS North West/Sefton, UK); Chris White (NHS North West/Sefton, UK); Caren Wiegand (BZgA, Germany); Charlotte Wirli (FGO, Austria); Liviana Zorzi (EuroHealthNet)

**Apologies:** representatives of all associated partners were present.

**Presentations:** Available online at [www.health-inequalities.eu](http://www.health-inequalities.eu)

### Opening: School Fruit Scheme

Mojca Gabrijelčič Blenkuš (NIPH-IVZ Slovenia) presented on the EU School Fruit Scheme (SFS) and highlighted the following points:

- The SFS is a “unique policy”, as it is an EU regulation that is implemented in all Member States (MS) according to their strategies and contexts. It can almost be compared to a ‘clinical controlled trial’, as the same Regulation is being implemented in 27 different settings. It therefore offers an interesting opportunity to study why the Programme works in some contexts, while in other countries it is less effective or successful.

- According to the EU Regulation each country has to appoint a SFS National Focal Point (NFP), which is usually based within the Ministry of Agriculture. However, it has been shown that it
is important to involve other sectors as well. By having a cross-sectoral collaboration in place (health, agriculture, education) the scheme has turned to be more successful.

- The first evaluation of the SFS (school year 2009 – 2010) was carried out during the Slovenian EU presidency; a brief questionnaire was sent to the Ministries of Health of the different MS – at that time 23 countries participated in the programme. Currently, the Commission is conducting a second evaluation, which involves all MS.

- EuroHealthNet, together with NIPH-IVZ in Slovenia, will carry out an analysis of partnership within the School Fruit Scheme in light of the Crossing Bridges project. The following decisions were taken regarding this work:
  - We should avoid duplicating any part of the formal evaluation that the European Commission is currently conducting. The undertaken work should therefore only focus on the process and quality of intersectoral collaboration within the SFS, as this is not incorporated in the approach by the Commission. Additionally, it should be a ‘light exercise’ with short questionnaires, and should not require too much effort and time from the respondents and interviewees.
  - A set of specific questions will be submitted to each NFP per Member State, and this person will be asked to forward a second questionnaire (maximum 2-3 questions) to the other two ministries involved in the Scheme.
  - We should connect with other initiatives (e.g. Nutrition in Schools project by WHO, Healthy Schools)
  - As an end result, we should aim to produce 3-5 key messages that we could communicate to the European Commission and also use in light of the work that the two Focus Area Groups are undertaking.
  - The three DG’s of the Commission (Health, Agriculture and Education) will be informed and kept up to date about this analysis of partnership.

Session 1: Capacity building (WP 5)

Sharon Rawlinson presented on the work strand regarding Capacity Building on HiAP.

The following issues were discussed regarding the Needs Assessment Questionnaires:

- In order to organise useful capacity building training workshops, it is important to assess what the current needs are regarding health in all policies approaches. Sharon will therefore disseminate two different Need Assessment Questionnaires (NAQs), which will help to develop the content and structure of the Capacity Building training that will take place early next year:
  - The Organisation NAQ aims to get insight on the situation within organisations regarding HiAP approaches. Partners will be asked to complete this questionnaire focusing their own organisations/institutions.
  - The Capacity Building NAQ has to be forwarded by the partners to a total of 5-10 public health professionals from at least 2 -3 different organisations (including the partner’s own organisation)
Some partners indicated that it is preferable to translate the questionnaires into the national language of the country, while others said this is not needed. The WP5 leading organisation has budget to pay for translation were needed. The idea of conducting telephone interviews to get over language difficulties was rejected due to the necessity of anonymity.

Partners expressed the need to have a glossary to make sure that everybody understands what is meant with certain terms.

The following issues were discussed regarding the **Capacity Building Training**:

- The Capacity Building Training will take place in the Netherlands on the 17th and 18th of January 2012 and will focus on negotiation skills, partnership engagement, and leadership and management issues. It will thus address how to successfully (start) working together with other sectors. Trainers should be willing to challenge people and to build confidence among people from different sectors and with different backgrounds.
- Each partner should identify attendees for this training. These people should be public health professionals (not necessarily health inequality experts) who ideally have already established good links with other sectors. Senior managers are preferred rather than junior professionals.
- Project partners who are not in WP5 but who are however interested to be part of the capacity building work, are welcome to also identify Trainers and let them attend the meeting in January. The meeting has to be attended at their own costs.

**Other issues discussed:**

- The Capacity Building Training in January will be combined with a third project meeting, as it was agreed that it would be useful to come together one more time before the final event. Partners should still have sufficient budget to travel to the Netherlands.
- Regarding the Capacity Building Training, it might be useful to get in contact with organisations that are organising similar event. We can learn from each other and share materials, knowledge and experiences, and we should avoid duplicating what others are doing. Examples of such events are:
  - A HiAP meeting in Australia (Adelaide) that will take place in November this year.
  - The WHO Observatory is organising HiAP trainings in Spain and the Netherlands that target people working at ministerial level.
  - During the first week of December a HiAP and HIA event is taking place in Slovenia, organised by the WHO Venice office.

**Overview of important deadlines:**

- **9 September**: Partners will return both questionnaires (Organisation NAQ and Capacity Building NAQ)
- **9 September**: Partners will forward details (CV) of the identified Trainers
- **30 November**: Partners will submit training schedule (location and dates – at least one has to be organised between the 17th of January and the 20th of March)
Session 2: Focus Area Group (WP4)

The outcomes of the Focus Area Group meeting, which took place on July 6, were presented and discussed.

Highlights from the Focus Area Group on Transport/Planning presentation (Malcolm Ward, PHW):

- Nine case studies have been submitted, of which only 1 was implemented at the local level. The others were all implemented at national level.
- Realities are very different between the various levels of implementation, and sometimes HiAP approaches are actually easier to achieve at the regional or local level than at the national one.
- Often HiAP just “happens” without being clearly identified or structured. One of the conditions is that good cooperation between the health and other sectors has been established. Networking is the key.
- HiAP approaches within the Transport and Planning sector often deal with “well-being” and “quality of life”, and do not mention the word “health”, even though they are strongly linked to it.
- Health should be used as an argument to change policies. It is important to make a point and come up with arguments why health should be taken into account, and policies thus should be shaped accordingly.
- There is a lack of new “health indicators”. For example, knowing to what extent the number of people cycling instead of driving has increased is not sufficient. We also need evidence of what effects this had on people’s health status. That is, we need to know how much did people benefit from this extra amount of physical activity.
- WHO Rome has developed the “HEAT” (Health Economics Assessment Tool) on cycling and walking. More information about this tool can be found here.

Highlights from Focus Area Group on Education presentation (Noelle Cotter, IPH):

- There is no systematic approach in place regarding HiAP. HiAP is usually achieved because of the initiative of actors who are often working in sectors other than health. It is important to try to move from a champion approach to a systematic approach to ensure sustainability.
- When addressing health topics within education programmes, peer-to-peer approaches can be very effective. There might also be beneficial cascading effects taking place, which can go beyond the target group.
- We should highlight which role health can play for education. It is important to understand what the incentives are in the different sectors to implement HiAP, and then stress on relevant evidence (i.e. cost effectiveness).
- Two different types of HiAP approaches can be identified in this setting:
  - Health Promotion initiatives that are taking place in the education setting
  - Education policies where the health sector happened to get involved.
- It is important to focus on incentives to convince other sectors to get involved. Also, communications (marketing and technology) can play a powerful role.
- In the implementation of HiAP three factors play a key role: legislation, political leadership and community/civil society involvement.
These presentations were followed by a discussion on the **DELPHI method** led by **Claudia Marinetti (EuroHealthNet)**. The DELPHI method will be used to review the HiAP methodologies identified by the focus area groups, and to receive further input from various experts. Outcomes of the discussion were:

- The DELPHI experts will be identified once the Focus Area Reports are finalised. Most likely, EuroHealthNet will select 5-6 people to fulfil this role.
- These people will not only be EU experts, but also people who are working at the local and ‘grass root’ level and thus have to deal with the implementation process of HiAP themselves. It will thus be a mix of people working at different levels, with a different level of expertise.
- The group selected will consist of representatives from various countries, and won’t be too UK-focused.
- EuroHealthNet will get in contact with HAPI regarding the selection of experts they are conducting at the moment in light of the Equity Action.

### Session 3: Evaluation (WP3), Dissemination (WP2) and Coordination (WP1)

The overall positive **evaluation** results of the kick off meeting were presented by **Pania Karnaki (Prolepsis)** together with some initial evaluation results of the focus area group meeting on the 6th of July were shown. Partners agreed on almost all the evaluation indicators that PROLEPSIS wishes to use. PROLEPSIS will further discuss with the Focus Area Group Leaders how best to evaluate the reports. External evaluators will be identified to judge the quality and usefulness of the NAQs.

**Yoline Kuipers (EuroHealthNet)** presented the new **Health Inequalities portal** and partners agreed with the approach and developments. Partners asked if a page could be created where health inequalities data from the global level (WHO) can be found as well. Also, information regarding geographic systems (HEIDI and I2SARE project) should be integrated. Before launching the website, a strategy has to be developed that sets out the aim and goals of the site: How do we want to use this new Portal?

Various ideas regarding **dissemination materials** were discussed too. Partners decided to develop an electronic leaflet (in English, if partners wish to translate they can do that by using their translation budget) and to develop another dissemination material at a later stage (e.g. for the final event).

The meeting was concluded with some notes regarding **final Crossing Bridges event** by **Clive Needle (EuroHealthNet)**, which will take place in May or June next year. EuroHealthNet will organise again an ‘Equity week’, and the Crossing Bridges final event could be the opening event on the first day. The second day of the Equity Week would consist of an event that focuses on EU2020 and social and economic approaches, and the third day would be EuroHealthNet’s General Assembly.

Partners discussed whether we should take an ‘internal approach’ and thus only invite the relevant and close stakeholders, or to take an ‘external approach’ and also ask other and a wider range of stakeholders to attend our meeting, from various sectors such as public health, transport, education, health, agriculture, research and development. A follow up email will be sent around later regarding this issue to all project partners.
Action Points and Main Dates

- **Finance & Administration:**
  - By 7th October 2011: Send Interim financial reports for the period 01 January 2011 - 30 September 2011 to Ingrid Stegeman (i.stegeman@eurohealthnet.eu)
  - By 7th October 2011: Send interim technical Reports to Ingrid Stegeman

- **Dissemination:**
  - September 2011: Launch of the new Health Inequalities portal

- **WP4 (Focus Area Groups):**
  - By 9th September 2011: First draft of Focus Area Reports to be sent to EuroHealthNet
  - By 23rd September 2011: Final Focus Area Reports due

- **WP5 (Capacity Building):**
  - By 9th September 2011: Organisation NAQ and Capacity Building NAQ to be returned to Sharon Rawlinson (sharonrawlinson@blueyonder.co.uk)
  - By 9th September 2011: Partners shall forward details (CV) of the identified Trainers to Sharon Rawlinson
  - By 30th November 2011: Partners shall submit their training schedule (location and dates – at least one has to be organised between the 17th of January and the 20th of March) to Sharon Rawlinson
  - 17th-18th January 2012: Capacity Building Training and 3rd Project Meeting (The Netherlands)
  - 20th March 2012: Capacity Building Feedback event for National Trainers (Manchester, UK)
  - By 13th April 2012: Partners shall submit reports on training to EuroHealthNet