Chair: Claudia Marinetti (Health Equity Project Coordinator, EuroHealthNet)

Participants: Sara Bensaude de Castro Freire (IUHPE, France); Ruth Davis (Verona University Hospital - Azienda Ospedaliera Universitaria Integrata Verona, Italy); Hana Janatova (SZU, Czech Republic); Pania Karnaki (Prolepsis, Greece); Yolinde Kuipers (EuroHealthNet); Owen Metcalf (IPH, Ireland); Helene Reemann (BZgA, Germany); David Ritchie (NHS North West/Sefton, UK); József Solymosy (OEFI, Hungary); Marielle Schipperen (NIGZ, the Netherlands); Nicoline Tamsma (RIVM, the Netherlands); Ruth Vandeweert (Logo Limburg, VIGeZ, Belgium); Malcolm Ward (PHW, Wales)

Apologies: Justyna Car (NIPH-NIH, Poland); Mojca Gabrijelčič Blenkuš (NIPH-IVZ, Slovenia); Ilonka Horvath (GOG, Austria)

Presentations: Available online at www.health-inequalities.eu

Outcomes School Fruit Scheme

- Partners indicated that it would be useful to have a list of the Member States and Regions in which the SFS has been implemented. EuroHealthNet and the National Institute of Public Health in Slovenia will therefore include such a list in the final report.

- Additionally, partners asked if it is also possible to include the names of government departments/organisations involved in the Programme in the report, as this would give them an idea of who is involved in the cross-sectoral initiative and who has responded to our questionnaire. Unfortunately EuroHealthNet is not able to do this. The questionnaire was filled in anonymously and details have to be treated confidentially. Especially since EuroHealthNet stated in the introduction text of the questionnaire that (contact) details would not be shared with third parties nor would we list respondents (beyond their sector and implementing state/region) in the final report.

- Partners raised questions about the timing and planning of the Evaluation process by the European Commission. In case there are remaining unanswered issues, or if partners wish to receive further information, please send an email to Linden Farrer (l.farrer@eurohealthnet.eu).
Partners supported the idea of describing (in detail) the process and method used by EuroHealthNet and the National Institute of Public Health in Slovenia to get hold of the contact details of the people involved in the SFS and to collect the responses. Especially the difficulties and barriers that were faced during this process should be defined, and recommendations on what could be done differently next time should be included.

Concerns were raised about the value and representativeness of the responses, especially for the Education sector as only 2 responses have been received so far. EuroHealthNet and the National Institute of Public Health in Slovenia will highlight this issue in the final SFS report and make sure the interpretation of the results by the readers is as accurate as possible.

Analysis of the three Focus Area Groups: Extrapolating the keys to success

The keys to success are interesting outcomes, but they are produced by people working in one sector: the public health field. It would be great if we could now ‘test’ our outcomes and our ideas of how successful cross-sectoral approaches should look like, with people from other sectors. Unfortunately the project doesn’t allow us to do so (due to limited time and resources), but perhaps the final event could play a role in this.

In the report we will make it clear that the results should be considered within the context and culture in which they were generated. Most outcomes depend very much on the environment in which cross-sectoral initiatives are developed and implemented. E.g. feasibility might be low in one country or one specific context, while in another country or context the feasibility might be very high.

It would be great if we could link the outcomes of the work of the Focus Area Groups to economic arguments, and to be able to show the cost-benefits of investing in Health in All Policies approaches. EuroHealthNet will take this into consideration and will investigate whether we have the resources available to make such links. If not, it could be a recommendation in the final report.

Feedback from the HiAP Experts’ Group: Outcomes

EuroHealthNet will develop a summary report of the outcomes of the HiAP Expert Group meeting. This report will – among other things – include a model based on the keys to success that were extrapolated from the case studies and rated by the HiAP experts. Participants made it clear that it would be useful if we could develop a general model that shows step-by-step how an effective Health in All Policies initiative can be established and implemented. However, the other keys to success that will not be included in this model (the ones that were considered to be less important by the experts), should be included in the report too. Again, as it very much depends on the context in which a HiAP approach will be developed, readers of the report should have the access to the additional keys to success to decide whether they are relevant to them or not.

The keys to success were considered rather ‘strong’ in their expression and tend to leave out nuances, even though these are important and useful for people too. Again, detailed
background information should thus be provided (e.g. by giving specific examples based on
the submitted case studies) and one general model won’t be sufficient.

➤ As regards the discussion around ‘how a supportive HiAP institute should look like’, the
outcomes of the case studies and expert group need to be strengthened to convince people
within the (governmental) institutes that a HiAP approach is desirable. These departments
have to see the actual proof that a certain HiAP approach is successful. EuroHealthNet will
therefore ask the experts to provide us with specific examples of such effective structures.

➤ Partners suggested to ‘go back to the origins’, and feed the summary report of the HiAP
expert meeting back to the people involved in the case study initiatives for confirmation and
additional comments. Do our outcomes translate to the everyday work of these people?
EuroHealthNet will therefore contact the interviewees once the final report of the outcomes
of the HiAP expert meeting has been finalized, and ask them to review the document and
sent us their thoughts and feedback.

➤ It would be interesting to further analyse those keys to success that were rated by the
experts as important, but that scored low on the feasibility scale. What is required to higher
the chances of making it feasible? We need to know what the reasons behind the low
feasibility are, in order to know what we should work on. EuroHealthNet will include this as a
question when contacting the people involved in the cross-sectoral initiatives.

➤ It is often not clear whether something is less or not feasible because there is no budget in
place or because the contextual factors are not favourable. These two factors are very much
interlinked, as it is not feasible to put a budget in place without having a favourable context,
and without a budget the contexts in which people operate is less likely to change.

➤ Our outcomes should be considered to be a ‘good guess’ of what could potentially facilitate
the HiAP approach. It would be great if a FP7 project could follow up Crossing Bridges to test
the results in an academic research context.

Outcomes of the NAQ and Overview of Trainer workshop

➤ The response rate of the Needs Assessment Questionnaire (NAQ) was relatively high. In Italy
there was a low response, most likely due to the fact that the questions were considered to
be quite ‘personal’ and people did not feel comfortable responding to these issues. Also, it
would have helped if the Questionnaire had come from a higher level authority to give it
more importance and thus increase the likelihood for responses. A third issue raised by the
Italian representative – who translated the Questionnaire – was that the terminology often
didn’t translate well.

➤ The Trainer Workshop focused on three aspects: Interpersonal skills, the corporate role and
evidence available. Overall the outline of the Trainer workshop was very well received by the
project partners. Many noted that it would be extremely useful if a publicly available
Trainer’s pack with all materials would be made available at the end of the project, which can
be freely used and adapted to the needs of the user. This would allow organisations to
organise HiAP trainings in house, rather than having to hire an expensive consultant. Sharon
confirmed that this will indeed be possible, as there won’t be any copyright on the pack.
Particularly due to the current cuts to health sector personnel in many Countries, it will be challenging to get senior level people, who are already overstretched, to attend the HiAP trainings. Also, the training should not mix people with different levels of experience, as this will be counterproductive.

It is very important that the trainings within the Member States use catchy titles that sell.

NIGZ informed other project partners that they were very successful in attracting people to their trainings, and that they needed to create a waiting list. Greece is considering offering the training to Public Health students.

IUHPE suggested that this training could perhaps be promoted during a session of 9th IUHPE European Health Promotion Conference in September this year in Estonia.

Feedback reports of National trainings

EuroHealthNet and project partners will need to establish who will evaluate the quality of the national training reports (this is an indicator included in the project proposal). EuroHealthNet will contact partners about this issue for feedback in due time.

It would be useful for the reports to include practical information like the costs and time required for organising the training.

Partners will pull together a 3-5 page document.

Joint session with Trainers: Impressions of the first day

Overall the trainers were very happy and enthusiastic about the content of the workshop. The pack that will be produced will allow them to adapt the training according to the context they work in and the profile of the people who will participate in the training.

Trainers (apart the trainer from the Netherlands) indicated that it has proven to be difficult to get people to attend the HiAP course.

Trainers wish to receive further documentation and evidence on HiAP approaches within their own countries (case studies). The Needs Assessment Questionnaire was a good starting point and gave a useful overview picture. Now it is important to get the right messages together based on these outcomes. EuroHealthNet and NHS Sefton will work together to provide trainers with further information on this.

One of the project partners indicated that there is little evidence available on how HiAP can contribute to reducing health inequalities. Trainers should pick up on this issue within their course, and address the health inequalities issue.

Final Event and Final Project report to the European Commission

Project partners indicated that less time is needed for the first session, in which project partners will come together to discuss internal and practical project issues. The open event is more important and more time should thus be dedicated to this part of the day.
Partners are in favour of having round table discussions. A proposal was to create three different roundtables within one room. The discussion on each table could be led by a representative of a specific DG: DG MOVE, DG EAC and DG AGRI. After the roundtables the three groups would come together to have a general discussion, including a panel.

Another option would be to have rotating table discussion based on the five themes that were used to categorise the keys to success.

Enough time should be dedicated to networking, as people are often interested in events like these because of the opportunity to meet new people and make useful contacts.

Partners thought it would be challenging to attract 150 – 200 people to the open event. Partners preferred to have a smaller and more targeted group of stakeholders (around 70) at the event rather than a large general audience.

We should aim to get representatives of the sectors related to the case studies conducted to attend our event: Agriculture, Transport and Planning, Education. Partners will provide EuroHealthNet with names and contact details of people within their countries from these sectors, who might be interested in attending our HiAP event.

Additionally, partners indicated that it would be rather easy to find people within their country having a health background but who are working in another sector (e.g. education or agriculture). Partners will provide EuroHealthNet with names and contact details of people with a health background but that are nowadays working in another sector, so that we can invite them to the open HiAP event.

It will be a challenge however to get the interest of these people. We need to think of a good strategy and approach to promote the event, and look into our budgets (both EuroHealthNet and all project partners) to check if we could reimburse travel costs to lower the barrier for people for having to travel to Brussels.

An idea raised was to invite the people who were interviewed for the case studies, as they are working together with other sectors on a daily basis. Additionally, an incentive for them to attend the Crossing Bridges meeting could be to have the opportunity to discuss their work at EU level and with representatives of the EU institutes.

Another idea proposed was for partners to get in contact with their Brussels based health attaché, to inform him/her about the Crossing Bridges event and to ask if the health attaché could inform the attaché’s from other relevant sectors about the event too. Some of the partners have good contacts with their health attaché while others foresaw that this approach would not be very fruitful.

As Ilona Kickbush already presented during the DETERMINE final conference, partners were not sure if it would be wise to invite her again.

A representative of the WHO Observatory was proposed as a speaker. Another suggestion was Leon Feinstein (Institute of Education).

We should also invite MEPs to our Final event.

Partners will send EuroHealthNet suggestions for key note speakers. It is important to get different sectors on the panel.

It was suggested to look into the agenda of the IUHPE event which took place in Geneva and which also included several speakers from other sectors. EuroHealthNet will look into this.
A provisional agenda proposed:
- 09:00 – 10:30: Internal Crossing Bridges project meeting (project partners only)
- 11:00 – 12:00: First part of the open event (dissemination/launch project outcomes)
- 12:00 – 14:00: Networking lunch
- 14:00 – 15:30: Round table discussions
- 15:30 – 16:00: Coffee break
- 16:00 – 17:30: Panel discussion

EuroHealthNet will forward a draft structure of the Final project report to the European Commission to all project partners for feedback.

Evaluation

- During the national trainings, participants will be asked to complete an evaluation form. Project partners agreed that they will fill in these answers into a database (which will be created by PROLEPSIS) and that they will translate the (short) answers to the open questions included in this questionnaire. The databases will then be sent back to PROLEPSIS for analysis.
- The evaluation forms will be completed anonymously, however participants will be asked for their gender, job title, occupation and name of the institute when subscribing to the training. This way PROLEPSIS can relate the answers to the general profile of the people attending the training.
- EuroHealthNet will check if it is possible to count the number of downloads of the publication from the website.
- NHS Sefton will create an ‘attendance certificate’ to be used for the national trainings.

Final Technical and Financial report

- EuroHealthNet to check: do all costs have to be converted by using the exchange rate published by the Commission on the 1st of July? Or only the costs made after the interim reporting period?
- We should consider if we want to translate a summary document of the project into (for example) French and Spanish. This was done for the DETERMINE project and has proven to be a success. EuroHealthNet will raise this issue again with partners in due time.

Health Inequalities Portal & Dissemination materials

- The Crossing Bridges flyer will be used to promote the final open HiAP event and to provide participants with a short overview of the project and its outcomes.