



ephe  
EPODE for the Promotion  
of Health Equity




Directorate-General for  
Health & Consumers




20111209 Project EPHE – Deliverable 10

## EXTERNAL EVALUATION M24



This External report arises from the project EPODE for the Promotion of Health Equity (EPHE, agreement number: 20111209) which has received funding from the European Union, in the framework of the Health Programme.



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## 1.0 Introduction

### WP3 External Evaluation of the project to M24

This external evaluation of the EPHE project 2012-2015 is to month 24 (M24). It provides an independent review of the advancement of the work and the fulfillment of the objectives as stated in the original project submission. The brief for this is contained in WP3 (1) P58: (2) P 13-15.

All associated partners monitor the progress of their activities and report data on key process indicators via monitoring charts.

- Number of meetings
- Name and quality of attendees
- Content
- Agenda
- Next steps
- Participation notes
- Completion of dissemination tool kit
- EPHE guidebook
- Network dynamics
- Dissemination efficiency
- Number of newsletters
- Number of press cuttings
- Number of events
- Participation rates to EPHE events
- Frequency of attendance at EU congresses

Two main questions will be answered in this report:

#### Question 1

- For the indicators indicated, have the activities been carried out as planned?

#### Question 2

- Has each deliverable of this project been developed out as planned?

N.B See P38-39 (1) for specific objectives and output indicators.

## 2.0 Evaluation

### 2.1 WP1 Co-ordination of the Project

The EPHE project team is based at Proteines, 11 Rue Galvani, 75017 Paris. They have furnished me with all the relevant information that allows me to evaluate the project as agreed above to M24.

These include the following documents:

1. 2011 12 09 EPHE project submission  
Annex 1 Description of the action
2. Projects technical annex (Annex 1a)  
2011 12 09, 590, 607

I also saw the relevant agendas and the minutes from all other committees as described in WP2, WP4, WP5 and WP6.

To date, nothing has been excluded from my observations.

**2.2 The executive summary taken from the EPHE grant** agreement adequately describes the outline of the study from 2012 - 2015. Building on the EPODE methodology and the outcomes from the EEN Book of Recommendations to create synergies within the EU research framework programme and to favour multiplier effects and sustainability, EPHE aims to analyse:

- The added value of the implementation of an adapted EPODE methodology for the reduction of socio-economic inequalities in health-related diet and physical activity behaviours of families with children aged 6 -12 living in 7 different countries/communities.
- As a priority, are, communities located in European countries and member states where premature mortality exceeds 20% of the EU average and communities with different socio-economic profiles.
- The analysis of the opportunities to sustain the implementation of EPHE best practice in other EU regions and member states with EU structural funds will also be a central aspect of the EPHE project.

**2.3 The following committees** are involved in the central administration of the project:

#### **2.3.1 EPHE Co-ordination Team**

The overall EPHE project is co-ordinated and administered by Proteines through the European Co-ordination Team.

#### **2.3.2 EPHE Operational Advisory Board**

Its role is to facilitate best practice exchanges, solve problems, encounters and identify levers to mobilise the community. In addition, it is in direct connection with the Scientific Advisory Board, in order to optimise the balance between the scientific needs and the field's reality.

#### **2.3.3. EPHE Scientific Advisory Board**

Composed of representatives from each of the participating universities and organisations, they have a major role in evaluations analysis for the whole project. They are responsible for designing a questionnaire and a framework for the project. A literature review will be undertaken and the results published.

The project is run through six work packages as described in (1).

The following documents were received on 7-8/04/14 at the Proteines office in Paris.

The overview of the project, Projects Technical (Annex 1a) (1) (Annex 1b) (2).

## 2.4 EPHE Kick-off meeting 23/11/2012 Luxembourg

Number of participants was n=23, consisting of:

- EAHC n=2
- EPHE Co-ordination n=3
- EPHE Scientific Advisory Board (SAB), Chaired by Prof Jaap Seidell n=8 representing n=7 countries
- EPHE Operational Advisory Board (OAB), Chaired by Ms Julie Beysens, n=10 represented by n=6 countries

Date		No of Participants
23/11/2012	EAHC	2
	EPHE	3
	SAB	8 (7 countries)
	OAB	10 (6 countries)
		Total 23

## 2.5 EPHE Scientific Advisory Board, Brussels, 25/01/2013

Number of participants was n=14 representing n=10 countries

Date		No of Participants
25/1/2013		14 (10 countries)

## 2.6 EPHE meeting Lille 23-24/05/2013

Number of participants was n=22

Date		No of Participants
23-24/05/2013	EPHE Co-ordination team	6
	EPHE SAB	7 (5 countries)
	OAB	9 (7 countries)
		Total 22

## 2.7 EPHE Operational Board, Brussels 7-8/02/2013

Number of Participants was n=14 representing n=7 countries

Date		No of Participants
7-8/05/2013		14 (7 countries)

## 2.8. EPHE Meeting 17/10/2013 Bucharest

Number of participants was n=26 representing n=16 organisations

Date		No of Participants
7/10/2013	EPHE Co-ordination team	4
	EPHE SAB	11 (9 organisations)
	OAB	11 (7 organisations)
		Total 26

## 2.9. EPHE EOB online meeting 14/01/14

Number of participants was n=12

Date		No of Participants
14/10/14	EPHE Co-ordination	3
	OAB	9 (7 countries)
		Total 12

The project is run via WP1 through to WP6

## 3.0 Milestones to be reached (2) p.9 – P.17

### 3.1 WP 1 Co-ordination of the projects

- Kick off meeting by M2 – Achieved
- EPHE Scientific Advisory Board meeting M 18 – Achieved
- EPHE Operational Advisory Board – M18 – Achieved

### 3.2 WP2 Dissemination of the Project

Some acceptable slight delay in these.

- Website on line M4
- Press Relations Tool kit M14
- Trimester Newsletter M3
- Promotional leaflet M4

### 3.3 WP3 Evaluation of the project

- EPHE Scientific Advisory Board meeting M2 – Achieved
- EPHE Scientific Advisory Board Meeting M9 – Achieved
- EPHE Scientific Advisory Board M24 – Achieved

### 3.4 WP4 Analysis of levers to reduce health inequalities and increase equity.

- EPHE Scientific Advisory Board meeting M4 – Achieved

### 3.5 WP5 EU Structural Funds Mobilisation for the reduction of health inequalities

- EPHE Scientific Advisory Board meeting M18 - Achieved
- EPHE Scientific Advisory Board meeting M24 – Achieved

### 3.6 WP6 Capacity building and intervention at local level

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- EPHE Operational Advisory Board meeting – M2 Achieved
- Launch of intervention in communities - M6 – Achieved
- EPHE Operational Advisory Board meeting - M12 - Achieved
- EPHE Operational Advisory Board meeting - M18 - Achieved

#### **4.0 Discussions with the:**

- 1. EPHE Administrator
- 2. Chair of Scientific Advisory Board
- 3. Chair of Operational Advisory Board
- 4. Co-ordinator and Implementation Manager from 3 of the countries – i.e. Romania, Greece and Bulgaria.

#### **4.1 Hugues du Plessis, EPHE co-ordination team administrator**

- Discussions have been ongoing with Hugues since the start of the project. In addition, I have spoken with other members of the co-ordination team from time to time.
- I have been kept informed as to the progress of each part and the whole of the project as it has progressed from M1 – M24.
- Various issues that have arisen have been appropriately discussed and acceptable solutions implemented.
- Some examples of these are:

**4.1.1** The French programme EPODE had to delay their evaluation implementation. They had first to get approval of the Academic inspection from the appropriate French Government department. The problem was successfully resolved and they are now implementing evaluation within their selected schools.

**4.1.2** The local co-ordinator of the Netherlands (JOGG) programme had some health problems that necessitated seeking a replacement. The programme is now on schedule and good response rates are being demonstrated.

**4.1.3** A member of the Scientific Advisory Board was initially having difficulty in attending the first meetings, Prof Stefaan de Henauw University of Ghent. He has now resolved the problem and is an active member of the SAB, See also Prof Seidell's comments (4.2).

**4.1.4** The WP on Structural Funds and their potential use for scaling up CBP in member states. Some slight difficulty in progressing this WP. However, they are now making progress and hope to be successful by M36.

**4.2 – 4.4.3 The following are communications from the 2 Chairs and 3 Country Coordinators: (N.B. Responses are shown in blue) -**

**4.2 Chair of the Scientific Advisory Board Prof Jaap Seidell.**

***Email: Me to Japp***

*Dear Jaap,*

*We spoke in Bucharest.*

*As Hugues has stated my role is to answer the 2 questions posed re the scheme and report my findings to the Commission.*

*Therefore how has your committee functioned? : Hugues informed me that:*

- 1. You met the deadline in designing a questionnaire and a framework for the project.*
- 2. The literature review due at M4 was not ready in September 2013. However I hear that it is due to be published soon?*
- 3. I am aware of the non attendance of Prof; Stefaan de Henau ,and the rectification of this problem.*

*Are there any other comments as to the effectiveness of your committee in completing its prescribed tasks to date? If deadlines have not been met, is there a reason for this?*

*The interaction with the Operational Advisory Board is highlighted. Did this prove to be beneficial to both committees and the overall scheme?*

***Email: Response from Jaap:***

- 1. Yes, we met de deadlines (one paper published see link: <http://www.ncbi.nlm.nih.gov/pubmed/24690078>).*
- 2. I received a draft publication. Luis Morena is leading the review.*
- 3. Stefaan is a committed member of the Scientific Advisory Board).*

**4.3 Chair of Operational Advisory Board, Julie Beysens, Proteines, Belgium.**

*Dear Julie,*

*Further to Hugues note below, as Chair of the Operational Advisory Board could you please assist me with information about your committee and its` effectiveness in completing tasks prescribed to it and the roles of the seven community representatives. Where these tasks completed as prescribed in the original submission document.e.g..*

*1.The guidebook - was it produced as planned or was it replaced by personal and weekly support by yourself. If so, why and how was this better than the original intention?*

*The primary objective of this guidebook was to explain the project to the coordinators. It was meant for internal use. From the one hand I participated in writing this guidebook, and on the other hand I assisted the coordinators personally by e-mail or telephonic contact to make sure they understood what was expected from them and to check if everything went well and was clear to them. This close assistance and collaboration allowed us to check regularly with the reality on the field of each partner.*

*2. Activity sheets portfolio, how did interaction between your committee members from the 7 communities influence and strengthen them. Where they produced on time and if not why not?*

*I remember working together with the other coordinators on a good template for these activity sheets. We decided together with them which aspects of an activity were the most important in order to be able to share these ideas for activities with each other. We also made a number of activity sheets together as an example in order to teach everyone how to fill it in and how to keep track of the activities within the countries.*

*Another important aspect was the fact that the scientific board had to be able to understand clearly what was done in the cities in order to be able to evaluate these activities and to link them to results.*

*3. What benefits did your committee derive from interaction with the Scientific Advisory Board?*

*I think the interaction with the scientific board was very important both for the operational board and for the scientific board. The coordinators always had lots of great original ideas for activities, but on the other hand some of them had some limitations in effectiveness, and that's were the members of the scientific board could give us advise for adjusting. On the other hand, the scientific board sometimes wanted things that were not feasible in the field, and that's were the coordinators could explain how it could work better.*

*It's just that the members of the operational board and the members of the scientific board have another way of thinking and they have different priorities, but the fact that we were working to closely together could really reinforce our activities.*

*4. Is there any further information coming from the working of your committee that I should know about to assist me in my task?*

*Here I would like to stress the fact that both working with scientists and working with coordinators from other countries are a huge added value in the national programme in general. We've learned so much from each other and the dynamic in the operational was always very good. We could really count on each other and the cross-fertilization and experience sharing is the biggest advantage of a European project such as EPHE.*

*Regards Harry Thomason  
EPHE - External Evaluation*

#### **4.4 Co-ordinator and Implementor from 3 of the 7 countries - Romania, Greece and Bulgaria.**

##### **4.4.1 Ionela Badescu, Romania**

*Dear Mr. Thomason,*

*We are happy to assist you with all information need for evaluating EPHE project. Please find below all the details upon your request:*

##### ***Roles in the project***

*Silvia Bucur – coordinating EPHE project in Romania, supervising the implementation of all interventions upon planning and of the evaluation of the project;*

*Ionela Badescu – managing the implementation of the interventions at local level (working with the suppliers, preparing all necessary educational and informational materials); organising periodical meetings with local stakeholders for briefing and planning next steps; editing the action plan; editing the activity reports; supervising the evaluation phase of the project.*

##### ***Working with the community in Otopeni***

*Since the beginning, the school and the local authorities were very open to implementing EPHE project in the community and they are very proud of representing Romania at European level. 185 children are involved in the project at this moment and we had a good feedback from their parents, which participated actively in the activities:*

- a good participation at the launching event we had in May 2013 - 103 parents, 6 teachers and more than 20 children*
- a very good response rate in the first evaluation phase - 176 questionnaires filled in and returned by the parents*
- parents got involved along with their children when participating to different activities*

*We have a good collaboration also with the other local stakeholders:*

- articles about EPHE project and the interventions were published regularly in the town magazine – Info Otopeni*
- information materials with the project messages were distributed via the local Sports and Health Club.*

*The interventions in the school are on-going and were implemented as planned, with minor changes in the dates, due to the program of the school and the educational curricula.*

*As a general remark on what we could help for the project to go smoother, it would be good to have the financing for the project at the beginning of the implementation year in order for the annual activities to be developed at best standards.*

*Please let us know if we can assist you with further information about the EPHE project in*

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Romania.  
Kind regards,  
Ionela

#### **4.4.2 Tina Voulgaria, Greece**

Dear Harry,

Please accept my apologies for the delay in getting back to you. Please see my answers below:

Here is a description of our roles within the EPHE project. I am more involved in the day-to-day implementation of the project (Assistant Coordinator) while Helena as the Manager Co-ordinator oversees the course of the project and the success of the actions it includes:

- Provide special training on the EPHE/EPODE methodology
- Coaching the local EPHE team of the municipality of Maroussi
- Communicating and liaising with all local stakeholders including the municipality employees, teachers, school principals, athletic organisations and other local actors
- Creation of the action plan of the project and cooperation with local actors and external partners/suppliers for its implementation. This includes activities at local level, activities at the selected schools, and activities for the motivation of stakeholders that are involved in the evaluation process of the project
- Creation and monitoring of the budget of the project
- Maintain relations with the Mayor and responsible deputy Mayors overseeing the implementation in the municipality
- Maintain relations with journalists, update contact lists, drafting and implementing the communication plan of the program
- Drafting and issuing press releases
- Continuous update of website/facebook profile with news of the EPHE project
- Continuous update with news from Greece for the EPHE and EIN websites/newsletters

The community of Maroussi was very positive about EPHE right from the beginning of the project. Maroussi was really proud to be the only one municipality in Greece selected to participate to the project. The two schools were also very positive and the principals understood right from the start the value of this project for their pupils, parents and teachers alike. This became obvious from the response rates of the evaluation questionnaires (180 out of 170).

The only problem I can think of came from the work load of the municipality employees who had other responsibilities too and couldn't always allocate enough time for organising the activities of the program. We did however in the end manage to successfully complete the initial actions in time by assisting them as much as possible.

The only change I would recommend for the program would be to receive the EU funding for the implementation of the actions before the actual implementation period as it is very difficult for us to pre-finance these and it causes accounting problems.

I honestly hope that these answers are satisfactory to you and that you will be able to use

*them for the external evaluation of EPHE. If not, please don't hesitate to contact me for further questions or clarifications needed.*

*Kind Regards,*

***Tina Voulgari***  
***Project Manager***

#### **4.4.3 Elina Golmanova, Bulgaria**

***Dear Harry,***

First of all, I would like to start with an explanation of the roles of Project members:

- **In Bulgaria, EPHE project is led by BASORD**, The Bulgarian Association for Study of Obesity and Related Diseases. BASORD Chairman Prof. Svetoslav Handjiev is the EPHE Project National Coordinator for Bulgaria. Prof. Handjiev is a member of the EPHE Scientific board as well. Together with his team, he is responsible for the scientific implications of the Project and the EPHE funding distribution and usage.
- **APRA Porter Novelli is a subcontractor in the Project and I am EPHE the Operational coordinator**, and the Project leader of Healthy Kids in Bulgaria. Within the frame of Healthy Kids in Bulgaria Program (which is the community based program of EPHE in Bulgaria), I am organizing the motivation, interventions and the questionnaires distribution in 10 schools in Sofia. For EPHE, we have 220 families (22 per school) participating in the Project.

#### **Evaluation:**

- **In the first evaluation period, we achieved 94.6 % response rate.** We have started our interventions in September 2013 with the EPHE School for Health for children, parents and teachers. This gave good motivation for all families involved in the Project and we had a great success.
- Second evaluation is on the pipeline.

#### **Activities:**

- **Up to date, the project is going very well.** We are implementing all planned activities and the action plan will be achieved.
- **In the beginning we had some delays in the school interventions' start.** This happened because of some specifics of the school year and the school directors restrictions. Nevertheless, we need special declarations from all new families taking part in the Project – the EPHE families are new Healthy Kids families and we need a special package of documents, in order to start the work with them.
- We have made videos from 3 interventions last week and we have the Proteins team, responsible for the EPHE documentary here in Sofia, so you will be able to see how we are working on the field.

#### **Obstacles:**

- **We still have delay with the Facebook page launch**, but we will start it this summer. The reason for that delay is the same – some of the parents are not agree to film and picture their children and as thus, we could motivate them to go online, instead we are striving to reduce the screen time exposure.
- What are the reasons for the delay of some actions? **We have a delay, only in**

**the starting activities** (1 month), but mainly, the reasons are due to the specifics in each school. We have 10 schools participating in the Project.

I hope this gives the needed picture on our work, but If you need any more details, please let me know.

*I stay on disposal for any further questions you may need and I wish you a pleasant week!*

*Best regards,  
Elina*

## **5.0 Process Indicators of each specific objective (2) P4**

### **5.1 Analysis of levers to reduce health inequalities and increase equity.**

- Analyse and monitor levers to reduce socio-economic inequalities in health related diet and physical activity behaviours of families with children.
- Reviewed publication analysed – Achieved
- Scientific Advisory Board meeting - Achieved

### **5.4 Recommendation for local action.**

Transfer existing evidence and knowledge from pre-intervention survey into recommendations for each action in each community in order to address socio economic inequalities in health-related diet and physical activity behaviour.

- Evaluation strategy – Completed
- The paper is published and available on the following link <http://www.biomedcentral.com/11471-2458/14/303>

### **5.5 Training of Data Collectors**

Based on recommendations from the SAB, the data collection is made through schools for better follow up of the 1100 families during the 3 years, therefore there are no data collectors.

- Scientific Advisory/Board meeting – Achieved.
- Competitive Analysis - Ongoing
- The first comparative analysis is being written for publication in the next month or so.

### **5.4. Review of best practices in Structural funds mobilization and development of recommendations for implementation of action plans.**

- Conduct a systematic survey to review previous examples of EU Structural funds mobilization that are related to the reduction of health disparities

especially in the area of nutrition and physical activity and develop recommendations for EPHE projects.

- Peer review analysis – Ongoing
- Interview – Ongoing
- Scientific Advisory Board meetings – Ongoing
- Final writing – Not yet available

### **5.5. Capacity building for intervention.**

Empower and train leaders in each country and community to propose and implement an intervention plan aimed to reduce over a 2 year period socioeconomic inequalities in health-related diet and physical activity behaviours of families with children.

- Training of National State coordination teams – Ongoing
- On site visits – Ongoing
- Creation of tools – Ongoing
- Development of digital tools for better dissemination and used on the field by each of the partners to better engage their communities

### **5.6. Pilot implementation of actions in communities.**

- Implementation of local EPHE mediator – N.A. See below.
- As one community is selected in each of the CBP's and there are a direct link between the local project manager (LPM) and the central coordination team, it was not necessary to train an EPHE mediator. The LPH is trained and kept informed of the EPHE results to mobilie new stake holders and tailored his intervention accordingly.
- Actions in each of the communities – Ongoing
- Action plans are filled in by each of the co-ordinators to list all interventions implemented. These action plans will then be used to describe the interventions in the comparative analysis.

To date these Process Indicators are being completed on time and in an appropriate manner. Where advice is that some part of the implementation process can be made more effective then this is taking place, eg. see 5.3 Training of data collectors.

## **6.0 EPHE Deliverables**

### **6.1 Scientific report on levers to reduce health inequalities**

Month of delivery M9

- The first results and outcomes from the peer reviewed analysis was presented SAB M8 (May 2013).
  - Operational board started building on those for the tailored interventions.



- The report written for publication was ready M13 (October 2013) and submitted in a peer reviewed journal M18
- Progress – Satisfactory

## **6.2 EPHE Guidebook**

Month of delivery M4

- The guidebook was ready in time and disseminated to the correct audience. There was in addition strong support from the central coordination team (WPI), to each of the partners to explain the flow of the evaluation framework and the needs of their requirement.
- Progress – satisfactory

## **6.3 Portfolio of activity sheets**

Month of delivery M5

- This deliverable was ready on time. It was used by the national coordination teams in the development of their interventions. This portfolio will be updated at the end of the intervention phases by the coordination team to integrate new ideas and collaborations used.
- Progress - satisfactory

## **6.4 EPHE Book of recommendations**

Month of delivery M36

## **6.5 Dissemination tool kit**

Month of delivery M36

## **6.6 Website**

Month of delivery M4

- The website has been online since February 2013. This was an acceptable delay of 1 month due to choosing the right template.
- Progress – satisfactory

## **6.7 Newsletters**

3 times per year

- The first one to be sent out will be in M23 to announce the publication of the EPHE framework to a wider public.
- To date instead of a newsletter the communication has been via Twitter, Infographics, local brochures and interventions at conferences and congresses.

- Online social media such as Twitter is a very effective medium from communication to appropriate parties.  
Progress – satisfactory

### **6.8 Promotional leaflet**

Month of delivery M4

- A promotional leaflet has been developed from France and disseminated to the other programmes. As well as this leaflet, infographics, which are new communication tools were developed. It has been disseminated to all stake holders.
- Progress – satisfactory

### **6.9 Video**

M 33

### **6.10 Press kits**

Month of delivery M14

- Based on EEN results and recommendations, the DR team will work on a web platform gathering all information from the ongoing project. This will be organised together with the operational board in joint actions around thematic days with national/ regional and European press releases for a better impact and visibility. In addition, a questionnaire will be disseminated to determine the needs of each coordination team for better support.  
Progress – satisfactory

### **6.11 Dissemination Strategy**

Month of delivery M4

- There was a delay in this deliverable. It was intergrated into a broader deliverable. It has been updated, validated by EAHC and ready for use.  
Progress – satisfactory

### **6.12 Technical and financial reports to EAHC**

Month of delivery M18 and M36

First report ongoing

### **6.13 Scientific evaluation reports for comparative analysis with and across communities.**

M36

## **7. Conclusion**

The overall programme is running satisfactorily.

The Scientific Advisory Board has a strong composition of respected academic researchers who are contributing to the progress of the scheme to date.

The Operational Advisory Board co-ordinates with SAB and is showing competence in the ongoing operational implementation of the scheme through the 7 countries. They have been effective in identifying appropriate socio-economic groups from which to draw their participants. The response rates for meaningful data collection from the 7 countries is good.

The work of the EPHE co-ordination team is exemplary and their ongoing support to the whole project in all its various facets is good. This is seen in the kick off meeting, the SAB, OAB meetings and the regular meetings by e-mail and telephone with each of the in country co-ordination teams.

The project is on course. I do not see, to date, any insurmountable problems that will affect the scheme.

Prof H. THOMASON MSc, PHD, DSc, FRSM  
For and on behalf of LCA.