



ephe  
EPODE for the Promotion  
of Health Equity



Directorate-General for  
Health & Consumers



20111209 Project EPHE – Deliverable 10

## EXTERNAL EVALUATION M36



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.



# EPHE External Evaluation M36

Table of contents

1.0 Introduction

2.0 Evaluation

3.0 Milestones to be reached from M24-M36

4.0 Discussions

5.0 Process indicators of each specific objective

6.0 EPHE Deliverables

7.0 Conclusion

## 1.0 Introduction

WP3 External evaluation of the project to M36  
Grant number 20,111,209,590,607

This is the final external evaluation of the EPHE project 2012-2015 to (M36). As stated in the original project submission the brief for this evaluation is contained in WP3. The external evaluation report at (M24) describes in detail the progress of the EPHE project to that date.

The EPODE for the promotion of the Health Equity overall project objective was aimed at analysing between 2012-2015 the added value of the implementation of an adapted EPODE methodology for the reduction of socioeconomic inequalities in health related diet and physical activity behaviour of the families with children aged 6-12, living in 7 different European Communities.

Throughout the project all associated partners monitored the progress of their activities and reported data on key process indicators via monitoring charts.

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

Two main questions are answered, in this final 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?

See P4 of Projects Technical Annex (Annex 1a) 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. This allows me to undertake the final evaluation at (M36). I have had access to agendas and minutes from all the committees as described in WP2, WP3, WP4, WP5, WP6. In addition, I attended the September 2015 conference in Brussels and attended all the presentations. Nothing has been excluded from observations.

2.2 The executive summary taken from the EPHE grant agreement adequately describes 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 that 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.
- Analysis of the opportunities to sustain the implementations of the EPHE best practise on other EU regions and member states with EU Structural funds was also a central aspect of the EPHE project.

2.3 The following committees were involved in the central administration of the project.

#### 2.3.1 EPHE Co-ordination Team

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

#### 2.3.2 EPHE Operational Advisory Board.

This role was to facilitate best practise exchanges, solve problems, encounters and identify levers to mobilise the community. In addition, it was 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 had a major role in evaluation analysis for the whole project. They were responsible for designing a questionnaire and a framework for the project. A literature review was undertaken and the results published.

The project was run through six work packages as described in the original submission.

2.4 EPHE meeting 26/11/2014. Participants n=18 from 12 countries.

2.5 EPHE Scientific Advisory Board 26/11/2014. Participants n=10 from 7 countries.

2.6 EPHE Operational Advisory Board 26/11/2014. Participants n=10 from 7 countries.

2.7 EPHE Final Meeting Brussels 25/11/2014/. Participants n=120 from 22 countries.

The project was run via WP1 through to WP6.

EPHE EVALUATION

### 3.0 Milestones to be reached from M24-M36.

#### 3.1 WP1 Co-ordination of the projects

- EPHE Scientific Advisory Board meetings. Scheduled 7, 4 took place. No further meetings. They communicated via email (M24-36). M18- satisfactory.
- EPHE Operational Board

Date: 18/09/2014	Number of participants
EPHE Co-ordination	2
OAB	9 (7 countries)
Total = 11	

(M18) achieved.

- Closing Event, Brussels. 25/09/2015  
-(M36) achieved.

Issuing of the EPHE book of recommendations (M36) on course to be achieved.

#### 3.2 WP2 Dissemination of the project

Video M33 - achieved.

#### 3.3 WP3 Evaluation of the project.

EPHE Scientific Advisory Board meeting M30 and M34. These were conducted by email/ telephone and were satisfactory.

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

M24 – achieved.

#### 3.5 WP5 Structural Funds mobilisation for the reduction of health inequalities.

A detailed report was prepared and presented at the final meetings 25/09/2015. BRUSSELS. M 36- achieved.

#### 3.6 WP6. Capacity building of intervention at local level.

3.7 End of intervention in communities M30 – achieved.

## 4 Discussions

With the:

- 1. EPHE Administrator
- 2. Chair of Scientific Advisory Board
- 3. Co-ordinator and Implementation manager from countries i.e. Romania, Greece, Bulgaria, Holland.

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

- Discussions have been ongoing with Hugues throughout the project. In addition, I have spoken with other members of the co-ordination team.  
Meetings took place in Paris 30/06-01/07/2015 and 29-30/09/2015, Brussels 23-25/09/2015.

EPHE EVALUATION

- I have been kept informed at all times throughout M24-M36.

#### 4.1 Ingrid Bakker, National Coordination Team JOGG, The Netherlands

Dear Harry,

##### **From our point of view the EPHE project in Zwolle progressed quite well.**

For the implementation, our bottom-up approach with the two principles/ directors of the two primary schools (one high SES school and one ‘combined high/low SES’ school) was successful in realizing a similar thematic approach on all 4 EPHE topics in both schools. As a result, almost all of the interventions were executed at both schools in a similar way. Therefore, the effects in high SES versus low SES were the result of rather similar ‘EPHE programs’.

On the other hand, because of the chosen bottom-up approach (to achieve a good support from the schools), not all (parts of the) interventions we suggested were adopted by the two schools (e.g. we suggested to introduce each theme to the parents by a child’s own made newsletter on the topic; this was not adopted by the schools). However, in cooperation with the schools we were able to find different ways to inform and involve the parents in another way (newsletters and other notes send by the schools and an interactive parental theater event on all 4 topics).

We introduced all 4 EPHE topics during the kick-off event, focused on each topic separately at one point during the year and maintained interest on the topic during the rest of the year (we started with introducing physical (in)activity, followed by fruits and vegetables, than drinking water and finally sleep). This worked very well. At the closing event, all 4 topics were addressed again.

Therefore, in our opinion **we achieved all that we wanted to do** (our planning depended on the cooperation and interest of the two joining schools).

If I would have to mention **the parts that were least successful**, it would be:

- the (low) response on the questionnaires, which is a common issue in the Netherlands and with this type of research.

Despite all our efforts (informing parents through letters from the school about the necessity and presenting the results of the measurements and giving the children a gadget as a ‘thank you for filling in the questionnaire’), we have not been able to tackle this. We were even ‘reprimanded’ by the schools (a.o. because of remarks from the parents; that we ‘spoil the children and the parents for future cooperation for similar issues’) not to give presents anymore ...

- the (low) participation rate of parents and children at the interactive theater events.

Despite all our efforts (informing and exciting parents through attractive posters, leaflets, letters and other parents as ambassadors and by offering on site baby-sitting), we have not been able to attract more than 37% of the parents (and there children).

Our ‘profit’: With the EPHE project we have been able to strengthen and expand our local EPODE approach (the JOGG approach/ movement in Zwolle is called ‘Zwolle Gezonde Stad’; ‘Zwolle Healthy City’) with the topic Sleep and with two extra neighbourhoods (Aalanden and Berkum). Since EPHE, local professionals from sports, health care and wellbeing also focusing on promoting the EPHE topics among the children living in the two EPHE neighbourhoods Aalanden en Berkum.

I hope to have informed you properly, this way.

If you have any further questions, please contact me.

Kind regards,  
Ingrid Bakker

#### 4.2 Silvia Bucur, National Coordination Team PRAIS, Romania

Dear Harry, I am pleased to answer to your 2 questions:

1. Yes, in Romania all EPHE activities have being carry out upon indicators and midterms reporting send to Hugues;
2. All EPHE deliverable of the project have being developed as planned upon reporting send to Hugues.

From PRAIS Foundation prospective the EPHE project gave us the chance to better evaluate impact of EPODE methodologies on young generation and communities, and to strongly engage them to prevent obesity.

PRAIS Foundation comment that we expect to be put at commission disposal in your final report: the continuation of EU funded projects for obesity prevention at a large national scale in the following years, within EIN national programs community, based on the outstanding sharing expertise we all acquired, should be the common effort, highly supported by DG Sanco and EU Commission professionals knowing that NDC health strategies needs funding from EUY, near private partners, on large scale obesity prevention information and education campaigns,

All yours,  
Silvia Bucur

#### 4.3 Jaap Seidell, Chair of the EPHE Scientific Advisory Board

Dear Harry,  
I apologize for my late reply.

Some scheduled meetings were done electronically.

1. Yes, all the activities have been carried out as planned.
  2. All deliverables of this project have been developed out as planned.
- The board operated effectively and we achieved all that we were tasked with.

Yours, Jaap

#### 4.4 Elina Golemanova, National Coordination Team with Basord, Bulgaria

Dear Mr. Thomason,

As we have discussed last week, please find my answers bellow.

1. For the indicators indicated, have the activities been carried out as planned?  
Yes. The activities, planned in the project, targeting the indicators, were organized according to the plan, including public events, school interventions and actions on motivation.

Furthermore, according to the data, provided by our scientific partner BASORD, the consumption of milk products among children is very low in Bulgaria. Therefore we have included two more indicators in our activities, targeting the consumption of milk products and the local nutritional tradition with accent on the Balkan Diet.

In addition, BASORD have organized the initiative "School for Health for parents, children and teachers", presenting unique and innovative approach on the prevention of children obesity. The "School for Health" is organized for three years in a row and app. 200 EPHE families took part in the event. Every year, the Minister of Education and Science attends the events personally and give away special certificates to each family.

2. Has each deliverable of this project been developed as planned ?

Yes. The project deliverables were carried out as planned and several additional activities took place, as well. We have achieved excellent response rate an great feedback on the project activities.

3. Could you please inform me as to how the project went from your perspective? Did you achieve all that you were tasked with? Were there any reasons why any parts of the project was not successful?

The project went smoothly and there were no significant milestones. On my point of view, I would say that the questioners could be sent to us earlier, as the school year for the students (6-9 years old) ends at the beginning of May.

I hope I gave answers to all your questions. If you have any other questions, comments or need of further clarifications, I am fully on your disposal.

Best regards,  
Elina

4.5 Mireille Roillet, National Coordination Team VIASANO, Belgium

Dear Harry,

Sorry for the delay.

I am not very aware of "indicators indicated" but I can tell you how the project went from my perspective.

This project was a great opportunity for Viasano.

It was a way :

To evaluate the methodology Epode and the efficiency of Viasano. Is it successful in reducing social health inequalities?

To receive high level support from experts and academics (VUA) , Protéines (Social marketing) and from the other programmes in sharing experiences

To involve one of my most motivated community and to give it methodological and financial support during more than 2 years.

To disseminate within my network of towns the learnings of the EPHE project

Yes the activities have been carried out as planned.

At local level

Recruitment of the towns, the schools, the parents, the children

Coaching of the local team for the follow up of the project

Creation of the Belgian questionnaire ( translation in French and wording adapted to Belgian understanding)

Management for collecting data at T0, T1 and T2 and management of motivation tools to boost the participation

Implement the first interventions on food topics (fruits and vegetable , beverages), physical activity through time screen and sleep

Implement the second interventions after the results (on beverage and screen time)

Local closing event for the children

National press conference on Belgian results

Presentation of the results to all the people involved in the project at local level

At European level

Contacts with the coordination team

Participation in training during the events (kick off meeting in Luxembourg, EOFs in Bucarest & Lisbon, closing event in Brussels)

Participation in collective events such Water Day in Spring 2014

Contributing to the book

I think I have achieved all that I was tasked with.

I just regret the short period of the interventions. As a European project lasts only 3 years, the interventions themselves with the children lasted only 1 year that is too short regarding behavior change.

As we have received the final results at the end of the project, we didn't receive help with disseminating them at local level in an easy and understandable way.

We have to do it alone.

I hope this is helpful.

Best regards

Mireille

## 5 Process indicators of each specific objective.

The five specific objectives of the project were all completed on time.

5.1 Analysed levers to reduce health inequalities and increase equity – completed.

5.2 Recommendations for local action – completed on time.

5.3 Review of best practice in structural funds mobilisation and development of recommendations for the implementation of action plans. Report presented at final conference 26/09/15 – BRUSSELS. M -36

5.4 Capacity building for intervention – completed on time.

5.5 Pilot implementation of actions in communities – completed on time.

## 6.0 EPHE Deliverables

6.4 Synthesis technical report – structural fund report presented to Final Meeting Brussels – M 36-achieved.

6.5 Scientific Papers – 1 published, 2 further ones submitted and with the reviewers – achieved.

6.6 EPHE Book of recommendations almost completed. Publishing online in November 2015, printing December 2015 – on line to be achieved.

6.7 7 Dissemination of tool kit.

Video ready for M33 – achieved.

Newsletters only published n=3 out of 9.

Twitter took the place of the newsletters after no.3. This form of communication has taken the place of printed newsletters. Using infographics, the EPHE story on the official website and interventions and communications at conferences means the dissemination has been effective.

M36 – achieved.

6.8 Technical and financial reports to EAHC – both on course to be completed by M36 – progress satisfactory.

6.9 Scientific evaluation reports for comparative analysis within and across communities. Report ready by M37 – achieved.

6.10 Evaluation M36 – achieved.

## 7. Conclusion

The overall programme has run according to plan. Almost all deliverables throughout the 36 months have been on time.

The various boards have fulfilled their functions appropriately and within a time frame that did not prevent the total programme from moving forwards on schedule.

The use of respected academics on the Scientific Advisory Board was good. The Operational Advisory Board had an effective interaction with both the Scientific Advisory Board and the scheme administrators in each country/community.

The work of the EPHE co-ordination team was of a very high standard. It demonstrates the use of a professional organisation to run and oversee such a scheme.

Professor H Thomason MSc, PhD, DSc, FRSM  
For and on behalf of LCA.