SPOTLIGHT

Sustainable prevention of obesity through integrated strategies

FP7 – 278186

D6.1   Report 1: Success and failure factors associated with implementing multi-level interventions

D6.2   Report 2: Between country differences of implementation determinants

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Abstract

AIM: The overall aim of the research was to identify factors associated with success and failure in multi level obesity prevention interventions (case studies) for adults in three European member states, with reference to Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM)

METHODS: The primary research data were qualitative, although some quantitative data were collected to cross check the qualitative data. Standardised data collection tools were developed, piloted, and used in each of the case studies. This was important to enable comparisons between the case studies to be carried out

An important inclusion criterion was that case studies should include a specific focus on deprived areas/ people at the highest risk of inequalities.

Within the selection criteria the research aimed to identify varied and rich case studies, which would give real insights into the diversity of success and failure factors in interventions.

MAIN FINDINGS: A range of factors which were important discriminators between success and failure were identified, and are described in the Reports. Interestingly, there seemed to be important differences between those factors which were important for success in the first four domains of RE-AIM i.e. Reach, Effectiveness, Adoption, and Implementation - and those which were important in the fifth domain - Maintenance. Specifically, whereas having good personal working relationships across sectors and organisations may be excellent in terms of delivering project activities, as can lack of 'interference' from senior management, these factors may be a threat to successful maintenance, since the project becomes reliant on personal relationships and initiatives rather than being embedded within specific infrastructures.

Some issues did not fall easily into specific RE-AIM domain e.g. inequalities and gender issues. The factors which emerged in relation to these are also described.

CONCLUSIONS: Factors which differentiated consistently between success and failure across all three countries have emerged in this study, despite the extent and power of the internal and external variables which militated against them. Such strong factors need to be seriously considered at both national and EU levels, if there is a serious commitment to implementing successful public health interventions to prevent obesity.

SUMMARY

Aim

The overall aim of the research was to identify factors associated with success and failure in multi level obesity prevention interventions (case studies) for adults in three European member states, with reference to Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM)

Methods

The overall approach was to carry out in-depth interviews in each of the three country case studies (Denmark, the Netherlands, the United Kingdom), with interventionists including the project team, project partners, and stakeholders. The primary research data was qualitative, although some quantitative data was collected to cross check the qualitative data.

Inclusion and exclusion criteria were developed to ensure that key parameters were common between the three case studies. An important inclusion criterion was that case studies should include a specific focus on deprived areas/ people at the highest risk of inequalities. Within these criteria the research aimed to identify varied and rich case studies, which would give real insights into the diversity of success and failure factors in interventions.

Standardised data collection tools were developed, piloted, and used in each of the case studies. This was important to enable comparisons between the studies to be carried out.

Findings

These are summarised in Table 1 at the end of this summary section, where they are organised both by RE-AIM domains and by the literature based theoretical framework developed for this research, and shown in Annex 2.

The strongest discriminating factors between success and failure which affected the case studies across the range of RE-AIM domains were:-

- Resource availability: adequate financial resources are clearly important, but even more important is that they are reliable. If there are any threats to the security of these resources, such as potential changes in government, these can shake the confidence of other funding partners. Threats of this sort can also mean that considerable time is lost to the project, and that, for example, infrastructure activities may have to be delayed or even cancelled.

  Even if there are adequate and reliable financial resources, complex multilevel community-based interventions need enough time to move towards being integrated within the community. All three of the case studies were only 3 to 4 years in duration, and interviewees were of the opinion that 4-6 years was needed to develop the project in partnership with the community, deliver it - again working with the community, and then move on to integrating activities within the community and/or other infrastructures.

  The lack of adequate time was also a major underlying reason for two other factors which had a very negative effect on project maintenance. These factors were: failing to engage senior management at a strategic level; and failing to engage and work with the community from the start.

- Using a top down approach undermined success in all three case studies, with the projects: providing opportunities, services or structures which the target population did not see as being relevant to their needs; and the community not being sufficiently

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engaged. The weaknesses of this approach may be recognised by the project management and staff, but may also be an inevitable result of the nature and restrictions of the funding received, and particularly (again) the very tight timescales imposed on the projects.

Some factors emerged strongly in relation to success in the first four domains of RE-AIM i.e. Reach, Effectiveness, Adoption, and Implementation - but were not strong in relation to Maintenance. These were:-

- Commitment, enthusiasm and good working relationships both within and between project staff and partners

- Effective leadership

On the other hand two factors were particularly important for the Maintenance of the work, but not for the first four domains. These were:-

- Senior management not being e.g. adequately engaged and/or effective in two of the case studies. The lack of strategic input from senior figures also meant there was little planning for what would be done after the grants came to an end. When this issue was considered by project staff, it was late in the day and it was difficult for them to make progress without support of their senior management teams.

- Opportunities for the project to become integrated into existing infrastructures, which again undermined success in two of the case studies.

So, whereas having good personal working relationships across sectors and organisations may be excellent in terms of delivering project activities, as can lack of 'interference' from senior management, these factors may be a threat to successful maintenance, since the project becomes reliant on personal relationships and initiatives rather than being embedded within specific infrastructures.

Finally, some issues did not fall easily into specific RE-AIM domains and have been described separately. One of these was addressing inequalities. All of the case studies include a specific focus on deprived areas/people at the highest risk of inequalities e.g identified by socioeconomic status. This means that <u>all</u> of the success and failure factors identified in this report are very relevant to interventions in communities where there are inequalities. In addition two factors emerged which related specifically to addressing and understanding the effect of the intervention on inequalities. These were:-

- The importance of anyone involved in funding, developing, or implementing a project of the type described being aware that there can be adverse effects of the intervention itself on inequalities, and making sure this does not happen.

- Evaluation of the project should be designed and analysed by population subgroups, including those groups at highest risk of inequalities e.g. socioeconomic, ethnic, those affected by physical or other disabilities, and gender.

Conclusion

It seems that in delivering complex community-based interventions of the type described here there are very real tensions between delivering and maintaining a project. There are conflicts in the success factors for 'doing' a good quality and effective project in a short period of time, and success factors for truly engaging the community and its leaders, organisations and political leaders, which includes slowly but surely developing a community initiative which in time can become embedded and continue to contribute to the health of the community in the long-term.

Factors which differentiated consistently between success and failure across all three countries have emerged in this study, despite the extent and power of the variables between case studies and countries which militated against them.

Such strong factors need to be seriously considered at both national and EU levels, if there is a serious commitment to implementing successful public health interventions to prevent obesity.

Detailed Findings by RE-AIM domain

Reach

From the three country case studies the factors which emerged as particularly important for success in reaching as many of the target groups as possible were:

- Commitment, enthusiasm and good working relationships both within and between project staff and partners appear to be essential factors. This is helped if pre-existing relationships and activities are built on.
- The role of a charismatic and high energy project leader can be important in reaching and focusing networks, but is not essential as long as the core project team can provide direction and engender energy and motivation.
- The flexibility and autonomy of the project can be a contributor to success, and the funder plays a key role in determining to what extent this is possible.

One factor in particular emerged across all three case studies as hindering success:

- Using a top down approach, with the project providing opportunities, services or structures which the target population do not see as being relevant to their needs. The weaknesses of this approach may be recognised by the project management and staff, but may be an inevitable result of the nature and restrictions of the funding received, and the very tight timescales imposed on the projects.

Effectiveness

The factors which emerged as particularly important for achieving planned outcomes were:

- Including an evaluation which interacts closely enough with the project itself to influence the thinking and actions of the project team, for example in understanding what outcomes were being sought, or after an interim evaluation reflecting on findings and modifying future plans.

Several of the factors for success identified under the 'reach' domain were also important in contributing towards effectiveness:

- The commitment and enthusiasm of project staff and close partners, combined with good working relationships
- The project being relatively autonomous and flexible

The factors which emerge as hindering success were:

- The influence of funding organisations for example in:
    - imposing timescales which are too short;
    - being inflexible, so that reflection and learning cannot be applied within the project;
    - being inflexible in allowing adjustments to the timescale when national events have impacts which delay the project, but over which the project has no control;
    - giving mixed and confusing messages to the project.

- National politics and economics which can introduce uncertainty about funding; impose time delays; change the level of political support; and result in institutional restructuring.

<u>Adoption</u>

The factors which emerged as helping adoption of the projects were:-

- Support from local politicians, which can encourage wider adoption of a project by stakeholders and professionals.

Several of the factors for success identified under the 'reach' and 'effectiveness' domain were also important in contributing towards 'adoption'. However, interestingly in this section more nuanced insights are gained, including some negative aspects.

- Although building upon pre-existing relationships contributes to good working relationships, this approach may also mean that some sectors which could have made a valuable contribution were left out.
- Although a charismatic and high energy project leader can be important in reaching and focusing networks, depending too heavily upon one individual can make the project vulnerable.
- Although having flexibility within a project has many good points, there is a danger that too many collaborations/activities are initiated at the outset and the project does not have the resources to maintain and nurture these.

The factors which emerge as hindering success in adopting the project were:

- Lack of time and inflexibility in the work schedule may mean that volunteers are not nurtured and used in the project.
- If there is cynicism stemming from problematic experiences with previous projects, project fatigue, or a perception that project is just being dropped into an area, this can have a negative effect on adoption of the project

<u>Implementation</u>

The factors which emerged as helping implementation were:-

- The use of models to provide a framework for both developing and implementing the project can be helpful
- Providing learning opportunities for those working in and with the project can be helpful
- Some projects may benefit from developing their own branding to help raise awareness and encourage target group awareness and participation

Some of the factors for success identified previously also underpinned success in implementing the project:-

- The commitment and enthusiasm of project staff and those working with them, together with a real desire to deliver an effective public health intervention, were essential success factors
- Effective leadership, although lack of this may be overcome by stronger success factors – specifically the motivation and commitment of the project staff/team
- Restricted resources (human, financial, time). Whilst human and financial resource restrictions might be overcome by increased creativity, a realistic time period is essential for the development and implementation of a large, community-based, complex, and multilevel intervention

Another factor which emerged as hindering success in implementing the project was

- Misalignment between project activities and population needs

<u>Maintenance</u>

Factors hindering success were:-

- Senior management not being adequately engaged

- The local community, including community leaders and local politicians not being engaged
- Too short a timescale to deliver a complex multilevel community-based intervention, with time pressures being one of the reasons why senior management and others mentioned above, were not engaged.

Factors which helped success in previous RE-AIM domains, but hindered success in terms of maintaining the project:-

- Commitment, enthusiasm and goodwill of project staff - which can become exhausted
- Good personal relationships across sectors and organisations - which may come at the cost of the project not becoming embedded within specific infrastructures
- Flexibility has benefits in relation to widening the project to harness partners who do not have a strict interest in health/overweight, but these partners may then drift away from the project

Factors which did not fall into specific RE-AIM domains

Addressing inequalities

All of the case studies include a specific focus on deprived areas/those at the highest risk of inequalities e.g. lower socio-economic status. This means that all of the success and failure factors identified in this report are very relevant to interventions in communities where there are inequalities. In addition two failure factors emerged which related specifically to addressing and understanding the effect of the intervention on inequalities.

These were:-

- That anyone involved in funding, developing, or implementing a project of the type described here should be aware that there can be adverse effects of interventions on inequalities.

- The evaluation should be designed and analysed by population subgroups, including those groups at highest risk of inequalities e.g. socioeconomic, ethnic, those affected by physical or other disabilities.

Gender

- It seems that although there were efforts to reach and include women in activities, men may be somewhat neglected. For example, in the Netherlands it was accepted that women are generally reached more easily in interventions of this sort, and relatively little effort was made to include men. In the UK more women than men attended the activities, bearing out the view that women are reached more easily.
- It is important in understanding whether there is an issue, that any evaluation is designed so that it can be analysed by population subgroup, including gender.
- In terms of gender issues within the interventionists delivering the projects, in one case study this clearly played a role in the dynamics, and had consequential impacts on relationships with those in the target group.

Obtaining the funding and resources for a multilevel obesity prevention intervention

The factors which seem to help the case studies obtain funding and drive the work in its initial stages included:

- having a specific person within the locality who is responsible for highlighting funding opportunities and leading in the early stages of the work;
- building upon pre-existing relationships and activities.

<u>Evaluating the intervention</u>

An evaluation is invaluable in feeding into other interventions and policy development. The main factors for a successful evaluation were:

- involving a research/evaluation partner right from the start;

- ensuring that the budget allocated for evaluation is adequate for a good quality evaluation. WHO recommends that this should be 10% of the total budget [1].

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[1] World Health Organisation (2008) Global strategy on diet, physical activity and health: a framework to monitor and implement evaluation.

Table 1: Strength of factors influencing relative success of case studies by RE-AIM domain

Note: Most of the factors can be either positive or negative. In this table they reflect the most frequent finding from the three case studies.

KEY to table	
R	Reach
E	Effectiveness
A	Adoption
I	Implementation
M	Maintenance

Colour	Meaning
(dark navy)	Essential to success
(blue)	Important to success
(light blue)	Contributor to success
(pink)	Contributor to failure
(red)	Important to failure
(dark red)	Critical to failure
(white)	No direct data

Theoretical model Constructs	Factors	R	E	A	I	M
Characteristics of interventionists	Commitment, enthusiasm and good working relationships both within and between project staff and partners	Essential	Important	Important	Important	
	Although building upon pre-existing relationships contributes to the factor above, it may mean that sectors which could have made a valuable contribution are left out.			Contributor to failure		
	Commitment etc can become exhausted, and good relationships across sectors and organisations may mean the project does not become embedded in specific infrastructures					Contributor to failure
	Effective leadership	Important	Contributor to success	Important	Important	
	Depending too heavily upon one individual who is a charismatic and high energy can make the project vulnerable			Contributor to failure		
	Senior management not being e.g. engaged and/or effective				Contributor to failure	Critical to failure
	Cynicism from local professionals etc because of previous problematic experiences or a perception that project is being dropped into an area, can have a negative effect on adoption			Contributor to failure		
	Volunteers not being nurtured and used in the project			Contributor to failure		
	Learning opportunities provided for those working in and with the project				Contributor to success	
Characteristics of the intervention	Flexibility and autonomy of the project, largely determined by funder	Contributor to success	Contributor to success			
	Some projects may benefit from developing their own branding to help raise awareness and encourage target group awareness and participation				Contributor to success	

Summary and Recommendations

Theoretical model Constructs	Factors	R	E	A	I	M
	Flexibility has many good points, but if too many collaborations/activities are initiated as a result of this, the project may not have the resources to nurture these or interest may fade			■		■
	Top down approach/mismatch of project activities and population needs - so local communities are not engaged and do not actively participate in development and delivery	■	■		■	■
	Including an evaluation which helps the project team, for example in understanding what outcomes are being sought		■			
	The use of theoretical models to provide a framework for both developing and implementing the project				■	
Characteristics of the target population	In Denmark and the Netherlands the target population consisted largely of groups who are traditionally 'hard to reach' in health interventions	■				
Organisational characteristics	The influence of funders in: lack of flexibility, and giving mixed messages to the project		■			
	Reliable and adequate resource provision by funders – especially a realistic timescale.		■		■	■
	Opportunities for the project to become integrated into existing infrastructures					■
	Support from local politicians			■		■
Contextual characteristics	National politics/economics can introduce uncertainty about funding; impose time delays; change levels of political support and institutional structures of project partners		■		■	

RECOMMENDATIONS

Examples of best practice from each case study are given in Annex 6

Country specific recommendations are given in each case study (Annexes 3-5)

By RE-AIM domain

Although recommendations below are ordered by individual RE-AIM domains, many are applicable across multiple domains.

Reach

- Ensure that the community is involved at all stages of the project from initial development and needs assessment to ensuring long term sustainability. For example by:-
    - being on the project board;
    - providing opportunities for the development of volunteer skills;
    - identifying and nurturing community champions;
    - considering employing a community development worker;
    - considering using an approach which encourages the active involvement of community members in all phases of the project and at all levels.

- As far as possible build on pre-existing relationships between people and between organisations, and also use existing community networks and activities as an important basis for the work. Then carry out a systematic check to ensure that important sectors, groups, organisations and activities have not been left out.

- Ensure that there is a range of types of project communications and social marketing, with frequent reinforcement.

- Be aware of stigma and discrimination associated with words such as "obesity" and avoid creating a culture where people feel that they are being blamed, and are thus discouraged from participating.

Effectiveness

- Funding organisations need to allow adequate time for complex interventions which are integrated with the community to be successful both in delivering the work, but also in establishing the long term sustainability of the work.

- Include an evaluation which interacts closely enough with the project itself to:

    - influence the thinking and actions of the project team, for example in understanding what outcomes are being sought;

    - enable reflection on findings and subsequent modification of future plans e.g. through an interim evaluation.

- Ensure that the project has:

    - a group which is responsible for overseeing operational delivery;

    - management structures which encourage cooperative and respectful working relationships;

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- an attitude and context in which commitment and enthusiasm flourish;

- mechanisms for dealing with personality clashes or similar conflicts which can negatively affect the project.

- Funders and 'parent' organisations should allow the project to be relatively autonomous and flexible

Adoption

- Work with partners and stakeholders to encourage widespread adoption of the project, for example gaining support from local politicians and local (health and other) professional groups.

- Use cooperation agreements between e.g. partners and stakeholders involved in the project. This introduces clarity about who does what and when

- Continue to nurture and support the active participation of the community, including skills and knowledge development for e.g. volunteers.

- Be aware of whether the community has previously been involved in similar projects, and consider past successes or failures, and whether the community may have 'project fatigue'.

Implementation

- Use theoretical models to provide a framework for both developing and implementing the project.

- Build in an interim evaluation with reflection on the findings and implementing any indicated adjustments to the work.

- Provide project staff with opportunities for formal skills and knowledge acquisition.

- Continue to nurture and support the active participation of the community, including skills and knowledge development for e.g. volunteers.

- Keep senior management engaged, so that they maintain a clear responsibility for finalising decisions and providing a strategic vision.

Maintenance

- Ensure that there is sufficient time to deliver and maintain a complex multilevel community-based intervention.

- Throughout the project, ensure the active involvement of senior management, the community, and professional networks. This is vital in maintaining a project beyond the initial funding period.

- Develop a strategic vision from the outset, and ensure that this includes working towards the longer term maintenance of the project.

- National and local politicians need cross party and long-term commitment to solving public health issues, and this means continuing to support projects which may have been initiated under a previous government if they are showing evidence of effectiveness.

Factors which did not fall into specific RE-AIM domains

Addressing Inequalities

- Collect data for the evaluation in such a way that it permits subgroup analyses, including those groups at highest risk of inequalities e.g. socioeconomic, ethnic, those affected by physical or other disabilities.

- Check at all stages of developing and implementing the project that there are no elements within it which could exacerbate inequalities.

Gender

- Ensure that the underpinning project documents are gender sensitive throughout, for example in relation to staffing and project activities.

- Include gender issues in the needs assessment.

- Collect data for the evaluation in such a way that it permits subgroup, including gender, specific analyses.

Getting the bid and initial development

- Have a specific person within one of the lead organisations who is responsible for highlighting funding opportunities and leading in the early stages of obtaining funding.

- As far as possible, try to build upon existing relationships and existing activities, but without compromising the reach of the project into all relevant sectors.

- Include input from the target population.

Evaluation

- Include a partner responsible for external evaluation as early in the process as possible, to enable pre-and post intervention data collection. This will also help in encouraging partners to think of activities in terms of outcomes.

- Collect data for the evaluation in such a way that it permits subgroup specific analyses, e.g. those groups at highest risk of inequalities e.g. socioeconomic, ethnic, those affected by physical or other disabilities, and gender.

- Ensure that the budget allocated for evaluation is adequate for the team to use optimal methods. WHO recommends that this should be 10% of the total budget[2].

Good Practice Assessment tools/checklists

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[2] World Health Organisation (2008) Global strategy on diet, physical activity and health: a framework to monitor and implement evaluation.

Some participants in the study remarked that their project would have found it very useful to consider the questions they were being asked, whilst the project was in progress.

- Project management should consider using good practice assessment tools[3] with project staff, partners and stakeholders at the start of the project, and then repeating the exercise at regular intervals.

Additional recommendations for funders and for local government

<u>Funding organisations</u>

- Allow sufficient time during the initial bid process for projects to work with the target population in developing the bid, and to allow a needs assessment to be carried out. You may want to consider a two step bid process to enable this.

- If the project is a complex community-based intervention it needs sufficient time to be implemented and embedded in the community so that it is more likely to be maintained. A period around 4 to 6 years would be appropriate.

- Encourage projects which use approaches which call for the active involvement of community members in all phases of the work.

- Think what you are asking the funded project to do – it may be confusing saying that you want 'innovative approaches' at the same time as 'using the evidence base'.

- In complex community-based interventions allow some flexibility for the planned activities to be revised in the light of learning during the project.

- If there are delays which are forced upon the project e.g. as a result of a national election, extend the time period for delivery to reflect the time that has been lost.

- Whilst there may be pressure for your own organisation to obtain a profile, if the real purpose of the funding you provide is to improve public health outcomes, you need to be open to the project developing its own identity.

- Support the funded project in carrying out a good quality evaluation (both process and outcome) and if possible cost effectiveness calculations.

- Ensure that learning from the project is shared as widely as possible. This may mean building extra time onto the project at the end, purely to capture and disseminate learning – including that on good practice.

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[3] The tools drawn on by this research were from (World Health Organisation 2011) and (Maclellan-Wright 2007). See References section.

Local government

- Have a specific person whose role is to highlight public health funding opportunities and lead in the early stages of obtaining funding

- Allow sufficient flexibility and autonomy for the project to develop its own identify, and not to be restricted by unnecessary bureaucracy.

- Maintain a database of local public health projects and activities.

- Develop tools which are often needed by local projects. For example, templates for co-operation agreements, process and outcome evaluation, and examples of good practice.

- Support project evaluation and disseminate the findings through local government and other networks. Also keep an archive of evaluations of local projects, to inform subsequent work in the area.

Report 1: Success and failure factors associated with implementing multi-level interventions

1.0 Background

The prevalence of overweight and obesity across Europe is high, with rates doubling during the last decades in several countries (James et al. 2004). More than 50% of the total European adult population is now overweight (BMI>25) and obesity levels (BMI>30) of adults in many Member States on average exceed 20%. (Pickett et al. 2005, Roskam et al. 2010). Overweight and obesity contribute to mortality and the burden of major chronic diseases, such as cardiovascular diseases (coronary heart disease, hypertension, and stroke), various types of cancer (endometrial, cervical, ovarian, prostate, breast, colon, rectal, kidney, liver and gall bladder), type 2 diabetes, osteoarthritis, pulmonary embolism, deep vein thrombosis, hyperuricaemia and gout, reproductive disorders, sexual dysfunction, complications in pregnancy, as well as psychological and social problems. (Canoy & Buchan 2007, Dennis 2007, Francischetti & Genelhu 2007, Giovannucci & Michaud 2007, Kopelman 2007, Larsen *et al.* 2007, Must *et al.* 1999, World Health Organisation 2004, 2007)   Obesity is now regarded as one of the most important determinants of avoidable burden of disease (World Health Organisation 2004).

Obesity is largely determined by modifiable lifestyle dependent risk factors such as reduced physical activity, sedentary behaviour and an unhealthy diet. The presence of these modifiable obesogenic behaviours in the aetiology of obesity offer opportunities for prevention. Therefore, most countries in Europe invest in promotion of healthy lifestyle behaviours and prevention of unhealthy behaviours. There are numerous interventions aimed at individual factors, environmental factors or work-related factors. Internationally, there has been a shift from individually-focused interventions to a socio-ecological approach that looks beyond the individual and instead embraces system-based multi-level intervention approaches that address both the individual and the environment.

Importantly, a recent study indicated that in Western Europe that 20 to 25 per cent of obesity reported in men and 40 to 50 per cent of obesity in women can be attributed to differences in socio- economic status (Robertson *et al.* 2007). This relationship encompasses differences in income, education, ethnicity, living environment and social support (Kuipers 2010). Financial insecurity is also an increasing factor in Europe, especially during uncertain economic times (Offer *et al.* 2010). In a vicious circle health inequalities themselves result in significant costs to economies (Mackenbach *et al.* 2010).

The other apparently perverse finding, and one which is widely accepted, is that public interventions, even those which are 'successful' in the general population, may exacerbate inequalities (Stockley 2001, Waters *et al.* 2006).

Various barriers and facilitating factors determine the extent to which multi-level intervention approaches will succeed. The 'levels' within these interventions are described in many models e.g. (Dahlgren & Whitehead 2007) as well as in the conceptual model developed within Spotlight (Lakerveld *et al.* 2012). These factors which help or hinder success may appear at all of these levels, from the individual to the macroeconomic and political.

One model which suggests that the success of an intervention depends on its reach, effectiveness, adoption, implementation and maintenance is called RE-AIM (see Annex 1: Appendix 1). This study aims to identify success and failure factors of interventions initially with reference to RE-AIM, but will also utilise other models if doing this is likely to add to the future applicability of the findings.

The study also aimed to ensure that a focus on inequalities would permeate the work, by especially focusing on interventions which include population groups with a lower socio-economic status.

2.0 Aim, objectives, deliverable, and methods

2.1 Aim of the research

The overall aim of the research was:-

> To identify factors associated with success and failure in multi level obesity prevention interventions for adults in three European member states, initially with reference to Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) but also to other models if doing this is likely to add to the future applicability of the findings.

2.2. Objectives

The detailed objectives and research questions can be found in Annex 1: Protocol for country case studies.

2.3 Deliverable 6.1

This report (Report 1) constitutes Deliverable 6.1. The purpose is to report on success and failure factors associated with implementing multilevel interventions

2.4 Methods

Details of the methods can also be found in Annex 1, but a short summary is provided below.

The overall approach was to carry out in-depth interviews in each of the three country case studies (Denmark, the Netherlands, and the United Kingdom), with interventionists, project partners, and stakeholders. The primary research data was qualitative, although some quantitative data was collected.

Both 'essential' and 'desirable' inclusion criteria were developed. The essential criteria were that the case study interventions should be:-

- Relevant i.e. an integrated and multilevel intervention aimed at influencing overweight/obesity/weight change/physical activity/sedentary behaviour/dietary behaviour in a whole community[4].

- Still in progress but either most or all of the implementation phase finished, or completed in within two years of the project being selected.

- Adults, or the general population, are the target group.

- Not primarily a research study.

- Some monitoring and/or evaluation has been carried out.

- The intervention addresses both individual level determinants and at least one environmental level determinant .

- Include a specific focus on deprived areas/people with lower socio-economic status.

- Not focus on eating disorders, or focus solely on populations with pre-existing health conditions e.g. diabetes.

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[4] any grouping of people e.g. in a geographical location, or workplace or educational institution, or with common links (cultural, ethnic, lifestyle, interests)

Standardised data collection tools were developed and used in each of the case studies. This was important to enable comparisons between these studies to be carried out.

Initially a short review was carried out in order to undertake an option appraisal of existing assessment tools. Two tools emerged as possible bases for use in the current study. They represented two different schools of thought. The first was 'good practice' – based on the evidence for what should studies do to optimise their chances of success (World Health Organisation 2011). The second was an emphasis on understanding the capacity of an intervention to achieve success (Maclellan-Wright 2007). These tools were then tailored to the needs of the Spotlight research and pilot studies carried out in each of the three countries, to refine and develop final tools.

A literature review of reviews was carried out to scope success and failure factors which have been identified in earlier research. This information was used to develop a theoretical framework, against which final results were compared. The theoretical framework is shown in Annex 2.

Once the data collection tools had been finalised in the light of the pilot studies, and the theoretical framework had been developed, the three country case studies were carried out. The ethical approval and consent procedures, selection (inclusion and exclusion) criteria, data collection methods, and the approaches used for data analysis and interpretation are shown in Annex 1.

3.0 Findings from case studies

3.1 Findings from each country case study

Summaries of the background and main findings from each country case study are shown below:-

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Denmark

In 2010 the Danish Board of Health allocated 7.7 million krone. in a government grant to work with prevention interventions in a social housing complex, a designated area with affordable housing in order to ensure health, safety and well-being of the residents.

The project had five objectives: 1) to increase the social capital in the community, 2) to strengthen the interdisciplinary collaboration in the community, 3) to create a healthy social and physical environment, 4) to improve the health of residents, and 5) to develop effective methods of recruitment and retention.

The social housing complex was located in the outskirts of a small provincial capital in Denmark, three kilometres from the town centre and administered by a cooperative-housing association. The project area was a so-called marginalized area, classified as a ghetto, where most citizens have fewer economic and social resources than the average Dane. Usually, approximately 1,100 residents live in 728 leases, however, towards the end of the project one third of these were relocated due to a major renovation. Out of the 1,100 residents, about half had a non-Danish ethnic origin. The two largest groups were Turks and immigrants from the Balkans in the 1990s. The Danish resident group was characterized by individuals living alone, in poor health, often with high alcohol consumption, and presumably with few family bonds.

The project was funded by the Danish government through a development Fund. An allocation of extra funds was available to initiatives that aimed to improve conditions for vulnerable and disadvantaged groups, including welfare recipients. The project started in November 2010 and ended November 2014, with some activities planned to be continued as part of a new master plan for the area.

Project activities fell into six focus areas: smoking cessation, physical activity, diet, social capital, mental health, and recruitment and included activities at individual level, group level, in the local community, and in cooperation with local agencies, schools and businesses. The project approaches also included improving the physical environment.

Seven people were interviewed about their experiences and views on the successes and failures of the project.

The interviewees belonged to the categories of project owner, core project staff, close partner and external partner.

The main findings were that participation and **Reach** in project activities by the target population was low. Interviewees agreed that it was difficult to obtain commitment from at-risk groups. Those interviewees who worked closest to the target population estimated that reach was good, whereas others reported it to be very low, partly as a result of the personal tension between project manager and close partner.

Due to having no baseline data nor a needs assessment and just a common-sense idea of the needs of the target group, **Efficacy** was difficult to estimate. For individuals who took part in project activities the project was effective; however, not many took part in the individual and group activities offered, although more residents, mainly women, joined social events especially those including children. Activities related to weight loss appeared to reinforce stigma and the discrimination felt within the target population

Adoption of the project differed radically according to each interviewee. The three paid project staff had a good working relationship and shared enthusiasm for the project. The split between project staff and the close partner hampered adoption, especially by stakeholders who favoured the view of the close partner.

Implementation of the activities within the project was achieved but with poor attendance, mainly women, and mainly the same people attending. The factors which hindered implementation included the social housing renovation, the personal grudges between key stakeholders, and a detached leadership.

In terms of **Maintenance** the project did not succeed well, because there was no strategic planning or infrastructure beyond the project period. Some activities will be maintained in a new municipal master plan and managed by the close partner. In this way, some experiences from the project will be maintained.

In conclusion, the commitment and enthusiasm of the project's paid staff was a positive factor. Another major strength of the project was the location of the project office on the project site. Other positive factors were the project's holistic view of health to include mental health and the more social activities that were well liked by the target group. In addition, several concrete activities and the environmental (structural) changes worked well for the target group.

The main weakness of the project was the unclear aim of the project and lack of strategic planning, also the timing of the project to coincide with a major housing renovation. The needs of the residents were not clear to all stakeholders and project activities were short-lived. The project also suffered from poor communication and cooperation.

Netherlands

The Dutch case study was carried out in an urban district in the north of the Netherlands. During the last years, a lot has been invested in improving the built environment of the district. Approximately 10,000 inhabitants live in several neighbourhoods in this district. Strong characteristics of the district are its social cohesion and attractive design. However, a high percentage of people are unemployed and the majority have a low level of education. The local prevalence of overweight is a concern in both children and adults.

Given the large number of existing initiatives to improve health, wellbeing and healthy lifestyle in the area, these projects aimed to link existing initiatives and build a network of professionals to collaborate in this linking process. The project was funded as part of a national programme in the Netherlands and started in 2010. The project ended in April 2014, but some activities will be maintained.

Interviews with eight involved professionals were carried out in 2013, when the project was ongoing.

The project focused on two target groups: professionals, and the 'disadvantaged groups' in the area (i.e. low SES, children, and non-Dutch groups). The purpose of the project was to change the norms around healthy eating and physical activity, using a positive approach and on the basis of the needs and opportunities of inhabitants.

The eight professionals ('participants') were interviewed and asked for their view on the success and failure of the project. The participants agreed that the **Reach** and **Effectiveness** of the project were probably low, while **Adoption** was relatively high (professionals were willing to cooperate). **Implementation** of the activities within the project was moderate, and although there are some indications that part of the activities will be sustained (**Maintenance**), this was difficult to ascertain.

The biggest strength of the project was the participation of professionals: a wide variety of professionals were involved, who all contributed actively to pursue better alignment and collaboration. Other strengths of the project were the shared ownership and sense of urgency among professionals and the role of the project leader.

Flexibility of the project was both strength and a weakness. First, the vague project description gave professionals the flexibility to design their activities, but this also required decisiveness which was challenging for

professionals. Second, the activities were very flexible in that there were no fees or registration process, but this also resulted in a low uptake of activities, as inhabitants did not feel pressure to keep coming. The underlying philosophy also contributed to both the success and the failure of the project: a weakness was that some participants perceived the project to be top-down, and a strength was that the project had a very positive approach.

The main weakness was the participation of inhabitants: despite the focus on disadvantaged groups, participants felt that they did not succeed in reaching the target group. Other weaknesses of the project were that the collaboration was based on personal relations: this may mean that if individuals leave their organisation, the maintenance of the project may be at risk. In addition there was a lack of time and money and the evaluation did not go as planned.

United Kingdom

The UK case study was set in a small market town in rural England, and the intervention was intended for the whole community of the town. There were two areas in the town with higher levels of deprivation and of obesity, and these were particularly targeted by the project. The total target population consisted of fewer than 9,000 households or approximately 19,000 people.

The project objectives were to: decrease the use of motorised transport and promote active transport across the community; encourage and provide opportunities for residents to make healthy food choices; increase opportunities for local people to be physically active.

The project was funded by a grant from a national programme, with matched funding from the lead partners and project partners.

The project included activities at many levels including: individual; the local community; structures used by the community e.g. schools; and the physical environment.

The success of the project was assessed against the domains of the RE-AIM model. The commitment and enthusiasm of the project staff was a positive factor throughout all of the RE-AIM domains. Pervasive negative factors included: a national election and economic upheaval; mixed messages and inflexibility from the funder.

Other factors which influenced specific domains are described below:-

The project achieved a high **Reach** and the main factors associated with this success were: building project activities on existing community networks and initiatives; having a range of communication methods; using a social marketing approach which was grounded in the community.

Effectiveness was good and the main success factors were: relative autonomy of the project; having a built in evaluation. The factors which held the project back were: too short a time to prepare the bid.

Adoption of the project was also good. This was largely because of: good working relationships, many of which were pre-existing; building on existing community activities.

Implementation was not as successful as the first three domains. The factors which hindered included: unclear leadership, which affected decision-making; lack of opportunities for the community to have a direct influence on implementation; little exploration of the determinants of behaviour in the target population; little skills and knowledge training.

The project performed poorly in the **Maintenance** domain. This was largely because: senior managers were not engaged resulting in a lack of strategic vision and planning; the community was not involved enough to have a positive influence on maintenance; the project was too short to become embedded and develop momentum.

There were two principal **factors for success which fell outside of the RE-AIM domains**: getting the bid and initial development of the project was greatly facilitated by one of the partners having a specific person in post to identify possible grants and to lead the bid team through the initial stages of the project; involvement of a university department in the project team from the start, which enabled collection of pre-and post data, and also helped clarify thinking about desirable outcomes.

3.2 Comparative analysis of findings from country case studies

Reach

From the three country case studies the factors which emerge as particularly important for success in reaching as many of the target groups as possible were:

- Commitment, enthusiasm and good working relationships both within and between project staff and partners appear to be essential factors. This is helped if pre-existing relationships and activities are built on.

- The role of a charismatic and high energy project leader can be important in reaching and focusing networks, but is not essential as long as the core project team can provide direction and engender energy and motivation.

- The flexibility and autonomy of the project can be a contributor to success, and the funder pays a key role in determining to what extent this is possible.

One factor in particular emerged across all three case studies as hindering success:

- Using a top down approach, with the project providing opportunities, services or structures which the target population do not see as being relevant to their needs. The weaknesses of this approach may be recognised by the project management and staff, but may be an inevitable result of the nature and restrictions of the funding received, and the very tight timescales imposed on the projects.

The extent to which the target population was reached varied between the three case studies. In Denmark it was not very clear how successful the project was in this, since some interviewees said that 'it is always the same group of residents e.g. women rather than men, who take part in activities whilst others claimed that all the target group population know the project and take part when up to it'. In the Netherlands there was also some uncertainty. Whereas professionals appear to have been reached successfully, reach to the target population appeared to be less successful. In the UK the findings were more clear-cut, with the success appraisal indicating that the target group participation was high, and more deprived areas being reported as having high levels of engagement.

In all three case studies, although particularly in the UK and Netherlands, it was clear that commitment and enthusiasm of project staff and partners was an important factor in improving success in reaching target groups. Also there was a sense of urgency amongst those involved in delivering the project and a desire to really tackle what were perceived as important public health issues. This bonding and enthusiasm was helped in both the UK and Netherlands by pre-existing relationships between those involved in developing and implementing the project. Building upon pre-existing activities also extends the reach of the project. This factor was particularly strong in terms of reaching professional groups, and in enabling cross-linking between sectors.

The role of the project leader could also be important, as was the case in the Netherlands when the project leader was "perceived to be the hub in the network, who got everyone together and made sure the energy was high". The Dutch project also included sufficient flexibility to bring in a range of external organisations, for example with some organisations the project could focus on safety or upbringing instead of issues relating directly to obesity. Again the project leader greatly facilitated the inclusion not only of external organisations but local politicians and others.

Another common success factor between the UK and Dutch case studies was that there was sufficient flexibility to give the project a name/brand which was more generally appealing than one focusing on health/overweight. This was mirrored in Denmark where it was noted

in retrospect that it would have been helpful to have a project name which did not contain the word 'healthy'.

A possible negative factor in the Dutch study being less successful in reaching the target population in the community may be that although there were many communication channels used, ultimately these appear to have been ineffective. There were two positive aspects though, and these appear to have been that: the project activities were flexible in that recipients did not have to register or sign up for a certain number of sessions, and this encouraged people to come and have a 'taster' session; and that changing the name of the project from one which referred to overweight the one which focused on well-being and happiness was well received.

The Danish study took place in a marginalised area, classified as a ghetto, where there were high levels of immigrants, single Danes without children, often unemployed, alcoholics, people diagnosed with mental illnesses and on welfare benefits. This is very different from the 'more deprived' area in the UK study, where the deprivation was relative to that of other areas in a small rural market town. In the Danish study area there was an awareness of the project but interviewees said there were different levels of real participation from the people living in it. In addition to having a population consisting largely of groups who are traditionally 'hard to reach' in health interventions, there were also some personal tensions between project management staff and a close partner which interviewees believe may have exacerbated the problem to some extent. Another negative factor which exacerbated the problems in the Danish study was that activities were too short lived to have an effect in such a hard to reach population.

One factor which impeded success in all three country case studies was that all three were perceived to be initiated from the top, rather than being developed and implemented using the input and needs of the target population. In the Danish study it was reported that residents had not asked for the project, but in fact had asked for a sports hall. Interviewees in the UK study described it as paternalistic, and in the Netherlands the majority of participants said that the community were not asked about what they needed or even what structures already existed in the area.

In the UK there were some aspects of the study which ameliorated this to some extent. For example; a community development worker was appointed and had an important role in engaging the community particularly in deprived areas; a social marketing approach was used which was very much grounded within the community; the diversity and nature and frequency of project communications appear to have been effective in reaching the target population; and some project elements were built on, and enhanced, existing community networks and activities.

However, the fact that all three studies were perceived as being top down is an indictment of public health interventions. There are some clues into the reasons for this from the individual case studies, and two key factors appeared to be: the nature and restrictions of the funding available; and the time pressures which many interventions of this type operate under.

Effectiveness

The factors which emerge as particularly important for achieving planned outcomes were:

- Including an evaluation which interacts closely enough with the project itself to influence the thinking and actions of the project team, for example in understanding what outcomes were being sought, or after an interim evaluation reflecting on findings and modifying future plans.

Several of the factors for success identified under the 'reach' domain were also important in contributing towards effectiveness:

- The commitment and enthusiasm of project staff and close partners, combined with good working

> relationships
>
> - The project being relatively autonomous and flexible
>
> The factors which emerge as hindering success were:
>
> - The influence of funding organisations for example in: imposing timescales which are too short; inflexible, so that reflection and learning cannot be applied within the project, and also inflexible in allowing adjustments to the timescale when national events have impacts over which the project has no control; giving mixed and confusing messages to the project.
>
> - National politics and economics which can introduce uncertainty about funding; impose time delays; change the level of political support; and result in institutional restructuring.

There were some variations between the three country case studies in terms of effectiveness in changing behaviours such as diet or physical activity, or in changing rates of overweight and obesity. Interviewees from both the Danish and Dutch studies were not optimistic that there would be positive changes or if so only in the shorter term. However both of these case studies were awaiting final evaluation results. The UK study did have final evaluation results and found significant increases in physical activity behaviour and healthy eating related knowledge, although the data was self-reported.

All three country studies reported that there were positive changes in environmental factors, for example achieving structural change to increase opportunities to walk and cycle safely.

Some elements of Danish study used an 'Asset Based Community Development Approach'[5]. This is a rather more 'bottom-up approach' than those mentioned in the previous section, although it does not seem to have been strong enough to nullify the perception that overall the project was 'top down'. It draws upon existing community strengths to build stronger and more sustainable communities. This appears to have engaged the commitment and enthusiasm of those working in the project, key stakeholders, and local residents. It was perceived by some of the interviewees to have provided a permanent boost to the area, and encouraged more residents to join in with social events.

None of the three case country studies carried out cost effectiveness measurements or evaluation.

All three case studies did, however, have some elements of an evaluation. This appears to be important not only in measuring outcomes, but providing a structure appears to help a project team to think more closely about project activities and the outcomes they hoped to achieve. In Denmark no baseline data was systematically collected, but there was a local community analysis and a mid-term evaluation which helped the project team target project activities better for the target group.

In contrast the Dutch study had an external evaluation with baseline, interim, and final data collections. However, whilst the project was in progress, it was decided that the evaluation had to link more closely with national initiatives, which shifted the exercise backwards. The evaluation did not appear to interact closely enough with the project itself to influence the thinking and actions of the project team.

In scientific terms external evaluations are perceived to be more objective and therefore more credible than evaluations which are integrated closely with the project. However in terms of project effectiveness it seems that integrated evaluations of the type described in the previous paragraph can be valuable.

The influence of projects having flexibility/autonomy was mentioned in the section on 'Reach'. It appears again under this RE-AIM domain. The Danish case study reported that

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[5] http://www.abcdinstitute.org/

because the project had flexibility it was able to adjust activities to some of the needs of residents, including those in the most at risk and hard to reach groups. For example the project was able to adjust activities around mental health, thus engaging and working with residents who may otherwise not have been interested in participating.

The UK study also found that its relative autonomy meant that it could work more flexibly, away from some of the bureaucratic restrictions of lead and partner organisations. This also provided the legitimacy to work with partners across many sectors, and legitimacy for staff involved to do work which was not in their day-to-day job descriptions.

Another influence which was important was the commitment and enthusiasm of project staff and close partners, combined with good working relationships.

In the Dutch case study for example, this was an important factor in achieving the objective of building a strong collaborative network for professionals. It was noted in this case study as well that effective working is helped by having a good balance between different types of personality, for example those who have ideas and those who are good implementing them. The UK study specifically mentioned the importance of this in the effective delivery of the project activities. The Danish study had some experience of poor relationships having negative effects on the delivery of certain aspects of the work. The Danish study also highlighted the importance of the geographical proximity of head office, project management office, and target population. In the project the project management office was close to the target population which enable close contact and better rapport with the residents. However, this also meant that it was geographically distant from the main office, which was a disadvantage in terms of cooperation, and liaison with upper project management.

Funding organisations also have an important influence on the effectiveness of projects. The Danish study mentioned their role in determining the timescale, which in their case was too short for developing the bid, encouraging any sense of ownership, and impacted on building good coordination mechanisms between key stakeholders. All of these affected the effectiveness of the project. The UK study had similar experiences in terms of time, which was too short to: develop a bid together with all important stakeholders, including the community; carry out a needs assessment; reflect on and modify activities. The funder was inflexible in terms of delivery and timing of activities, even when the reason for time being lost was that activities had to be ceased because there was a national election in progress. A further factor associated with the funder was that there were mixed messages, for example innovative approaches were required but activities had to be evidence based - two characteristics which are not readily compatible.

Finally, national politics and economics can have dramatic consequences for the effectiveness of projects, and global financial crisis which began in 2008 affected all three case studies, although no specific effects were identified in the Danish study. The UK case study, though, does describe specific consequences. For example, there was a national election and since the main funding organisation was governmental all project activities had to be stopped in the run-up to the election. This caused uncertainty about whether funding would be continued, which in turn caused anxiety amongst the other funders. The election of a government formed by a different political party was perceived by interviewees to have negative effects on the project, and the austerity budget resulted in restructuring and financial consequences for some partner organisations.

Adoption

The factors which emerged as helping adoption of the projects were:-

- Support from local politicians can encourage wider adoption of a project by stakeholders and professionals.

Several of the factors for success identified under the 'reach' and 'effectiveness' domain were also important in

contributing towards 'adoption'. However, interestingly in this section more nuanced insights are gained, including some negative aspects.

- Although building upon pre-existing relationships contributes to good working relationships, this approach may also mean that some sectors which could have made a valuable contribution were left out.

- Although a charismatic and high energy project leader can be important in reaching and focusing networks, depending too heavily upon one individual can make the project vulnerable.

- Although having flexibility within a project has many good points, there is a danger that too many collaborations/activities are initiated at the outset and the project does not have the resources to maintain and nurture these.

The factors which emerge as hindering success in adopting the project were:

- Lack of time and inflexibility of the work schedule may mean that volunteers are not nurtured and used in the project.

- If there is cynicism stemming from problematic experiences with previous projects, or 'project fatigue,' or a perception that project is just being dropped into an area, this can have a negative effect on adoption of the project.

Adoption appears to have been relatively successful across all three case studies, although the UK was the only one which had quantitative data to support this.

In terms of success, the Danish study commented that there was support from local politicians, and because of the support it seemed that professionals were more willing to adopt the project and its activities.

Also in terms of success, the importance of commitment, enthusiasm, and good working relationships was yet again reiterated. However in relation to adoption, a more nuanced perspective of this factor emerged. For example in the UK an example of commitment was the willingness of partners, and some project staff who were not paid for their input to the project, being prepared to work long and unsocial hours delivering the project. This commitment and enthusiasm of individuals extended to the teams within which they worked, where there were cooperative and respectful relationships between 'managers' and 'the managed'. It was also suggested that the relative autonomy of the project seems to have reinforced the feeling of independence and pride.

However, there were some negative aspects to what appeared to be a success factor in the UK. Pre-existing relationships and building on pre-existing activities were important contributors to building up commitment and good working between partners, but may also have meant that sectors where there were no pre-existing relationships were left out of the project when they could have made a valuable contribution. Also, the lack of time and inflexibility of the work schedule meant that volunteers played a minor role in the project, whereas if they had been nurtured they would have been able to contribute more effectively.

In the case study in the Netherlands, once again commitment and enthusiasm seemed to stem largely from the project leader as an individual. In fact there were some disputes amongst professionals who were involved, in terms of that the contribution they made to the project. When professionals did not volunteer to organise activities, the project leader often initiated the activity themselves. So, although there was an individual who played an important role in the project, depending upon one person in this way may introduce overdependence on this person sorting out any problems, and introduce fragility into the project which has the potential to hinder success.

In Denmark, as mentioned previously, there were some poor working relationships and these impacted negatively on adoption of the project. The two main parties who were involved in the project were project management and a close partner. The poor relationship seems to stem from initial reservations the partner had about the relevance of a project of the type that was being proposed, including possible confusion between project activities and the usual work of the social housing initiatives. The bid for project money was then very

time constrained leaving very little time for stakeholder consultation. After that, once the project started there was no formal agreement between project management and the partner. All of this resulted in tensions influencing the daily running of project activities. The two parties also had different views of the level to which adoption was successful in the project, with the project partner not being as positive about the estimated adoption level as project management were.

Another aspect of the Netherlands project which detracted from successful adoption was that some collaborations started off because of an interest not related to overweight, but over time these common interests could fade as organisations developed other priorities e.g. although family doctors were reached and engaged in the first phase of the project, at a later stage they decided to not actively contribute to the project. This may be because of the flexible nature of the project, which had some very positive points, but in relation to adoption meant that there was flexibility to initiate many collaborations, but maybe not the resources and motivation to continue to nurture these.

A final factor which hindered success was mentioned in the Dutch case study. Some participants was somewhat cynical, either because they had had bad experiences with previous projects or because they thought that the project had been 'dropped into the district'. This may have been another factor hindering wider adoption of the project by professionals.

Implementation

The factors which emerged as helping implementation were:-

- The use of models to provide a framework for both developing and implementing the project can be helpful

- Providing learning opportunities for those working in and with the project can be helpful

- Some projects may benefit from developing their own branding to help raise awareness and encourage target group awareness and participation

Some of the factors for success identified previously also underpinned success in implementing the project:-

- The commitment and enthusiasm of project staff and those working with them, together with a real desire to deliver an effective public health intervention, were essential success factors

- Effective leadership, although lack of this may be overcome by stronger success factors – specifically the motivation and commitment of the project staff/team

- Restricted resources (human, financial, time). Whilst human and financial resource restrictions might be overcome by increased creativity, a realistic time period is essential for the development and implementation of a large, community-based, complex, and multilevel intervention

Another factor which emerged as hindering success in implementing the project was:

- Misalignment between project activities and population needs

Although it seems that a relatively large proportion of planned activities were delivered, there is more ambiguity on the extent to which the project activities were achieved. In Denmark, the point was made that the objectives were very vague anyway, with no quantification (for example "to have healthy and happy residents"). When activities were delivered there was sometimes poor attendance although relatively few activities appear to have been cancelled because of lack of participation. The UK project was similarly somewhat downbeat about achievement of objectives. Although interviewees indicated that they thought 60 to 70% of objectives were achieved, one pointed out that in terms of project legacy the figure would be about 20%. On the other hand the Dutch study reported that implementation was quite successful. The project leader estimated that between 60 and 70% of planned activities had been implemented, and many other activities which had not been planned also implemented.

There was a proviso to this though, with the project leader adding that there may have been a tendency to implement the easier interventions at the expense of those which were perceived as more difficult.

In terms of factors for success, very few were clearly identified without some qualification. Interestingly both the Danish and Dutch case studies commented on the importance of the use of underpinning theoretical models to achieving whatever success they had. The Danish use of the 'Asset Based Community Development Approach' model was mentioned earlier. In addition the project applied the 'small steps' method[6]. This encourages people to take small steps towards behavioural changes, with realistic goals. The Dutch study was based on 5 JOGG (Jeugd op Gezond Gewicht - 'Youth on healthy weight'[7]) pillars, namely: 1) political administrative support, 2) public-private collaboration, 3) social marketing, 4) connecting prevention and care, 5) scientific research. Furthermore, the project was based on the 'Wijkslag' method[8], which consists of 5 phases: orientate, organise, execute, evaluate and maintain.

Provision of learning opportunities for those working in and with the project was identified as a success factor in both the Danish and Dutch case studies, through increasing skills relevant to delivering project activities. In contrast there was little or no formal training to enable skills and knowledge development in the UK study, and interviewees commented on this regretfully, believing it would have helped them and others during the project delivery stage.

The case study in the UK had sufficient flexibility to develop its own unique branding. Most of the interviewees were of the view that this helped raise awareness and involvement with the work, and emphasised that it was unique and tailored to the needs of this specific community. Developing the branding was time-consuming however.

It has already been mentioned several times that in the UK and Dutch studies the commitment and enthusiasm of project staff and those working with them, together with a real desire to deliver an effective public health intervention, was an important success factor. This was as important for implementation as in the previous domains, especially when those involved in the project had complementary skills and experience. In Denmark the two parties, the on-site project team and the on-site partner, did not agree on project strategies and design. Upper project management on both sides failed to address this conflict adequately. The poor working relationships resulted in personal grudges developing, lack of cooperation, and disagreements that ultimately were felt by the target group itself.

In terms of factors which undermined success one which affected all three projects negatively was lack of leadership. The reasons for this are evident in the Danish study (see previous section), as are the effects it had on the project, including a lack of decision-making structures and disagreements on access to the target group. Possibly as a result of this lack of shared vision and coordination, the implementation of the project ended up coinciding with a major renovation which caused the target group to shrink by at least a third and the "project drowned in the renovation".

As described previously, the leadership in the Dutch study was largely from one very charismatic and energetic leader, although as noted in the previous section the negative side of this may be overdependence and vulnerability of the project to any change in leadership. Nevertheless in terms of implementation there was a shared vision of what goals professionals wanted to reach; this helped with focusing on the most important activities and working according to plan.

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[6] http://www.smaaskridt.dk/?id=slankeprogrammet

[7] http://www.jogg.nl/

[8] http://www.nasb.nl/stappenplan/lokale_samenwerkingswijzer_incl_bijlagen.pdf

In the UK case study, senior management was not involved in the board\steering group after the initial stages of winning the bid. This meant that the group conflated strategic management and operational management within one group, and the results were that the project: did not have a clear leader; lacked strategic vision; and sometimes had difficulty in finalising decisions. Having said that, the commitment and enthusiasm of the project's staff seemed to overcome these issues during the implementation stage, and it was at the next stage – maintenance - that the real effects were felt.

So, in both the Dutch and the UK studies potential leadership problems at the implementation stage were overcome by stronger success factors - specifically the motivation and commitment of the project staff/team. However, in Denmark personal and professional disagreements were not adequately addressed by leadership, ultimately affecting the implementation of the project.

Another factor which hampered the success in the Danish and UK studies was that what the projects delivered was not necessarily what the target population wanted. In Denmark the target population comprised particularly hard to reach groups, and there were real efforts to have activities which targeted these groups, and which could bring the groups together. A variety of methods was used as well, and the aim was to increase the social capital and reduce inequalities within the target population. Nevertheless, it seems that many of the activities did not succeed either in delivering what the population wanted, and sometimes activities were implemented in a way that some people were alienated. An example of the latter is that the project manager wanted to focus on the health aspects of the project, and this was in conflict with, for example, providing cake at social events and activities.

In the UK study there was very little exploration of the determinants of behaviour in the target population. This appeared to be partly because those participating in the project thought that the evidence base provided this information, and so there was no need to explore it further. It is difficult to know whether this was really the case, or whether the time restrictions on the project constrained undertaking explorative work of this type - with subsequent *post hoc* rationalisation by the interviewees.

This leads on to a final factor which impeded success to some extent, and that was the availability of resources - particularly human and financial. The Dutch study noted that some activities were not implemented because of lack of these resources. However, an optimistic perspective was taken on this, and it was noted that a lack of resources could, in fact, encourage more creativity. The timescale for the UK case study was short from the outset. Three years for the development, delivery, and evaluation of a town wide, community-based, complex, and multilevel intervention. As mentioned previously this was considerably exacerbated by having a national election halfway through this time-span. This had an immediate impact since delivery of activities had to cease during the election period, consequently increasing the time stresses on the latter half of the project - as well as introducing uncertainty about funding.

Maintenance

Factors hindering success were:-

- Senior management not being engaged

- The local community, including community leaders and local politicians not being engaged

- Too short a timescale to deliver a complex multilevel community-based intervention, with time pressures being one of the reasons why senior management and others mentioned above, were not engaged.

- In Denmark there were specific local factors which contributed to failure in this domain

Factors which helped success in previous RE-AIM domains, but hindered success in terms of maintaining the project:-

- Commitment and enthusiasm and good will of project staff - which can become exhausted

- Good personal relationships across sectors and organisations - which may come at the cost of the project not becoming embedded within specific infrastructures

- Flexibility has benefits in relation to widening the project to harness partners who do not have a strict interest in health/overweight, but these partners may then drift away from the project

Maintenance was a vexed issue in all three case studies. In the UK most elements of the project were not continued after the end of the grant period. A few activities were maintained after the funding stopped and these included: infrastructure changes; activities which involved training; and activities which had already been in existence before the project started. The Dutch case study only ended shortly before this report was written, and it seems that although a few activities and collaborations may be maintained; there is some pessimism about this. In Denmark the picture is somewhat more complicated. At the end of the grant period some activities will be transferred to a new municipal social housing plan which will be implemented by the close partner in collaboration with the municipality. Most interviewees, at the time they were interviewed, appeared to be sceptical about whether any project activities would continue. So, separately, the project manager and staff were thinking of an annual event or some other reminder of the project.

Before going on to explore some of the factors which have led to this somewhat pessimistic outlook for all three case studies, the Danish study did have a particular and unique failure factor. This was the major housing renovation which was mentioned in the previous section. This involved at least a third of the potential participants being rehoused, and an accompanying sense of insecurity and upheaval within family and social networks as well as a preoccupation with having to restructure daily life in a new social context. This affected implementation of the project, target group participation and engagement, and consequently sustainability of the project.

There were several other common factors which undermined success in the projects being maintained.

The role of senior management was important. In the Netherlands senior management was barely mentioned as playing a role in the project, and in the UK they also ceased to be involved after the initial stages. This may be one reason why the projects were not better embedded within existing structures. The lack of strategic input from senior figures also meant there was little planning for what would be done after the grants came to an end. When this issue was considered by project staff, it was too late in the day and it was difficult for them to make progress without support of their senior management teams.

In the UK and the Netherlands, as well as senior management not being engaged, neither was the local community, including community leaders. If this had been done it would have increased the likelihood of the project being sustained through having local advocates outside the project itself and increasing the likelihood of the project being incorporated into community or other structures. Interestingly, in Denmark there are indications that members of the target group are beginning to take over some activities, including some of those which are being incorporated into the social housing plan.

All three case studies suffered from a relatively short timescale (3-4 years) in which funding was provided. Ironically, one of the reasons for failing to engage senior management and the community was that the projects were under such time pressure to deliver that they had very little time to consider maintenance or draw in stakeholders who might be able to facilitate this. With a longer timescale this would have been possible, and also there would be more chance of the project becoming embedded in the community and developing its own momentum.

The factors mentioned directly above are key to the lack of success with maintaining the case studies. There were also some other factors which emerged, and surprisingly these are factors which were positive in the previous RE-AIM domains.

The commitment and enthusiasm of staff has been mentioned consistently throughout the first four domains as increasing success. However there are indications that there may have been an overreliance on goodwill. Many of those delivering the projects in the UK and Netherlands were either doing project work in addition to their normal responsibilities, and/or were working unpaid on weekends and evenings to deliver community activities. Goodwill of this type is not an endless resource, and it has been suggested that it was becoming exhausted by the end of the projects.

Another possible negative effect of this hitherto 'success factor' is that whereas having good personal working relationships across sectors and organisations may be excellent in terms of delivering project activities, this approach may be a threat to successful maintenance, since the project is reliant on personal relationships rather than being embedded within specific infrastructures. In Denmark the converse was true, the personal relationships were very vexed, but there seems to be a possibility that future activities will become integrated into the 'close partner's/municipality's infrastructure.

In previous domains it has been mentioned that flexibility has benefits in relation to widening the project to harness partners who do not have a strict interest in health/overweight. In the section on adoption, one of the findings from the Dutch case study was that some collaborations started off because of this flexibility, but over time these common interests faded. The Danish study made a similar observation in relation to maintenance, saying that partners who had been initially involved tended to view this as a short term rather than a long term commitment. So whereas this type of flexibility may be positive in the early stages of the project, this fades when it comes to long-term project considerations.

Factors which did not fall into specific RE-AIM domains

Inequalities

One of the inclusion criteria was that all of the case studies should include a specific focus on deprived areas/ people at the highest risk of inequalities e.g. those from lower socio-economic backgrounds. Nevertheless, the extent and nature of inequalities was different between the case studies. Specifically:

- Denmark. The study took place in a marginalised area, classified as a ghetto, where there were high levels of immigrants, single Danes without children, often unemployed, alcoholics, people diagnosed with mental illnesses and on welfare benefits
- Netherlands. The case study covered an area where a high percentage of people were unemployed and the majority had a low level of education
- UK. The study was set in a small market town in rural England, and the intervention was intended for the whole community of the town. There were two areas in the town with relatively higher levels of deprivation and of obesity, and these were particularly targeted within the wider population.

Nevertheless all of the success and failure factors identified in this report are very relevant to interventions in communities where there are inequalities.

What was surprising, given that all of the case studies included a focus on inequalities and it might have been expected those involved in would be sensitive to this, is that there were two notable failures.

1. In both the UK and Denmark, although not the Netherlands, the projects explicitly defined subgroups to be targeted by the project including people from different socio-economic groups (along with people of different ages; ethnicities; men and women; and people with disabilities).

    This being the case, it might have been expected that any evaluations which were carried out by the projects, would enable an assessment of whether the intervention had been successful in reaching and successfully intervening with the groups where there were inequalities.

    In fact only one case study included such an evaluation. The UK did carry out an evaluation which enabled some of the relevant analyses, and found that participation and engagement were higher in the more deprived areas. In Denmark, despite the commitment that the project would target subgroups, the data collected up until the time of writing this report, meant that an evaluation of differential effects could not be carried out. Not so surprisingly given that subgroups were not explicitly targeted, an analysis of this type was not possible in the Netherlands.

2. The second finding related to a question which was asked about whether possible adverse effects of the intervention had been considered. This question was asked because of the research mentioned in Section 1.0 indicating that interventions of the type being undertaken have the potential to exacerbate inequalities. Respondents from both Denmark and the UK appeared rather surprised by this question, with responses such as:-
    "what adverse effects would there be of trying to improve the health of the population?" Core project group member (UK)

Gender

Gender is an overarching issue, and is considered here in relation to 1) the sub groups which were targeted in the three case studies, 2) evaluation of the studies, and 3) interactions between and within project, partner, and stakeholder teams, as well as professionals working with the project.

1. In both the UK and Denmark the project explicitly defined subgroups to be targeted by the project e.g. different ages; ethnicities; men and women; people from different socio-economic groups; and people with disabilities.

    All three projects provided activities specifically for women, as well as those for other subgroups and for everyone.

    However, it seems that although there were efforts to reach and include women in activities, men may be somewhat neglected. For example, in the Netherlands it was accepted that women are generally reached more easily in interventions of this sort, and relatively little effort was made to include men. In the UK more women than men attended the activities, bearing out the view that women are reached more easily. One reason for this was proposed by the researchers who did the evaluation, and that was that this differential effect was found because generally it is women who take children to children's activities.

2. The evaluation carried out in the UK provided information about reach and effectiveness in different populations subgroups, including men and women. In Denmark, despite the commitment that the project would target subgroups, the data collected meant that an evaluation of differential effects could not be carried out. An analysis of this type was not possible in the Netherlands.

3. Prior to data being collected for this research the issue of gender as a possible overarching factor was discussed by the research team, in order to raise the awareness and sensitivity of the researchers. Researchers from the UK and Netherlands reported that there did not seem to be issues of this type in their case studies. However in Denmark it seems that gender played a role in the project at all levels, and this in turn had an impact on relationships with target group members.

<u>Obtaining the funding and resources for a multilevel obesity prevention intervention</u>

There were some indications from the country case studies that there were factors which helped in initially obtaining funding and mustering other resources to implement a project.

These included:-

-   Within an organisation which works at local level and networks with others, it can be very helpful to have a specific person who is responsible for highlighting funding opportunities and leading in the early stages of obtaining funding and establishing the project.

-   Building upon pre-existing relationships can facilitate rapid responses, which are often needed in the process of bidding for a project.

-   Similarly, if it is possible to build upon existing activities this will not only help in constructing a speedy response, but also in gaining the involvement of other people and organisations.

<u>Evaluating the intervention</u>

An integrated evaluation has direct benefits to the project, as described above in the section on Effectiveness.

Good quality process and outcome evaluations are also invaluable in feeding into other interventions and policy development. The main factor which was identified in the case studies which supported this was:-

-   Involving an research/evaluation partner right from the start

-   Include a budget for evaluation, and ensure that this is sufficient to collect good quality data and permit subgroup analyses.

4.0 Conclusions

Factors which differentiated consistently between success and failure across all three countries have emerged in this study. However, there seem to be important differences between those which are important to the first four domains of RE-AIM i.e. Reach, Effectiveness, Adoption, and Implementation - and those which were influenced the fifth domain - Maintenance.

Specifically, whereas having good personal working relationships across sectors and organisations may be excellent in terms of delivering project activities, as can lack of 'interference' from senior management, these factors may be a threat to successful maintenance, since the project becomes reliant on personal relationships and initiatives rather than being embedded within specific infrastructures.

Some issues did not fall easily into specific RE-AIM domains and have been described separately. One of these related to inequalities. All of the case studies include a specific focus on deprived areas/those at the highest risk of inequalities e.g. lower socio-economic

status. This means that <u>all</u> of the success and failure factors identified in this report are very relevant to interventions in communities where there are inequalities. In addition two factors emerged which related specifically to addressing and understanding the effect of the intervention on inequalities. These were: an awareness that there can be adverse effects of the intervention itself on inequalities; the importance of ensuring that any evaluation is designed to assess the impact of the project on those groups at highest risk of inequalities e.g. socioeconomic, ethnic, those affected by physical or other disabilities, and gender.

Report 2: Between country differences of implementation determinants

1.0 Aim, objectives, deliverable, and methods

1.1 Aim of the research

The overall aim of the research was:-

> To identify factors associated with success and failure in multi level obesity prevention interventions for adults in three European member states, initially with reference to Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) but also to other models if doing this is likely to add to the future applicability of the findings.

1.2. Objectives

The detailed objectives and research questions can be found in Annex 1: Protocol for country case studies.

3.3 Deliverable 6.2

This report (Report 2) constitutes Deliverable 6.2. The purpose is to report on between country differences in the determinants of success described in Report 1.

1.4 Methods

Details of the methods can also be found in Annex 1, but a short summary is provided in Report 1.

2.0 Background and rationale for moving report focus from differences to similarities in between country determinants of success

2.1 Between country variables which could influence between country differences in the determinants of success.

There are a large number of variables which could influence factors which differentiate between success and failure. The two main categories of variables are those which are external to the case studies, and those which are internal. Examples from each of these categories are described below.

2.1.1 External variables

These are numerous, but examples include:-

Cultural differences: for example approaches to managing projects, and interacting with the target population. In Netherlands the 'Polder Model' is culturally very important, and stems back to the 17th century when cooperation was necessary to deal with floods. The contemporary meaning is still about the importance of consensus-based and negotiated decision-making and delivery. In contrast in the UK decision-making tends to be more hierarchical, and there is a tendency in delivery towards paternalism. It would therefore not

be surprising if there were differences in project management and relationships with the target group because of cultural differences of this type.

Other cultural differences include the relative importance of money versus community. In Denmark there is a word 'hyge' which describes something uniquely Danish. The word is best translated into English as 'coziness' or 'conviviality' and reflects the sense of community and sense of security which comes about when Danes spend quality time with people they care about. Money is not so important. There is also the unwritten Danish 'Janteloven', which translated into English means 'The Law of Jante'. This means that people who take a risk in saying something potentially risky can expect to be shot down by colleagues, and this creates a culture of where boasting and superior attitudes are not encouraged. All three case studies were community-based interventions, and this different attitude towards community has the potential to influence determinants of success in the projects.

Linguistic: Linguistic differences between the three countries is likely to have influenced how the interviewees express themselves, and makes it difficult to do direct comparisons between the findings. The quotation below describes some of these linguistic differences, and the examples given in it refer to the Netherlands and the UK:-

> *"More direct cultures tend to use what linguists call upgraders, words preceding or following negative feedback that make it feel stronger, such as absolutely, totally, or strongly:"This is absolutely inappropriate," or "This is totally unprofessional."*

> *By contrast, more indirect cultures use more downgraders, words that soften the criticism, such as kind of, sort of, a little, a bit, maybe, and slightly. Another type of downgrader is a deliberate understatement, such as "We are not quite there yet" when you really mean "This is nowhere close to complete." The British are masters at it. The "Anglo-Dutch Translation Guide", which has been circulating in various versions on the Internet, illustrates the miscommunication that can result.........*
> *Germans are rather like the Dutch in respect of directness and interpret British understatement very similarly"*

> *https://hbr.org/2014/02/how-to-say-this-is-crap-in-different-cultures/*

Danes are also renowned for their directness considered as verging on impoliteness. Indeed special courses exist for foreigners on topics such as "How to deal with the impolite Danes"[9].

Education and professional development: Each of the three countries has different approaches and structures for education and professional development. These differences are likely to affect both the interventionists and the target group. For example, in Denmark critical thinking is stressed in the educational system and in the workforce. Pupils and citizens learn to argue and not have too great respect for hierarchy. There is a strong tradition of lifelong learning. Many Danes participate in adult education to improve their knowledge and skills in order to advance professionally or change career path.

Welfare systems: some subgroups in the population are particularly 'hard to reach' in public health terms. These groups may include for example: people who are homeless; substance misusers; prisoners; vulnerable migrants; sex workers. It is plausible that the extent to which these groups are 'hard to reach' varies between each of the three countries. For example Denmark has an inclusive and comprehensive welfare system, often referred to as the Scandinavian welfare model within which all citizens have equal rights to social security. This is supported by high levels of taxation. In the Netherlands, to some extent, substance misuse and sex work are both tolerated, although not strictly legal.

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[9] http://www.nordekon.com/da-DK/NETWORK/AFRICA.aspx

Political and Economic: All three countries have relatively strong economies, although in recent years this has been affected by the global economic downturn. However there are inevitably some differences between them, due to either political decisions or the extent of national debt. The form of politics also varies so that even when the right wing parties are in power. Denmark is more social democratic compared with. The Netherlands are somewhere in between these two extremes. These characteristics in turn influence the funding which is, either directly or indirectly, available to initiate interventions of the type described in this research. Also each country was at a different stage in the democratic election cycle. For example, in the UK there was a national election and change of government during the time span of the case study. This introduced considerable uncertainty and insecurity into the delivery of the intervention

2.1.2 Internal

The second category of variables was internal to each intervention, and included:-

Different studies in different types of area with different aims: even if all three case studies had been carried out in the same country there would have been differences between them because of different: geographical locations; demography of target populations; aims and objectives; and many other variables. This research was primarily qualitative, and as described in section 5 of the protocol in Annex 1 "(this research) is looking for varied and rich case studies, which will give real insights into the diversity of success and failure factors in interventions. This means that, unlike research arms of a quantitative research trial, we will look for diverse case studies in each of the three countries".

Linguistic differences between researchers in different countries: the effects of linguistic differences in the way interviewees express themselves was described in the previous section. The same differences will apply to the way that researchers from each country describe the findings of their case study.

Between country researcher variables: there will inevitably be cultural and social differences between researchers in different countries, because of the external variables described above as well as many others. In addition the researchers in each country had different professional backgrounds and experiences from those in the other countries, ranging from quantitative research to social science research.

Within country researcher differences: as described in section 4 of the protocol (Annex 1) "10% of all questionnaire analyses will be checked by a second in-country researcher and any inconsistencies and issues resolved". This should have removed some of the variation, but there will undoubtedly be some residual variation which was not picked up during the quality assurance process.

2.2 Similarities

From the previous section it is clear that there are a large number of variables which could potentially result in differences between the three studies. So, although it would be possible to identify differences between countries this is not likely to be a useful exercise, since it is not possible to ascribe the difference to any particular variable.

However it is possible to identify similar findings between the three studies. This was done in Report 1, and summarised in Table 1. However what did not emerge in Report 1 was how strong factors must have been to have emerged consistently between all three case studies, despite the array.

3.0 Main findings

The strongest discriminating factors between success and failure which affected the case studies across the range of RE-AIM domains were:-

- Resource availability: adequate financial resources are clearly important, but even more important is that they are reliable. If there are any threats to the security of these resources, such as potential changes in government, these can shake the confidence of other funding partners. Threats of this sort can also mean that considerable time is lost to the project, and that for example infrastructure activities may have to be delayed or even cancelled.

  Even if there are adequate and reliable financial resources, complex multilevel community-based interventions need enough time to move towards being integrated within the community. All three of the case studies were only 3 to 4 years in duration, and interviewees were of the opinion that at least 4 years was needed to develop the project in partnership with the community, deliver it - again working with the community, and then move on to integrating it with the community and/or other infrastructures.

- Using a top down approach: with the project providing opportunities, services or structures which the target population do not see as being relevant to their needs, and the community not being sufficiently engaged. The weaknesses of this approach may be recognised by the project management and staff, but may be an inevitable result of the nature and restrictions of the funding received, and the very tight timescales imposed on the projects.

Some factors emerged strongly in relation to the first four domains of RE-AIM i.e. Reach, Effectiveness, Adoption, and Implementation - but not Maintenance. These were:-

- Commitment, enthusiasm and good working relationships both within and between project staff and partners
- Effective leadership

On the other hand two factors were particularly important for the Maintenance of the work, but not for the first four domains. These were:-

- Senior management not being e.g. engaged and/or effective
- Opportunities for the project to become integrated into existing infrastructures

4.0 Conclusions

Factors which differentiated consistently between success and failure across all three countries have emerged in this study, despite the extent and power of the internal and external variables which militated against them.

Such strong factors need to be seriously considered at both national and EU levels, if there is a serious commitment to implementing successful public health interventions to prevent obesity.

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Annex 1: Protocol for main study

August 2013

SPOTLIGHT: WP6

Case studies to identify factors which help or hinder success in multi-level obesity prevention interventions for adults

Institutes:
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1.0 Background

1.1 Rationale
The prevalence of overweight and obesity across Europe is high, with rates doubling during the last decades in several countries (James *et al.* 2004). More than 50% of the total European adult population is now overweight (BMI>25) and obesity levels (BMI>30) of adults in many Member States on average exceed 20%. (Pickett *et al.* 2005, Roskam *et al.* 2010). Overweight and obesity contribute to mortality and the burden of major chronic diseases, such as cardiovascular diseases (coronary heart disease, hypertension, and stroke), various types of cancer (endometrial, cervical, ovarian, prostate, breast, colon, rectal, kidney, liver and gall bladder), type 2 diabetes, osteoarthritis, pulmonary embolism, deep vein thrombosis, hyperuricaemia and gout, reproductive disorders, sexual dysfunction, complications in pregnancy, as well as psychological and social problems. (Canoy & Buchan 2007, Dennis 2007, Francischetti & Genelhu 2007, Giovannucci & Michaud 2007, Kopelman 2007, Larsen *et al.* 2007, Must *et al.* 1999, World Health Organisation 2004, 2007)   Obesity is now regarded as one of the most important determinants of avoidable burden of disease (World Health Organisation 2004).

Obesity is largely determined by modifiable lifestyle dependent risk factors such as reduced physical activity, sedentary behaviour and an unhealthy diet. The presence of these modifiable obesogenic behaviours in the aetiology of obesity offer opportunities for prevention. Therefore, most countries in Europe invest in promotion of healthy lifestyle behaviours and prevention of unhealthy behaviours. There are numerous interventions aimed at individual factors, environmental factors or work-related factors. Internationally, there has been a shift from individually-focused interventions to a socio-ecological approach that looks beyond the individual and instead embraces system-based multi-level intervention approaches that address both the individual and the environment.

Importantly, a recent study indicated that in Western Europe that 20 to 25 per cent of obesity reported in men and 40 to 50 per cent of obesity in women can be attributed to differences in socio- economic status (Robertson *et al.* 2007). This relationship encompasses differences in income, education, ethnicity, living environment and social support (Kuipers 2010). Financial insecurity is also an increasing factor in Europe, especially during uncertain economic times (Offer *et al.* 2010). In a vicious circle health inequalities themselves result in significant costs to economies (Mackenbach *et al.* 2010).

The other apparently perverse finding, and one which is widely accepted, is that public interventions, even those which are 'successful' in the general population, may exacerbate inequalities (Stockley 2001, Waters *et al.* 2006).

Various barriers and facilitating factors determine the extent to which multi-level intervention approaches will succeed. The 'levels' within these interventions are described in many models e.g. (Dahlgren & Whitehead 2007) as well as in the conceptual model developed within Spotlight (Lakerveld *et al.* 2012). These factors which help or hinder success may appear at all of these levels, from the individual to the macroeconomic and political.

One model which suggests that the success of an intervention depends on its reach, effectiveness, adoption, implementation and maintenance is called RE-AIM (see Appendix 1). This study aims to identify success and failure factors of interventions initially with reference to RE-AIM, but will also utilise other models if doing this is likely to add to the future applicability of the findings. A focus on inequalities will permeate the work by especially focusing on interventions which include population groups with a lower socio-economic status.

1.2 Aim and Objectives

Aim
- To identify factors associated with success and failure in multi level obesity prevention interventions for adults in three European member states, initially with reference to Reach, Efficacy/Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) but also to other models if doing this is likely to add to the future applicability of the findings.

Objectives:
- To scope possible frameworks, approaches and methods and carry out an option appraisal to identify assessment tools
- Use the existing evidence base to develop a theoretical framework of influences on the extent to which relevant interventions are successful
- To develop inclusion criteria for the case studies
- To identify one intervention per European member state that is suitable for testing methods (pilot phase of the study)
- To adapt the methods according to the findings from the pilot study
- To identify interventions for the main study phase in three countries
- To undertake in depth research within the case study areas, in order to identify factors associated with success. These will be structured using RE-AIM domains, as far as possible
- To develop a theoretical framework which describes the influences on the extent to which multi-level obesity interventions for adults are successful.
- To assess for each case study, how well do the success/failure factors identified in the study reflect the existing evidence base, and are there additional lessons which should be incorporated into the theoretical framework
- To assess, as far as possible, what are the reasons for differences in success/failure factors between different case studies
- To critique the tools employed in identifying success/failure factors in the case studies, both as separate instruments and used in combination.
- If possible given the final case studies which are selected, assess the differences and similarities in success/failure factors between European countries
- To translate these findings into recommendations for successful adoption and implementation of effective multi level obesity prevention initiatives for adults (policy document)
- To write up results for scientific papers
- To provide input into WP7 and WP8 as required

1.3 Research Questions

Primary Research question:

Which factors are perceived to be associated with success and failure in multi level obesity prevention interventions for adults in three European member states?

Secondary Research questions:

- For each case study, how well do the perceived success/failure factors identified in the study reflect the existing evidence base, and are there additional lessons which should be incorporated into the theoretical framework

- What are the reasons for differences in perceived success/failure factors between different case studies

- What were the strengths and weaknesses of the tools employed in identifying perceived success/failure factors in the case studies, both as separate instruments and used in combination.

- What were the differences and similarities in important factors between European countries?

1.4 Selection of appropriate tools

A short literature review was carried out to scope possible frameworks, approaches and methods and carry out an option appraisal to identify assessment tools. This review used three approaches to identify relevant work: 1) information from the RE-AIM website, which includes a list of interventions which have used RE-AIM e.g. to plan an evaluation, 2) other intervention planning and evaluation tools identified through literature searches and 3) using findings on success factors and barriers from previous studies – again identified through literature searches. The review is described in more detail on the Spotlight intranet [10].

In this review recurring themes emerged, and there was a great deal of consistency between the findings of studies on success/failure factors for complex community based health promotion/obesity prevention interventions.

Two tools emerged as possible bases for use in the current study. They represented two different schools of thought. The first was 'good practice' – based on the evidence for what should studies do to optimise their chances of success. The second was an emphasis on understanding the capacity of an intervention to achieve success. These two tools are described in detail below.

1.4.1 The WHO Good Practice Appraisal Tool

The World Health Organization developed a good practice appraisal tool to assess good practice elements of design, monitoring, evaluation and implementation of preventive programmes, projects, initiatives and interventions that aim to counteract obesity and improve nutrition and physical activity (World Health Organisation Regional Office for Europe 2011) . This tool aims to systematically review and assess the quality of identified programmes. Using a set of predefined criteria, the tool generates a good practice score for three different programme components (planning, monitoring and evaluation, and implementation) as well as a score for the whole intervention. The tool consists of three parts: a questionnaire, the appraisal form and a scoring sheet.

The dimensions of RE-AIM which are particularly addressed in this tool are 'Reach', 'Effectiveness' (using conventional outcome measures) and 'Implementation'. The tool will be modified and further developed to meet the aims of the current study (see Section 4.1.3)

1.4.2 The MacLellan-Wright community capacity tool

One definition of 'capacity building' in a health context is "the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion (de Groot *et al.* 2010). The nine domains used in this tool capture underlying determinants of success and failure as identified by other studies. One of the dimensions of RE-AIM which is often not captured in evaluations, as pointed out by (Brug *et al.* 2011), is 'maintenance'.

Capacity is an important determinant of whether an intervention can be maintained or not. Improved capacity is also associated with increasing 'effectiveness' using conventional outcome measures, for example a decrease in the prevalence of obesity in children in a community capacity building intervention in Australia. 'Adoption' is also encompassed in several of the nine domains (for example in 'participation').

Finally, increasing community capacity is an approach which has been demonstrated to be effective in contributed to a reduction in health inequalities, and is one of the key tools listed by the European Portal for Action of Health Inequalities (European Portal for Action on Health Inequalities). Additionally, the tool is useful not only for assessing 'community capacity' but could be broadened so that it is applicable outside of the narrow sense of capacity of local people in a local area. The tool will be modified to reflect this, and also further developed to meet the aims of the current (see Section 4.1.).

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[10] WP6/Protocol development/ 'Background – for use in developing framework and methods 08-05-12

1.5 Summary of study plan

We will consider the existing evidence base within the constraints of the resources available to the project, to scope success/failure factors which have been associated with relevant interventions. We will use this information to develop a theoretical framework, which initially references these factors to RE-AIM domains, but also utilises other models if doing this is likely to add to the future applicability of the findings.

Assessment tools will be developed based on pre-existing tools designed for similar purposes to those of the current study. These tools will be modified to update them and tailor them to the specific aims of our study. We will use documentary and internet based sources, questionnaires and interviews to obtain quantitative and qualitative data on the interventions. The methods used will be tested in three pilot studies (one in each of the three countries involved) and subsequently modified.
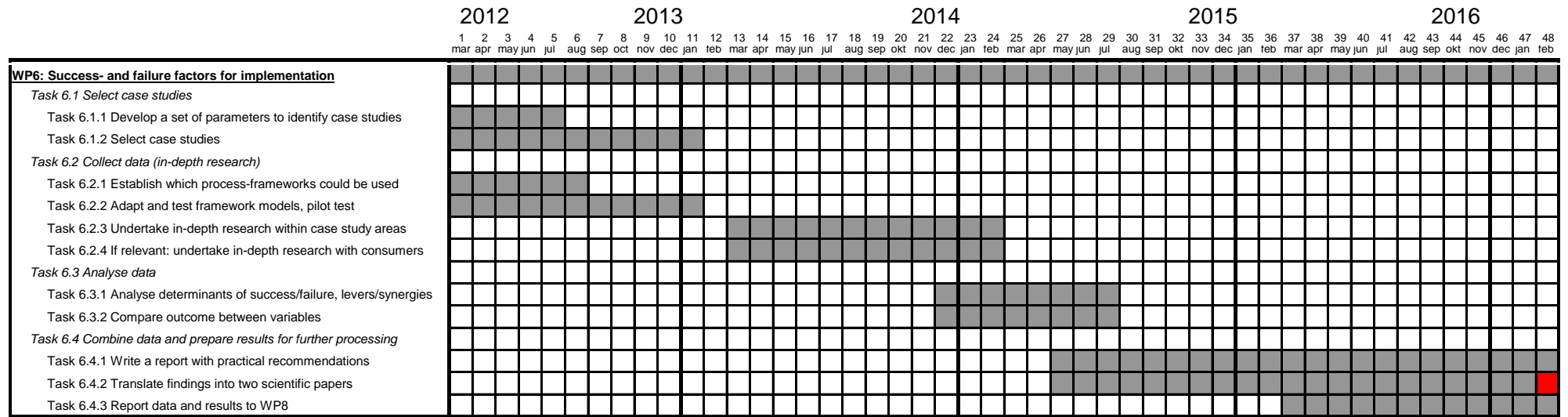
We will initially concentrate on one multilevel and integrated intervention from each of three European member states, aimed at reducing/preventing obesity and promoting energy balance in the whole community[11]. This intervention will be the basis for an in depth case study. If resources permit, additional case studies may also be carried out.

The outcome of the study will be factors that are associated with success or failure of the intervention with reference to Reach, Effectiveness, Adoption, Implementation and Maintenance, although other models will also be utilised if doing this is likely to add to the future applicability of the findings.

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[11] Community' is used in a broad sense to include any grouping of people e.g. in a geographical location, or workplace or educational institution, or with common links (cultural, ethnic, lifestyle, interests).

1.6 Timeframe

SPOTLIGHT -- Detailed Gantt chart

	2012	2013	2014	2015	2016

WP6: Success- and failure factors for implementation

Task 6.1 Select case studies

   Task 6.1.1 Develop a set of parameters to identify case studies

   Task 6.1.2 Select case studies

Task 6.2 Collect data (in-depth research)

   Task 6.2.1 Establish which process-frameworks could be used

   Task 6.2.2 Adapt and test framework models, pilot test

   Task 6.2.3 Undertake in-depth research within case study areas

   Task 6.2.4 If relevant: undertake in-depth research with consumers

Task 6.3 Analyse data

   Task 6.3.1 Analyse determinants of success/failure, levers/synergies

   Task 6.3.2 Compare outcome between variables

Task 6.4 Combine data and prepare results for further processing

   Task 6.4.1 Write a report with practical recommendations

   Task 6.4.2 Translate findings into two scientific papers

   Task 6.4.3 Report data and results to WP8

An up to date version of this chart will be maintained on the Spotlight intranet.

2.0 Ethical approval and Informed Consent

2.1 Ethical approval
Ethical approval will be obtained by the in-country teams if required. If not required, the in-country teams will need to be able to demonstrate that this is the case.

2.2 Informed consent
Informed consent will be needed from participants who are interviewed. The participants will need to sign an informed consent form which includes:

- A statement that the study involves research, an explanation of the purposes of the study, and the expected duration of the person's participation and a description of the procedures;
- A description of foreseeable risks or discomforts to the subject;
- A description of any benefits to the subject which may be expected from the study;
- The extent to which confidentiality of records identifying the subject will be maintained;
- An explanation of whom to contact if they have queries about the study, who the research team are and where they are based;
- That participation is voluntary and refusal to participate will not lead to penalties.

Names of interviewees and other respondents will be anonymised.

Permission will be needed to use names of projects and the names of institutes which are involved, including as stakeholders.

3.0 Development of a theoretical framework

3.1 Background

A theoretical framework will be developed to describe influences on the extent to which multi-level obesity interventions for adults are successful.

This will be developed from the existing evidence base and will take a format which will be useful to those who are practically involved in delivering multi-level obesity prevention interventions for adults.

3.2 Activities

1. Undertake a short literature review to identify the most recent relevant: systematic reviews; reviews of review; and 'authoritative' reviews (e.g. from the World Health Organisation).

2. Extract data from this literature on generic factors (i.e. not factors specific to certain settings or target groups) which help or hinder success in interventions relevant to multi-level obesity prevention interventions for adults.

3. Review structures (e.g. which describe project planning phases) that could be used to present these findings in a format which will be useful to those who are practically involved in delivering multi-level obesity prevention interventions for adults. Consider referencing the findings to RE-AIM.

4. Develop a preliminary theoretical framework for discussion with WP6, including considering its applicability for practitioners.

5. Review the framework in the light of findings from the detailed case studies

4.0 Pilot study

4.1 Purpose
In-country teams selected one relatively small intervention in each of three countries for a pilot study. National databases, existing contacts, and work in other Spotlight WPs were used to identify possible interventions

The purpose of the pilot studies was to test:-

- selection criteria
- the recruitment strategy, including levels and types of individuals contacted and interviewed
- inclusion criteria for case studies
- data collection tools (including whether some/all of tools should be combined and administered to all participants) and data scoring
- data collection techniques and storage
- data analyses

4.2 Learning from the pilot
The pilot study was carried out using the data collection tools, techniques, and analyses described in the Final protocol for the pilot. Findings from the pilot were used to modify these. The development of the tools for the pilot and subsequent changes post pilot are documented and are available on the Spotlight intranet.

5.0 Main study: final case studies

5.1 Methods

5.1.1 Selection criteria

Inclusion criteria for the intervention:-

Essential criteria:-

- Relevant i.e. an integrated and multilevel intervention aimed at influencing overweight/obesity/weight change/physical activity/sedentary behaviour/dietary behaviour in a whole community[12]
- Still in progress but either most or all of the implementation phase finished, or completed in within two years of the project being selected.
- Adults, or the general population, are the target group
- Not primarily a research study
- Some monitoring and/or evaluation has been carried out
- The intervention addresses both individual level determinants and at least one environmental level determinant
- Includes a specific focus on deprived areas/people with lower socio-economic status
- Does not focus on eating disorders, or focus solely on populations with pre-existing health conditions e.g. diabetes

Desirable criteria:-
- Implemented in a heterogeneous geographical area (neighbourhoods, cities, regions)
- Addresses political and policy implications

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[12] any grouping of people e.g. in a geographical location, or workplace or educational institution, or with common links (cultural, ethnic, lifestyle, interests)

Selection of the final case studies will be carried out in collaboration with WP5, who are compiling a web atlas of multi-level obesity prevention interventions for adults. It will be important to remember that WP6 is looking for varied and rich case studies, which will give real insights into the diversity of success and failure factors in interventions. This means that, unlike research arms of a quantitative research trial, we will look for diverse case studies in each of the three countries.

The 'scale' of the main case study should, if possible, be a 'small town'. If this is not possible, then the searches for a main study should progressively scale down.

It is expected that the number of people interviewed will be between six and fifteen.

The number of case studies which can be carried out in each country will be limited by the resources available. At least one case study should be done, per country.

5.1.2 Data collection tools

The source 'good practice' and 'capacity assessment' tools are described in Section 1.4

Data will be collected from 'participants', who have developed, implemented or evaluated the intervention. It will not be collected from the 'recipients' of the intervention i.e those in the target group.

Template 1- 'good practice' data collection

Purpose:

- to be used by the researcher as a record of key contacts, sources of information about the project, and core project information
- to collect data on project practice related as far as possible to RE-AIM domains
- to collect information from a limited number of high level staff e.g. project co-ordinator, project manager, board members, and advisory committee members.

Data collection:

1) This template is intended to be used in two stages:-
- Stage 1: Use sources of information e.g. web and documents to complete as many of the fields as possible
- Stage 2: Any fields which are not completed should be used as the basis for the in country research team to develop a questionnaire for use initially with either the project co-ordinator or the contact person identified in Checklist 1, and then a limited number of high level staff e.g. project co-ordinator, project manager, board members, advisory committee members.

2) The in-country team would be responsible for adapting the questionnaire so that it is linguistically and culturally relevant, as well as using language appropriate for the target group.

3) Data would be collected by either telephone or face to face interviews, at the discretion of the in-country team.

Template 2 - case study 'capacity' data collection

Purpose:
- to be used as a basis for the in country research team to develop a questionnaire/ interview guide to assess the capacity of the project to achieve RE-AIM domains.
- to be used with project staff at all levels of management, stakeholders at all levels that interact with the project, institutions and individuals who are involved in developing, implementing, monitoring or evaluating, supporting communications, maintaining the project in the longer term, funding institutions and sponsors – and any others involved in the project.
Data collection:

1) Data will be collected from project staff at all levels of management, stakeholders at all levels that interact with the project, institutions and individuals who are involved in developing, implementing, monitoring or evaluating, supporting communications, maintaining the project in the longer term, funding institutions and sponsors – and any others involved in the project.
2) The in-country team will be responsible for developing the questionnaire/interview guide so that it is linguistically and culturally relevant, as well as using language appropriate for the target group.
3) The questionnaire component includes quantitative elements. Questions which ask for responses on a 4 point scale, are scored from 1-4.
4) Data will be collected by either telephone or face to face interviews, at the discretion of the in-country team.

Checklist - Appraisal of Success against RE - AIM domains

Purpose:
- to assess how 'successful' projects have been using objective data as far as possible. If this is not available for all items 'perceived' success will be assessed.

Data collection
- used by researchers to review 'success' data collected for Template 1 – case study 'good practice data' collection

5.1.3 Data collection methods

A detailed methodology, sensitive to in-country needs, will be prepared by each in-country team. Detailed methods for initial contact and data collection was prepared for the pilot by the UK group, and the document is attached as Appendix 2. The intention is for this to provide an example for reference by the in country teams who can tailor the details of the methods as appropriate. The following outlines the main points.

Once an intervention has been selected, an invitation to participate in the study will be sent to the project co-ordinator or director, accompanied by a written summary of the current study. The contact person will then be telephoned or e mailed to arrange a time for a preliminary meeting or telephone call. The purpose of this will be to introduce research staff to the project co-ordinator or director, and allow them to ask any questions. It will also provide an opportunity to explain that we will be asking for their help in identifying project respondents.

The respondents for Templates 1 and 2 will depend on the intervention selected. The intention is to gain as many perspectives as possible, and once the intervention has been selected and initial discussions have been held with the project co-ordinator or director, the in-country team should prepare a list of proposed respondents to each of the questionnaires.

Once potential respondents have been identified, dates for interviews will need to be agreed. Around two weeks before the interview (either by phone or face to face), the respondents will be sent a reminder e mail and may also be sent a copy of the questionnaire in advance, at the researcher's discretion.

Responses obtained by interviews will be recorded, after gaining permission from the respondents. The responses will be collected on three data capture spreadsheets. The first will contain data from the 'Lessons Learnt' section from both Template 1 and Template 2; the second will contain the remaining data for Template 1, and the third will contain the remaining data for Template 2. These will form the primary data stored by Spotlight. It is expected that the data for all three spreadsheets will be in the language of the partner country.

In-country teams will be responsible for systematic storage of any other data (including the original tape recordings) and analyses.

Feedback to participants: At the completion of the study participants will be provided with a summary of the main findings from the study

5.1.4 Data analyses and interpretation
The case studies will be used to explore the factors associated with success and failure of interventions, or aspects of interventions, in detail.

Detailed methods for data capture, analysis and interpretation was prepared for the pilot by the UK group, and is attached as Appendix 3. The intention is for this to provide an example for reference by the in country teams who can tailor the details as appropriate. The following outlines the main points

<u>Quantitative data</u>
The only quantitative data collected will be for Template 2. The data is simple scoring data, and if there are sufficient respondents it may be possible to carry out non parametric statistical analysis to identify relative differences between capacity domains within a case study. In reality it is more likely that this data will enable frequency comparisons between response items within capacity domains, and between capacity domains.

<u>Qualitative data</u>
This will be collected for element of both Template 1 and Template 2.

Data from the 'Checklist for 'appraisal of success' ' will be used to gauge the relative level of success of the case study – supported by quantitative data which has been collected e.g. have at least 90% of the objectives been achieved?

Relevant fields of data from Template 1 'good practice', and all data collected for Template 2 will be used to assess which factors contributed to the level of success of the case study.

Thematic analyses will be carried out on the qualitative data collected under the 'Lessons learnt' section of both Templates, and may also be carried out on other qualitative data if this is appropriate. The approach and techniques used to carry out this analysis will be determined by the in-country teams, based on their skills, experience and resources. Relevant information about interviewees e.g. role, may be shown in the report of the research, unless it compromises anonymity. Thematic analyses should be verified by another member of the in-country team.

6.0 Outputs

6.1 Internal reporting
Once analyses have been carried out for each case study, the in-country teams will prepare a report to share with the other members of WP6, and which will address the research question:-

- For each case study, how well do the success/failure factors identified in the study reflect the existing evidence base, and are there additional lessons which should be incorporated into the theoretical framework

The remaining three research questions require comparisons and synthesis of information across the three countries participating in WP6. The research questions are:-

- What are the reasons for differences in success/failure factors between different case studies

- What were the strengths and weaknesses of the tools employed in identifying success/failure factors in the case studies, both as separate instruments and used in combination.

- What were the differences and similarities in important factors between European countries?

At the appropriate time the project team will discuss whether and how internal reports should be prepared to address each of these.

6.2 Project Report for EU

One report will be written by all three partners, with recommendations for successful adoption and implementation of multi level obesity prevention initiatives for adults, including an Annex describing examples of best practice from the case studies.

6.3 Scientific articles

Two or more scientific articles will be prepared, to be published in international peer- reviewed scientific journals. The publication policy will be followed as described in the Consortium Agreement (starting on page 14).

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Appendix 1: RE-AIM

www.re-aim.org

RE-AIM was originally (in1999) developed as a framework for consistent reporting of research results and later used to organize reviews of the existing literature on health promotion and disease management in different settings. The acronym stands for Reach, Effectiveness, Adoption, Implementation, and Maintenance which together determine public health impact. Recently, RE-AIM has been used to translate research into practice and to help plan programs and improve their chances of working in "real-world" settings. The framework has also been used to understand the relative strengths and weaknesses of different approaches to health promotion (such as in-person counselling, group education classes, telephone counselling, and internet resources). The overall goal of the RE-AIM framework is to encourage program planners, evaluators, readers of journal articles, funders, and policy-makers to pay more attention to essential program elements including external validity that can improve the sustainable adoption and implementation of effective, generalisable, evidence-based interventions.

The five steps to translate research into action are: to reach the target population; the effectiveness or efficacy; adoption by the target staff, settings, or institutions; the implementation consistency, costs and adaptations made during delivery; and the maintenance of intervention effects in individuals and settings over time.

<u>Reach</u> stands for the absolute number, proportion, and representativeness of individuals who were willing to participate in a given initiative, intervention, or program. Important factors are attrition (why did people drop out?) and the number of people in the community with the targeted risk factor (obesity/low physical activity/unhealthy diet in this case). The reach of the intervention also reflects the external validity.

<u>Efficacy</u> describes the impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes. Importantly, both objective and self-reported outcomes should be assessed. Furthermore; was there a theoretical framework beforehand, and was the association mediated?
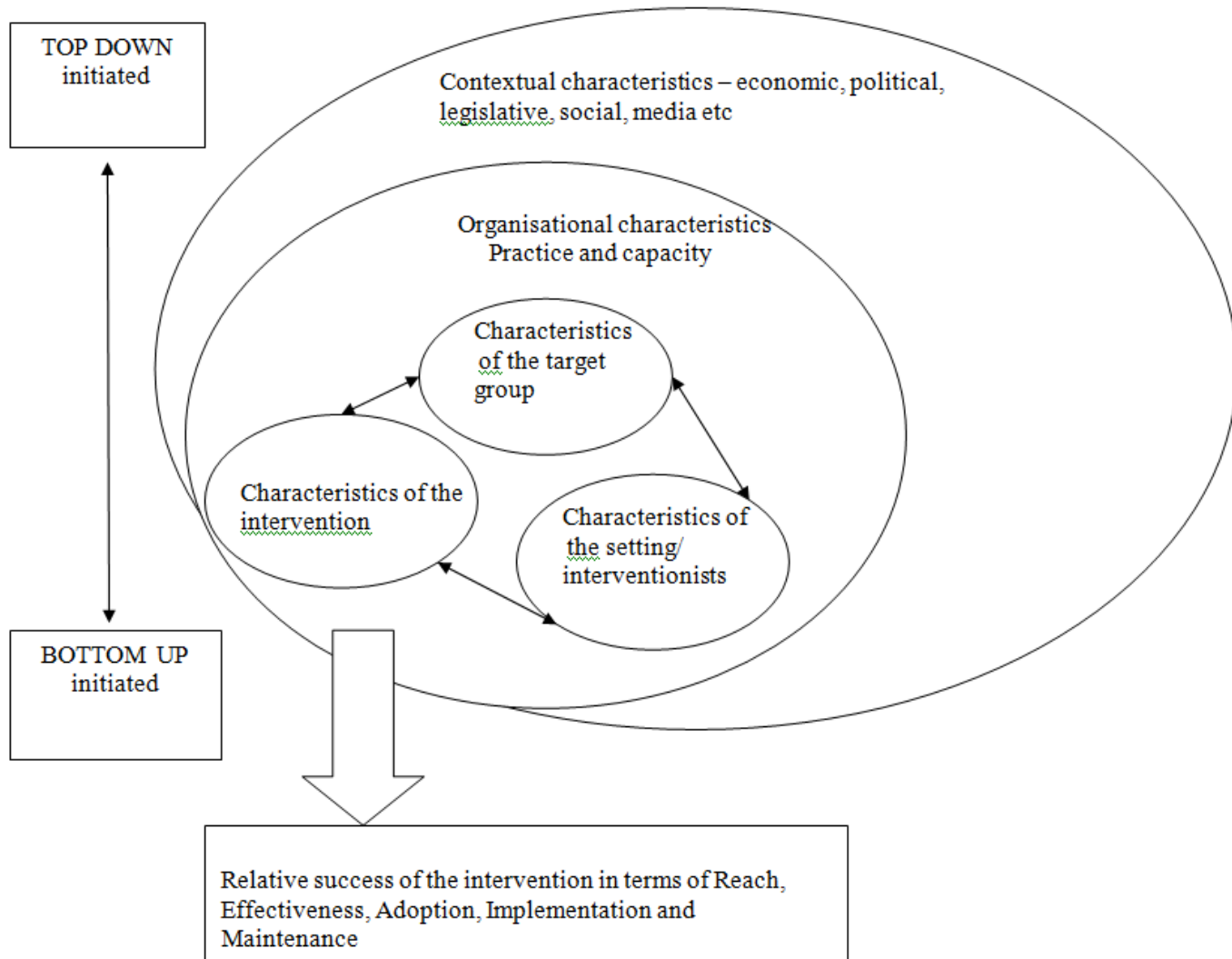
<u>Adoption</u> stands for the absolute number, proportion, and representativeness of settings and intervention agents (people who deliver the program) who are willing to initiate a program. Adoption is therefore largely determined by the characteristics of the program adoptees. What are the requirements for the adoptees in the intervention? Was there a training or preparation for the adoptees? What was the number of settings targeted?

<u>Implementation</u> refers to the intervention agents' fidelity to the various elements of an intervention's protocol, including consistency of delivery as intended and the time and cost of the intervention. At the individual level, implementation refers to clients' use of the intervention strategies. Important: were all components described in the intervention implemented? And; were there agents for the implementation from various backgrounds?

<u>Maintenance</u> is the extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. Within the RE-AIM framework, maintenance also applies at the individual level. At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after 6 or more months after the most recent intervention contact. Important aspects are the presence of a follow-up period, a debriefing about pros and cons of the intervention and whether the program is continued after the intervention-period. This step describes the potential for sustainability.

Annex 2: Theoretical framework

Theoretical Framework- factors affecting the relative success of multi level public health nutrition interventions, including obesity.

TOP DOWN
initiated

Contextual characteristics – economic, political, legislative, social, media etc

Organisational characteristics
Practice and capacity

Characteristics
of the target
group

Characteristics of the
intervention

Characteristics of
the setting/
interventionists

BOTTOM UP
initiated

Relative success of the intervention in terms of Reach, Effectiveness, Adoption, Implementation and Maintenance

Explanatory table to accompany theoretical model: factors affecting the relative success of multi level public health nutrition interventions, including obesity.

	Planning & design phase	Implementation phase	Sustainability
Characteristics of the target group	early and active involvement of target group and networks understanding needs and determinants of behaviour in the target group	shared intentions and expectation of outcomes, knowledge, attitudes, support mechanisms, skills perceptions of:- • ability to bring about change • risk • supportive policies • opinions and behaviours of important 'others'	habit strength ongoing constraints e.g lack of time and (social) support self-efficacy a sense of shared ownership, commitment and trust positive perceptions continued utilisation of tools such as websites
Characteristics of the setting/ interventionists	early and active involvement of staff, stakeholders and networks understanding characteristics of the target setting/s involve professionals to create awareness and stimulate positive expectations	shared intentions and expectation of outcomes knowledge, attitudes, support mechanisms, skills, time management perceptions of:- • ability to bring about change, • risk • external context including facilitators and barriers e.g. political commitment, public awareness, supportive policies • opinions and behaviours of important 'others' informed, trained and motivated professionals	ongoing constraints e.g lack of time and support self-efficacy a sense of shared ownership, commitment and trust positive perceptions

	Planning & design phase	Implementation phase	Sustainability
Characteristics of the intervention	build on relevant public health and behaviour change evidence bases use learning from other programmes needs assessment identification of vulnerable groups and possible differential effects of the intervention on these groups compared to other groups, consider longer term sustainability of intervention evaluation and monitoring built in consider a 'community development' approach	use public health and behaviour change approaches which have been demonstrated to be effective within the intervention and which are appropriate and supported by the target groups, clear aims and objectives availability of staff and administrative support assess practicality of 'scaling up' project appropriate intensity and duration of intervention to bring about desired outcomes positive behaviour changes re-inforced communication and other strategies used to maintain links with stakeholders, networks etc	potential to be scaled-up and institutionalised ongoing feedback and re-inforcement of positive changes low complexity of an intervention favours sustainability ongoing evaluation and monitoring – at least to some extent
Organisational characteristics – practice and capacity	effective management structures and clear accountability advisory board involving all relevant groups, and which addresses the need to reconcile agendas developing a communication strategy for intervention staff, target groups, stakeholders and networks assess and build capacity including:-	how to effectively manage partnerships and multi-sectoral collaboration (ownership and win-win scenarios) findings from monitoring are fed back to inform: • intervention development, • communication strategy implementation, • effectiveness of measures to address any differential effects on vulnerable or minority groups continue to assure	process evaluation of internal and external organisation implement planned transition to maintenance phase

	Planning & design phase	Implementation phase	Sustainability
	- financial - human resources – availability, skills and experience - leadership skills - stakeholders, networks and partnerships - other sources of external support - physical resources e.g training rooms and equipment consider and build capacity to sustain project activities after the intervention has ended	availability of financial, human and physical resources implement training programme nurture external links	
Contextual characteristics – economic, political, legislative, social, media etc	inequity and needs of minority groups considered from the outset local sectors involved (jobs centre; social services; private sector etc) hindering and facilitating factors from wider context: - services available - the presence of food marketing - labelling regulations - taxes/subsidies - cultural aspects - societal safety and trust	implementation tools – voluntary (e.g.self-regulation) versus mandatory approaches hindering and facilitating factors from wider context: - cost/price of healthy food - opportunities for physical activity - subsidised meals - welfare safety nets - bottom-up versus top-down	effective (including cost-effective) measurement of programme evaluation implement planned transition to maintenance phase implement incentives such as tax relief ensure partnerships remain strong ensure continuation of funding evidence for institutionalisation

Annex 3: DENMARK Country case study report

Summary

In 2010 the Danish Board of Health allocated 7.7 mill. kr. in a government grant to work with prevention interventions in a social housing complex, a designated area with affordable housing in order to ensure health, safety and well-being of the residents.

The project has five objectives: 1) to increase the social capital in the community, 2) to strengthen the interdisciplinary collaboration in the community, 3) to create a healthy social and physical environment, 4) to improve the health of residents, and 5) to develop effective methods of recruitment and retention.

The social housing complex is located in the outskirts of a small provincial capital in Denmark, three kilometres from the town centre and administered by a cooperative-housing association. The project area is a so-called marginalized area, classified as a ghetto, where most citizens have fewer economic and social resources than the average Dane. Usually, approximately 1,100 residents live in 728 leases, however, currently one third of these are currently vacated due to a major renovation. Out of the 1,100 residents, about half have a non-Danish ethnic origin. The two largest groups are Turks and immigrants from the Balkans in the 1990s. The Danish resident group is characterized by individuals living alone, in poor health, often with high alcohol consumption, and presumably with few family bonds.

The project is funded by the Danish government through the SATS pool, translated as the Development Fund, an allocation of extra funds to initiatives that aim to improve conditions for vulnerable and disadvantaged groups, including welfare recipients. The project started in November 2010 and ended November 2014 where some activities are planned to be maintained in a new master plan for the area.

Project activities fall into six focus areas: smoking cessation, physical activity, diet, social capital, mental health, and recruitment and included activities at individual level, group level, in the local community, and in cooperation with local agencies, schools and businesses. The project approaches also included improving the physical environment.

Seven stakeholders were interviewed about their experiences and views on the successes and failures of the project. The interviewees belonged to the categories of project owner, core project staff, close partner and external partner. The interviews and analysis have been made gender-neutral to secure anonymity.

The success of the project was assessed against the domains of the RE-AIM model.

- The main findings are that participation and **reach** in project activities by the target population was low. Interviewees agree that at-risk groups are difficult to commit. Some interviewees working closest to the target population estimate that reach is good, whereas others find reach very low and partly influenced by the personal tension between project manager and close partner.
- Due to having no baseline data and just a common-sense idea of the needs of the target group, **efficacy** was difficult to estimate. For individuals who took part in project activities the project was effective; critique is, however, that not many took part in the individual and group activities offered, more residents joined social events especially counting children.
- **Adoption** of the project differs radically according to interviewee. The three paid project staff had a good working relationship and shared enthusiasm of the project.

The split between this group and the close partner hampered adoption of stakeholders who took the side of the close partner.
- **Implementation** of the activities within the project was achieved but with poor attendance. The factors which hindered implementation included the coincidence of the social housing renovation, the personal grudges between key stakeholders, and a detached leadership.
- In terms of **maintenance** the project did not succeed well, because there was no strategic planning or infrastructure beyond the project period. Some activities will be maintained in a new municipal master plan and managed by the close partner. In this way, some experiences from the project will be brought forward to the new master plan.

In conclusion, the commitment and enthusiasm of the project's paid staff was a positive factor. Another major strength of the project was the location of the project office on the project site. Other positive factors are the project's holistic view of health to include mental health and the more social activities that were well liked by the target group. In addition, several concrete activities and the environmental (structural) changes worked well for the target group.

The main weakness of the project was the unclear aim of the project and lack of strategic planning, also vis-a-vis the timing of the project to coincide with a major housing renovation. The needs of the residents were not clear to all stakeholders and project activities were short-lived. The project also suffered from poor communication and cooperation.

1.0 Methods

The Danish case had a project website from where initial information was gathered. The documents that provided further background information on the project are the application (The Project Document) sent to the National Board of Health in 2010, a local community analysis authored by a member of the core project group (2010), an internal mid-term evaluation (2011), an annual report (2012), the project's webpage, and project pamphlets.

A total of seven interviews were conducted in the time span from November 2013 to May 2014. All interviews were conducted face-to-face with one of two interview templates: a template for project management (T1) and one for project staff and stakeholders (T2). Both these questionnaire/interview guides included three open questions on successes, weaknesses, and what to do differently, if one had the chance. Participants agreed to have their interviews recorded.

The following interviews were made (here: in chronological order), all by the same researcher:

1. Project Manager (core project group), in the project office at the project site, 1st November 2013
2. Project owner, on own downtown premises, 2nd December 2013
3. Project staff, in a project office at the project site, 18th November 2013
4. Project staff, in a project office at the project site, 18th November 2013
5. Close partner (core project group), in the kitchen in work premises at project site, 17th December 2013
6. Senior employee (core project group), in a café in large provincial town, 24th January 2014
7. External partner, in an office at the project site, 6st May 2014

All interviews were transcribed and coded for a thematic analysis.

The interviews and analysis are, as well, made gender-neutral to secure anonymity. This has the effect that some gender aspects in relation to stakeholder positions, tasks and relations

are lost, just as stakeholder roles vis-a-vis members and sub-groups of the target group are not fully described. With some restrictions gender-sensitivity is attempted throughout the report, acknowledging and pointing to gender issues and inequalities when identified.

2.0 Description of case study

2.1 Background

The case study is a project for enhancing the health and well-being of residents of a social housing complex located in the outskirts of a small provincial capital in mid-Denmark, running in 2010-2014.

The housing complex is a so-called marginalized area, classified as a ghetto, with many citizens with fewer resources than the average Dane. The area is administered by a cooperative-housing association and usually houses approximately 1,100 residents in 728 leases. Due to a major renovation, one third of these were vacated during the project period.

The target population is comprised mainly by two large groups of residents. About half the residents have a non-Danish ethnic origin; the two largest groups are Turks and immigrant families from the Balkans in the 1990s. The Danish group is characterised by individuals (mostly men) living alone, in poor health, often with high alcohol consumption, and presumably with few family bonds. One third of the residents are overweight and 17% are obese. Only about 40% believe that they have a healthy diet and only 50% eat fruit and vegetables every day. One fourth of residents claim not to feel rested. These numbers are not specified according to age and sex.

The project activities are divided into six focus areas: smoking cessation, physical activity, diet, social capital, mental health, and recruitment. Mental health was treated as the absence of mental illness and focused on the about 40% of citizens who found themselves involuntarily alone, some single, with or without children, and often characterised by being outside the labour market. All population groups in the social housing complex, across age, ethnicity, gender, and socio-economic status, are targeted by the project in order to promote health and wellbeing in the community. Citizen involvement methods and interdisciplinary cooperation are the means to achieve the project's objectives.

At the time of data collection, the project was just starting its final year of implementation. The project end was October 2014 and a final evaluation due.

2.2 Aims and objectives

The overall aim of the project is to promote health and wellbeing of residents in the community through citizen involvement methods and interdisciplinary cooperation. The underlying reason for having the project is the community's ghetto classification, which by law secures government funded projects.

The project objectives are:
1) to increase social capital in the community
2) to foster interdisciplinary collaboration in the community
3) to create a healthy environment in the community
4) to improve the health of the residents
5) in the four objectives to develop efficient methods for recruitment and retention

Activities in the period from 2011 to 2014, include
1) Physical activity activities as gymnastics, a walking club, a running school, multi exercise, water fitness, Zumba, and a games club.
2) Activities to improve diets include Christmas gatherings, individual nutritional

counselling, a 'slimming school', a family cooking class, a cooking club, a market event, a summer fun event, and cooking classes for women.
3) In relation to mental health, the activities created included showing movies, a course on relaxation, a story telling club, a creative workshop and an 'only for men' club.
4) For smoking cessation, events and courses were made for youth, individuals, and in cooperation with NGOs.

2.3 Project budget and funding

The total project budget was 7.7 mill. Danish Kroner provided by the Danish government through the SATS pool, translated as the Development Fund, an allocation of extra funds to initiatives that aim to improve conditions for vulnerable and disadvantaged groups, including welfare recipients.

The SATS funds are primarily devoted to social, health and employment issues. In 2010 the then Ministry of the Interior and Health allocated 936, 2 mill. Danish Kroner to the SATS pool and called for projects to combat juvenile delinquency and reach vulnerable groups in Psychiatry and Health, weak groups within the labour market, and promote integration.

The SATS funds have no 'own-funding', i.e. no commitment to municipalities to chip in with a certain percentage of the total budget. Other funding was provided by the social housing association as in-kind contributions of office space and spaces for project activities according to the contract with the municipality.

2.4 Project structures and links

Seven stakeholders were interviewed about their experiences and views on the successes and failures of the project. The interviewees belonged to the categories of project owner, core project staff, close partner and external partner. The interviews and analysis are gender-neutral to secure anonymity. Gender aspects are, however, addressed both in terms of project stakeholders, management and project activities, without compromising the identities of the interviewees.

1) Formal structure

The project is led by a steering group, advised by an innovation team, and run on a daily basis by a project team (the project manager and two project staff). All groups are comprised by both women and men. The project cooperates closely with one close partner led by a male dominated management group.

The steering group is comprised by the health chief in the municipality (chairman and project owner), a member of the social department in the municipality, a member of the integration council in the municipality, a member of the council for socially vulnerable citizens in the municipality, and the resident/housing consultant from the cooperative-housing association. The tasks of the steering committee are to manage the overall project, to ensure that the necessary resources are available, to take decisions in possible conflicts in the project - both with internal and external parties, and to be responsible for the project against the political hinterland (ref.: the project webpage).

The innovation team, which was rather invisible in the qualitative data, is comprised by the senior employee at the department of health and prevention in the municipality (and member of the core project group), a member of the department for children and youth in the municipality, and a member of the job center also in the municipality. The tasks of the group

are to develop new approaches and ways of working to attract residents to participate actively in the project.

The project on-site team is the paid staff: a project manager (and member of the core project group) and two project coordinators. The team's tasks are to plan and execute project activities, take responsibility for the residents vis-a-vis the project, and manage budget & expenditures, communication, the project site in relation to activities, and operations in general.

The core project group is comprised by the project owner and senior employee (both mentioned above) and, in addition, the close partner. This group is accountable for development and implementation of the project; the senior employee mostly so in the initial stage of the project.

2) Actual management

A flat hierarchical structure and a large degree of project autonomy and self-management left a large degree of decision-making to the project manager and staff in collaboration with the close partner, a partnership that did not function. Strategic project management was carried out by the project manager in collaboration with the project owner (also a steering group member).

3) Partners and sectors represented

The close partner (and core project group member) represented the local business of a private cooperative-housing association. Other more external partners represented local government through Job Center, Social Mediator, health care (i.e. local and regional government offices and nongovernmental organisations), schools and colleges, local businesses, local community groups, and soccer club.

The structures linking this wide range of partners and stakeholders to the project are a mix of personal relations in the local community, community dedication and obligation.

2.5 Project staffing

The project pays the salaries of three full-time staff: an academic within the Humanities, an occupational therapist, and a sports physiologist. The work of the close partner and other external partners was additional to their usual tasks and not funded by the project.

Volunteers (both women and men) take part in several activities and are usually active members of the target group. Another relatively large group of volunteers are dedicated local people in the larger community who step in when an activity is within their area of interest or expertise, e.g. a soccer coach, or a cook, or a handicraft person.

2.6 Development of the project

The project is part of a national strategy to eliminate ghetto areas in Denmark. The SATS pool, translated as the Development Fund, is an allocation of extra government funds to initiatives that are primarily devoted to social, health and employment issues. This project is one in twelve awarded between five and eight million kr. in an attempt to make helpful changes in a ghetto area.

The residents of the ghetto area were not involved in developing the bid and no needs assessment or pilot was carried out. However, the area had been the basis for

previous/recent projects aimed at specific groups at risk and a local community analysis was carried out prior to the project.

The project emphasized dialogue and the method of 'Appreciative Inquiry' (AI) as well as the 'ABCD' ([13]Asset-Based Community Development) model, a resource-based approach to urban development through a focus on positive stories. This opened for developing the project according to the wishes and need of the target population. Throughout the project, the project team contacted residents to hear their voices and inform on current activities.

2.7 Implementation

The project developed activities divided into six focus areas, respectively smoking cessation, physical activity, diet, social capital, mental health and worked actively with recruitment throughout the five areas as a specific focus area. The Secretariat of the Prevention Commission at the Ministry of Health (2009) announced the areas that are now the focus areas of the project. In the break-down of activities not much gender-specific information was provided other than the specific target groups for each activity. Differential impacts on men and women are therefore not measured.

Physical activity. In the period from 2011 to 2014, eight main activities comprise physical activity as a focus area. These activities addresses gymnastics, walking club, running school, establishing gym, multi exercise, water fitness, games club and Zumba. The participation in the activities has been very unevenly distributed. Some activities, such as Water aerobics and Zumba for women, were well attended, while, for example, a walking club and gymnastics were discontinued due to lack of participants. The greatest challenge has been maintenance and making activities citizen-driven activities. Despite interested people, only Zumba was maintained with volunteer leaders.
Diet. Diet activities include 'Christmas fun in the common house, individual nutritional counseling, a slim school, a food training call for families, a cooking club, 'culinary region', summer fun and cooking for women. Experience is that it is difficult to recruit residents to activities dealing with a healthier diet. 25% answered questions about diet in the initial local community analysis (2010). Of these 38% claim to prefer cheaper food, while 21% would like free or cheaper exercise activities to attract them to eat healthier. Highly targeted activities, such as focusing on weight loss, have attracted least attention, while broad-based activities were most popular. The data provided in this section is not gender-specific.

Mental health. Altogether six activities have primarily dealt with mental health: 'Created here/locally', a movie club, a relaxation activity, a tale's club, a creative workshop and 'Only for Men'. This includes both broad-spectrum activities for children and young people, as well as more specifically focused activities targeting adults at risk of ill-health or social isolation. The activity 'Only for Men' was successful as a small group residents decided to actively join in (which at the same time excluded other men of different ethnic origin). Another reason for the success of this particular activity may be that *health* is not explicitly addressed and no expectations were put forward to participants of the activity.

Social capital. Five activities were created for specific groups of women and men: sports on a big screen, the Resident farm, Tuesday coffee, an early retirement club and family fun. Many of the residents have a poor mental health, 18% are often anxious or stressed, and 20% experience that they cannot overcome the things they would like to in everyday life. 14% are never in control of things and find that tasks pile up. The ethnic Danish men in the ghetto tend to isolate themselves. Another relatively large group of people are families from

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[13] http://www.abcdinstitute.org/

the Balkans, many of them suffering psychological trauma. Thus a major task of the project was to increase residents' social capital. One particular point of the project was to prevent residents from being excluded from the community. These activities suffered from very poor recruitment (no gender-specific data).

Smoking cessation. Three activities explicitly focus on smoking cessation for women and men. One activity is aimed at children and young people, the two others cater to all residents in the local area. Over half of the residents are smokers, a large part of these are heavy smokers. The three activities are a quit smoking event, individual smoking cessation and a 'quit smoking at no cost' course. It is debateable whether the costs of smoking cessation interventions have been worth the funds. Wishes for activities are voiced but recruitment is low and retention is very low. Evaluations and data do no provide gender-specific data on smoking and wishes or endeavours to stop smoking.

Recruitment. Three activities were designed to recruit residents while two other activities that have had multiple purposes: Recruiting Activities, Open House and Recruitment Corps, as well as Healthy Cafe and Healthy Talk. It has in many instances not been possible to recruit the number of people wanted, even in relation to the size of the area. Individuals who for various reasons are vulnerable, are also often subject to being talked down to, and there is a tendency that you often point out the errors they commit, by failing to live up to society requirements and expectations. The project desire to change this and meet the residents with a positive and appreciative approach. The project team has been careful to communicate to the target group widely on many platforms, through a website, a Facebook, a newsletters – in paper and electronically, flyers, information in local magazines, and personal contact with the citizens in the area - by calling around, ringing doorbells and contacting residents as they move in the area. It is very difficult to give answers to how many women, men, girls and boys have taken part and if recruitment is a success or not.

The project was committed to work with different methods of work with less resourceful citizens. Six (overlapping or related) methods have been at play through varies phases and activities:

1. A focus to increase the social capital of the target population. Required as many residents as possible to participate in the activities; to bring different groups together in order to increase the total capital and confidence in the local area.
2. Involve citizens in the project based on an open-minded approach to the residents in order to define choice and content the activities by Asset-Based Community Development and Appreciative Inquiry.
3. Proactive recruitment of residents to activities.
4. Motivational methods to avoid residents to perceive of themselves as stigmatized.
5. The 'Small Steps' method, a long process taking small steps to create behavioural changes, with realistic goals.
6. Work with art and creativity based on the assumption that it strengthens mental health and potentially ensures a greater quality of life.

2.8 Evaluation and monitoring

A local community analysis was carried out in 2010 before the implementation of the project. This is not articulated as a needs assessment but it described local attitudes to health, the neighbourhood, the target group, as well as project objectives and methods. The analysis is based on 31 interviews with 15 women and girls and 16 boys and men, aged between 8 and 89. Half the interviewees were Danes; the remainder were Turks (7), Kosovo Albanians (5), a Serb, a Bosnian, a Tamil and two Vietnamese. Almost half the group were taking some sort of education, six were working and the remainder either pensioners, unemployed, on sick leave, or taking wage subsidies. The qualitative interviews were divers in relation to nationality, type of household, job, gender and age.

<u>An internal evaluation</u> carried out in 2011 was according to interviewees compiled by the project manager; according to the evaluation itself by an international, multidisciplinary consultancy company. This evaluation was intended to document preliminary findings and experiences carried out during the first year of the project to feed into the continued work of the project team. The evaluation looked into three indicators of success: 1) At least 80 % of professional interviewees within health believe that health and wellbeing has increased. 2) More than 80 % of the target group taking part in activities believe that the project has led to an increased focus on health and well-being in the project area, 3) More than 80 % of the target group taking part in activities have improved one or more 'KRAM' factors (acronym for *Kost, Rygning, Alkohol og Motion,* Danish for diet, smoking, alcohol, and physical activity and KRAM meaning 'hug').

Throughout the project monitoring by the project manager and staff was carried out.

Indicators on the short-term effects after the first year of the project were:
1. Project activities were complete despite shortage of man-power as a three-person staff is insufficient.
2. The project incorporated all target group wishes for activities.
3. Residents need the focus on mental health for improved wellbeing

In 2014 a final evaluation will be made by the Sports Institute of a Danish university. No information on budget and accounts is available.

2.9 Communication and dissemination

The local community analysis (2010) is available on the project webpage.

The project webpage (in Danish) provides presentations of project rationale, the funding agency, the other 11 project across Denmark, the project management, staff, and partners, the inhabitants, definitions of health, the specific activities and provides contact information. The webpage is designed to appeal to visitors with pictures and quotes by residents. It is kept in four colours each assigned to specific areas: general information and the activities of physical activity, diet, smoking cessation. This colour coding is extended to flyers and posters.

Many activities involve the wider local community, e.g. schools, and the local community is invited to participate in as many activities and event as possible and appropriate. The press is invited as well. For attracting and recruiting the very hard to reach groups, project group members went door-to-door or made contact through phone.

2.10 Project maintenance

Project management and staff have tried to make the activities integrated in everyday life but do not expect a high degree of maintenance once the project activities stops in October 2014. No initiatives were designed to continue, but it was hoped by the project staff and core project group that some would continue in the area through what is mentioned as the new master plan. This new municipal master plan was not available at the time and is, as of now, not available online.

3.0 Results

3.1 Strengths and weaknesses of the case study

This section recapitulates responses to the open questions of perceived strengths, weaknesses and what one would have done differently, had it been possible. At the beginning of each interview, interviewees were asked to reflect on successes or barriers in relation to project strategy, design, or implementation; anything coming to mind.

3.1.1 Strengths

Getting bid and initial development (basis of the project)
- the use of the Appreciative Inquirery method
- the project's holistic view of health to include mental health and wellbeing
- identifying a homogenous area (and not an area split between community or municipality lines)
- incorporation of structural (environmental) changes to improve the local community
- the coinciding of the project with a major renovation (one interviewee)
- the close collaboration with key partners as Job Center and Social Mediator

Evaluation and monitoring

No strengths related to evaluation and monitoring were brought up

Implementation

- the dedication and cooperation within the project group (manager and staff)
- the office location in the residential project area with project manager and staff working right in the area and present at all working hours; always with an open door for those living there
- the personalities and perseverance of the individual project manager and staff (own evaluation) and willingnes to learn by doing
- the dedication of the on-site project team
- activities targeted to the wider target group or specific hard-to-reach groups
- the graphic design to reach the target group are assets mentioned
- taking resident networks seriously

Maintaining the project
- members of the target group are beginning to take over activities
- having influenced project activities and improved local area to e.g. the local kindergarten for future use as well.
- the project is feeding into the 'Social Housing Master Plan 2014-2017' in which the close project partner will be coordinator

3.1.2 Weaknesses

Getting bid and initial development

- short time for application (two months)
- no baseline data or needs assessment carried out
- the project was top-down
- the project objectives were not a priority of the residents/the target population
- using the word 'health' in the name of the project
- the ghetto classification is enough to secure funding

- the project coincided with a major renovation causing the target group to shrink by a third
- the target group are victimised as poor, vulnerable and lacking networks
- definitions of key concepts as 'health' are not clarified
- the budget lack funds for activities
- municipal commitment is lost when no self-financing is required
- the municipal has not shown direction
- the close project partner was not well informed and in agreement with project design and strategies
- no clear guidelines or agreements on daily cooperation with close partner
- having a project in an area with an existing development master plan without coordination between the two

Evaluation and monitoring

No weaknesses related to evaluation and monitoring were brought up

Implementation

Related to project site, design, and timing

- the project coincided with a major renovation causing the target group to shrink by a third and the project drowned in the renovation
- no stable office space was provided
- the system is more important than the people (meaning there is not enough) possibilities to adjust project design or strategy to better match activities to needs
- the project has scrounged itself to a free office
- a project turn towards creativity, art events and culture (and not health) is problematic vis-a-vis the project intention
- more individual contact to target group members is necessary as well as longer-lasting activities

Related to the target group:

- the needs of the residents are not clear
- project fatigue amongst the target group
- only a minority of residents participate actively in activities
- temporary activities to groups at risk who need time to approach offers
- the recruitment pool went from 1500 residents to 700 residents due to the renovation
- difficult to recruit the target group to take part in activities
- difficult to stop the rumor amongst the target group that the project was not wanted
- the target population is taught by the project to receive alms and be victims
- target group is provoked by health messages (of not having a good time with cake during social activities)
- volunteers and trusted target group members are singled out and gain a difficult higher hierarchical position

Related to project stakeholders, excl. target group

- cooperation difficulties of key stakeholders
- the tasks of the project manager and staff are not clear
- poor communication between project management and close partner affecting activities
- radically different work cultures between partner management and on-site project team
- upper managements are representatives of two very different cultures and have not been able to figure out how to work together

- project manager and staff have to do all tasks, e.g. cleaning
- project manager lacks health education
- staff members are 'forgotten' in their project site, away from 'headquarters'
- project staff are not fully accepted when at 'headquarters'
- clash low-paying white-collar position vs. academics
- close partner feels threatened by the project doing his/her usual tasks
- demotivated partner
- the project lacks a contract or an agreement with the partner that is accessible, transparent, and used
- resident boards are controlled by close partner making recruitment difficult
- competition between close partner and project for volunteers
- the two parties, staff and partner compete for the same active and dedicated tenants
- personality clashes play a role
- external partners choose sides in the personal grudge between two key project players

With regard to project activities:
- difficult to identify activities when the aim of the project is not clear
- project activities should have begun as the renovation stopped
- project activities demanding municipal permission drag out
- activities are targeted at broad groups of residents such as men, women or girls, boy, but are usually taken over by smaller groups that de facto exclude others, e.g. a men's club is 'occupied' by single male Danes, a swimming class for women by one ethnic minority group of women. Same for Zumba
- spaces for activities not always appropriate (e.g. women's activities in dark basement)
- project activities not always culturally sensitive (or sensitive to trauma)
- activities are random, aimless, not thought through, not meeting the needs of the residents/target group, short-lived, not coordinated
- activities are 'developed by the staff' meaning that they do not meet the needs of the target group, and only reach the same 8-10 people, who take part the activities

Maintaining the project
- the project is temporary, only activities maintained through a structure will prevail, some perhaps through the social housing resident boards
- lack of political vision beyond the project
- lack proof of activity successes when no baseline data to compare to
- resistance to 'another project' coming in (short-term)
- difficult to maintain taking fees to retain members in activities
- weight loss, improved diets and more active everyday lives may prevail. To be seen in three-four years...
- Health is lacking in the new Social Housing Master Plan 2014-2017 will cover some of the projects areas, Education & employment, Family, Networks, and Communication (not 'health', but with health aspects?)

3.1.3 What would you do differently?

Getting bid and initial development
- ensuring preparation or more time for the project application, with more time for securing partners and matching expectations
- include a needs assessment in the project document with baseline data
- secure a more bottom-up working practice
- have a clear understanding of aims and objectives
- having guidelines for cooperation and management
- avoid a terminology of health (normative concepts)

- avoid coincidence of a major structural (environmental) change that is not incorporated into the project
- allow a time period of 10-15 years of cooperation agreements with local stakeholders for follow-up to ensure maintenance

Evaluation and monitoring
- carry out continuing self-evaluation of agreements with in the project
- ensure a more written culture of on-going project self-evaluations
- have a 'place' to go to for sparring

Implementation
- ensure a shared platform with key stakeholders at project start
- tone down the focus on health when introducing activities
- avoid target group members gaining a higher hierarchical position (having keys and responsibilities)
- more activities for children *with* their adults
- ensure the possibility for a more individual approach to reach the hardest to reach groups
- expand the institution of a social mediator to help families and individuals at risk
- have a mechanism to stop a demanding attitude amongst the target group (e.g. a common agreement on approach)
- commit upper project management to take responsibility for reaching aims
- create more awareness through greater events, an association, a tradition. With attention from the press.

Maintaining the project
- allow a time period of 10-15 years of cooperation agreements with local stakeholders for follow-up to ensure maintenance
- cooperate more closely with permanent institutions and organizations in the local [project) area, using the physical environment as it is (or facilitating changes)
- pulling local business in to project activities
- dragging the target group 'out' into local associations
- having a physical marker or a recurring event to mark the project

3.2 Thematic analysis

The thematic analysis is based on interviews, data capture from templates 1 and 2.

3.2.1 Unique themes:

Jargon
The difficulties of communication between key project stakeholders are noticeable for all individuals within the project including members of the target group. Interviewees do not address *jargon* directly but jargon and sarcasm sets a tone and establishes a negative mood for people involved. It also seems to indicate frustration and not just styles of speech. In the writing of quotes, it is not possible to hear the tone of voice, emotional loading of words and statements, and the use of sarcasm. This was used by used throughout the interviews with project manager and close partner.

Examples of hints and jargon are to have worked 'with hugely resourceful people previously', which could be interpreted as if the stakeholder(s) in this project are not so. Single words and swearing set a tone in daily language and rhetoric is often harsh: 'It's fucking not right!' using metaphors as 'the old patriarchal leader', 'listen to what Daddy says', 'there hasn't been any collaboration between Mom and Dad', and references to stakeholders as incompetent or as e.g. 'fucking academics up the ivory tower'. This type of language could

be limited to the anonymous interview situation but other interviews indicated that this was not so.

Conclusion: Negative jargon influences the success of a project. The lack of mutual standards of communication and no person to take responsibility to stop the destructive practice stresses stakeholders at all levels.

3.2.2 Common themes:

Participation: Project owner
The project owner is singled out from the core project group due to an upper management role above those who are accountable for the daily development and implementation of the project.

The project owner works in a downtown location and has the opportunity to follow the running of the project through the once weekly working day of the project manager at the downtown office. The environment at the office of the project owner is formal (in a rather informal Danish manner), whereas project manager and staff are very easy-going and based at the project site.

The project owner collaborates with the management of the housing association and sees a structural imbalance. The project has imposed itself on the housing association, taking charge of the residents who are also the target group of the project. The project owner is criticized by members of the core project group for not predicting the difficulties that would arise with the renovation of the housing complex and for not sorting out a clear cooperation strategy between project management and close partner.

Both project manager and staff call for greater involvement of the upper management levels on strategy and goals of the project.

The project owner is the head of the steering group that also includes the close partner. The steering group seems to plays a minor role in the project and interviews do not reflect steering group involvement.

Conclusion: The role of the project owner has not been clear to interviewees. The project owner has not been able to delegate tasks or involve the steering group adequately in project strategies and in conflict management.

Participation: Core project group, including close partner
The project manager, a close partner, and a senior employee who wrote the application comprise the core project group. The senior employee (T1-3) played a significant role in the initial stage of the project and later a more detached advisory role as part of a project innovation group and his/her role is not addressed much in the interviews. All interviewees, however, mention tensions in the relationship between project manager and close partner as having a negative effect on the implementation of the project. Due to the significance of the cooperation between the two key members of the core project group, the roles of these are described in more detail.

The two main players in the core project group are the project manager and the close partner. Both describe their collaboration as difficult and the two clearly have different work cultures and tone. Both have offices in the same stairwell at the project site.
The project manager is educated within the humanities (not within health) and is an outspoken person; both characteristics were a deliberate choice of the project management. When hiring the project manager it was a deliberate choice to have a person educated in culture. It was also supposed to be a person with a strong personality, which, in fact, the

person has. One day weekly the project manager works downtown but has no permanent office space or desk and experiences a lack of interest from the downtown staff and management.

The close partner employed by the housing administration has been in the same position for 16 years. This person is in charge of the renovation and collaboration with the project on activities. The close partner has a daily impact on the running of the project as many activities are closely linked to accommodating project activities. The close partner is described by the project team as a person opposing the project consciously and as a person who could have "sold" the project activities better to the tenants and the councils comprised by tenants. The close partner claims to reject offers of cooperation based on the history of distrust.

One core project group member refers to difficult personal relationships between the managements of, respectively, the housing association and the project management as not only personal but also structural and rooted in the time before the project itself and 'political problems' between project management and the housing cooperative.

Conclusion: A major weakness in the project is the lack of collaboration between two key stakeholders in the core projects group. The difficulties originate in the mixes of professions and personalities and are not solved in the course of the project.

Participation: Project staff
The project staff members are core project group members with no formal and strategic decision-making power although they hold key influence and are thus singled out as 'project staff'. The two members of project staff work closely with their project manager and are mentioned with this person when relevant. The project manager and staff express that they, as a team, are ambitious individuals; participate and cooperate, 'a damn strong project team'.

Conclusion: The dedication and professionalism of the project staff (and the project manager) is an asset to the project.

Participation: External partners
A main external partner is the 'social mediator'. The social mediator is a person hired by the municipality to assist cooperation and clarity between families in need and the many professionals surrounding them, including representatives from school, social services, municipality, etc... It is not a person of formal authority within the municipality, and this position is described as *'very, very important'* (External partner). The social mediator may visit families in their homes and often gets to know them well. No families so far have rejected the offer for assistance from the social mediator.

Other main external partners are the job centers, the school, and smaller associations and NGOs in the area. Apart from these, local individuals also play a part. Cooperation with the job center could have been difficult as it usually feared and despised by the unemployed. However, cooperation in the project area works well. The project manager and staff in collaboration with the job center identified as those most in need, and the job center was helpful in contacting early retirees under the age of 40 to inform them of the project and their possibilities to work part time without losing allowances.

Collaboration with the local school is mentioned as good and efficient. The school is close by and relations have been built around mutual benefit and personal relations. The school had an existing sports hall but was in need of more capacity. The project planned to build an inexpensive hall with no bathing facilities on the school grounds and sharing access to the hall: school access in the daytime, the project having access in the evening. The husband of

a core project group member is a teacher at the school and seems to have facilitated the process.

Other external partners could not be interviewed but all interviewees mention collaboration with various external partners as, in general, characterized by willingness to cooperate and even stretch limits. One example of this is bending rules on access to certain public activities.

> **Conclusion: Collaboration with external partners is in general good. A wide range of local external partners have taken part and showed willingness to cooperate to improve the ghetto area.**

Participation: Target population

Interviewees disagree on participation and the reach of the intervention. The project manager and staff recognize the difficulties of recruitment to activities but maintain that the project in known to almost all residents and thus the entire target group. Most activities had few participants but only a relatively small number of activities had to be given up because of poor participation. The project on-site team also maintains that 300-400 have been active participants and that the project manager and staff are '*visible and known in the area'*. The close partner, on the other hand, claims that it is *'always the same eight people'* who participate.

The target population is all residents in a housing complex divided into two parts: one with seven 3-story high apartment buildings, another with 6 units of four small buildings. Before the renovation the project area had altogether 486 apartments, housing approximately 1100 people. Due to the renovation and up-grading of the area the actual number of tenants is about 700. The area was classified as a ghetto area although the area no longer suffers from higher degrees of crime than other parts of the municipality. However, 51, 6 % of the resident have a background as refugees or immigrants, compared to only 6, 2 % within the municipality. The main groups of residents *in need* are immigrants and single Danes. These groups are the hardest to reach in health campaigns. The project is able to get in touch with many of these due to the project office and daily working hours within the housing complex; i.e. being physically in the project area.

Interviewees report that it is difficult to reach and involve the target group. Projects come and go and not much attention is paid to this project, as it is 'just another project'. One of the challenges of the project, expressed by the project owner, is being just one more project of 'do-gooders' and an 'outstretched hand' that may just cause the target group to be placated. The project was received with some skepticism or disappointment by residents who had not asked for the project; people asked for a sports hall. The member of the core project group states that a health project was not seen as a priority, nor was it desired.

The first experiences of the project manager and staff was that people are demotivated, making it difficult to commit individuals. Most people in the area have very few resources to be active in social/community activities. The Danes are usually single men without children, unemployed, alcoholics, or diagnosed with mental illnesses, or on welfare benefits. Another group is the single parents, usually women, with a low income or on unemployment benefit or welfare. Besides these, one can single out a small group of Greenlandic people who suffer from the same social difficulties. The immigrants (more than 50% of residents) suffer from being stigmatized minorities, unemployed, earning a low salary, and can be subdivided into specific ethnicities, and, as all categories, segmented into gender and age groups. Participation in activities of these sup-groups is sparsely described.

The close partner is more harsh and claims that it is *'always the same eight people'* who participate, despite activities within all the focus areas of physical activity, diet, mental health, social capital, smoking cessation and recruitment.

> ***Conclusion: Recruitment of members of the target group to join activities has been difficult. The project staff and members of the core project group targeted activities to a wide target group and also to groups, based on specific needs. Reaching those most in need has not been possible.***

Participation: Cross-Sectoral linking

Cross-sectoral links have been made with the local municipality (several departments), state agencies and private enterprises as Realdania and NIRAS. There are also numerous links to local authorities, public health workers, adult education associations (LOF), and mental health organizations. A main collaborator is the group of 11 other municipalities having received funds from the same government source.

The local municipality is a close ally especially through the cooperation with the social mediator. Specific departments are The Planning Department, Environment & Engineering, and The Recreation Department. The project manager and staff criticizes the local municipality and project owner for not fulfilling their values of being 'citizen-centered', taking a holistic approach, and wanting to work 'bottom up'. This is not achieved adequately in practice.

> ***Conclusion: Many cross-sectoral links were made and this was seen as an inherent part of the project. Only positive experiences were reported.***

Root causes of the issues in the target population

A member of Core project group refers to a community analysis at the beginning of the project and a member of project owner mentions that to start with *'a complete health analysis'* was carried out. The core project group, however, does not quite agree on what a needs assessment is and cannot refer to specific causes or needs of the target group. A member of project staff is surprised that they hardly knew about the project area and the target group of the project. None of the interviewees has doubts, however, that the project is based on a need and believes in the legitimacy of the project.

The interviewees all refer to the hardship in the area and demonstrate to 'know' the issues in the target population, not seeing the need to do a need assessment. The main cause of the problems in the area is described by interviewees as having poor and marginalized groups of people gathered in a social housing complex committed to take in low-income individuals and families, including a large number of immigrants, comprising more than 50% of the residents. The size of the housing association and the possibilities of subsidized rents, coupled with social hardship, unemployment and addictions has brought about a ghetto classification and a stigma in the local area that may linger on longer than the classification of a ghetto itself. Despite good apartments, this is a place people want to leave. On average, tenants stay for 3-4 years, after which they move on. The housing complex 'is not a nice address to have'. It is isolated with 'lousy public transport'. It is an area of hopelessness. A former project manager (of a different project in the same location) said, "people here are so demotivated, they have no drive, not even to write graffiti".

When asked about root causes of the problems amongst the target group, the interviewees refer to low socio-economic related problems. The issues in general of the target group are that they lead unhealthy lives, are marginalized and stigmatized: smoking, poor nutrition, little exercise, socially isolated, and sometimes considered unstable, violent or unsafe. An external partner describes that people in general living in the area have a tendency to be unhealthy, have unhealthy eating habits or being overweight across all cultures.

The root causes of 'issues' were not really addresses based on a consensus that life in ghettoes is tough and a mix of socio-economic and cultural factors. Still the rhetoric and terminology of the interviewees rather problems within the housing complex differ for two main categories: the single Danes and the immigrants reflect two broad categories facing different issues. For immigrants the context is unfamiliarity with Danish culture, legislation and ways of life. It is also difficulties of making a living and, at times, lack of social and professional networks. The project area has a high rate of immigrants, often maladjusted and considered a little dangerous, causing many women to feel unsafe. For the Danes the context is early retirement due to mental or physical disorders or long-term inability to find work. The staff identifies unemployment, alcohol and drugs addiction, as well as mental health as the main characteristics of the groups of Danes that is hard to reach. Some individuals are 'parked' in early retirement at the age of 21. The Danes smoke and drink too much and are involuntarily alone. The problems in the two main target populations are not made explicit and no formal needs assessment was carried out prior to the project.

Conclusion: Root causes were not made explicit at the on-set of the project based on assumptions that one knows the causes of the social problems in social housing areas. Especially the project manager and staff expressed a need for baseline data and a needs assessment for targeting activities and ensuring recruitment. A local community analysis (mainly by the project manager) was not sufficient.

Leadership: Developing bid and getting funding

The Danish case is funded by the Danish government through the SATS pool, translated as the Development Fund, an allocation of extra funds to initiatives that aim to improve conditions for vulnerable and disadvantaged groups, including welfare recipients. The funds are primarily devoted to social, health and employment issues. In 2010 the then Ministry of the Interior and Health allocated 936, 2 mill. DKK to the SATS pool and called for projects to combat juvenile delinquency, reach vulnerable groups in Psychiatry and Health, e.g. vulnerable children and young people with disabilities, and weak groups within the labor market, and promote integration.

The Danish case received funding through the SATS-funds for 2011-2014 as part of an intervention in twelve municipalities that were each awarded between five and eight million kr. This was an attempt to make helpful changes of life in the community, for example through the establishment of a 'health bus' to bring health services out to outlying areas, to offer smoking cessation, or hire a dietician in the local area. Other projects aimed at strengthening the cohesion of the community through liaison agencies for networks or morning-help to parents and children. The twelve municipalities were Aalborg, Esbjerg, Herlev, Hjørring, Høje-Taastrup, Køge, Langeland, Lolland, Silkeborg, Struer, Svendborg and Thisted.

The SATS funds are announced only a month before the deadline for applications and have to be written in a hurry. Some municipalities make qualified guesses and have project almost ready in advance, hoping for funds. The SATS funds have no 'own-funding', i.e. no commitment to chip in with a certain percentage of the total budget. The then municipal Director of Health had missed a previous bid and 'wanted this one'. Missing the previous bid had generated severe critique of the previous Director of Health.

A senior staff member of the municipality who had demonstrated skills in getting funding wrote the application for the Danish case project. This person did not continue at any project management level but rather as an advisor. It is rapid action once the bid is announced and the applicants have little time to include stakeholders is formulating the bid. Funding according to the applicant was given on three grounds: 1) it is a good project, 2) it is geographically limited and within a housing complex, and 3) it coincided with a great

renovation, which was considered 'innovative': to see how a health project would evolve with a social housing renovation. The Health Authority thought this was interesting to investigate, so these three elements ensured funding. Still, it was not a project '*desired*' by the target group, the residents and the top management levels had little or no say in the process of developing the bid.

There is no doubt that the application had to be written with the housing cooperation and an agreement had to be made. However, the housing association was very little involved. The close partner recalls that the application was in the process of being written and had some issues to discuss. Nevertheless, all of a sudden it was the sent off, and the project was a reality.

> *Conclusion: The bid was developed in a very short time with only very little networking amongst stakeholders. The timing of the renovation helped get the funding but wrongly anticipated to be an asset for the project.*

Leadership: Implementation

The project was basically implemented by the project manager and staff with a high degree of autonomy in selecting and implementing activities. The project manager and two staff are based in the housing complex. They are dedicated to the target group and express that they love what they do. It is clear to all interviewees that the group works well on an operational level. The staff describes their leadership as hands-on and with a flat hierarchy, making a point of it not having a strict hierarchy but 'coming down' to meet people where they are.

The staff experiences that their own management does not quite know the actual aim of the project and to whom the project belongs. The staff feels that management have not always taken the role as project owner seriously. The project manager in particular often uses strong words when it comes to describing the project owner and commitment to the project. Finally, the project manager and staff feels excluded from the municipal community, their downtown office.

The close partner, the close partner, has an office in the same stairwell along with several other representatives of the Job Centre, visiting health personnel and the social mediator. The Close Partner, the housing association, is a more hierarchical and patriarchal business. This triggers the project manager. The staff feels that their rein at the project site is limited. They have been told by project owner (to appease the Housing Manger) that they are not allowed to take contact to the '*tenants' democracy'*, the local tenants groups. All communication must go through the close partner. This is not easy as the staff has very little respect for the close partner, who has been in the same position since 1996. The close partner and the boards/groups of residents claim that the project takes up too much space and that activities are not targeted to meet the needs or interest of the residents.

A steering group was not mentioned as an active stakeholder by the interviewees. The poor communication between member of the core project group (project manager and close partner) creates hindrances in terms of smooth running of activities and clarifying strategic goals. All interviewees describe the troubled relationship between the key stakeholders, their close proximity at the project site, and their direct contact to the target group as damaging for the project.

> *Conclusion: The project manager and two staff members are the driving force of implementing the project, whereas the close partner has withdrawn. The project leader sets the pace and the tone of the project, which draws some people in and causes others to back out, including the close partner. The steering group (counting the project owner and the close partner) do not sort out conflicts or define goals and,*

as a result, clashes of personalities and lack of leadership is compromising the implementation of the project.

External influences: National politics

Being a socially deprived neighborhood with a ghetto-classification, funding is secured by law. Finding a suitable *multi-level* project for the SPOTLIGHT WP6 qualitative investigation was not easy in Denmark, however. Most projects are small (budget below 10 million DKK) and focus only on individual and group levels. Not many projects work with improving the environment (in Danish: structurally), along with the individual and group levels. It is either/or and not much is targeted changing physical features. These usually require major political decisions, which is not an easy task.

Conclusion: The ghetto identification of the project site secured funding through ear-marked funds and opened for the (unusual, in a Danish setting) focus on individual, group and environmental levels.

External influences: Local politics

In terms of local politics, this project was desirable for simple economic reasons. The municipality has no expenses with having a project funded by the SATS funds. It is all money from the National Health Service with no share to be paid by the municipality. The municipal Director of Health had missed a previous SATS bid and had to make up for this by not missing the current bid.

With short time to write the project and liaise with stakeholders, including target group, the project is an official bureaucratic project of politicians. The timing to coincide with a major renovation of the entire project site was formulated as innovative.

A change of municipal Director of Health in April 2012 positively influenced the project.

Conclusion: This project was politically desirable as a project with no self-financing and as a project helping local politicians to solve the problem of having a ghetto. Local politics played a role for having the project but not much in supporting the implementation of project. Interviewees argue that making environmental changes was not sufficiently supported by local politics.

External influences: Funder's influence

The government through the National Board of Health allocates the SATS pool (the Development Funds). The national politics are thus closely connected to funder's influence. (See: Leadership: Developing bid and getting funding). The project is part of a strategy of the Board of Health to improve health through foci on social, health and employment issues and preventive strategies. Networking takes place across the twelve projects receiving funds, and project manager and staff receive adequate additional training.

A critical point raised by project manager and staff is lack of definition of central concepts such as 'health' and 'health promotion'. Another issue is the timing of a health project to coincide with a major renovation, reducing the target group by a third. (See: External influences: Other external influences).
The housing association is not a funder but provides an apartment to project manager and staff along with venues for various activities. The project is dependent on adequate places for activities and smooth allocation of and access to the rooms. The position of authority is reflected in communication guidelines from the project owner: the project manager and staff have been instructed not to address local tenants groups without going through the close partner.

Conclusion: The funder's influence is not mentioned by interviewees apart from the acceptance of having the renovation at the same time as project implementation.

External influences: Other external influences

The renovation itself is seen to influence the project. A third of the residents have had to move while apartments are made bigger, improved – and more expensive. This will change the general pool of residents and, it is expected, make it difficult to rent out the apartments due to the stigma of being a ghetto.

Another external influence, mentioned by a member of core project group member, is a local environmental change, an introduction of physical education, six lessons a week in public school, grades 0 to 7. This will supplement the project's focus on nutrition and physical activity.

Conclusions: External influence includes the general stigma of the project area as a ghetto. The support by a wide range of local businesses, organisations and associations plays an important role to the project and its target group. No external influences negatively affected the project whereas a boost of physical education in public school supports the project's focus on nutrition and physical activity.

Resources: Money

Funding comes from one source: DKK 7.7 million from the National Health Service. The project owner institution, a provincial municipality, has no expenses related to the project. The project partner, the housing association, provides an apartment for project office and the labor of the close partner.

The close partner is not on the payroll of the project and not in this way committed. It was an underlying understanding of interviewees that this person is not committed *to the project* and its target group, but rather to the *'tenants'*, i.e. the same group of people.

The project manager is aware of not revealing the budget and budget lines to the target group as this would generate severe disbelief when two thirds of the budget is allocated salaries. A member of project manager and staff expresses frustration that there are no funds for activities (or for the development of new activities along the way).

Conclusion: Lack of extra funds for environmental changes that were not budgeted was a source of frustration for the project manager and staff.

Resources: People

The people paid by the project are the project manager and two staff. The remainder of the interviewees, project owner/steering group, close partner and external partner, are all working in other capacities and has the project work as part of their portfolios.

The project manager and staff is committed and trace this back to their professions, persistence and personalities. They believe their workforce composition is good. The project manager and staff also underline the flat hierarchy and camaraderie as a good resource for the project.

The close partner has been in the same position since 1995, is sincerely committed to the tenants, and knows children, young people, alcoholics, drug addicts and all. This resource is not used due to the clashes of personalities within the project.

Short-term staff is volunteers or short-term hired staff for specific activities. These are dieticians, persons running the cooking classes, a water gymnastics teacher; home care assistants, nurses, teachers, or family coordinators.
Amongst the target group, volunteers are scarce. The target group is often vulnerable residents who are difficult to motivate. Often it is people who are traumatized, do not speak the language, or are culturally inhibited. Taking in one volunteer can offend another and create tensions amongst individuals or the groups they belong to.

All interviewees (project manager and staff, project owner, close Partner, and external partners) show enthusiasm to improving the lives and health of the residents. Only project manager and staff and project owner, however, show passion for *project* activities to improve the health of the target group/residents.

> **Conclusion: The people working directly with the target group on the project are committed and supplement each other's skills. The resources of the close partner are not used (or delivered) adequately despite enthusiasm to work with and for the target group.**

Resources: Time

Funding for the SATS pool, the Development Fund, is usually announced with short notice by the government and ministry, leaving only a short time to apply. The Board of Health gives a pre-announcement two months before the deadline and provides a framework. Applicants then have less than a month to just getting meetings in place for the go-ahead to apply and then write and finalize their project proposals. This short process is to blame for lack of coordination with Close Partners. For this project, half a month was available to write the application.

For project activities to become known and established in an area with social and economic inequality, establishing trust takes time and having *time* is important. An external partner points to an underestimation of the time needed for projects in general and to recruit members to activities and recommends that activities are made almost permanent during the time of a project.

> **Conclusion: The three-year period is known from the beginning and no cause for worry. The time for developing the application was criticised as being too short and considered to have had a negative effect on the project. Project activities need to have a longer duration or be permanent to reach a wider audience within the target group. One interviewee mentions that a three-year timescale is not enough to reach hard-to-reach groups.**

Resources: Other Resources

When interviewees reflected on positive aspects of the project area, two issues in specific are mentioned: the location of the project site and the staff being based on the project site. The project is located in the northeastern part of a provincial town about three kilometers from the city center. The up to 3-storey high buildings are scattered in a spacious area with lawns and trees. Next to the complex is a small forest. Although the project site is stigmatized as a ghetto area, it appears nice. It has 'great football fields and forest' nearby, as well as local institutions such as a school next door, two kindergartens, a nursery and also close by, a grocery shop and bus stops. The crime rate is no higher than in other part of the provincial town and similar size towns. The area is not completely ostracized in the local area and it is possible to recruit volunteers from the outside to tasks and activities. Nevertheless, the ghetto stigma clings to the area.

The staff being at the project site on a daily basis and with office space within the housing complex is a resource mentioned by all interviewees, except the close partner. Having the venue for activities within the project area is also mentioned as invaluable for participation. An example of the opposite is the initial venue for women's gymnastics in a basement with access through dark hallways, which had to be changed to a safe and accessible location in order for participants to show up.

An (overlooked) resource mentioned by the Project Partner is the unrecognized networks of immigrants and, especially, of Danes with mental or physical handicaps.

Resources wasted include the time and energy wasted on unnecessary moves of the project manager and staff to new offices. The project manager and staff lists four moves to new office spaces as burdensome and time-consuming. The renovation is also mentioned as a

great hindrance for success of the project and as a cause of wasted energy and funds. The project itself is mentioned as expensive in terms of the amount spent on salaries compared to what is left for activities. In addition, interviewees worry about the long-term sustainability of their efforts to improve health in the area.

Conclusion: The project site is seen as inviting and suitable for improvements of health and well-being. The daily presence of project manager and staff enabled the project to be more successful. Local networks within sub-groups of the target group are mentioned by interviewees to be underestimated and not sufficiently used in the project.

Linking with others

As mentioned in 'Participation: cross-sectoral linking' the project is one of twelve social housing projects funded by the SATS funds; with a synergy effect and exchange of experience between the projects being sought.

Moreover, in the local area, small scale NGOs and associations are networking with the project; the project is functioning as a mediator and cultural broker.

Conclusion: Interviewees felt there was adequate linking with (especially) the other similar project with same funding (the 11 SATS projects).

Skills, knowledge and learning: project staff

When asked of their learning opportunities the project manager and staff experience the possibility of learning opportunities and mention courses and continuing education.

The project staff has been carefully picked out based on their skills and personalities. The staff members were chosen for their education and experiences within health and previous work with immigrants and/or marginalized groups.

Conclusion: The project manager and staff (the paid positions) have good access to formal training and courses.

Skills, knowledge and learning: Target population

The skills of the target group are not reflected in the interviews. Only a small percentage of the residents take part in activities and even fewer as volunteers.
Some skills of the target group are seen within the project when residents volunteer or have short-term employment. Despite being people with few economic resources, the close partner emphasizes that even the poorest and most isolated residents have will and skills to network.

Conclusion: Through project activities the target population are expected, as participants and volunteers, to gain skills. This is dealt with under 'reach'.

Shared ownership, vision, commitment and trust: Between project staff and partners

All interviewees show *commitment*, dedication and passion to do their jobs for the target group/tenants. However, there is no consensus on *vision*. *Ownership* is a matter of a power struggle, and *trust* is lacking.

Strong commitment by both staff and partner is reflected in fights over ownership. The combination of strong commitment and the lack of a shared vision or strategy cause tensions to rise. While the close partner has years of experience, networks and takes pride in knowing the tenants, the project manager and staff see themselves as a fresh initiative.
In terms of ownership and vision, the project owner sees problems arising from the very first design of the project with a much more formalized partnership where both parties. Plans should have been drawn up together in relation to the major renovation. The initial cooperation should have focused, not only on formalities, but also on working out aim,

objectives, and activities together. The project has one difficulty that staff interprets as having made cooperation difficult. The senior staff member (in the core project group) writing the application followed a desire to find out whether such a large renovation project can be actively used in relation to such a local community project. Many activities and visions actually matched up. However, despite wanting and implementing similar interventions, tensions rise over ownership of activities or approaches.

Trust or rather lack of trust is a major issue. The two main players, the project manager and staff and the partner, close partner, are largely opposed to each other. The close partner claims a deep knowledge of the tenants but also claims not to have been consulted or heard. The close partner has felt excluded right from the start, knowing that the application was in the process of being written, but not included in the process and timing. The project manager and staff point to their innovative approach and energy, as well as cultural differences. The manager states explicitly that there is absolutely no trust but rather an expectation of cheating. The partner organization has felt that something has been 'pushed down their throats', and consider the project manager and staff 'academics, scholars, way up the [ivory] tower'. The partner refuses to work with the project manager and staff on a voluntary basis.

Conclusion: Shared ownership and trust is lacking due to the split between the close partner and the project manager/staff at the project site, the vision of the project is not clear or shared by interviewees, but all interviewees are committed to improving the health and well-being of the target group.

Shared ownership, vision, commitment and trust: Between the project staff/partner and the target population

To involve the target group has not been easy (see: Participation: Target Group). The target group is used to projects coming and going and did not ask for a health project. Baring the rift between project manager and partner in mind, there is no shared sense of ownership, vision, commitment and trust between these and the target group. However, both staff and partner individually report positive outcomes of their cooperation or work with the target group.

The project manager, staff, and project owner see many good aspects indicating shared ownership, vision, commitment and trust between them and the target group. An obstacle for shared ownership is the word *health* in the project title and the stated objectives to increase health. Thus, the project has experienced a need to tone down health aspects to avoid a stigma as health prophets who want all to eat bran crackers and spinach every day. The project manager stresses the health aspect and does not allow the more social events and activities to turn into cozy cake gatherings.

The close partner argues that residents do not know about the project. It is '*always the same eight people'* who attend activities. The close partner also reacts to project language that is considered too direct or insensitive e.g. titles as '*Be a man!'* or project activities *'using pirate symbols'*. The close partner also maintains that residents may *see* the posters and flyers, and many have *seen* the staff, but do not *understand* the project and only very few take part in activities. The partner is convinced that his/her own long-term employment has secured a mutual trust with the residents and an understanding of their needs and wishes.

Conclusion: The interviewees experience that the target group is not easily recruited. The project is just another one in a string of projects, it has health in its' title, which scares some individuals off - and the residents wanted a different type of project. Shared vision and ownership are not conveyed. Commitment and trust seem to apply between members of the target group following either project manager or close partner.

Shared ownership, vision, commitment and trust: Sense of urgency
There is no real sense of urgency. Rather an external partner claims that other issues are more pressing for the target group.

Conclusion: No sense of urgency in the project was detected or mentioned.

Management
The steering group of the project is five persons, including the project owner and the project partner (the close partner). The three remaining members are representatives of the city's Office for Social Work, the Immigration Office, and the Council for the Socially Disadvantaged. While the steering group as a whole seemed rather invisible, the two key players (the project owner and the close partner) were involved more directly in the project. The project owner is a strategic planning partner for the project manager. The project manager and staff refer to this person who also has had some degree of cooperation with the management of housing administration. The close partner seemed more involved with operational matters and did not refer to strategic planning, including tasks to manage the project overall, ensure necessary resources, take charge in matters of conflict, and take political responsibility. The close partner seemed detached from the tasks of a steering group member.

The operational managers and staff are a project manager and two project coordinators. The staff calls for more strategic planning and explicit interest from the project owner, including the steering group. They feel excluded and claim that they 'cannot vouch for any success' of the project when they do not know in which direction to go.

At top level, a working relationship between the project owner and the management of the housing association has been established, whereas operational management is not clear. The project is run by the project manager, while 'ownership' of and access to the target group (project) or tenants (housing association) is unclear. All interviewees address the role of the close partner as problematic. This position is, at the same time, strategic and operational as well as ill defined. The project manager and staff feel that they are restricted in taking contact to the local tenants groups, the democratic citizens groups in the housing complex. The project owner and the steering group have not lived up to expectations of interviewees in terms of leadership, taking charge and clarifying goals.

Conclusion: The management structure did not assist in solving the conflicts that hinder implementation of the project nor work out strategic planning for better delivery of the project.

Evaluation
An internal evaluation in 2011 (one year into the project) concluded that the project team was on the right track to achieve the project's aims and objectives with health and wellbeing as an integral part of activities. As many participants, also professionals within the fields of health, diet and exercise believed a focus on health and well-being had increased.

The goals of the project are not clear as concepts as 'health' and 'being familiar with' are not well defined. Still, the staff believes the project has made a positive difference for the target group. The need for evaluation is recognized and interviewees (project manager & staff and external partners) have called for baseline data in order to be able to evaluate and document precise figures and statements about success and shortcomings.

An evaluation carried out for COWI by the Centre for Sports, Health and Civil Society at the University of Southern Denmark will be finalized in late 2014. The project manager and staff were interviewed and refer to the preliminary results of the evaluation, indicating that the project is a huge success e.g. dealing with more than 70 residents in the course of a week.

Conclusion: A mid-term evaluation estimates the operational delivery as successful while interviewees mention lack of clear concepts and lack of baseline data as hindering the project. Appraisals of reach vary according to attitude to the project (the project manager/close partner division).

Maintenance (sustainability)

When speaking of maintenance or long-term sustainability, interviewees mention the renovation as a hindrance for successful implementation and therefore for sustainability. It took place simultaneously and has halved the target group of the project. Partly for this reason, most interviewees do not believe the project will continue as a permanent part of operations or as a new or extended project. The staff is also aware not to start something that cannot continue.

The project manager and staff mention a monument or yearly event, as one thing they would have liked to have established; a trademark people could refer to as something the project had made.

In the future, activities will be in the hands of the close partner through a new municipal Master Plan. The current project manager will be responsible for a transfer. The close partner is confident about the task that will be handed over.

Conclusion: There are no plans for the project to continue as a permanent part of operations. Some activities will resurface in a new municipal Master Plan with the close partner as manager.

Basis of the project: Evidence and theoretical models

The project was written with a deadline that left no time to involve the target group. Implementation, however, is based on dialogue and the method of 'Appreciative Inquiry' (AI). In this approach, behind every problem a person has a desire for a better future. The approach seeks to strengthen the self-esteem of those involved and give the individual the best possible conditions for exploiting his/her resources. It focuses on the positive and is based on the systemic approach, seeing reality as socially constructed.

The project is also based on 'ABCD' (Asset-Based Community Development), a resource-based approach to urban development through a focus on positive stories. Its purpose is to highlight strengths and successes embedded in social relations of the local area as impetus for development - rather than seeing problems and shortcomings. Using both resources in the local area and from outside, a permanent boost in the area is strived for.

The concept Little Steps ('Små Skridt') is also used. Originated to lose weight, it can also be used in general to gain better health. The method helps a person to set goals that are affordable, motivating and realistic for the person – i.e. to move forward in ones' own pace. The 'Little Steps' method was used in the 'SMUK' project preceding the current project.

Conclusion: Most interviewees were aware of the theoretical models used to involve the target group for enhancing success of the intervention.

Basis of the project: Learning from other projects

In the implementation phase the project learns from the other 11 projects that received SATS funds.

Conclusion: The project is implemented simultaneously with other similar projects.

Basis of the project: Previous experience

In design, the project is based on experiences from the 'SMUK' [Beautiful] project (Sunde Mennesker Uanset Kultur, in English: 'healthy people regardless of culture'). This was a project for women with a BMI over 30.

> *Conclusion: The project is based on experiences from a project in the same project site for women with a BMI over 30.*

Were possible adverse effects of the project considered?

Interviewees were caught somewhat by surprise be the questions about inadvertent consequences of the project. Several interviewees mentioned the effect of 'project fatigue', the feeling of having yet another project for a relatively short time, with no lasting effect. The close partner saw the risk of building 'little kingdoms' if volunteers were given too much power over activities, for example giving trusted residents keys to localities, or giving individuals specific tasks or obligations.

Within the target group, people were 'fed up with' short-lived projects and others who may visit you to have been more resourceful and wanted the project activities move out to better places to live than is a stigmatized housing complex.

An adverse effect of supporting active target group members with special privileges could be to inhibit or exclude others (in other grouping or through envy), thus not reaching the ones hardest to reach.

In terms of terminology, the word 'health' could scare off participants. This was not anticipated but rather a lesson learnt. 'Health' was not a positive buzzword for residents in a socially deprived neighborhood. The project had the word 'healthy' in its title and this was not beneficial.

> *Conclusion: 'Project fatigue' was considered: a history of projects in the area has the effect of 'project fatigue', a lack of commitment in the target group. Other adverse effect not considered are 1) the risk of volunteers taking too much power and ownership over activities with the risk to inhibit or exclude others and not reaching the ones hardest to reach. 2) using the word 'health' that scares off participants.*

Relationships

Interviewees pointed to good relationships as influential for the success of activities. A highlighted case is the staff's close relationship to the target group. It is, in Danish tradition, a flat hierarchical structure. The relationship between the projects staff (in specific the project manager) and the close partner (in specific the close partner) is on the other hand, troubled and harsh. The project manager, has little respect for the way the close partner works, and sees the current project as just one more of these, does not feel neither consulted nor committed to the project. With years in the housing complex the person is both knowledgeable and committed to the tenants, but feels that the tenant are not respected by the project.

The inter-personal relationship s and personalities have been most visible as counterproductive to the running of the project. See also: Aspects of specific projects within the programme that did not work well.

> *Conclusion: Personal contacts helped reach the application deadline and networking in the local community once the project was being implemented. Negative relationships were, however, a threat for the implementation of the project.*

Aspects of specific projects within the programme that worked well
The office location in the residential/project area is mentioned as a major strength of the project. The fact that the staff working right in the area a present at all working hours; it an open door for those living there.

Another specific asset is the project's holistic view of health to include mental health. This was a conscious strategy from the start.

The project manager and staff highlight their own personalities, dedication and perseverance as a specific asset to keep spirits up when project activities and relationships to stakeholders were challenged. Learning by doing and a willingness to adapt as project manager and staff is also mentioned.
Specific activities, project strategies and the graphic design to reach the target group are assets mentioned.

> *Conclusion: The location of the project office on the project site was perceived as successful. The project's holistic view of health to include mental health (the more social activities) was well liked by the target group. Several concrete activities and the environmental (structural) changes worked well for the target group.*

Aspects of specific projects within the programme that did NOT work well
Based on troubled personal relationships within the project interviewees were very vocal of negative aspects of the project. The project planning phase and project design are criticized by mainly project manager and the close partner. The critique by these interviewees is divided into the following sections: project aim, needs assessment, project activities, organizational culture differences, timing of the project, and communication between stakeholders (interviewees and, as well, the target group).

The aim of the project (is not clear)
The senior staff member submitted the project application with short notice (see: Leadership: Developing bid and getting funding) and neither project manager and staff, project owner nor Close Partner know exactly what the project aim is, apart from improving mental and physical health. Part of the problem is also that basic concepts are not in place and made clear to management, staff and partners.
The staff designs activities to reach a goal and meet the perceived needs of the target group. The activities are targeted at broad groups of residents such as men, women or girls, boy, but are usually taken over by smaller groups that de facto exclude others, e.g. a men's club by single male Danes, a swimming class for women by ethnic minority women, Zumba for girls by ethnic minority girls & young women. Both project manager, staff and partner mention only a minority of residents participate actively in activities.

The needs of the residents (are not clear to all stakeholders)
A community analysis was carried out at the beginning of the project and 'counts' as a needs assessment to some members of project manager and staff. A member of Core project group mentions that 'a complete health analysis' was carried out to start with 'thus the project was based on a need'. Still, it is not citizens asking for the project; rather it is 'an official bureaucratic project of politicians who consider this something they wish to support'.

The issues in general of the target group are that they are unhealthy, marginalized and stigmatized: smoking, poor nutrition, little exercise, socially isolated, and sometimes considered unstable, violent or unsafe. People in general living in the area have a tendency to be unhealthy, have unhealthy eating habits, or being overweight across all cultures. The root causes of this differ for two main categories: the single Danes and the immigrants. These are broad categories, which reflect the rhetoric and terminology of the interviewees and which have both similar and different needs. For immigrants the needs are to be able to navigate in Danish legislation and administration and the project generalizes needs across cultures and socio-economic status. For the Danes the context is early retirement due to

mental or physical disorders or long-term inability to find work. The staff identifies unemployment, alcohol and drugs addiction, as well as mental health as the main characteristics of the groups of Danes that is hard to reach. Some interviewees argue that the project activities do not reach those most in need of help in either category, and one interviewee claims to hold a deep knowledge of the tenants but has not been consulted nor heard when voicing knowledge on the issue.

<u>Project activities are random, not thought through, short-lived, and not coordinated</u>
Project partners criticize activities for being aimless, targeted too narrowly, being too short-lived, or not meeting the needs of the residents/target group. The close partner claims that activities are clearly 'developed by the staff' meaning that they do not meet the needs of the target group, and only reach the same 8-10 people, who take part the activities. Thus, reach is disputed.
The external partner believes that individual contact is necessary and that longer-lasting activities are needed, as things take time. Appointing residents as key persons, coordinators, or responsible for an activity has been used repeatedly but seen to create tension and hierarchies amongst the target group. The two parties, staff and partner, both work in the area and have volunteers or occasional local staff. In several incidents, they have competed for the same active and dedicated tenants.

<u>Poor communication and cooperation</u>
Management structures in Denmark are usually quite flat and informal but despite easy-going language and dress code there is a hierarchy. Communication between levels of management and staff within the project reflect mutual distrust with accusations of incompetence and/or wrongful doing. A lack of respect between individuals and groups is felt at all levels. Issues emerge between project management and partner management, project manager and staff and management, and staff and partner.

The project manager and staff are eager, dedicated and believe in their activities but feel that their work with the target group is made 'up-hill' by project owner and Partners. The upper managements are representatives of two very different cultures and are criticized for not been able to figure out how to work together. Project manager, staff and project owner have a common goal and wish to make the project succeed, but have different views and strategies and have too little communication of strategies. The staff members express being 'forgotten' in their project site, away from 'headquarters'.

The project manager and Partner are suffering from very poor communication, bordering to none at all although having offices in the same stairwell and being close partners. The project does not have a contract or an agreement with the housing association that is accessible, transparent, and used. The lack of direction, milestones, objectives, and aim are part the reason for the problems but judging from the statements of the interviewees, personality clashes also play a role.
Not all problems hinge on strategies and personalities. In terms of economy, the project 'hitches a ride' by not paying rent but taking up an apartment and spaces for activities in the housing complex - without a clear and transparent agreement.
<u>The timing of the project to coincide with a major housing renovation (hinders success)</u>
Short time for the application process is partly to blame for the lack of coordination with partners and stakeholders. However, the timing of the project to coincide with the renovation of the buildings in the project (ghetto) area is a source for frustration amongst most interviewees. The senior staff sees this as an element to secure funding, whereas a member of Core project group remembers opposing to it and claims that the project simply drowned in the renovation. A state-run agency (Landsstøttefonden) allocated millions of kroner to the renovation, and a third of the apartments are vacated drastically limiting the number of people in to participate in project activities. The timing of the project puzzles the project manager and staff: 'why implement a project in the midst of a major housing renovation?'

Conclusion: The aim of the project is not clear. The needs of the residents are not clear to all stakeholders. Project activities are random, not thought through, short-lived, and not coordinated. Poor communication and cooperation. The timing of the project to coincide with a major housing renovation hinders success.

Language

Partners are provoked by market-like strategies to attract attention and criticize the language and approach to the target group. Glossy paper and color-coding of activities are somewhat fancy, but it is especially wordings as "Are you a real man?" [playing on machismo] to attract men to an activity, that are considered sexist and condescending. Another issue of visual language is involving residents in the activities without realizing the symbolism or possible adverse significances. An activity for children & families included a treasure hunt with pirate symbols of darkness and death. Communication to the target group coloured by the marketing strategies of one person, disagreement on design and communication vis-à-vis groups within the target group.

Using the words 'health' or 'healthy' in naming activities or events is an issue addressed by all interviewees. The 'Girls' Café' was named deliberately without mention of *health,* based on experiences of other activities and of the title of the project itself. The project manager and staff are aware not to appear as 'health prophets' or people of better judgment. In order to avoid critique of being 'rude', project manager and staff avoid words as 'obese' and address health in a positive manner without compromising being direct and banning cakes at project activities that are also social gatherings.

Conclusion: Market-like strategies to attract attention with glossy paper and color-coding of activities is not liked by all interviewees. A youthful, Danish oral tradition of direct speech is also not liked by all. Negatively biased words (as obese) are avoided.

Underlying philosophy / ways of doing things

An underlying philosophy in society is that we are an equal society and 'should' not have ghettos. Funding comes easily with a ghetto label in a government strategy to get rid of the problem and the stigma.

Usual practice in Denmark is to have projects focusing specifically at individual and groups levels without involving environmental issues. These are addressed in separate or parallel projects. Thus multilevel approaches are (so far) not common in Denmark. Only few projects (as in the Danish case) cover individual and groups levels along with small initiatives to change the physical environment. In Danish, this environmental change is referred to as a 'structural' change. The way of doing health projects in Denmark is thus to focus on diet and physical activity without components of change of the physical environment.

A core value of the project management, staff, and partner is a bottom-up approach. This was, however, not possible in the design phase due to the limited time for applying for the SATS funds. Still, the project was based on previous knowledge and a theoretical framework valuing the wishes and needs of the target group. A philosophy is thus to work bottom-up, although this is not easy in practice.

The project manager argues that the Danish way of doing things is based on cultural relativism: respect the cultural ways of the immigrants and hope that these see the benefits of Danish ways and adapt these. This has failed and as a society, we have helped to pacify them. The project manager has deliberately worked to avoid this trap of pacifying members of the target group.

Another underlying philosophy is that socially deprived people (including immigrants) have little or no networks. A partner criticizes the project for making this mistake.

Conclusion: Underlying values include Denmark as an egalitarian, inclusive society and in general working bottom-up. Participation is based on voluntariness and commitment. An underlying philosophy is that groups at risk have no or weak networks.

Flexibility of the project
The project manager and staff expresses a lot of freedom to choose and implement activities but experience barriers when it comes to gaining permissions that involve structural changes (environment). Thus, project manager and staff were able to adjust the number of activities and organize these with stakeholders in the local community in relation to the demand of the target group.

> ***Conclusion: The flexibility of the project gave the project manager and staff possibilities to adjust and add activities according to target group needs, and gain support in the local community.***

3.2.3 How did these themes relate to the identified strengths and weaknesses of the case study?

Getting bid and initial development

Strength:
- the project's holistic view of health to include mental health and wellbeing
- incorporation of structural (environmental) changes to improve the local community

Weaknesses:
- short time for application (two months)
- no baseline data or needs assessment carried out
- the project objectives were not a priority of the residents/the target population
- using the word 'health' in the name of the project

Evaluation and monitoring

Strength:
> *No strengths related to evaluation and monitoring were brought up*

Weaknesses:
> *No weaknesses related to evaluation and monitoring were brought up*

Implementation

Strength:
- the office location in the residential project area with project manager and staff working right in the area and present at all working hours
- the dedication of the on-site project team
- activities targeted to the wider target group or specific hard-to-reach groups

Weaknesses:
- cooperation difficulties of key stakeholders
- the project coincided with a major renovation causing the target group to shrink by a third and the project drowned in the renovation
- temporary activities to groups at risk who need time to approach offers
- the needs of the residents are not clear
- difficult to recruit the target group to take part in activities
- target group is provoked by health messages (of not having a good time with cake during social activities)
- difficult to identify activities when the aim of the project is not clear
- project activities demanding municipal permission drag out

Maintaining the project

Strength:
- members of the target group are beginning to take over activities

- the project is feeding into the 'Social Housing Master Plan 2014-2017' in which the close project partner will be coordinator

Weaknesses:
- the project is temporary, only activities maintained through a structure will prevail, some perhaps through the social housing resident boards
- lack of political vision beyond the project

3.3 Using a success appraisal tool to indicate how successful the intervention was.

The success appraisal tool which is described in Annex 1 of this EU report, was used to assess how successful the case study was in relation to RE-AIM domains. Appendix 1 to this country case study report shows the completed tool for the Danish study.

Reach: Interviewees (the project participants) do not agree if the target group has been reached. Some interviewees claim that 'it is always the same group of resident who take part in activities', leaving reach low, while other interviewees claim that 'all the target group population *know* the project and take part when up to it'.

Efficacy/Effectiveness: The project cannot document improved health and wellbeing, nor increased social capital, interdisciplinary collaboration, a healthy environment nor effective recruitment and retention methods. However, the intervention achieved a high level of activity throughout the project. The project proved flexible and able to adjust communication and activities to some needs and it has been able to engage residents from the most at-risk groups of residents.

Adoption: Interviewees held differing opinions of the relevance and strategy of the project and approached the target group and project activities with either a positive or negative attitude. Thus differential adoption was reported by interviewees.

Implementation: Data is based on the estimates of interviewees who indicated that almost all planned activities had been delivered although some of the structural changes had not occurred.

Maintenance: The project has no long-term follow-up on project activities or outcomes after the grant period. Some activities and stakeholder will, however, be transferred to the Social Housing Master Plan 2014-2017.

3.4 Identifying factors associated with success and failure in the case study with reference to the RE-AIM model.

The purpose of this section is to assess how the case study performed in relation to the RE-AIM domains. The above RE-AIM success appraisal is combined with the findings from the thematic analysis and with the quantitative data scoring sheet (Appendix 2).

3.4.1 Reach

The success appraisal indicated that it is not clear if many individuals within the target group have participated.

The project aimed to promote health and welfare of individual residents in the project area through citizen involvement methods and interdisciplinary cooperation. Some interviewees claim that 'it is always the same group of resident who take part in activities', leaving reach

low, while other interviewees claim that 'all the target group population *know* the project and take part when up to it'.

The thematic analysis shows that the reasons for low participation are:
- the project was received with some skepticism or disappointment by residents who had not asked for the project; people asked for a sports hall

- the actual number of tenants is about 700 and not 1100 due to the renovation and up-grading of the area

- the main groups of residents in need are immigrants (51,6 % of the residents) and single Danes without children, often unemployed, alcoholics, diagnosed with mental illnesses and on welfare benefits (about 40% of the residents). These groups are the hardest to reach in health campaigns

- too short-lived activities. The project staff and members of the core project group targeted activities to both wide target group and also to groups, based on specific needs. Reaching those most in need has not been possible with short-lasting activities

Still interviewees also argue that the project in known to almost all residents and thus the entire target group and had 300-400 have been active participants the project manager and staff are '*visible and known in the area'.*

The quantitative data shows an average score for responses to the question on whether the project had worked actively to overcome barriers to the target group participating.

3.4.2 Efficacy

The success appraisal shows a low efficacy in terms of improved health and wellbeing although interviewees believe to have seen some short-term improvements. The project cannot document improvements in relation to the six objectives of the project: smoking cessation, physical activity, diet, social capital, mental health, and recruitment. However, the intervention achieved a high level of activity throughout the project and did manage to – incorporate structural (environmental) changes to improve the local community, e.g. the establishment of a 'heart path' (a path with lights for safe walking). The project proved flexible and able to adjust activities to some needs and some interviewees state that the project has been able to engage residents from even the most at-risk groups of residents.

The thematic analysis shows no formal output indicators but relies on self-reported data of project effectiveness:

- there was agreement among the interviewees that the project had made good changes in the physical environment for the benefit of the target group, for example the construction of heart path

- the 'Asset-Based Community Development' approach and its' highlight of strengths and successes of social relations (rather than seeing problems and shortcomings) is seen by some interviewees as a permanent boost to the area. The commitment and enthusiasm of the *project* by key stakeholders and the commitment and enthusiasm of the *residents* by other stakeholders ensured this output

- a relatively small number of activities have been given up because of poor recruitment

- communication to the target group colored by the marketing strategies of one person, disagreement on design and communication vis-à-vis groups within the target group

- having a mid-term evaluation helped the project team target project activities better to the target group
- the office location in the residential/project area enabled closer contact and better rapport with the target group
- the project's holistic view of health to include mental health opened up for better recruitment of even the hardest to reach groups (than had it been only 'health', which was not wished for)

Aspects of the project which held efficacy back appear to have been:

- no baseline data or needs assessment carried out

- the project objectives were not a priority of the residents/the target population

- using the word 'health' in the name of the project
- the office location in the residential/project area and thus away from the main office is mentioned as a disadvantage for cooperation, support and planning vis-a-vis upper project management
- the temporary nature of the project reduced the effectiveness of the work. An external partner points to an underestimation of the time needed for projects in general and to recruit members to activities, in this project activities could have continued throughout the duration of the three years

- the short time for developing the bid that caused a lack of ownership or coordination between key stakeholders

- lack of long-term follow-up will hamper smoking cessation and weight loss

The quantitative analysis shows no decisive data on efficacy.

3.4.3 Adoption

The success appraisal shows different adoption along two lines. Thus differential adoption was reported by interviewees both in terms of reaching 70% of planned activities (with a wide range of residents) or if stakeholders' views on the success of the intervention were favorable.

An estimated minimum of 70% of planned activities have been performed. Activities in the period from 2011 to 2014 include for physical activity activities as gymnastics, a walking club, a running school, multi exercise, water fitness, Zumba, and a games club; for activities to improve diets include Christmas gatherings, individual nutritional counselling, a 'slimming school', a family cooking class, a cooking club, a market event, a summer fun event, and cooking classes for women; in relation to mental health, the activities created included showing movies, a course on relaxation, a story telling club, a creative workshop and an 'only for men' club; for smoking cessation, events and courses were made for youth, individuals, and in cooperation with NGOs.

The interviewees may largely be divided into two groups holding differing opinions of the relevance and strategy of the project. The two groups approach the target group and project activities with, respectively, a favorable and negative attitude and report adoption accordingly.

The thematic analysis indicated that the two main parties (the institutions of the project owner and the close partner) did not at the onset of the project work out a cooperation

agreement. The project institution wished to address the health challenges in the area and saw an opening in the bid - with no self-financing – but with a short application deadline and not much time to hold stakeholder meetings. The close partner institution questioned the relevance of having a project in the area and questioned the project's content. The partner at the onset anticipated confusion between the project and the usual work of the social housing initiatives. It is between the two institutions and within the core project group that differential adoption is seen.

The project core project group is comprised by representatives accountable for development and implementation of the project from the two conflicting parties. Being in the core project group the tensions influence the daily running of project activities and the evaluations of adoption. The project activities were held and daily work was done but interpretations of the project's ability to attract people are estimated according to overall view of the projects appropriateness.

3.4.4 Implementation

The success appraisal indicated that only estimates of participation in project activities is possible. Project aim and objectives are descriptive and indicate no numerical indications of success. The aim is to have healthy and happy residents in the area. The objectives are to improve health, ensure ownership of the project, increase social capital, strengthen cooperation, and test innovative recruitment methods. Although evaluation were made after each activity, it is not possible to measure active participation or how many times the activities were completed. People may have participated regularly and may be recorded several times. Thus, is not possible to be precise on participation in activities, although there seems to be a gradual increase in the number of participants who come to recurring activities. The project created relevant and motivating activities based on requests from the residents, thereby increasing the capacity in the area. The activities fall within three main types: usual activities for groups, special events, and individual outreach. It is usually not possible to monitor if only residents participate and local community involvement is appreciated.

The thematic analysis showed that most activities had few participants but only a relatively small number of activities had to be given up because of poor participation. The project developed activities divided into six focus areas, respectively smoking cessation, physical activity, diet, social capital, mental health and worked actively with recruitment throughout the five areas as a specific focus area. Some activities had a number of participants just below expectations, which may be based on too high expectations or that the residents as a group are hard to motivate.

Implementation of activities related to physical activity were for the maim part well attended, while, for example, a walking club and gymnastics were discontinued due to lack of participants. The greatest challenge has been maintenance and making activities citizen-driven activities. Despite interested people, only Zumba was maintained with volunteer leaders. Implementation of activities related to diet individual nutritional counselling, a slim school, food training for families, and experience showed that it was difficult to recruit residents to activities dealing with a healthier diet. Very targeted activities, such as focusing on weight loss, attracted least attention, while broad-based activities were most popular. Implementation of activities related to mental health included a movie club, a relaxation activity, a creative workshop and 'Only for men'; activities in a broad spectrum for children and young people, as well as more specifically focused activities targeting vulnerable adults. The activity 'Only for men' was popular and started out with a small group of residents. Another reason for success may be that health is not explicitly mentioned and no expectations are put forward to the participants. Implementation of activities related to social capital was created for specific groups of people. The ethnic Danish men in the ghetto tend isolate themselves. Another relatively large group of people are from the Balkans, many of

them suffer psychological damage. These activities suffered from very poor recruitment. Implementation of activities related to smoking cessation was aimed at children and young people specifically or to all residents. Over half of the residents are smokers, a large part of these are heavy smokers. Despite wishes for these activities, recruitment was low.

Implementation of activities related to the final of the six focus areas, recruitment, runs across the precious mentioned five areas. It also included activities specifically designed to recruit residents. It was implemented on many platforms, in activities as well as through a website, a Facebook, newsletters – in paper and electronically, flyers, information in local magazines, and personal contact with the citizens in the area - by calling around, ringing doorbells and contacting residents as they move in the area.

The project was committed to work with different methods of work with less resourceful citizens. Six (overlapping or related) methods have been at play through varies phases and activities: 1) A focus to increase the social capital of the target population required as many residents as possible to participate in the activities; to bring different groups together in order to increase the total capital and confidence in the local area. 2) Involve citizens in the project based on an open-minded approach to the residents in order to define choice and content the activities by 'Asset-Based Community Development' and 'Appreciative Inquiry'. 3) Proactive recruitment of residents to activities. 4) Motivational methods to avoid residents to perceive of themselves as stigmatized. 5) The 'Small Steps' method, a long process taking small steps to create behavioural changes, with realistic goals. 6) Work with art and creativity based on the assumption that it strengthens mental health and potentially ensures a greater quality of life. It is very difficult to give answers to how many have taken part and if recruitment is a success or not.

Strength: Implementation

- the office location in the residential project area with project manager and staff working right in the area and present at all working hours
- the dedication of the on-site project team
- activities targeted to the wider target group or specific hard-to-reach groups

Weaknesses: Implementation

- cooperation difficulties of key stakeholders
- the project coincided with a major renovation causing the target group to shrink by a third and the project drowned in the renovation
- temporary activities to groups at risk who need time to approach offers
- the needs of the residents are not clear
- difficult to recruit the target group to take part in activities
- target group is provoked by health messages (of not having a good time with cake during social activities)
- difficult to identify activities when the aim of the project is not clear
- project activities demanding municipal permission drag out

3.4.5 Maintenance

The success appraisal showed that the project has no long-term follow-up on project activities or outcomes after the grant period. Some activities and stakeholder will, however, be transferred to the Social Housing Master Plan 2014-2017.

The thematic analysis pointes to the renovation as a main hindrance for successful implementation and therefore for sustainability. It took place simultaneously and has halved the target group of the project. It also added to a sense of upheaval of friends and neighbors and preoccupation with structuring daily life in a new social context and insecurity of having to be rehoused.

Indications some degree of maintenance are members of the target group beginning to take over activities, some of these are activities feeding into the 'Social Housing Master Plan 2014-2017' in which the close project partner will be coordinator.

Most interviewees do not believe the project (or parts of it) will continue as a permanent part of operations or as a new or extended project. The staff is also aware not to start something that cannot continue.

The project manager and staff mention a monument or yearly event, as one thing they would have liked to have established; a trademark people could refer to as something the project had made.

In the future, activities targeted residents will be in the hands of the close partner through a new Social Housing Master Plan. The current project manager will be responsible for a transfer. The close partner is confident about the task that will be handed over.

Other reasons for the poor performance of the project for this domain appear to have been:
- the lack of a cooperation agreement that could have eased out the tension between two key actors of the core project group

- the three-year timescale of the project is considered as a hit-and-run strategy by the target group (according to the project staff, close partner and external partner). More permanent interventions or long-term projects are needed for sustainable changes

- lack of political vision beyond the project

4.0 Recommendations and conclusions

4.1 Conclusions

Reach – awareness but poor participation

It is not clear if many individuals (women, men and children) within the target group have participated. The project aim is to promote health and welfare of individual residents in the project area through citizen involvement methods and interdisciplinary cooperation. Project objectives are descriptive and indicate no measures to use as indicators for success.

The reasons for low participation are that the project was received with some skepticism or disappointment by residents who had not asked for the project; 'people' asked for a sports hall and were not interested in 'health' (a patronizing approach). Also the actual number of tenants was about 700 and not 1100 (or 1550) due to the renovation and up-grading of the area.

The main groups of residents in need are immigrant families and single Danes without children, often unemployed, alcoholics, diagnosed with mental illnesses and on welfare benefits. These groups are the hardest to reach in health campaigns. In relation to these groups that need time to approach and participate, the project reach is also low due to too short-lived activities. Still interviewees also argue that the project in known to almost all residents and thus the entire target group and had 300-400 have been active participants the project manager and staff are '*visible and known in the area'.*

Efficacy – managed despite difficult conditions

Low efficacy in terms of improved health and wellbeing is estimated although interviewees believe to have seen some short-term improvements.

There was agreement among the interviewees that the project had made good changes in the physical environment for the benefit of the target group, for example the construction of heart path. The 'Asset-Based Community Development' approach and its' highlight of strengths and successes of social relations (rather than seeing problems and shortcomings) is seen by some interviewees as a permanent boost to the area. The commitment and enthusiasm of the *project* by key stakeholders and the commitment and enthusiasm of the *residents* by other stakeholders ensured this output. A relatively small number of activities have been given up because of poor recruitment. Having a mid-term evaluation helped the project team target project activities better to the target group. The office location in the residential/project area enabled closer contact and better rapport with the target group. The project's holistic view of health to include mental health opened up for better recruitment of even the hardest to reach groups (than had it been only 'health', which was not wished for).

Efficacy held back due to having no baseline data nor a needs assessment carried out. The project objectives were not a priority of the residents/the target population. Using the word 'health' in the name of the project. The office location in the residential/project area and thus away from the main office is mentioned as a disadvantage for cooperation, support and planning vis-a-vis upper project management. Communication to the target group coloured by the marketing strategies of one person, disagreement on design and communication vis-à-vis groups within the target group.

The project cannot document improvements in relation to the six objectives of the project: smoking cessation, physical activity, diet, social capital, mental health, and recruitment. However, the intervention achieved a high level of activity throughout the project and did manage to establish a 'heart path' (a path with lights for safe walking) and space for a gym. The project proved flexible and able to adjust activities to some needs and some

interviewees state that the project has been able to engage residents from even the most at-risk groups of residents.

Adoption – Relatively good reach. Stakeholder adoption: mixed

Differential adoption is conveyed by interviewees both in terms of reaching 70% of planned activities (with a wide range of residents) or if stakeholders' views on the success of the intervention were favourable. The interviewees may largely be divided into two groups holding differing opinions of the relevance and strategy of the project. The two groups approach the target group and project activities with, respectively, a favorable and negative attitude and report adoption accordingly. The two main parties (the institutions of the project owner and the close partner) did not at the onset of the project work out a cooperation agreement. The project core project group is comprised by representatives accountable for development and implementation of the project from the two conflicting parties. Being in the core project group the tensions influence the daily running of project activities and the evaluations of adoption. The project activities were held and daily work was done but interpretations of the project's ability to attract people are estimated according to overall view of the projects appropriateness.

Implementation – success, but for few

Project aim and objectives are descriptive and indicate no numerical indications of success.

The project was committed to work with different methods of work with less resourceful residents and increase the social capital of the target population. The project brought different groups together, involved residents based on an open-minded approach of Asset-Based Community Development and Appreciative Inquiry, recruited proactively, used motivational methods to avoid residents to perceive of themselves as stigmatized, and applied the 'Small Steps' method to create behavioural changes. Art and creativity was applied to strengthens mental health and potentially ensure a greater quality of life.

The project created relevant and motivating activities based on requests from the residents, thereby increasing the capacity in the area. Commitment of the on-site project team was high, many activities were available for the target group and only few activities had to be cancelled due to lack of participation. Some activities had a number of participants just below expectations, which may be based on too high expectations or that the residents as a group are hard to motivate. Although evaluations were made after each activity, it was not possible to measure neither active participation nor success of the intervention.

Difficult aspects of implementation were that stakeholders close to the target group had disagreements and poor working relationships that were felt by the target group - and dividing it according to personal relations. The project suffered from lack of decision-making structures and agreement on access to the target group.

Maintenance

The renovation is considered a main hindrance for successful implementation and therefore for sustainability along with a lack of political vision beyond the project.

The project manager and staff mention a monument or yearly event, as a marker, they would have liked to have established; a symbol people could refer to as something the project had made.

Some indications of maintenance beyond the project funding period showed at the end of the project. The project has no long-term follow-up on project activities or outcomes after the grant period. Some activities and stakeholder will, however, be transferred to the Social Housing Master Plan 2014-2017.

Other reasons for the poor performance of the project for this domain appear to have been:
-   the lack of a cooperation agreement that could have eased out the tension between two key actors of the core project group

-   the three-year timescale of the project is considered as a 'hit-and-run' strategy by the target group (according to the project staff, close partner and external partner). More permanent interventions or long-term projects are needed for sustainable changes

4.2 Recommendations

Recommendations for future interventions of this type in Denmark

Recommendations to improve reach
-   carry out a needs assessment (know your target group)

-   avoid the use of the word 'health' in the title of the intervention and in specific activities or consider closely the use of the word that is often taken as displaying a patronising attitude

-   have a clear purpose and explicit measures for success

-   balance expectations of the target group

Recommendations to improve efficacy
-   have baseline data and needs assessment to target activities

-   provide a visible improvement or marker in the physical environment as a point of (positive) reference to the project

-   methods as the 'Asset-Based Community Development' approach highlighting strengths and successes of social relations is seen by interviewees as a permanent boost to the area

-   commitment and enthusiasm of the key stakeholders with direct contact to the target group ensures efficacy

-   have a mid-term evaluation to better target activities to the needs of the target group

-   office location in the residential/project area enables closer contact and better rapport with the target group

-   a holistic view of health to include mental health opens up for better recruitment of even the hardest to reach groups (than had it been only 'health', which was not wished for)

-   ensure flexibility to adjust activities

-   be aware of marketing strategies, design and communication vis-à-vis groups within the target group.

Recommendations to improve adoption
-   work out a cooperation agreement between key stakeholders (project owner and close partner institutions)

- agree on aims and objectives of the project

Recommendations to improve implementation
- provide clear project aim and objectives
- provide clear cooperation agreement with explicit roles of stakeholders

- ensure flexibility of activities (including budgets) based on experiences and recommendations from the residents, thereby increasing the capacity in the area.

- there was adequate possibilities to improve skills and knowledge of staff

- carry out continuing self-evaluation of agreements with in the project

- ensure a more written culture of on-going project self-evaluations

- have a 'place' to go to for sparring

- specify monitoring and evaluation, including external final evaluation and ensure a continuous balance of expectations

Recommendations to improve maintenance
- Consider pros and cons of other major interventions influencing a project

- Ensure political vision beyond the project

- Consider or plan a monument or yearly event as a reminder of the intervention

- Longer (than a three-year timescale) project duration to ensure reach to hard-to-reach groups and ensure sustainable changes

Additional recommendations to improve funding organisations
- Provide sufficient deadline for writing applications (more than two months)

Additional recommendations to improve local and national government
- As implementing agency: Provide structures for project management: accessible archives for evaluations to feed into new projects, guideline for cooperation agreements, manpower and time for application procedures

Additional recommendations to improve other aspects, which have emerged from your case study
- Set up structures or work out solutions for clashes of personality or personal characteristics to avoid conflicts affecting implementation

Other aspects, which have emerged from your case study

Getting the bid and initial development

- Include input from the target group / a needs assessment
- ensure the holistic view of health to include mental health and wellbeing
- choose a homogenous area (and not an area split between community or municipality lines)
- incorporate structural (environmental) changes to improve the local community
- avoid clash with major intervention on same site/with same target group, e.g. the renovation (one interviewee)

- allow amble time for application (two months is too short), ensuring preparation or more time for the project application, with more time for securing partners and matching expectations
- include a gender-specific needs assessment in the project document with baseline data
- ensure a more bottom-up working practice including gender-aware strategies
- avoid using the word 'health' in the name of the project, avoid a terminology of health (normative concepts)
- refer to men, women and children within the target group as struggling, not victimised as poor, vulnerable and lacking networks
- ensure clear definitions of key concepts as 'health'
- have a clear understanding of aims and objectives for all age groups and genders
- include budget for activities not planned at onset
- consider if municipal commitment is lost when no self-financing is required
- have clear guidelines or agreements for cooperation and management
- allow a time period of 10-15 years of cooperation agreements with local stakeholders for follow-up to ensure maintenance

<u>Implementation and evaluation</u>
- Gender aspects
    - When interviews and analysis are made gender-neutral to secure anonymity, some gender aspects are lost. In the Danish case, gender played a role in project and partner positions at all levels and impacted on relations to target group members. When stakeholder positions, tasks and relations lack gender sensitivity some sex-disaggregated data is not collected. Awareness of this may be crucial and ways to overcome some of the data and analysis lost should be worked out. It is recommended that the project document is gender sensitive in manning, strategies and actions

Additional recommendations for funding agencies

- Allow sufficient time during the initial bid process for projects to work with gender ans age specific members of the target group in developing the bid

- Include time for a needs assessment

- Sufficient time for implementation and saturation into the target group (or local community)

Appendix 1: Appraisal of success against RE-AIM domains – DK case study

	Relev. RE-AIM domain	Notes
The planned target group participation has been reached. ☐ **Yes, partly** ✓ ☐ No ☐ Not found or not specified	Reach	A formal evaluation is due by the end of 2014. The interviews indicate target population engagement was good **Physical activity.** In the period from 2011 to 2014, eight main activities comprise physical activity as a focus area. These activities addresses gymnastics, walking club, running school, establishing gym, multi exercise, water fitness, games club and Zumba. The participation in the activities has been very unevenly distributed. Some activities, such as Water aerobics and Zumba, were well attended, while, for example, a walking club and gymnastics were discontinued due to lack of participants. The greatest challenge has been maintenance and making activities citizen-driven activities. Despite interested people, only Zumba was maintained with volunteer leaders. **Diet**. Diet activities include 'Christmas fun in the common house, individual nutritional counseling, a slim school, a food training call for families, a cooking club, culinary region, summer fun and cooking for women. Experience is that It is difficult to recruit residents to activities dealing with a healthier diet. 25% answered questions about diet in the initial local community analysis (2010) Of these 38% claim to prefer cheaper food, while 21% would like free or cheaper exercise activities to attract them to eat healthier. Highly targeted activities, such as focusing on weight loss, have attracted least attention, while broad-based activities were most popular. **Mental health.** Altogether six activities have primarily dealt with mental health: 'Created here/locally', movie club, a relaxation activity, a tale's club, a creative workshop and 'Only for men'. Thus, there is both broad-spectrum activities for children and young people, as well as more specifically focused activities targeting vulnerable adults. In this sense, one cannot generalize on activities. The activity 'Only for men' was ... possible to get it started as a small group residents actively seeking it, and get involved. Another reason for this particular activity success may be that health is not explicitly talked about and no expectations put forward to the participants of the activity. **Social capital.** Five activities were created for specific groups of people: sports on a big screen, the Resident farm, Tuesday coffee, an early retirement club and family fun. Many of

		the residents have a poor mental health, 18% often anxious or stressed, and 20% experience that they cannot overcome the things they would like to in everyday life. 14% are never in control of things and find that things pile up so they cannot handle it. The ethnic Danish men in the ghetto tend isolate themselves. Another relatively large group of people are from the Balkans, many of them suffer psychological damage. A major task of the project was to increase residents' social capital. One particular point of the project was to avoid residents being excluded from the community. These activities suffered from very poor recruitment. **Smoking cessation.** Three activities explicitly focus on smoking cessation. One activity is aimed at children and young people, the two others cater to all residents in the local area. Over half of the residents are smokers, a large part of these are heavy smokers. The three activities are a quit smoking event, individual smoking cessation and a 'quit smoking at no cost' course. It is debateable whether the costs of smoking cessation interventions have been worth the funds. Wishes for activities are voiced but recruitment is low and retention is very low. **Recruitment.** Three activities were designed to recruit residents while two other activities that have had multiple purposes: Recruiting Activities, Open House and Recruitment Corps, as well as Healthy Cafe and Healthy Talk. It has in many instances not been possible to recruit the number of people wanted, even in relation to the size of the area. Individuals who for various reasons are vulnerable, are also often subject to being talked down to, and there is a tendency that you often point out the errors they commit, by failing to live up to society requirements and expectations. The project desire to change this and meet the residents with a positive and appreciative approach. The project team has been careful to communicate to the target group widely on many platforms, through a website, a Facebook, a newsletters – in paper and electronically, flyers, information in local magazines, and personal contact with the citizens in the area - by calling around, ringing doorbells and contacting residents as they move in the area. It is very difficult to give answers to how many have taken part and if recruitment is a success or not.
A minimum of 70% of planned activities have been performed. ☐ **Yes, estimated** ✔ ☐ No ☐ Not found or not specified	Adoption Implementation	Activities in the period from 2011 to 2014 include: 1) physical activity activities as gymnastics, a walking club, a running school, multi exercise, water fitness, Zumba, and a games club. 2) Activities to improve diets include Christmas gatherings, individual nutritional counselling, a 'slimming school', a family cooking class, a cooking club, a market event, a summer fun event, and cooking classes for women. 3) In relation to mental health, the activities created included showing movies, a course on relaxation, a story telling club, a creative workshop and an 'only for men' club. 4) For smoking cessation, events and courses were made for youth, individuals, and in

		cooperation with NGOs.
At least 90% of the objectives have been achieved ☐ **Yes, because vague objectives** ✓ ☐ No ☐ Not found or not specified	Implementation	Only an estimate is provided, as aim and objectives are descriptive. The aim is to have healthy and happy residents in the area. The objectives are to improve health, ensure ownership of the project, increase social capital, strengthen cooperation, and test innovative recruitment methods. The project created relevant and motivating activities based on requests from the residents, thereby increasing the capacity in the area. Although evaluation were made after each activity, it is not possible to measure active participation or how many times the activities were completed. People may have participated regularly and may be recorded several times. Thus, is not possible to be precise on participation in activities. There is a gradual increase in the number of participants who come to recurring activities. There are three main types of activity (usual activities for groups, special events, and individual outreach). It is usually not possible to monitor if only residents participate and local community involvement is appreciated.
Did output indicators indicate success in changing physical, social or cultural environments? ☐ Yes ☐ No ☐ **Not found or not specified** ✓	Efficacy	It is indicated in the thematic analysis that the project had changed aspects of the physical environment, for example the construction of a heart path. On-site project team wished for a marker for remembering the project: a yearly event or permanent structure of some sort.
Did outcome indicators indicate success? ☐ Yes, statistically significant effects ☐ Yes, but no statistical analysis ☐ **No, or not specified** ✓	Efficacy	Behaviour (self-reported) Knowledge and attitudes
Were possible adverse differential effects on vulnerable groups? ☐ Yes ☐ **No** ✓ ☐ Not found or not specified	Reach	
Were there beneficial differential effects on vulnerable groups? ☐ **Yes** ☐ No	Reach	Focus of the project: Immigrant families and single Danish male households

☐ Not found or not specified		

Were stakeholders' views on the success of the intervention favourable?
   ☐ **Yes, partly** ✓
   ☐ No
   ☐ Not found or not specified
	Adoption
	Efficacy
		The interviewees may largely be divided into two groups holding differing opinions of the relevance and strategy of the project. The two groups approach the target group and project activities with, respectively, a favourable and negative attitude and report adoption accordingly.

Were cost effectiveness calculations favourable?
   ☐ Yes
   ☐ No
   ☐ **Not found or not specified** ✓
	Efficacy	Not included in the evaluation.

Did longer term follow up indicate that effects were maintained
   ☐ Yes
   ☐ No
   ☐ **Not found or not specified** ✓
	Maintenance	No longer term follow up

Appendix 2: Quantitative data, the Danish case study

Quantitative Data-scoring (1-4)

1=not at all　　　　　　　　　　　　　　　　*Total no. of participants =7*
2= to some extent
3= a lot
4= yes, fully

Question	Mean (range)	No. responders	Comments
Participation: d) Does the project specifically focus on groups at risk/vulnerable groups in order to reduce inequalities?		0	
Participation: f) Did the project overcome barriers to the target population participating?	3 (2-4)	3	
Participation: g) Did the project use different methods to inform everyone about the project?	3 (3-4)	3	
Root causes: a) Has the project explored the causes of the problems that are targeted in the project	3 (2-4)	2	
Root causes: b) Has the project involved the target population in the identification of these root causes and possible solutions to these?	2.5 (1-4)	2	
Leadership: b) Are key roles and responsibilities of the leaders formally defined?	2 (2)	1	
Leadership: c) Was it clear from the start what the key roles and responsibilities of these leaders and key staff were?	2.5 (1-4)	2	
Leadership: d) Are there any informal leaders and is their involvement encouraged and supported?	3 (3)	1	
External support: a) Would you say that external support is available?	2.6 (2-3)	3	
Resources: a) During the planning, implementation, and/or evaluation of the project, is/was there access to internal resources?	3 (3)	2	
Resources: b) Are there resources that you are specifically trying to maintain access to - because they are important to ensure success and prevent failure?	2 (2)	1	
Linking with others: a) Is the project networking with other sectors to ensure success of the project?	4 (4)	1	
Skills, knowledge and learning: b) Has the project provided the target population and the wider project team with other opportunities for learning?	2 (2)	1	

Shared ownership, vision, commitment and trust: a) Did the intervention contribute to a sense of shared ownership, "sense of community", vision, commitment and trust to those working with it?	2 (2)	1	

Annex 4: Netherlands country case study report

Summary

The Dutch case study was a project that has been carried out in an urban district in the north of the Netherlands. During the last years, a lot has been invested in improving the built environment of the district. Approximately 10,000 inhabitants live in several neighbourhoods in this district. Strong characteristics of the district are its social cohesion and attractive design. However, a high percentage of people are unemployed and the majority has a low education. The local prevalence of overweight is a concern in both children and adults.

Given the large number of existing initiatives to improve health, wellbeing and healthy lifestyle in the area, this project aimed to link existing initiatives and build a network of professionals to collaborate in this linking process. The project was funded as part of a national programme in the Netherlands and started in 2010. The project ended in April 2014, but some activities are maintained.

Interviews with eight involved professionals were carried out in 2013, when the project was ongoing.

The project focused on two target groups: the professionals that needed to collaborate, and the 'disadvantaged groups' in the area (i.e. low SES, children, and non-Dutch groups). The purpose of the project was to change the norms around healthy eating and physical activity with a positive approach and on the basis of the needs and opportunities of inhabitants.

The eight professionals ('participants') were interviewed and asked for their view on the success and failure of the project. The participants agreed that the reach and effectiveness of the project was probably low, while adoption was relatively high (professionals were willing to cooperate). Implementation of the activities within the project was moderate, and although there are some indications that part of the activities will be maintained, this is difficult to ascertain.

The biggest strength of the project was the participation of professionals: there was a wide variety of professionals involved, who all contributed actively to pursue better alignment and collaboration. Other strengths of the project were the shared ownership and sense of urgency among professionals and the role of the project leader. Flexibility of the project was both a strength and a weakness. First, the vague project description gave professionals the flexibility to design their activities, but this also required decisiveness and this was challenging for professionals. Second, the activities were very flexible in that there were no fees or registrations, but this also resulted in a low uptake of activities, as inhabitants did not feel pressure to keep coming. The underlying philosophy also contributed to both the success and the failure of the project: a weakness was that some participants perceived the project to be top-down, and a strength was that the project had a very positive approach. The main weakness was the participation of inhabitants: despite the focus on disadvantaged groups, participants felt that they did not succeed in reaching the target group. Other weaknesses of the project were that the collaboration was based on personal relations: this may mean that if individuals leave their organisation, the maintenance of the project may be at risk. In addition there was a lack of time and money and the evaluation did not go as planned.

1.0 Methods

The project that was the subject of this case study has also been studied in another SPOTLIGHT workpackage. Initial information on the project came from a document with basic information on the project which had been prepared by the other workpackage, and also from the project website. Further documentary information on the project was received from the project leader and included: a progress report, overviews of the needs assessment, research plan, PowerPoint presentation on the project and note on the baseline measurement.

A total of eight interviews were carried out, in November and December of 2013. The first interview was conducted with the project leader. (S)he gave a list of potential professionals that could be asked to participate in the interviews. Around 24 professionals were contacted; 7 were willing to cooperate, 3 were not, and 14 did not respond (even after multiple attempts). All interviews were conducted face to face, participants signed an informed consent form and interviews were tape recorded.

8. Interview core project group, conducted by researcher + 2 interns, no quotes available
9. Interview close partner, conducted by intern 1, transcript made by intern 2
10. Interview close partner, conducted by intern 1, transcript made by intern 2
11. Interview close partner, conducted by intern 2, transcript made by transcription bureau
12. Interview core project group, conducted by intern 2, transcript made by transcription bureau
13. Interview core project group, conducted by intern 2, transcript made by transcription organisation
14. Interview close partner, conducted by intern 2, transcript made by transcription organisation
15. Interview core project group, conducted by intern 2, transcript made by intern 2

2.0 Description of case study (using information from T1)

2.1 Background

This project was situated in an urban district in the north of the Netherlands. This area has approximately 10,000 inhabitants. The district, consisting of several neighbourhoods, has a shopping centre with 3 supermarkets, a health centre, a community centre and a sports centre. A number of primary and secondary schools and some amateur soccer clubs are located in this district. The north of the district is the 'good part' of the district, although some people complain about noisy students. In general, people value the contact with their neighbours and they perceive the area to be quiet and stable. Inhabitants in the southern part of the district have more complaints; about people behaving antisocially, and nuisance families that cause problems. During the last years a lot has been invested in the built environment in this district. Strong aspects of the district are its social cohesion and attractive design. However, a high percentage of people have no job and the majority have a low education. Around 22% of the inhabitants are non-Dutch. The prevalence of overweight is a concern in both children and adults.

The project started in 2010, and was finished in 2014. Half of the money for the project came from a national prevention program, and half came from the regional public health center. At the time of data analysis, the project was ongoing. By the time this report was written, the project was finished. The primary target groups were children, their parents, low SES inhabitants and non-Dutch inhabitants.

The goal of the project was to change social norms around eating and physical activity using a positive approach, linking people's interests and opportunities. It was not the purpose to design many new interventions, but to link existing initiatives and stimulate collaboration of professionals.

In the targeted district, 34% of the population was between 19 and 34 years old, 21% between 35 and 49 years old, 20% between 50 and 64 years old and 25% was older than 65 years. The district is relatively deprived compared to surrounding districts and 44% of the inhabitants is overweight. In children, 9% of the 3-year olds, 11% of the 5-year olds and 30% of the 10-year olds is overweight.

The project targeted several 'levels', such as
- Meso physical environment: for example creating speed bumps, play grounds, keeping the neighbourhood clean, having more green in the neighbourhoods, creating structural walking routes
- Meso sociocultural environment: for example social activities with a focus on lifestyle such as group Zumba lessons, organizing a physical activity buddy program, physical activity workshops in neighbourhood centres
- Meso economic environment: for example providing free healthy lunches at school
- Individual: for example cooking workshops, supermarket tours, consultations with a dietitian.

2.2 Aims and objectives

The project aimed to find a more effective approach to tackle overweight among low socioeconomic status (SES) groups, children and non-Dutch inhabitants of the district, using a district-oriented, integrated approach in close collaboration with all involved parties.

The goal was to change the social norms around eating and physical activity with a positive approach. The starting point was therefore to work with different people's interests and opportunities and use these to collaborate in tackling overweight.

The primary aim was to stop the increase in overweight in the district. The outcome was therefore percentage of overweight people in the district. No strict percentage reduction of overweight was determined.
The secondary aim was to develop a process description for this project that is transferable to other settings, other target groups and other areas. There were no quantifiable outcome measures for this aim.

2.3 Project budget and funding

The budget for the project was 500,000 €. Half of this budget was paid for by the national research funding organisation in the Netherlands, provided that the regional public health center would pay the other half.

In 2013 the national research funding organisation conducted a financial audit, which concluded that the financial situation of the project was good.

A total of 23,000€ was estimated to be used for research in the project (for example needs assessment, evaluation). Given the many different interventions, it is not feasible to present the budget for each of these interventions. Generally, between 500 and 2000 € was budgeted for each sub goal. One example is the creation of a 'social map', which serves to provide information on where professionals are located in the district. 2000€ was budgeted for this goal.

Often, organisations contributed to the project in-kind. No information about precise amounts was provided.

2.4 Project structures and links

The project is funded by a national research funding organisation. The funder was not involved in the content or design of the project. The city council is co-funder of the project, and one of the civil servants (with the health portfolio) is politically responsible for the project. The application for the project has been written by a regional health policy officer. The project leader has been appointed by this regional health policy officer. Then there is the director of the 'healthy city' programme, who has to sign official reports. Below this director is a team responsible for the 'healthy city' programme, and the project group of this particular project falls under this programme team. And, each member of the project group is working for their own team manager in their organisation.

The project leader took part in the project group. The project group was formed at the start of the project, but some people have stopped, and some new people entered. In 2010, 11 people started in the project group, of whom 5 remained in the project group until the end. Project group members included people from a welfare organisation, a dietitian, a day care organisation and employees of the municipal health service.

Next to the project group, there was a group of close partners (the steering committee), which consisted of 17 people. Again, these were professionals from the district, including someone from the retailers' association, a physiotherapist, the director of the community center and a researcher from the Sports College.

Then, there was a large group of 'external' partners, who were also professionals in the district. Examples are local GPs, other employees from the municipal health service, the local soccer club, the local youth sports association etc. In principle, one delegate from many organisations was participating in the project. In the first phase of the process evaluation, the researchers from the Sports College performed a needs assessment including an overview of organisations and initiatives in the district. Organisations were then invited to come and talk to the project group to see what their common interests were and how they could work together.

Creating these links and collaborations was one goal of the project, so professionals were also the target group to be reached.

2.5 Project staffing

Only one paid staff member worked for the project, namely the project leader. His/her salary was paid from the project budget. A large number of people worked for other organisations but also spent time working for the project. Examples are people working in the project group (11), in the steering committee (17), external partners (many) and other volunteers (many). One of the external partners was an organisation for recruitment of volunteers, so many volunteers were recruited via this organisation.

2.6 Development of the project

This project is part of a larger national programme that supports integrated multilevel approaches in disadvantaged areas in the Netherlands. However, the project description was purposely kept very vague and broad. The project mainly linked existing activities but some specific activities were developed. There was a lot of freedom in designing those

specific activities/interventions within the project. The project is seen as a community project by some people, as large parts of the project were based on the needs of professionals and inhabitants of the district.

The project was based on 5 JOGG (youth with a healthy weight) pillars, namely: 1) political administrative support, 2) public-private collaboration, 3) social marketing, 4) connecting prevention and care, 5) scientific research. Furthermore, the project was based on the 'Wijkslag' method, which consists of 5 phases: orientate, organise, execute, evaluate and maintain.

As part of the process evaluation, a needs assessment was carried out at the start of the project. An overview was given of existing activities, websites were often used by professionals and inhabitants, and there were structural meetings in the district. People in a higher managerial role in the district were asked for their opinion on what they thought was needed in the district.
Around 100 inhabitants were asked for their needs and thoughts on their lifestyle. Results are described in the progress report. The overview of existing activities and needs of professionals and inhabitants was used as input for developing new activities, and better linking existing activities.

The project is seen as one big 'pilot project' (described by project leader, and in the progress report). However, additional pilots have been conducted for more specific activities, such as for the buddy programme, neighbourhood 'battles' (competition on which neighbourhood is more physically active for example) and personalised family care.

2.7 Implementation

The project developed some specific activities, but mainly linked to existing activities. There is no structured overview of all the activities that were implemented. Some project specific initiatives are detailed below:

One main activity organised by the project was the 'Open Day'. The goal of this activity was to show individuals what kind of activities were being organised in the district and to link inhabitants and professionals. An important element of the Open Day was the newly indicated walking route that led participants through the district via important organisations and features of the district. The target group for the Open Day was all inhabitants of the district. Important 'pillars' of the project that were used for this specific activity were 'social marketing' and 'public-private collaboration'. The Open Day allowed inhabitants to see the opportunities for healthy lifestyle in the neighbourhood, and meeting other people in an informal setting. Around 40 organisations contributed to the Open Day by spreading flyers, organising activities or presenting their activities. A committee consistent of a delegation of involved professionals was responsible for the organisation of this activity. An extensive plan of action document was written in order for the Open Day to be successful.

- End of Summer party: for all inhabitants of the district. Several activities were organised (e.g. a health running track, workshop tai-chi, quiz on fruit and vegetables, advice on upbringing of children, healthy recipes, yoga for toddlers, handing out leaflets etc). A neighbourhood welfare organisation was responsible for the organisation of this day, along with some professionals from related organisations.
- Workshop 'superchef': every Saturday night a healthy, multicultural meal was cooked in the community centre by inhabitants of the district.
- Health check combined with physical activity course: after the healthcheck (intended for all inhabitants), people could attend a 10-week physical activity course. The second round of

'health check and course' was focused on non-Dutch women, and was lead by non-Dutch women speaking their language.
- Coffee-mornings with the dietitian in the centre for youth and health care: parents were invited to 'drink a cup of coffee' in the centre for youth and health care, where they were able to talk to the employees of this organisation, and to a dietitian. During these meetings, parents were also asked for their needs.

Other examples included:
- Supermarket tour for all inhabitants (and a specific one for non-Dutch families)
- Workshop on food and money for all inhabitants
- Neighbourhood sports day for children
- Play-outside-days for children
- Center for Youth and Health Care activities for children and parents
- Meeting with the 'growing up health' employee for parents
- Tasting lessons for children
- Lifestyle experience bus for all inhabitants
- End of summer meeting for all inhabitants
- Cooking for children
- Gardening for children
- Keeping the neighbourhood clean for children
- Adapting the offer in vending machines in a secondary school
- Training to be an educational/pedagogic employee for professionals
- Improving knowledge of involved professionals
- Workshop on management and mentoring for professionals
- Training lifestyle for professionals
- 'Sitting at the table together' for all inhabitants
- Social marketing initiative for all inhabitants
- Meeting on integrated approaches for professionals
- Knowledge hub meeting social marketing for professionals

In the progress report (which reported on 2010-2012) around 35 activities were described. An overview of all activities conducted between 2010 and 2014 was not available at the time of writing this document. Also there is no document describing the activities that were planned at the very start of the project, as this depended on the needs assessment conducted in the first phase of the project.

2.8 Evaluation and monitoring

The college for Sports was asked to perform a process evaluation of the project. This process evaluation consisted of two phases: in the first phase, a needs assessment would be carried out, and in the second phase, a process evaluation would be carried out. In this needs assessment, people sought an overview of: existing activities; websites often used by professionals and inhabitants; and structural meetings in the district. People in a higher managerial role in the district were asked for their opinion on what they thought was needed in the district.Around 100 inhabitants were asked for their needs and thoughts on their lifestyle. Results of this needs assessment were described in the progress report. At the time of writing this document, it was unclear whether the second phase had been finished (or even started). There were some problems with the students involved in the evaluation, and personal circumstances of the leading researcher prevented the timely start of the process evaluation.

The department of Epidemiology at the regional public health centre was asked to perform an effect study to assess the quantitative effect of the project on: overweight; healthy diet;

and physical activity. The study design was a quasi-experimental study with a before and after measurement, where the intervention district was compared with three control districts. For this effect study it was intended that there would be a baseline measurement, an interim monitoring moment and a final evaluation. The baseline measurement took place at the beginning of the project. However, during the project, it was decided that the monitoring had to be standardised and linked to ongoing national monitoring activities. The interim monitoring of the project would be part of the national monitoring, so the evaluation phases have therefore been shifted. An interim monitoring had not taken place at the time of the interviews.

The project leader described the informal monitoring that took place often during the implementation phase of activities.

2.9 Communication and dissemination

Basic information on the project was published on the website of the funding organisation. This includes the aims of the project, contextual information on the area and the inhabitants, and on the progress of the project. On this website, other relevant interventions/project could also be found.

The project did not develop its own website where information on activities is shared.

However, many other activities have been undertaken to disseminate information on the project.
The press was invited to activities; short reports were placed in newspapers, on websites and on social media. Schools received briefings, and flyers were distributed in the district. Posters were hung in the area and project group members went to schools to get in touch with the target groups. Project group members went door-to-door, there was a connection with the local district meeting and there were advertisements to recruit volunteers.

2.10 Project maintenance

The project was designed to have a lasting/sustainable effect on the risk factors of obesity.

The project finished on April 1 2014, but during a telephone call in July 2014, the project leader said that some activities of the project have continued beyond the time of the project. However, this is not beyond the time that was originally envisaged, as many activities and initiatives were designed to become structural, i.e. without an end date.

From April 2014 onwards no new activities were started, but the following initiatives were still ongoing:
- the employee 'healthy upbringing' had been, and still is, part of the youth health care, and will continue to work on the theme 'healthy upbringing' with his/her colleagues
- as some professionals received training, this will continue to have an impact on the district, and this knowledge is currently being used as input to their work
- during the four years of the project, an Open Day was organised twice. In 2014, the Open Day was organised by professionals and organisations, independent from the project
- One organisation created an outdoor gym, which will continue to be used. The involved organisation guarantees that assistants will be able to help people if necessary. Additionally, this organisation is part of a workgroup on outdoor gyms, in which some of the project group members continue to contribute.
- One organisation focused on physical activities for children, and will continue to work in collaboration with the youth health care organisation and welfare organisation, which enables the organisations to reach the target group more effectively.

Further, the project has only just finished, so it is difficult to describe what is truly sustained.

3.0 Results

3.1 Strengths and weaknesses of the case study
This section summarises interviewees' perceptions of the strengths and weaknesses of the project under study, as well as their thoughts on doing things differently a next time.

3.1.1 Strengths
Interviewees' perceptions of the strengths of the project were:

Getting bid and initial development (basis of the project)
- The project was bottom-up
- The project had a focus on dealing with the problem that no one wants to be owner of (i.e. the problem of overweight); the project aimed to actively involve people to make them co-owner of the problem
- The project focused on a mind-change towards 'healthy lifestyle is fun'
- The project focused on a successful process rather than on specific successful interventions
- There was political support for the project
- The project focused on important target groups
- The duration of the project was 4 years; if it had been shorter it would have been too difficult to get such a good collaboration between professionals
- There was a multidisciplinary project group
- The project was based on scientific 'pillars'

Evaluation and monitoring

No strengths were identified related to evaluation and monitoring.

Implementation

- The collaboration and cooperation between professionals, and between organisations,within the project group
- The project group consisted of many 'do-ers' who translated ideas into practice
- All project group members were willing to collaborate
- The collaboration between professionals made it easier to implement the other, more concrete, activities
- The role of the dietitian; because of the dietitian's advice the project had an immediate impact on the inhabitants of the district
- Working on the implementation of activities caused a feeling of shared responsibility
- The project leader chased all participating parties to make sure deadlines were met and activities were implemented
- All participating organisations were enthusiastic; this made implementation easier

Maintaining the project

No strengths were identified related to maintenance of the project.

3.1.2 Weaknesses
Interviewees' perceptions of the weaknesses of the project:

Getting bid and initial development

- the project was top-down; dropped into the district
- the project description was relatively vague, so it took a while before all involved professionals had found a way to decide who had what kind of role and how the collaboration was most efficient
- making sure all financial means were available was a challenge, as the city council had to pay half of the project budget

Evaluation and monitoring

No weaknesses were identified related to evaluation and monitoring.

Implementation
- due to financial cuts sometimes contact persons of organisations within the network were fired, so that new contact persons had to be found
- the first project leader stopped after six months; this delayed the implementation of activities
- some professionals involved in the project group or steering group had to quit their jobs due to the financial crisis, which affected collaboration because new people entered the groups.
- It was difficult to include the schools and general practitioners
- Some activities just could not be implemented due to financial constraints
- Collaboration with the health insurer was difficult, and the implementation of other activities would have been easier if the costs would have been covered by the health insurer
- There was a lack of urgency for some target groups and some (groups of) professionals
- The project leader ended up implementing too many activities him/herself, while this was not his/her role
- Not all project group members received a financial reward for their contribution – only the independent entrepreneurs such as dietitians with their own dietitian practice. Participants who were sitting in the project group as part of their job for an organisation did not receive an extra financial reward, but some felt that that would have been fair.
- There were not enough means to force the target group to come to activities
- It was a real pity that participants had to say goodbye to a lot of colleagues due to financial cuts
- There was a lot less money
- Political factors are often difficult to factor in, as they change so quickly

Maintaining the project
- The fact that the project is temporary, and there is an end date, is a risk for the maintenance of the project
- If one link of the network is broken, the whole collaboration may collapse
- Since the project leader had such a strong role as 'chaser', the maintenance of the project may be dependent on whether there will be another chaser.
- Many collaborations and agreements were formed on a personal level, instead of at an organisational level. This may cause the project to fall apart if these persons get other jobs or are no longer personally interested in the collaboration
- Due to financial crisis etc there is a lot of insecurity; it is difficult to make concrete plans for maintenance in such insecure times.
- Because of all the people that were fired, and organisations that were re-organising, there is a risk that the core philosophy of the project gets lost

3.1.3 What would you do differently
Interviewees' thoughts on doing things differently

Getting bid and initial development

- Taking more time for the application, and to ensure support from the community. This can be done by informing the community, but it would have been better to give inhabitants of the district more responsibility for the project. This would have made the job of the project leader easier.

- More bottom-up instead of top-down: ask the residents in the district whether they have regular meetings of some sort, and try to join and involve them, instead of creating a new committee, and inviting residents to join you.

Evaluation and monitoring

Interviewees did not identify things they would do differently related to evaluation and monitoring.

Implementation

With regard to the efficiency of the project group: tighter rules should be used with regard to responsibilities in the project group. It should be clear who has what role and what responsibility goes with that role. Additionally, if the team discovers that something is not working, it should be possible to more quickly change or stop this intervention.

With regard to interventions within the project: activities should be more intense, so get more parties involved, have a longer duration, and make the activities even more comprehensive. This way the project could get away from short impulses only. Also, more concrete actions should be included, next to the good work on creating links and collaborations. Another suggestion was that maybe a project should try to engage less people, but intensify the engagement of a smaller group of people. In addition, one could consider paying all contributing professionals to ensure that they are motivated to actively contribute to the project.

With regard to reaching the target group and increasing participation: the target group should be given more responsibility for the project, to create a sense of ownership and common vision. To reach the right individuals, it might be better to go from door-to-door between 4 and 6h in the afternoon, and ask inhabitants what they would like. Furthermore, people should be more actively stimulated to join activities by allotting prices or rewarding attendance. Also, the engagement of the private sector and GPs should be improved.

One person suggested that there should be one person involved in the approaches who is trustworthy to the inhabitants. So that when people come back to a particular place or activity, they recognise this face. Several participants mentioned that it would work best to speak to people face-to-face. On the other hand, two participants who actually did speak face-to-face with inhabitants and said that this alone is not enough.

Maintaining the project

There should be more attention given to creating groups. With groups you create a structure which lowers the threshold for people to come back an activity.

3.2 Thematic analyses

3.2.1 Unique themes:-

Three themes were identified as unique for the Dutch case study, namely: expectations of the project; communication; and effectiveness of the project.

Expectations of the project

Many of the professionals that were involved already had experience with participation in similar projects, and those previous experiences shaped their expectations about this project. All professionals noted that they had had negative experiences with similar projects, and they had been disappointed by previous projects.

Some did not have high expectations at the start, but in the end had to conclude that this project was not that bad. They thought this project was different because the organisations really sat down together.

Some did have high expectations at the start, but mention that they were very disappointed in the project, given the amount of money that was invested into it.

2, core project group: "*You may notice from the way I'm talking about the project that I think we should have gotten much more out of it – at least on the basis of all the costs. I would have preferred a more structured approach, with the result that, for example, there is a group of people walking together every week. That you would have multiple groups. And that those groups would be a bit more structural with some help of the project.*"

One person mentioned that expectations management is very important in such a large project. When the first project leader left there were still many people with great expectations of the project. When it took a while before the project was on track again, the momentum was gone and the enthusiasm had faded away a bit. Someone else mentioned that it was underestimated how difficult it is to achieve something on the level of individuals in such a project. Some expectation-management on this specific topic may have been good.

> *Conclusion: Expectations management may help involved professionals to stay positive and motivated.*

Participation: communication to effectively reach the target group

Spreading the message effectively, and thereby increasing participation, turned out to be difficult.

Within this project, a lot of efforts were undertaken to communicate about the initiatives and activities. The press was invited to activities, short reports were placed in newspapers, on websites and on social media. Schools received briefings, and flyers were distributed in the district. Posters were hung in the area and project group members went to schools to get in touch with the target groups. Project group members went door-to-door, there was a connection with the local district meeting and there were advertisements to recruit volunteers. The project leader also mentioned that the leaflets were often made with pictures instead of text (for non-Dutch speakers) and that there were VETCs (officers of own language and culture). Additionally, there were some activities specifically for and by immigrants.

During the interviews, participants were proud of this long list of ways to communicate with different groups. However, they also expressed their disappointment that effort did not seem to have much effect on the participation of the target group (reach of the project). Despite all the efforts, it still was very difficult to reach the right people.

One person suggested there should be one person involved in the approaches that who was regarded as trustworthy by the inhabitants. So that when people come back to a particular place or activity, they recognised this face. Several participants mentioned that it would work best to speak to people face-to-face. On the other hand, two participants who actually did speak face-to-face with inhabitants mentioned that this alone is not enough.

Finally, the project leader spoke about the importance of the participation of enthusiastic organisations. "*You have to create a kind of 'spreading-of-the-oil' movement.*" It is important to focus on a relationship of trust, from where you can continue working. And when organisations are enthusiastic, residents will also get excited.

> *Conclusion: Effectively communicating about the project with and between inhabitants and professionals is crucial for the success of a project. However, this needs a lot of time and thoughtful planning.*

Effectiveness of the project

The effectiveness of the project was a priority topic for many of the participants. One of the effects of the project was that the topic 'lifestyle' had become much more important for organisations, professionals and inhabitants. However, it was unclear whether the project had had any effects on actual lifestyle related behaviours and overweight.

Seeing that some initiatives, activities or ways of communicating with the target group were effective, and others were not, formed input for the next initiatives. For example, it was often mentioned that the topic (lifestyle) has become much more apparent for organisations, and it is more of a standard agenda point. This awareness (one of the effects of the project) made it easier to initiate new collaborations to try to create more effective interventions aimed at inhabitants. For example, the sports fund is organizing more activities; the theme 'lifestyle' is discussed more often at school; people are talking about it on the squares of the district; professionals have made concrete agreements etc. This made it easier for the project to, for example, focus specifically on communication (about activities that were already organised by collaborating organisations).

Many participants related the effectiveness of the project to their own activities, and used the effectiveness of their activity as a motivator for coming up with new activities. The project leader said that a large share of the planned activities had been implemented. In addition, the project leader admitted that many small things did not go as planned: "*For this project really goes: two steps forward and one step back.*" However, the things that went wrong were major learning points for the project, and also had advantages. For example, because the collaboration with the primary schools was somewhat difficult, the contacts with the child youth health service was intensified, which resulted in more intense attention for the younger children. So, the (in)effectiveness of the project also served as learning point.

However, there are serious doubts about whether the project has had any impact on the lifestyle behavior and weight of the residents. This was often mentioned with disappointment. Some said the success of the activities was "okay"; in particular quite a few younger people have been reached, at least compared to the adults. And:

5, core project group: *"I think that some people may be more physically active and leave home a bit more and get into the district."*

But participants were mainly skeptical about the effectiveness of the project:

7 close partner: *"If you talk about what you have reached... Suppose 20,000 people live in this district, and how much have you reached….? Yes, I think it's a small group.*"

2, core project group: "*Whether this has a significant effect or not, I wonder. Well, you know, what is the effect of what we have done? I have no idea"* And: *"I can hardly say it out loud: 'Yes, very few', but I fear that is the truth. [...] I think sometimes we got an effect of an impulse, and sometimes some effect, but people quickly fall back into their old habits. "*

> ***Conclusion: Perceived effectiveness of activities, initiatives and ways of communicating was very important to involved professionals. On the one hand, limited effectiveness may be disappointing. On the other hand, lack of effect of one activity may generate input for a next activity.***

3.2.2 Common themes:-

Participation: core project group and external partners

NB. Text below is applicable for participation of core project group as well as participation of close partners. A small section at the bottom of this paragraph focuses specifically on participation of close partners.

Most participants were very satisfied with how the project group members worked together, and they were mostly satisfied about the contributions of their colleagues. Some participants identified strengths of the project group. For example, it was mentioned that there are many 'doers' in the group, that the group has an active approach, that everyone has a clear overview of what is happening in the district, and that people have respect for each other and for the project leader. Participants mentioned a number of characteristics of their colleagues that come in handy for the project. For example, project group members were perceived to be loyal people, who keep coming to the meetings. And there were people involved who took the lead. The network that was formed in the project has also established a good collaboration with external parties.

However, it was also mentioned that it is difficult to maintain sufficient contact with all involved parties. The project leader said that the project group meets every six weeks on average, but the s(he) would prefer to meet more often. The other participants endorsed the importance of communicating to be well informed about the activities of others. But the participants also said that they would meet each other in the district anyhow. If not during the project meetings, at other meetings.

Some negative aspects were mentioned, such as that it is annoying when people do not stick to what has been agreed upon. And sometimes processes are very slow with such a large group of people (for example, answering emails or taking decisions). A number of participants mentioned that not everyone was eager to perform tasks for the project. Especially professionals who are doing this project 'on the side' (next to other tasks) were perceived to take little responsibility.

2 core project group: "*And so we sit there together, we have good ideas, but then very often the question is raised: 'who is going to do this?'. And yes, then it turns silent. "*

And because some people take the lead, and others do this to a lesser extent (this was also mentioned by themselves), the 'pioneers' or 'doers' sometimes tend to do it all themselves - because that way they can trust it will be finished on time. One of the participants mentioned that although there are some annoyances, it is often difficult to express this irritation directly to a colleague.

Some project group members on a somewhat lower hierarchical level mentioned that there were unfair differences between project team members, because some people were paid for their contribution, and others not at all. The independent entrepreneurs participating in the project received renumeration for their hours, while other participants performed their tasks as part of their regular job (for which they received a monthly salary from their employer). According to some participants, this meant that not everyone was performing the best they could. Two participants indicated that they would have taken a more active role if they had been paid. And because that was not the case, they felt less involved and less responsible if something needed to be done. However, the project leader explained that nobody got paid for the time they spent on meetings for the project; the entrepreneurs were paid only for the development of interventions and/or organising activities. And when project team members did this they were paid by their boss. In addition, a healthy lunch was offered from the project's budget during each meeting.

However, (and this is also a strength that is described under 'specific aspects of the project that went well'), the main strength of the project was the collaboration. All interviewees pointed out that the linkage, cooperation and breadth of the project increased the success of the project a lot. The project linked with stakeholders in the district, many different parties brought the same messages forward, and there was good collaboration between professionals. This was not limited to the core project group, but also applied to the close and external partners.

5, core project group: *"The* [greatest strength is the] *cooperation and coordination. Everyone is working towards the same goal. More health and physical activity, and how can we make people in the district participate, and how can we tailor the different activities?"*

A number of issues were especially relevant to the participation of close partners.

The project leader said that the contact with close partners depended on the person and on the period. During a busy period, such as in the weeks that the open day was organised, there was contact almost daily with for example the housing corporation. However, in a quiet period, there could easily be 2 to 3 months without contact. The project leader added that this is not necessarily a bad thing.

Some participants mentioned the positive involvement of the dietitians. These participants felt the dietitians were a real asset to the project. Moreover, the benefits of collaboration with dietitians was twofold: the project now has close contacts with a dietitian, and the dietitian is aware of all the other factors that influence a healthy diet, by having contact with other close partners of the project.

There was one close partner who felt (s)he did not have close contact with other project partners. It is likely that this person felt this way because (s)he dealt with a relatively small part of the project, and was less aware of other activities within the project.

> *Conclusion: The greatest strength of the project was the collaboration with the project group and between project group and other involved partners. There was a mix of professions and personalities that often complemented each other well. Yet, a large collaborative group like this comes with some irritations about responsibilities.*

Participation: external partners and contractors

We were not able to interview any of the external partners – just project group members and close partners (the 'advisory board'). However, these two groups did mention aspects of the collaboration with external partners. In general terms the interviewees were quite positive about the participation of external partners, and they could not mention specific barriers of the collaboration with external partners. Also, participants had the impression that external partners were willing to collaborate. One person said that people's specific roles within the project made the collaboration go smoothly: the project leader made contact with an external partner, one external partner provided financial aid and another external partner organised an activity. The interviewees mentioned that the topic 'lifestyle' is also put on the agenda of external organisations. One participant said that there is a well-considered balance in the different parties that play a role in the district.

One of the goals of the project was to involve as many parties as possible in the project, and in the interviews there was much attention on the fact that it was not possible to involve all the different parties and make them participate actively. Many participants had an opinion about the fact that a group of GPs did not want to collaborate with the project. The participants mentioned that it would have been very nice if the GP had referred obese children to the other professionals in the district more structurally. Especially since the other professionals in the district knew each other much better thanks to the project. Some sympathised with the GPs, and said they understand that GPs are already very busy with the 'care as usual'.

One of the weaknesses mentioned, was the unwillingness of schools to collaborate. According to the interviewees, schools were too busy with the normal school routine, and did not feel that a healthy lifestyle was the responsibility of schools. Despite these problems, there was some collaboration with schools during the first phase of the project.

Finally, many participants were bothered about the fact that the health insurer did not want to be actively involved in the project. Interviewees were really disappointed about the attitude of the health insurer, and said that they only focus on short-term profits. It was perceived to be important to get the health insurer to collaborate, because this was the only way to get activities in the project reimbursed.

It seemed as if the participants were most disappointed about the lack of collaboration with the health insurer because the project members did not succeed in identifying the common interests of the health insurer and the project. During conversations with the health insurer, participants indicated that the prevention of overweight could save money in the long run (which should be of interest to the health insurer). And that this would prevent chronic diseases (interest of the broader project).

4 close partner, "*Yes, so you would expect that a health care insurer would like to collaborate on combating obesity, as it is a high financial burden for them. And that [the intervention] may be something they want, but they don't want nothing to do with nutrition, just sports. And preferably top sports. Or at least mass-media events that can guarantee that their name is displayed at large. So they just have a different way of thinking. They think about short-term profits. They want to display their name. [...] They are not interested and that's really sad, and that's not how I expected it to be.*"

Yet, two participants (both of which entered the project late) were convinced that the GPs and other partners who indicated they did not want to collaborate, would eventually join the project. This perspective may be due to the fact that although the project did not succeed in keeping all parties actively involved, there was contact with the GPs and health care insurers. The above mentioned participants may have expected that this initial contact would

ultimately lead to active participation, while other participants may have been more critical about this.

Some participants (who were higher in the hierarchy / more managerial) briefly mentioned the role of the directors of the municipality to whom the project leader had to give feedback about the project. From these comments it was clear that these directors did not play an active role in the project; they were just involved for the administrative aspects.

> **Conclusion: Collaboration with external partners was somewhat more difficult than with close partners. This seemed to be due to the fact that it was more difficult to identify common interests within the project. However, in general, participants were positive about the participation of external partners.**

Participation: target population

During the interviews, the low reach and limited participation of the target group was mentioned as a major barrier to the success of the interventions. Participants mainly related this to success as in reach and effectiveness. As one of the participants said: "*If they don't show up, the project is useless.*"

During the interviews, the fact that not enough people, and not the right people were reached was discussed extensively. This was mentioned by all participants. It was specifically mentioned that men were difficult to reach, and also the hard-to-reach groups that need it most. So the people that were reached actually formed a very small and specific group. Therefore, it is unsure whether the project really had an impact in the district. However, it was acknowledged that many people in the district are aware of the project. But ultimately, only very few people were reached.

Participants gave many explanations for the limited participation of the target group, although others indicated that they did not have good insight into why people did not participate. Some of the explanations that were mentioned by participants were: not taking into account the low budget of households sufficiently, people just don't feel like it, residents do not want the professionals to interfere with their lives, young people thought participation wasn't 'cool', and in some groups there was social pressure not to participate. Also, a specific explanation was given for why men were poorly reached, namely that it is perceived to be a task of the housewife to participate in the neighbourhood.

Participants also emphasised the role of social factors. For the participants, it seemed as though the norms around overweight have changed: it has become much more common, and more normal. Probably people have just gotten used to obesity, and used to a certain eating pattern. Perhaps people are also afraid to be judged when they join the project, afraid to be put on a diet. Also, it is much easier to join a physical activity group if there is a close social network. But social pressure can also be a discouraging factor. It happened during one of the activities for young people that a small group of participants decided that they would not participate in the activity, and they put the other participants under pressure to no longer participate either.

It is mentioned that there was too little attention for the psychological side of the problem. People are afraid to be judged on, to not belong somewhere. There is often a very different problem behind obesity than just eating or physical activity. And if you make sure there is a safe, fun environment people find it much easier to participate.

6 core project group: "*They are always projects that are well-intentioned, but, and I speak from experience: if you are offering physical activities or sports [...] and you don't take the fear or frustration or sadness of people into account, nothing happens.*"

All participants recognised that obesity is a complex problem, and that the causes of obesity are not easy to identify. In children it was perceived to be even more complicated, because the parents also play a major role there. Parents often determine what the children eat, and when parents think overweight is normal, children are more likely to become overweight. Overweight parents often feel embarrassed about their weight and appearance, and they want to protect their child from that feeling by not going to a dietitian who confronts the children with their weight.

The participants also had some outspoken ideas about how residents could best be reached. Whether this was also put into practice remained vague from the interviews. It was stressed that it is very important to have familiar faces in the neighborhood; professionals who are recognised by the residents and who are creating a fun and safe environment. One participant said that sometimes you just have to go (for example, to a school or a community center), and need to start talking to people. This makes it easier for residents to approach the project partners. Two people indicated that you have to nudge participants, you must make participation attractive. One of the participants indicated that (s)he has tried to get in touch with the right target group already in many different ways, but that it hasn't paid off.

> *Conclusion: All participants were committed to ensuring that the project reached the right target groups. However, the participation of the most vulnerable, or in-need, groups was very limited. Participants have many explanations for why inhabitants did not participate, but some also admit they did not understand. One factor that may have been overlooked when designing the project was the psychosocial side of being overweight; this was brought into the project relatively late, while this perhaps should have been the starting point.*

Participation: cross-sectoral linking

See 'Linking with others' and 'Participation: close partners'.

> *In summary: there was a lot of cross-sectoral linking. One of the formal 'pillars' of the project was the public-private collaboration, and one of the goals of the project was close collaboration with many organisations. Because this was just an asset of the project, participants did not specifically talk about cross-sectoral linking.*

Root causes of the problems of the target group population; needs assessment

During the interviews, there was little discussion about the 'needs assessment'. This may be due to the fact that the interviewees did not actively engage in this part of the project. The project manager indicated that the first project leader made an inventory of the activities and opportunities already present in the neighbourhood. Also, a needs assessment among residents was done ("*but that's actually standard procedure*" said the project leader).

Residents were not involved in planning the activities. The project leader said that there used to be two residents in the project group, to get active input from residents on the planning of activities, but this did not work out: residents were not interested in talking or linking with others, they just wanted to do something.

> *Conclusion: performing a needs assessment was perceived to be normal, and therefore not a central factor.*

Leadership: developing and getting funding

NB. It was difficult to distinguish between the 'development' and 'implementation' phase when talking about leadership. Throughout the project development and implementation tasks were mixed together, and those tasks were carried out by different people each time. The project was originally conceived by someone who has not taken up leadership roles in this project. After the subsidy was awarded to this project, a project leader was appointed. The applicant of the project shortly had the role of mentor (supporter) for the project leader.

Leadership: implementation

NB. In the project plan the tasks of the project leader were broadly described: (s)he was supposed to analyse some issues first (for example make sure a needs assessment was performed), and then to stimulate the external professionals to get actively involved with specific activities.

At the beginning of the project, a project leader was appointed, but this person stopped after half a year. Some interviewees were not yet involved in the project during this phase, and those who were involved had widely ranging opinions on the switch between project leaders. Some mention that the exchange of project leader had little effect on the project; that the residents of the district have not noticed this at all, because the project was only in its start-up phase. Others mention that it was a bit unwieldy, and that it was demotivating. But because it happened at a time when much of the project needed to be set up, the new (which is the current) project leader was well able to pick it up from there. One person had a strong opinion about the first project leader because (s)he had appointed this person. This participant mentioned that the project leader did not have the right attitude after all. Because the project description was so vague, it required considerable skills from the project leader. According to this interviewee it took quite a long time before there were signs that the project was not running smoothly with the first project leader. So it was unfortunate that half a year had been lost. However, this interviewee was very satisfied with the second project leader, who was a much better match with the project. (S)he believed the current project leader had very much grown in his/her role and that (s)he has stimulated many people with his/her enthusiasm.

The interviewees agreed that the project could not function without a good project manager. At least, not without the current project leader. Almost all participants mentioned that the project leader got everyone together, and that (s)he organised many events. (S)he picked up the project soon after the disappearance of the first project leader, and got the project group back together, even though they were disappointed with the project for a while. It was mentioned that the project leader is like a film director, who keeps an eye on everything. According to the interviewees, the project leader was "the umbrella of everything", and that (s)he knew whenever something happened.

Others also mention that the project leader had to pick up many tasks him/herself. As (s)he was the 'hub in the network', and some professionals did not take up their tasks, sometimes the project leader decided to do it him/herself. On the other hand someone also said that the project leader was not the type of person to do practical tasks. This participant felt that the project leader should have done more him/herself. The project leader was paid for his/her hours on the project, and this participant felt that (s)he had to put too many hours in the project compared to the project leader.

The project leader said it is important that there was someone who chases the project group members, who believes in the subject, and who can make sure others understand it is an important topic. Also, (s)he mentioned that it is a task of the project leader to search for the

common interests. The chaser of the project (coordinator) needs to be able to bring this all together.

> ***Conclusion: the role of the project leader was perceived to be very important for the implementation of activities within the project. Most participants agreed that the project leader played a major role, including the project leader him/herself. The project leader continued to chase the aims of the project, which stimulated other professionals to contribute actively as well.***

External influences: national politics

There were a number of comments on national political factors that played a role in the project. These were mainly about the fact that every four years a new policy document on health is written in national politics, and that this political agenda does not always correspond to the agenda of the local decision-makers, or the agenda of the project. Because politicians often only stay for 4 years, a lot of decisions are based on short term effects. And for the problem of many people being overweight, it is often the case that investments done at this moment will not show their effects in the short term.

External influences: local politics

Participants mentioned that there is an active food policy in the city where the project takes place. This is a good context for the project. The project applicant said that there is a lot of attention on obesity in local politics. Every four years it is discussed what the key issues are, and one of the interviewees said that the politicians enjoy being able to choose their own priorities. And although it is difficult to determine what is most important, they have often chosen overweight as a priority.

Other interviewees describe their contacts with local politicians. Sometimes they were briefed that local politicians are interested in a certain activity in the project, or in a certain approach that is applied, and then they could quickly respond to that. One participant mentioned that it seems like politicians do not realise that if they continue to make financial cuts in health care, all the human resources in a district like this are also cut back, and these human resources really play an important role in this project.

> ***Conclusion: local political factors often have direct influence on the success of a project. In this project it seemed as if the professionals found a way of effectively communicating and collaborating with local politicians.***

External influences: funder's influence

Not mentioned during the interviews.

External influences: other external influences

Participants mainly reported on a number of trends, such as the increased consumption of soft drinks due to 'the big commercialisation' and the fact that you are exposed to many advertisements for unhealthy food on the streets, on the internet and on television. Also participants mentioned that a lot of organisations are actually under pressure to meet their own targets, which means that there is little room for a focus on healthy lifestyle. For example schools, who already have enough trouble meeting the standards for math and Dutch language feel they just cannot do any additional tasks. Finally, it was also mentioned that society is very individualised, and that people therefore less inclined to help each other. Sometimes it was mentioned that the 'zeitgeist' was not right for some activities, without further explanation.

> *Conclusions: external influence probably play an important role, as they shape the context for the project. However, there were no other major external influences critically affecting the project.*

Resources: money

Lack of money was mentioned as one of the main obstacles to the project. At the start of the project, the participants did not know that there would be so many financial cuts. These cuts could mean that if the project is not maintained properly, the project would just fall apart. More about this is described under 'manpower' as these two issues were often intermingled.

On the other hand, it was mentioned that a lack of money made people creative. The financial resources available had to be used extra efficiently. The project applicant therefore mentioned that according to him, the project did not need any extra money. With a small budget, smart linking and fun activities, you can also make big improvements. For example, there was no budget from the project for the schools; however, the project did point the schools to the EU fruit programme. The project group also had the plan to write a grant application together with the other districts in the city, to make the project even broader (unsure whether this happened). And to make use of the network that was already quite strong in one district in order to strengthen other districts.

Professionals were also open to new developments that emerged during the financial cuts: everybody tried to see the positive side. At the start of the project, the project group already had to be creative with the financial means. The municipality had to cover half of the budget itself (the other half was paid by the subsidy provider) but the budgets of the municipality were already allocated to certain activities as it was halfway through the year. So it was quite a puzzle to make sure that on paper, all the finances were arranged properly. However, in the end it all worked out.

Money was also mentioned in the context of salary / financial remuneration of the professionals. As described under the heading "participation of the project group" it was made clear by a number of project members with more executive tasks that there were unfair differences between project team members.

When talking about money, participants also often mentioned that within the project, they took into account the financial capacity of participants. Some of the participants thought insufficient account was taken of the fact that there are so many poor people in the district. Others said that the financial position of the participants was taken into account very well. If children did not have the money to become a member of a sports club, for example, the project provided entry points to make this possible. For example asking financial compensation from the local sports fund. There was also a supermarket tour which took into account the price of food products. This tour was done by volunteers, so it did not cost any money for the recipients. So, the professionals tried to make sure that the activities were for free, or for a small fee, and took into account the low income groups.

Money was also seen as one of the reasons the insurance company did not want to join the project. The project requested that activities were reimbursed, but some participants told us that this was rejected. The reason for this was that health insurers also had to make some financial cuts, and that reimbursing activities related to prevention was not their priority. Participants think this is incredible.

Also, some comments were made about the importance of financial resources for the maintenance of the project. As the project is dependent on funding by the funding agency, it is uncertain how the project will be maintained without funding. On the other hand it is also

mentioned that continuing to put money in temporary projects will not lead to a structural solution for healthy lifestyle in this district.

Conclusion: lack of money due to financial cuts in the health care sector was considered to be a major barrier for success in the project. However, professionals became more creative and efficient with money. Money also seemed to be a reason for contributing more or less to the project group: some participants felt there were unfair differences in renumeration. Taking into account the financial position of the target group was a strength of the project.

Resources: people

Often, money and manpower issues were mentioned together, as many of the comments were on the financial crisis, and the fact that cuts had to be made: thus, there was less money, and people were fired. Because people had to leave, sometimes new people came into the group, so they had to get used to the project group again. Participants also mentioned the fear of being fired themselves, or their colleagues losing their jobs. This was mainly mentioned by participants in the relatively lower hierarchical layers in the project; the persons in management positions seemed less afraid of this. This uncertainty and the increasing pressure to fire people was very annoying for the participants.

7 close partner "*That happens a lot at the moment. People are fired, or organisations have to restructure, which means that the shared vision is lost. Those are things that play a role at the moment. These are the limiting factors. All that cutting back and reorganizing.* "

3, close partner, "*Well, you know, to the extent that I can stay for another year. It is a rather difficult time, especially with the financial cuts and stuff. It also impacts our organisation hard at the moment. We have had to say goodbye to many colleagues over the last two months and eeh, this was also a nerve breaking time for me. [...] And all the organisations have to make financial cuts, so you lose familiar faces. [...] And our target group really benefits from familiar faces in the district, this gives them trust so to say. Actually, it makes or breaks the project. If you have a lot of changes this is difficult. And then, they might stay away.* "

This illustrates how the cut back in professionals can affect the project. If there are more cut backs to come, the project might have to be reviewed; one must think what has absolute priority. "*While you might think that if 42% of the population is overweight, health would be kind of a priority."*

Conclusion: participants found it hard to understand that it was necessary to have rigorous cuts in finances and manpower. This affected the project by taking away the continuity in involved professionals.

Resources: time

A number of participants mentioned the available time as being a factor. One person mentioned that four years is a really nice and appropriate period for a project like this. If the project would have been shorter of duration, for example only 2 years, a lot less activities would have come about. Furthermore, it was mentioned that many organisations have had to invest time in the project. A lot of volunteers were necessary, and the organisation had to facilitate all of that. Some project group members mentioned that they did not have enough time to do all the tasks of the project. In practice, this resulted in a lot of plans being made, and afterwards the realisation that it was too much work for the number of people available for implementation.

Conclusion: although time was not explicitly mentioned as a barrier, participants did acknowledge that sometimes there was little time to complete all necessary tasks.

Resources: other resources (if use of resources was seen as useful)

No other resources mentioned.

Linking with others

Connecting a range of different parties can be seen as the main strength of the project. It was one of the aims to connect professionals, organisations and people to each other and the project was successful in this. This topic was mentioned a lot during the interviews. This is described in detail under "participation of professionals' and 'participation of external professionals'.

The professionals mentioned that they felt they were a link between organisations and associations and the target group. However, participants did indicate that contact with some organisations was easier than with others. It was quite easy to get in contact with workers in the district, and professionals working in health care in the district, but it was more difficult to link with shops, doctors and insurers. However, specific agreements were made with several organisations, and in small groups the professionals will work on a common aim.

Conclusion: participants felt there was strong linking with others.

Skills, knowledge and learning: project staff

Two participants explicitly mentioned opportunities for learning within the project. They said that they had done one or more courses for the project. They felt the knowledge and skills they gained during these courses will be passed on to the residents via the activities they are organising.

5, core project group: "*My colleague and I just finished a course on weight consulting, so now we can give advice on healthy lifestyles. The idea is that we give this advice to the residents of our care home, but also to residents in the district. We also came up with the idea for a cooking workshop. That needs to be embedded within existing activities."*

One participant mentioned that – from his/her professional background – (s)he came up with a lot of ideas for the project, so his/her skills and knowledge were of direct benefit to the project. Another participant said that from his/her perspective as experience expert[14], (s)he is very well aware of what is going on with the overweight residents.

In addition, much emphasis is placed on the skills and personality traits of professionals who do or do not contribute to the project. The traits 'doer', 'talker', 'dominant', 'enthusiastic', 'impulsive', 'open attitude' and 'chaser' are mentioned. Participants often declared themselves to be 'initiators', 'doers' and 'enthusiasts', and declared others to be 'talkers'.

6 core project group: "*So yeah. That can only come from the fact that I'm a doer. And my predecessor was a talker. I'm like; this is important now, so we start working with that, no bullshit. That makes a difference. Then your approach is different. "*

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[14] Someone who has experienced the problem (in this case: overweight/obesity or unhealthy lifestyle) and now tries to help other people by sharing their experience.

As described in the section on "leadership" one of the participants thought the project leader was too much of a talker. Another person mentioned that there are actually many doers in the project, and that everyone is open to learn from each other. The professionals really try to encourage each other, and everyone has their own talents. It therefore seems that there is a good balance of different personalities within the project.

Conclusion: participants felt that there were some opportunities for learning, and that this learning could be translated to the target group. Additionally, the personality of project group members and close partners was perceived to be very important for the collaboration.

Skills, knowledge and learning: target population

NB. Target population in this project was both the residents of the district as well as the professionals. Learning for professionals is described above.

Little was said about learning opportunities for the local residents. Two participants mentioned that there were several opportunities for learning or developing skills for residents, such as in cooking workshops, creating an exercise plan, advice on cheap food and education about budgeting.

Shared ownership, vision, commitment and trust: between project staff and partners

Within the project, people were really working on a common aim; everyone has the same goals in mind, and people are working together. One person mentioned that this nice working atmosphere benefitted the project.

Furthermore, as also became clear in the sections on 'participation of professionals' and 'specific aspects of the project that went well' that there was certainly a shared vision and a shared responsibility between project team members and partners. None of the participants talked about trust in any way.

Under the heading "participation of professionals" a number of topics were mentioned that relate to 'dedication to the project'. Not everyone was as dedicated to the project, and this sometimes caused some resentment.

Conclusion: although not explicitly mentioned, there seemed to be a high level of shared ownership, vision and commitment between project staff and partners, with some exceptions.

Shared ownership, vision, commitment and trust: between project staff and target group

Two participants talked about a shared vision between project group members and residents of the district. One of the participants attributed this to the activities that are organised in the district, which makes the professionals and residents mix, and some friendships have been formed. The other participant describes his/her own situation, where (s)he explicitly talks with residents about their vision, to then collectively put these ideas into action.

But it is also turned out to be difficult to build a shared vision. Within the district, there were a lot of arguments in the residents' committee. When there are fights, none of the activities can be discussed and nothing really happens. However, when new residents enter the committee, it often happens that the people in the committee re-find their shared vision.

Conclusion: building a shared vision between project group members and target group was more difficult than between project group members, but this was not a major issue.

Shared ownership, vision, commitment and trust: sense of urgency

Sense of urgency was a topic that was mentioned as a crucial factor in this project by all interviewees. Sometimes sense of urgency was a facilitating factor if there was a great sense of urgency, and a lack of sense of urgency was impeding for the project. The sense of urgency among the professionals involved has been largely described under "participation of professionals" and "specific aspects of the project that went well".

The project leader said that it was his/her job to create sense of urgency with the other professionals. (S)he thought that a necessary condition is to look for common interests. *"Perhaps some parties are not interested in overweight, but in health. Or not in lifestyle, but in social contacts. The chaser* [coordinator] *of the project should try to combine these interests all together."*

Different actors are mentioned as being 'responsible' for the problem 'overweight'. All participants have an opinion on who is responsible for the problem. Some think the parents are responsible for obese children, some think it should be the schools, others the health insurers and the city council. And some people think it is solely the responsibility of the obese person him/herself. But it is also acknowledged that ownership of the 'overweight problem' is problematic; if no one feels responsible, the problem will not be solved. And although it is not an appealing topic, the challenge for this project was to change existing ideas about overweight and active individuals.

However, it illustrates how difficult it is to get people to feel a sense of urgency if they don't feel this automatically. As examples, fast-food outlets and health insurers were discussed. They have very different interests than tackling obesity.

> **Conclusion: Sense of urgency was important for the project. Greater sense of urgency created higher motivation and ownership, while lack of sense of urgency could be really impeding.**

Management

A number of aspects of management were discussed during the interviews. Mainly the themes related to the relationship between the project leader and higher managers. The applicant of the project wondered whether (s)he has not been alert enough during the period when the first project leader dropped out. It is the task of management, (s)he says, to make sure everything is running smoothly. And this (first project leader stopping) just came out of nowhere. The applicant, who is a person in higher management, is not involved in the planning or implementation of the project.

4 close partner: "*On paper, I am the contact person for the grant provider and I take care of the reports and stuff. But the reality is that the project leader does this. Of course (s)he can consult me. Of course this is a bit rubbish, because I have no idea about the details of the project."*

The project manager indicated above is hierarchical superior (the programme leader), above which is another state councillor. This councillor is informed about the project each year, and is politically responsible for the project. This person has a major PR function and must make sure (s)he can tell about the project to the public. The programme leader must monitor that the project is carried out as described in the application, and check in with the project leader in case something goes wrong.

One participant mentioned that the management structure was sometimes difficult for the project leader. This was because although the project leader regularly updated the directors,

(s)he did not get much feedback from them. The project manager agreed that the higher management layers were often not aware of the details of the project. For example, the official in charge does not check whether deadlines are met or not. Obviously those responsible are kept up to date about the activities and evaluations. The project leader did not explicitly describe the management structure as negative.

Conclusion: although the management structure did not seem to be particularly facilitating from the project, it did not seem to be a hindering factor either.

Evaluation

The project leader described the proposed structure for the external evaluations. There would be a baseline measurement, an interim monitoring moment and a final evaluation. The baseline measurement took place at the beginning of the project. However, during the project, it was decided that the monitoring had to be standardised and linked to ongoing national monitoring activities. The interim monitoring of the project would be part of the national monitoring, so the evaluation phases have therefore been shifted. An interim monitoring had not taken place at the time of the interviews.

Participants did say that there was continuous internal evaluation. They were however not sure whether the recipients were asked for their opinion during this monitoring. Possibly only the intermediaries were asked about this.

Conclusion: although the evaluation did not run smoothly, participants did not perceive this to be impeding for the project.

Maintenance (sustainability)

As the project had not finished at the time of the interviews, the participants could only reflect on their expectations of the maintenance of the project. Not all participants had actively thought about how to maintain activities and networks after the end of the project, while others described their hope that activities would be continued.

5, core project partner: "*That would be nice, if it is a permanent thing.*"

4 close partner: "*Recently, the project leader called us together for a pretty intense conversation about the things (s)he encountered and how we can maintain things. It really is the intention that this project is implemented in other districts in the city. That was actually the first time in a long time that I really thought about the content of the project in relation to maintenance.*"

A number of concerns were listed about the maintenance of the project, such as the fact that the project is still subsidised at this moment, that a director or project leader is needed, and that the project might fall apart if one or more links from the current network disappears. Participants also mentioned that it is in the nature of the project that it is for a finite time. Perhaps, it might be necessary to embed it in the city council's financing infrastructure in order for it to be maintained. Participants had some ideas about maintenance, such as: keeping the name and continuing with the successful activities only; constantly re-iterating the same message over and over again; and by making the most out of the contacts which had been made.

Conclusion: not all participants had thought about the maintenance of the project, but if they had, they tended to be worried because of the lack of finance, lack of a leader and missing links (e.g. if one of four participating organisations decide to quit, this may affect the integrated approach).

Basis of project: evidence and theoretical models

The formal basis of the project was mentioned several times as a strength of the project. The project was based on five pillars of the JOGG approach, which increased political support and allowed for the establishment of a public-private partnership. This formal basis was also related to a certain methodology that was used in the project. Yet, it was mentioned that the public-private partnership is still very fragile. The collaboration has started, but is still at a personal level (based on personal relations). So far the project leader has not been able to make a partnership at the organisational level. This means that personal relations continue to play a major role in this partnership.

Conclusion: participants were aware (and proud) of the formal basis of the project, although they found it difficult to recognise this in the practicalities of the project.

Basis of project: learning from other projects

Not mentioned.

Basis of project: previous experience

Not mentioned.

Were possible adverse effects considered?

About half of the participants mentioned that the project had taken into account possible adverse effects for vulnerable groups. This shows that they were aware of the fact that a large project can also increase pre-existing health differences. The participants mainly referred to the fact that the project, in its basis, was focused on vulnerable groups. And even within the project, there were extra measures to make sure that social inequalities would not be exacerbated. For example, the cost of activities was always taken into account, if possible they were for free. And during the cooking workshop, the project team members cooked with ingredients that were affordable for residents.

There were experienced experts to prevent certain groups to feel excluded. However, these experts were not used from the beginning of the project; the participant working with the experts only joined the project halfway through, which is why that part of the project isn't fully implemented yet.

Some participants made critical notes about whether the vulnerable groups were actually reached. It was said that it is hard to monitor. Someone else mentioned that you cannot generalise about vulnerable groups; there are only vulnerable individuals.

Lastly, when discussing the topic of possible adverse effects, it seemed that not all participants really understood this question. The participants that did have an opinion about this did not think beyond the fact that the project was focused on vulnerable groups.

Conclusion: in its basis, the project thought of possible adverse effects by focusing on vulnerable groups. This was perceived to be normal by participants.

Relationships (pre-existing relationships as the basis for the good work)

Several participants called it an advantage that they were involved in the project from the start. And they mentioned that the contacts within the project ran smoothly, thanks to

personal contacts. In addition, it was mentioned that many people actually got involved in the project thanks to personal contacts. For example because they already knew the project leader from seeing each other in the district, or meetings during another project, and that the project leader personally asked them to join the project.

4, close partner, "*Yes, of course we knew the project leader.*"

Someone who joined the project later said: "*Many projects are dependent on personal relations and that is not how it should be.*" This could be a risk for the maintenance of the project.

Another participant said that these close contacts were mainly within the project group, and that the external partners did not have much to do with each other outside the project.

> *Conclusion: personal contact has been important for the establishment of the professional network. However, it could also be a threat for the maintenance of the project, as the links are still at a personal, rather than at organisational, level.*

Aspects of specific projects within the programme that worked well

A number of activities or events were perceived to be successful by the participants. For example, an outdoor physical activity garden was created, where individuals, or groups, could come for physical activity, free of charge, and all day long. Also the fact that environmental factors were a target was viewed as successful, such as making a safe route to school, and the construction of soccer fields. At the moment, the project is working on the possibility of making vegetable gardens available for residents, so that they can grow their own vegetables on this piece of land for a small lease only. Two participants mentioned the integral approach as successful, especially in the part of the project that was aimed on children; without dealing with the parents for example, it would be difficult to change the lifestyle of children. And policy to change the school canteens was perceived to be important as well. A specific aspect of the project that was mentioned as facilitating was the focus on hard-to-reach groups. All activities were designed to be as accessible as possible.

One of the pillars, but also one of the goals of the project, was a good collaboration with different parties. This is, therefore, an aspect that was both very successful, and also contributed to the success of the project. The project leader said that the multidisciplinary project group contributed to the success of the project: you can only really make a change when everyone thinks along the same lines. Participants were all very enthusiastic about this; cooperation, linking with other organisations and the broad perspective are all crucial aspects for the success of the project.

7, close partner: "*I cannot say it is one activity. I think the strength of an approach for overweight and healthy lifestyle lies in the width. It's not possible to say it is that or that activity. Or: what I do is very important. No, it is and, and, and. In different areas from different angles. So a contribution from the GP and the shops, and the children's clinic and the sports clubs. And the canteens, the school canteens. So it is the overall picture, to broadcast the same message all the time. That is the power of the project. If you only tackle one aspect, it doesn't help. The strength of this project is the width. Transmitting signals on activities and events from different places.*"

> *Conclusion: in general, the collaboration with many different parties was the most important specific aspect of the project that worked well. Additionally, making structural changes in the physical environment and creating groups to support cultural environment were perceived to be most crucial.*

Aspects of specific projects within the programme that did not work well

There were few specific aspects of the project that were mentioned as not working well. Yet, it was mentioned that there was relatively little attention on men's participation, because women were reached more easily. And there were relatively few activities for adults, compared to children. Impacting on the environment was also perceived to be difficult; there are so many actors that have to do with the environment. Originally, there should have been a mascot, a role model. However, this aspect was not implemented. Finally, it is mentioned that student cooperation did not always run smoothly. Students would help with a number of assessments, but several times, this turned into nothing.

> *Conclusion: some minor aspects did not run well, such as relatively little attention for adults, for men and for changes in the physical environment.*

Language

The project used to have a name that contained the word 'overweight' in the local dialect. Two participants mention that 'overweight' has a negative association, and that one of the goals was to focus on lifestyle with a fun approach. So they explain that you need a completely different approach: don't start from the problem (overweight), but ask people what's important to them. Therefore, the name of the project was changed in a way that it is now focused on health and wellbeing instead of on weight.

One participant indicated that there is no single definition of vulnerable groups. Although the project focuses on vulnerable groups, this participant explains (s)he disagrees with generalising about groups of people. There are many immigrants who are not vulnerable, who are actually very much in the bloom of their lives. If you are disabled, it doesn't necessarily mean that you are vulnerable. And people are often vulnerable in different ways: for example, compare an alcohol addict with someone with language problems. A mentally handicapped person is vulnerable in a particular area, but if they are supported with this, their handicap does not mean they are constrained in life. "*If you're talking about vulnerable, it is not necessarily about a group.*"

> *Conclusion: given the project's positive approach, the name of the project was changed to reflect this. Participants felt happy about this.*

Underlying philosophy / way of doing things

A number of aspects related to the underlying philosophy facilitated or hindered the project. A lot of the participants mentioned that what was done, was done well. And that it was done with positive energy, in a fun and creative manner. A lot of thought has been put into how to reach the recipients without having any negative weight on the project.

Within the project, a social marketing approach was used. Participants were divided in their opinions on whether this worked well or not. One participant mentioned that only a few aspects of the pillar 'social marketing' were actually developed. And it remains unclear whether the role models have been implemented. One participant said that role models are actually informal leaders, and that there were a lot of informal leaders. So in that sense, the role models were introduced. This person said that social marketing through role models works very well because they are in the right positions in the district.

The most recurring topic during the interviews was the way the project was designed; whether this was top down or bottom up, and whether or not there was enough support for

the project at the start. The participants who had managerial roles in the project felt this project was really bottom-up, as it started with gathering support from the community.

4, close partner*: "I think this project is different from many other projects, because it starts on the right side. Namely with the people. It isn't topdown. I really believe in that."*

On the other hand, participants who had more executive roles in the project thought the project was 'dropped' into the district, and no effort was taken to create support from the community.

Several times a year, new activities were designed, and the participant felt they should have been involved before a new project like this was actually implemented. When you involve the stakeholders, you create support.

Interestingly enough, the applicant of the project frequently said that this is typically a project that started from the community. Yet, (s)he also believed that one should take more time for the writing of such an application. Another participant agreed with this, and said (s)he can imagine that the project caused some resistance.

One of the participants tried to nuance the discussion about bottom-up versus top-down. If a new project is developed for a district, people always say it is dropped into the district. In this case, that is really not true, (s)he says, because this project aimed to link all the existing activities together. This participant can imagine that people have the feeling that the project was dropped into the district, but also says: "*We've had lots of discussions beforehand. [...] It's not like as if everyone got what they wished for 100%, but they tried.*" And this participant cannot imagine that there really was no support from the community, because a lot of effort had been put into the public-private collaboration, and into seeing who could be involved in the project. Whether this was all successful is unsure, but at least the project tried to create support.

One of the participants said, "*Come on, do more with the workers in the district! Make residents enthusiastic via the workers!*" And: "*You just notice that we receive a lot of ideas from the district."* But it was also mentioned that it is very difficult to make a project really bottom-up. The executive project members often tried to stimulate residents to think along, but the result is that you have a wide range of ideas, that are not all feasible. Another participant started enumerating all sorts of ideas that might work well, but then says, "*But those ideas have to come from the residents.*"

> *Conclusion: the positive approach of the project worked well. Participants were divided about whether the social marketing strategy worked. A major issue was whether the project was top-down or bottom-up, the participants who felt the project was top-down perceived this to be very hindering.*

Flexibility of the project

Flexibility of the project was mentioned as an important factor in two different contexts. First, it was mentioned that the project was not very specific at the point of application, and that there was a lot of freedom / flexibility to develop the project content. Secondly, it was mentioned that many activities were accessible, that people were allowed to decide whether they came or not. In both contexts flexibility was described to be both facilitating and impeding for the success of the project. The project applicant explained that (s)he kept the project description vague on purpose, so that the team working with the project would have a lot of freedom. This immediately led to a problem, because the first project leader could not handle this freedom. (S)he made a lot of promises to the people in the district, but (s)he did not have the decisiveness to put ideas into action. After an impasse of half a year, a period

in which the first project leader got sick, a new project leader (who is also the current) was appointed, who was better able to cope with this freedom. The project applicant thought it was extremely positive that the project was that flexible. Nothing was certain, and that obviously requires some guidance, but was fun, (s)he said. It made it easier to deal with the unexpected. And moreover, it was possible to involve other parties in the project. Because there were no hard agreements, the project leader was able to go into the district to ask what people would like. Yet, one of the participants also mentioned that this typically is a project that may just evaporate, because nothing is concrete.

The flexibility allowed the project leader to search for common interests; whereas some people are interested in overweight, others were interested in health, or happiness, or money. So the project leader was searching for themes that could unite them, and there was room to do that thanks to the vague project description. One example the project leader gave was:
"When we have a course on healthy lifestyle, people won't come. But when we have a course on setting rules for your children, people suddenly do come. And another theme is 'sociability'. From that approach you can eventually return back to health or overweight, but people are already curious by then."

A disadvantage of this was that it was often difficult to return to the topic 'overweight'. After all, that was what the project was about, what they got the funding for. Although you have to relate to topics that are important for the community, you must make sure that you can return to the basis of the project. 4, close partner, "*You can have people visit all kinds of stands and markets and organisations during an Open Day, but to what extent is that related with obesity? No, I don't know.*"

Also, it was difficult to keep professionals' attention for long enough if they have different interests: the GPs were rather quickly distracted by other priorities. Participants at a lower hierarchical level liked the fact that they had quite concrete tasks. This shows that the (second) project leader and more managerial professionals had already made the project description more concrete before dividing the tasks. Other professionals had more freedom in the development of their activities and they appreciated this too.

The second context in which flexibility was mentioned related to the flexibility in participation in activities. It was repeatedly mentioned that all activities were very accessible, and that recipients were therefore keener to participate. Also, it was not obligatory to come back the next time and the participants thought that the non-obligatory nature of participation was one of the strengths of the project. On the other hand this characteristic often led to people only coming once, if they came at all. This was specifically mentioned by three participants who directly worked with recipients. One participant suggested it might be necessary to reward people or to restrict the flexibility, perhaps in a 'creative' way. This participant is very sure that more compelling project characteristics are needed to bring about real lifestyle change and (s)he also said that it is necessary to keep on working on it, to keep on pressuring people to come.

> *Conclusion: the flexibility of the project was a major strength and also a limitation. It gave the project leader and the other professionals the freedom to design the project to their needs. However, sometimes it would have been nice to have a bit more guidance. Additionally, the flexibility allowed the project group to search for common interests with other organisations, but returning to the topic of overweight turned out to be difficult.*

3.2.3 How did these themes relate to the identified strengths and weaknesses of the case study?

Some topics appeared to be more important for the successful or less successful success of the project in terms of RE-AIM.

<u>Topics that seemed to be most influential for the success of the project were</u>:

- Cross-sectoral linking; Participation of core project group, close partners and external partners; Linking with others; Shared vision and sense of urgency. These topics were all interrelated; participation of professionals went well because there was (or, the project created) a sense of urgency. The collaboration between different organisations and sectors was seen as the biggest strength of the project, and was a success in itself. This was mentioned by all participants as *very important.*

- Leadership during the implementation phase. Many participants mentioned that the project leader had had an important role during the project, especially during the implementation phase. (S)he motivated all the professionals and ensured that many of the activities were implemented. Some participants felt the project leader should have stepped back sometimes, and not step in too soon when other professionals did not initiate activities.

- Participants mentioned their personal characteristics quite often, and it seemed like they attached quite some weight to these. For example, most participants talked about themselves as 'do-ers', and thought that this trait enhanced the success of the project.

Participants mentioned many factors that were related to less successful aspects of the project. **<u>Most influential for the failure/limitations of the project were</u>**:

- Ways of doing things: top-down approach. This was probably *the most important influence* on the aspects of the project which could be called 'failures'. Interviewees who were hierarchically lower felt the project was dropped into the district, and therefore there was no support from the community. This was in sharp contrast with the participants higher in management, who said that they involved inhabitants, a needs assessment was performed, and that there was support from the community. However, in the end it was the participants lower in the hierarchy who actually had to reach the target groups, and these participants felt they could not engage with these groups because no support was created before the start of the project.

- Participation of the target population; Effective ways of communicating. The project failed somewhat in reaching the right target population, and during the interviews this was linked to the ways the professionals communicated with the target group. Apparently, no effective way of communicating with participants was identified. Additionally, the participants felt there were many reasons why the target groups did not participate. These reasons could be summarised under a lack of sense of urgency.

- Sense of urgency. Or rather; a lack of sense of urgency. This was the biggest frustration of interviewees: that organisations, professionals, and inhabitants did not see how important this project (or lifestyle) was. During the interviews, participants slightly gave the impression that collaboration with professionals was good if they had a real sense of urgency, and if this sense of urgency was not present, the project itself became less motivating. Creating sense of urgency seemed most difficult with inhabitants, although some groups of professionals were also perceived to be 'difficult'.

- External influences (financial crisis); Resources (money and manpower). Many participants mentioned the difficulties that followed on from the financial crisis. Sometimes a colleague they collaborated with was fired, or there was no money to implement an activity. However, although this was mentioned by many participants, it did not seem to have a major influence on the success of the project.

NB. Top-down approach, participation of target population and sense of urgency are all interrelated; the project failed to reach the right people and thereby failed to show an effect of the 'intervention'.

3.3 Using a success appraisal tool to indicate how successful the intervention was.

The success appraisal tool which is described in Annex 1 of the full EU reports, was used to assess how successful the case study was in relation to RE-AIM domains. Appendix 1 to this country case study report shows the completed tool for the Dutch study

Within this project, there was a strong focus on learning from previous initiatives, and experimenting with what works and what does not work. The project leader therefore seemed to find it unfair to judge the project by its objective achievements in relation to the primary outcome (lowering in overweight prevalence).

Reach: the project consisted of many initiatives and interventions. In general, participants perceived the reach to be low, especially among the groups who could benefit most from the project. The project leader provided some numbers on participation (see Appendix 1) that suggests that the reach was a little better than suggested by other participants. A distinction needs to be made between the reach to professionals (one of the target groups), which was relatively high, and the reach to inhabitants (the other target groups), which was relatively low. Approximately 277 professionals were reached.

Effectiveness: the project had two goals, one was to link existing activities and professionals and inhabitants, and the second was to lower the prevalence of overweight. The first goal was attained: all participants agreed that the project helped creating a big network. The second goal could have been answered from the formal external evaluation, but numbers are lacking at the time of writing this document. However, from the information provided in the interviews, it is unlikely that the project will have had a meaningful impact on the prevalence of overweight. In an informal document drafted by the project leader, it was said that there was a small decrease in the prevalence of adult overweight, and there is a smaller growth in overweight among children. This however does not seem to be based on numbers.

Adoption: no data on adoption was available, although the participants indicated that in general, initiatives were adopted well.

Implementation: again, no data was available. The project leader estimated that between 60 and 70% of the planned activities had been implemented. Some planned activities had not been implemented due to new insights that they were not as valuable as originally thought, and many extra activities were implemented.

Maintenance: no long-term follow-up of the effects is the project is planned. The project leader said that some activities were continued after the end of the grant period. This is further described in Appendix 1.

3.4 Identifying factors associated with success and failure in the case study with reference to the RE-AIM model.

A number of factors appeared to be related to the relative success of failure of the project in terms of RE-AIM. As described in paragraph 3.3, the project was relatively successful in reaching professionals and adoption, but less successful in reaching the target group and maintenance. Quantative data on the success of the project is lacking. Also the quantitative data collected in the course of the interviews is limited (see Appendix 2). However, some links were made between topics (themes) mentioned during the interviews and RE-AIM domains.

The **reach to professionals** was relatively successful; a large number of professionals have been reached, and often involved, with the project. From the thematic analysis, this can probably <u>mainly be contributed to a very close-knit collaboration</u>, and a <u>large sense of urgency</u> among professionals. One participant indicated a score of 3 out of 4 on 'professionals having a shared vision' (other 8 participants did not provide a score), and 3 participants indicated that there was a <u>high level of integration</u> of stakeholders and sectors. Interestingly, 2 participants indicated a low level of integration of stakeholders and sectors. (Appendix 2)This may be due to the specific project these two participants were working on, in which they had relatively little contact with other organisations. Two participants rated the 'networking with other sectors to ensure the success of the project' to be 4 out of 4 (other 7 participants did not provide a rating), which reflects the opinion of participants that there was a positive energy within the project, which <u>enabled linking with others</u>.
The reach of professionals was likely also good because of the <u>role of the project leader</u>. (S)he was perceived to be the hub in the network, who got everyone together and made sure the energy was high.

When the reach to (certain groups of) professionals was lower, this was likely due to the fact that <u>no common interests</u> could be identified. Although the project was originally focused on overweight, the project leader made sure that also retailers, the city council etc. recognized some benefit in participating (which often was not the lowering of overweight). However, with some groups it seemed too difficult to identify common interests. The <u>flexibility of the project</u> (being able to focus on safety or upbringing instead of overweight) on the other hand ensured that many different organisations could find an interest within the project.

The reach of professionals was also related to <u>personal relationships</u>: many professionals had met each other in a different context before, or they had met the project leader at a different occasion. These personal contacts made it easier to start up a collaboration, and to maintain it.

The **reach to inhabitants of the district** was less successful according to the participants, although the project leader provided a list of participants per activity which suggested a slightly wider reach. However, this overall low reach was probably due to a number of factors. Although the project used many different ways to inform recipients (2 participants score 3 out of 4 on this item, the other 7 did not provide information), apparently there was no one way of <u>communicating</u> that really worked.

Participants mentioned a number of reasons for the low participation rates (especially of the people who needed it most) during activities, which included: not taking into account the low budgets of recipients enough, not taking into account psychological barriers, recipients not wanting the professionals to interfere with their lives, social pressure not to participate, differences between men and women, differences between Dutch and non-Dutch, overweight is perceived to be normal, and parents not being aware that childhood

overweight is a problem. All these reasons come back to a <u>lack of sense of urgency</u>: the target group did not recognize the activities of the project to be something important.

The fact that the project was perceived to be top-down ("dropped into the district") by many participants probably negatively influenced the reach to participants (<u>basis of the project</u>). Participants who indicated that the project was top-down explained that inhabitants had not been asked about what they needed, or what structures already existed in the district. The results from the first phase of the process evaluation mentioned that a needs assessment had been conducted, in which researchers also identified needs of inhabitants and existing meetings in the district. Apparently, this had not been communicated to the interviewees, or things had changed in the meantime. In any case, participants felt there was no support for many of the initiatives from inhabitants, which caused reach (and participation) of inhabitants to be low. One person indicated that 'the project overcomes barriers to the target groups participating' as 3 out of 4. Other participants did not provide a rating. Two participants scored 'needs assessment was done' with 3 out of four (the other did not provide a rating), and 1 person scored 'recipients were involved in the identification of root causes' with 4.

Something that positively influenced the reach to inhabitants, was the change in the name of the project (<u>language</u>). Where it used to refer to overweight, the new name refers to wellbeing and happiness. As overweight is being stigmatised, stepping away from the concept was probably good in including more groups into the project.

Participation (reach) to inhabitants was also stimulated by the <u>flexible nature of the project</u>. All activities were accessible in a way that recipients did not have to register or sign up for at least 10 sessions. This made it easier for recipients to come and get a 'taste' of the activities.

The **effectiveness of activities** aimed at **professionals** was relatively successful, although quantitative data are missing. One of the goals of the project was to establish a collaboration, a network of professionals to link organisations together. This was successful; a lot of professionals were reached, and participants reported positively about the collaboration between professionals. The fact that this goal was met (to establish this collaboration) was mainly due to, and overlaps with, <u>the participation of the project group, close partners and external partners</u>. Also, the personal characteristics (<u>self-perceptions</u>) were mentioned to be important for the efficient collaboration: there was a good balance between personalities, and there was a relatively large share of people who translated ideas into practice. Existing and new <u>relationships</u> also enhanced the effectiveness of the collaboration.

The **effectiveness of activities** aimed at **inhabitants** seems to have been less successful, although there is no data to support this. The effectiveness evaluation had not been carried out at the time of writing this report, and from perceptions of participants it seemed that there would be little effect of the project on overweight prevalence in the district. This is likely to be entirely due to the <u>low participation rates</u>, because, as one participant said "if they don't show up, the project is useless". This was mentioned by all participants, and has probably had a major influence on the overall success of the project.

Although there are no data to support this statement, the **adoption** of initiatives by professionals was probably quite successful. Participants mentioned that the <u>project leader</u> had an important role in the project, and (s)he stimulated professionals to 'adopt' activities. There were some disputes about professionals not taking responsibility (<u>feelings of ownership</u>), and professionals mentioning they made a bigger contribution to the project than others. When professionals did not volunteer to design or organise activities, the project leader often initiated the activity him/herself. Also, 1 participant indicated a score of 3 out of 4 for 'it was clear who had leadership roles' (other participants did not provide a score).

Initiatives were also well received because there was support from <u>local politicians</u>. Some close project partners stayed in touch with local politicians, and they exchanged ideas. Because there was support from local politicians, it seemed as if professionals were more willing to adopt the initiatives.

Although the adoption seemed to be mostly successful, some factors were mentioned that may have had a negative influence on adoption. Some participants indicated that they did not have positive <u>expectations of the project</u> due to experiences with previous projects, or due to the fact they perceived the project to be 'dropped into the district'. These negative expectations may have influenced the willingness of professionals to adopt activities and initiatives of the project.

Adoption by certain groups (i.e. GPs) was somewhat lower, which may have been due to a <u>lack of sense of urgency</u>. Although GPs were reached (in the first phase of the project the project leader had meetings with a group of health care professionals including GPs), in a later stage they decided to not actively contribute to the project. Some participants mentioned that it is hard to nurture the 'parallel interests' over time; because of the flexible nature of the project, collaborations often started off with an interest not related to overweight, but over time these common interests sometimes faded as organisations developed other priorities.

Implementation of the project was quite successful; a large number of activities/initiatives/interventions have been implemented. The project leader estimated that between 60 and 70% of planned activities had been implemented, and many more that were not planned. (S)he added that it may be true that some of the more marginal activities had been implemented, while the more 'difficult' interventions may not have been.

Some factors were mentioned that may be related to the successful implementation of activities. For example, <u>sense of urgency</u> was quite high among many professionals. They therefore made sure that what was planned got implemented. Also, the efficient and pleasant <u>collaboration between project partners</u> will have facilitated the implementation phase. There was room for <u>development of skills and learning</u> for professionals; this learning was often implemented in activities for inhabitants. There was a <u>shared vision</u> of what goals professionals wanted to reach; this helped with focusing on the most important activities and working according to plan. Also, the <u>project was based on five scientific pillars</u>, which supported successful implementation by providing a step-by-step approach. Lastly, although some participants did not have positive <u>expectations of the project</u>, some were surprised during the first phase of the project by the enthusiasm of their colleagues: this gave participants renewed energy to implement activities.

Some planned activities were not implemented, and it seemed as if this was due to a <u>lack of resources</u>, especially money and manpower. Two respondents indicated a mean score of 2.5 out of 4 on 'there was access to internal resources'. This indicates nicely that although everyone agreed that was a lack of resources (which was often attributed to the financial crisis), this was not all negative: a lack of resources also meant that people had to be more creative with resources.

As this report was written only a few months after the end of the project, there is little information on the **maintenance** of the project. The project leader provided a list of activities and collaborations that were maintained, and which seemed relatively successful. At the time of the interviews, the project had not ended, but the participants did provide their insights as to how they expected the project to be maintained. They did foresee some difficulties with maintenance, which was mainly related to <u>external influences and resources</u>: a lack of money. Many participants were afraid that, without funding, the project would

disappear soon. They also feared that, without a <u>project leader</u> that 'pulled the cart', there would not be a 'chaser' of the project. Participants only briefly mentioned the role of <u>management</u>: as the higher management team hardly played a role during the project. This may be one reason why the project has not been better embedded within existing structures. There was also some <u>lack of awareness</u> about the fact that maintenance is something that needs to be ensured actively; some participants had not thought about maintenance until 4 months before the end of the project. It is in the <u>nature of a project that it is temporary</u>, and this was seen as a threat to the maintenance. Perhaps if the project had been less like a project, but more like a community initiative, it would have been easier to maintain initiatives. The fact that the network is to a large extent based on <u>personal relationships</u> may be a threat to successful maintenance; this means that the project initiatives are not embedded in a solid structure. The flexibility of the project was perceived to be a threat to maintenance in two ways; first, as participants did not have to register for a certain number of activities, they may well choose to stay away after the project has finished. Second, as the project tried to identify common interests, and thereby stepped away from overweight sometimes, it may be difficult to continue collaboration if common interests drift apart too much with no structure to remind professionals about the higher (project) goal.

Conclusion: reach of the target group (professionals) was mostly influenced by linking with others and across sectors, close collaboration, shared ownership and sense of urgency. Reach of the target group (inhabitants) was mostly influenced by lack of sense of urgency of the inhabitants, the topdown approach of the project and ineffective ways of communicating. Effectiveness of the project related to professionals was mostly influenced by existing relationships, close participation of the project group and close partners and self-perceptions of professionals. Effectiveness of the project related to inhabitants was mostly influenced by the participation of the target group. Adoption of the project was affected by sense of urgency of professionals and feelings of ownership, support from local politicians, and prior expectations to the project. Implementation was affected by resources, close collaboration, sense of ownership, basis of the project and expectations of the project. Maintenance was mainly influenced by participation of the target group, a lack of awareness, the temporary nature of the project and the fact that the project was based on personal relationships.

4.0 Recommendations and conclusions

1) The case study performed only moderately in relation to RE-AIM domains, although quantitative data from the case study is often lacking. Adoption and implementation were probably relatively good, while reach, effectiveness and maintenance were less good.

2) The biggest strength of the project was the participation of professionals: there was a wide variety of professionals involved, who all contributed actively to pursuing a better alignment and collaboration. The main weakness was the participation of inhabitants: despite the focus on disadvantaged groups, participants felt that they did not succeed in reaching the target group. Flexibility of the project was both a strength and a weakness. First, the vague project description gave professionals the flexibility to design their activities, but this also required decisiveness. Second, the activities were very flexible in the way that there were no fees or registrations, but this also resulted in a low uptake of activities, as inhabitants did not feel pressure to keep coming. The underlying philosophy also contributed to both the success and the failure of the project: a weakness was that some participants perceived the project to be top-down, and a strength was that the project had a very positive approach. Other weaknesses of the project were that the collaboration was based on personal relations. In addition there was a lack of time and money and the evaluation did not go as planned. Other strengths of the project were the shared ownership and sense

of urgency among professionals and the role of the project leader.

3) Recommendations for future interventions of this type in the Netherlands;

Reach:

Design the project in collaboration with the target group. Support from the target group ensures that the project is truly bottom-up, and this will allow for better participation of the target group.

Design a solid marketing approach to emphasize the positive, fun aspects of a health lifestyle. Perhaps the use of role models or mascots could further improve the reach of recipients.

It would be preferable to reach the target group via matched professionals. For example, to reach overweight people via experienced experts e.g. persons who used to be overweight; to reach non-Dutch persons via non-Dutch professionals; to reach children via Child Health Centres; etc.

Make sure that there is a (positive) way to pressure / seduce people to participate. The methods used to communicate with, and reach people should take into account the barriers for participating, and overcoming these barriers by using other stimuli (for example a monetary reward).

Effectiveness:

Prepare a solid effectiveness and process evaluation. Do not rely on students for this, but get in contact with professional researchers.

Formulate SMART goals of the project, so that outcomes are measurable.

Invest in interventions that will generate (at least in the short run) weight loss or improving physical activity.

Implementation:

Hire a project leader who is willing to communicate with all involved persons; inhabitants, professionals, politicians etcetera. Additionally, to hire a project leader who is both willing to undertake action herself, and knows when to delegate tasks to colleagues.

Make sure that the project is not completely dependent on one financial fund. If there are multiple financial sources, the chances are that the project will be able to continue even during times of financial hardship.

Adoption:

To factor in some budget for paying professionals; this motivates professionals, and it makes it easier to demand more from them in return.

Maintenance:

To try and establish a network of professionals that have limited to no barriers for reaching each other. Preferably, this network should be embedded within organisational structures, and go beyond personal relationships.

During the implementation phase, keep on working on feelings of shared ownership and sense of urgency with those who are involved. Also, a regular interim monitoring enables for adaptation of the project where necessary so that participants are more likely to want to continue the project after the project's deadline.

Design the project in collaboration with the target group and ask the target group for regular feedback during the implementation phase. Support from the target group may allow for the initiatives to be continued by the target group after the project's deadline.

Appendix 1: Completed success appraisal tool
Appraisal of Success against RE-AIM domains

	Relev. RE-AIM domain
The planned target group participation has been reached. ☐ **Yes, partly** ✓ ☐ No ☐ Not found or not specified	Reach
A minimum of 70% of planned activities have been performed. ☐ Yes ☐ **No, but new insights made some activities unnecessary** ✓ ☐ Not found or not specified	Adoption Implementation
At least 90% of the objectives have been achieved ☐ **Yes, probably, although data is lacking.** ✓ ☐ No ☐ Not found or not specified	Implementation
Did output indicators indicate success in changing physical, social or cultural environments? ☐ Yes ☐ No ☐ **Not found or not specified** ✓	Efficacy
Did outcome indicators indicate success? ☐ Yes, statistically significant effects ☐ Yes, but no statistical analysis ☐ **No, unknown** ✓	Efficacy
Were possible adverse differential effects on vulnerable groups? ☐ Yes ☐ No ☐ **Not found or not specified** ✓	Reach
Were there beneficial differential effects on vulnerable groups? ☐ Yes ☐ No ☐ **Not found or not specified** ✓	Reach
Were stakeholders' views on the success of the intervention favourable? ☐ **Yes, partly. Most of the interviewees were positive about the project, but less positive about the effectiveness.** ✓ ☐ No ☐ Not found or not specified	Adoption Efficacy
Were Cost effectiveness calculations favourable? ☐ Yes ☐ No ☐ **Not found or not specified** ✓	Efficacy
Did longer term follow up indicate that effects were maintained ☐ Yes ☐ No ☐ **Not found or not specified** ✓	Maintenance

Additional information on reach:

It is difficult to estimate the reach of the project, as the project consisted of many initiatives and interventions. For some interventions, project group members noted the number of participants. The overview below (informal document made by project leader) may give an indication of the participation, and thus the reach of the project.

- Open day in the district: 180 hikers, 500 visitors on the square with stands. Before the Open day, 1200 children received a goodiebag with flyers, and 10.000 households received a glossary with information on the walking route and vouchers. Around 30 organizations were involved in the Open day.
- Open day in the district (second time): 330 visitors on the square with stands. Around 10.000 households were reached with newspaper articles, posters, flyers and information on the website. Around 30 organizations were involved in the Open day.
- Supermarket tour: two groups of both 8 non-Dutch parents
- Workshop on food and money: 6 families
- Neighbourhood sports day: at least 50 parents and their children
- Play-outside-days: at least 50 parents and their children
- Activities of the Center for Youth and Health Care: around 10 parents in each of the 10 activities
- Informal consult with the dietitian: at least 10 parents in each of the 20 meetings
- Formal consult with the dietitian: 29 parents and 4 professionals each month
- Meeting with the 'growing up health' employee: 22 families
- Tasting lessons: at least 100 children
- Lifestyle experience bus: 40 inhabitants
- End of summer meeting 1: 1000 visitors
- End of summer meeting 2: 400 visitors (probably due to bad weather)
- Cooking for children: 10 groups of 8 children
- Gardening for children: 5 groups of 8 children
- Health lifestyle for children: 18 meetings with around 60 children each time
- Keeping the neighbourhood clean: around 800 children
- Physical activity workshop: 6 times around 20 children
- Healthy lifestyle at school: around 150 children in two meetings
- Adapting the offer in vending machines in a secondary school: all pupils of the school (around 650 children)
- Training to be an educational/pedagogic employee: 9 professionals and 15 professionals
- Improving knowledge of involved professionals: 8 professionals
- Workshop on management and mentoring: 20 professionals
- Training lifestyle: 23 professionals
- 'Sitting at the table together': approximately 30 in two sessions
- Social marketing initiative: 30 children and 20 adults
- Meeting on integrated approaches: 22 professionals
- Informal meetings on integrated approaches: 2x 5 professionals, 2x 10 professionals and 1x 30 professionals
- Meetings on growing up healthy: 4x 5 professinoals
- Knowledge hub meeting social marketing: 40 professionals

In total, the project 27402 times reach an inhabitant (these may have been the same inhabitant multiple times) and 277 times a professional. Of course, professionals were also reached as part of the collaboration within the project.

Additional information on maintenance:

From April 2014 onwards, no new activities were started, but the following initiatives were ongoing:
- the employee 'healthy upbringing' had been, and still is, part of the youth health care, and will continue to work on the theme 'healthy upbringing' with her colleagues
- as some professionals received training, this will continue to have an impact on the district, and this knowledge is currently being used as input in their work
- during the four years of the project, an Open Day was organised twice. In 2014, the Open Day was organised by professionals and organisations, independent from the project
- One organisation created an outdoor gym, which will continued to be used. The involved organisation guarantees that assistants will be able to help people if necessary. Additionally, this organisation is part of a workgroup on outdoor gyms, in which some of the project group members continue to contribute.
- One organisation focused on physical activities for children will continue to work its collaboration with the youth health care organisation and welfare organisation, which enables the organisations to better reach the target group

Further, the project has only just finished, so it is difficult to describe what is truly sustained.

Appendix 2: Quantative data Dutch case study
Quantitative Data – Scoring (1-4): NL

1=not at all   *Total no. of participants =8*
2= to some extent
3= A lot
4= Yes, fully

Question	Mean (range)	No. responders	Comments
Participation: d) Does the project specifically focus on groups at risk/vulnerable groups in order to reduce inequalities?	4 (4-4)	1	
Participation: f) Did the project overcome barriers to the target population participating?	3 (3-3)	1	
Participation: g) Did the project use different methods to inform everyone about the project?	3 (3-3)	2	
Root causes: a) Has the project explored the causes of the problems that are targeted in the project	3 (3-3)	2	
Root causes: b) Has the project involved the target population in the identification of these root causes and possible solutions to these?	4 (4-4)	1	
Leadership: b) Are key roles and responsibilities of the leaders formally defined?	2 (2-2)	2	
Leadership: c) Was it clear from the start what the key roles and responsibilities of these leaders and key staff were?	3 (3-3)	1	
Leadership: d) Are there any informal leaders and is their involvement encouraged and supported?	3 (3 - 3)	1	
External support: a) Would you say that external support is available?	2.0 (2-2)	1	
Resources: a) During the planning, implementation, and/or evaluation of the project, is/was there access to internal resources?	2.5 (2-3)	2	
Resources: b) Are there resources that you are specifically trying to maintain access to - because they are important to ensure success and prevent failure?	2.3 (1-3)	4	
Linking with others: a) Is the project networking with other sectors to ensure success of the project?	4 (4-4)	2	
Skills, knowledge and learning: b) Has the project provided the target population and the wider project team with other opportunities for learning?		0	
Shared ownership, vision, commitment and trust: a) Did the intervention contribute to a sense of shared ownership, "sense of community", vision, commitment and trust to those working with it?	3 (3-3)	1	

Annex 5:UNITED KINGDOM country case study report:

Summary

The UK case study was set in a small market town in rural England, and the intervention was intended for the whole community of the town. There were two areas in the town with higher levels of deprivation and of obesity, and these were particularly targeted by the project.

The project objectives were to: decrease the use of motorised transport and promote active transport across the community; encourage and provide opportunities for residents to make healthy food choices; increase opportunities for local people to be physically active.

The project was funded by a grant from a national programme, with matched funding from the lead partners and project partners.

The project included activities at many levels including: individual; the local community; structures used by the community e.g. schools; and the physical environment.

The success of the project was assessed against the domains of the RE-AIM model. The commitment and enthusiasm of the project staff was a positive factor throughout all of the RE-AIM domains. Pervasive negative factors included: a national election and economic upheaval; mixed messages and inflexibility from the funder.

Other factors which influenced specific domains are described below:-

The project achieved a high **Reach** and the main factors associated with this success were: building project activities on existing community networks and initiatives; having a range of communication methods; using a social marketing approach which was grounded in the community.

Efficacy was good and the main success factors were: relative autonomy of the project; having a built in evaluation. The factors which held the project back were: too short a time to prepare the bid.

Adoption of the project was also good. This was largely because of: good working relationships, many of which were pre-existing; building on existing community activities.

Implementation was not as successful as the first three domains. The factors which hindered included: unclear leadership, which affected decision-making; lack of opportunities for the community to have a direct influence on implementation; little exploration of the determinants of behaviour in the target population; little skills and knowledge training.

The project performed poorly in the **Maintenance** domain. This was largely because: senior managers were not engaged resulting in a lack of strategic vision and planning; the community was not involved enough to have a positive influence on maintenance; the project was too short to become embedded and develop momentum.

There were two principal **factors for success which fell outside of the RE-AIM domains**: getting the bid and initial development of the project was greatly facilitated by one of the partners having a specific person in post to identify possible grants and to lead the bid team through the initial stages of the project; involvement of a university department in the project team from the start, which enabled collection of pre-and post data, and also helped clarify thinking about desirable outcomes.

1.0 Methods

The sources of documentary information from which as much information as possible was collected for T1 (see Annex 1 of this EU report) were: a project report prepared by a lead partner; an evaluation report prepared by the university involved in the project; and both project and university websites. These sources provided a large proportion of the information sought in T1, and as a consequence the interview schedule which was prepared for all participants was based on T2 (see Annex 1 of this EU report) and any outstanding questions from T1 were added in. If there were questions which were clearly not relevant to a specific interviewee, these were not asked.

Nine people were interviewed, five of whom were members of the core project group, two were staff members and two worked for external partners.

Five of the interviews were conducted on the telephone and four were face to face.

2.0 Description of case study

2.1 Background

The case study was a small market town in a rural area of England.

The intervention was intended for the whole community. Within this specific groups were targeted for extra time or projects to ensure engagement and ongoing success of the project. For example there were activities specifically for the under 5s; projects targeting the business community; school age children; and parents with young children.

There were two areas in the town with higher levels of deprivation and also higher than average national levels of obesity and these, in particular, were targeted by the project. The total target population consisted of fewer than 9,000 households or approximately 19,000 people.

The project was funded as part of national programme in England. Funding was awarded in 2008, the delivery phase was completed in 2011, and the evaluation report was also completed in 2011.

The purpose of the national programme was to address obesity levels, and funding was supplied to support new and comprehensive public health intervention projects.

The case study intervention included activities at many levels including: individual; the local community; structures used by the community e.g. schools, health services; and the physical environment.

2.2 Aims and objectives

<u>Aims</u>

1) to test and validate holistic ideas directed at promoting healthy lifestyles through investment in a combination of improvements in infrastructure, the implementation of health improvement programmes and community action for health change
2) to increase residents' understanding of food and nutrition, the environment and physical activity – to help them live a happy, healthy life in a clean environment.

Objectives

1) to decrease the use of motorised transport and promote active transport across the community
2) to encourage and provide opportunities for residents to make healthy food choices through the use of local events and targeted initiatives
3) to increase opportunities for local people to be physically active through increased provision and targeted physical activity promotion activities

Primary outcomes

1) decreased use of motorised transport and increase in active transport across the community
2) increased opportunities for residents to make healthy food choices through the use of local events and targeted initiatives
3) increased opportunities for local people to be physically active through increased provision and targeted physical activity promotion activities

Indicators for achieving primary outcomes (self reported):-

1) number of portions fruit and vegetables consumed
2) number of minutes of physical activity per day
3) likelihood of changing mode of transport

Secondary outcomes

1) knowledge, attitudes and behaviours regarding food choices, physical activity, and environment and transport
2) perceived experience of participants
3) specific outcomes related to specific delivery activities

2.3 Project budget and funding

The total budget was £2.602 million, of which £1.2million was the grant from the national programme and the remainder was matched by funding from the lead partners and key project partners. 'In kind' funding included access to facilities such as room space and additional staff.

Sponsorship was obtained for specific projects e.g. the construction of an outdoor gym.

2.4 Project structures and links

a) At programme start-up, it was decided to set up a collaboration agreement to manage the delivery. The key areas of this agreement covered the programme board and its functions, the delivery mechanism, referenced the original bid with the detailed deliveries and budget, partner responsibilities and decision making procedures.

In reality the board was referred to frequently as the steering group. The original intention was to have senior representatives of partner organisations present, but the reality was that theme leads and officer level staff from partner organisations attended these meetings. See thematic analysis (Section 3.2) for further information.

b) Sectors represented

Close partners (core project group) were from the following sectors:-
- health (local, regional and national)
- local government
- national government regional office
- a nongovernmental organisation
- university

Organisations from the sectors who were not as closely involved (external partners) included:-
- non governmental organisations, including charities and social enterprises
- parish councils
- caterers
- sports equipment manufacturer
- local businesses
- local community groups
- schools and colleges

c) Management

The board met on a monthly basis and its key remit was to approve changes to the original delivery project information document as agreed with the national funding agency.

In reality, after the initial set up phase, much of the board's time was spent co-ordinating and overseeing delivery of the project. See thematic analysis (Section 3.2) for further information.

Lead responsibilities were allocated and these included leads for:-
- communications and marketing
- the physical activity theme
- the food and nutrition theme
- the environment theme
- for monitoring and evaluation

Project staff and subcontractors (except the subcontractor for communications and marketing) reported to theme leads.

There were a variety of approaches for communication and liaison with other partners and stakeholders, including websites, newsletters and meetings.

2.5 Project staffing

There were only two staff paid from project funds, and these were employed full-time by the local government partner. Other core project group members and project staff members worked for and were paid by other partners, and the project work was either additional to people's usual roles or had to be fitted around day-to-day responsibilities.

Volunteers were involved in several activities across the project. See thematic analysis (Section 3.2) for further information.

2.6 Development of the project

As described previously, the project was funded by a grant from a larger national programme. Project partners worked together to develop the bid for a complex and comprehensive community intervention. The community was not involved directly in

developing the bid. See thematic analysis (Section 3.2) for further information about this and also on needs assessment.

The core project group were well aware of the importance of an evidence base but there were other factors which ultimately influenced what activities were carried out. These factors are described in the thematic analysis (Section 3.2). There was no pilot carried out, although the project itself was described as a pilot in the documentary information and at times by interviewees in the thematic research.

2.7 Implementation

The project was designed to be three pronged: a) food and nutrition b) the environment with focus on facilities and promotion of healthy travel options c) physical activity. These three themes were all linked into d) a marketing and communications strand.

a) Within the Food and Nutrition theme, key projects were: cooking classes offered to school children including primary schools as well as evening and weekend classes for parents; a project which engaged with all food outlets in the project area and after analysis offered to reformulate a popular dish to reduce the salt/sugar/fat content to make the dish more healthy. 'Grow your own' was focused upon with classes giving examples of how to grow in your back garden whatever the size. There were also projects targeting local businesses and offering support to make workplaces healthier.

b) Within the Environment theme, there was a mix of infrastructure and promotional projects. The key focus was cycling promotion with grants available for schools and workplaces to upgrade the facilities. Within the town, signage and cycle storage points were improved followed by promotional activities. The largest project was Individualised Travel Planning, whereby over six thousand households were contacted and offered an array of alternative travel methods and healthy options. In brief the project delivered: new cycle tracks; revised signage for cycle tracks and walks; business cycle facilities; active travel promotion; school cycle facilities; cycle training; cycle parking; a cycle transport map of the local area ;a cycle audit; and public transport taster tickets;

c) The Physical Activity theme included: the award and installation of a multi-equipment outdoor gym (part of the 2012 Olympics movement); educational projects at nurseries and schools; dance projects; generation of walking maps for older age groups; and the setting up of a club activity network backed with grants for training. In brief the following were delivered: an outdoor gym; supporting schools and clubs to make physical activity more accessible to the disabled; promoting activities relevant to older people; activities for children in e.g. summer holidays; youth clubs; appointment of a community officer to support delivery of theme activities in the community; dance promotion in schools and the community; audit and map of walks - for e.g. doctors' surgeries; walk promotion; running for women; walking signage.

d) The marketing and communications strand encompassed internal communications, programme marketing and theme delivery. Activities included: development and maintenance of a project web site; E-marketing (email and viral campaigns); leaflet drops; outdoor advertising, i.e. bus stops and buses; 'off the page' advertising in local press; press inserts; public relations initiatives in local press and radio; leaflets and posters in doctors' surgeries, hospitals, pharmacies, supermarkets, schools etc.; face to face marketing at project events and public spaces; school activities.

2.8 Evaluation and monitoring

Evaluation was undertaken by a local university. The university was included as a partner from the outset, but is a separate academic institution. £125,432 was allocated to monitoring and evaluation, from a total budget of £2,602,830 i.e. 4.8% of the total budget.

b) A baseline survey was conducted in the summer of 2009 (before project implementation), to measure behaviour, awareness and attitudes to general health, physical activity and healthy eating

c) Interim evaluation reports addressing the three aims of the evaluation were provided in May 2010, October 2010 and June 2011. These annual reports effectively formed the monitoring element of the project. The final evaluation report was published in 2012.

The evaluation had three aims:
1. To investigate changes (pre/during/post) in knowledge, attitudes and behaviour, and factors associated with any change.
2. To understand the 'lived' experiences of families with children, young people and schoolchildren
3. To assess engagement with individual activities and examine the nature of that engagement.

Data was collected to address each of these three aims respectively by:
1. A cross-sectional population household survey of adult residents was undertaken at three time points. These surveys were sent to all households in the study area.
2. A series of interviews were undertaken pre-and post intervention, and focus groups were conducted. Thematic analysis was undertaken
3. Attendance and sociodemographic data was collected from those involved in delivering the project for a range of activities undertaken as part of the three delivery themes.

2.9 Communication and dissemination

The main programme documentation is publicly accessible through the project and also the university websites.

The marketing and communications strand of the project was responsible for internal communications and also wider dissemination of information about the project.

2.10 Project maintenance

This was described and explored in detail as part of the thematic analysis (Section 3.2).

3.0 Results

3.1 Strengths and weaknesses of the case study

At the beginning of each interview carried out for the thematic analysis, interviewees were asked open ended questions about what they perceived to be the strengths and weaknesses of the project, and what they would do differently if they have the opportunity again.

This section summarises the spontaneous responses provided. The thematic analysis in section 3.2 provides a more in-depth and nuanced examination of the themes which arose, many of which cross over with the initial spontaneous responses.

3.1.1 Strengths

Getting bid and initial development

The two key strengths which were identified were:-
- The ability to bring together a group of people from different sectors and organisations who were committed to getting the bid. Many of these people already knew each other, which greatly facilitated this stage.
- Having a specific person within one of the lead organisations who was responsible for highlighting funding opportunities and leading in the early stages of obtaining funding.

Evaluation and monitoring

The interviewees spoke very highly of the evaluation and the people who conducted it.

The project was unusual in that data was obtained before the intervention started as well as during and at the end, and there was clear pride that this had been done.

It was also recognised that the process of evaluation forced the project team to think clearly about what they were doing and what were the e.g. behaviours /attitudes/knowledge being targeted by specific activities.

One of the unintended consequences of this was that the University was perceived as having a leadership role for the project as a whole, a perception which was reinforced both by the lack of other leadership (see weaknesses), and also by the University developing and maintaining a website to share the evaluation process and results as they were obtained.

Implementation

The four key strengths which were identified were:

- The **core project group** who were responsible for the delivery of the project worked together very well. There was shared enthusiasm and commitment, which brought together representatives of organisations across many sectors.

- **Community engagement** was perceived as being very high, and understandably interviewees were particularly proud that the highest levels of engagement were from the two most deprived areas of the project.
    The appointment of a community development officer was seen as being important to success in achieving this level of engagement.

    Another success factor which was identified was that the marketing was grounded in the community, rather than being a distant activity. For example through events, community activities, opening up new resources such as cycle paths and walks.

    Finally the website was mentioned as a hub for all the activities that were happening.

- Interviewees were also excited that the project gave them a degree of **autonomy**, freeing them from routine bureaucratic constraints. This was largely enabled by:-
    Having their own funding
    Stripping away barriers between partners and gaining the legitimacy to work together
    The geographical area covered by the project was relatively small

- The interviewees decided to build on this autonomy and develop a brand which was different from that of the national programme. This **branding** was perceived to be very strong, appealing across a broad range of the population, unique to this project and designed so that the community could embrace and adopt it as their own.

Maintaining the project

Interviewees did not identify any strengths relating to this.

3.1.2 Weaknesses

Getting bid and initial development

The two weaknesses which were identified were:-
- The timescale for putting the bid together was very short. One of the repercussions of that was that there was no time to include the community in developing the ideas for bid. Once the bid was approved, the funder monitored progress against the activities described in the bid, thus trapping the project in a cycle where it was not possible to work meaningfully in partnership with the community.

- In a similar vein, the bid which was approved proposed to deliver **30 separate and mostly fairly small activities**. In retrospect it would have been desirable to have far fewer activities but again it was not easy to deviate from the approved bid.

Evaluation and monitoring

Interviewees did not identify any weaknesses relating to this

Implementation

Four factors were mentioned:-
- Although the **core project group** was described under 'strengths' as working well together, this really related to the delivery of the project. A group of this type who acted as the project board/steering group might also be expected to consider wider strategy issues. It did not, and this appears to be principally because although senior management attended the first few meetings they subsequently delegated to officer level. It was also not clear within the group who the chair was, or the lead organisation. As a consequence not only was there very little consideration a strategy, there was no final decision maker. One interviewee pointed out that the core project group was effectively operational, and suggested that there should have been a separate strategic board.

- Similarly, although **community engagement** was considered to be a strength when the term was used in relation to the number of people involved in activities, it was a weakness when the term is used to mean direct influence of the community upon the development and implementation of the project. The interviewees recognised that this lack of meaningful involvement in the direction of the project restricted

opportunities to build that local capacity and support which could have contributed towards the project becoming self-sustaining.

- The **timescale**, three years, for this complex community-based project waslimited. The impact of this on meaningful community involvement has already been described. It also meant there was very little time for reflection and retuning of work during the project, and it was also difficult to influence institutions such as schools where activities need to be agreed and timetabled well in advance. Again the rush in which the project was delivered mitigated the chances of it becoming embedded within the community.

- Finally there was a **national election** in the middle of this timespan. Since the funding was associated with government all the activities had to stop in the run-up to this election, and it was also not clear whether funding would be maintained. The potential insecurity of funding affected organisations who were matching funding at local level. The final outcome of the election meant that there was a national shift towards austerity. So even when it was clarified that funding would continue, the budgets of local organisations who were involved in the project were affected, and many partner organisations began to go through restructuring exercises. The project had to embark on catching up with the time that had been lost, because the national funder refused to extend the timescale to compensate for these political delays.

Maintaining the project

There is no doubt that **the national political and economic changes** had a profound and negative effects on the chances of the project being maintained into the longer term. Financial cuts and restructuring of local organisations was mentioned in the previous section. In addition interviewees believed quite strongly that the new government, run by a different political party, was not interested in supporting initiatives generated by a previous government.

There was considerable regret amongst the interviewees that the project was not maintained, and that that there had been no opportunities for learning from it to be used in the future. At the start of the project there had been talk of rolling out similar projects; developing toolkits and the like. At the very least interviewees would have liked to have been reassured that the learning from this project was being incorporated into the evidence base for this type of intervention

In addition to the political and economic changes interviewees had other suggestions for weaknesses which may have been factors in the cessation of the work.

These suggestions largely centred around factors which were mentioned previously including a frustration that the **short timescale** was not enough for a project to become embedded, and also the **lack of leadership** and a **strategic perspective**. The latter in particular meant that there had been **no planning of an exit strategy, or applications for additional funds, or creative thinking about other sources of support the project**.

3.1.3 What would you do differently

Getting bid and initial development

Being more aware that the initial bid may be something you will be bound to throughout the lifetime of the project, with very little flexibility for changes to be made.

Evaluation and monitoring

As mentioned earlier, interviewees were proud of the evaluation that had been carried out. In fact, they would have liked to have seen it further enhanced to include long-term follow-up. They would also have liked the evaluation to have been better funded so that, for example, other methodologies and perspectives could have been explored.

Implementation
- Several changes were suggested for the **core project group**/steering group/board. These included: ensuring that a chair was appointed with sufficient gravitas, long-term commitment from everyone involved; including a voluntary sector or community group; getting more 'buy in' from senior staff and local government elected representatives; having two groups – one with strategic and the other with operational responsibilities.

- Having a more realistic **timescale** for the project, both to deliver and to become embedded**.**

- There were several suggestions about **nurturing and including people** within the project. For example:-

  Make buildings skills and capacity an integral part of the project. This is particularly important in a project which builds upon the wider determinants of health, and it is important that this concept is understood both by those working in the project and those who they meet and liaise with.

  Having more staff paid for by the project, rather than depending upon the goodwill of people to do the work in addition to their normal jobs.

  Engaging the clinical sector more effectively

  Including staff who were involved in delivering an activity, including subcontractors, in a final debrief and reflection to inform conclusions and recommendations.

Maintaining the project

It was felt quite strongly that there should have been a **planned exit strategy** for the project.

It was also suggested that it would have been possible to be more creative in terms of attracting ongoing funding. One person thought that the project could have charged for some activities, and that maybe this would have made it more valuable in the eyes of the community.

3.2 Thematic analyses

There are documents available from the authors which provide more in-depth information on the thematic analyses.

3.2.1 Unique themes:-

Only one theme was identified in the UK case study as being unique – and that is around the project branding which was done.

In summary:-

Branding
All of the other projects which were awarded grants by the national programme used the national programme branding, but this case study made a decision to develop and use its own unique brand.

This decision was quite contentious in several ways:-

1) Two interviewees expressed concern about the 'endless discussions' around developing and using branding. Both of these was actually quite positive about the idea of branding, but ultimately uncertain about whether the benefits outweighed the disadvantages
2) As well as the time taken to develop the brand, there was some concern about the name eventually given to the project, because it was not self-explanatory, and needed another layer of explanation.
3) It also created some problems in working with external partners. On the one hand some partners were reluctant to use the project branding, and wanted to use their own. On the other hand because the project and the branding were paid for with public money, at the end of the project, it could not be associated with commercial ventures - so some partners who wanted to use it could not.
4) According to one interviewee the national organisation were not in favour of the project branding, and would have preferred use of the national programme branding.

However, there were many cogent reasons for adopting a unique brand, as described by one of the interviewees

> *"for a small community like [name of town] and everything, it wouldn't have worked. It would have been a, you know it would have been a disaster. So you know to have [name of programme], with the word [name of town] in it and you know and everything else, was critical. And I think that in itself went a long way for people adopting it. And they could see things happening. Everything that we delivered, whether it was the [outdoor gym], whether it was cycle paths, whether it was cycle racks, or whatever it may be, always had the [name of programme] brand on it, so it was very obvious. "*
> *External partner*

The branding was used across as many project outputs as possible, from the website to cycle racks. Despite some reservations, most interviewees felt that it had been very useful in raising awareness of the project. Frustratingly, there was also a view that the brand awareness was reaching a critical mass just about the time that the funding stopped, and if there had been ways of the project continuing, this awareness may have strengthened the sustainability of the project.

> **Conclusion: Branding can be useful in raising awareness of an intervention, and in emphasising that it is unique and tailored to the needs of a particular community. However, it is important for the project team to: plan in the time needed to develop the brand; be sensitive to potential issues which could arise with project partners and funders; have sufficient time left in the project for the branding to have an impact.**

3.2.2 Common themes:-

The main findings from the UK case study against common themes were:-

Participation: core group and external partners:
The picture which emerges from this is that the steering group worked very closely together, but were unaware, and rather pessimistic about how their staff and subcontractors interrelated. From the staff and subcontractor interviewees it appears that though relationships were good, with mutual appreciation on both sides. In fact one of the external partners who was interviewed would have liked to be part of the review and reflection process.

Although the steering group worked well together in terms of delivery there were some tensions. The budget recipient for the project was within the public sector, and the associated public sector bureaucracy was frustrating particularly for partners from the private sector. However, despite the potential this had for causing difficulties, it appears to have been dealt with in a fairly phlegmatic way and does not seem to have created rifts within the group.

Conclusion: There were some, relatively minor, difficulties associated with working across sectors. However this was outweighed by creating new ways of working which were not bound by the usual mechanisms, and relationships/participation were good

Participation: target population:
The formal evaluation which was undertaken by the University indicated that levels of target population engagement were good, and unusually the more deprived areas were reported as having high levels of engagement

All of the interviewees were clearly committed to ensuring that the project was relevant, accessible and as effective as possible across as many groups as possible - socio-economic, older people, young people, men and women, and those with disabilities.

Achieving good levels of participation was partly due to the diversity and nature of the project activities which were undertaken, but in addition appears to have been because some elements of the project were built on existing networks and activities. Several interviewees also mentioned the role of the community development officer who was appointed during the project. This role appears to have been key to the involvement of several community groups.

The project also tried to create opportunities for work within the community, for example in printing materials. Interviewees also mentioned encouraging local councillors to be involved in initiatives, engaging with the local police force, and involving local celebrities.

One issue which clearly frustrated some interviewees was the balance between decisions about types of activity being' top down' or 'bottom-up'. All of the interviewees who were members of the core group, close partners, or project staff members understood and advocated the benefits of involving the community in deciding what activities are most appropriate for them.

Three of the seven interviewees who worked directly with the project felt that it would have been very beneficial to include or be chaired by community and/or voluntary sector representatives on the steering group. Community champions were also mentioned, and apparently there were originally plans to recruit these, but the plans did not materialise.

In addition to these suggestions there were several stages in the project where the community could have been involved, for example: in developing the bid; the initial consultation; working with the project team to deliver the project, or developing ideas at community level and enlisting the project team to help the delivery of these; reflecting and evaluating on the project.

None of these really happened, despite the inclinations of most of the core project team and close partners. One member of the core project described the eventual approach as 'paternalistic'.

From talking to the interviewees it emerged that the reasons underlying both the lack of a useful and relevant project consultation and adopting community development approaches were lack of time, lack of money, and probably most importantly the need to do what they had told the funding body they would do.

As several interviewees pointed out, having community representatives on the steering group or identified as leaders within the community would have had several benefits. These include: having direct conduits between the project and the community; providing valuable input of to developing a more strategic approach; and improving the chances that the project would be sustainable.

Conclusion: Community engagement, as measured in the formal evaluation, was good. However there were limited or no opportunities for the community to have a direct input into the development and implementation of the project. Interviewees were both aware and frustrated by this, and suggested that the community should have been represented on the steering group, and community champions could have been identified. The reasons underlying both the lack of a useful and relevant project consultation and adopting community development approaches were lack of time, lack of money, and probably most importantly the need to do what they had told the funding body they would do. This lack of direct involvement was a key factor in the project is not being maintained.

Participation: Cross-sectoral linking

In the themes on participation within and between the core project group/close partners and the target population, interviewees made it clear that there was a great deal of cross sectoral linking.

The core project group and close partners linked the local authority, public health, academia, and a marketing agency. Through the activities which were carried out in the project links were made with non-governmental organisations, schools and colleges, community groups and volunteers. Local businesses were also involved where this was possible.

Although public health representatives formed part of the core project group, one thing which did emerge from several of the interviewees was that in retrospect they thought it would have been better if more health professionals, including general practitioners and clinicians, had been enlisted

Conclusion: There was extensive and good cross sectoral linking. However, in retrospect a few key players e.g. clinicians and general practitioners, had been omitted.

Root Causes of the issues in the target population

When asked about 'root causes' interviewees either referred to local statistics, or were of the opinion that there was little need to explore the causes because they already knew

> *"We already had the information"...." The project's about targeting inactivity, unhealthy, you know, poor health and transport behaviour"*
> *Core project group member*

That is not to say that people working on individual projects did not do their best to understand the underlying issues. For example in the walking project the contractor responsible investigated the reasons for existing walking patterns, and what could be done to encourage people to walk more frequently and further.

Conclusion: Most interviewees either referred to local statistics, or were of the opinion that there was little need to explore the causes because they already knew

Leadership: Developing bid and getting funding
Once the bid had been won an individual with responsibility for dealing with bids of this type took forward the next stages. Those interviewees who were aware of the involvement of this person were very complimentary about their effectiveness, particularly at bringing other partners on board so rapidly.

Involving organisations and obtaining matched funding was greatly helped by pre-existing relationships between the potential partners

There was also rapid action to bring in marketing input, since it was recognised that this would be an important part of the project. The marketing lead was then invited into the core project group.

However, none of this was easy. The call for the bid came during summer holidays when a lot of people were on holiday. Not only that, but the time available for writing a bid was very short, and the consequences of this echoed through the remainder of the project.

The effects of this hurried timescale included: opportunities for the community to be actively engaged in implementation were limited since many of the specific activities had to be outlined in the bid; 'middle management' formed an enthusiastic partnership, but although senior management were interested in the income aspects of the funding, thereafter they did not appear to be particularly committed to the project - which was probably not helped by their lack of involvement from the outset.

So, although the development stage was successful in that: it involved many partners; there was great enthusiasm at middle management/officer level; and it was developed to a very short timescale, the core project group and close partners could be likened to the filling in a sandwich. The top slice of senior management was missing, and the bottom slice of community involvement was missing. This had a serious impact on future leadership of the project and its eventual sustainability

Conclusion: There was some leadership during the initial stages of obtaining the bid, largely because bidding for work was the designated responsibility of an employee of one of the partner organisations. Senior management was supportive in the very initial stages of obtaining money. The main issue was that the timescale was hurried and as a consequence: there were limited opportunities for the community, or for senior management, to be actively engaged.

Leadership: Implementation
A group which represented the core project group and close partners, together with one external contractor, met regularly to manage the implementation of the project. This group was referred to by the interviewees either as the steering group or the board or the programme management group, which probably reflects some of the doubts and confusion which emerged about the role of this group.

The group appeared to work well together at an operational level, although even then it would have been desirable to have had clear leadership. There was good agreement amongst interviewees that there was no Chair. When asked about which organisation was in the lead there was a good understanding of which was the accountable organisation in terms of money, but in terms of providing a lead within the group some interviewees said 'the University' , others said 'the local authority', and others said 'public health'

These difficulties appeared to arise from two interrelated issues:

a) conflation of operational management and strategic management within one group

So for those who were actually working at an operational level the group was very comfortable and enthusiastic about the work that they were delivering. However for those who had more of an external perspective, the group could be frustrating: because this was effectively a group of peers, it was very difficult for one member to comment negatively on the lack of progress in another member's area; there was little strategic vision, including considering either sustainability or an exit strategy early on in the project.

It should be emphasised however that operational managers were well respected by their staff and appear to have been effective in delivering their projects

b) senior managers initially participated but soon delegated their responsibilities to officers within their organisation

The interviews identified some of the consequences of this lack of commitment or interest from senior management, and fuzziness about whether the group was strategic or operational. These Included:-
  - Inadequate feedback about the project to senior management in partner organisations
  - Very little if any strategic planning
  - Future sustainability of the project was compromised

Conclusion: Although the board/steering group appeared to work together enthusiastically and well there was also confusion and some frustration about its remit and responsibilities. The two underlying reasons for this appeared to be: conflation of operational management and strategic management within one group; senior managers delegated their responsibilities to officers who were involved in delivering the project. The results of this confusion and lack of leadership was: inadequate feedback about the project to senior management in partner organisations; very little if any strategic planning; the future sustainability of the project was compromised.

External influences: National politics
There was a general election for a new national government about two thirds of the way through the project delivery period. Both the election itself and having a new government of a different political view had effects on the project.

These included impacts on uncertainty about money from the national funding organisation, and effects on the time available to implement the project. This uncertainty about funding from the national funder meant that local organisations who were matching their funding were reluctant to commit their money, further exacerbating the situation.

This hiatus had profound effects on the delivery of some elements of the project. For example infrastructure projects such as cycling paths had been planned, and contractors commissioned. The uncertainty about funding meant work such as this had to be put on hold, contractors had to find a new time slot, and there was a risk that the work would end up being undertaken e.g. in the winter.

Once the new government had been appointed, interviewees felt they showed little interest in the project or its success. The government was also committed to economic austerity. This included reducing funding to local authorities. Community groups and non-governmental organisation were also affected by funding cuts. The National Health Service

went through a restructuring, and public health was migrated from the health service to local authority control.

So after an initial promising start the project had to deal with uncertainty about funding, lack of political support, and severe effects on finance and structures of some partner organisations.

> *Conclusion: There was a general election for a new national government during the intervention period. This resulted in uncertainty about funding and had an impact on the time available to deliver the project. After the election: the new government showed little interest in the project; an austerity budget was introduced; there were funding cuts and restructuring in several partner organisations.*

External influences: Local politics

Local politics permeated the project from the beginning to the end, although the influences were minor compared to the major effects of the changes happening at national level.

Even before the bid was written there were political dealings around which locality should be the focus of the bid. Once the bids had been awarded to the project this type of political tension did not stop. The project targeted specific wards and these wards were under the control of town local authority, whereas the money was awarded to a level of local authority with a wider remit.

Most interviewees identified one benefit as that once the project had been funded and partnerships established, it was possible to work much faster than it had been previously. This was because it was not necessary to go through the usual political processes, for example decisions did not need to be taken to local councillors.

However, there were also comments about many councillors not being engaged - resulting in concerns that this lack of engagement impaired future sustainability of the project and broke a potential link with the community. This raises the possibility that the price paid for quicker and more efficient working had short-term benefits but long-term losses.

> *Conclusion: The influence of local politics was minor compared to that of national politics. A particular concern which was voiced was that local politicians were not engaged sufficiently - once again largely because of the time pressures the project had to work under. This lack of engagement probably impaired future sustainability of the project.*

External influences: Funder's influence

The funder for this project was at national government level, with regional offices and links. Many of the national influences described earlier directly affected the funder, particularly the national elections which caused uncertainty about budgets, and the appointment of a new government with different views.

In addition interviewees raised issues relating to:-

1. Training and support. After initial interest the funder did very little to support the project in terms of learning from other projects, or offering any training or expertise to support the project

2. Giving mixed messages. For example, an expressed desire from the funder for innovatory approaches, but also for all of the activities to be evidence based

3. Lack of clarity on what the funder wanted from the project

> "*the people at [national organisation 1] who were running didn't, it didn't seem like there'd been any thought and pre-contemplation about what is it that we actually want to achieve...... I think as far as [national organisation 1], it felt like they were running along at the same speed as us rather than being ahead of us and being that they look back and say right okay let's do this differently. It felt like they really didn't know what they wanted, and they didn't really know what they expected*"
> *Core project group member*

4. Flexibility. The lack of flexibility from the national funder when changes to the deliverables listed in the bid were suggested meant that working in partnership with the community was severely compromised.

The national funder also exhibited similar attitudes to negotiating variations in timescale. If this has been possible a more thorough community consultation could have been carried out after the bid had been won. Probably most significantly after the project had suffered a six months or so hiatus in funding and direction from the funder, with effects on project delivery, it had not been possible to negotiate a corresponding delay to the project end date.

5. Terminology. The issue which emerged for interviewees under this theme, related to whether the word "obesity" should be used in the project.

Several interviewees mentioned that they avoided this because they did not want to stigmatise people.

However, interestingly one of the interviewees who was more closely associated with the bidding process was able to shed light on why the project had been discouraged from using the word. It appears that the national funder had insisted that the word should not be used because it was negative. The interviewee who mentioned this went on to say that in a more recent meeting, it emerged that the funder's earlier view on terminology had changed

> "*So they've gone from one extreme to the other. .... I said, 'It's really interesting that you've completely chosen a different language, because in 2008 you were not allowed to do any kind of marketing or promotion with the word obesity in it. Now you want everyone to know that obesity is epidemic, and that goes against everything we've been trying to do*"
> *Core project group member*

> **Conclusion: Interviewees reported several issues relating to the influence of the funding organisation on the project. These issues included: lack of support for training and learning from other projects; lack of forethought about what they wanted from the project; giving mixed messages about specific issues within the project.**

Resources: Money
Many of the comments made by interviewees in respect of money have been described in the themes on 'External influences: national politics' and 'External influences: funder's influence', and will not be repeated here.

The main points made by interviewees were:-

1) In addition to national funding some of the partners provided matched funding and others gave 'in-kind contributions' such as staff time.
2) One interviewee commented that the lack of capital funds, which is common in projects of this type, introduced uncertainty into project planning.
3) Some interviewees expressed the opinion that having dedicated project money and contributions from the various sources did introduce flexibility, specifically an ability for the core project team to decide what to do and then do it. However, although this may

seem simple, in practice it seems that it was difficult to transfer money between partners – even when this is what both partners wanted

4) Those partners who were not part of the public sector found it frustrating in several regards, not least when money was concerned. This situation worsened after the election of a new national government and the imposition of austerity on local authorities

Conclusion: In addition to issues mentioned in previous sections, interviewees said that another key issue was that it was not always easy to transfer money between partners.

Resources: People

The main points made by interviewees were:-

1) There were only two posts which were funded by the project, and the remainder of the project's staff were working on the project in addition to their routine work. There was good agreement that there should have been more dedicated posts funded.

2) Although staffing of all types was stretched, there was a great deal of enthusiasm and passion and commitment to the project.

> "*We put time in out of hours, you know I mean weekends and everything else we were all there, you know with the smoothie bike and all that stuff, and doing you know carving characters out of vegetables like. You know we were doing loads of stuff which everybody loved, and you know we were incredibly committed to it*"
> *External partner*

3) Interviewees also thought that the project had a good range of relevant skills and experience through its staff and partners.

4) It was difficult to assess the extent to which volunteers were involved throughout the project, however it was clear that they were certainly important to specific aspects of it. For those aspects in which they were involved there was a feeling from the project's staff that more could have been made of this resource both in the shorter and the longer term.

Towards the end of the programme, austerity cuts and reorganisations affected partners across the project.

Conclusion: There was considerable enthusiasm from the people who worked on the project, and a good mix of skills and experience. However, there was overreliance on goodwill and interviewees suggested that more dedicated posts should have been funded from the grant, and in parallel with that volunteers could have been nurtured and contributed more effectively.

Resources: Time

Many of the comments made by interviewees in respect of time available to do the work have been described in the themes on 'External influences: national politics' and 'External influences: funder's influence', and will not be repeated here

Some additional points made by interviewees were:-

1) One of the external partners commented that pressures on time can be dealt with to some extent if there are sufficient resources to concentrate effort in a short period of time. However in this project there were not enough money or people resources to do this.

2) It also seems that both the funder and the project team probably underestimated the complexity of delivering a project of this type, and did not have any contingencies for the delays in delivery.

The interviewees identified several consequences of working under these time pressures:-
a) Planning and management suffered

b) Some of the projects which had been originally planned were dropped
c) Time pressure became one of the factors which negatively affected the long-term sustainability of the project

Almost all of the interviewees said specifically that the timescale for the project should have been longer. There were a range of views on exactly how long it should be, from at least 4 years up to 10 years

Conclusion: In addition to issues mentioned in previous sections, interviewees were in good agreement that the timescale for the project should have been longer. Time pressures negatively affected: planning and management; delivery of projects; longer term sustainability of the intervention.

Resources: Other resources

When interviewees were asked what other resources would have helped the project to be successful there were quite a range of responses. One interviewee mentioned tangible resources such as venues and space, in safe and accessible locations.

Other interviewees identified more intangible resources which would have been helpful. The two which stood out most were stability and commitment from those who could have contributed to longer term sustainability of the project (i.e. national and matched funders, and senior managers of partner organisations)

Finally, in terms of use of resources, there was a feeling that there had been limited opportunities to learn lessons from the project, to feed back into the national programme and any future work. This combined with a sense that a lot of money had been spent - but to what end?

Conclusion: stability and commitment from both senior managers and the funding organisation would have enabled the project to be more successful and sustainable. The learning from the project should have been used more to feed into the wider evidence base.

Linking with others

This is covered in the theme on 'Participation: cross-sectoral linking'

Skills, knowledge and learning: Project staff

When asked what opportunities there were for project staff to develop skills and knowledge relevant to the project, most interviewees had considerable difficulty identifying anything. The only specific training which was recollected with that the national funder had run some workshops, however one interviewee commented that these were quite late in the project, and another did not think they were particularly relevant.

A few interviewees offered that they had benefited from working with other colleagues and partners, and so had had the opportunity of informal learning

Two of the interviewees clearly identified training which would have been useful. This included training:
- to help the project team and partners understand the agenda better;
- to provide a better understanding of the evidence base;
- for steering group members so that they could be more effective;
- for staff members who were responsible for specific projects, project management training would have been useful

Conclusion: there was little formal training to enable skills and knowledge development. There was good agreement that funds need to be allocated and opportunities built-in to enable this

> **in any future similar project.**

Skills, knowledge and learning: Target population
Interviewees were not asked about this, and none made any spontaneous comments relevant to it

Shared ownership, vision, commitment and trust: Between project staff and partners
With the exception of one interviewee, the remainder were all of the view that the core project team and close partners were committed, passionate about the work, enthusiastic and put in an effort which was above and beyond what would have been expected, and there was a high level of trust and understanding.

The one interviewee who did not see things in this way had a role in the steering group which was somewhat separate from the delivery of the project, and had an interesting perspective. Whilst the others were very positive about commitment and trust, none of them said anything about shared ownership or vision. The interviewee who had this rather different viewpoint did refer to these.

> "*But I think it's because nobody seemed to own the project, nobody… "one of the other things lacking was people that were… people with strategic vision about where it could go in the future"*
> *Core project group member*

The lack of ownership and strategic vision which emerges here reinforces the perspective which emerged from other themes.

> **Conclusion: The interviewees agreed that the core project team and close partners were committed, enthusiastic and there was a high level of trust. Shared vision and ownership were not mentioned, and it is likely that this relates back to the lack of strategic planning in the project.**

Shared ownership, vision, commitment and trust: Between project staff/partners and the target group population
This relates back to the issues on lack of community engagement described in the theme on 'Participation: target population'.

Shared ownership, vision, commitment and trust: Sense of urgency
This did not emerge as theme for the UK participants

Management
As described under the 'Leadership' theme, one of the issues which interviewees identified was conflation of operational management and strategic management within one group - the steering group. This led to difficulties particularly in terms of taking a strategic view of the project. For the most part the steering group appears to have worked well together in day-to-day delivery of the project. So in general terms operational delivery was as successful as it could be given the time and money constraints that the project was under. However the lack of strategic planning impacted directly on delivery in that there was no overview of the complete portfolio of 30 projects, and no decision-making about the relative priority of these.

The operational managers for the three themes in the project were all part of the steering group. They in turn managed people who were responsible for delivering specific elements of the project.

The relationships appear to be very good between these two levels of management. The actual management structures seem to have been very laissez-faire, but they clearly worked for this particular project in terms of managing project staff.

Some interviewees indicated that sometimes there was a lack of clarity when work was commissioned to another group, so a laissez-faire approach may have worked at one level but not another

Another aspect of the project was the interface between the core project group/close partners and community groups/external partners. This again appears to have been successful, largely because a dedicated person was a community development background was allocated to this role.

> *Conclusion: on the whole operational delivery of the project was as successful as it could be given the other constraints which have been described. The lack of strategic planning meant there was no priority setting for activities within the intervention.*

Evaluation
The national programme included multiple projects of which this case study was only one. It was also the only project which did pre-and post data collections, and also provided an annual monitoring report to provide feedback to the project on progress.

This happened largely because the University was included in the project right from the outset, when the bid was being prepared.

The interviewees appeared to be proud of the evaluation, and would have liked to have seen it further enhanced in terms of the range and/or quantity of data collected. Several also said they thought the evaluation should have been funded so that it could continue after the end of the project to assess long-term effectiveness. There appeared to be some anger that the national funder did not appear to appreciate the potential for good quality evaluations of projects like this to contribute to the evidence base.

> *Conclusion: The evaluation was integral to the project and included pre-and post data collection, although restricted funding meant that the methods had some limitations. The funding agency did not appear to maximise the usefulness of learning from the project in informing the development of subsequent similar projects.*

Maintenance [sustainability]
Some of the factors which influenced long-term sustainability of the project have been explored in other themes. In summary:-

- The national context changed during the lifetime of the study, with new political masters, and an austerity budget, which meant that restructuring and changes in personnel affected several of the partner organisations. There was a budgetary hiatus over the period around a general election, and the loss of time which resulted from this meant that the remainder of the project was under even more time pressure than it had been previously.
- In the theme on 'Participation: target population' it is clear that there was a lack of community consultation, and insufficient time or resources to nurture community engagement and ownership.
- The' Leadership' theme also contained insights relevant to the sustainability of the project. Senior management was not particularly committed after the initial 'receiving funding' stage had passed. This in turn contributed to a lack of strategic vision.
- The theme on 'Shared ownership' indicated that there was a passionate commitment to the project and trust amongst those who were involved at an operational level in

delivering it. However the lack of ownership by senior management, and the ambiguity about ownership amongst the core project team and close partners, were also factors influencing sustainability.

When interviewees were asked to focus specifically on the sustainability of the project, other perspectives and factors emerged.

1) There was great disappointment amongst interviewees that the project just stopped when the funding stopped. It was also a feeling that a lot more could have been made of the experience, both learning from it and rolling out the successful elements.

2) Several interviewees pointed out that some elements of the project were continuing. This included infrastructure changes, such as constructing an outdoor gym and building cycle paths. Some elements of the project had built upon existing activities, and these elements seem to have continued. Other aspects are maintained by goodwill on the part of individuals.

3) It was clear from interviewees that there had been efforts to maintain the project. One mentioned discussions about the partners setting themselves up as a separate entity to continue with the project, but this raised issues which meant that it was not practical in the end.
Other interviewees said they had also made efforts to encourage the steering group to develop a more strategic plan. One effort resulted in a facilitator being bought in to help this discussion and write a report up. Ultimately it seems that the final stages of the project coincided with a hostile political climate both locally and nationally. Together with the other factors described, e.g. lack of senior management and community engagement, this spelt the death knell for the project.

4) If a similar opportunity arose in the future interviewees had ideas of what might be learnt from their experience to help such a project be sustainable. These ideas included:
   - get cross party political engagement at a local level;
   - work to nurture community engagement and ownership;
   - have a much stronger robust plan for an exit strategy;
   - be more creative in attracting ongoing funding;
   - don't give things away for free - charging realistic amounts to maintain whatever the activities can contribute to funding.

Conclusion: factors already identified which influenced sustainability included: changes in national politics and economy; lack of community and local political involvement; lack of leadership; lack of strategic vision and ambiguity about ownership. Some activities have continued primarily: infrastructure projects, and those maintained by goodwill.

Basis of project: evidence and theoretical models
The project was spread across three themes, each of which contained several different activities, and the approach used to identifying these activities within themes varied considerably. Sometimes the evidence base was considered, and sometimes other considerations were more important. From the interviewees' contributions it seems that although interviewees were well aware of the importance of an evidence base there were other factors which ultimately influenced what activities were carried out. The three most important factors appeared to be:-

1) Time: as described in other themes the call for work was put out in the summer months with a very limited time for potential projects to submit their bids. In relation to project activities one interviewee said:-

> *"some were dreamt up from day one, some we'd had on the back burner for ages, and it was the perfect opportunity. Some we just dusted down because they were working elsewhere, and moved them across"*
> *Core project group member*

2) National funder: interviewees reported that they got mixed messages from the funding organisation. On one hand the funder wanted novel approaches, and on the other they wanted an evidence-based approach. The funder did not seem to recognise the tension between these, and so it was left to the project team to try and reconcile them.

3) The availability of other funds: there was the opportunity to obtain funding from other organisations with different remits from the main funder. Not surprisingly the project team were influenced by this.

The interviewees clearly recognised the effects of this in terms of the extent to which the evidence base applied to specific activities within the project, and that the final decision was based on assessment of several factors – of which the evidence base was only one

> *Conclusion: although interviewees were aware of the importance of using the evidence base there were other factors which determined project activities. These included: time; confused messages from the national funder; and availability of other funds for specific types of activity.*

Basis of project: learning from other projects
This was just another factor in deciding which activities should be included in the bid.

Basis of project: previous experience
Again this was yet another factor in deciding which activities should be included

Were possible adverse effects of the project considered?
This was probed during interviews because some public health interventions have inadvertently but disproportionately favoured people in higher socio-economic groups, thus widening health inequalities

Most of the interviewees had difficulty understanding what this question was getting at.

> *"what adverse effects would there be of trying to improve the health of the population?"*
> *Core project group member*

Given the sensitivity interviewees showed towards community engagement and development, this lack of awareness was somewhat surprising.

> *Conclusion: there was a general lack of awareness that public health interventions might result in adverse effects.*

Relationships
Pre-existing relationships, or local networking were important factors in bringing together the original project team to develop a bid and helping it to work speedily.

This also applied to the day-to-day delivery of the project, since several of the core project group and close partners had worked previously with people who were then engaged in the delivery of the project.

Sometimes not only were there links between people and organisations, but there were pre-existing activities as well. For example in relation to physical activity, where one of the core project group had existing links with a sports development office, and this led to project involvement in the existing physical activity network.

Some of the core project team had a high awareness of local politics, and who the key people in organisations were. This was particularly helpful in responding so quickly to a bid for such a complex project.

Conclusion: pre-existing relationships and good networking amongst the core project team and project partners was helpful in rapidly drawing up the bid for funding, and in day-to-day delivery of activities.

Aspects of specific projects within the programme that worked well

1) The environmental theme of the project seems to have had the biggest tangible impact, which is not surprising really since much of the work was creating structures and infrastructures. These included building an outdoor gym, constructing cycle routes, developing walking maps, and putting up signage for walking and cycle routes. Underlying reasons for the success of this project element were: local people seeing differences to their physical environment; the team attempted to provide entire solutions for examples cycle routes had cycle racks; the area had been flooded so new infrastructure was in the process of being replaced anyway; local businesses were engaged by encouraging them to bid for work.

2) Activities other than those around the environment and physical activity, which were identified by the interviewees as being successful included: working with children's centres particularly in training staff: and holding community events such as festivals, to raise awareness initially and then to reinforce other communications from the project.

3) Another success which was mentioned by interviewees was the synergy which developed between different aspects of the project, for example between infrastructure projects, communications, working in schools, and community events.

Conclusion: activities which had tangible impact, such as infrastructure building, were perceived to be the most successful. Other activities which worked well included: working with children's centres particularly in training staff; holding community events; and the synergy between e.g. communications, working in schools, infrastructure projects and community events.

Aspect of specific projects within the programme that did not work well
There were a few comments on the aspects of specific projects within the programme that did not work well, as opposed to those that did

Language
This is covered in the section on 'External influences: funder's influence'

Underlying Philosophy/ways of doing things
This section assumes that underlying philosophy means the values that the core project team and partners would have liked the project be based on, and if they had had the freedom to do so would have permeated the project.

If this is the case the two values which emerge strongly are a commitment to:
   1) Inclusivity
   2) Working in partnership with the community, including in identifying which project activities should be delivered
The issues around both of these are described comprehensively under the theme on "Participation: target population".

Conclusion: underlying values included: inclusivity and trying as far as possible within the other constraints of the project to work in partnership with the community

Flexibility

As one would expect once the project was funded it opened up some freedom, but also became boxed in by some restrictions.

One of the more important freedoms identified by the interviewees was getting the money and this enabled diverse organisations to work together, and to avoid a great deal of the bureaucracy usually associated with getting approval within organisations. The core project group were then also able to bid for additional monies from other sources, which opened up new opportunities for specific activities.

The issues around project branding are described more completely under the 'Branding' theme. Most of the projects within the national programme used the national programme branding. However the case study project decided to develop its own unique brand and many interviewees described this as a success

In terms of the two values described in the theme on 'Underlying Philosophy', there was freedom to realise the first – inclusivity. However the timescale for bidding and delivery, and the lack of flexibility from the national funder when changes to the deliverables listed in the bid were suggested, meant that working in partnership with the community was severely compromised

Other issues relating to the national funder are described in 'External influences: funder's influence'

Conclusion: the flexibility of the project was limited by the constraints already mentioned. However, within these constraints the project did have an autonomy which was unusual for most of the project partners.

3.2.3 How did these themes relate to the identified strengths and weaknesses of the case study?

This section brings together the findings from section 3.1 (spontaneous identification of strengths and weaknesses) and sections 3.2.1 and 3.2.2 (thematic analysis), and summarises the strengths and weaknesses of the project at different project stages.

Getting bid and initial development:-

Strengths

Important
- Having a specific person in post to identify the potential of a grant, and then guide the bid team through the initial stages

- Existing relationships between many of the partners involved in developing the bid

Weaknesses

Important
- The timescale set by the external tender for developing and submitting bid was very short, which meant: there was too little time to involve the community; proposed activities were identified in a very short period of time and in a very ad hoc manner, resulting in many small separate activities.

Evaluation and monitoring

Strengths

Important
- A university was involved from the very early stages of the project, and was able to carry out a relatively good quality evaluation which included: pre-and post measurements; annual monitoring reports.

- Having a built-in evaluation forced the project team to think more closely about project activities and what outcomes they hoped to achieve.

Weaknesses

Important
- Although the evaluation was good it could have been further enhanced if there had been more funding to: consider not relying on self reported measures of behaviour; carry out a follow-up evaluation; ensure that all of the possible learning was incorporated in the wider evidence base.

Implementation

Strengths

More important:-
- The core project team was committed, enthusiastic and worked well together, partly because of some existing relationships between partners. This was key to the successful delivery of project activities and management of the operational aspects of the project.

- The project team and partners were relatively autonomous, with independent funding and having the legitimacy to work with other partners across sectors. This may also have been helped by the geographical area covered by the project being relatively small.

- A relatively high proportion of the target group participated in project activities, particularly those in the more deprived areas. This was ascribed to: appointing a community development officer; ensuring that marketing was grounded in the community; having a good website.

Less important:-
- Project branding which was used to create a unique identity for the project.

Weaknesses

More important:-
- Although senior management was involved in the core group (which acted as a Board or Steering group) initially there was no real involvement after that. This meant that the group: did not have a clear leader; lacked strategic vision; and sometimes had difficulty in finalising decisions.

- The core group and hence the project was adversely affected by: mixed messages from the funding agency; and inflexibility on the part of the agency in terms of delivery or timing of activities.

- The community had few opportunities to have a direct influence either on the development of the bid or the implementation of the project.

- The timescale for delivery was limited

- There was considerable national political and economic upheaval in the course of the project which resulted in: uncertainty about funding; loss of time; and restructuring and financial consequences for some partner organisations.

Less important:-
- Overreliance on goodwill. There were only two staff paid for by the project and other members of the project team had to fit the increased workload around their normal jobs.

- There was some irritation about the process of cross sectoral working, for example in relation to transfer of funds

Maintenance

Strengths

Important:-
- Those activities which were maintained after the funding ceased were: infrastructure building; activities which involved training; activities which had already been in existence before the project started.

Weaknesses

Important:-

The rest of the project was not maintained after the funding had ceased and the main reasons for this appeared to be due to:-
- The lack of leadership and therefore of strategic vision was undoubtedly a factor

- The timescale appeared to be too short for the project to become embedded and develop its own momentum.

- The lack of involvement of those who were in a position to facilitate maintenance of the project, specifically: senior managers; the community; and local politicians.

- National political changes not only affected funding and the time available for delivering the project, but also the new party who were elected were not supportive of the project.

3.3 Using a success appraisal tool to indicate how successful the intervention was.

The success appraisal tool which is described in Annex 1 of the full EU reports, was used to assess how successful the UK case study was in relation to RE-AIM domains. Appendix 1 to this country case study report shows the completed tool.

Achievement of the RE-AIM domains by the UK case study project

Reach: the project appeared to perform well in terms of reach. The evaluation indicated that there was relatively high participation by the population in project activities, and this participation was higher for those from the more deprived areas.

Efficacy: data is lacking for some of the indicators in the tool. However the evaluation assessed self-reported behaviours, and these indicated statistically significant improvements, so again the project appeared to perform well.

Adoption: data was missing for one indicator, but interviewees indicated that 75 to 90% of planned activities had been delivered. Once again the project appeared to perform well.

Implementation: although a relatively large proportion of planned activities were delivered, interviewees indicated that only 60 to 70% of objectives were achieved. On this domain the project appears not to have performed as well as for the previous three domains.

Maintenance: there was no longer term follow-up, and many elements of the project were not continued after the end of the grant period. The project performed poorly for this domain.

3.4 Identifying factors associated with success and failure in the case study with reference to the RE-AIM model.

The purpose of this section is to assess how the case study performed in relation to the RE-AIM domains. The findings from the thematic analysis are combined with the success appraisal, and also with the quantitative scoring data which was collected during the interviews. The scoring data is limited, but is shown in Appendix 2 of this country case report for reference.

Reach

The success appraisal indicated that the target group participation was high, with more deprived areas being reported as having high levels of engagement.

From the thematic analyses the reasons for this seem to have been that: –
- the project staff were committed to ensuring that the project was relevant and as accessible as possible across the population, and that people could participate from different socio-economic, age, gender, and disability groups

- a community development worker was appointed and seems to have had an important role in engaging the community, particularly in deprived areas

- some activities were built on existing community networks and activities

- the diversity and nature and frequency of project communications

- the social marketing approach which was used was grounded in the community

The quantitative data indicated that interviewees thought that one of the reasons for success was that the project used a variety of methods to communicate with the target population. In contrast there was only an average score for responses to the question on whether the project had worked actively to overcome barriers to the target group participating.

Efficacy

Outcome indicators for the project relied on self-reported data. This is not the optimum methodology, but it was determined by the available budget. This data showed significant increases particularly in measures relating to physical activity behaviour, and healthy eating related knowledge.

Although there were no formal output indicators relating to the extent to which the physical, social, or cultural environments been changed, there was good agreement from the interviewees that the project had changed aspects of the physical environment, for example the construction of cycle paths, and signage to facilitate cycling and walking.

No cost effectiveness calculations were carried out, although the thematic analysis indicated that at least some of those working in the project thought that the effective termination of the project at the end of the grant (linked to changes in national government and the introduction of an austerity budget) reduced the cost effectiveness of the work.

There is therefore a mixed picture in relation to efficacy of the project. The physical activity element appears to have been particularly successful both in changing the physical environment, and also in increasing reported levels of physical activity.

From the thematic analyses the success of the project in changing aspects of behaviour appears to be largely due to:-
- The commitment and enthusiasm of the core project team and close partners. In terms of delivering activities, these groups worked closely and effectively together.

- The relative autonomy of the project, with independent funding and legitimacy to work with other partners across sectors

- Having a built-in evaluation forced the project team to think more closely about project activities and what outcomes they hoped to achieve

The main aspects of the project which held efficacy back appear to have been: –
- Mixed messages from the funding agency, and the inflexibility of the agency in terms of the delivery and timing of activities

- The extremely short time period for developing the bid, which subsequently became the activities which had to be delivered, compromised the quality of the activities and was part of the reason why senior managers and the community were not engaged,

- The national political and economic upheaval which occurred during the project resulted in: uncertainty about funding; loss of time; and restructuring and financial consequences for some partner organisations

Only a limited number of responses were available for the quantitative analysis, but these confirm the qualitative findings; effectiveness was helped by the ready availability of internal resources; and there was good networking between sectors.

Adoption

The success appraisal indicated that more than 70% of planned activities were implemented. This indicates that adoption was good, and this was supported by the finding that the project appears to have been implemented and have been effective in all geographical areas and populations subgroups, including the most deprived.

In terms of adoption and commitment to the project on the part of the core project team and close partners and project staff, adoption was unquestionably high. People were very committed, and although only two people were paid full-time the remainder not only worked on the activities they had been assigned to, but were prepared to do more than mere duty demanded. So, adoption was helped by:-
- Both the commitment and enthusiasm of individuals, but also of the teams within which they worked.

- The relative autonomy of the project also seems to have reinforced the feeling of independence and pride.

- There were cooperative and respectful working relationships between those who were technically managers, and those who were managed.

- There were many existing relationships between people before they began working on the project.

- Some project activities were built upon existing activities, and therefore incorporated existing dedication and commitment.

The only negative aspects of adoption in this group of interventionists were that:-
- Although the project brought together many sectors, it is possible that there should have been more efforts to include health professionals. It may be that there were no existing relationships to build on, or there was a lack of time to build up a new relationship.

- The lack of time and inflexibility of the work schedule meant that volunteers played a minor role in the project, whereas if they had been nurtured they would have been able to contribute more effectively. The quantitative data supports this unequivocally, with all four respondents to this question agreeing there was no encouragement and support for the involvement of informal leaders.

However, if adoption means commitment not just to delivery, but also to embedding activities in the community and growing the project in such a way that it could be maintained in the long run, then this project had some real issues. The two critical ones were a lack of engagement with, and therefore adoption by, senior managers and the community.

Implementation

The success appraisal showed that although a relatively large proportion of planned activities were delivered, interviewees indicated that only 60 to 70% of objectives were achieved, and one volunteered that in terms of project legacy the figure would be about 20%. On this domain the project appears not to have performed as well as for the previous three domains.

There were some positive factors:-
- The enthusiasm and commitment of both the core project team and project staff. They also had a good mix of skills and experience. This meant that the operational delivery of the activities was as successful as it could be given the constraints described below.

- Most of the interviewees were of the view that developing a unique branding for the project helped raise awareness and involvement with the work, and emphasised that it was unique and tailored to the needs of this specific community. Developing the branding was time-consuming however.
T
hese positive factors were ultimately outweighed by more negative ones:-
- Leadership: senior management was not involved in the board\steering group after the initial stages of winning the bid. This meant that the group conflated strategic management and operational management within one group, and the results were that the project: did not have a clear leader; lacked strategic vision; and sometimes had difficulty in finalising decisions

- The national election and economic upheaval in the course of the project led to: uncertainty about funding; loss of time; and restructuring and financial consequences for some partner organisations

- Mixed messages from the funding agency, and the inflexibility of the agency in terms of the delivery and timing of activities. This inflexibility in terms of timing of activities introduced particular stresses into the project since the time available for delivery was very short. Additionally the project had to cease many activities during the national election period, meaning that it was delayed by circumstances not under its control

- Another consequence of the time stresses that the project was under was that the community had few opportunities to have a direct influence either on the development of the bid, and hence the planned activities, or the implementation of the project.

- There was very little exploration of the determinants of behaviour (root causes) in this specific population, with interviewees believing that looking to the evidence base was sufficient.

- There was little or no formal training to enable skills and knowledge development in the staff, or volunteers from the community. This finding from the thematic analysis was supported by the limited quantitative data.

Maintenance

The success appraisal showed that most elements of the project were not continued after the end of the grant period. A few activities were maintained after the funding stopped and these included: infrastructure changes: activities which involved training: activities which had already been in existence before the project started.

The reasons for the poor performance of the project for this domain appear to have been:-
- For reasons explained under previous domains, senior management and the community were not sufficiently engaged with the project. The lack of senior manager involvement and a strategic vision meant that there was little planning for what would be done after the grant finished. When this issue was considered by project staff, it was difficult for them to make progress without support of their senior management. Similarly, engagement and integration of the community into a project increases the likelihood of the project being sustained, by: being incorporated into existing structures: and local politicians and community leaders acting as advocates.

- There were only two paid members of staff, and many of the project team gave their own time on top of their existing job commitments. Although the project team was very committed and motivated, it may be that there was an overreliance on goodwill in the delivery of the project, and this goodwill was becoming exhausted towards the end of the grant period.

- The timescale for delivery of the project was short, and it is likely that its brevity meant that it was difficult for the project to become embedded and develop its own momentum.

- National political changes included a new party in government who were not supportive of the project. There was also a change in the economic climate towards austerity, which meant that it was difficult to identify funding to continue to support

the project. In addition many of the partners had undergone restructuring in the wake of these national changes, and this may have made extended participation more difficult.

Factors associated with success or failure, which fell outside the RE-AIM model

Getting the bid and initial development:-

- This was greatly facilitated by one of the partners having a specific person in post to identify the potential of a grant, and then guide the bid team through the initial stages

- These early stages, as well as the adoption and implementation of the project, proceeded relatively quickly and smoothly largely because of existing relationships between many of the partners involved in developing the bid.

Evaluation:-

- This was the only project carried out under the national programme which included pre-and post data in its evaluation. This was made possible largely because the University was included in the core project from the outset.

- If a larger proportion of the budget had been spent on evaluation it would have been possible to improve it even further by using more reliable methods.

Lack of awareness of potential adverse effects:-

- It was surprising that the interviewees were unaware that there can be adverse effects of behavioural interventions of this type. In fact the approach they used would have been likely to have mitigated such effects e.g. adverse effects on increasing inequities in health between socio-economic groups. However, in another scenario this could have been an important failure factor.

4.0 Conclusions and Recommendations

4.1 Conclusions

Reach: The success appraisal indicated that the target group participation was high, with more deprived areas being reported as having high levels of engagement.

The main factors associated with this success were: the commitment of project staff to ensuring the project was relevant and as accessible as possible to all; where possible, building project activities on existing community networks and initiatives; having a range of communication methods, with reinforcement of messages; using a social marketing approach which was grounded in the community.

Efficacy: Self-reported data from the evaluation showed significant increases particularly in measures relating to physical activity behaviour, and healthy eating related knowledge. There were also changes to the physical environment to facilitate cycling and walking.

The factors which helped success included: the commitment and enthusiasm of those responsible for delivering activities; the relative autonomy of the project; and having a built-in evaluation which helped project staff to think more about outcome measures than they may have done.

There were some factors which held efficacy back and these included: mixed messages and inflexibility on the part of the funding agency; an extremely short time period for developing the bid, which ultimately compromised the quality of project activities and the engagement of players with the potential to favourably influence the maintenance of the project; national political and economic upheaval during the course of the project.

Adoption: Adoption of the project was good. The project appears to have been implemented and have been effective in all geographical areas and populations subgroups, including the most deprived.

The factors which helped success included: the commitment and enthusiasm of staff; good working relationships; building upon existing relationships; and building activities upon existing community initiatives.

The only negative aspects were: at least one key sector was not involved in the project, possibly because there were no existing relationships or possibly because of lack of time; the lack of time and inflexibility of the work schedule meant that volunteers played a minor role in the project.

However, if adoption means commitment not just to delivery, but also to embedding activities in the community and growing the project in such a way that it could be maintained in the long run, then this project had some real issues. The two critical ones were a lack of engagement with, and therefore adoption by, senior managers and the community.

Implementation: the project did not succeed as well in this domain as in the previous three domains.

The positive factors included: once again – the enthusiasm and commitment of the project staff; unique branding was developed for the project and this was reportedly helpful in raising awareness and involvement of the target population in the project activities.

These positive factors were ultimately outweighed by more negative ones: leadership was not clear and conflated strategic and operational management - lack of decision-making had a particular impact on project implementation; the national election and economic upheaval which affected time and funding; mixed messages and inflexibility on the part of the funding agency; the community had few opportunities to have a direct influence on the implementation of the project; there was little exploration of the determinants of behaviour in the specific population; there was little or no formal training to enable skills and knowledge development of staff or volunteers.

Maintenance: the project performed poorly in this domain, with few activities being maintained after the funding stopped.

The factors which fed into this included: senior management was not sufficiently engaged, resulting in a lack of strategic vision and planning; the community was not sufficiently involved as a partner and this reduced the likelihood of the project being incorporated into existing community structures and/or the community/local politicians acting as advocates for the continuation of the project; the timescale for the delivery of the project was very short, and probably insufficient for the project to become embedded and develop a momentum; the election of a political party who appeared not to be supportive of initiatives developed by their predecessors; economic recession and austerity which affected the financial and human resources of many of the partners.

Factors for success which fell outside of the RE-AIM domains: getting the bid and initial development of the project was greatly facilitated by one of the partners having a specific

person in post to identify possible grants and to guide the bid team through the initial stages of the project; involvement of a university department in the project team from the start, enabled collection of pre-and post data, and also helped clarify already thinking about desirable outcomes.

4.2 Recommendations

Reach

- Ensure that the community is involved at all stages of the project, for example by being on the project board; providing opportunities for the development of volunteer skills; identifying and nurturing community champions; consider employing a community development worker.

- Audit which sectors are represented, and if indicated engage any sectors which would otherwise be missing.

- Ensure that there is a range of types of project communications and social marketing, with frequent reinforcement.

- As far as possible build on existing community networks and activities

Efficacy

- To be effective you need to understand the determinants of behaviour in the target population you are working with. The specific determinants and the balance between them are likely to be different from that which you will find in a systematic review of the evidence.

- As well is supporting a good quality evaluation, consider if you are able to undertake an assessment of cost effectiveness.

- Ensure that you have: a group who is responsible for overseeing operational delivery; management structures which encourage cooperative and respectful working relationships; and an attitude and context in which commitment and enthusiasm flourish.

- Make sure that potential adverse effects of the intervention are considered, in particular the potential to exacerbate socio-economic health inequalities.

Adoption

- Continue to nurture and support the active participation of the community, including skills and knowledge development for e.g. volunteers.

Implementation

- Senior management of partner organisations need to be engaged throughout the project, and have a responsibility in finalising decisions and providing a strategic vision. In terms of developing and working towards a strategic vision, community representatives or leaders should be involved.

- Project staff need to have opportunities for formal skills and knowledge acquisition.

- Continue to nurture and support the active participation of the community, including skills and knowledge development for e.g. volunteers.

Maintenance

- The active involvement of senior management and the community throughout the project are vital in maintaining a project beyond the funding period.

- There needs to be a strategic vision from the outset, which includes working towards the longer term maintenance of the project.

- National and local politicians need cross party and long-term commitment to solving public health issues, and this means continuing to support projects which may have been initiated under a previous government if they are showing evidence of effectiveness.

Other aspects which have emerged from your case study

Getting the bid and initial development

- Have a specific person within one of the lead organisations who is responsible for highlighting funding opportunities and leading in the early stages of obtaining funding

- As far as possible, try to build upon existing relationships and existing activities, but without compromising the reach of the project into all relevant sectors.

- Include input from the target population

Evaluation

- Include a partner responsible for external evaluation as early in the process as possible, to enable pre-and post intervention data collection. This will also help in encouraging partners to think of activities in terms of outcomes.

- Ensure that the budget allocated for evaluation is adequate for the team to use optimal methods. WHO recommends that this should be 10% of the total budget [15].

Additional recommendations for:-

Funding organisations

- Allow sufficient time during the initial bid process for projects to work with the target population in developing the bid.

- If the project is a complex community-based intervention it needs sufficient time to be implemented and embedded in the community so that it is more likely to be maintained. A period around 4 to 6 years would be appropriate.

- Think what you are asking the funded project to do - there is little point in saying that you want 'innovative approaches' at the same time as 'building on the evidence base'.

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[15] World Health Organisation (2008) Global strategy on diet, physical activity and health: a framework to monitor and implement evaluation.

- In complex community-based interventions allow some flexibility for the planned activities to be revised in the light of learning during the project.

- If there are delays which are forced upon the project e.g. as a result of a national election, extend the time period for delivery to reflect the time that has been lost.

- Whilst there may be pressure for your own organisation to obtain a profile, if the real purpose of the funding you provide is to improve public health outcomes, you need to be open to the project developing its own identity.

- Support the funded project in carrying out a good quality evaluation and if possible cost effectiveness calculations.

- Ensure that learning from the project is shared as widely as possible. This may mean building extra time onto the project at the end, purely to capture and disseminate learning.

Appendix 1: Appraisal of Success against RE-AIM domains – UK case study

	Relev. RE-AIM domain	Notes
The planned target group participation has been reached. ☐ **Yes** ✓ ☐ No ☐ Not found or not specified	Reach	The formal evaluation which was undertaken by the University indicated that levels of target population engagement were good, and unusually the more deprived areas were reported as having high levels of engagement. Children and women also participated more than men. Specifically:- • There were a wide range of ages of people attending the interventions, with the largest proportion being children (5-17 years) and adults (30–49 years). • More female than males (57.2% vs 37.4%) attended activities. This may be representative of those escorting their children to the activities being female. • All five wards within the intervention area were represented, and attendances from residents from the two most deprived wards were the highest (21.6% and 20.6%). • The vast majority of attendances (79.1%) to interventions were from residents within the five targeted wards, and total attendances by theme showed that environment and transport interventions ranked highest with 51.8%, physical activity interventions 26.0%, and the food theme 6.8% of attendances. However caution should be drawn here as many interventions were not able to be included and there was much missing data which prevents conclusions from being drawn from these proportions. The qualitative research indicated that_ • All of the interviewees were clearly committed to ensuring that the project was relevant, accessible and as effective as possible across as many groups as possible - socio-economic, older people, young people, men and women, and those with disabilities . • Achieving good levels of participation was partly due to the diversity and nature of the project activities which were undertaken, but in addition appears to have been because some elements of the project were built on existing networks and activities However there were concerns about how much the community was involved in the development and delivery of the project – and this is described in detail in the thematic analysis. Nevertheless in terms of planned target group participation the project appeared to do well.
A minimum of 70% of planned activities have been performed. ☐ **Yes** ✓ ☐ No	Adoption Implementation	Interviewees responded with percentages from 75%-90%

☐ Not found or not specified		
At least 90% of the objectives have been achieved ☐ Yes ☐ **No**✓ ☐ Not found or not specified	Implementation	Interviewees responded 60-70% - and one remarked that this was despite the figure being '100%' on paper Another said that for 'legacy' the figure would be 20%
Did output indicators indicate success in changing physical, social or cultural environments? ☐ Yes ☐ No ☐ **Not found or not specified** ✓	Efficacy	However, there was good agreement from the thematic analysis that the project had changed aspects of the physical environment, for example the construction of cycle paths, and signage to facilitate cycling and walking. These were identified as aspects of the project which formed a legacy.
Did outcome indicators indicate success? ☐ **Yes, statistically significant effects**✓ ☐ Yes, but no statistical analysis ☐ No, or not specified	Efficacy	Behaviour (self reported) • Physical activity behaviour (self reported) increased in the longitudinal data, and in the cross sectional data. • There were changes in self reported behaviour in two areas; physical activity per day (in minutes) (41.6% of the sample reported increasing the amount of physical activity per day) and spending (minutes) outside per day (44.6% of the sample reported increasing the amount of minutes spent outside). For time spent outside associations were found for disability; those who are not disabled were significantly less likely to increase the minutes spent outside per day, and for employment status; those who were not employed (i.e., retired, unemployed, study, etc.) were significantly less likely to increase the minutes spent outside per day. • There were increases in self reported consumption of portions of fruit and vegetables per day (30.5% of the sample reported increasing their consumption). Knowledge and attitudes • A positive change in physical activity knowledge and attitudes • There were changes in both knowledge of national recommendations for eating 5 a day portions of fruit and vegetables and in self reported behaviour, i.e. respondents reporting to be meeting national recommendation of 5 a day. • There were changes in knowledge of recommendations for consumption of portions of fruit and vegetables per day (31.7% of the sample had improved their knowledge) Other findings From the population survey:- • Attitudes to the suitability of the town for walking were already high, so little change was likely; however there was evidence of positive change in attitudes to cycling. There was also some increase in importance of transport choice. • These findings were supported by the perceptions that the intervention area is suitable for cycling improved in 41.9% of the sample. There were also changes in the perceptions that area has

		accessible public transport (33.2%) and this change was associated with age where older people were significantly less likely to improve their perception that area has accessible public transport. Self reported behaviour regarding reducing the use of the car also improved (35%) as did the perceptions of the importance of choice of transport for health and wellbeing (33.53%). Once again this was associated with age where those who were older were significantly less likely to improve their rating of the importance of transport choice for health and wellbeing. • There was an increase in the proportion of respondents rating the town as healthy. • Differences emerged for perceived wellbeing, using different research methods. However, an individual level analysis found that the perception of personal satisfaction with life as a whole improved in 40.1% of the sample, and there were associations found for gender where females were significantly more likely to improve their perception of personal satisfaction with life as a whole.

Were possible adverse differential effects on vulnerable groups considered?
  ☐ Yes
  ☐ **No✓**
  ☐ Not found or not specified
	Reach	The thematic analysis provides more detail. In summary, this issue was not considered within the project.

Were there beneficial differential effects on vulnerable groups?
  ☐ **Yes ✓**
  ☐ No
  ☐ Not found or not specified
	Reach	There was higher participation in project activities from those in the more deprived areas.

Were stakeholders' views on the success of the intervention favourable?
  ☐ Yes
  ☐ No
  ☐ **Not found or not specified✓**
	Adoption Efficacy	This was not included in the evaluation. Thematic analysis indicated that at least some stakeholders would have appreciated being involved in a reflection stage at the end of the project.

Were Cost effectiveness calculations favourable?
  ☐ Yes
  ☐ No
  ☐ **Not found or not specified✓**
	Efficacy	Not included in the evaluation. Thematic analysis indicated that at least some of those working in the project thought that the effective termination of the project at the end of the grant (linked to changes in national government and the introduction of an austerity budget) reduced the cost effectiveness of the work.

Did longer term follow up indicate that effects were maintained
  ☐ Yes
  ☐ No
  ☐ **Not found or not specified✓**
	Maintenance	No longer term follow up

Appendix 2: Quantitative scoring data

1=not at all　　　　　　　　　　　　　　　　*Total no. of participants =9*
2= to some extent
3= A lot
4= Yes, fully

Question	Mean (range)	No. responders	Comments
Participation: d) Does the project specifically focus on groups at risk/vulnerable groups in order to reduce inequalities?	2.8 (2-4)	6	
Participation: f) Did the project overcome barriers to the target population participating?	2.3 (2-3)	5	
Participation: g) Did the project use different methods to inform everyone about the project?	3.7 (3-4)	3	
Root causes: a) Has the project explored the causes of the problems that are targeted in the project	2.0 (2-2) for main project	2	+ score of 3.0 from one participant who was a subcontractor for delivery of a specific intervention
Root causes: b) Has the project involved the target population in the identification of these root causes and possible solutions to these?	1.5 (1-2) for main project	2	+ score of 3.0 from one participant who was a subcontractor for delivery of a specific intervention
Leadership: b) Are key roles and responsibilities of the leaders formally defined?	2.3 (3-4)	4	
Leadership: c) Was it clear from the start what the key roles and responsibilities of these leaders and key staff were?	2.3 (1-4)	6	
Leadership: d) Are there any informal leaders and is their involvement encouraged and supported?	1.0 (1 - 1)	4	
External support: a) Would you say that external support is available?	2.0 (2-2)	3	
Resources: a) During the planning, implementation, and/or evaluation of the project, is/was there access to internal resources?	3.7 (3-4)	3	
Resources: b) Are there resources that you are specifically trying to maintain access to - because they are important to ensure success and prevent failure?	2.3 (1-3)	4	
Linking with others: a) Is the project networking with other sectors to ensure success of the project?	3.5 (3-4)	2	
Skills, knowledge and learning: b) Has the project provided the target population and the wider project team with other opportunities for learning?	1.7 (1-2)	3	
Shared ownership, vision, commitment and trust: a) Did the intervention contribute to a sense of shared ownership, "sense of community", vision, commitment and trust to those working with it?	1.6 (1-2)	4	2 of the 4 people said for project team and active partners they would both score 4.0

Annex 6: Examples of best practice from country case studies

Denmark

Visibility and accessibility of project team: Placing the project office with project manager and staff on the project site was, first of all, received by members of the target group as a gesture of assurance. It signalled a project commitment towards the target group by being full time on their location. Secondly, this placement away from the premises of an implementing institution make a very close cooperation between on-site manager and staff possible. The constant presence of the project encouraged only active residents to take part in project activities but also individuals from groups that are harder to reach.

Enthusiasm of project team: The enthusiasm of the project team and pro-activeness of the project manager rubbed off on receptive members of the target group, but may cause others to hesitate. The very direct manner may also minimise a victim mentality amongst project recipients that may be nurtured when too much sympathy and understanding is shown without expecting some response or activity in return.

Engaging a hard-to-reach-community: The entire project site, the social housing complex, is almost as a small community with many different residents (the target group). Not all residents participated in activities, but many people took part in events where one could mingle and observe without registered participation. For many very-hard-to reach groups this can be an important first stage toward more active participation.

Flexibility of activities: Activities were not planned from A to Z. Rather, activities could be extended, revised, or cancelled according to levels of participation and feedback.

Information and communication: The project communicated with the target group through several media: a project website, colour-coded flyers (to match a type of activity i.e. smoking cessation, physical activity, healthy diet, or other; and with pictures of the relevant activities) to hand out in the job center and at events. Also door-to-door visits were made to speak to people directly, as well as speaking in school classes.

Netherlands

Searching for common interests. The project aimed to collaborate with all organisations and professionals in the district, even though they may not have been primarily interested in overweight. However, the project leader discussed with these organisations and professionals what their interests were, and tried to find parallels between overweight and other topics, such as upbringing of children, increasing the involvement of volunteers, social cohesion etcetera. This can also increase feelings of shared ownership.

The project used different ways to communicate with their target groups, such as information on websites, in newspapers, in the community center, via GPs and dietitians, going from door to door to speak to people directly, going to schools and speak in the classrooms, preparing leaflets that contained pictures instead of letters, and leaflets in different languages.

The project did not aim to design many new interventions but instead tried to link existing interventions, and identify where gaps needed to be filled. Identifying the existing activities also helped professionals to find other professionals that had common interests.

The project started off with a needs assessment. This needs assessment not only identified needs of the target group (inhabitants of the district), but also the needs of professionals and organisations, and provided an overview of existing events, activities and groups in the district.

The project leader was a pro-active person who was willing to work hard and pull the cart. The project leader motivated other professionals and made sure that all tasks were completed. (S)he used previously acquainted contacts to get a close network of professionals cooperating for the project.

The project was flexible, which allowed a change of plans when necessary. Often, it turned out that some activities were not needed anymore, or that actually, different activities were needed. Although there was a list of activities to be conducted, there was freedom to divert from this list.

The project had a scientific foundation, and a well-known method was used for implementing the activities. The project group members had taken enough time to think about relevant activities and how to implement these.

The project focused on creating a sense of urgency among professionals and target groups. Although this was not in all cases successful, this is the basis for getting a high reach and effectiveness of a project. The project did not directly focus on overweight, but made people aware of the importance of healthy eating and being physically active in fun, positive ways.

It was decided halfway the project to use experience experts (people who are an expert on overweight or unhealthy lifestyle because they have experienced that themselves). This helped tackling the psychological barriers the target group experienced for participation in activities.

United Kingdom

Leadership in the early stages of getting the bid: One of the partner organisations had a designated person responsible for identifying potential funding opportunities. This person not only identified opportunities but worked with colleagues to identify and bring together a group of people to develop the bid, and continued to lead until the funding was obtained. This made it possible to bring together a diverse group of people to develop a complex bid in a very short length of time.

Evaluation and monitoring: A University was recruited as a project partner right at the start. This had the advantage that baseline data could be collected and enabled an evaluation of whether change in outcomes had occurred during the project. The process of identifying and thinking about outcomes was also useful for project partners, particularly those who are not used to thinking in these terms.

Building on existing relationships and activities: When it was possible both the core group and later on the project partners and those responsible for implementing activities, had existing relationships or knowledge of each other. Similarly many of the activities were based upon existing work, and so harnessed existing skills and knowledge and also the motivation and commitment to success. The project was notable for the high level of dedication and enthusiasm amongst project and partner staff at all levels, and it is likely that this was partly due to pre-existing relationships. However, one mistake they made was not to systematically audit other sectors to see whether these should be included in the project, and this did result in health professionals not being as involved as, in retrospect, interviewees would have liked.

Engaging the community: The project had several issues relating to its relationship with the community. Although there was a high level of engagement of the target population, the community was not a partner and did not contribute to the development or implementation of the project at partner level. However, one action which was taken which does appear to have been successful in enabling community activities and engagement which would not otherwise have happened, was the employment of a community development officer.