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Evaluatie Zuidoost-Drenthe HARTstikke goed!

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Summary

In 1991 the GGD Zuidoost-Drenthe (Southeast Drenthe Municipal Health Services) initiated the heart and vascular disease prevention project 'Zuidoost-Drenthe HARTstikke Goed!' (Southeast Drenthe Good and HEARTy). The goal of the project was to promote a healthy lifestyle in order to prevent heart and vascular disease. The project was also aimed at gaining experience in providing local community-based information. The project was concluded in 1999. An evaluation study was set up to assess the results of eight years of community-based prevention in local practice, whereby changes in knowledge, attitude and behaviour among the regional population were examined. The good and bad sides of the implementation of the project were also described. This thesis discusses the experiences that were gained in carrying out the community-based project. On the basis of the experiences with the project in Drenthe and the knowledge gained from other community-based projects, we are examining the question of whether community-based intervention can be effectively and successfully applied and can be properly evaluated.

Chapter 2 deals with the *prevention* of heart and vascular disease - the immediate reason for the intervention project. An epidemiological study conducted in the early '90s showed that the death of men in Southeast Drenthe was 7% higher than the national average; for men under the age of 65, the excess mortality was as high as 35%. From the first health survey that was conducted in 1991 by the Municipal Health Services, it appears that in terms of lifestyle, the residents of Southeast Drenthe lead a less healthy life than the average in the Netherlands. The scope and causes of heart and vascular disease are also being further scrutinized. Causes can be distinguished in biological factors and genetic predispositions, pathophysiological factors, such as high blood pressure, overweight and cholesterol levels, as well as lifestyle factors, such as eating habits, exercise, smoking and stress. The possibilities of influence are also indicated.

Chapter 3 describes the prevention of heart and vascular disease and the different methods that can be applied. Thoughts about the promotion of health have changed considerably over the last few decades. Halfway through the last century, health was perceived from a technical medical viewpoint; in the years that followed, health was considered on a wider level. Canadian Minister Lalonde's Health Field Concept of 1974 considerably influenced the understanding of health. This vision of health is still generally accepted. He stated that the interplay between biological factors, environmental factors, lifestyle factors and the organization of health care influence health. This led to the development of a different method for providing health information. In line with these developments, the community-based method came about. The first publications

about community-based projects in Finland and America were very positive. A great deal was expected of this new method. In the project in Southeast Drenthe as well, this relatively new intervention method was used. The essence of this method is that the information is geared to the wishes and needs of the population and the local possibilities, and that attention is given to the aspects in the Health Field Concept. The method can be summarized in three main characteristics: using an intervention mix (many different activities are conducted, aimed at different groups and with different goals), participation of the population (there is a great deal of collaboration with the population) and intersectoral cooperation (as many sectors as possible: i.e. business, the municipality, school, family doctor, etc., are involved in the project). Also described is the 10-phase model, which was developed for the project in Drenthe for setting up and implementing community-based prevention.

Chapter 4 describes the set-up and implementation of the project 'Southeast-Drenthe Good and HEARTy!'. The goal of the project was to promote a healthy lifestyle among the population of the region in order to reduce the incidence of heart and vascular disease. Led by the study of causes of heart and vascular disease and risk factors, the project focuses on four lifestyle themes, i.e.: nutrition, exercise, smoking and stress. This approach was chosen because of the known positive experiences with the community-based method. General information theories and prevention strategies were applied in the project. Kok's phase model for behavioural change through information (1985) occupied a central role. The project started in 1991 and was concluded in 1999 after a few extensions. The first period was primarily focused on gaining attention for the project, increasing knowledge of the risk factors for heart and vascular disease, and contributing to the development of a positive attitude. The second project period was devoted to the municipal project groups that had been set up in the meantime. The establishment of the municipal project groups helped to encourage participation, and project activities that fit the specific municipality were set up. The third project period was aimed at implementing the project groups and the activities set up by the project. In addition, the evaluation was concluded in order to gain more insight into the effectiveness of the community-based method.

An extensive evaluation was set up for the project. Chapter 5 discusses the method used, which consists of a process and effect evaluation. In the process evaluation, detailed research was conducted on the different steps in the 10-phase model and supplementary studies were conducted on the subprojects. The effect evaluation consists of a longitudinal and a cross-sectional study of an experimental group and a control group. Since the endeavour to start up a project group in each municipality of the experimental region did not succeed, a third group was ultimately created: municipalities in the experimental region without a project group. A random sample of the residents of the Southeast-Drenthe region and the neighbouring area were surveyed several times with a written questionnaire over a

period of eight years. The evaluation study was aimed at describing changes in knowledge, attitude and behaviour with respect to the factors smoking, exercise, food and stress.

Chapter 6 describes the results of the process evaluation. The municipal project groups form the core activity of the project. The intention was to set up a project group in each municipality. Ultimately, project groups were formed in six of the nine municipalities in the Southeast-Drenthe region, which were also the smallest municipalities. The project groups formed a wide representation of the residents in the municipality. A certain degree of intersectoral cooperation was achieved, since most of the project groups and, indirectly via this group, the residents were involved in the project at an early stage in the further set-up of the project and the activities to be conducted. Ultimately, the project group was successfully implemented in two municipalities in the regular structure within the municipality. Important barriers that hinder the establishment of a project group in municipalities are to reach an agreement between the Municipal Health Services and the municipality about the problem, the acceptance of the project as a solution to the problem and the implementation of the decision to set up a successful project group. Other important factors were the time spent on the project and the size of the municipality. In the second project period, on the request of two municipalities, a new start was made and municipal project groups were still set up after all. During the project, municipal project groups conducted many hundreds of activities aimed at different target groups and the different lifestyle themes. Via the municipal project groups, many representatives of organizations and non-organized residents were involved in the project. The general experience with the community-based project is that in practice, the methodology is well received. The project received a positive response in the region from municipalities, residents and other local organizations. There was a high degree of name familiarity. The willingness of municipalities and organizations to participate in the project and make efforts to set up municipal project groups was apparent in most of the municipalities.

The results of the effect evaluation are described in Chapter 7. In general, it can be concluded that in the first years of the project a few minor changes were made in the steps that lead toward change in behaviour regarding the themes of the project. With respect to residents of municipalities without a project group and the control region, these changes are favourable from the perspective of health. Positive changes in the phases toward behavioural change were found for nutrition and exercise. The results of the longitudinal and the cross-sectional study are comparable. However, no significant effects of the intervention were demonstrated throughout the entire project period.

In Chapter 8 the experiences with the project and the results of the effect evaluation are discussed against the background of developments in the collective prevention

and of experiences with other community-based projects. The results show that those who conducted the project and those involved in the project were enthusiastic about the efforts and the activities that were conducted. Nonetheless, no meaningful lasting effects on behaviour were shown. Certain elements of the intervention projects were successful. Positive results were shown with respect to effects in the short term and with specific groups. A comparison of the results of the project in Southeast-Drenthe with those of other projects within and outside of the Netherlands shows that comparable results were found in other projects as well. People are pleased with the method, many activities are conducted, and the population and the community become relatively easily involved in the intervention. On the basis of these findings, it seems obvious to state that the evaluation method is not sufficient. Until now, effect studies have been conducted on an individual basis. Community-based programs, however, require a different, wider approach for an effect study. Not only concerning the changes for the individual, but also the changes within the complex community play a role. The chapter presents a concretely applicable model with other intermediary effect measures for the evaluation. The conclusion is that community-based prevention is a suitable method for devoting attention to the improvement of health of the local population. If we are to compare the success, there will have to be a greater degree of attunement with other organizations and parties in the community.

Chapter 9 features recommendations for working with community-based intervention. It is recommended that this method be used due to the applicability in practice and the fact that it is easy to get people to participate. A general framework is described for this purpose. For community-based interventions, it is also recommended that municipal groups be used. This chapter also argues in favour of a more cohesive framework of local and national policy focused on health information for the public. Through an integrated approach via a form of a "national" community-based approach, it will become easier to create prior conditions for the implementation and continuity of health interventions. For the evaluation of community-based interventions, it is recommended that concrete intermediary standards be employed in future evaluation study. For example, cigarette sales figures or the sale of healthy or unhealthy products in the region can be used as a standard, instead of the individual steps in the phases toward behavioural change that are difficult to measure. It also seems useful to better attune the existing methods with each other so that project and evaluations of projects can be compared to each other.