

Evaluation Report

Pathways for Health Project (PHP)

1. PURPOSE OF PATHWAYS FOR HEALTH PROJECT (PHP)

- 1.1 The **overall aim** of the Pathways for Health one year project was to support the European Commission and Member States in the implementation of effective alcohol policies to reduce alcohol related harm in line with Council Conclusions and Council Recommendation on alcohol.
- 1.2 The **project focused** on three specific topic areas - drink driving, binge drinking and health warning and labelling with the following stated key objectives:
 - to prepare/publish/disseminate 15-12 page Review of the evidence for effectiveness and public health importance
 - to create a data base and inventory of Examples of innovative and best practice and experience including relevant laws and regulations
 - to prepare/publish/disseminate 3/5 page summary of Practical recommendations as to what could be done at European and Member States level.
- 1.3 The **lead partner**, with responsibility for management of the project, was the German Centre on Addiction Problems (DHS). The Institute of Alcohol Studies (UK), an associate partner, was responsible for the review and preparation of a report in each of the three topic areas. The University of Bergen, also an associate partner, had responsibility for the input of the examples of innovative and best practice collected during the PHP into their website alcohol database HPsource, which was developed as part of the previous Alcohol Policy Network project. The third associate partner was CRIOC, the Belgian consumer association which undertook a Delphi survey on health warnings and labelling with its network of consumer organisations.
- 1.4 **Collaborating partners** in the PHP were Eurocare (European alcohol NGO) which had developed the Alcohol Policy Network (APN); TISPOL Traffic Police Officers from European Traffic Network, European Transport Safety Council (ETSC); European Youth Forum, and the APN partners from Member States. The PHP was co-financed by the European Commission and by the Governments of Finland, Germany, Portugal and France.

2. EVALUATION METHODOLOGY

- 2.1 A **process evaluation** was undertaken, given that the focus of the project was primarily to raise understanding (review of evidence), to gather examples of best practice (data base) and to make practical suggestions (recommendations) for

effective measures to tackle drink driving, binge drinking and health warning/labelling.

- 2.2 The process evaluation examined the **inputs** and **outputs** of the project - the organisation, the communications and the gathering of examples of best practices, the documents, reports and recommendations. The evaluation also involved assessing the **experiences** and **views** of the different project partners in terms of successes, problems and lessons learned.
- 2.3 To evaluate the process, a template of questions (Appendix 1) was developed and used with the different key groups involving the following methods.
 - 2.3.1 *Focus group*: A focus group was organised with five senior participants in the project.
 - 2.3.2 *Email survey of project participants*: Those responsible for gathering the examples of best practice were surveyed via email with a limited number of questions. The results are based on six people who responded.
 - 2.3.3 *Questionnaire with Senior Project Personnel*: Detailed responses to key questions were received from Project management and Project consultant.
 - 2.3.4 *Observation*: The evaluator attended the PHP meeting in Paris and the brief meeting in Helsinki.
 - 2.3.5 *Discussion*: The evaluator had informal discussion with many participants during the course of the project.
 - 2.3.6 *Documentation*: The different project documents, reports and the recommendations were reviewed.
- 2.4 The following evaluation reflects the main issues that emerged from the process evaluation. While agreement was evidence on some issues differences also emerged and will be discussed where relevant.

3. PROJECT FOCUS

- 3.1 Some participants had difficulty combining, as they saw it, three very different topics for two main reasons. Firstly, it lacked coherence unlike previous projects and secondly, specialists were needed for the specific topics. So those who considered themselves as generalists found it conceptually challenging moving from topic to topic. While specialists had different professional backgrounds and some were not familiar with alcohol issues.
- 3.2 While others saw it as an opportunity to focus on concrete issues which helped to intensify discussions on the issues, thus increasing the knowledge base of NGOs. The broadening of the network base to include traffic and consumer organisations was welcomed by all.
- 3.3 Another view expressed was that the project 'journey' was the most important aspect, creating an opportunity to consolidate, continue and expand the alcohol policy network around serious topics.

- 3.4 There was a view that the name of this project or other similar alcohol projects should have the word 'alcohol' in the title of the project. It would enhance project identify and make it easier for reaching a broader audience with interest in alcohol issues.

4. TIME DEMANDS

- 4.1 All project participants had difficulty to some extent with the time scale of the project. The one year time scale was overly ambitious- given the required amount of work, so the delay in EU payments provided an opportunity to extend the project time length.
- 4.2 The time demands for data collection was underestimated from the outset of the project which resulted in very significant pressure on every individual in the project.

5. PROJECT ORGANISATION

- 5.1 There was some confusion early in the project as to the role of certain partners and how the programme was to be managed. To others it was very clear what had to be done.
- 5.2 Most participants were satisfied with the organisation, content and management of the two main meetings (Berlin, Paris). However, other views were that perhaps it would have been better to have 3 small meetings on each specific topic with specialists or that one meeting could have been enough as there was some repetition.
- 5.3 Communication of project developments was through meetings, email and development of project web-site. All material, presentations, questionnaires and other documents, were available on the website. Some participants were unclear as to the purpose of the HPsource database and had difficulty in accessing the DHS website.
- 5.4 While good communication was maintained throughout the project, much of it was a one way flow from project management to participants. People were enthusiastic at meetings which created the push for the work to be undertaken post meeting. However, between meetings people did not always keep promises, described as the 'roller coaster' effect. To create a better two way flow of communication, a suggestion was to use the internet (such a Skype) for more frequent meetings and to have three to four people talking regularly.
- 5.5 There was also project fatigue and information overload, in that many project participants were involved in other alcohol projects which also required extensive data collection.
- 5.6 The project management personnel had to work-share with another European NGO which hampered to some extent the workings of the PHP, but was outside the control of the Project team.

6. INNOVATIVE AND BEST PRACTICES

- 6.1 The task of gathering examples of best practice proved to be the most difficult and most time consuming exercise for project participants and project co-ordinator. Firstly, explaining the concept of innovative projects proved very difficult. However, to help this understanding, the project co-ordinator did present examples of good practice. The template for data collection was developed in conjunction with the project partners which took time but proved very beneficial as the majority completed the questionnaire well.
- 6.2 To collect examples, people needed to be recruited at the country or local levels who were working directly in the specific topics. In many countries, project participants were relying on the good will of others which is a big imposition. One view was that 'it was treating professional activity in an unprofessional way'. It was felt that people must be paid to collect data. On the other hand, some specialist national groups were very interested and willing to contribute to an EU wide project.
- 6.3 All project partners completed the questionnaire in addition to their regular work. However, there were several delays due to limited time resources of participants. The level of commitment can be seen in that 90 projects from 24 European countries were collected.
- 6.4 Extensive support for assisting data collection was provided by the Project Co-ordinator through phone calls, discussions, emails and website information which was very time consuming. Extensive personal contact with all project partners was a critical factor in the successful completion of the data collection. The project management was disappointed that active involvement (data collection) from the European Youth Forum network did not take place. This may have been due to their involvement in another alcohol project.
- 6.5 Drink driving was the easiest topic to gather examples of best practice as most MS have specialist organisations in road safety which have been in existence for many years. Binge drinking was the most difficult for a number of reasons, the topic itself cannot be isolated from other alcohol related problems and is tackled through integrated alcohol policy measures, the role of culture around binge drinking is also important but difficult to measure and no one programme or measure is effective.
- 6.6 For the most part there were few examples of best practice on health warning and labelling. Part of the difficulty was that the alcohol policy field has not been a focus area for many NGO consumer organisations. While alcohol partner organisations recognised that co-operation with consumer organisations is important, it was felt that the resources are not yet available and need to be a priority going forward. The process also showed that the alcohol industry is very involved in this issue and takes a strong stance against labelling.
- 6.7 For many the quality of the data collected was an important issue. There is the sense that there are many examples of programmes and practices but not many good 'best' practices. There was difficulty in that many of the examples of best

practice were not evaluated or not externally evaluated (considered best practice). Project participants (NGOs) also realised the limitations of not having their own researcher to provide quality assurance on the examples collected. For some partners, there was also the difficulty of interpreting projects from other countries.

- 6.8 To gather good data quality, the skills, ability and motivation of several people are necessary to complete the work. In large countries data collection is even more difficult as different regions and different networks need to be consulted to establish a national picture. The realisation that data collection of best practice is difficult lead to calls for more scientific research to evaluate alcohol programmes and policies.

7. PROJECT REPORTS

- 7.1 The Pathways for Health project has produced three good reports on drink driving, binge drinking and consumer labelling. There is also a report on overall conclusion and recommendations. These reports have had the benefit of a feedback loop from the experts in the project. In addition, the examples of innovative and best practice will benefit all those working in the alcohol area.
- 7.2 Making the database know amongst project participants and also amongst those involved in the alcohol advocacy or related areas in a user friendly way was called for by many partners. There is still uncertainty in some countries on what works to tackle binge drinking and the hope is that this project will shed some light on this issue.
- 7.3 There was general agreement that the documents produced in this project complements and extends the existing alcohol reports from previous projects. The HPsource and website database will help increase understanding and allow future projects to expand this information base.
- 7.4 For many partners, the knowledge and material gathered will be used in prevention programmes and for alcohol policy action.

8. VALUE OF PROJECT

- 8.1 PHP was seen as an important link to other projects connecting logically to the previous BtG project and to the new Building capacity project going forward.
- 8.2 The project provided an important mechanism for documenting what is happening across Europe in Member States and gives partners a chance to learn what works in tackling these important issues.
- 8.3 The project provided an opportunity to share experiences and to hear the 'other view' from those outside alcohol specific organisation, such as consumer organisation and traffic specialists. The importance of building coalitions with organisations and institutions which are not directly linked to alcohol policy added real value to the project.

- 8.4 Within Member States, the project participants discovered new information and made new contacts, in particular with specialists in traffic (drink driving) and consumer groups (labelling). The participants at the 'cold face' considered the collection of 'real' examples on concrete issues as a very positive experience. In some cases the project gave impetus to including the issues in their national action plan. For others the project increased their awareness of the binge drinking issue in their own country.
- 8.5 The documents, reports and recommendations are seen by participants as very important background material for future alcohol advocacy work.

9. LESSONS LEARNED

- 9.1 It was strongly felt that there is a structural problem in the approach taken by the EU for project work, because the EU is always looking for 'newness' of projects. If a project is doing good work then it should be allowed continue. Instead extra energy is needed to make a 'new' proposal and is a distraction for continuity. But what is needed is an ongoing funding mechanism rather than the current discrete and limited funding.
- 9.2 There is no mechanism (funding) for 'talking days' that is intellectual involvement in planning and brain storming for future projects. Every penny is locked into 'doing' the project. What is needed is space, time and money -10% of project should be allocated to intellectual development of ideas. There is also a need to advice EU on future alcohol related work plans.
- 9.3 There is a need for more active involvement of partners when a project is being planned and designed. It is also necessary to match the strength of different organisations with different aspects of projects. There is a need to set out more clearly what is expected of each partner and to build capacity and understanding of the project purpose and value. This would encourage greater ownership and responsibility leading to greater motivation and involvement.

10. CONCLUSIONS

- 10.1 The Pathways for Health project provided a valuable opportunity to consolidate, continue and expand the alcohol policy network around serious and current alcohol topics. Building alliances with organisations that have relevant expertise linked to alcohol policy issues are both positive and necessary and needs to continue.
- 10.2 The commitment given by the project participants was enormous. The data collection process was more complex, more time consuming and needed more support than anticipated. In future more realistic times scales and commitments should be planned.
- 10.3 The examples of good programmes and practices will be of great assistance to the many people engaged in working to prevent and reduce alcohol related harm. Going forward, the message should surely be that sound and effective

programmes and practices must be the norm, based on the evidence of what works rather than on the feel good factor of what might be appealing but has little evidence of making a difference.

- 10.4 The dissemination of the all the different strands of information (documents and reports, good practice) imitating from this project needs to be given high priority in order to see effective change on the ground in alcohol policy.
- 10.5 The EU structure for supporting alcohol initiatives should examine ways to improve the mechanism (funding) to allow for continuity of effective projects and to add on or create contingency funds for intellectual development for future projects.

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*Appendix 1***Template of questions used in the PHP Evaluation****GENERAL**

1. Was Pathways a worthwhile project?

ORGANISATION OF THE PROJECT

2. What were some of your experiences in relation to the organisation of the project?

(prompt) Organisation of the meetings
 Timing and sequence of the project tasks
 Communications of project developments

GATHERING OF INFORMATION

3. What were your experiences on the gathering of the examples of best practice, laws and regulations ?

(prompt) Understanding of the tasks involved
 Template provided – was it useful
 Support from Pathway administration
 Support from organisations within your country
 Time needed

In relation to

3a) Specific issues on drink driving

3b) Specific issues on binge drinking

3c) Specific issues on health warning and labelling

VALUE OF PROJECT

4. What, in your opinion, were the main successes of this project?

5. What, in your opinion, were some of the key problems for the PHP?

6. Was there a learning curve among and between members of the Pathway project?

7. What were the lessons learned from this project that could be applied to future such projects on alcohol?

8. How, in your opinion, do you think this project has helped MS implement effective alcohol policies? Are there any examples ?

*Thank you for your assistance
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