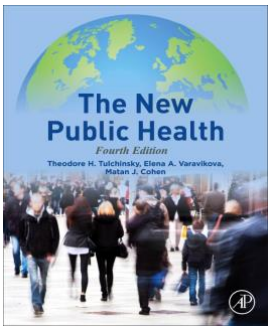




# Rapid appraisal of effectiveness of public health interventions

**Selma Sogoric, Andrija Stampar School of Public Health, University of Zagreb Medical School and John Middleton, Association of Schools of Public Health in the European Region**

**For NPH4 Chapter 3**

At the beginning of 1990s there was no standardized method for evaluation of the impact of a health promotion intervention on an entire community. Most health promotion initiatives conducted in the seventies and eighties had used community-based approaches only to modify individual health behavior. In evaluating the impact of interventions these studies focused on measuring changes in health behavior and attitudes of individuals whereas the impact on the wider social environment and people or organizations carrying out the initiative was not recognized. Health promotion interventions are costly, take time, and require substantial efforts, so we decided to perform a qualitative research study to identify and describe variables contributing to the efficiency of health promotion interventions, and assess whether these variables could serve as reliable and early indicators of success.
We performed a retrospective study of 44 successfully performed interventions in five cities from 1993-1998 – Liverpool (UK), Sandwell (UK), Vienna (Austria), Pula (Croatia) and Rijeka (Croatia). These cities were selected by high-variability sampling to ensure differences in population size, geographic location, standard of living, culture, tradition, and political orientation at the local and national level. In each city the interventions were selected through a chain sampling i.e., purposely chosen key informants. Data on each of the 44 selected interventions were collected at three levels: by in-depth interview with the program leader, by collection of written documents on the project, and by on-site observation during the visit to the program.

Data analysis was performed by two qualitative analysis methods: content analysis and computer-assisted free-text analysis. Qualitative analysis of the data revealed different characteristics of the interventions depending on whether they were initiated by the city government sector, health care system, or citizens sector (independent of the city or country). The assessment of the efficiency of these three groups of interventions also differed because of varying features, scope (activity potentials) and impact they were able to accomplish.

Projects initiated by the city acted and achieved results within the given (socio-political) environment, because of the presence of organizational prerequisites for intervention: needs, predisposing and enabling factors. They did not change their aims or state mistakes during the project implementation. City projects were the strongest in planning, subjected to internal audit and carefully designed to be accepted by the city council. An opposite situation was found among the city interventions delegated for implementation to other sectors or newly established agencies. They had either expanded or reduced the project aims, due to a failure in the process of delegation (a lack of clarity in objective setting) or due to inadequate user involvement. Interventions initiated and implemented by the city administration emphasized promotion of social health as their main goal. They improved the health and quality of life of their citizens by increasing the physical, social, or cultural accessibility. As the same impact on social health cannot be achieved by interventions initiated by other sectors, implementation of interventions aimed at increasing general well-being of the community should be done by the formal city sector. This finding is consistent with the experience from the Healthy City project in Europe, where commitment to the idea of health and mobilization of city administration resources has made a difference in citizen health. Almost all projects initiated and implemented by the health care system had modified, adjusted, or extended their aims, due to insufficient understanding of the users' needs. The aims were modified along the way, as project implementers learned through receiving feedback from users. These interventions most frequently reported mistakes related to project implementation and intervention management. Formal collaboration was typical, and expected, for interventions implemented by the government system, whereas the presence of vivid informal collaboration was the sign of their openness and better efficiency. If the formal sector failed to meet the needs, the citizens' sector responded by initiating interventions themselves. Citizens' efforts were valuable, especially in raising awareness, establishing a technology for problem solving and introducing change into the formal sector.
This study identified ways in which the efficiency of all three groups of interventions can be improved. The efficiency of the interventions within the city sector can be increased through an improved process of delegation to other sectors, higher involvement of user groups, and higher receptivity and organizational flexibility. The efficiency of interventions within the citizens sector can be improved through professional, organizational, and financial support. Support from the professional community is important for citizens sector interventions in confirming the importance of the problem they address and legitimizing the actions they propose and undertake.

The criteria were applicable regardless of the place and country of origin of the intervention.
Naturalistic inquiry allowed us to perform an in-depth analysis and determine other dimensions of impact beyond previous published work. We determined that a health promotion intervention could be assessed through its impact on the macro-environment, on the project or program target group, on implementers, and through monitoring of critical points in the intervention implementation process. Changes in these four aspects happen before the impact on health of the target population can be detected. The advantage of such a model is that it allows monitoring and annual assessment of the progress during the very process of the intervention implementation.

Professor Selma Šogorić
Andrija Štampar School of Public Health, School of Medicine, University of Zagreb, Croatia
John Middleton
Honorary Professor of Public Health, Wolverhampton University
Visiting Professor of Public Health, Chester University

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