

## Template

### Gathering Evidence

#### 1. Introduction

#### 2. Mapping / data-collection four parts

#### 3. A: Local / method

Focus

Aim

Study Questions

There may be proposals to

Method

Actors

Scope

#### 4. B: Local / setting

Focus

Aim

Study Questions

There may be proposals to

Method

Actors

Scope

#### 5. C: National / method

Focus

Aim

Study Questions

There may be proposals to

Method

Actors

Scope

#### 6. D: national / setting

Focus

Aim

Study Questions

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There may be proposals to  
Method  
Actors  
Scope

**7. Stages for the data-collection**

**8. + 9. Appendix: Form for reporting and example of fulfillment**

## 1. Introduction:

The aim of the HCHF-projects is to improve health within children, young people and their families. The project is implemented in geographical areas characterized by a high degree of immigrants and people from lower social classes, thus, communities facing great social challenges. It is the general objective of the project to develop a “community health counsellor”<sup>1</sup> concept and associated training programme, enabling persons from informal community networks and organizations like youth clubs, local schools, sport clubs and ethnic associations to promote health among children, young people and their families.

On this basis the main purpose of WP 4 is to develop “an evidence base containing descriptions and analysis of *crucial parameters for the project at the national and local levels in the participating countries*” (cf. project plan). Thus this template should help us systematize the data-collection giving us relevant, useful knowledge and good examples in order to develop a “community health counsellor” concept and associated training programme, especially *knowledge on how and where the municipalities can recruit health ambassadors, how they should be trained, how we insure continuous commitment and how we can involve civil organizations in the work.*

The template is a presentation of what we want to know, how we will obtain this knowledge, and who will provide that knowledge and the primary aim of the data-collection is to gather *good and inspiring examples of ‘best practice’, especially concerning:*

- 1) Health initiatives in the local communities characterized by a high degree of ethnic minorities and people from lower social classes: e.g. good methods and central target areas.
- 2) Training programmes based on involving civil society organizations and resource persons in the local area as well as on regional/national level: e.g. recruitment, motivation, content of training programmes.
- 3) Health interventions based on an empowerment-oriented perspective.

## 2. Mapping / the data-collection

According to the project plan the data-collection should happen at the following levels: “**National level:** descriptions of the legislative framework and mapping of research resources and competences. **Local level:** description of existing strategies at the municipal level, mapping of resources in local, social networks and mapping of local health challenges and resources (quantitative and qualitative health profiles, socio-demographic factors, risk factors) **Academic level:** gathering academic knowledge within the field of community health promoting activities.”

**On this basis the data-collection is suggested to be organized at two horizontal levels:**

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<sup>1</sup> Also called ‘health ambassador’

**1. Local level:** This implies a participant perspective. Focus is on the local area, where the project shall be implemented. The focus is on the past and current health promoting interventions, as well as the citizens who are or will become involved in this project. The main purpose is to gather relevant knowledge about the local area and the target group.

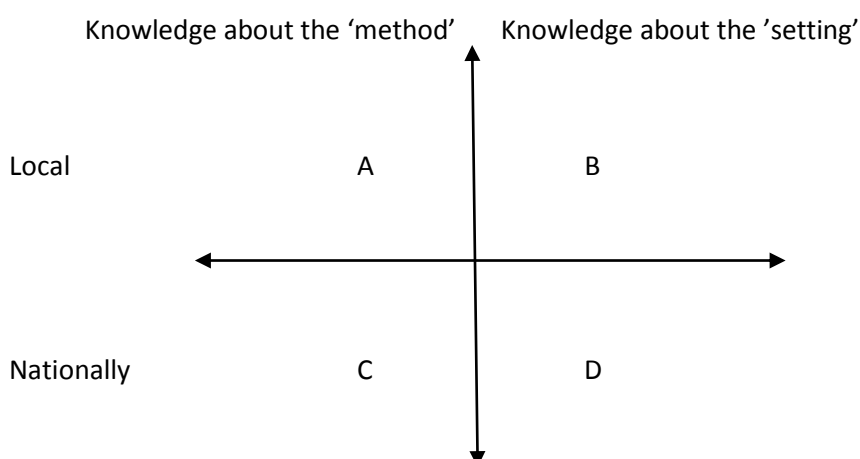
**2. National/regional level:** The objective here is divided in two: 1) to look up from the local level and examine the same points at the national or regional level and in a more research-oriented perspective and 2) to examine laws and national strategies to create the frame within which the actors have to work on a local level. The main purpose is to collect possible good /bad experiences and national strategies relevant to the project.

***At the same time the data-collection is suggested organized at two vertical levels:***

**1. Knowledge about the 'method':** Focus here is on experiences from working with health issues in multi-ethnic areas. Especially methods, project or interventions 1) having an empowerment perspective (Empowerment is basically understood as ‘the process of enabling people to increase control over the determinants of health and thereby improve their health’ (WHO 1998: 1-2). It is essential that “people have to be at the centre of health promotion action and decision-making processes for them to be effective”(ibid) and 2) focusing on involving civil society organizations and/or working with volunteerism.

**2. Knowledge about the local 'setting':** Here is the focus on the actual target group, its network and the housing area/the local environment. Focus is also organizational in its scope in relation to where activities have been implemented until now and whether a strategic / formal / non formal collaboration has been established with local civil society organizations and / or other networks and settings in the local area.

The aim is to systematize these four levels towards each other, getting an analytical model for the data-collection. The template consists therefore of four parts. These are further elaborated below.



NB! In practice A and B and also C and D will profitably be examined simultaneously since they are concerned with the same questions on different levels.

### 3. A) Local / method:

**Focus:** Health initiatives in the local area during the last decade especially concerning volunteering, involvement of resourceful actors, empowerment based intervention and training opportunities.

**Aim:** To identify inspiring results and experiences from health initiatives in the local environment / municipality, focusing on children, involvement of civil society organizations and/or volunteerism.

#### Study Question:

*On health initiatives:*

- Give 2-3 examples on health initiatives that have been launched in the local area during the last decade concentrating on the most inspiring projects in relation to HCHF? What are the main results and experiences from these?
- Has empowerment -based interventions been part of the initiatives in the local area? What are the experiences from this?

*About method:*

- Give an example of an inspiring initiative in the local area based on volunteerism and/or involvement of civil society organizations(e.g. health work based on resourceful actors, training of volunteers and/or instructor courses)?
- Are there any experiences with involving civil society organizations in the health initiatives, facilitating training for citizens to qualify for voluntary work, from recruiting and motivating locals to take part in training or other activities on a voluntary basis?

#### There may be proposals to:

- Opportunities / barriers in relation to this type of interaction?
- How to communicate the training offer to the local citizens?
- How and where to recruit? Is it an advantage to recruit groups? Can recruitment happen through electronic media such as Facebook and SMS etc..?
- How to motivate people to participate? Could ECTS-points be an offer, personal development, prior learning assessment-schemes, employment / activation or similar offers and opportunities?
- Other

#### Method:

Desk work, talks with local private / public based actors in the area.

5

**Actors:**

Municipalities / regions. Reporting.

**Scope:**

5 pages

#### 4. B) Local / setting:

**Focus:** Demographic data. Values and meanings in the local area related to health and / or the good life focusing on “what works” in relation to health interventions based on resourceful actors in the local community, empowerment and volunteerism.

**Aim:** To describe demographic data in the local area and to identify central experiences with what’s important and what works in the local area. The data is needed to develop the training needs analysis, the training programme, and to establish collaboration processes with local (in)formal groups, CSO and networks.

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**Study Question:**

*Civic perspective:*

- Briefly describe demographic data in the local area: number of inhabitants, employments, age distribution, religion, ethnic background.
- What has value and meaning in the local area, especially mentioning points of relevance to a) recruitment and b) developing the training programmed?
- What works in the local area? How have the citizens experienced former health initiatives?
- Which kind of local (in)formal groups, CSO or other local settings are relevant to collaborate with?

*Political / municipal / regional perspective:*

- Who meets with and relates to the local citizens and how? Key actors (e.g. teachers, social workers) and key tasks for the municipality / region in the local area?
- What is the local policy in the area? Does the local or regional authority promote im- or explicit values for a healthy / good life?
- Does the local authority have any kind of economical / political instruments to support stronger and more strategic collaboration with CSO in the local community?

**There may be proposals to:**

- What are the main 'target areas' in the community – the local citizens' as well as municipality's own assessment?
- How and where to recruit? Who has status in the local community?

- How to motivate people to participate? How to convey the offer about training?
- Content and methods in the training programme.

**Method:**

Reporting based on existing reports and actual interviews with professionals in the local area focusing on best practice examples of interest to HCHF.

**Actors:**

Municipalities / regions. Reporting.

**Scope:**

5 pages

## 5. C) National (regional)/ method:

**Focus:** Health promotion and health work in local communities characterized by a high degree of ethnic minorities and people from lower social classes, especially concerning involvement of resourceful actors, empowerment based intervention and training opportunities.

**Aim:** To identify inspiring results and experiences from health initiatives in other local communities in the country/region, focusing on children, volunteerism and/or involvement of civil society organizations. To identify strategic framings and laws of importance for developing the method in the HCHF-project.

**Study Question:**

*On health initiatives:*

- Give a description of a project that can inspire the HCHF-project? What are the key experiences (process and product evaluation) and indications that it works? Especially note anything 'unexpected' and of relevance for the HCHF-project.
- Are there any experiences of successes where the health initiatives have caused advantages in a socio-economic perspective? Give an example.

*About method:*

- Are there any inspiring examples of similar projects? For example how volunteers have effectively been trained and how they have been active after the training in the local community.
- Are there strategic framings and laws of importance for developing the method in the HCHF-project?

**There may also be proposals to:**

- Significant 'target areas' and key words for the work at national level. Can there for instance be identified ten essential items for the work or five important steps in the process?

- How to recruit citizens for training on a voluntary basis? How to motivate citizens to participate? How to convey a training offer to the public?

**Method:**

Desk work. Reporting.

**Actors:**

Academic Consultant.

**Scope:**

5 pages

## 6. D) Nationally (regional) / setting:

**Focus:** Values and meanings related to health and / or the good life in similar areas focusing on “what works” in relation to health interventions based on resourceful actors in the local community, empowerment and volunteerism.

**Aim:** To identify central experiences with and/or national laws and strategies about what’s important and/or politically desirable concerning health work in areas characterized by a high degree of ethnic minorities and people from lower social classes.

**Study Question:**

*Civic perspective:*

- What is known about health status and health initiatives in similar areas nation/regionalwide, especially mentioning points of relevance to developing the training programme?

*Political / national perspective:*

- What are the national values / policies and target areas (concerning health) in relation to multi-ethnic areas?
- Are there strategic framings and laws of importance for developing the training needs analysis and the training programme in the HCHF-project?
- Are there any national legal and / or political barriers and / or possibilities supporting the creation of a closer collaboration with CSOs?

**There may also be proposals to:**

- Main 'target areas' and key words for the work.



- How and where to recruit? Who has status, seen from a national perspective?
- Relevant local CSOs / networks / settings

**Method:**

Desk work. Reporting.

**Actors:**

Academic Consultant.

**Scope:**

5 page

## 7. Stages for the data-collection

	Stage 1	Stage 2	Stage 3
<b>Time</b>	<p><b>September 2010:</b>                      Kick-off seminar in Brussels.                      Immediately thereafter the completed template for WP 4 and will be circulated to participants in the project.</p>	<p><b>October 2010 – January 2011:</b>                      Data-collection and reporting from the participating countries.                      The complete report from each country is forwarded to the WP-responsible in UCL (Annemari Munk Svendsen)</p>	<p><b>February – April 2011:</b>                      The various national reports are systematized into a comprehensive report by the WP responsible.</p>
<b>Objectives</b>	<p>Discussion and preparation of template for the data-collection and national reporting in the participating countries.</p>	<p>Data-collection in the participating countries based on this template.                      Reporting to WP-responsible.</p>	<p>Summary, perspectives and conclusion. A joint short report including data from all countries, to be placed on the project website. This for cross border comparison and inspiration.</p>

## 8. Appendix:

### Form for reporting:

A) Local /Method	
<p><b>Aim:</b> To identify inspiring results and experiences from health initiatives in the local environment / municipality, focusing on children, volunteerism and involvement of civil society organizations in health promoting activities.</p>	
<p><b>Study Question:</b>  <i>On health initiatives:</i>            Give 2-3 examples on health initiatives that have been launched in the local area during the last decade concentrating on the most inspiring projects in relation to HCHF? What are the main results and experiences from these?            Has empowerment -based interventions been part of the initiatives in the local area? What are the experiences from this?</p>	
<p><b>Example 1:</b></p> <p>Description</p> <p>Main results and experiences</p> <p>Read more here</p>	
<p><b>Example 2:</b></p> <p>Description</p> <p>Main results and experiences</p> <p>Read more here</p>	
<p><b>Example 3:</b></p> <p>Description</p> <p>Main results and experiences</p> <p>Read more here</p>	
<p><b>Study Question:</b>  <i>About the method:</i></p> <ul style="list-style-type: none"> <li>• Give an example of an inspiring initiative in local area (e.g. health work based on resourceful actors, training of volunteers and/or instructor courses)?</li> </ul>	

<ul style="list-style-type: none"> <li>• <i>Are there any experiences with involving civil society organizations in the health initiatives, facilitating training for citizens to qualify for voluntary work, from recruiting and motivating locals to take part in training or other activities on a voluntary basis?</i></li> </ul>	
<p><b>Example 1:</b></p> <p>Description</p> <p>Main results and experiences</p> <p>Read more here</p>	
<p><b>Local experiences</b></p> <p>Involvement of SCO</p> <p>Facilitation training for local citizens and/or other local resource persons</p> <p>Volunteerism</p>	
<p><b>Recommendations on this background:</b></p> <ul style="list-style-type: none"> <li>• Opportunities / barriers in relation to this type of interaction?</li> <li>• How to communicate the training offer to staff and volunteers in CSOs and to the local citizens?</li> <li>• How and where to recruit? Is it an advantage to recruit groups? Can recruitment happen through electronic media such as Facebook and SMS etc..?</li> <li>• How to motivate people to participate? How to create a win-win situation. Could ECTS-points be an offer, personal development, prior learning assessment-schemes, employment / activation or similar offers and opportunities?</li> <li>• Other</li> </ul>	
<p><b>Recommendations on this background</b></p>	
<p><b>Anything else of relevance to category A can be noted here</b></p>	

<p><b>B) Local /setting</b></p> <p><b>Aim:</b> To describe demographic data in the local area and to identify central experiences with what's important and what works in the local area in order to develop the training programme and establish a project based on volunteerism and resourceful actors in the local community.</p>	
<p><b>Study Question:</b>  <i>Civic perspective:</i></p> <ul style="list-style-type: none"> <li>• Briefly describe demographic data in the local area: number of inhabitants, employments, age distribution, religion, ethnic background.</li> <li>• What has value and meaning in the local area, especially mentioning points of relevance to a) recruitment and b) developing the training programmed?</li> <li>• Where have health initiatives been implemented until now? Which settings seem to be relevant and which are not?</li> <li>• What works in the local area? How have the citizens experienced former health initiatives?</li> </ul>	
<p><b>Demographic data:</b></p>	
<p><b>Value and meaning;</b></p> <p>Points of relevance to recruiting for and developing the training programmed.</p> <p>Inspiring examples/quotes from interviews with professionals in the local community</p>	
<p><b>What works:</b></p> <p>Report key points concerning the citizens' experiences with health interventions from the interviews with professionals in the local community, good ideas for initiatives etc</p>	
<p><b>Study Question:</b>  <i>Political / municipal / regional perspective:</i></p> <ul style="list-style-type: none"> <li>• <i>Who meets with and relates to the local citizens and how? Key actors (e.g. teachers, social workers) and key tasks for the municipality / region in the local area?</i></li> <li>• <i>What is the local policy in the area? Does the municipality promote im- or explicit values for a healthy / good life?</i></li> </ul>	

<p>• <i>Does the local / regional authority have any kind of economic or political instruments to support a closer collaboration with CSOs and other community settings?</i></p>	
<p><b>Key actors:</b> List the most important and relevant key actors in the local area: Who are they and what are they doing</p>	
<p><b>Local policy:</b> Give a short description of the local policy in the area in present time, especially related to health  Read more here</p>	
<p><b>Recommendations on this background:</b></p> <ul style="list-style-type: none"> <li>• <i>What are the main 'target areas' in the community – the local citizens' as well as municipality's own assessment?</i></li> <li>• <i>How and where to recruit? Who has status in the local community?</i></li> <li>• <i>How to motivate people to participate? How to convey the offer about training?</i></li> <li>• <i>Content and methods in the training programme.</i></li> </ul>	
<p><b>Recommendations on this background:</b></p>	
<p><b>Anything else of relevance to category B can be noted here</b></p>	

<b>C) National (regional) /Method</b>	
<p><b>Aim:</b> To identify inspiring results and experiences from health initiatives in other local communities in the country/region, focusing on children, volunteerism and/or civil society organizations. To identify strategic framings and laws of importance for developing the method in the HCHF-project.</p>	
<p><b>Study Question:</b>  <i>On health initiatives:</i></p> <ul style="list-style-type: none"> <li>• Give a description of a project that can inspire the HCHF-project? What are the key experiences (process and product evaluation) and indications that it works? Especially note anything ‘unexpected’ and of relevance for the HCHF-project.</li> <li>• Are there any experiences of successes where the health initiatives have caused advantages in a socio-economic perspective?</li> </ul>	
<p><b>Example 1:</b></p> <p>Description</p> <p>Main results and experiences</p> <p>Read more here</p>	
<p><b>Initiatives where the health initiative has caused advantage in a socio-economic perspective:</b></p>	
<p><b>Study Question:</b>  <i>About the method:</i></p> <ul style="list-style-type: none"> <li>• Are there any inspiring examples of similar projects? For example how volunteers have effectively been trained and how they have been active after the training in the local community.</li> <li>• Are there strategic framings and laws of importance for developing the method in the HCHF-project?</li> </ul>	
<p><b>Example 1:</b></p> <p>Description</p> <p>Main results and experiences</p> <p>Read more here</p>	
<p><b>Strategic framings and laws:</b>                      Of importance to developing the method in HCHF</p>	
<p><b>Recommendations on this background:</b></p>	

<ul style="list-style-type: none"> <li>• Significant 'target areas' and key words for the work at national level. Can there for instance be identified ten essential items for the work or five important steps in the process?</li> <li>• How to recruit citizens for training on a voluntary basis? How to motivate citizens to participate? How to convey a training offer to the public?</li> </ul>	
<b>Recommendations on this background</b>	

<p><b>D) National (regional) /Setting</b></p> <p><b>Aim:</b> To identify; a) central experiences with and/or national laws and strategies about what's important and/or politically desirable concerning health work in areas characterized by a high degree of ethnic minorities and people from lower social classes and b) legal and political barriers and / or possibilities for the establishment of a closer collaboration between local / regional authorities and civil society organizations..</p>	
<p><b>Study Question:</b>  <i>Civic perspective:</i></p> <ul style="list-style-type: none"> <li>• <i>What is known about health status and health initiatives in similar areas nation/regionalwide, especially mentioning points of relevance to a) recruitment and b) developing the training programmed?</i></li> </ul>	
<p><b>Health status in similar areas</b></p> <p>Key points/target areas of relevance to HCHF</p> <p>Read more here</p>	
<p><b>Health initiatives in similar areas</b></p> <p>Key points of relevance to HCHF</p>	
<p><b>Study Question:</b>  <i>Political / national perspective:</i></p> <ul style="list-style-type: none"> <li>• <i>What are the national values / policies in relation to multi-ethnic areas? Give examples.</i></li> <li>• <i>Are there strategic framings and laws of importance for developing the training needs analysis and the training programme in the HCHF-project?</i></li> </ul>	
<p><b>National policies:</b></p> <p>Give an example of national policies in relation to health in similar areas</p>	



<p><b>Strategic framings and laws :</b></p> <p>Of importance to developing the training needs analysis and the training programme in the HCHF-project</p>	
<p><b>Recommendations on this background:</b></p> <ul style="list-style-type: none"> <li>• Main 'target areas' and key words for the work.</li> <li>• How and where to recruit? Who has status, seen from a national perspective?</li> </ul>	
<p><b>Recommendations on this background</b></p>	
<p><b>Summary and further work:</b></p> <p>How can you use the information you have gathered and the knowledge you have gained about local and national values, barriers and possibilities to describe concrete needs in relation to:</p>	
<ol style="list-style-type: none"> <li>1) Training activities</li> <li>2) Recruitment of trainees</li> <li>3) Establishment of local collaboration processes (internally in the local / regional authority)</li> </ol>	