18.
QUALITY CRITERIA TO ASSESS THE IMPLEMENTATION OF A LOCAL GROUP OF SECURITY PROMOTION.

Xavier Lechien, C.Vandoorne, M. Bantuelle, A. Roucloux and L. Tourtier
Association pour la Promotion de l'Education pour la Santé, Liège, Belgium

INTRODUCTION

Evaluation plays a key role in the health promotion field. As Stufflebeam (1971) puts it, it does not prove anything, it enables to make decisions designed to improve the situation. Association pour la Promotion de l'Education pour Santé (APES) aims to promote health education. Its function is to give methodological advice and to deal with evaluation questions in the French-speaking Community of Belgium. Concretely, our role is to guide any association wishing to set up a health programme and to help any organisation to clarify its objectives. Among other issues, we have dealt with home injuries.

CONTEXT

A. *Community approach to safety promotion.*
We will not elaborate on home injuries in this lecture. Above all, we are interested in the issue's structure and methodology. However, note that home injuries are the first cause of death in children under 9 years old and the first cause of accidental death in people over 65. To reduce the number of accidents, the French-speaking Community of Belgium has, among other actions, supported the setting up of a network called RAS for 5 years. (Réseau Action Sécurité, which means Safety Action Network). RAS is a programme designed to promote safety through local communities' action.

Educa-Santé is the non-profit organisation in charge of the general coordination of the programme, but other services and organisations also collaborate. As well as to working partnership, RAS gives greater importance to consciousness-raising and to partners' involvement in their professional practice. The idea is to get the people working or playing a part in various fields to take care of safety and to take it into account when making decisions. The strategies have more impact at the local level, which is close to the population and its needs and which involves social, cultural, educational and health actors. The *Commissions Locales de Co-ordination* (CLC - Local Coordination Committees in Health Education) support the creation of local groups made up of professional or

voluntary workers from different fields (infants, leisure, work, senior citizens, education, safety, ...).
RAS is structured round four main purposes :
1. Make the population and the local workers aware of the problems.
2. Develop local action poles.
3. Set up local monitoring groups.
4. Create a network at the French-speaking Community level.

Evaluation, as described in the study, is part of the third objective, which was one of RAS' priorities in 1994 and 1995.

RAS's challenge is to increase the number of local monitoring groups and their independence from the Network's coordinators. The connections formed between local teams and community-range partners will progressively make up the Network and each local group has got a defined function:
1. Make suggestions about how to grant citizens' wishes.
2. Encourage and manage consciousness-raising actions.
3. Help to develop permanent action poles.
4. Make the inclusion of prevention actions in professional practices easier.
5. Create a permanent watchfulness area.

As the number of groups will increase, it will not be possible for Local Coordination Committees to devote more time to their management. So one of the main challenges of the programme is to help local groups to become independent. It is the only way for R.A.S. to be able to survive and be successful. Evaluation will be used to try to set up a frame of reference, to create tools and to give information in order to satisfy the needs.

B. *A process evaluation.*
A classic evaluation of RAS, which would study the decrease in mortality and/or morbidity appeared not to be very adequate in the middle term. Therefore, the following general evaluation objectives were set :
- Define a series of stable evaluation criteria directly from the programme's strategic and educational objectives.
- Set up a conceptual frame that encourages, orientates and selects the evaluation suggestions made by the people involved in the programme
- Provide technical aid to make and use evaluation tools and to use the results
- Create opportunities for partners to discuss their collaboration and their participation to RAS

Consequently, three work methods were proposed to evaluate monitoring groups:
1. Analyse the needs of existing monitoring groups.
2. Create tools that enable self-evaluation by the monitoring group.
3. Analyse the set up of monitoring groups' and maintaining strategies to find the elements that favour or put a brake on the advance of the work.

The first method was set aside. The second one has been kept for a long-term use. Only the third one was used in this study.
The short-term purpose of this analysis is to help Local Coordination Committees to step back and to reduce their current involvement in monitoring groups and to think of ways to help them to become independent. In the middle term, the job will consist in looking for elements that can help or put a brake on a group creation and/or maintaining and using them to optimise the living conditions of other monitoring groups.

EVALUATION METHODOLOGY

The evaluation is based on three pilot projects at different development stages : monitoring groups from Schaerbeek (Brussels), Malmédy and Belgrade (Namur). The tool for analysis was made in collaboration with the three Local Co-ordination Committees involved in the group creation and support in 1994 and 1995. The current version of the tool, which enables to regulate the Local Co-ordination Committees' interventions is the result of the mixing of two processes of analysis.

After reviewing the relevant scientific literature (Pineault, Daveluy, 1986; Fortin, O'Neill, 1992; Green, Kreuter, 1980) we made out a list of the main community health elements. We submitted the list to Local Co-ordination Committees' representatives, asking them to complete it according to the targets they set themselves in actual practice. The first result was a list of aims they ideally wanted to achieve in the programme context. That is what we called Quality Index List. It is structured round three axes each of them containing a series of indexes:

Action planning

The group develops an action programme

a. which defines priorities on the basis of the situation analysis.
b. which is consistent with its own objectives and RAS's.
c/d which is comprehensive (it involves several publics, several risk factors and several action strategies (active/passive safety, mass information, community approach, educational or technological approach, ...).
e. which makes the inclusion of prevention actions in professional practices easier
f. which plans and creates adequate means to mobilise in order to achieve the purposes
g. which adapts strategies to the local situation, including its needs and its resources
h. which aims to inform many people and make them aware of the problems
i. which results in concrete realisations
j. which enables to identify local needs and wishes

k. which urge different people to take part in prevention actions

Workings

a. Take care of the organisation, follow up meetings, deal with mail and public relations
b. Define the group's needs, its priorities and its purposes, including its evaluation
c. Identify the resources (material, financial, human or information) and inform oneself
d. Make sure the necessary material, financial and human resources are available
e. Acquire and/or develop within the group the necessary skills to carry out the plans
f. Look for partners and take on collaborators from different backgrounds
g. Create an image inside as well as outside the group

Local involvement, collaboration between different fields

a. Provide a place for professional exchanges
b. Further collaborations between professionals from different backgrounds
c. Form an action group to deal with a definite project

Local population's involvement

a. Create opportunities for exchanges and discussions between citizens
b. Put at the citizens' disposal the means they need to act
c. Support local action poles
d. Pick out and motivate possible actors, use local know-how

Continuity

a. Use actions that have already been adopted locally and praise them
b. Create a permanent co-ordination place
c. Plan and maintain the group's work and production planning
d. Have the necessary means (financial, human and personal) at one's disposal

Then, we made out a list as complete as possible of the interventions Local Co-ordination Committees had carried out in the monitoring groups. These elements are called 'inputs'. They were obtained through the analysis of forms such as this.

Monitoring group from ..... CLC from .....

What was used by the Local Co-ordination Committee?
.....
What were the results *concretely*?
.....
Who was involved ?
.....

On what request was the intervention based ? ..... Did you (re)interpret the request? Explain the (re)interpretation ..... Additional remarks (if any) .....

The inputs were then compared to the objectives set beforehand. Resulting information was presented in a table such as this one :

Input description	How	Person involved	Initial request	Request re-interpretation	Category

This enabled us to see what Local Co-ordination Committees devoted more time when setting up a group. As an analysis, Local Co-ordination Committees preferred to check the consistency between their interventions in their respective monitoring groups and their objectives. The three axes and their indexes have to be considered as the result of the first work stage, that enables us to underscore what strategies should be adopted when forming a monitoring group.

RESULTS

a. Local Coordination Committees' interventions

The analysis of inputs according to a list of indexes led to the division of Local Co-ordination Committees' actions according to the objectives set. Then, a variety of hypotheses on the possible steps of other monitoring groups' development could be inferred.

Ad1.

We noticed that *b, c, d, e, f* and *k* indexes on axis 1 occurred more regularly. Action planning thus mainly consists of making the population aware of the problems and in teaching the people to work in the real world with defined accident prevention techniques. Concretely, *action planning* consisted in *(b) developing an action programme consistently with its own aims and RAS's; c) and d) developing a comprehensive action programme that involves several publics, several risk factors and several action strategies (active/passive safety, mass information, commentary approach, educational or technological approach,...)*. In the three monitoring groups, it was necessary for Local Co-ordination Committees to sum up the situation to make the monitoring group sensitive to another approach of accident prevention and to widen its representation; *e) The group develops an action programme that makes the inclusion of prevention actions in the professional practices easier.*

Examples of *(b)* are:

- to introduce people to RAS and its institutional partners.

- to give a concrete example of a safety week.
- to redefine the objectives from the group's and/or the person's centres of interest (research on road accidents, approach to drug addiction by young children, etc.).

The interventions are led by the local group's head, who wishes to make people aware of something and/or by the whole monitoring group. It appears that the presentation of RAS's structure is a must to clarify things when a local group is being formed.

Examples of *(c) and (d)* are:
- to present the 'accidentally' concept
- to show Haddon's model and the Quebec trauma prevention process
- to explain different possible safety promotion approaches to the group

Some of the monitoring groups' plans or work methods provide opportunities to put theory into practice. Examples are:
- Choose prevention actions or activities derived from the above-mentioned theoretical models.
- Select documents and make up an educational file on burns for children and teenagers.
- Take stock of the safety issues encountered by the different monitoring group partners while working.

Examples of *(e)* are:
- In work places, propose training for professionals whose services are used in the monitoring group.
- Organise special days to make medical-social workers (like home helpers) aware of trauma prevention.
- Teach partners how to use the material designed for particular activities (like TimTam et la Famille Souris, roulottes).
- Distribute address and information books and prevention tools selected, analysed and commented by monitoring groups.
- Take stock of the problems encountered by the monitoring group's members while working.

Ad2.
The more frequent occurrence of *a* and *d* indexes on axis 2 suggests that a newly formed group essentially needs advice on how to organise itself concretely and on what resources it can use to start consciousness-raising. *g* index shows that one of the main group's priorities is to be given its own identity. Concretely, *functioning* consists of: *a: Taking care of the organisation, following up meetings, dealing with mail and public relations; d: Making sure the necessary material, financial and human resources are available.*

Examples of *(a)* are:

- Notifications, mail, theme proposals for meetings, writing and distribution of informative documents and reports.
- Create subgroups according to priority themes and organise them.
- Organise a meeting with federal or local political officials, inform them of the local programme development and role and the progress of an activity.
- Organise the timetable and the transfer of material designed for activities.

Examples of *(d)* are:

- Make up a file to request financing and follow its way.
- Spread information in the written form to group members on organisations or material in connection with accident prevention.
- Train people to go through questionnaires and analyse them.
- The Local Co-ordination Committee manages material and financial resources until the monitoring group acquires its own means.

Ad3.

Axis 3 rarely occurs in the groups we have dealt with. An effort is being made to communicate and involve other local professional fields. The aim is to promote interdisciplinarity. Local involvement mostly consisted of (examples):

- Asking several professionals to take part in the local group.
- Forming an action group after organising a week with special activities.

b. A few hypotheses

Eventually, the analysis enables us to find some imbalances. They are caused by the discrepancy between the theoretically defined objectives and the aims observed in reality. Although some time (which is not definite yet) is necessary for inputs to become operational, some of them are too often used in the monitoring group. It is time Local Co-ordination Committees' interventions and advice evolved.

The conclusion we derived from this study is that before an action group becomes independent, different stages have to be achieved. When a new group is being formed, Local Coordination Committees must dedicate time and energy to make the group operative. The group will then try to find out on what material (educational and organisational) its actions can be based.

Other hypotheses emerge from the analysis :

- The group's first actions are aimed at adapting the issue to local realities and views.
- The group creates few material of its own.
- Training and/or consciousness-raising are necessary to see how much the group wishes to take part in RAS.
- The group does not bother to plan objectives before starting activities.
- Evaluation is not taken into action in the first stages of the programme.

- The citizens involved in the group try to spread information to the population.
- There is no real interdisciplinarity yet. However, group members try to involve various local professional fields.
- The development of a real community approach depends on how Local Co-ordination Committees help the group to become independent.

A concise and summarised information analysis was made. However, in the current development state of monitoring groups, no statistical link can be made between the observed processes and the obtained results. This will only be possible later.

Let us remind you that the given examples are seen from Local Coordination Committees' point of view and not from local group members'. We can assume that the three Local Co-ordination Committees knew the local groups' intrinsic characteristics enough to provide an accurate report. We do hope that the next stages of the study will be achieved according to local groups' participants. Self-evaluation tools should help them to become independent rather quickly. The last stage will enable Local Co-ordination Committees to stop being concerned with functional contribution and to take care mostly of the community support.

CONCLUSION

Although the programme does not directly deal with nutrition, I hope it will be easy to use the methodology presented in this paper in your own field. Evaluation must be a constant concern. And, if it is accompanied by an adequate methodological support, it is even more consistent. The method has to be revised, completed and used for other themes. We are now adapting it to use it to evaluate a European cancer prevention programme Tobacco-free Cities.

We noticed that health educators had a tendency to repeat the same actions, although the objectives were different. They generally use a chronological approach. Therefore, the idea of making them realise what they were heading for was relevant.

The next evaluation stages will have to deal with local people's views, a theme which is necessary to evaluate community health.

ADRESS FOR CORRESPONDENCE

Xavier Lechien, Researcher
Ch. Vandoorne, M. Bantuelle, A. Roucloux, L. Tourtier
Association pour la Promotion de l'Education pour Santé (APES)
University of Liège, Belgium

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