

# The synthesis of The Model Evaluation Report

## Healthy Boost



## Aim of the Healthy Boost project:



to improve the capacities of local  
authorities to enhance health  
and well-being of citizens through  
cross-sectoral cooperation

## Project main objective



to make urban policies for health and well-being more innovative, more effective, and more integrated.

Cross-sectoral cooperation can boost health and wellbeing in the Baltic cities, and can effectively resolve the problems due to unhealthy lifestyles.

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## Healthy Boost

Effective cross-sectoral cooperation requires an appropriate tool which provides partners guidance to maximize the effectiveness of collaboration.

The Healthy Boost project puts together knowledge and experience of experts from various institutions, and as a result prepared



the model of cross-sectoral cooperation

## Model distinguishes into:

### DOMAINS

**RISK IDENTIFICATION**  
**LEADERSHIP**  
**COMMUNICATION**  
**COORDINATION**  
**MOTIVATION**

### STAGES

**MAPPING**  
**PLANNING**  
**IMPLEMENTATION**  
**ASSESSMENT**

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**In order to provide a fully-developed model, the Healthy Boost project bases on pilot activities and the process of their evaluation.**

**There were nine cities from the Baltic Region involved in pilot activities:**



**Cherepovets - Helsinki**

**Jelgava Local Municipality - Klaipeda - Poznan**

**Pskov - Suwalki - Turku - Tartu**



**Evaluation of the model was responsibility  
of the Nofer Institute of Occupational Medicine.**

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**In each of these cities local authorities (municipalities) play a role of the **Pilot Coordinator**.**

**This role means that representatives of the municipality animates the **cross-sectoral collaboration** in their local area to implement health promotion initiatives. To achieve this they involve partners from NGOs, SMEs, and from other sectors whose participation might be beneficial.**

# Methodology of the evaluation of the preliminary version of the model

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**The results of the model evaluation activities are presented in the Model Evaluation Report which was the basis for preparing the final version of the model.**

**The Model Evaluation Report was based on:**

**1.**

**The study of Pilot Coordinators responsible for managing the pilots in their cities.**

**2.**

**The study of stakeholders engaged by the Municipalities in the cross-sectoral collaboration in the pilots.**

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1. The study of Pilot Coordinators responsible for managing the pilots in their cities.

**The basis of this study was an online questionnaire called “Evaluation of pilot activities and the model for cross-sectoral cooperation” or “post-evaluation questionnaire”. This study gathered opinions expressed by the Pilot Coordinators on behalf of themselves and on behalf of their stakeholders, project target group, residents.**

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## 2. The study of stakeholders engaged by the Municipalities in the cross-sectoral collaboration in the pilots.

**The online tool aimed at collecting data in this study was “The questionnaire concerning the stakeholders’ opinions on the collaboration in the pilot”.**

**It was filled in anonymously by the pilot partners in 9 cities (n=44). The research sample consisted of representatives of: (1) preschools, schools and universities, (2) small and medium enterprises, (3) local authorities, (4) governmental institutions, (5) non-governmental organisations (including city residents).**



# The good sides of the preliminary version of the model



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The good sides of the  
model in the Pilot  
Coordinators`  
perception

**Almost all Pilot Coordinators  
(8 out of 9) said that they had  
succeeded in overcoming problems  
in the cross-sectoral cooperation  
in the pilot and correcting it.**

## Healthy Boost

The good sides of the  
model in the Pilot  
Coordinators`  
perception

**Almost all Pilot Coordinators (8 out of 9) declared that they would like to continue the cross-sectoral collaboration in the future and develop other initiatives together.**

## Healthy Boost

The good sides of the  
model in the Pilot  
Coordinators`  
perception

**6 out of 9 representatives of  
Municipalities admitted using the  
model during the pilot  
implementation and assessed that it  
turned out to be useful/practical.**

## Healthy Boost

The good sides of the  
model in the Pilot  
Coordinators`  
perception

**5 respondents admitted it was easy  
to find in the model practical clues  
helpful in solving problems in the  
cross-sectoral cooperation.**

## Healthy Boost

The good sides of the  
model in the Pilot  
Coordinators`  
perception

**7 representatives of Municipalities  
said that they had used the model in  
correcting/modifying collaboration  
in the pilot and declared that they  
had found the model as a helpful  
tool in this process.**

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The good sides of the  
model in the Pilot  
Coordinators`  
perception

**8 Pilot Coordinators said  
that terminology used in the  
model was intelligible.**

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The good sides of the  
model in the Pilot  
Coordinators`  
perception

**5 respondents assessed that  
the structure of the model  
was logic and clear.**

## Healthy Boost

The good sides of the  
model in the Pilot  
Coordinators`  
perception

**5 representatives of the  
Municipalities said that they  
would like to use the model  
in the future.**



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The qualitative analysis of the data gathered based on the post-evaluation survey shows that the Pilot Coordinators' positive opinions concentrated on the following areas:




partnership  
building



process  
planning



process  
ordering



problem  
solving



evaluation  
of  
intervention



self-  
development

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The good sides of the  
model in the  
stakeholders`  
perception

**The model supported the  
consortium in difficult situations  
providing an opportunity to  
understand weaknesses of  
collaboration.**

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The good sides of the  
model in the  
stakeholders`  
perception

**The model established and  
assessed cooperation process  
among cross-sectoral partners,  
providing mutual understanding  
between various partners.**

**Healthy Boost**

The good sides of the  
model in the  
stakeholders`  
perception

**The model established and  
assessed cooperation process  
among cross-sectoral partners,  
providing mutual understanding  
between various partners.**

# The weaknesses of the preliminary version of the model

**Healthy Boost**

The weaknesses of the  
model in the Pilot  
Coordinators`  
perception

**3 out of 9 of Pilot  
Coordinators did not choose  
an answer that it was a  
helpful/useful/practical tool.**

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The weaknesses of the  
model in the Pilot  
Coordinators`  
perception

**2 respondents did not use the  
model in the process of  
correcting the collaboration.**

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The weaknesses of the  
model in the Pilot  
Coordinators`  
perception

**3 out of 8 Pilot Coordinators  
assessed that it was not easy to  
find in the model practical clues  
worth taking into consideration  
while solving the problems in the  
cross-sectoral cooperation.**



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The weaknesses of the  
model in the Pilot  
Coordinators`  
perception

**4 out of 9 representatives of the  
Municipalities did not declare  
applying the model after Health  
Boost project termination in its  
original version.**

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The weaknesses of the  
model in the Pilot  
Coordinators`  
perception

**4 out of 9 Pilot Coordinators did not assess model as logical and clear and most of them criticised organisation of the model according to the domains.**

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The qualitative analysis of the data gathered based on the post-evaluation survey shows that the Pilot Coordinators' suggestions concern the necessary improvements in the model concentrated on the following areas of model:

practicality

structure

content

guide for  
the model  
users

length

accuracy

electronic  
version

user  
friendliness

The conclusions. What was supposed to be improved in the model and how?

Although the general appraisal of the original version of the model was rather high, the Pilot Coordinators gave their suggestions concerning preferred improvements in each of the particular stages/domains of the model.

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Suggestions mostly concerned improvements **making the model a more practical tool** i.e. by adding new questions, examples, ways/methods of operating, methods regarding how to assess the leadership and motivation i.e.:




methods of  
assessment

useful  
indicators

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**Taking into account all the comments on the necessary improvement there seemed to be a need to:**

 **specify how to conduct the evaluation, i.e. in which way to evaluate motivation in the context of leadership or other domains,**

 **add in the model examples of the different types of evaluation and their timing,**

 **reconfiguring the model in a way to enable the users start using it beginning from the stages, not the domains.**

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There seemed to be a need to:



adding to the model information, for more advanced users, i.e. about methods of building relationships among stakeholders including the problem of commitment, assessing cooperation with the usage of appropriate indicators,



include in the model the issues of the degree of influence of each partner,



decrease the length of the model,

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There seemed to be a need to:



**tailor the model to the needs of health promotion specialists making it a more precise tool from the public health point of view,**



**include case studies applicable for public health sector,**



**prepare an electronic version of the model to ease the process of using it,**



**compile a guide for new model users to enable them benefiting the tool.**

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**Specialist involved in developing the evaluation process from  
the Nofer Institute of Occupational Medicine:**



**Department of  
Environmental  
Epidemiology**



**The National Center  
for Workplace  
Health Promotion**

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Specialist involved in developing the evaluation process from  
the Nofer Institute of Occupational Medicine:



**Department of Environmental Epidemiology**

**Beata Świątkowska**

**Marek Zaremba**



**The National Center for Workplace Health Promotion**

**Krzysztof Puchalski**

**Eliza Goszczyńska**

**Kamila Knol-Michałowska**

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