

Assessment of a Health Promotion multilevel Project: the case of the "Promoting alcohol-free behaviours for road accident prevention" project

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THE PROJECT

The **Multicentric Project (MCP)** "Promoting alcohol-free behaviours for road accidents prevention" is an experimental project, within the **Active Prevention Plan 2006-2008 of Piedmont Region**, consisting of four modular projects realized over all the regional territory. These projects include multilevel actions (individual, group, organisation, community) of different type: formative, educational, informative and organizational. They take place in different settings: legal medicine centres, communities, schools and recreation areas. The final target include adults aged 15 -49 years, the age group with the highest mortality incidence. The intermediate target is made up of health professionals, forensic scientists, teachers, emergency volunteers and the municipal police. The aim of the Project is to promote healthy behaviours carrying out evidence-based interventions to reduce alcohol-related road accidents.

EVALUATION PLAN

The MCP Project is really complex, because of the plurality of the organisations involved and the territorial displacement of the interventions developed at different levels and with different targets. Therefore, we choose to integrate different types of evaluations, according the PRECEDE-PROCEED Model.

PROCESS

Two levels:

- 1) MP:** each modular project has its own process evaluation plan
- 2) MCP:** - local health promoters training;
- alliances within health services and with the community

IMPACT

Two levels:

- 1) MP:** measurement of:
 - the improvement of knowledges and skills
 - the **beliefs change on "drink driving"**
 - the **increasing collaboration** within health services and with the community.
- 2) MCP:** measurement of the improvement of the **Capacity Building (CB)** (Australian Health Promotion Association, 2001. NIGZ, New Health Promotion, 2005).

OUTCOME

MP: changes concerning the communication skills for the intermediate target and changes concerning the life skills for the final target.

Two of the four MP are going to finish to evaluate their interventions.

RESULTS

PROCESS

Some effective strategies:

- **laboratory** for modular projects planning and monitoring
- **facilitator** expert in health promotion process for each MP
- regional **coordination group** composed of the person in charge of each MP and of the local health promotion professionals
- **periodical meetings and workshops** with the persons in charge and with the professionals of the four MP

IMPACT

The questionnaire addressed to health promoters and to the persons in charge of MP outlined the following results:

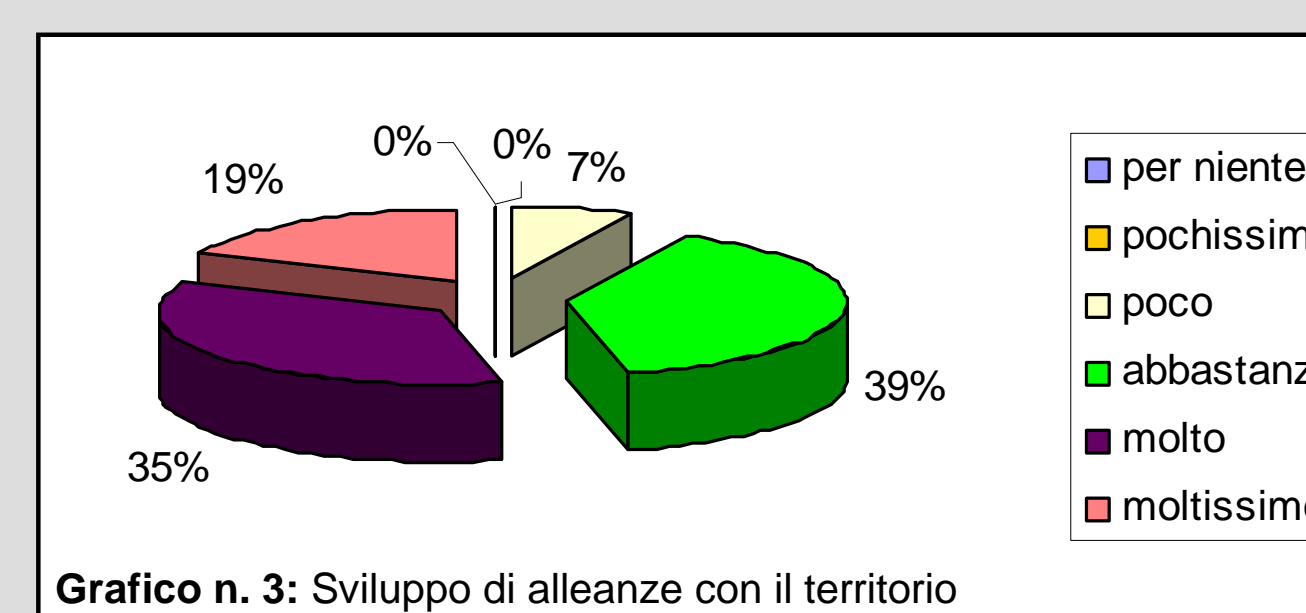
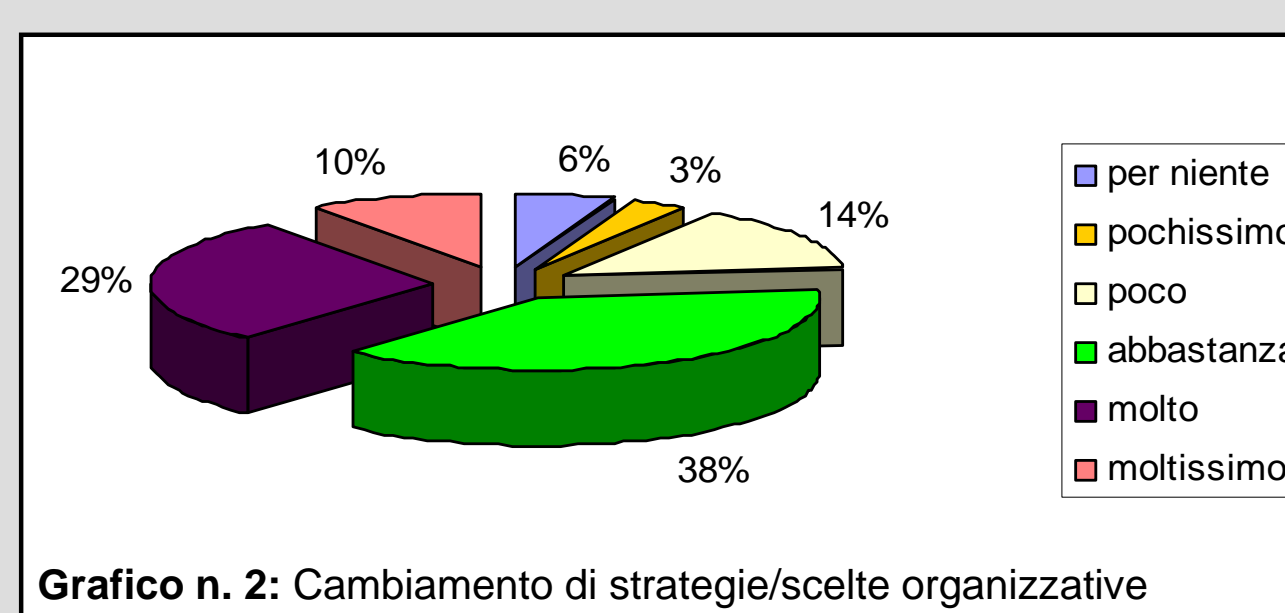
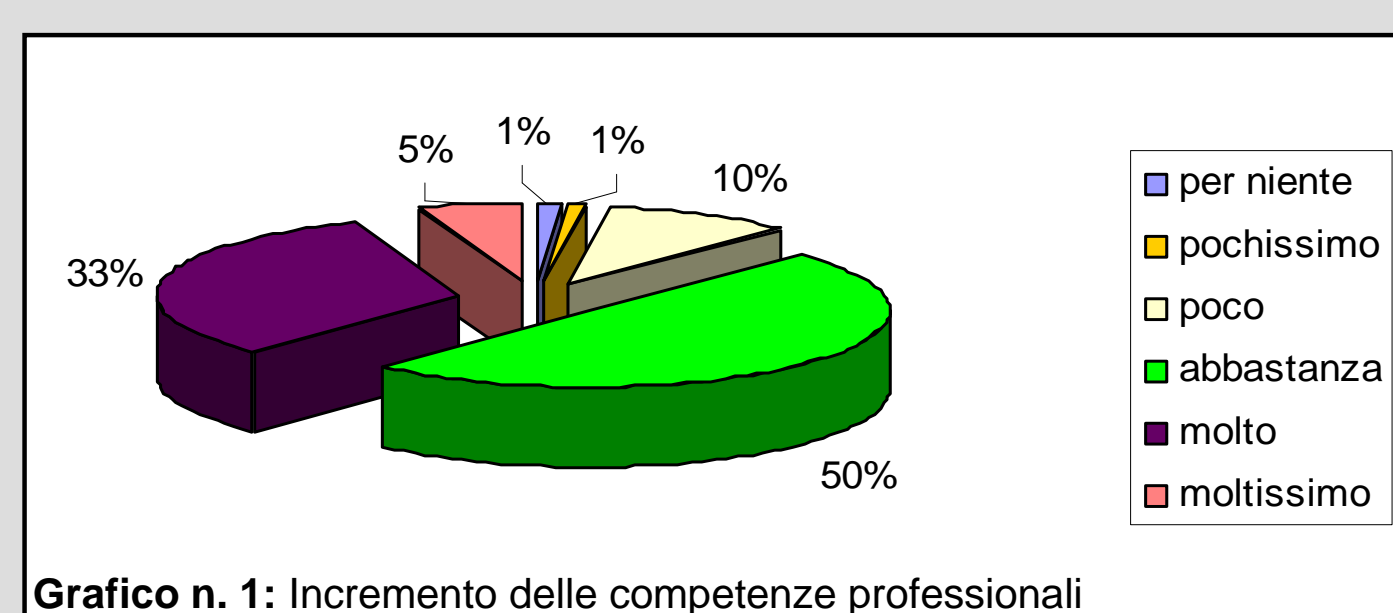
Chart n.1: improvement in planning skills (88%)

Chart n.2: change in the business organizational choices and strategies (77%)

Chart n.3: increased cooperation and integration within health services and with the community (93%).

OUTCOME

- **brief counseling** realized by forensic scientists (n. 59) on drink and driving risks addressed to people who is going to take the driving licence.
- **peer education** at school aimed at improving **life skills** in young people. (Secondary School, classroom n. 66)
- Informative interventions and **brief counseling** on drink and driving during town festivals. (Festivals n. 38, inhabitants contacted n. 2096).



CONCLUSIONS

- The participatory approach during the evaluation, even if complex, allows to measure in a more "reliable" way the whole change results (at an individual, group, organizational and community level)
- Evaluation requires a main effort in terms of documentation, organisation, sharing and spreading, in order to be able to learn from the experience. According to our experience, evaluation enables us to appreciate the results achieved and the criticalities related to CB and to collect the most important elements useful for future programmes.
- The alliances and the collaborations achieved within health services and with the community and the new health promoters skills at local level are the basis for next programmes continuity and sustainability