

# Health Promotion Research Programme 2001–2004 (TERVE)

## EVALUATION REPORT



HEALTH  
PROMOTION RESEARCH  
PROGRAMME  
2001–2004 (TERVE)  
Evaluation Report

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Layout: PixPoint ky

ISBN 951-715-560-3 (print)

ISBN 951-715-561-1 (pdf)

ISSN 0358-9153

Editia Prima Oy, Helsinki, Finland 2005

# Kuvailulehti

<b>Julkaisija</b>	Suomen Akatemia	<b>Päivämäärä</b>	7.10.2005
<b>Tekijä(t)</b>	Terveyden edistämisen tutkimusohjelman arviointipaneeli: Jussi Huttunen (puheenjoht.), Bengt Lindström, Gordon Macdonald, Mima Cattan, Evelyne de Leeuw, Pirjo Koskinen-Ollonqvist (siht.)		
<b>Julkaisun nimi</b>	Health Promotion Research Programme 2001-2004 (TERVE). Evaluation Report		
<b>Tiivistelmä</b>	<p>Suomen Akatemia käynnisti vuonna 2000 Terveyden edistämisen tutkimusohjelman (TERVE), joka toteutettiin vuosina 2001 - 2004. Ohjelman tavoitteena oli etsiä keinoja ja kehittää menetelmiä kansakunnan ja kansalaisten terveyden ja hyvinvoinnin edistämiseksi sekä edistää alan tutkimuksellista vuorovaikutusta. Suomen Akatemian ohella yhteistyöorganisaatioita olivat sosiaali- ja terveysministeriö, liikenne- ja viestintäministeriö, ympäristöministeriö, Kansaneläkelaitos, Kansanterveyslaitos, Työsuojelurahasto ja Yrjö Jahnssoinin säätiö. Suomen Syöpähdistys koordinoi ohjelmaa.</p> <p>Ohjelman päätyttyä Suomen Akatemia nimitti kansainvälisen Arviointiryhmän arvoimaan ohjelmaa. Arvioinnin tavoitteena oli tarkastella ohjelman tavoitteiden toteutumisen onnistumista. Erityisesti arvioitiin ohjelmakokonaisuuden toteutumista, sen lisäarvoa ja vaikutuksia terveyden edistämisen ja sen tutkimuksen kehittymiseen, tutkimusten tieteidenvälisyyttä ja sovelluksia sekä verkostoitumista ja tulosten levittämistä. Tämä julkaisu sisältää Arviointiryhmän raportin.</p> <p>Terveyden edistämisen tutkimusohjelma onnistui suhteellisen hyvin saavuttamaan tavoitteensa. Ohjelma oli tarpeen ja merkityksellinen sen sisältämien hankkeiden heterogeenisuudesta huolimatta. Sen tieteellinen laatu ja tuotteiden määrä olivat erinomaisia. Muutamilla yksittäisillä tutkimushankkeilla oli löyhä yhteys terveyden edistämiseen, vaikka ne olivat tieteellisesti korkeatasoisia.</p> <p>Suosituksukset koskevat Terveyden edistämisen tutkimusohjelman toiminnallista kokonaisuutta ja tutkimusohjelmien toimintakäytäntöjen uudistamista. Ohjelman toteuttaminen olisi onnistunut paremmin, jos siihen sisältyvien hankkeiden teoreettinen ja käsitteellinen tausta olisi eritelty perusteellisemmin. Tutkimusohjelmien onnistuminen on sidoksissa huolelliseen valmisteluun ja suunnitteluun, joten hankkeiden valikointiin tulisi varata enemmän aikaa. Koordinaatiotyön tulisi alkaa riittävän ajoissa uusien tutkimustiimien kehittämisen tukemiseksi.</p> <p>Tutkimusohjelmien toteutuskäytäntöjen uudistaminen tarkoittaa kiinteän ja vuorovaikutuksellisen ohjelmakokonaisuuden aikaansaamista. Ohjelman tavoitteet tulisi olla toteuttamiskelpoisia. Koordinaattorin roolia tulisi vahvistaa sekä uudenlaisia tutkimusohjelmien arviointimenetelmiä ja arvioinnin tulokellisuuden ja vaikuttavuuden mittareita tulisi kehittää.</p>		
<b>Asiasanat</b>	terveys, terveyden edistäminen, terveyden edistämisen tutkimus, arviointi, tutkimusohjelman koordinaatio		
<b>Julkaisusarjan nimi ja numero</b>	Suomen Akatemian julkaisuja 9/05		
<b>ISSN</b>	0358-9153		
<b>ISBN</b>	Painetulle kirjalle annettu tunnus 951-715-560-3	Pdf-versiolle annettu tunnus 951-715-561-1	
<b>Sivumäärä</b>	52		
<b>Julkaisun jakaja</b>	Suomen Akatemia, PL 99, 00501 Helsinki, viestinta@aka.fi		
<b>Julkaisun kustantaja</b>	Suomen Akatemia		
<b>Painopaikka ja -aika</b>	Edita, Helsinki 2005		
<b>Muut tiedot</b>	www.aka.fi/julkaisut		

# Description

<b>Publisher</b>	Academy of Finland	<b>Date</b>	7 October, 2005
<b>Author(s)</b>	Evaluation Panel of the Health Promotion Research Programme TERVE: Jussi Huttunen (chairman), Bengt Lindström, Gordon Macdonald, Mima Cattan, Evelyn de Leeuw, Pirjo Koskinen-Ollonqvist (sec.)		
<b>Title</b>	Health Promotion Research Programme 2001-2004 (TERVE). Evaluation Report.		
<b>Abstract</b>	<p>The Health Promotion Research Programme TERVE (Healthy) was launched by the Academy of Finland in 2000 and implemented from the beginning of 2001 to the end of 2004. The specific objective of the TERVE Programme was to find ways and develop methods to promote the health and well-being of the nation and individual citizens and to advance research collaboration in the field. Besides the Academy of Finland, the cooperating organizations included three ministries (Ministry of Transport and Communications, Ministry of Social Affairs and Health, Ministry of the Environment), Social Insurance Institution, National Public Health Institute, Finnish Work Environment Fund and Yrjö Jahnsson Foundation. The TERVE Programme is the first multidisciplinary programme in the field of health promotion research in Finland.</p> <p>In 2004, after the programme had ended, the Academy of Finland appointed an international expert panel to evaluate the programme. The objective of the evaluation was to estimate to what degree the TERVE Programme has succeeded in fulfilling the objectives listed in the programme memorandum. Of specific interest were the programmatic approaches, the added value and the programme impact, interdisciplinarity, the applicability of research, networking and dissemination of results.</p> <p>The evaluation was focused on the following issues: 1) relevance, 2) preparatory work, 3) launching, 4) selecting the projects, 5) scientific quality and innovativeness of the research, 6) success of the implementation of the programme goals and objectives, 7) contribution to researcher and expert training, 8) collaboration and networking, 9) effectiveness of the programme (output), and 10) applicability of research and importance to end-users.</p> <p>The programme achieved many of its objectives despite rather modest funding, short duration of the programme and weaknesses in its planning and launching. The programme would have succeeded even better if the theoretical and conceptual background would have been analysed more carefully before launching the programme and if coordination between the three successive steering groups and the International Evaluation Panel Group had been better. As a result of these problems the programme remained relatively heterogeneous and the relevance of some projects to health promotion was less the expected.</p>		
<b>Key words</b>	health, health promotion, research programme, evaluation, research funding		
<b>Name and number of series</b>	Publications of the Academy of Finland 5/05		
<b>ISSN</b>	0358-9153		
<b>ISBN</b>	Print 951-715-560-3	<b>Pdf</b>	951-715-561-1
<b>Number of pages</b>	52		
<b>Distributed by</b>	Academy of Finland, POB 99, FI-00501 Helsinki, viestinta@aka.fi		
<b>Published by</b>	Academy of Finland		
<b>Place and date of printing</b>	Edita, Helsinki 2005		
<b>Other information</b>	www.aka.fi/publications		

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# Preface

The Academy of Finland has successfully promoted intensive use and expansion of scientific knowledge through specific programmes composed of a number of closely related projects working in the same field of research. These programmes are set up in important areas of research that are advancing rapidly and where there is a need for new scientific evidence, both nationally and internationally. Their aim is to raise overall the standard of research and to promote interdisciplinary and international collaboration. The programme also aims to establish and strengthen the knowledge based within the field, and to promote careers and networking amongst researchers and to intensify researcher training.

The Academy's research programmes have also certain general science policy objectives: to develop research environments, to coordinate scattered research capacities, to develop national and international cooperation between researchers, funding bodies and end-users of research results and to increase the international visibility of Finnish research through closer cooperation between researchers, research organisations and funding bodies.

Research programmes are dedicated to special themes or problems. They are coordinated by programme directors and programme coordinators hired with Academy funding. Research programmes run for a fixed period of time: usually funding is provided for a term of three years. Other domestic and international funding bodies often contribute as well.

The Health Promotion Research Programme TERVE (Healthy) was launched by the Academy of Finland in 2000 and implemented from the beginning of 2001 to the end of 2004. The specific objective of the Health Promotion Programme was to find ways and develop methods to promote the health and well-being of the nation and individual citizens and to promote research collaboration in this field. Besides the Academy of Finland, the cooperating organizations included three ministries (Ministry of Transport and Communications, Ministry of Social Affairs and Health, Ministry of the Environment), Social Insurance Institution, National Public Health Institute, Finnish Work Environment Fund and Yrjö Jahnsson Foundation. The TERVE Programme is the first multidisciplinary programme in the field of health promotion research in Finland.

The Academy of Finland expects that the results of the research programme be evaluated after the termination of the programme. The Health Promotion Research Programme has been assessed by Professor Jussi Huttunen from the Finnish Medical Society Duodecim, Professor Bengt Lindström from the Nordic School of Public Health, Professor Gordon Macdonald from University of Glamorgan, Dr Mima Cattan from Leeds Metropolitan University and Dr Evelyne de Leeuw from Deakin University. Dr de Leeuw was not able to participate in the site visit of the Evaluation Group in Helsinki. Her comments, received in written form, have been taken into account in the final report of the Group. MSc Pirjo Koskinen-Ollonqvist from The Finnish Centre for Health Promotion acted as a scientific secretary for the evaluation.



The objective of the evaluation is to estimate to what degree the Health Promotion Research Programme has succeeded in fulfilling the objectives that have been listed in the Programme Memoranda. Of specific interest are the programmatic approaches, the added value and the programme impact, interdisciplinarity, the applicability of research, networking and dissemination of results.

The evaluation was focused on the following issues: 1) relevance, 2) preparatory work, 3) launching, 4) selecting the projects, 5) scientific quality and innovativeness of the research, 6) success of the implementation of the programme goals and objectives, 7) contribution to researcher and expert training, 8) collaboration and networking, 9) effectiveness of the programme (output), and 10) applicability of research and importance to the users.

The conclusions of the Evaluation Group are based on the examination of the research reports, self-evaluation assessments, publications and other products of the research groups, on discussions with the programme researchers and programme coordinators and on an interview with one member of the second and third Steering Group.

This publication includes the report of the evaluation group. The abstracts and other information about the Health Promotion Research Programme are available on the Academy's web pages at [www.aka.fi/Publications](http://www.aka.fi/Publications).

Jussi Huttunen  
Professor, Chairman of the Evaluation Group

# 1 Introduction

Health promotion is a goal-oriented activity aimed at creating the best possible circumstances for individuals, the population and population groups to maintain good health. The objectives of health promotion include such measurable factors as a longer healthy life expectancy, an improved quality of life and less pronounced differences between population groups on various dimensions of health.

The methods of health promotion encompass all measures of health and social policy that are aimed at improving the prospects of individuals and communities to attain better health. The aim in health promotion research is either to provide a sound assessment of the effectiveness of these methods, or additionally to create a scientifically justified range of methods that are then tested in relation to both the process and outcomes.

Health promotion research is influenced by values, but not by any one specific value. Its aim is to uncover determinants of health and to find means of attaining health, and it inquires into the specific contents of the given objective, the effectiveness of the means proposed for achieving that objective and the social and ethical acceptability of those meanings. Other research questions deal with the methods of health promotion and with the assessment of their impacts. Health promotion research is a genuinely multidisciplinary exercise. At its best it combines the approaches and methods of different fields of study.

Health promotion research is distinct in some respects from research within its contributing disciplines. It is often interdisciplinary in nature, having the task of combining different scientific disciplines in a way that is in synchrony with the aims and values of health promotion. Among the ways this may be accomplished is to create opportunities for making choices and changes that produce better health, but also creating conditions that maintain positive factors. The overarching strategy of health promotion is to ensure an environment that supports health, adequate information, life skills and opportunities for making healthy choices, as well as health services that include health promotion among their priorities. Further, health promotion aspires to work with people in a participatory manner. This way of working is as applicable to health promotion research as it is to professional practice.

The Health Promotion Research Programme was launched in 2000 to run from 2001 through 2004. The Programme can be seen as an indirect continuation of the TERO Programme (Research Programme for Health and Other Welfare Differences between Population Groups 1998–2000). The Health Promotion Research Programme was initiated as an attempt to produce basic and applied research on health promotion and to strengthen cooperation among various disciplines active in this field.

The Health Promotion Research Programme consisted of 14 interrelated projects. The projects involved in the Programme were from different disciplines and were grouped under four thematic headings outlined by coordinators: 1) Health

promotion policy, 2) Immediate (local) communities, 3) Occupation health, and 4) Children and adolescents. Two of these themes comprised three projects, one of them four projects and one five projects.

This report is based on the independent assessment of the TERVE Programme by the Evaluation Group. The evaluation panel convened in Helsinki in April 2005 (Appendix 1). The overall impression the Group is that the Programme was positive. In this report the Evaluation Group has assessed the strengths and weaknesses of the Programme hoping that the observations and recommendations will benefit the planning and implementation of future research programmes of the Academy of Finland.

## 2 Launching of the Programme

### Background

**Health and health policy in Finland.** Since the early 1970s women's life expectancy has increased by six years and that of men by seven years in Finland. Both men's and women's life expectancy exceed the European average. The favourable trends in public health are also reflected in people's subjective experiences. In particular, middle-aged groups now report much better health than they did in the 1970s. There are also signs of improvement among people of retirement age.

Although the general trend in public health remains favourable, there are many problem areas in which the national objectives have not been met. The disparities in health between the population groups are not diminishing. Drug abuse problems are increasing. The health behaviour of children, adolescents and young adults is far from ideal. The health and functional capacity of the middle-aged and elderly population is still unsatisfactory. Health policy has not yet been fully adapted to the rapid changes in the national and international circumstances.

According to the National Public Health Report the main goals of Finnish health policy is promotion of equity in health, promotion of health among the young, improving the population's functional capacity, development of the health service system, and coordination of public health policy and strengthening of international cooperation.

The European Office of the World Health Organization has recently evaluated the Finnish health promotion system, its past performance and future potential in the light of the fast changing policy context of Finland within the wider world. The main criticism was that there is no central coordination of health promotion in Finland, and the policy, action and activities are fragmented.

The recommendations of WHO deal with all levels and all actors of health promotion. They also pose questions and challenges to health promotion policy and research: how to improve the consistency and performance of the overall policy-making system covering health promotion; how to ensure Finland prerequisites to deal with present and new emerging issues in the area of health promotion; and how to improve the position of health promotion within Finland's overall strategic development and social agenda? One recommendation of the WHO Evaluation Group was to tailor the research and development agenda to the priorities of knowledge-based policy-making and practice.

The Finnish Government Resolution on the Health 2015 Public Health Cooperation Programme provides a broad framework for health promotion in different sectors of society. It reaches across different sectors of administration, since public health is largely determined by the factors outside health care: lifestyles, living environment, quality of products, factors promoting and factors endangering community health.

**Health promotion and health promotion research.** The aim of health promotion is to maintain and improve people's capacity to function physically, psychologically and socially. Health must be made part of social policy and healthful habits established early in life. Other areas of emphasis include increasing the effectiveness of public health and occupational health care, lifelong learning, encouraging the elderly to live independent lives, reducing health gaps between population groups and developing environmental health. The means of health promotion include measures of health and social policy that are aimed at improving individuals' and communities' prospects of attaining health. There has been an international debate and discussion of the concepts and theory of health promotion.

Health promotion research is distinctive in many respects from research within its contributing disciplines. The differences relate in part to the action concept of health promotion, in which change or creating options for choice are intended to produce or maintain health or conditions supportive of health. The distinctiveness of health promotion research relies both on the value placed on multidisciplinary programmes of work and the field's openness to the discourses and cultures of the various contributing disciplines. Health promotion research is open but does not go so far as to reject intra-disciplinary research. Health promotion research makes explicit efforts to reflect the core values of equity, participation and empowerment in decisions about how the research is conducted.

The pursuit of quality in health promotion research is complex, because health promotion is a multifaceted arena. Health promotion research's problems, methodologies, standards and philosophical foundations stem from a number of disciplines. In concert with this, the aims and activities of health promotion, and of health promotion studies as well, are varied and dependent on viewpoints.

There are no widely acknowledged and accepted quality standards for health promotion research, aside from the standards of the various contributing disciplines. As a consequence, judges of the quality of health promotion research – researchers and funding agencies apply the values and standards of their own disciplines, or some combination of disciplinary standards. A practical consequence is that the criteria for evaluating the quality of health promotion research are not often specified.

### **Launching of the Health Promotion Research Programme**

The Research Council for Health of the Academy of Finland convened an open workshop in 1999 on the future preventive health policies. Based on this and other related workshops, the Health Promotion Research Programme was launched in 2000 to run from 2001 through 2004. The Programme was expected to provide answers to the challenges arising from the state of health and health policy and action in Finland and abroad. The Finnish Work Environment Fund, the Ministry of Transport and Communications and the Finnish Cancer Foundation supported the Programme.

The Health Promotion Research Programme was based on premises set out in the Health for All 21 Programme of the World Health Organization (WHO) and on the Finnish Government Resolution on the Health 2015 Public Health Cooperation Programme. According to the Health 2015 Programme, Finland should focus on certain key areas: policies influencing health; service systems; health differences; local communities and intervention studies. Interventions of health promotion and new experimental programmes are needed for the sake of improving existing methods.

Health promotion research was defined in the Health Promotion Research Programme as follows: its aim is either to provide a sound assessment of the effectiveness of the means of health promotion or additionally to create a scientifically justified range of means that are then tested in relation to both the process and outcomes. Health promotion research is also of necessity a genuinely multidisciplinary exercise. At its best it combines the approaches and methods of different fields of study.

The objectives of the Health Promotion Research Programme were summed as follows:

1. To find ways and develop methods with which to promote the health and well-being of the nation and individual citizens
2. To locate major trends of social change
3. To identify factors within those trends that have an impact on health – particularly such factors that can be influenced through individual or system measure.
4. To conduct intervention and impact studies either and the individual or community level
5. To support research concerned with the values of the health promotion as well as conceptual and theoretical research
6. To promote research collaboration between different fields of study
7. To make the best possible use of the existing infrastructure and to anticipate the development needs arising from the changes that have an impact on health.
8. To strengthen the relationship between research and practice
9. To advance researcher training.

#### *Summary observations of the Evaluation Group*

*The launching of the Health Promotion Research Programme was timely and based on recommendations presented by policymakers, researchers and an international expert group evaluating the Finnish health promotion policy.*

### **3 Preparatory work**

More than 20 research programmes have been launched by the Academy of Finland. Programmes are led by steering groups that consist of representatives of the Academy's research councils, other funding agencies, experts, and end-users of research results. The steering group is responsible for managing the programme, monitoring the progress, arranging the evaluation, steering and supporting the coordination as well as doing other tasks essential to the programme.

The programme announcement of the Health Promotion Research Programme was prepared by the first Programme Steering Group whose term ran until December 2000 (Appendix 2). The second Steering Group was appointed at the beginning of 2001 and the third Steering Group in 2004. Members of the Programme Steering Groups had discussions with representatives of different interest groups on the content implementation and resource allocation of the Programme. The Academy representatives of the second Steering Group were all members of the Research Councils and formed the Programme Group responsible for the final project selection, funding decisions, and coordination arrangements. Other organizations had relatively much to say in the selection of the projects in the first stage, but did not contribute much financially.

The special expert and secretary of the first Programme Steering Group, and later the Programme Director, Dr. Matti Rautalahti discussed the programme announcement during the preparatory phase with experts of both health education research (Dr. Antti Uutela, National Public Health Institute and Professor Matti Rimpelä, National Research and Development Centre for Welfare and Health), practise (Dr. Harri Vertio, Finnish Center of Health Education), and policymaking (Dr. Tapani Melkas, Ministry of Health and Social Affairs).

The scope of the Programme was wide covering various disciplines. According to the programme description health promotion research should focus on five key areas: 1) policies influencing health, 2) service systems, 3) health differences, 4) immediate (local) communities and 5) intervention studies. It is noteworthy that the differences between health promotion research and public health research were not discussed (or at least the debate was not documented) at any phase of the planning and preparatory work.

The preparatory work for the Programme was thorough, but lacked certain fundamental elements such as consistency in defining health promotion and health promotion research and setting concrete goals for the Programme. In the end the Programme was more epidemiologically than socially orientated. Overall, the research frame of the Programme was executed incoherently and in a top-down way. It would probably have been fruitful to give the perspective of the target populations a more prominent role, using participatory methods and empowerment-oriented approaches.

## *Summary observations of the Evaluation Group*

*The preparatory work including the planning of the Programme was less than optimal. The inconsistencies during the planning phase had negative influence on project selection and programme implementation. The planning was not based on sufficient dialogue with the policymakers and research community (or their ideas were not adequately taken into account during the planning period).*

*There was no debate on the definitions of health promotion or health promotion research and only little attention was paid to international developments in the area. As a result the definitions used during the launching of the Programme did not satisfy the international expert group. These problems were reflected in the selection of the projects. In the end the Programme was a mixture of health promotion research, epidemiological research and public health research.*

*Part of the problem was due to the changing membership of steering and planning groups and failures of dialogue between the steering groups and the international expert group responsible for the evaluation of the project proposals. The majority of the members came from funding agencies not directly involved (or interested) in health promotion or health promotion research. As a result there was not enough expertise in the group that drew up the final programme plan and selected the projects for the second round of application. The Evaluation Group recommends that the Academy of Finland re-evaluate the criteria for selecting the members of the programme steering groups.*



## 4 Selecting the projects

Applications were processed in two phases. For the first round the applicants submitted short plans of intent. Upon the deadline, altogether 95 plans were received by the Academy. The Steering Group assessed the plans of intent, and full applications were requested from 34 research groups. The Steering Group also made the proposal to the Programme Section to establish an international evaluation panel (Appendix 2) to assess the research proposals and made decisions on the second stage evaluation procedures and on the coordination plan and funding. The Evaluation Group had the impression that assessment of the plans of intent was carried out in a relatively arbitrary way, and other funding agencies played a major role in determining the 'best' research proposals.

The International Evaluation Panel evaluated the proposals and scored them into five categories. Based on their assessments, the Panel recommended that 14 individual projects and two consortia be included in the Programme. The Programme Section agreed on the evaluation and decided on the funding. The International Evaluation Panel was very competent, but had its own understanding of relevance and definitions of health promotion research, which may have influenced their assessment of the proposals. Even though all applications selected to the second round were judged by the Steering Group and Programme Section to be relevant, the Panel sometimes disagreed. In the end, the Steering Group accepted the assessments suggested by the Panel.

A total of 14 research projects were finally chosen for the Programme. Almost all major Finnish universities participated in the Programme. Besides the universities several other research institutions had projects involved in the research programme. The research themes were finally grouped into four main categories based on the recommendation of the coordinators: 1) Health promotion policy, 2) Immediate (local) communities, 3) Occupational health, and 4) Children and adolescents. The theme areas were not administrative units, but provided a way to manage the Programme and arrange theme specific seminars.

The assessments of the International Evaluation Panel were based both on the scientific value and the relevance for health promotion of the applications. It appears, however, that the International Evaluation Group did not fully agree with the objectives set by the Planning Groups. There were several reasons for conflicting views. Firstly, health promotion and health promotion research were not properly defined, and as a result, practically speaking any public health research project would have fulfilled the inclusion criteria. Secondly, the division of labour between various groups was not explicitly agreed. These problems would have been avoided if the theory and definitions of health promotion had been discussed properly during the preparatory phase and if the plan and objectives of the Programme had been properly communicated to (or discussed with) the International Evaluation Panel.

An example of the consequences of the problems associated with the selection procedure is the occupational health theme. The theoretical base was not sufficiently

well developed; the main emphasis was on epidemiology and the coordination process more or less failed. Similar problems were evident also in other thematic areas resulting in a collection of projects rather than a programme. In the absence of proper definitions, the selection was based on past publication performance, and focused on highly productive epidemiological groups using already existing databases. These forms of research tended to dominate new and innovative health promotion research.

Too many people with their own agenda (or no interest at all) were involved in the preparatory work and selection procedure. Three steering groups without continuity coordinated the planning and selection processes. The Chair of the first Steering Group was a cancer epidemiologist with relatively weak links to health promotion. The majority of the members of the second Steering Group represented other potential funding agencies and had no expertise in health promotion. Most members were appointed on the basis of their position in the funding bodies, rather than expertise in health promotion. As a result, the commitment was not all it could have been, and the support to the Programme was limited.

#### *Summary observations of the Evaluation Group*

*The Evaluation Group noted that the selection procedures used in the Programme were not fully satisfactory. The failures during the planning phase had a negative influence on project selection. Problems associated with the changing membership of steering and planning groups and a lack of dialogue between the Steering Groups and the International Evaluation Panel responsible for the evaluation of the projects led to insufficient rigour and consistency during the selection process.*

*The membership of the steering groups responsible for planning and management of the selection process was not always appropriate for this Research Programme. The majority of the members came from funding agencies not directly involved (or interested) in health promotion or health promotion research. As a result there was not enough expertise in the group that selected the projects for the second round of applications.*

*As noted in the previous section, there was no debate on the definitions of health promotion or health promotion research, no reference to health promotion theory and only little attention was paid to the international developments in the area. As a result the definitions used during the planning of the programme did not satisfy the international expert group. These problems were reflected on the selection of the projects. In the end the Programme was a mixture of health promotion research, epidemiological research and public health research.*

*The difficulties of the selection procedures were one reason for the main weaknesses of the programme i.e. heterogeneity and dominance of epidemiological research over health promotion research, and noticeable lack of innovative methodology (with a couple of exceptions), e.g. user involvement/participation, action research and wider qualitative methods.*

*The Evaluation Group urges the Academy of Finland to pay more attention to selection procedures. Key questions are continuity, expertise (both science and relevance) and commitment.*

*The large number of applications during the first round and the high scientific value of the applications chosen for funding reflect the high potential of Finnish research community in the area of health promotion research.*

## 5 Funding

The Programme was carried out jointly by the Academy of Finland (Research Council for Health, Research Council for Culture and Society, Research Council for Natural Sciences and Engineering and Research Council for the Environment and Natural Resources), Ministry of Transport and Communications, Ministry of Social Affairs and Health, Ministry of the Environment, Social Insurance Institution, National Public Health Institute, Finnish Work Environment Fund and Yrjö Jahnnsson Foundation. In its action plan for 2001 the Academy's Board earmarked a total of EUR 4.9 million for the Programme. Allocations for the projects were EUR 4.6 million and for coordination EUR 260,000. The contribution of other funding agencies was small. The amount of money granted for the individual projects ranged from some EUR 140,000 to EUR 420,000.

The coordination resources covered the salaries of two coordinators and included an international and national travel grants, and money for inviting guest lecturers. There was also money budgeted for information services, both within and outside the programme.

The main source of funding for the projects was the Programme funding, but the situation varied from one project to the other. Some projects received half or more of their funding from other organisations, while part of the projects did not have any external funding. None of the project leaders complained about the lack of funding overall, but several of them indicated that the duration of the programme (3 years) is far too short for attaining the set objectives. Some of the teams received only part of the money they had applied for. This caused difficulties particularly to the new groups assembled for this project. On the other hand, many of the established teams could have continued their work in part with relatively small additional funds.

The projects' resources tended to get divided amongst the project members in a manner that promoted short research periods and part-time temporary jobs. There were almost 160 individual researchers from 16 universities and research institutes participating in the Programme. However, the number of researchers doing full-time research during the whole programme period was relatively small.

### *Summary observations of the Evaluation Group*

*The resources allocated for the Health Promotion Research Programme appeared to be mostly adequate. The duration of the Programme (3 years) was, however, definitely too short.*

*The Evaluation Group commends the Academy of Finland for its decision to prolong the duration of research programmes from three to four years. This decision is particularly important for projects and programmes where new and innovative approaches are developed. In fact, the ideal duration of the Health Promotion Research Programme would have been 5-6 years.*

*The Evaluation Group noted that the funding of long-standing projects with institutional support was adequate and sometimes more than adequate, while the resources for new, and often innovative research groups was barely sufficient. The Group recommends that the allocation of funds in future programmes better takes into account the real needs of the projects.*

## 6 Programme coordination

The coordination of the Programme was assigned to the Finnish Cancer Society that agreed to take the responsibility and cover part of the funding of the coordination. The Executive Coordinator worked full time and the Programme Director part time in the Programme.

The purpose of coordination was to get the maximum benefit from the Programme. The main aim was to advance collaboration between individual projects. The coordinators had regular contact with the Academy, other funding agencies and programme projects. Coordination included both scientific and administrative duties:

1. To manage the negotiations and agreement processes related to national and international funding cooperation,
2. To organise cooperation with domestic and international research programmes that are most directly relevant to the programme,
3. To serve as the steering group's secretary,
4. To promote communication and cooperation between the participating research,
5. To promote domestic and international research contacts and visits and researcher exchange,
6. To monitor the programme and provide direction for reporting on the project's research results
7. To maintain active contact with other funding bodies in the programme and end-users of its results,
8. To support the application of the programme's end-results, integrate its results and produce syntheses,
9. To assume responsibility for internal and external programme communications together with the Academy's Communications Unit, and
10. To prepare and organise the international evaluation of the programme.

Dr. Matti Rautalahti, Chief Medical Officer of the Finnish Cancer Society served as a special expert in the first Programme Group. Subsequently, he was asked to take charge of the coordination of the Programme and was appointed as the Director of the Programme for 2001–2004. Virve Laivisto (MSc) was appointed as the coordinator for the Programme.

The coordinators strongly emphasised the importance of multidisciplinary work and collaboration with the media. Collaboration with the media was a central topic in the programme seminars and research results were published at different forums and for different audiences. The press meetings were attended not only by science writers, but also by representatives of the general press, TV and radio. The main national news agency and leading newspapers and the national broadcasting company and several radio stations were present in most meetings arranged by the Programme. The press office of the Academy and the coordinators arranged several

press meetings, poster and oral presentations of the Programme. The researchers had the main responsibility for the scientific dissemination of the programme results.

The practical coordination and management of the Programme were rated excellent by the research projects. The emphasis was on technical and managerial issues, while less attention was paid to coordination of the research itself. Dissemination of information (including annual reports), planning and organization of the seminars, technical assistance to the project teams, support in international collaboration and exchange were accomplished by the two coordinators in a very effective way. On the other hand, the coordinators made minor efforts to promote scientific collaboration between the individual projects or theme areas.

The main instrument used to promote collaboration and interaction between the projects was joint seminars. The aim of the meetings was to introduce the researchers and their projects to other participants of the programme and to facilitate networking through discussions. The programme had a mailing list to distribute information between the projects and on different topics. Special effort was made to advance interaction between young researchers both within and outside the joint seminars. Based on the feedback from the researchers themselves this was not, however, always successful, as the seminars were rather formal consisting of oral and poster presentations without discussion and genuine debate.

Senior researchers interviewed by the Evaluation Group felt that the collaboration would have deepened substantially if the concepts, methods and objectives of health promotion had been discussed more thoroughly in joint seminars during the early part of the programme. In the absence of such discussions it was difficult to share experiences and to build multidisciplinary and interdisciplinary cooperation between the individual projects. On the other hand, the contribution of international experts invited to the joint meetings was considered particularly valuable, both to senior investigators and to young scientists.

As indicated earlier, the scientific production and the quality of research in the Programme were excellent, while the objectives aimed at the promotion of improving collaboration and interdisciplinary collaborations were not achieved. The failure is, at least partly, due to the nature and priorities of the coordination process as specified by the Academy e.g.

- the project plans accepted did not include a plan for collaboration, nor was this required by the Academy,
- project funding did not cover any collaboration efforts,
- coordination funding did not include any earmarked funds for scientific collaboration between two or more projects,
- project leaders did (and could) not fund their work from the Academy funding of their project; thus they could not dedicate themselves full time to the project and could not allocate time for joint meetings or seminars (and advancement of collaboration),
- the coordinators had no real instruments to advance scientific collaboration between projects.

### *Summary observations of the Evaluation Group*

*The emphasis of the coordination was on technical and managerial issues, while less attention was paid to coordination of research. The technical coordination of the Programme was rated excellent by the research projects.*

*The coordinators did not fully succeed in their attempts to promote scientific collaboration and interaction between the research groups. The objectives would have been attained better if the basic concepts, methods and objectives of health promotion had been discussed more thoroughly in joint seminars during the early part of the programme and if the working methods of the joint seminars had better served informal interaction between the researchers.*

*The contribution of international experts invited to the joint meetings was particularly valuable, both to the senior investigators and to the young scientists.*

*The Academy of Finland should take care that both the managerial issues and promotion of scientific collaboration receive due attention in the coordination of future research programmes. The coordinators should make every effort to stimulate interdisciplinary work and to advance collaboration between the projects within the Programme, but also with similar projects outside the Programme.*



## 7 Cooperation within the Programme

Annual seminars, eight theme-specific seminars and several thematic symposia, workshops and meetings were organised by the coordinators during the Programme. The seminars provided a forum for initiating and promoting contacts among the projects as well as an opportunity for collective planning of joint project activities. The seminars gave the researchers an opportunity to discuss and explore possibilities for collaboration.

The main method of internal communication between the seminars was e-mail. The project leaders received all the administrative information and instructions by e-mail. The coordinators actively informed the researchers of various national and international seminars and conferences. Useful information was distributed to individual projects and researchers via e-mail.

Based on the interviews of the principal investigators, there was relatively little cross-fertilization or scientific collaboration between individual projects of the programme. Only one theme area (Children and adolescents) expressed willingness to continue collaboration after the completion of the programme. Lack of collaboration was evident even in thematic areas with several projects from the same university or the same research institute (see below) not liaising or co-operating with each other.

In the opinion of the Evaluation Group some of these problems could have been avoided if a concrete plan of cooperation had been drawn before launching the Programme and if each project was requested to include a plan of collaboration in their research application. Collaboration between various disciplines is notoriously hard to establish and therefore much more systematic efforts would have been needed to ensure active and fruitful cooperation.

The evaluators assessed separately the success of cooperation during the Programme and the need for collaboration after the Programme in the four thematic areas:

**Health promotion policy.** There was very little if any collaboration or cross-fertilization within this thematic area despite the fact that two projects were located in the same institution and all three projects were coordinated by investigators working in the University of Tampere. The collaboration appeared to be less than optimal even within the individual projects. One reason for the lack of cooperation was the heterogeneity of the thematic area.

**Immediate (local) communities.** In the opinion of the Evaluation Group the three projects had a number of common interest and the projects could have benefited from active interaction. Nevertheless, there was practically no collaboration between the three groups.

**Occupational health.** Three of the four projects came from the Institute of Occupational Health and one from the University of Helsinki. The Evaluation Group noted that one group from the Institute of Occupational Health initiated active

dialogue and collaboration with the group from the University of Helsinki, while there was absolutely no interaction between the three groups from the Institute of Occupational Health despite the common institutional base.

**Children and adolescents.** The theme area was clearly more successful than the other areas in developing active collaboration between the groups. Even here there were problems in the dialogue that had to do with different definitions, methods, objectives and cultures. Nevertheless, many of these problems were solved, and in the end all projects have expressed the willingness to continue collaboration after the Programme. Clearly, there is need for an active collaboration and networking in this area in Finland.

#### *Summary observations of the Evaluation Group*

*There was little cross-fertilization or scientific collaboration between individual projects of the programme. Only one theme area (Children and adolescents) expressed willingness to continue collaboration after the end of the programme. Lack of collaboration was evident even in thematic areas with several projects from the same university or the same research institute.*

*There were several reasons for lack of collaboration e.g. heterogeneity of the programme, nature of coordination, self-sufficiency of the established projects and lack of interest of the project leaders to build networks within the Programme.*

*The Evaluation Group strongly urges the Academy of Finland to put more emphasis on building collaboration between the individual projects of research programmes. If this is not done, the programmes will remain 'collections of research projects' (an expression used by one of the principal investigators of the Programme) instead of a coherent research programme.*

## **8 International cooperation**

International cooperation was clearly one of the strengths of the Programme. All projects were collaborating with universities and research centres from abroad, although the activities varied between the individual projects. International experts on health promotion were invited to give lectures in annual seminars of the Programme and altogether 12 international speakers participated in other seminars. Published material was produced from the research projects and the publications were mostly published in international peer reviewed series. The coordinators of the Programme participated in three international research training courses.

### *Summary observations of the Evaluation Group*

*All projects belonging to the Programme participated actively in international collaboration. International experts had a key role in selection of the projects and international speakers contributed significantly to the programme seminars.*

*International collaboration was one of the strengths of the Programme.*

## 9 Contribution to researcher training

An important goal of the Programme was to advance researcher training in health promotion research. All projects were requested to include a plan for researcher training in their grant applications, and a positive environment for researcher training was one of the selection criteria.

Almost all projects in the Programme recruited graduate students, PhD students and senior researchers. The ratio of different types of researchers varied depending on the nature of the project. Thirty-seven of the researchers employed by the Programme were doctoral students. In three years four students earned their PhD degrees and twelve a Master's degree. Several projects reported that one or more of their young researchers would complete their PhD thesis in 2005 or 2006. Many of the PhD students had started their work before the Programme. The programme funding was clearly important for them, but it is likely that much of the work would have been realized in some form even in the absence of the programme.

Although it is too early to evaluate the full impact of the Programme on researcher training, the number of Master's degrees and doctoral dissertations gained within the Programme is certainly impressive. The Evaluation Group concludes that it is likely that the objectives set at the beginning of the Programme for researcher training will be fully achieved.

One aim of the Programme was to promote interdisciplinary training and collaboration among young researchers. Although the participation of young investigators in programme seminars was active, the Evaluation Group had a strong impression that the objectives of the seminars were not fully achieved in this respect. That future research programmes should encompass a concrete plan of researcher training (and specific funds allocated for this purpose) tailored specifically for the objectives of the programme.

### *Summary observations of the Evaluation Group*

*The Programme has been successful in supporting the research education and training of postgraduate students. The long-term impact of researcher training can be assessed only after 3–5 years after the completion of the Programme.*

*The Programme failed in its aim to promote interdisciplinary discussion and collaboration between young researchers. Future research programmes should encompass a concrete plan of researcher training tailored specifically for the objectives of the programme.*

*Long-term funding is essential in order to create a good environment for researcher training. The duration of the research programmes should be extended to 4–5 years, if researcher training is a central goal of the programmes.*

## 10 Individual research projects

The Evaluation Group assessed all the 14 projects (Appendix 3) involved in the Research Programme on the basis of the extended abstracts of the projects, interviews with the project leaders and the report compiled by the Programme Coordinator. Evaluation of individual projects was difficult for several reasons: some groups had a long working history before the Programme, while others had been only assembled for this Programme; most projects continued their work after completion of the funding period; many of the publications were based on work done before the Programme; in many projects the key publications were still in preparation; and the final societal impact cannot be assessed as yet.

The International Evaluation Panel selecting the projects had evaluated the proposals and scored them into five categories (outstanding, excellent, good, average and fair) using the following criteria: compatibility with programme objectives, competence of applicant, scientific quality, feasibility of the research plan, contacts between disciplines and interdisciplinarity, national and international contacts, significance of the research in terms of researcher training and the development of research environments and relevance and applicability of the results. This Evaluation Group used the same criteria in their assessments but attached special weight to scientific quality and relevance for health promotion.

The scores of the individual projects varied from average to outstanding (average score 3.4). The scores given for scientific quality were generally higher while those for relevance for health promotion were somewhat lower. The general impression was that the scientific quality of the projects established before the Programme (many of which were epidemiologic studies on existing databases) was higher while the projects assembled specifically for this project were more innovative and had higher relevance for health promotion. For the reasons given above the following comments should be considered only as guidance.

**(1) Values, norms and health promotion cultures** (Pauliina Aarva and the Group, University of Tampere). This interdisciplinary project aimed at identifying a deeper understanding of the cultural aspects of health promotion by studying health values, norms, beliefs and perceptions, which are present in peoples' interpretations of issues related to health promotion, health policy documents and mass media.

The project included several new concepts. The plan was innovative and the decision to fund the project was brave. This kind of thinking is needed in order to try to develop theory and understanding. The scientific value is average and relevance excellent.

**(2) Health Promotion as ideology, policy and practice in 20th century Finland** (Pertti Haapala and the Group, University of Tampere). The project studied the formation of Finnish health policy in the 20th century, and its scientific, professional, social and political preconditions.

The project is a descriptive study with very ambitious (too ambitious?) goals. The results are valuable despite the fact that there was only relatively little interaction between the investigators within the group and practically no collaboration with researchers from other projects. The scientific quality is average and relevance for health promotion is good.

**(3) Finnish national health promotion policy from an international comparative perspective** (Juhani Lehto and the Group, University of Tampere). The project focused on the overall health promotion policy in the context of a changing welfare state. Equity in health, mental health, alcohol, tobacco and food, and the national policymaking level including its interactions with the EU were the main interests of the research. The goal was to advance understanding of health promotion policy in Finland and elsewhere.

This was an important project with high relevance to health promotion policy. The final product is a narrative policy analysis, which should be continued. Several questions remained unanswered. The scientific quality was good and relevance to health promotion good.

**(4) Health effects caused by urban air pollution for the transport system plan scenarios in Helsinki area** (Jaakko Kukkonen and the Group, National Institute of Meteorology). The objective of this project was to refine the existing integrated modelling system from the evaluation of processes from traffic flow and pollutant emissions to atmospheric dispersion and population exposure. The project aimed to extend this modelling system to include treatments for evaluating the transport of pollutants from outdoor to indoor air, personal exposures and expected health consequences.

The study falls outside the expertise of the evaluators. Their impression was that the scientific quality of the study is excellent and relevance to health promotion good. The study differed in its focus from all other projects in the Programme, and is an example of the heterogeneity of the Programme. The Evaluation Group was doubtful of the decision to fund this project from the Health Promotion Research Programme despite its relevance to public health.

**(5) Immediate communities and individual sociodemographic disadvantage – a study of the effects of area and individual characteristics on health and cause-specific mortality in the Helsinki Metropolitan Area** (Pekka Martikainen and the Group, University of Helsinki). The aims of the study were to identify area characteristics and mortality, to study the change in area characteristics, and to do analyses of morbidity and health behaviours.

This project has progressed according to plan and provided new scientific evidence on the extent and causes of area differences in mortality and morbidity. The study is highly relevant to public health and it has high innovative potential. The data and methodology are useful for several related research areas. The scientific value is excellent and relevance to health promotion good.

**(6) Päijät-Häme community intervention study, 2001–2004** (Aulikki Nissinen and the Group, National Public Health Institute). The aim of this project was to prepare a community diagnosis for the municipalities on health, lifestyle and wellbeing, to plan and test a tailor-made and theory-based experimental intervention, to implement interventions and to evaluate the process of change.

The study is a classic community-based intervention programme focusing on several key issues in health and health promotion. The researchers are professional and the productivity is high. The scientific value of this project is excellent and relevance to health promotion outstanding. This study meets all the objectives of the programme.

**(7) Social networks in promoting well-being at work** (Kaj Husman and the Group, Occupational Health Institute). This research project comprises three complementary study settings, each introducing a different perspective on the functions of social networks in promoting workplace well-being. The results suggest that improved organizational practices increase well-being and functionality of work places.

This project suffered from a poorly developed theoretical base and from lack of communication with other projects working on the problems of work places and occupational health. The scores for scientific quality and relevance for health promotion were good.

**(8) A comparative study of the effects of work-home interface socioeconomic position and ageing on health among employees** (Eero Lahelma and the Group, University of Helsinki). The study examines health and well-being, and their determinants among the staff of the City of Helsinki. The main aim is to investigate the impact of biological, psychological, behavioural, work-related, socioeconomic and other environmental factors on the functioning, health and well-being among aging employees and their subgroups.

The project contains excellent traditional epidemiological research. Although direct relevance to health promotion is limited, the results can be exploited in the promotion of health and reducing socioeconomic differences in the wider community. The scientific productivity and quality are excellent and relevance to health promotion is good.

**(9) Participatory ergonomic intervention at work place: randomized controlled trial and ethnographic study** (Hilkka Riihimäki and the Group, Occupational Health Institute) The aim of the project is to study the effectiveness of participatory interventions in the promotion of ergonomics and safety in kitchen work.

The design and methodology of the intervention are exemplary and the results are interesting. The scientific quality of the study is excellent, but due to the specific nature of the problem, the results have only limited use in other fields of health promotion.

**(10) Improvement in psychosocial work environment to improve health** (Jussi Vahtera and the Group, Occupational Health Institute). The aim of this project was to identify psychosocial predictors of health and potential groups at risk to health problems in public sector, to study behavioural, physiological and psychological links between psychosocial factors and health, and to identify appropriate primary and secondary preventive measures.

The project is a traditional epidemiological study using several existing databases. The data is valuable to scientists in occupational health, health psychology, occupational and organisational psychology, and human resource management. The quality of science is excellent and the publication record impressive, but the connections to health promotion are less direct.

**(11) Youth cultures as health literacy.** (Tommi Hoikkala and the Group, University of Helsinki, and Pekka Hakkarainen and the Group, Research and Development Centre for Welfare and Health). The aim of the consortium was to answer the following questions: 1) how do young people consider health-related themes in their own sub-cultures; 2) what are the societal, cultural and social bases for young people's literacy and 3) how can this sort of information be put to use in promoting health. The methods used were mostly qualitative, but quantitative approaches were also used.

The project, which was assembled for this programme, is large (9 subgroups) and contains several innovative elements. The combination of several disciplines, use of both qualitative and quantitative methods and intensive dialogue within the consortium during the programme are commended. The group has been productive, although most of the papers have so far been published in Finnish. The scientific value is good and the relevance to health promotion is excellent or outstanding. The true value of this project can be assessed only after 3–4 years.

**(12) School children's perceived health and health behaviours in the context of family and school children as agents of their health and well-being.** (Lasse Kannas and the Group, University of Jyväskylä, and Leena Alanen and the Group, University of Jyväskylä). The first of the two projects studied the trends of adolescents' self-rated health and health behaviour in Finland, the associations of adolescents' self-rated health and health behaviours with factors of social capital, and compared perceived health and health habits in different countries. The study included a qualitative approach of adolescents' and their parents' perceptions of health and how these perceptions became visible in the everyday health choices. The aim of the second project was to facilitate the development of children's daily environments in ways that paid attention to respect and the further development of children's bodily, personal and social agency and autonomy, and thereby contribute to their health and well-being.

The consortium has produced data that is of the utmost importance for health promotion in children and adolescents. The results have strengthened public debate, resulted in health promotion activities in schools and families and created new theoretical and methodological approaches. The two projects have different



theory bases and methodologies and, unfortunately, there was only little interaction between the two groups during the programme. The scientific value and relevance to health promotion of both projects was excellent.

**(13) Health, health behaviours and new information and communication technology in adolescents** (Arja Rimpelä and the Group, University of Tampere). The aims of the study were to investigate the use of information and communication technology and its direct and indirect effects on adolescent health including socioeconomic health differences and to develop health promotion tools for schools to decrease health complaints, particularly neck, shoulder and low back pain.

The project is timely and interesting, but rather mechanistic. The scientific value is excellent and the relevance to health promotion good.

**(14) The efficient family: an intervention study on the prevention of mental disorders in children with affectively ill parents** (Tytti Solantausta and the Group, Research and Development Centre for Welfare and Health). The aim of the project is to provide the Finnish health care system efficient means to help children and families with parental mental health. One objective is to advance preventive work as part of psychiatric services.

This study was rated excellent both in regard to relevance and science. Despite major difficulties (which have hampered similar studies in other countries) the investigators have succeeded in setting up an intervention that is likely to have enough power to produce meaningful answers to the study questions. The project may have already changed the practices in the health care system.

#### *Summary observations of the Evaluation Group*

*Evaluation of individual projects was difficult for several reasons: some groups had a long working history before the Programme, while others had been assembled only for this Programme; most projects continued the work after completion of the funding period; many of the publications were based on work done before the Programme; in many projects the key publications were still under preparation; and the final societal impact cannot be assessed as yet. For the reasons given above the observations should be considered only guiding*

*The scores of the individual projects varied from average to outstanding (scale: outstanding, excellent, good, average and fair). The scores given for scientific quality were generally higher while those for relevance to health promotion were somewhat lower.*

*The general impression was that the scientific quality of the projects established before the Programme (many of which were epidemiologic studies on existing databases) was higher while the projects assembled specifically for this programme were more innovative and of higher relevance for health promotion.*

*Three projects were rated outstanding both in regard to scientific value and relevance to health promotion.*

# 11 Relevance and scientific value of the Programme

In the opinion of the Evaluation Group the relevance and the scientific quality of the Programme was good despite its heterogeneity. As noted above the Programme included several epidemiological projects that had only weak connections to health promotion as defined above. On the other hand, many of these projects were productive and of high scientific value.

The scientific quality of the projects ranged from good to excellent, although it was difficult to assess the scientific value of some of the projects, as they were still in progress at the time of the evaluation. The scientific productivity of the projects was mostly good. This was true particularly for epidemiological studies, and for projects already underway before the official launch of the programme, and for projects relying on already available data. On the other hand, for the new projects, especially for intervention studies, a three-year evaluation is far too short.

Political relevance is an important aspect of the research programmes of the Academy of Finland, but is not possible to evaluate fully without discussions with politicians, other decision makers and end-users. The Evaluation Group noted that some of the current projects had potentially major political relevance, while others were useful for the practical implementation of health policy decisions. In general, societal and political impacts of this kind of research are difficult to judge in the short term, because many effects come over time and indirectly.

The Evaluation Group was not impressed with the quality of the project leaders' self-evaluations. The Academy should provide more close-up guidance and support (and perhaps some sanctioning) to convince that such assessment procedures are essential for research quality assurance.

## *Summary observations of the Evaluation Group*

*Despite its heterogeneity the relevance of the Programme was high and its overall scientific quality and productivity were excellent. The political and societal impacts of the programme cannot be evaluated at the time being because of too short follow-up time.*

*Some of the individual research projects were only remotely linked to health promotion, although scientifically sound. The problem was, at least partly, due to inadequate definitions of the Programme and to lack of coordination between rapidly changing planning and steering groups and the International Evaluation Panel.*

*The Academy should provide more close-up guidance and support (and perhaps some sanctioning) to the project leaders to convince that such assessment procedures are essential for research quality assurance.*

## **12 Effectiveness and value for the money**

In the Programme the total number of person-months amounted to 653 (approx. 54 researcher-years). The number of papers published in peer reviewed international journals varied remarkably between the individual projects (from 2 to 36). Two teams had a particularly high record of international publication before and during the Programme. These projects had established their international links before the Programme had started. Some other teams had a good international record but not related to this programme. Overall it appears that the Programme has been more useful in strengthening the already existing international links rather than initiating new ones.

The Programme has obviously strengthened health promotion research in Finland, despite the fact that only relatively few new researchers were recruited by the Programme to the field of health promotion. Furthermore, the publication figures confirm the good international reputation of Finnish health promotion research.

Information and knowledge produced by health promotion research are useful to the national audience and, therefore, many articles were published in Finnish. It is noteworthy that some projects with relatively low publication record had produced innovative findings, whereas the results of some of the groups with large number of publications were relatively standard. Obviously there is a need to develop methods of effectiveness that go beyond traditional quantitative indicators used in science evaluations.

The projects varied greatly in terms of timing and allocation of money. Some of the projects had been working for several years before the Programme, while others were planned and launched specifically for this Programme. Conversely, some projects were completed by the end of the Programme, while others continued their work after the Programme, using funds received from other sources. The funding period was too short for some projects to produce publications, while others were able to publish papers throughout the programme period. Finally, it is too early to assess the significance of the Programme as a whole in improving cooperation between funding agencies, researchers and end-users of research results. For all these reasons, it is difficult to assess accurately the effectiveness and value for money of the Programme.

Despite the difficulties and inconsistencies in the planning and preparatory phases most of the science policy objectives launched by the Academy of Finland were fulfilled. Some of the projects coordinated various research fields better than the whole programme. There was more international cooperation between researchers in some projects than others.

Based on several indicators the short-term effectiveness of the Programme is high. The publication list is impressive, several PhD theses have been completed and many of the papers have been published in the leading international journals. The final scientific and societal impact of the Programme cannot, however, yet

be assessed, as many projects were still ongoing and several key publications were under preparation at the time of the evaluation. The overall impact and the final societal and scientific value should be the subject of another evaluation, optimally conducted 3–5 years after the end of the funding period.

#### *Summary observations of the Evaluation Group*

*Based on several indicators the short-term effectiveness of the Programme is high. The publication list is impressive, several PhD theses have been completed and a great number of papers have been published in the leading international journals.*

*The scientific production varies substantially between the groups and between the individual projects both in terms of quantity and quality. Some of the differences are real, but some result from the nature and timing of the projects. Scientific productivity was particularly high in epidemiological projects that had been launched before the Programme (and were not a direct outcome of the Programme) and/or were using already existing databases.*

*The research results from the individual projects have been disseminated widely in journals and at national and international meetings.*

*The final scientific and societal impact of the Programme cannot yet be assessed, as many projects were still ongoing and several key publications were under preparation at the time of the evaluation. The overall impact and the final societal and scientific value should be the subject of another evaluation, optimally conducted 3–5 years after the end of funding period.*

*The Academy of Finland should further develop methods and indicators for assessment of short-term and particularly long-term effectiveness of research programmes.*

## 13 Fulfilment of the Programme goals

The Programme announcement listed nine objectives, which reflect both the general concept of the Academy's programmes and the focus of the Health Promotion Research Programme. Successes and failures in achieving the goals are assessed below. The evaluation is only guiding, as the full societal and scientific impact of the Programme cannot be evaluated until later.

**Objective 1 – to find ways and develop methods with which to promote the health and well-being of the nation and individual citizens.** This is a general objective, and all projects supported directly or indirectly this objective. Three projects (6, 9 and 14) concretely explored methods for health promotion.

**Objective 2 – to locate major trends of social change.** This theme was investigated directly or indirectly in four projects (1, 2, 3 and 12).

**Objective 3 – to identify factors within those trends that have an impact on health – particularly such factors that can be influenced through individual or system measures.** This theme was studied directly or indirectly in four projects (1, 2, 3 and 12). Many of the epidemiological studies related to this objective, although they were not directly addressing the theme.

**Objective 4 – to conduct intervention and impact studies either at the individual or community level.** Intervention and impact studies either at the individual or community level were conducted in three projects (6, 9 and 14) and several other produced data that could be exploited in future intervention studies. These studies were generally of high scientific quality and relevant for health promotion.

**Objective 5 – to support research concerned with the values of the health promotion as well as conceptual and theoretical research.** The values concepts and theory of health promotion were explored directly only in project 1 and indirectly in projects 11 and 12.

**Objective 6 – to promote research collaboration between different fields of study.** This objective has been analysed in detail in Chapter 8. There was only little cross-fertilization or scientific collaboration between individual projects of the Programme. Only one theme area (Children and adolescents) expressed willingness to continue collaboration after the end of the Programme. Lack of collaboration was conspicuous even in thematic areas with several projects from the same university or the same research institute.

**Objective 7 – to make the best possible use of the existing infrastructure and to anticipate the development needs arising from the changes that have an impact on health.** The existing infrastructure has been exploited in an innovative way in projects 6 and 14. Furthermore, all epidemiological projects funded from the Programme have effectively utilized the existing databases to

analyse factors influencing health behaviour and predicting future development needs.

**Objective 8 – to strengthen the relationship between research and practice.**

The effect of the Programme on health policy development and implementation of health promotion on national and local level (societal impact) can be assessed only 3–4 years after the end of the funding period.

**Objective 9 – to advance researcher training.** This objective has been analysed in detail in Chapter 8. The Programme was successful in supporting the research education and training of postgraduate students but failed in its attempts to promote interdisciplinary discussion and collaboration of young researchers.

*Summary observations of the Evaluation Group*

*The Health Promotion Research Programme succeeded in achieving its goals relatively well. The Programme produced valuable results in a short time and did much to increase the visibility of health promotion and health promotion research in scientific community and in lay media; several studies have done much to develop substantive knowledge and expertise on the core of health promotion.*

*The strengths of the Programme were the scientific production and quality. The relevance to health promotion varied from one project to the other, but the true societal value of the outcomes cannot be assessed until later.*

*The Programme was successful in supporting the research education and training of postgraduate students but failed in its attempts to promote interdisciplinary discussion and collaboration of young researchers.*

*The Programme did not fully succeed in its goal to advance interdisciplinary collaboration.*

*The objectives of the Programme were overambitious in view of the level of findings and the short duration of the Programme.*

## 14 General conclusions and recommendations

On the basis of its evaluation, the Evaluation Group has outlined the following recommendations to the Academy of Finland to be considered during the follow-up of this Programme and in planning of similar programmes in the future.

### Health Promotion Research Programme

**Overall success.** The health promotion research is an underdeveloped area both in Finland and in many other countries. The Evaluation Group commends the Academy of Finland for its decision to launch such a programme and congratulates the Project Coordination and the Research Groups for excellent work during the Programme. The Programme has achieved many of its objectives despite rather modest funding, short duration of the programme and weaknesses in its planning and launching.

The Programme would have succeeded even better if the theoretical and conceptual background would have been analysed more carefully before launching of the Programme and if the coordination between the three successive steering groups and the International Evaluation Panel Group had been better. As a result of these problems the Programme remained relatively heterogeneous and the relevance of some projects to health promotion was less than expected. In fact, the Evaluation Group seriously raised the question whether the Programme had any added value as a 'research programme', as the same objectives might have been reached using conventional funding mechanisms.

**Preparatory work.** The preparatory work for the Programme was thorough, but lacked certain fundamental elements such as careful analysis of the contents and goals of health promotion. Overall, the preparatory work of the Programme was executed incoherently and in a top-down way. It would have been fruitful to give the perspective of the target people a more prominent role using participatory methods and empowerment-oriented approaches.

There was no debate on the definitions of health promotion or health promotion research and only little attention was paid to the international development in the area. As a result the definitions used during the launching of the Programme did not satisfy the International Evaluation Panel. These problems were reflected both on the selection of the projects. In the end the Programme was a mixture of health promotion research, epidemiological research and public health research.

The Evaluation Group emphasizes that the ultimate success of research programmes depends on careful preparatory work and planning. Before launching a new programme the Academy should always have a clear concept about its contents and objectives. In the absence of careful preparatory work the programmes are doomed to fail.

**Planning.** The planning of the Programme was less than optimal. The mistakes during the planning phase had negative influence on project selection and programme implementation. Planning was not based on real dialogue with the policymakers and research community (or their voices were not adequately taken into account during the planning process). Some of the problems were due to the changing membership of steering and planning groups and poor interaction between the steering groups and the International Evaluation Panel responsible for the evaluation of the projects.

The majority of the members of the steering groups came from funding agencies not directly involved (or interested) in health promotion or health promotion research. As a result, there was not enough expertise in the group that drew up the final programme plan and selected the projects for the second round of application. The Evaluation Group recommends that the Academy of Finland carefully assess the criteria for selecting the members of the programme steering group. The representatives of funding agencies without scientific background or experience in academic research should not be invited to expert groups that decide on the scientific content of research programmes or select projects for funding.

Steering groups should be appointed for the entire duration of the research programme. A group with continually changing membership is not able to coordinate preparatory work, planning and implementation of a research programme. Attention should be paid to the potential vested interests of the steering group members to avoid the possibility that other factors than scientific quality and societal values unduly influence the planning and selection processes.

**Selection of projects.** The selection process was not carried out in the best possible way because of continually changing steering groups, their less than optimal membership (see above) and lack of focus in setting objectives for the Programme. The selection process was passive; the steering groups made no attempt to build collaboration between the projects preliminarily selected for the Programme. In fact, there was no true interaction between the steering group and the applicants during the entire selection process. The Evaluation Group took the view that the inconsistent and passive selection process is the main cause for the heterogeneity of the Programme and lack of collaboration within the programme.

The two-stage selection procedure used in the Health Promotion Research Programme is basically sound. To amend the problems observed in this Programme, the goals of the programme should be defined more carefully and the same criteria should be used in all stages. Ideally, the same expert group should be responsible for both the initial screening phase and the final selection process. The selection process should be active and involve interaction between the investigators and the group responsible for selection. In the absence of active intervention the research programme will not produce any added value.

More time should be reserved between the announcement of the programme and the deadline for applications in order to enable the development of larger multidisciplinary research teams and the participants of all potential applicants. The outside experts



in the international evaluation panel (or its chairperson) could play a role in final negotiations between the Academy and research projects selected for funding.

**Coordination.** The emphasis in the coordination in the Health Promotion Research Programme was on technical and managerial issues (which were executed well or very well), while less attention was paid to coordination of research. The coordinators did not fully succeed in their attempts to promote scientific collaboration and interaction between the research groups. The objectives would have been attained better if the basic concepts, methods and objectives of health promotion had been discussed more thoroughly in joint seminars during the early part of the programme and if the working methods (including attendance) of the joint seminars had served better informal interaction between the researchers.

The Academy of Finland should take care that both the managerial issues and promotion of scientific collaboration receive due attention in the coordination of future research programmes. The tasks of programme coordination should be clarified in advance. Coordination should start early enough to support the development of new research teams and collaboration within the programme. Definition of the tasks and goals in advance would help in the recruitment of the coordinator and in support the work of the coordinating team throughout the programme. A 'Programme Board' consisting of the coordinator, chairperson of the steering group and 2–4 principal investigators might be a useful instrument in monitoring the progress of the programme and promoting collaboration between individual projects.

**Need for support during the post-programme period.** The Evaluation Group considers it important that the Academy of Finland will continue this investment in further research on health promotion. This programme is only a beginning and without further support the impact of this programme will shrink to nothing. The Group recommends that the Academy of Finland should adopt a procedure to select the 2–3 most innovative and successful projects for continued funding based on the recommendation of the steering group or the International Expert Group.

### **Renewing the concept of research programmes**

The Evaluation Group is very much aware that the research programmes of the Academy of Finland have different backgrounds and goals. Therefore, the nature of preparatory work and practical procedures used in selecting the projects and coordination of the programme necessarily vary from one programme to the other. Some generic recommendations can, however, be given based on the experiences of the Health Promotion Research Programme.

The basic goal should always be a coherent programme, not only a random collection of projects. This objective can be reached only with thorough analysis of needs and opportunities, meticulous planning, careful selection of the projects and dedicated coordination focusing both on administrative and substantive issues. The continuity throughout all stages of the programme is an absolute prerequisite for the success of the programme.

The programme objectives should be feasible. The goals of a programme concerning its desired impact should be clearly defined. If the programme is intended to be a joint effort between academic and societal actors, it should clearly be stated in the Programme Memorandum.

The Academy of Finland should strengthen the role of the coordinator in research programmes. There should be clear guidelines on the role of the coordinator such as areas in which cooperation among the projects is needed (theory, concepts, methodology, publication of results etc.) as well as status and authority of the coordinator. All in all, the role and tasks of the coordinator should be conceived and planned in more concrete way.

Researcher training and the progress of doctoral students should be monitored in a visible and systematic way during the programme period. Attention should be paid to the funding level of the individual projects. The Evaluation Group takes the view that supporting several projects at a level that does not cover full costs of the project is not the right solution. Instead the Academy of Finland should fund a smaller number of innovative and scientifically sound projects at a sufficient level.

The duration of research programmes should be at least four years and in new thematic areas (like health promotion research) ideally five years. A plan to continue the support of the innovative and successful projects should be part of all research programmes.

The Academy of Finland should develop new methods and approaches for the evaluation of research programmes and individual research projects. The Academy should provide more close-up guidance and support to the investigators to convince that such assessment procedures are essential for research quality assurance. The evaluation should be a learning process for the evaluators, coordinators, investigators and the Academy itself.

The research programmes should always be evaluated in two stages. The first evaluation should focus on preparatory work, planning, managements and immediate impacts, while the second should examine the long-term outcomes and the societal effects of the programme.

The Academy of Finland should develop more effective ways for promoting scientific interaction within research programmes and between related research programmes both in terms of planning and management of the programme and scientific themes. Contacts between programme coordinators should be systematically organised.

The Academy of Finland should develop methods and indicators for the evaluation of the outcomes and impacts of research programmes (both scientific and societal).

# Appendix 1

## Agenda for the Evaluation of the Health Promotion Research Programme

Date: 25-26 April 2005  
Place: Academy of Finland  
Vilhonvuorenkatu 6  
Meeting room 564, 5<sup>th</sup> floor

### Sunday 24 April 2005:

Arrival to Helsinki  
Accommodation at Hotel Holiday INN Hki City Centre  
Elielinaukio 5

18.45 Meeting at the lobby of the Hotel Holiday INN Hki City Centre -  
We will walk together to the restaurant

19.00 Welcome dinner in Restaurant Kappeli  
Eteläesplanadi 1

### Monday 25 April 2005:

9.00–9.30 Arrival to Academy of Finland (by taxi)

9.30–9.45 Opening and terms of reference in evaluation  
Professor Jussi Huttunen, Chair of the Evaluation Panel

9.45–10.00 Health Promotion Research Programme: what and why?  
Anssi Auvinen, Chair of the Steering Group (Academy of Finland)

10.00–10.45 Coordination of the Health Promotion Research Programme  
Matti Rautalahti and Virve Laivisto

10.45–11.45 Meeting the Principal Investigators  
Health Promotion Policy (Pauliina Aarva, Pertti Haapala, Juhani Lehto)

11.45–12.30 Lunch

12.30–14.30 Meeting the Principal Investigators  
Children and Adolescents (Lasse Kannas, Leena Alanen, Tommi Hoikkala, Pekka Hakkarainen, Arja Rimpelä, Tytti Solantaus)

14.30-15.00 Coffee break

15.00–16.30 Meeting the Principal Investigators  
Occupation health (Kaj Husman, Eero Lahelma, Jussi Vahtera, Hilikka Riihimäki)

16.30–17.30 Immediate Communities (Aulikki Nissinen, Pekka Martikainen, Jaakko Kukkonen)

**Tuesday 17 April 2004:**

8.00 Arrival to the Academy of Finland

8.30–12.00 Discussion among the review panel

12.00–13.00 Lunch

13.00–14.30 Writing of Report

14.30–15.00 Coffee break

15.00–16.30 Writing of Report continues

Departure from Helsinki

# Appendix 2

## Members of Steering Groups and the International Evaluation Panel

### Steering Groups

#### The first Steering Group

Its term ran until 31 December 2000. The group was chaired by Prof. Matti Hakama and the members were Hilikka Riihimäki (Academy of Finland), Sirkka Keränen (Academy of Finland), Marianne Nyström (Academy of Finland), Seppo Sajama (Academy of Finland), Katri Vehviläinen-Julkunen (Academy of Finland), Marjo-Riitta Järvelin (University of Oulu), Tapani Melkas (Ministry of Social Affairs and Health) and Harri Vertio (Finnish Centre for Health Promotion).

#### The second Steering Group

It was appointed on January 1, 2001. It was chaired by Markku Ålen (Academy of Finland). The other members were Elina Hemminki (Academy of Finland), Ulla Ruotsalainen (Academy of Finland), Jyrki Heino (Academy of Finland), Aila Lauha (Academy of Finland), Kaija Hasunen (Ministry of Social Affairs and Health), Jorma Järvisalo (National Social Insurance Institution), Timo Partonen (Yrjö Jahansson Foundation), Arpo Aromaa (National Public Health Institute), Juha Juntunen (LEL Pensions Fund), Hannele Nyroos (Ministry of the Environment), Peter Rehnström (Finnish Work Environment Fund), and Risto Saari (Ministry of Transport and Communications).

#### The third Steering Group

It was appointed in 2004. It is chaired by Anssi Auvinen (Academy of Finland) and the members are Matti Heikkilä (Academy of Finland), Pirjo Pietinen, (National Public Health Institute), Peter Rehnström (Finnish Work Environment Fund), Kaija Hasunen (Ministry of Social Affairs and Health), Raili Myllylä (Academy of Finland), Raija-Leena Punamäki (Academy of Finland), Risto Saari (Ministry of Transport and Communications), Elina Hemminki (Academy of Finland). Representatives of the Academy staff are Tellervo Raijas, Arja Kallio, Riitta Launonen, and Eeva Karjalainen.

#### The Programme Section

The Academy representatives of the second Steering Group were all Research Council members and formed the decision-making Programme Section: Markku Ålen, Elina Hemminki, Ulla Ruotsalainen, Jyrki Heino, and Aila Lauha.

#### The International Evaluation Panel

The Panel was chaired by Prof. Maurice Mittelmark (Research Centre for Health Promotion, University of Bergen, Norway). The other members were Prof. Ilona Kickbush (Department of Epidemiology and Public Health, Yale University, USA), Prof. Evelyne de Leeuw (University of Aarhus, Department of Public Health, Denmark), Prof. Ann Oakley (Social Science Research Unit, University of London,

GB), Prof. (emer) Roy J. Shephard (Canada), Prof. Bo Haglund (Karolinska Institutet, Department of Public Health Sciences, Sweden) and Prof. Vappu Taipale (Research and Development Centre for Welfare and Health, STAKES, Finland).

# Appendix 3

## List of the projects

### 1. Health Promotion Policy

Pauliina Aarva University of Tampere	Values, norms and health promotion cultures
Pertti Haapala University of Tampere	Health promotion as ideology. Policy and practice in 20th century Finland
Juhani Lehto University of Tampere	Finnish national health promotion policy from an international comparative perspective

### 2. Local (Immediate) communities

Kukkonen Jaakko National Institute of Meteorology	Health effects caused by urban air pollution for the transport system plan scenarios in Helsinki area (HEAT)
Martikainen Pekka University of Helsinki	Immediate communities and individual sociodemographic disadvantage – a study of the effects of area and individual characteristics on health and cause-specific mortality
Nissinen Aulikki National Public Health Institute	Päijät-Häme community intervention study (PHCIS), 2001–2004

### 3. Occupation health

Kaj Husman Occupational Institute	Social networks in promoting well-being at work health
Lahelma Eero University of Helsinki	A comparative study of the effects of work-home interface socioeconomic position and ageing on health among employees. The Helsinki Health Study

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Riihimäki Hilikka Occupational Health Institute	Participatory ergonomic intervention at work place: randomized controlled trial and ethnographic study
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Vahtera Jussi Occupational Health Institute	Improvement in psychosocial work environment to improve health: Multisample prospective study
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#### **4. Children and Adolescents**

Hoikkala Tommi University of Helsinki	Youth cultures as health literacy  Consortium
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Hakkarainen Pekka  
Research and Development  
Centre for Welfare and Health

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Kannas Lasse University of Jyväskylä	Health promotion needs during children´s lifespan and challenges for health teaching in school and day care Consortium
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Leena Alanen  
University of Jyväskylä

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Rimpelä Arja University of Tampere	Health, health behaviours and new information and communication technology in adolescents
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Solantaus Tytti Centre for Welfare and Health	Preventive Interventions for Children with Affectively III parents Research and Development
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In the evaluation of the applications the evaluation panel defined the health promotion:

*“We wish to emphasise that the best applications among those we evaluated were characterised not only by good scientific methodology, but also by incorporation of the principles of health promotion into the research designs, such as the use of participatory methods and empowerment-oriented approaches.... In concert with this emphasis, several projects that were otherwise of very good scientific quality were not rated highly because of low relevance to the health promotion field”.*



# Appendix 4

## The assignment letter of the panel

### REQUEST FOR RESEARCH PROGRAMME EVALUATION

Dear panel member,

The Academy of Finland is an expert organisation on research funding and science policy.

The Academy's object is to promote high-level scientific research through

- long-term quality-based research funding,
- science and science policy expertise, and
- efforts to strengthen the position of science and scientific research.

The Academy of Finland is soon to be starting an evaluation of the Health Promotion Research Programme. On behalf of the Programme we would like to invite you to participate in the evaluation panel. Programme Director Matti Rautalahti and Coordinator Virve Laivisto have contacted you earlier, and we understand that you have given your preliminary acceptance to join the panel. We greatly appreciate your co-operation and commitment. The members of the evaluation panel are Professor Jussi Huttunen from The Finnish Medical Society Duodecim (Chair), Professor Bengt Lindström from Nordic School of Public Health, Dr Gordon MacDonald from University of Glamorgan, Dr Mima Cattan from Leeds Metropolitan University and Dr Evelyne de Leeuw from Deakin University, Australia. Pirjo Koskinen-Ollonqvist, as a scientific secretary, will assist the panel in the evaluation process.

The objective of the evaluation is to estimate to which degree the Health Promotion Research Programme has succeeded in fulfilling the objectives that have been listed in the Programme Memorandum. Of specific interest are the programmatic approach, added value and programme impacts, interdisciplinarity, applicability of research, networking and dissemination of results.

In its evaluation report the panel is expected to assess the programme as a whole and reflect especially the following issues:

1. Scientific quality
  - Scientific quality and innovativeness of the research
2. Success of the implementation of the programme goals and objectives
  - Concordance with the objectives of the research programme
  - Functioning of the programme
  - Added value of the programme
  - Contribution to enhancing inter- and multidisciplinary in research
  - Scientific and administrative co-ordination

3. Contribution to researcher and expert training
4. Collaboration and networking
  - Collaboration within the programme
  - Collaboration with other Finnish groups
  - International co-operation
  - Collaboration with the end users
5. Applicability of research and importance to the end users
  - Contribution to promoting the applicability of research results
  - Relevance and importance to the end users
  - National and international impact of the programme
6. Recommendations for the future (including the justification for the recommendations)

The time and place for the panel work have been decided to be 25th and 26th of April at the Academy of Finland, Vilhonvuorenkatu 6, Helsinki. The work will include examination of the research reports, self-evaluation assessments, publications and other products of the programme and discussions with the programme's researchers and programme coordination during the panel's meeting. There will also be periods reserved for the intensive work of the panel including the preparation and drafting of the Evaluation Report. We welcome you to Helsinki on 24 April, when we will have a joint dinner starting at 7 p.m.

Secretarial help will be provided during the panel work sessions and you will have the chance to use our facilities at the Academy when writing the report.

A small honorarium (EUR 1300 for the panel members and EUR 1600 for the chair) will be paid to you for the panel work and it covers also the expenses not otherwise covered by the Academy of Finland, for example additional meals during the visit. Also your travelling expenses (economy class) and accommodation will be reimbursed. For the travel arrangements, you may use the AREA Travel Agency office by email [valtio@area.fi](mailto:valtio@area.fi). The contact person is Ms. Kaisa Juntunen. The hotel reservations will be made by the Programme Coordinator Virve Laivisto. Please let us know your arrival and departure times as soon as possible.

You will be informed later about the details and schedule of your stay in Finland.

Thanking in advance for your co-operation,

If you have anything to ask please do not hesitate to contact us,

Yours sincerely,

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## Appendix 5:

### Self-evaluation

- S-e1. How essential was the Programme funding for your research project (in the Programme?)
- S-e2. How big a proportion (appr.) of your overall research funding during 2002–2004 was from the programme?
- S-e3. How many scientific articles in peer reviewed journals did your research group produce during 2002–2004? How many of these were supported by the research programme funding? (Manuscripts included!)
- S-e4. Do you plan to publish scientific articles later that originate from the material collected during the Programme? If yes, describe the topics and rough schedule.
- S-e5. Was your participation in the Programme beneficial to your research, if NOT considering the direct funding? If yes, in what way?
- S-e6. Did you achieve or arrange something that you could not have done without the Programme? If yes, specify.
- S-e7. How is the research programme different from the normal funding mechanisms of the Academy of Finland from a scientist's viewpoint? Please elaborate on the pros and cons of them both.
- S-e8. Has your research been presented or published in any media outside the scientific community during 2002–2004? If yes, what media and when? Who initiated the publicity? Did the coordination enhance the process? Did you use the services of the Academy's communications Unit?
- S-e9. Considering your own research project:
- a) Describe briefly the ways your results could and should be utilized. Who should be responsible for the utilization?
  - b) Who could benefit of your results?
  - c) When do you think your results could start showing impact?
- S-e10. Considering the coordination:
- a) Did your project benefit from it?
  - b) Did it create any new collaboration beyond your own group?

c) Did you find the annual symposia useful?

d) What did the coordination fail to achieve?

S-e11. Discuss briefly, if and how the Programme met its original objectives?

*The Health Promotion Research Programme TERVE was launched by the Academy of Finland in 2000 and implemented from 2001 to 2004. The specific objective of the programme was to find ways and develop methods to promote the health and well-being of the nation and individual citizens and to advance research collaboration in the field. The programme was the first multidisciplinary research programme in the field of health promotion research in Finland.*

*This report of the international evaluation panel presents the findings and recommendations of the evaluation of the TERVE programme. The objective of the evaluation was to estimate to what degree the programme has succeeded in fulfilling the programme objectives. Of specific interest were the programmatic approaches, the added value and the programme impact as well as the interdisciplinarity and applicability of the research. The evaluation panel report also includes recommendations for future research programmes.*

ISBN 951-715-560-3 (print)  
ISBN 951-715-561-1 (pdf)  
ISSN 0358-9153

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