Evaluation of nationwide health promotion campaigns in the Netherlands: an exploration of practices, wishes and opportunities

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SUMMARY

Nationwide health promotion campaigns are an important part of government-funded health promotion efforts. Valid evaluation is important, but difficult because gold standard research designs are not applicable and the allocation of budget and time for evaluation is often very tight. In the Netherlands, Health Promotion Institutes (HPIs) are responsible for these campaigns. We conducted an exploratory study among the HPIs to gain better insight into goals, practices, conditions and perceived barriers regarding evaluation of these campaigns. Data were obtained through personal interviews with representatives of HPIs who had direct management responsibility for the evaluation of their campaigns. The HPIs typically made use of a pre-test–post-test design with single measurements before and after the campaign without a control group. In campaign preparations, HPIs used qualitative research to pre- and pilot-test some campaign materials, but true formative evaluation was rare. Besides, accountability to their sponsors, peers and the population at large, the most important reason to evaluate was to learn for future campaigns. In terms of the RE-AIM framework, evaluation was mostly restricted to Reach and Effects; hardly any evaluation of adoption, implementation or maintenance was reported. Budget and time constraints were reported as the main barriers for more extensive formative and effect evaluation. Evaluation of nationwide campaigns is standard procedure, but the applied research designs are weak, due to lack of time, budget and research methodology expertise. Next to additional budget and a longer-term planning, input from external experts regarding evaluation research designs are needed for evaluation improvement.

Key words: evaluation; nationwide health promotion campaigns; exploration of practices; wishes and opportunities

INTRODUCTION

Unhealthy lifestyle behaviours including smoking, substance abuse, unhealthy eating habits, lack of physical activity and lack of safety precautions are main determinants of avoidable burden of disease (Gunning-Schepers and Hagen, 1987; WHO, 2002). Therefore, most countries, including the Netherlands, invest in promotion of healthy lifestyle behaviours among their populations. Nationwide campaigns, often relying on mass media communications, are an important part of government-funded health promotion efforts. These campaigns should be evaluated in order to assess if the efforts indeed result in more healthy behaviours (or in important steps in that direction, i.e. in changes in evidence-based conditions for, or determinants of such healthy behaviours) without adverse side effects, to justify spending tax payers’ money, and to learn for future campaigns.
In the Netherlands, these government-funded nationwide campaigns are conducted by so-called national Health Promotion Institutes (HPIs). Different HPIs are responsible for campaigns to promote healthy eating (the Netherlands Nutrition Centre), physical activity (the Netherlands Institute for Sport and Physical Activity), prevention of substance abuse (the Netherlands Institute for Mental Health and Addiction), safe sex (STI AIDS Netherlands), non-smoking (Dutch Foundation on Smoking and Health) and accident prevention (Consumer Safety Institute). These institutes are responsible for the development, organization, implementation as well as evaluation of their annual campaigns. Typically, the campaigns of the HPIs consist of truly nationwide components, normally using mass media, including TV, radio and the Internet, and often supported by brochures and leaflets. These nationwide mass media components often link to local and more interactive or intensive activities, ideally in collaboration with municipal health services or other local or regional health promotion organizations. The national campaigns often address the same issue or health promotion goal for more than 1 year, with specific annual communication plans and goals. As an example, the Netherlands Institute for Sport and Physical Activity has enhanced the ‘30 minute activity per day’ campaign from 2007, with an annual budget in 2008 of just over 3 million Euros. The 2008 activities in this campaign included some TV and radio advertising to increase awareness of the 30 min recommendation, distribution of Internet tools to self-assess and support physical activities, as well as the promotion of a range of regional activities to promote, support and facilitate physical activities, for example, by means of organizing sport and recreational physical activity events. Each year the campaign includes a large-scale national event aimed at raising awareness and agenda setting.

The Netherlands Ministry of Health, Welfare and Sports funds the campaigns of the HPIs. The budget from the Ministry is allocated to the HPIs by the Netherlands Organisation of Health Research and Development (in Dutch: ZonMw), which acts as the intermediary between health policy, research and practice. Each year, the HPIs submit their annual campaign plans to ZonMw, who decides on funding and funding conditions, advised by an independent committee of experts that is supported by a peer review system.

One of the requirements for funding is a campaign evaluation plan. However, often these plans lack quality (Dutch Health Council, 2006). The evaluation of such nationwide campaigns comes with many challenges regarding research design, timing, available budget and the necessary research expertise. A randomized controlled trial (RCT) design is regarded as the gold standard for evaluation of interventions. However, for nationwide campaigns, an equal comparison group is not available and controlled circumstances and randomization are often not possible. An interrupted time-series (ITS) design has been advocated as the best possible alternative (Biglan et al., 2000) and a Dutch Health Council Committee advised the government that the ITS should be used as the preferred design for nationwide campaign evaluations (Dutch Health Council, 2006). Nevertheless, such designs are hardly ever used in evaluation of nationwide campaigns (Etter and Laszlo, 2005; Huhman et al., 2005; Klein et al., 2005; Petrella et al., 2005; Stead et al., 2005; DuRant et al., 2006; Siegel and Alvaro, 2006; Gagné, 2007; Cotter et al., 2008; Leyden et al., 2008; Marx et al., 2008; Niederdeppe et al., 2008; Werner et al., 2008), and this is also the case in the Netherlands (De Vroome et al., 1991; van der Feen de Lille et al., 1998; De Walle et al., 1999; Mudde and de Vries, 1999).

Applying an ITS design is a major challenge; it requires multiple pre-campaign and post-campaign measures of the expected campaign outcomes. Such repeated measures need to be explored if the campaign is associated with a shift in the targeted direction in the ‘natural’ or secular trends in outcome variables. Such a shift in secular trends is often the aim of mass media-based national campaigns (Randolph and Viswanath, 2004).

Applying an ITS design, therefore, requires that campaign goals have been set well ahead of the implementation of the campaign itself, and that enough time is available before and after the campaign for repeated measurements. Time, money and qualified personnel may be important barriers because administration and analyses of the repeated measurements require specific expertise in research and statistics. A review of the international scientific literature shows that despite the fact that nationwide or state-wide campaigns are common practice in...
many countries, very few evaluations have been published in the international scientific literature (Etter and Laszlo, 2005; Stead et al., 2005; Leyden et al., 2008; Werner et al., 2008); and among these evaluation studies, the expert-preferred study design is applied in even fewer cases (Bala et al., 2008; Pollard et al., 2008).

Furthermore, an ITS design may be best for an assessment of campaign effects, but according to the RE-AIM framework, true evaluation of health promotion campaigns also requires assessment of reach, adoption, implementation and (possibly) maintenance of the campaign intervention activities (Glasgow et al., 1999; Glasgow, 2002), for which other research designs may be more appropriate or sufficient.

In order to gain a better insight into the goals, designs, practices, conditions and perceived barriers regarding evaluation of nationwide campaigns among the HPIs, ZonMw initiated an exploratory study. As part of this exploration, representatives from all HPIs in the Netherlands were interviewed and the results are reported in the present paper.

METHODS, PROCEDURE AND RESPONDENTS

Data were obtained through personal interviews with representatives of the HPIs who had direct responsibility for managing the evaluation of their national campaigns. A letter of invitation to participate in the interview was sent to the director of each of the six HPIs. The letter was accompanied by written information on the aims, procedure and reporting of the investigation. Further, it was announced that a research associate would contact the addressee by phone to learn if the HPI was willing to participate, who the appropriate respondents were, and to plan the appointment for the interview. If the responsibility for the management of the campaign evaluation was shared by two or more employees, an interview was to be held with more respondents.

Two weeks before the interview, the respondents received the interview question/topic list with short explanations about each interview question to facilitate preparation for the interview. The interviews were conducted over a period of 3 months in 2008 by one researcher (J.B.) supported by an associate (N.I.T.) according to a structured interview guide based on the list of topics/questions described in Table 1.

After a short introduction, the topics were addressed one-by-one, starting with a brief introduction and explanation. The interviews took ≈60 min, and were tape recorded and transcribed. Based on the transcriptions, a summary of each interview was made by N.I.T. and checked by J.B., which described the

Table 1: Questions and issues addressed in the interviews with representatives of the national health promotion institutes

<table>
<thead>
<tr>
<th>Main questions/issues</th>
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<tr>
<td>(1) How was your last national campaign evaluated and was this typical for how evaluation usually takes place?</td>
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<tr>
<td>(2) Why do you evaluate your campaigns?</td>
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<td>(3) What are the main barriers you encounter in the evaluation of your national campaigns?</td>
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<td>(a) In what way are campaign goals defined and described? Is this done in enough detail, i.e. in a SMART (specific, measureable, attainable, realistic, time-bound) way?</td>
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<td>(b) Is the right expertise present in your organization or otherwise available for conducting evaluation research?</td>
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<td>(c) What are the pros and cons of subcontracting your evaluation research?</td>
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<td>(d) What are the financial conditions for your evaluation research?</td>
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<td>(e) What are time constraints regarding your evaluation research?</td>
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<td>(f) In what way is evaluation experienced as ‘threatening’ in your organization?</td>
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<td>(4) What do you evaluate? Reach, efficacy, effects, adoption, implementation and or maintenance of the campaign? How does evaluation of the mentioned issues take place?</td>
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<td>(5) If evaluation of effects takes place, is this in terms of improved quality of life, health and disease, behaviour change, presumed behavioural determinants or necessary conditions for behaviour change, such as agenda setting, awareness etc.?</td>
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<td>(6) What do you consider to be the best design for evaluation of the effects of your campaigns?</td>
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<td>(7) What do you think is required to optimally evaluate nationwide health promotion campaigns in the future?</td>
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answers to the interview questions. The summary and transcription of each interview were sent to the HPIs for approval. The results of these summary reports will be presented hereafter, per topic.

All HPIs agreed to participate; with one HPI (the Netherlands Institute for Mental Health and Addiction), two separate interviews were scheduled because they organize separate campaigns for drug and alcohol abuse prevention, with two different campaign leaders.

Two of the interviews were held with a single respondent, i.e. the campaign programme leader. At three interviews, two respondents were present: at one interview the director of one institute was accompanied by the research manager, at another interview a campaign manager was supported by a research associate and at the third interview a senior research associate was supported by a junior colleague. At one interview, three respondents were present: the director of the institute was accompanied by the manager of the institute’s knowledge centre and the campaign manager. At the final interview, four representatives of the HPI were present: the programme leader was supported by three associates who were active in managing evaluation research. All HPIs approved the summary of their respective interview.

RESULTS

How is evaluation done?

The HPIs typically made use of a pre-test–post-test design with single measurements before and after the campaign, among a random or convenience sample of the target population, and used no control group. The difference between pre- and post-tests was then interpreted as an indication of the effect of the campaign. In some cases, an extra measurement was conducted during the campaign activities to assess reach and exposure, as well as short-term effects, in order to guide adjustments to the campaign. Evaluation results were reported in the required annual reports to the sponsors and summaries of evaluations were sometimes reported in Dutch journals for health professionals (Barnhoorn-Van der Velden and Snel, 2006; Klostermann, 2006; Veldman et al., 2007; Anonymous, 2007; De Vlaming et al., 2008; Izeboud et al., 2008; Vyth et al., 2008; Spruijt et al., 2009).

All HPIs were well aware of the shortcomings of the design, especially the fact that no control group could be included; but the use of other designs was regarded as impossible in most cases. Two of the HPIs had used a form of ITS design for campaign evaluation in the past, for which they had collaborated with university researchers, and in one case the results were published in scientific journals (Wammes et al., 2005, 2007). The HPIs also used independent monitoring research data as additional campaign evaluation information. Annual monitoring of most health behaviours took place in the Netherlands among national representative samples, and HPIs used annual differences as indications of campaign effects. Some respondents admitted that trends in the desired direction were interpreted and reported as possible evidence for campaign success; while in the case of negative trends, the limitations of using such data for campaign evaluation were especially highlighted.

In formative evaluation for campaign preparations, other research designs were used. All HPIs used qualitative research to pre- and pilot-test (some of) their campaign materials or activities. Two HPIs reported having used experimental research, i.e. using randomized controlled designs to test the effects of campaign materials on intermediary outcomes, to prepare for national campaigns. Again, such research was typically conducted in collaboration with an academic centre, and publication in international scientific journals was pursued and sometimes realized (Wammes et al., 2006; Whittingham et al., 2008, 2009).

Why do HPIs evaluate their national campaigns?

Accountability

All HPIs reported that accountability was an important reason for evaluation. HPIs are required to report their results to their main funder. ZonMw requires a specific format for evaluation reports. The requirement to report progress, achievements or failures was regarded as self-evident and important and was seen as a necessary and integral part of their work.

In some cases, especially in the months immediately before the closing of the ministerial
budgetary year, HPIs received additional funding for additional campaigns directly from the Ministry. For such campaign activities, no formal requirements for evaluation were set, and the HPIs perceived the difference between the very formal and strict evaluation rules set by ZonMw, and the very liberal funding procedures from the Ministry, as confusing and unjust. On the one hand, they welcomed the additional funding, but they believed there was no justification for discrepancy in procedure and accountability.

As well as being accountable to their sponsors, all HPIs mentioned that they felt an obligation to justify their efforts and spending to their peers and the population at large. Summaries of evaluation results were therefore often included in their annual reports, and in some cases, they were published in professional journals and press releases to the popular media.

To learn for the future

The most important intrinsic motivation to evaluate, reported by all HPIs, was to learn for future campaigns and to test the usefulness of campaign materials. Evaluation results were used explicitly to plan the next campaign in order to decide what campaign goals, strategies, activities and materials should be continued and which ones should be discontinued, and to set goals for the next campaign.

All HPIs also conducted pre- and pilot-test research to test (part of) their campaign materials and activities. As mentioned above, this formative evaluation was mostly restricted to qualitative research to explore if campaign materials were appreciated and understood by representatives of the target population, although some examples of quantitative experimental pilot-testing were mentioned by respondents from two of the HPIs, and in recent years, such experimental formative research appears to have been conducted more frequently (Wammes et al., 2006; Whittingham et al., 2008, 2009). In addition to the often very limited formative evaluation procedures, all HPIs also admitted that if the results of pilot or pre-test research were negative, it was often the case that there was hardly any time for adjustment or development of alternative materials, and no time for further pre-testing of adjusted materials.

One HPI reported that they hoped their evaluation activities helped to further progress health promotion theory, i.e. that their evaluation efforts contributed to more general insights into what works when and where, in relation to promotion of health behaviours.

What are the main perceived barriers for evaluation?

Budget

All HPIs mentioned budget restrictions as the main barrier for more extensive formative and effect evaluation. As a rule of thumb, 10% of the campaign budget could be spent on evaluation activities. The respondents reported that this was not sufficient for more elaborate research. Extending the proportion used for evaluation was not considered to be acceptable because funding for the campaign itself was also regarded as insufficient. Furthermore, although evaluation was considered important by the HPIs, development and implementation of the campaign was regarded as the real core business, more than evaluation and HPIs did not want to transfer funding from the campaign to evaluation.

Time pressure

Time was mentioned as the second main barrier to evaluation research. The planning of the campaign itself was often very tight, and evaluation efforts were required to fit within and adjust to the campaign agenda, and not vice versa. The planning and control cycle is defined by ZonMw. It requires that an annual plan is submitted, that it is reviewed by external experts, and that the reviewers’ comments are taken into account and the plan is adjusted accordingly. When final approval is reached, the campaign development and implementation often needs to take place in a very short period of time, which does not leave time for careful development and pre-testing of evaluation measurement instruments, nor for multiple pre-campaign measures, as part of an ITS design.

All HPIs expressed the need for longer-term planning of campaigns and evaluation, and some respondents suggested that the annual planning and control cycle had a negative impact on the quality of their work.
Expertise

There was a large variety of available campaign expertise within the different HPIs. All HPIs reported that they appreciated and sometimes needed input from external experts regarding evaluation research designs, data collection and management and statistical analyses. All HPIs had staff with research expertise at the PhD level, but all HPIs sought or hired support from outside, by means of (sometimes structural) collaboration with universities or by subcontracting their research to commercial research organizations. HPIs mentioned that they were willing or aiming to further strengthen their collaboration with universities, but that further streamlining of priorities of the two parties was necessary. The need for quick action made collaboration difficult because the HPIs were dictated by the planning and control cycle of the national campaigns, the tradition of careful planning and the perceived attitudes of their university counterparts to postpone the evaluation rather than compromise on quality. Nevertheless, different successful and longer lasting collaborations between HPIs and university health promotion research institutes were brought forward by the respondents.

Fear of negative results

As mentioned explicitly by the respondents, evaluation was seen as necessary for accountability and for future learning. However, evaluation was also perceived as threatening, because negative campaign results could lead to budget cuts or shifts in government focus to other ways to try to improve the health of the population. However, only one HPI mentioned that anticipating possible negative results sometimes influenced how they planned, conducted or reported their evaluation activities. With the exception of the said respondent, all respondents stated that they did not regard their obligation to evaluate and report their evaluation results in any way threatening.

Specification of goals

Respondents admitted that their evaluation efforts were sometimes hindered because campaign goals were not always specified well enough. None of the HPIs reported systematically making sure that campaign goals were defined in a truly specified, measurable, attainable, realistic and time-bound (i.e. SMART) fashion.

What is evaluated: RE-AIM?

Reach

Evaluation of aspects of the reach of the campaign was standard procedure. Campaign awareness, knowledge of campaign slogans and recall or recognition of campaign materials were often assessed as part of campaign evaluation.

Effects and efficacy

All HPIs thought that the evaluation of effects was their main evaluation focus. Most HPIs also reported that they regarded evaluation of effects as most difficult. Effect evaluation was regarded as difficult because lifestyle behaviour changes and potential behavioural determinants, and the ultimate health and quality of life effects are dependent on and may be influenced by much more than their campaign alone. They regarded their campaigns as one piece of a larger puzzle also consisting of, for example, rules and regulations, creating environmental conditions and local and regional more interpersonal and community-based campaigns. The respondents argued that their campaigns, and certainly the mass media elements, were unlikely to result in changes in health or quality of life. Most respondents also argued that the same applied to changes in lifestyle behaviours, and that their campaigns were especially meant to promote and facilitate initial steps towards changes in behaviours, health and quality of life. Therefore, none of the HPIs evaluated their campaigns on effects in terms of mortality, morbidity or quality of life. However, although most respondents argued that national mass media campaigns could be most appropriate for agenda setting and public awareness, they all reported that their campaigns aimed to change proximal presumed determinants of health behaviours. The effect evaluation efforts were thus focused on detection of changes in such factors as attitudes, self-efficacy expectations, awareness, risk perception or behavioural intentions. In only few campaign evaluations, effects on actual behaviours were evaluated.

Adoption, implementation and maintenance

All HPIs stated that different intermediaries were of utmost importance for the implementation of
their campaigns, for example, for the distribution of campaign materials. However, hardly any evaluation efforts were undertaken to assess if, and to what extent, the campaign activities or materials were adopted by key intermediaries. The same was true for the evaluation of the implementation. Some evaluation of how many materials had been distributed and via what channels was often conducted, but no efforts were undertaken to assess the quality and fidelity of the implementation.

As campaigns were renewed, adjusted and updated annually, and because no budget for campaign maintenance was normally available, maintenance was not a focus of evaluations. However, ZonMw does now require that campaign plans are embedded in longer-term policy plans of the HPIs. The respondents therefore stated that evaluation of campaign continuity may become more important in the future.

**Best evaluation designs and needs for more optimal evaluation**

All HPIs acknowledged explicitly the grave limitations of the basic, uncontrolled pre-test–post-test design that was used mostly to evaluate their campaigns, especially for the evaluation of effects. For monitoring of campaign awareness and exposure, based, for example, on message and campaign material recall and recognition, a simple post-test was considered sufficient.

Most HPIs were aware of the fact that an ITS design is generally regarded as the best design for evaluation of national campaign effects, when inclusion of a control group is not possible, and they were aware of the Dutch Health Council Committee advice on this matter. As a result of the planning and control cycle of their campaigns, and the related short intervals between approval and implementation of campaigns, HPIs regarded ITS designs as not applicable to their situation. This would require longer-term planning, longer-term follow-up periods and bigger budgets. The HPIs stated that the simple design they now applied routinely, with all its known limitations, was the best they could do, and that ‘something was better than nothing’.

The HPIs do, incidentally, use existing independent health behaviour monitoring systems to contribute to campaign evaluations, but this is annual monitoring at best, and is restricted mostly to monitoring of health behaviours, and does not include the monitoring of potential behavioural determinants. The HPIs that were most active in exploring new evaluation possibilities, argued strongly in favour of extending this national health behaviour monitoring with more frequent measurements and inclusion of assessment of key behavioural determinants. In this way, routine monitoring could be applied as a time series for the assessment of associations between campaign implementations and changes in health behaviour determinants.

Another idea that was discussed with the HPIs was the possibility to invest more in formative evaluations, i.e. to test campaign materials in RCT in behavioural laboratory settings. If such pre-implementation evaluations conducted in controlled settings, indicated that the separate campaign materials did lead to their separate intended goals, i.e. evidence for the materials’ efficacy, the evaluation of the campaign itself could be restricted to monitoring of reach, adoption, implementation and (if relevant) maintenance of the campaign. Although some of the HPIs recognized the usefulness of better and more quantitative pilot-testing of their materials, they saw this as an additional effort and not as a possible alternative for campaign evaluation.

Some HPIs suggested a way to improve evaluation was to intensify and formalize collaboration between HPIs and universities, both for evaluation and for the development of nationwide health promotion campaigns. The model of academic collaborative centres was discussed. This model was developed in the Netherlands to improve evidence-based regional public health as well as to improve practice-based regional public health research. Improvement is achieved by means of structural collaborative centres in which universities and municipal or regional health services participate. It was felt that a better evidence-based approach to public health practice and more practice-based research could be pursued [e.g. (Jansen et al., 2008)] if there were joint meetings; joint employee appointments and joint setting of priorities, planning, policies, interventions and evaluations. It was suggested that this model could also improve planning, conducting and evaluating national health promotion campaigns.
DISCUSSION

The present investigation explored the opinions and practices of national HPIs in the Netherlands in relation to evaluation of national health promotion campaigns. This exploration firstly indicates that HPIs in the Netherlands find evaluation of their campaigns extremely important and that their main focus is on effect evaluation of effects in terms of changes in presumed behavioural determinants in particular. The exploration also makes clear that the routinely applied research design for these effect evaluations is very weak and will not provide reliable or valid information about campaign effects. The representatives of the HPIs realize this fact, but argue that this is the best they can do given the budgetary and time constraints for their evaluation research.

Other important conditions for true effectiveness of campaigns, such as reach, adoption, implementation and maintenance of campaign activities are not routinely evaluated, with the exception of reach. HPIs also attempt to pre- and pilot-test their campaign materials and activities, but this is typically restricted to qualitative assessments of appreciation of the materials, and the opportunities to apply pre-test results to adapt or change campaign materials and activities are very limited. Quantitative formative evaluation to assess efficacy of campaign materials is not common practice.

Evaluation is important for accountability and in order to learn for future health promotion efforts. With non-valid research designs as the basis for evaluation, HPIs are not truly accountable and the possibilities to learn for future events are limited.

Although these results may not be surprising, it is interesting to gain further confirmation from the HPIs themselves that evaluation of national health promotion campaigns is, in general, weak, yet their results are accepted by the HPIs themselves, as well as by their sponsors. This is the case for the Dutch situation, but given the lack of international published literature on well-designed evaluations of national campaigns, the Dutch situation is probably not much different from other countries. Other (public) health interventions are expected to plan organized, stepwise evaluation procedures before such interventions are allowed to be implemented in (routine) health care. In medical research, the stepwise investigations, starting with pre-clinical and clinical research in different phases, are common and regulated. A new drug or medical treatment should go through the different evaluation steps before it can be implemented. For complex health promotion interventions, Campbell et al. (Campbell et al., 2000) proposed a similar stepwise approach from theory exploration, to exploratory trials, to definite RCTs and implementation research; but this model is not applied to nationwide health promotion campaigns.

Based on the interviews with the HPI representatives, further improvement in campaign evaluation can be realized through better planning and funding opportunities, by making better use of existing national monitoring systems, and by establishing structural collaborations with independent experts in evaluation research. An ITS design has been recommended as the best practice for effect evaluation of nationwide campaigns when inclusion of an equal control group is not possible. However, such a research design is not applicable given the present budgetary, planning and time constraints; the procedures and budget constraints dictated by the funding agency on behalf of the Ministry are a major barrier to improved evaluation. Allowing longer-term planning for campaigns and a continuous evaluation system could help to improve campaign evaluations. The present study is part of an evaluation of the procedures, practices and funding of national campaigns in the Netherlands on behalf of the Ministry and ZonMW, and may thus contribute to endorsing the necessary changes. One possible way of getting close to an ITS design is if frequent, periodical monitoring of relevant lifestyle behaviours and their key determinants take place independently of the campaigns. Some periodical monitoring of key health behaviours is in place in the Netherlands (Anonymous, 2009a,b,c,d,e,f), including smoking rates, nutrition behaviours, physical activity levels and alcohol use. A more frequent national monitoring system of health behaviours and their potential determinants, which runs parallel with the campaigns, may be a way to get closer to ITS analyses for campaign evaluation. Evaluation based on national monitoring systems would also better ensure independent evaluation, i.e. making the HPIs no longer directly responsible for the planning and
conducting or subcontracting of the evaluation of their own campaign efforts.

In addition, more effort could and should be put into formative research, i.e. in exploratory trials to improve evidence-based development of the campaign portfolio and to pilot-test campaign materials and activities, preferably also in quantitative RCT. Such research should test if the materials’ and activities’ pre-designed outcomes are achieved, at least in the short term. If such formative research is conducted systematically and thus, efficacy of the campaign materials and activities is established, evaluating the campaign itself could be restricted to assessing other conditions for true effectiveness, i.e. assessing reach and adopting, implementing and maintaining the campaign (Glasgow et al., 1999). For such a stepwise approach towards evaluation of national campaigns in the Netherlands, strong evaluation expertise is needed and, as suggested by the respondents, this may be realized by creating academic collaborative centres, i.e. structural cooperation between HPIs and relevant university groups for the development and evaluation of health promotion campaigns. This is certainly not the only possible way to realize more expert input in campaign evaluations, but for the Netherlands, this model may be appropriate because the formation of such collaborative centres between municipal health services and academic centres has already been realized successfully to improve regional public health initiatives and their evaluation. The formation of such collaborative centres for the evaluation of HPI campaigns could also lead to more independent evaluation—the present situation where HPIs are responsible for the campaign and the evaluation does not guarantee independent evaluations—, to possible joint evaluations across different campaigns enabling efficient expert input and time and budget investments, and should lead to the publication of evaluation research manuscripts in international scientific journals, to further improve the scientific quality of evaluation research and the dissemination of evaluation results. However, collaboration to improve evaluation in such academic collaborative centres will only work if the campaign and evaluation planning and funding systems are changed towards multi-year planning and a more extensive budget for evaluation is provided.

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