

# National Research Program 1: Planning and organisation

The National Research Program Collaborative Group

## 1. Introduction

The National Research Program 1 "Methodology of Primary Prevention of Cardiovascular Diseases in Switzerland" is a community-based life-style intervention trial. One pair of communities in the French-speaking part of Switzerland and one pair of communities in the German-speaking part of Switzerland have been selected and assigned to function either as intervention or comparison community. After baseline assessment (1977), a community intervention program is developed and implemented in two of the communities (1978-1980); the baseline assessment will be repeated for evaluation purposes at the end of the program (end of 1980). Details of the research plan, of the data system, the community intervention strategy and first results regarding participation at baseline screening have been described elsewhere (1) (2) (3) (4). This contribution discusses the planning and organisational aspects of the program.

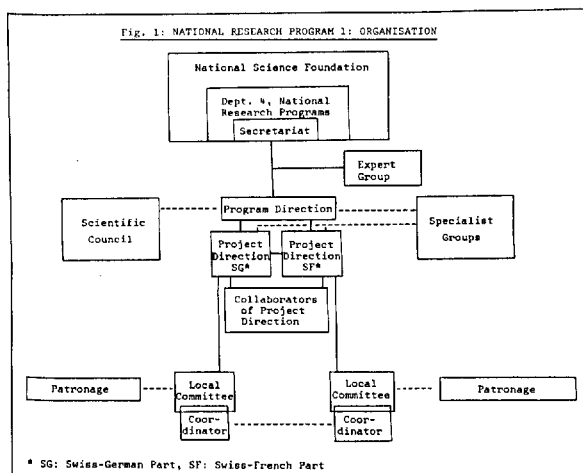
Within a given planning frame of reference containing constraints regarding time (program duration 1977-1980), organisation (the structure of the National Science Foundation), and funding (program budget 4 Mio Swiss-Francs), two broad planning dimensions can be discerned: on one side, there is the level of the program as a whole with a need for rigorous and detailed planning and on the other side, there is the level of local programs with an attempt at stimulating a participatory planning style which, by definition, ought to develop according to its own dynamics. The discrepancy between the different needs of the two planning levels must be seen as a creative dilemma.

## 2. The program as a whole

Main tasks on the level of the whole program are: time-planning, the elaboration of the scientific protocol, the organization and implementation of the evaluation scheme (baseline assessment, intermediary examinations, final assessment), the development of the data system, the standardization of laboratories and the information flow among all participating in the program. In executing these tasks, the Program and Project Directors are assisted by a Scientific Council and Specialist Groups which pool the resources of different disciplines of all Swiss Universities (Fig. 1).

The Scientific Council reviews, discusses and decides upon the basic scientific questions involved in the program. Furthermore, this body evaluates the results obtained and establishes their meaning for future health policy.

Specialist groups advise on technical issues, assist both in developing measurement tools and in data interpretation, and propose guidelines for action. The coordinator of a Specialist Group is member of the Scientific Council. The following groups exist: Physical Activity, Nutrition/Overweight/Hyperlipidemia, Tobacco Consumption, Blood Pressure, Psychosocial Factors, Pediatric Aspects, Clinical Aspects, Sociological Aspects. The specialist groups on Health Education have a somewhat different position: not only are there two (one for each part of the country), but besides their function in the program as a whole, individual members can have direct specialist input in the local committees.



Assisted by these bodies, the Program and Project Directors are responsible for the program conceptualization, planning, implementation and evaluation. Collaborators include those in data handling and statistics (2<sup>1/2</sup>), health education 2 x<sup>1/2</sup>, sociology (1<sup>1/2</sup>), as well as those advising on the cost-effectiveness part of the evaluation scheme, and on financial management.

## 3. The local program

Main tasks include the conceptualization, planning and implementation of the various components of the intervention program aimed at the prevention or reduction of known risk factors for cardiovascular disease in the community as a whole as well as in specified high risk groups. Specialized inputs from outside the community in the domains of conceptualization (e.g. non-smoking sessions) and implementation (e.g. advertising campaigns) can be used to the extent to which this will be possible in future programs. Included among the responsibilities of the local programs is that part of the evaluation

which will be contained in any such program also in the future.

The principal mechanisms used to attain the objectives of the program are: mobili-  
sation of all community resources, parti-  
cipation of the local population in the de-  
velopment and implementation of the program,  
and integration of the program into exist-  
ing health services structures. The Local  
Committee, with its Coordinator, assumes  
responsibility for these three functions.  
The following groups are represented in the  
local committee: physicians, local govern-  
ment, pharmacists, politicians, churches,  
sport clubs, schools, and consumer groups.  
They are publicly supported by a sponsoring  
committee (Patronage), with e.g. the town  
mayor being the chairman of this body.

#### 4. Conclusions

The NRP 1 ought to develop, within a  
given period of time, a realistic model,  
i.e. a model that, if proven effective, can  
be used in other areas. One of the main  
features of such a model is local partici-  
pation in all steps of the program plan-  
ning and implementation cycle. The project  
directors, intervening from outside the  
community, have therefore the delicate ro-  
le of accelerating this process, so the time  
limit can be met, but without endangering  
real participation of the local population.

The "Project-Management-Model" appears  
to be an adequate organisational form for a  
program which uses a wide variety of spe-  
cialist inputs in various combinations at  
various times.

Finally, such a program can have well-  
come side effects: the utility e.g. of com-  
monly agreed upon guidelines regarding prin-  
ciples of a balanced diet for the whole po-  
pulation go far beyond their immediate use  
in the program itself.

#### Zusammenfassung

Planung, Organisation und Management  
des Nationalen Forschungsprogrammes 1

Innerhalb vorgegebener Rahmenbedingungen  
zeitlicher, organisatorischer und finan-  
zieller Art lassen sich im NRP 1 zwei haupt-  
sächliche Planungsebenen unterscheiden:  
einerseits die Ebene des Gesamtprogrammes  
mit den Aufgaben der Grobzeitplanung, der  
Ausarbeitung des wissenschaftlichen Proto-  
kolls, der Durchführung der Grund- und  
Schlussuntersuchung als Evaluationsgrund-  
lage sowie der EDV-Logistik, der Laborkoor-  
dination und des Informationsflusses. Durch  
diese Aktivitäten sollen möglichst optimale  
Voraussetzungen für die Entwicklung der lo-  
kalen Aktionsprogramme geschaffen werden.  
Das Gesamtprogramm verlangt also nach rigo-  
roser Standardisierung und zeitlich genauer  
Terminierung. Demgegenüber steht die Ebene

der lokalen Programme: dabei geht es um die  
Auslösung eines partizipatorischen Planungs-  
prozesses mit einer nicht genau vorausplan-  
baren Eigendynamik.

#### Résumé

Planification et Organisation du Pro-  
gramme National de Recherche 1

Dans le cadre imposé au PNR 1 sur les  
plans chronologique, financier et d'organi-  
sation on peut distinguer 2 niveaux de pla-  
nification. D'un côté, celui du programme  
général qui comporte la planification chro-  
nologique des phases principales, la prépa-  
ration du protocole scientifique, l'organi-  
sation de l'examen de santé initial et  
des examens d'évaluation finale, ainsi que  
du traitement de l'information, de la coor-  
diation des examens de laboratoire et des  
modalités de communication. Les activités  
sont organisées pour que le développement de  
l'action locale se déroule dans les meille-  
ures conditions possibles. Le programme  
général doit répondre aux exigences d'une  
standardisation rigoureuse et de délais  
précis. Par contre, le programme local qui  
se situe à un autre niveau consiste à dé-  
clencher un processus de participation pour  
que l'action s'organise en fonction d'une  
dynamique propre qu'il n'est pas possible de  
planifier à l'avance.

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