European Project
Getting Evidence into Practice

USER MANUAL

European Quality Instrument for Health Promotion

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Colophon

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Carried out in Strand II of above mentioned project, by
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PREFACE

Over the last decade, evidence and quality have become key issues in health promotion. This is partly due to the growing professionalism in the sector, but also to the fact that health promotion increasingly has to prove itself as a legitimate part of the health services. With the increasing demand for accountability to policy makers, financers and other stakeholders, there has been a growing need for health promoters to demonstrate the quality and effectiveness of their actions.

In response to this need, quality assurance models and concepts used in health care have served as a source of inspiration to enhance quality in health promotion practice. However, as health promotion interventions are complex and multi-sectorial processes, the outcomes of which are not always visible in the short term, the concept of quality assurance cannot be simply transferred to health promotion. Furthermore, the basic orientation of health promotion is emancipatory, and its values are rooted in the fundamental human rights. Quality assurance in health promotion should reflect these fundamental and ethical values, which means that the existing quality frameworks and instruments need to be expanded to include the contextual, multidimensional, emancipatory and ethical aspects of health promotion.

Since the beginning of the nineties, much work has been done to develop methods for quality assurance in health promotion. International organisations like the WHO and the IUHPE have stimulated cross-national collaboration in this area, and helped to build a framework for quality assurance in health promotion. A number of European countries, including the Netherlands, Belgium (Flanders), the United Kingdom, Germany, and Switzerland have developed guidelines to enhance the quality of health promotion interventions as well as tools to assess their quality. The use of such tools has been shown to improve the quality of planning of health promotion projects.

Building on the experiences with these tools, the **E**uropean **Qu**ality **I**nstrument for **H**ealth **P**romotion (EQUIHP) has been developed as a European consensus tool facilitating the assessment and improvement of quality in health promotion. The development of EQUIHP was part of a broader European project entitled *Getting Evidence into Practice*, which aimed to develop consensus-based guidelines and tools on how to review sources of information concerning health promotion and on putting this evidence into practice. The project is supported by the European Commission, and relies on a unique collaboration between a consortium of health promotion agencies and institutes from nearly all EU member states.

EQUIHP consists of the following components:

- a *Scoring Form*, which contains 13 criteria for effective health promotion interventions, as well as 95 indicators related to these criteria;
- a *User Manual*, which provides explanations and instructions for the use of EQUIHP.

The criteria are clustered into four types, reflecting the factors which are important for effective health promotion: (I) the framework of health promotion principles, (II) aspects of project development and implementation, (III) aspects of project management, and (IV) sustainability. Referring to these criteria, EQUIHP can be used as a checklist for writing a project proposal and improving the quality of an intervention, or as a tool for self reflection.

The *User Manual* provides a description of the EQUIHP-tool, outlining the theoretical background and the model on which it is based, as well as the various possibilities for its use and the types of health promotion projects to which it can be applied. In addition, it offers instructions on how to use EQUIHP, outlining the focal points for quality assessment and quality improvement, respectively, and explaining the ways to interpret the results.

INTRODUCING EQUIHP

What is EQUIHP?

EQUIHP is an instrument for quality development and assurance of health promotion projects. It is a combination of a checklist to assess the quality of health promotion projects, and a set of guidelines to improve their quality. EQUIHP builds on the experience with existing quality assurance tools that are used in a number of European countries, representing a European-wide consensus regarding the main quality criteria for health promotion projects as contained in these tools.

What is the use of EQUIHP?

- Quality development and assurance

As an instrument for quality development, EQUIHP can serve a series of quality-related purposes. Specifically, it can be used:

- as a checklist for self-assessment of the quality of a project plan with a view to assure and improve its quality;
- as a checklist for quality assessment of project plans by managers or sponsors with a view to take informed managerial decisions.
- as a basis for communication about the project within the project team, in view of reaching consensus and enhancing quality.

- Quality Assessment

Provided that EQUIHP is implemented and used as a quality assurance tool by health promotion specialists it can be used:

- as a tool for benchmarking, comparing the quality of a given project with ‘best practices’ on a national or international level;
- as a tool to define and monitor standards in the field of health promotion;
- as a tool to communicate about projects, and to add to the evidence base of health promotion by getting evidence out of practice.

Who can use EQUIHP?

As an instrument for quality assurance, EQUIHP can be used by all health promotion practitioners. In addition, people who are in involved in the implementation of health promotion interventions (e.g., managers of health promotion institutes, researchers, policy makers and funding organisations) can also make use of it.

When can EQUIHP be used?

EQUIHP can be used throughout the process of planning, implementing and evaluating a health promotion project.

Which types of projects can EQUIHP be used for?

EQUIHP can be used for various types of projects, either defined by their objectives (e.g., research projects, development projects, or implementation projects), or by their target group, methodology and focus (e.g., education projects, community projects, diagnostic or problem identification projects, and evaluative projects).

However, not all the criteria or indicators of EQUIHP may be equally applicable for each type of project. For instance, a research or development project will require more investment of time and energy in the analysis of the problem, while an implementation project will focus more on the analysis of the context. Similarly, a community project will require more emphasis on assuring participation and stakeholder involvement and capacity and resources. Depending on the type of the project, a different emphasis may be put on certain clusters of criteria.

EQUIHP is *not* suitable to ensure the quality of medical preventive actions that require a structured approach, such as vaccination or screening. Likewise, EQUIHP is less suitable for infrastructural interventions, like setting up an information resource centre or building a safe playground for children, or for organisational interventions such as the establishment of a network. The development and implementation of these interventions can better be guided by policy, logistic or project management models.

BACKGROUND

Quality assurance

Quality assurance is a broad concept that can be defined as the methodology to secure quality, focusing on planning of projects and activities. Quality assurance involves measuring and evaluating quality, but also covers other activities to prevent poor quality and ensure high quality.

Quality assurance in health promotion has four main advantages. These advantages are the avoidance of the use of ineffective health promotion strategies, the promotion of evidence-based health promotion, a consideration of the limited resources in health promotion practice and the integration of the needs and wishes of the target group.

A systematic approach contributes to quality assurance and is one of the main factors determining the effectiveness of programmes and interventions. Such an approach is particularly important in:

- making the right theoretical choices;
- ensuring a logical order of stages, allowing the project designers to think about problems and themes and the need for adjustments;
- analysing the various stages of the project, collecting specific feedback on the steps that have been taken, and evaluating whether assumptions are actually justified.

This implies that a systematic approach always has a cyclical nature, allowing those involved to learn.

Quality assessment tools

Quality assessment is an elementary component of quality assurance. It involves the systematic assessment of the quality of processes, interventions or products with the help of pre-defined questions, usually in the form of scoring forms or checklists. These assessment tools can be used either for self-assessment or for assessment by experts. In both cases, the main purpose is to provide information as a basis for improving quality. The structure of these quality assessment tools (QA-tools) is largely based on a systematic approach.

QA-tools in health promotion are a recent development in the striving towards evidence-based health promotion. In the last decade, a number of national agencies with a long

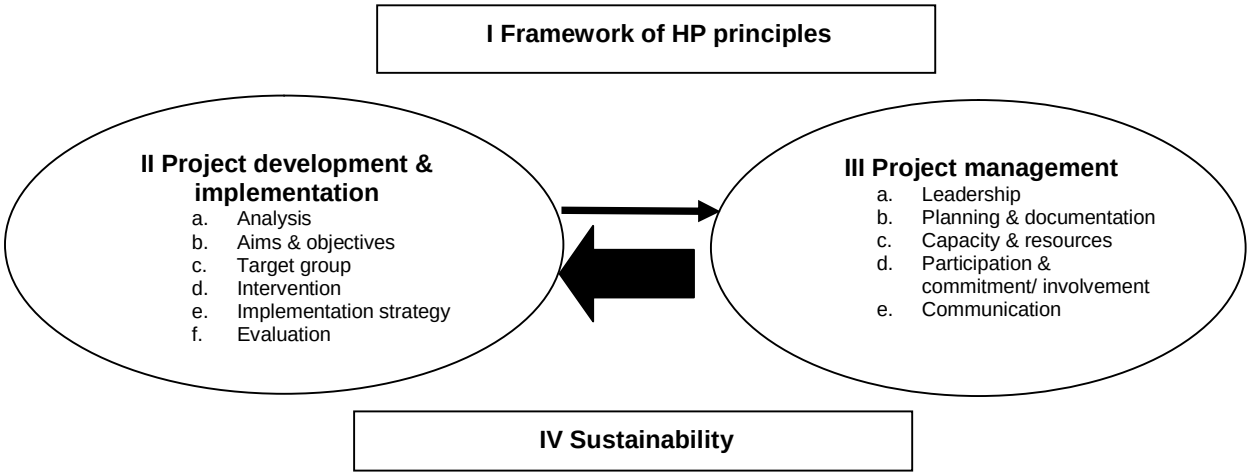
standing tradition in health promotion have developed QA-tools. However, thus far there is no full international consensus with regard to the definition, conceptualisation and operationalisation of quality assurance in health promotion. As a result, different instruments are currently in use, showing a great deal of overlap yet also some variation in terms of content and format. To obtain more uniformity, and to facilitate cross-national comparisons and collaboration in enhancing quality, EQUIHP was developed as a quality assurance tool for health promotion based on a European wide consensus.

The EQUIHP model

The conceptual basis of EQUIHP is a model derived from practical experience in health promotion. It identifies four areas that are essential to achieve quality in health promotion interventions. These areas are:

- the framework of health promotion principles;
- project development and implementation;
- project management;
- sustainability.

For each of these areas or 'clusters', a number of criteria have been formulated, as well as indicators to measure these criteria. The connection and interrelation between the clusters are shown in the figure below.



The model emphasises the dynamics of health promotion projects, in terms of the tension between content and context and the cyclical nature of the health promotion process.

Content and context

The *framework of health promotion principles* reflects the foundations that are at the basis of health promotion interventions. Although these principles are not always visible, they are at the very heart of health promotion practice. They are concerned with a positive and comprehensive approach to health, attention for the broad determinants of health, and the values of participation, empowerment, equity and equality.

The core of the model consists of the quality criteria involved in the different stages of *developing and implementing* an intervention. They include the analysis of the problem and its determinants, the specification of aims and objectives and of a target group, the selection and specification of the intervention, its implementation and its evaluation. A key element of these criteria is the fact that choices must be made throughout the various stages of the health promotion process. For instance, specific aims and objectives must be defined, a target population must be selected, and an intervention (or a combination of interventions) must be chosen from all options identified. These choices are influenced by the contextual conditions shown in the right circle of the model, and require project management decisions. Although a strict sequence of decisions is not always required, the logical order is to follow the steps of developing and implementing a health promotion intervention, as outlined in current planning models. These models typically start with an analysis of the (health) problem, during which the size, impact and relevance of the problem is defined, and all potential causes or determinants are examined. On the basis of this analysis, a choice is made of determinants to be addressed. This leads to the specification of aims and objectives, and of the target group. Next, the various options for an intervention are examined, and a particular intervention or set of interventions is selected, whereby the subsequent implementation stage must also be taken into consideration. Finally, preparations must be made for the evaluation of the intervention. As an elementary part of health promotion interventions, evaluation not only involves the assessment of outputs and outcomes, but also includes monitoring and evaluating the processes of project implementation. This way, evaluation does not only take place at the end of a project, but should be planned from the onset. In addition, the various choices that are made during the implementation process provide important feedback for the evaluation.

Sustainability means that an intervention will continue to be effective after the project has stopped. To ensure sustainable effects, it is necessary to do more than just carry out the interventions aimed at the target group. Usually, it requires the involvement of intermediaries and the use of resources, direction of investments, and orientation of technological and institutional development in ways which ensure that the effects become institutionalized.

In health promotion, this is particularly important in terms of building healthy public policies and supportive environments that promote health.

The core process is led by contextual conditions, which must be addressed by the *project management*. The quality criteria in this respect involve the adequacy of the planning and documentation for the project, participation and commitment by the target group and stakeholders, securing sufficient capacity and resources, and taking care of the communication about the project. Managing these aspects requires leadership by the project manager, who has to find the right balance between the processes leading towards the envisaged outcomes, and the support and commitment of all involved. Together, these aspects form the right circle of the model.

Cyclical process

Health promotion projects do not normally go through a linear development, but involve a complex, cyclical process. Project developers may reconsider earlier stages, anticipate later stages or focus their attention temporarily on one of the contextual conditions, before continuing with the development or implementation of the project. The precise chronology of the stages of a project depends very much on the nature of the project and the setting in which it takes place.

Types of projects and user strategies

There are various types of projects in health promotion, and not all criteria and indicators are equally relevant for each type of project. In a general way, all four the clusters and the 13 criteria are relevant to all types of projects. However, when applying EQUIHP, those criteria must be identified that are most relevant to the project. This section describes the major project types and suggests which criteria are relevant to these types.

Development projects

Development projects involve the development and often the pre-testing of an intervention for a particular target group. For this type of project, it is essential that a detailed problem analysis is carried out, resulting in the selection of appropriate objectives and an appropriate intervention for a well-defined target group. This means that in addition to the criteria of clusters I (framework of health promotion principles) and III (project management), criteria a, b, c and d of cluster II (project development and implementation) are particularly relevant. Development projects are frequently initiated by national or regional health promotion agencies.

Implementation projects

Implementation projects are concerned with the wider dissemination and implementation of an existing intervention among a particular target group or population. This often involves other parties (intermediaries), who are familiar with the target population and need to be familiarized with the intervention by means of specific implementation strategy. They also need to be stimulated and supported to implement the intervention. In addition to the five criteria of cluster I (framework of health promotion principles framework of health promotion principles) and cluster III (project management), criterion e (implementation strategy) of cluster II is of particular relevance for this type of project. Implementation projects are often carried out at the regional level.

Community projects

A specific form of implementation projects are community projects. Community projects refer to collective actions undertaken by communities to increase the control of the determinants of their health and thus to improve their health. They do not take place *in* a community, but *with* a community, in the sense that they put a strong emphasis on participation and bottom-up approaches. As a consequence, this type of projects requires intensive collaboration with and support for the members of a particular community, with special emphasis on the people's preferences and needs. Hence, important aspects for this type of project include those relating to public support, acceptance and consensus development, as well as continuous monitoring and linking in with the local situation. While all criteria are relevant to this type of project, the above aspects can be found in criteria d and e of cluster III, and in criteria b, d, e, f of cluster II.

Research projects

As opposed to development and implementation projects, the main goal of research projects is not to bring about change, but to increase knowledge that will help to make decisions. In this way, research projects can serve as a basis to make 'evidence based' decisions for development and/or implementation projects. While there are many kinds of research projects, the subtypes that are most common in health promotion are diagnostic projects and evaluation projects.

Diagnostic or *problem identification* projects are mainly concerned with the identification of the (health) problem(s) in a given population, and of the factors that contribute to these problems. The findings resulting from these projects can provide guidance to policy makers or health professionals. In addition to the criteria of cluster III, it is particularly criterion a (problem analysis) of cluster II which is relevant.

Evaluation projects aim to assess the quality and effectiveness of an intervention by looking at the outputs and outcomes as well as the processes of project implementation. While evaluation should be an essential component of any health promotion intervention, a specific focus on the outputs, outcomes and/or implementation quality of an intervention may be a project in its own right. As with every evaluation, however, evaluation projects should not only take place at the end of a project, but should be planned from the onset. They may relate to various aspects listed in EQUIHP. Depending on the purpose of the evaluation, different criteria may be emphasized. If the quality of the intervention or implementation are the core issue, criteria b and e of cluster II are highly relevant, in addition to criterion f and the criteria of cluster III. If the evaluation of the output is the main focus, criterion f of cluster II is particularly relevant.

Combined projects

A project may well consist of several subprojects, or may involve a combination of interventions. In that case, the assessment of the project quality could refer to either the overall project or its components. The decision as to what should be the 'unit of assessment' depends on the purpose of the quality assessment. If the aim of the assessment is to obtain a general impression of the project quality, the quality criteria of EQUIHP should be applied to the entire project, considering all interventions together and assigning scores on the basis of a general impression. If the aim is to identify specific items that require improvement, it is better to assess the subprojects and/or interventions separately.

USER INSTRUCTIONS

Using the EQUIHP Scoring Form

EQUIHP is developed as a self-assessment quality tool, which means that it can be used by a project developer to obtain a score reflecting the quality of a given project. It can also be used by an external assessor to assess the project quality. The *Scoring Form* is especially designed to facilitate the scoring.

The *Scoring Form* lists the different quality criteria of the EQUIHP model, arranged by the four clusters. To help score each criterion, a number of indicators are listed. Each of these indicators must be given a score of *yes, partly* or *no.* These scores stand for 'achieved', 'partly achieved' and 'not achieved', respectively. When an item cannot be assessed because it is not applicable for the type of project, the scoring box can be left open. If no information on the item is available, a 'no' score can be assigned.

To assess the *quality of a project plan*, only the information written in the plan can be used. Although an assessor may know more about the project, a positive score should not be given when the information is not presented in the project plan. The reason for this is that the project plan will serve as a communication tool throughout the process of developing and implementing the project. The project plan should therefore contain all the relevant information.

When the tool is used for *self-assessment*, the assessor will usually know more about the project than what is written in the project documents. In this case, the assessment can be used to identify missing or unclear elements in the project plan or report, and as a stimulus to include missing information in the plan. When the project is *externally assessed*, the assessor may identify information that is lacking in the project plan, and ask for supplementary information or additional documents such as the budget plan, communication plan, project reports, publications, etc. Sometimes, it may be necessary to supplement this information by an interview with the project manager. The information deriving from this interview may also be added to the plan. At all times, it is recommended that the project plan is as detailed and complete as possible.

Time needed to assess a project

Usability tests of EQUIHP show that the average time needed to assess a project for the first time is between one and one and a half hour. Once a person is familiarized with EQUIHP, subsequent assessments can be done in a considerably shorter time.

Interpreting the scores

Assessing the quality of a project using EQUIHP does not serve a purpose of its own. It is a means to derive information in order to make decisions and/or improve the quality of a project.

In order to make such decisions, one must compare the scores of a given project on the EQUIHP criteria to a benchmark. This may be

- an absolute benchmark: if the project is compared to the “ideal” project, which scores high on all criteria and indicators
- a relative benchmark: if the project is compared to similar projects in its own implementation context (e.g., other projects developed by the organisation, projects of the within the same program or call for proposals)

In the longer term, it is expected hat a pool of projects can be developed in order to have an international benchmark available. In want of such a benchmark, project developers and/or funders need to refer to their own context for comparison.

Furthermore, the interpretation of the scores of EQUIHP must always be done in the light of the prevailing circumstances and the situation of the project. These include the available time, the budget, political support, etc. EQUIHP emphasises the interaction between content and contextual conditions. Depending on the contextual conditions, a more or less positive assessment may be interpreted differently, and different decisions may be made to enhance quality. For example, when the conditions are not very favourable, the advice may be to secure better conditions before starting the project. Finally, as EQUIHP is intended as an instrument for quality improvement, the results of a quality assessment should always be viewed from this perspective. This means that in certain situations, a less positive score may be the best that can be achieved.

Using EQUIHP to monitor improvement

Using EQUIHP helps the assessor to identify the points that require improvement, as well as the actions required to achieve this improvement. When these actions are clearly formulated, EQUIHP can be used again with the same project to verify if quality improvement has been achieved. However, since only ‘ideal’ projects will achieve positive scores on all indicators, and not all potential improvements may be feasible, the main objective is to identify those points for improvement that are *important*, *amenable to change* and *feasible*.

Gradual improvement is less stressful. Don’t try to get everything done in one go.

We hope you will enjoy working with EQUIHP.

GLOSSARY

Term	Explanation
Alternative explanations of possible effects	Factors *not* part of the intervention that contributed to the effects
Commitment	Commitment is a summary concept designed to embrace attempts to measure how will rooted and accepted the health message is among those who participate in the program. If networks and messengers are to deliver their message they must be able to embrace it themselves (Ader et al., 2001).
Communication	Communication is needed in every type of project and in every part of the project. Examples are communication with the stakeholders, the target group. Think of publicity, the presentation of evaluation results.
Context	Context comprises the social, policy, organisational and local situation.
Determinants of health	The range of personal, social, economic and environmental factors which determine the health status of individuals or populations (WHO, 1998)
Effect evaluation	An effect evaluation attempt to document whether or not the program caused an improvement among the participants on certain areas of interest (e.g. risk and protective factors) and by how much (GTO, 2004).
Empowerment	Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Through such a process people see a closer correspondence between their goals in life and a sense of how to achieve them, and a relationship between their efforts and life outcomes (WHO, 1998).

Term	Explanation
Equity	Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being (WHO, 1996).
Evidence	Can you refer to research and/or publications?
Evidence based	Evidence based is determined by a process in which experts, using commonly agreed upon criteria for rating interventions, come to a consensus that evaluation research findings are credible and can be substantiated (GTO, 2004).
Intervision	Exchanging experiences with colleagues, critically assessing each other's work and learning from each other. This happens structurally.
Mechanisms	Working elements, for example modelling
Objectives	Objectives are the specific changes expected in your target population as a result of the intervention (GTO, 2004).
Participation	Participation means that the partners affected, key members of the target group, stakeholders, decision makers and other persons affected have all been equipped with an opportunity to influence and take part in the program (Ader et al., 2001)
Process evaluation	A process evaluation assesses what activities were implemented, t he quality of the implementation, and the strengths and weaknesses of the implementation. This information can help to strengthen and improve the program as necessary. A well-planned process evaluation is developed prior to beginning a program and continues throughout the duration of the program (GTO, 2004).
Risk behaviour	Specific forms of behaviour which are proven to be associated with increased susceptibility to a specific disease or ill-health (WHO, 1998)
Stakeholders	All the different groups or individuals who are interested in the project and in the results of the project evaluation (GTO, 2004)

Term	Explanation
Sustainability	Sustainability is the continuation of the program after the initial funding has ended. Programs are more likely to survive if they adapt themselves to fit the needs of the environment and the needs of their host organizations (GTO, 2004)
Systematic analysis	The purpose of a systematic analysis is to provide the health promotion expert with well-founded ideas about selecting the health problem or theme to be addressed, and to help him or her place the problem in a larger context and develop it further. In the *analysis* all potential causes or determinants are first examined, after which the problem is defined and a choice is made of determinants to be addressed.
Target group	The target group is the group of people an intervention intends to influence. A distinction is often made between the ultimate target group, the intermediate target group and the decision maker. An intermediate target group is a group of people via whom the ultimate target group is to be reached.
Theoretical model	Examples of a theoretical model are: • Theory of planned behaviour Social cognitive theory Transtheoretical model
Users	Target group