

Getting Evidence into Practice

Final Report Strand II



Table of content

1.1	Introduction	1
1.2	Project background	2
1.3	Target group	3
1.4	Aims and deliverables	3
1.5	Activity Report	4
1.5.1	Stage 1: March – September 2004: review, analysis and synthesis	4
1.5.2	Stage 2: September – December 2004: consensus	5
1.5.3	Stage 3: January – June 2005: Delphi round II and pilot testing of the consensus-based tool in partner countries.	7
1.5.4	Stage 4: July – August 2005: Special stakeholders meeting Leuven and reporting.	8
1.6	Evaluation	9
1.7	References	10
1.8	Appendices	11

Final Report Strand 2: “Getting Evidence into Practice”

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1.1 Introduction

For a number of years there has been a growing need for high quality projects in the field of health promotion. Although a lot of work has been done to improve the quality of health promotion projects in the European Union and elsewhere, a lot of work remains to be done. Until now, no consensus has been reached on the model or tool to provide a logical, useful and relevant framework for quality assurance in health promotion. Also, the evidence base that could serve to increase the quality of health promotion practice is not always known or used by practitioners. This is sometimes denoted as the *gap* between researchers/academics and practitioners.

The project “Getting Evidence into practice” (GEP) aimed to contribute to overcome these problems by developing a consensus protocol to review the relevant literature for health promotion, by developing a consensus method to implement the evidence into practice, and by creating a better accessibility of the evidence base of health promotion. To that effect, the project, which is financially supported by the European Commission, relies on a unique collaboration between a large number of health promotion agencies and institutes from nearly all EU Member States, co-ordinated by the NIGZ. It involved 3 *strands*, reflecting the three main objectives of the project. Strand 1 was concerned with the development of the consensus review protocol, strand 2 with the development of a consensus quality assurance tool known as European Quality Instrument of Health Promotion (EQUIHP), and strand 3 with the dissemination and implementation of the products.

This is the final report of strand 2 and aims to outline the specific objectives, methodology and planning for this strand. Specifically, we will elaborate the underlying concepts of quality and quality assurance in health promotion, give a detailed description and rationale of the strategic objectives of the strand, and discuss the methods that are used to pursue these objectives as well as the order in which they were applied. In addition, a time frame is proposed in which the objectives were reached, as well as an overview of the “deliverables” i.e. the products that are envisaged for this part of project. Finally, a number of evaluation criteria are discussed which, in addition to the deliverables, should provide a basis for the evaluation of strand 2.

1.2 Project background

Since the beginning of the nineties, much work has been done both in the area of effectiveness and quality assurance in health promotion. With regard to the former, a large number of review studies have been published in the international literature, documenting the effectiveness of health promotion interventions. Furthermore, organisations like the World Health Organisation (WHO) and the International Union for Health Promotion and Education (IUHPE) have played a key role in bringing the issue of effectiveness of health promotion to the foreground. For example, the European branch of IUHPE has organised a series of three yearly conferences focusing on effectiveness in health promotion, and has stimulated research on what is effective in health promotion and what is not. These findings were centralised in a two volume book which is easily accessible.¹

In the field of *quality assurance*, a number of European countries (e.g. the Netherlands, Sweden, the United Kingdom, Flanders, Germany) have drafted guidelines for health promotion practitioners to introduce quality in their work, and developed tools for quality assessment of health promotion. A study in Flanders has shown that a quality assurance approach can improve the quality of planning in health promotion projects, acknowledging the need for a comprehensive Quality Assessment Tool (QA-tool).² Again, IUHPE has stimulated European-wide collaboration in this area, for instance by conducting a project in 1996 to build a framework for quality assurance in health promotion, leading to a three-dimensional matrix³ model. Despite these efforts, however, a number of problems remain unsolved. One of these is the lack of consensus on the focus, definition and operationalisation of the concept of quality as applied to health promotion. Another problem is that the guidelines that are proposed to ensure quality in health promotion practice are not always based on agreed upon theoretical models of quality. The same applies to the tools to assess quality. To the extent that conceptual models are used as a base, different models are often used^{4,5,6,7,8}. It is not surprising, then, that there is thus far little consensus on quality assurance in health promotion.

With this project we created more clarity as to what quality means and how it can be operationalised. In addition, we made an inventory of existing quality guidelines and quality assessment tools for health promotion and examined the extent to which they reflect quality concepts, and provide for a relevant assessment of quality. Therefore, a systematic review of published and non published literature has been carried out, followed by a critical analysis of the contents, underlying theoretical models, existing experiences with the tools, and effectiveness of these tools. Using the results of this analysis as a basis, we elaborated a consensus-based instrument (EQUIHP) that can help health promotion practitioners across the EU Member States to improve and assess the quality of their projects. To that effect, EQUIHP was presented to a panel of experts of different European countries. Using their feedback,

adjustments were made to EQUIHP. This process was repeated in two Delphi rounds approach until a consensus-based tool was derived. Finally, the consensus tool resulting from this analysis was pretested on a number of health promotion projects from different European countries. The results of this pre-test were used to produce the final version of the instrument by August 2005.

1.3 Target group

The ultimate target group of this project were the health promotion professionals across Europe. Since the objective of this strand was to produce a consensus instrument, collaboration and commitment of the target group was of crucial importance. For pragmatic reasons, it was obvious that this target group was not directly involved in the project. Therefore, an intermediate *target group* was identified, consisting of experts and representatives of organisations that promoted the use of the instrument, EQUIHP to enhance the quality of health promotion projects in their country. In terms of Rogers' diffusion of innovations theory, these persons were regarded as early adopters, who will in turn convince others to make use of this tool. To obtain their cooperation and commitment, consultation with these representatives took place from the very onset of the project. This was achieved by involving these representatives in the Delphi technique that was used to elaborate the consensus tool, EQUIHP, and in the subsequent test of the QA-tool and guidelines further addresses these recommendations.^{9,10} By involving these stakeholders in the project, a network of quality experts in health promotion in Europe was developed or strengthened, which was one of the objectives of this project and a necessary step in the capacity building for health promotion.¹⁰

1.4 Aims and deliverables

Three strategic aims were outlined for this project, namely:

1. An inventory of existing assessment protocols to increase quality of planning and implementation of health promotion projects.
2. Reaching a consensus on an assessment protocol and a set of guidelines to increase quality of planning and implementation of health promotion projects, to be used by health promotion professionals in the EU member states.
3. Pilot testing the consensus-based assessment tool (EQUIHP) and quality guidelines.

The following deliverables are envisaged for the different phases of the project:

1. Review and analysis of QA-tools and guidelines: ACCESS-database (Appendix 1)
2. EQUIHP (Appendix 2)
3. User Manual (Appendix 3)
4. Publication plan (Appendix 4)

Taking these strategic aims as a starting point, a number of operational objectives were derived for the different stages of the project, which, in combination specific actions and activities to attain the objectives, served as the milestones for the project.

1.5 Activity Report

1.5.1 Stage 1: March – September 2004: review, analysis and synthesis

Since a number of guidelines and tools for quality in health promotion are already available, a first step of the project was to carefully inventories, describe and evaluate these instruments. This was done in the form of a systematic and critical review, which took up the first six months of the project. To carry out this review, use was made of the matrix review method ¹¹, which contained the following steps:

- Outlining of the subject
 - o Setting of aim and purpose of the review
 - o Setting of inclusion and exclusion criteria
 - o Feedback with partners
- Data collection and ordering
 - o Published literature (via pubmed, psychlit, EBSCO-online, ...)
 - o Unpublished literature (via google)
 - o Websites of institutes/organisations
 - o “Snowball” method (references)
 - o Consultation of partners
- Data assimilation
 - o Analysis of information
 - § Apply the inclusion and exclusion criteria on found tools/guidelines
 - § Distinguish between tools, guidelines and registration systems
 - § Systematically compare and describe tools/guidelines and registration instruments on the basis of pre-defined “characteristics” (both technical and content-based)
 - o Registration and management of data
 - o Feedback of experts about the gathered information
- Reporting

Results Stage 1

The result is a systematic review report in form of an ACCESS-database (Appendix 1), which includes an overview, critical analysis, and synthesis of existing assessment tools, standards and criteria to attain quality in health promotion projects, as well as their specific form and operationalisation.

For this step, the following operational objectives were specified:

- By the 5th of April an overview was available of the search criteria to query the literature databases for the systematic review. Examples of search criteria were :
 - § health promotion
 - § health education
 - § health development
 - § projects
 - § actions
 - § interventions
 - § programs
 - § quality
 - § tools
 - § guidelines
 - § assurance
 - § assessment
 - § improvement
- By the 1st of September an overview document was available with the end result of the first objectives. It contained an overview of the literature review, the analysis and synthesis of existing tools and guidelines.
- A first meeting was held with project team members on the 1st of October to present the results of this phase and discuss further actions (Appendix 5).

1.5.2 Stage 2: September - December 2004: consensus

The second part of this project entailed a systematic consultation of the European partners in an effort to progressively develop a consensus-based tool. To obtain this consensus, use was made of the Delphi method. Olaf Helmer developed this method in the RAND-cooperation. This technique is mainly used for forecasting, evoke opinions and seek consensus. Especially the latter was important for this project. The procedure consists of a number of steps which are meant to evoke and refine the perspectives of a group of experts or representatives of a target group.^{3,12} Other key elements which made this procedure suitable for this project are the structuring of the data stream, the use of feedback to the participants, and the anonymity of the participants.

Based on the ten step sequence proposed by Fowles (1978), the following steps were used for this project:

1. formation of a project group with representatives of participating countries selection of one or more persons to participate in the consensus-finding-exercise development of the first Delphi-questionnaire
2. testing of the questionnaire (vagueness, dubiousness)
3. dissemination of the first questionnaire
4. analysis of the responses
5. preparation of the second questionnaire
6. dissemination of the second questionnaire
7. analysis of the responses
(Reiteration of steps 7 to 9)
8. preparation of the final report

The use of this procedure explicitly means that the project does not strive to a theoretically ideal model, but to a consensus based model.

A first meeting was held with project team members on the 1st of October to present the results of stage 1, a definitive version of the draft tool and discuss further actions such as Delphi Method.

- By the 15th of September a 1st version of the tool, based on the literature review, was available for a test round in the Delphi-procedure
- By the 5th of November the first Delphi Round Started (Appendix 6)
- The 1st of December the last adjustment round was closed
- By the 31st of December an overview was available with the results of the round I
- By the 31st of December a consensus model for Quality assessment in health promotion projects for Delphi Round 1.

1.5.3 Stage 3: January – June 2005: Delphi round II and pilot testing of the consensus-based tool in partner countries.

Before reaching consensus about the draft tool a second Delphi round was organised in January the 7th. After analysing the results of the Delphi Round II a summary was made and a meeting was organised in Woerden to reach consensus which the project team members and partners.

A part from being consensus based, a tool that is to be used by practitioners should also stand the test of practice. Therefore, the third stage will be devoted to testing the consensus tool developed in stage two to assess the quality of a number of projects in the participating countries. In accordance with adoption-, dissemination and implementation theories we would like to assess the (relative) advantages, disadvantages, barriers and needed skills for use of the protocol (cfr. capacity).

- By the 7th of January the second Delphi Round Started (Appendix 7)
- In the beginning of February a meeting was organised in Woerden to present the results of the Delphi rounds and discuss the procedure for the third stage (Appendix 8).
- In March 2005 clarity existed about the criteria to select projects participating in the pre-test of the model. A minimum of two per country was required.
- By the 15th of April 2005 all countries had applied the instrument on the selected projects (Appendix 9)

By the 15th of May 2005 an overview was available of possible adjustments to the instrument and a first assessment was made of the capacity needed to apply the instrument

- In June 2005 the results were reported at a preconference meeting for all the project team members and partners in the IUHPE conference in Stockholm (Appendix 10)(www.bestpractice2005.se)
- In June 2005 the results were reported in the IUHPE conference in Stockholm to all the gatekeepers in the field of Health Promotion

1.5.4 Stage 4: July – August 2005: Special stakeholders meeting Leuven and reporting.

The last stage of the project was used to arrange a special stakeholders meeting of the GEP project, (Strand 2) in Leuven on July 12-13, 2005.

The aim of this meeting was to discuss how the EQUIHP tool could be implemented over time, both in countries that already have a quality assurance tool and those that do not have quality assurance criteria or tools in use.

To that effect, the meeting in Leuven was organised to draw from the experiences and strategies of quality assurance providers and users and counter the potential benefits of EQUIHP over existing quality assurance tools such as Quint Essenz, Preffi 2.0 and PK+ (Appendix 11).

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1.6 Evaluation

Results of the interim Evaluation Report 1 show that Strand 2 received the highest appraisal among the strands of scientific quality of the work and of the usefulness of the deliverables for health promotion activities. The dominant answer to the question about *scientific quality of the work presented* was '5: very good' (15 from 23 valid answers); 8 responders evaluated it as '4: good'. The average score of scientific quality of strand 2 was therefore 4.65. The dominant answer to the question about the *usefulness of the deliverables of strand 2* was '5: very useful' (14 from 24 valid answers); 9 responders evaluated it as '4: useful', and 1 responder as '3: somewhat useful'. The average score for usefulness of the results of strand 2 was therefore 4.54.

Results of the interim Evaluation Report 2 about the performance of Strand 2 was summarized as followed:

Participants noted continued high performance and a good progress towards the completion of the project in time (evaluation of the quality of work and results approx. 4.5 on a 5-point scale). Overall feedback was very positive. Participants were generally satisfied with the Strand 2 workshop, though stressing short time to discuss the whole scope of the work presented.

Specifically for Strand 2, *process evaluation* entailed monitoring the cooperation between partners through feedback, either electronically or via consultation. In addition, the attitudes of the participants towards the consensus model and the adjustments were assessed using questionnaires.

For the *effect evaluation* of Strand 2, the following products are delivered:

- Database: inventory of existing guidelines and protocols for the quality of planning and implementation (Appendix 1)
- EQUIHP (Appendix 2)
- A User Manual. (Appendix 3)
- Publication plan (Appendix 4)
- This final report

Note:

The *further implementation* of the tool is not considered as an output in this project, but is dealt with in a second grant proposal submitted to the EC. In this second proposal, a follow-up project was planned, aiming to assess the existing capacity of the participating countries with regard to applying the quality tool, and to take actions to strengthen this capacity.

1.7 References

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12. *Speller V., Evans D., Head M.J. ; Developing quality assurance standards for health promotion practice in the UK; Health Prom. Int., (1997), Vol. 12 (3), p. 215-224*

1.8 Appendices

Appendix 1: Access database

Appendix 2: EQUIHP.pdf

Appendix 3: UserManual.pdf

Appendix 4: Publication plan Strand 2

Appendix 5: Meeting Woerden Octobre 2004

- ppt meeting 1 Woerden
- workshop and discussion meeting 1

Appendix 6: Delphi I:

- Responses Delphi I
- Summary Delphi I

Appendix 7: Delphi II:

- Responses Delphi II
- Summary Delphi II

Appendix 8: Meeting 2 Woerden February 2005

- ppt meeting 2 Woerden
- workshop and discussion meeting 2

Appendix 9: Pretesting:

- Responses pretesting

Appendix 10: Stockholm

- Preconference meeting
- Conference: Getting Evidence into Practice IUHPE

Appendix 11: Meeting Leuven July 2005

- minutes meeting Leuven

1.9 List of Abbreviations

EU:	European Union
EC	European Commission
EQUIHP:	European Quality Instrument for Health Promotion
GEP:	Getting Evidence into Practice
IUHPE:	International Union for Health Promotion and Education
NIGZ:	Netherlands Institute for Health Promotion and Disease Prevention
VIG:	Flemish Institute of Health Promotion
WHO:	World Health Organisation

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