Final technical implementation report of the action
Getting Evidence into Practice
No. 2003123 (Evidence Consortium 790841)

Covering the period from 01/02/2004 to 31/07/2005

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October 2005

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1 Introduction

This final technical implementation report covers the period February 2004 –July ¹ 2005 of the Getting Evidence into Practice (GEP) project. (No. 20031123/Evidence Consortium 790841).

More detailed information can be found in the annexes consisting of minutes of several meetings, work plans, the evaluation report and other relevant documents. Furthermore, the financial statement is included this report.

The Getting Evidence into Practice project aims to strengthen the collaboration among key stakeholders (agencies, practitioners and researchers) in the form of a European consortium for evidence-based health promotion. This collaboration ensures a coordinated joint effort in the field of public health and health promotion in Europe. Establishing a European consensus and European standards in this field will facilitate the exchange of experiences within the coalition and the development of a joint working programme for Europe in the coming years.

The main aim of the project was strengthening the evidence base of health promotion and public health in Europe by developing an interrelated set of consensus-based instruments and increasing the capacity to use these instruments.

The project consisted of three strands which were concerned with the content.

- Strand I: Developing a consensus-based protocol for reviews.
- Strand II: Developing guidelines/a quality assurance tool to enhance and assess the evidence base of health promotion practice.
- Strand III: Updating the evidence for HP effectiveness and defining the state of the art.

Apart from that there was a ‘management and communication’ strand mainly performed by the central coordination.

‘Best Practices for Better Health’ was the international health promotion and public health conference which took place on 1-4 June 2005 as the sixth in the International Union for Health Promotion and Education's series of European health promotion effectiveness conferences. It was organised in cooperation with the Swedish National Institute of Public Health.

The conference was a platform for discussion on and exchange of the findings and deliverables of the Getting Evidence into Practice project and a means to inform other interested parties and initiatives and an opportunity to formulate concrete plans for possible follow-up phase of the project.

¹ In order to finalize the products and deliverables of the project the actual running time of the project and related activities took till September 2005.
2 Description of the activities conducted

2.1 Strand I Review protocol

2.1.1 Introduction
One of the tools for collecting, identifying, appraising and synthesising evidence used by health promotion practitioners is conducting systematic reviews. There are many systematic review initiatives internationally, several of which have focussed specifically on health promotion and public health topics and interventions. Most of these initiatives have used review protocols designed for medical and clinical studies and are subsequently applied to health promotion. Most of the existing review protocols concentrate on finding evidence from research (RCT’s etc.) and from published documents. Little emphasis has been placed on finding evidence from practice and from expert opinions.

Strand I supported the main aims of the Getting Evidence into Practice project by producing a consensus-based protocol on how to select instruments, literature and expertise as they appear in research, policy and documents. The strand build on the current practices and existing experience in the different countries. The information gathered during the project is aimed at public health policy and decision makers as well as health promotion practitioners and researchers. Ultimate key actors of this project are the health promotion professionals across Europe. The objectives were:

- To develop a consensus-based protocol on how to select and analyse documents, literature and expertise from research, practice and policies and on how to assess and summarise evidence.
- To carry out a feasibility test for the protocol.

Strand I work started at the beginning of April 2004 and continued until the end of September 2005. The work was carried out by project coordinator Sanna Natunen (né Räty), supervised by Dr. Arja R. Aro, senior advisor and Dr. Antti Uutela, overall project leader. Research assistant, Anastaiya Rogacheva, helped with the analyzing process of the data. In addition, the project team members and partners were involved in the working process of Strand I.

2.1.2 Main steps
The work was conducted according the working plan described in the annex 1 (Workplans).

2.1.2.1 Creation of the network
The involvement of the project team members and partners in the Strand I work was the major objective for the first months. The participants included: (n= 10; Czech Republic (NIPH), Denmark (NBH), Denmark (DHPR), The Netherlands (NIGZ), Scotland (NHS), Slovakia (SPIH), Slovakia (RIPH), Sweden (SNIPH), Switzerland (Swiss Federal Office of...
Public Health) and Wales (REB) and partners (n=8; Denmark (DNIPH), Estonia (HPUE), France (INPES), Latvia (HPCL), Portugal (General Directorate of Health), Switzerland (HP Switzerland), England (HDA/NICE), and United Kingdom (IHRDC) (see annexe 22).

All project team members and partners were activated to the work through giving feedback and through filling in the developed questionnaire on review protocols and quality criteria in use in reviewing the evidence. Two strand meetings with the workshops were important for the involvement of the project team members and partners in the strand I work. Delphi rounds and a feasibility test were carried out with the help of project team members and partners. Regular contacts and information delivered through the GEP newsletter kept the network involved in the progress of the project.

2.1.2.2. Creation of the conceptual map

Due to the fact that there were no guidelines or consensus views on how to define the wide range of sources, processes and criteria of evidence used in health promotion, it was necessary to start the Strand I work from the concepts of evidence and the reviewing process. A tentative conceptual map on collecting and defining/analyzing the evidence in health promotion was developed to clarify the concepts and their relationships. NIGZ (Hans Saan, Jan Bouwens and Gerard Molleman), The Finnish Centre for Health Promotion (FCHP) (Pirjo Koskinen-Ollonqvist) and the Swedish National Institute of Public Health (Carina Kållèstål) were consulted during the development process. The conceptual map was further refined and edited during the GEP working process and used as a conceptual framework for the European review protocol (Section in annex 4).

2.1.2.3. Inventory of the existing review protocols and quality criteria for the reviewing process

The inventories (Annexes 2 and 3) were started by an extensive data gathering. The data gathering consisted of two parts; a survey by the project team members on review protocols and quality criteria in use, and searching data on existing review protocols by the KTL. Together these formed the data gathering procedure.

2.1.2.3.1. Survey on review protocols and quality criteria

Development of the survey

The aim of the survey was to gather information on the review protocols used by the GEP participants to gather evidence for health promotion (HP) and on the quality criteria used to define and classify the evidence in HP.

The survey included questions on background information on HP, collecting evidence, defining/classifying evidence, country specific protocols and need of training. Both structured and open questions were used. The open questions were considered valuable in giving information and insight into a variety of protocols and practices used, instead of authoritatively giving a checking list of the main instruments generally used.
The questionnaire was piloted in three institutions: NIGZ (Hans Saan, Jan Bouwens and Chris Nijboer), The Finnish Centre for Health Promotion (FCHP) (Pirjo Koskinen-Ollonqvist) and the Swedish National Institute of Public Health (Carina Källestål). After the pilot survey the editing was done.

Carrying out the survey
The questionnaire developed was sent electronically 24th June 2004 to 18 institutes, of which 10 were project team members and 8 were partners of Strand I. In addition, the questionnaire was sent to 3 institutes interested in our project (National Centre for Health Services Norway, The Finnish Centre for Health Promotion (FCHP) and Cochrane health promotion and public health field, Australia. Eight institutes returned (electronically) the filled in survey by the 6th of August 2004. The response rate was 78%.

Analysis and synthesis of the survey
The analysis of the survey was carried out by the project coordinator of strand I and results have been presented in the annexes 2 and 3.

2.1.2.3.2. Searching data on existing review protocols and quality criteria (see annex 3).

Searching the data
Existing review protocols and quality criteria were searched through extensive web-based search strategy. Altogether 16 review protocols were listed and analyzed using the predetermined criteria developed.

Analyzing the data and writing the results
The analyzing process of the existing review protocols and quality criteria were carried out with the help of two independent researchers (project coordinator and research assistant). The results of the analyzing process have been described in detail in the annexes 2 and 3.

2.1.2.4. Creation of the European review protocol
The creation of the European Review protocol was based on the inventories and consensus process. The first draft of the European review protocol was developed on the basis of the inventory reports. The draft version was part of the two Delphi rounds carried out with the help of Strand I project team members and partners. After the Delphi process four project team member organizations carried out the feasibility test of the protocol: 8 outside experts were interviewed during the feasibility test. More detailed information on the Delphi process and feasibility test can be found in annex 6.

Based on the systematic work and all the steps of the working process the European Review Protocol for health promotion was created (see annex 4).
2.1.3. Overview of strand I deliverables/documents

Strand I produced 4 deliverables and published one article during the working process. Plan and the status of the further manuscripts are presented in annex 5. During the working process Strand I produced:

1. Inventory of the existing review protocols (annex 2).
2. Inventory of the existing quality assessment tools (annex 3).
3. Report on developing the European review protocol and completed feasibility test report by the partners (annex 6).
5. List and status of the manuscripts of Strand I (annex 5).
Overall report of which this paragraph is a summarized version (annex 7).

2.1.4. Dissemination of the results

In addition to the meetings of GEP project, the Strand I has disseminated its work and products in:

1. The article published in Promotion and Education. (Promotion and Education 2005 (suppl 1):11-14.
2. At the Stockholm Best Practice conference early June 05 (plenary, oral presentation, poster, workshop)
3. Via the KTL website
4. At internal KTL meetings, and
5. Via scientific and public health-related networks in Finland and in Europe

After the project period dissemination has continued and will continue in the following ways:

- GEP Project work is a part of curriculum and teaching seminars of the public health students (bachelor and master levels) at University of Southern Denmark;
- Plenary lecture (13.10.05) at the national meeting of the Society of Social Medicine in Finland,
- Plenary lecture (6-7.12.05) at the South-Eastern Asian Conference on Behavioral Medicine in Bangkok.
- Sessions at the Nordic Health Promotion research conference 15-17.06-06, Esbjerg, Denmark as well as a part of the planned pre-conference training course.
- Publishing the four planned articles on the Strand I data.
- Further, the material developed in Strand I will be applied as a part of normal health promotion work in gathering evidence, and getting it into practice in practical health promotion activities in different European countries. For example plans for testing and developing the European review protocol further in Finland are already under preparation.
2.2. Strand II Guidelines/quality assurance tool

2.2.1 Introduction

There has been a growing need for high quality projects in the field of health promotion. However, 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. In the field of quality assurance, a number of European countries have drafted guidelines for health promotion practitioners to introduce quality in their work and developed tools for quality assessment of health promotion. One problem however 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.

Strand II wanted to create more clarity as to what quality means and how it can be operationalised. In addition, strand II 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.

The subcontract holder of strand II was the Flemish Institute of Health Promotion (VIG), Belgium, with Stephan Van den Broucke as strand leader. The project management of this strand was shared with Gerard Molleman, Netherlands Institute for Health Promotion and Disease Prevention (NIGZ). The project coordinators were Tom Vermeulen (until October 2004)/Caroline Bollars (since October 2004) (VIG) and Henriëtte Kok (NIGZ, the Netherlands). VIG and the NIGZ work closely together and use systematic consultation of the project team members and partners to guarantee maximal input and output.

Strand I work started at the beginning of April 2004 and continued until the end of September 2005.

The involvement of the project team members and partners in the Strand I work was the major objective for the first months. The participants included: Denmark: Institute of Public Health, Dept of HP Research; Finland: KTL Institute of Public Health; Greece: Institute of Social & Preventive Medicine; Latvia: Latvian Health Promotion Centre; Slovak Republic Public Health Institute of Slovak Republic; Slovak Republic Regional Institute of Public Health; Czech Republic; National Institute of Public Health; Italy: Experimental Centre for Health Education Scotland, UK: Health Scotland; England, UK: National Institute for Health and Clinical Excellence NICE; Wales, UK: Health Promotion Division, Research and Evaluation Branch; Sweden: Swedish Institute for Public Health; Switzerland: Health Promotion Switzerland (see annex 22).
The ultimate target group of this project are 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 organizations that promoted the use of the final instrument, EQUIHP (European Quality Instrument for Health Promotion) 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. 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.

2.2.2. Main phases and activities

Strand II produced also a work plan (annex 1, Work plans).

Three strategic aims were outlined for this project, namely:
- An inventory of existing assessment protocols to increase quality of planning and implementation of health promotion projects.
- 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.
- Pilot testing the consensus-based assessment tool (EQUIHP) and quality guidelines.

The following deliverables were envisaged for the different phases of the project:
- Review and analysis of QA-tools and guidelines: ACCESS-database
- A Quality Assurance Tool
- User Manual
- List and status of manuscripts

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.
2.2.2.1. 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 do a carefully inventory on and 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, which contained the following steps:

- Outlining of the subject
  - Setting of aim and purpose of the review
  - Setting of inclusion and exclusion criteria
  - Feedback with partners
- Data collection and ordering
  - Published literature (via Pubmed, Psychlit, EBSCO-online, …)
  - Unpublished literature (via Google)
  - Websites of institutes/organisations
  - “Snowball” method (references)
  - Consultation of partners
- Data assimilation
  - 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)
  - Registration and management of data
  - Feedback of experts about the gathered information
- Reporting

Results Stage 1

The result is a systematic review report in form of an ACCESS-database (annex 8), 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 operationalization.

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
− By the 1st of September 2004 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 2004 to present the results of this phase and discuss further actions

2.2.2.2 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. 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 (Re-iteration 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 2004 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 2004 the first Delphi Round Started
- The 1st of December 2004 the last adjustment round was closed
- By the 31st of December 2004 an overview was available with the results of the round I
- By the 31st of December 2004 a consensus model for Quality assessment in health promotion projects for Delphi Round 1.

2.2.2.3. 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, 2005. 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 was 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 wanted to assess the (relative) advantages, disadvantages, barriers and needed skills for use of the protocol (capacity).

- By the 7th of January the second Delphi Round started
- 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
- 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
- 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 pre-conference meeting for all the project team members and partners in the IUHPE conference in Stockholm
- In June 2005 the results were reported in the IUHPE conference in Stockholm to all the gatekeepers in the field of Health Promotion
2.2.2.4. Stage 4: July – August 2005: Special stakeholders meeting in 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 (Belgium) on July 12-13, 2005. (Annex 9)

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 (Belgium) 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+.

2.2.3. Results and dissemination

The following deliverables are products of the activities in strand 2.

1. Review and analysis of QA-tools and guidelines: ACCESS-database (annex 8)
2. EQUIHP: The EUROPEAN QUALITY INSTRUMENT FOR HEALTH PROMOTION (Annex 10)
4. Status of manuscripts (Annex 12)
5. Overall report of which this paragraph is a summarized version (annex 13).

Results of the interim Evaluation Report 1 show that Strand 2 received high appraisal for 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’.

Strictly, 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. However, intentions of members and partners involved showed that they have various implementation and dissemination plans (see paragraph 2.5.3).
2.3. Strand III Updating the evidence

2.3.1. Background

Strand III stimulated a process of peer input on a newly accessible body of knowledge being published to improve the effectiveness of health promotion and practice. This strand of the project examined four subject areas, namely ‘tobacco’, ‘mental health’, ‘health promotion infrastructures’, and ‘getting evidence into practice’ (including capacity-building perspectives). The development of the review-papers on these areas was undertaken by using a methodology similar to the one which produced the original documents, The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe. Again, each review-paper assembles and synthesises the health, social, economic and political evidence of effectiveness – to produce scientifically based advocacy material in a form of practical value for the policy and practice level.

The aims and objectives of strand III were:

- To update two of the existing subject areas (‘mental health’ and ‘tobacco’) in the existing IUHPE Pan European publication by summarising and disseminating evidence on health promotion effectiveness
- To extend the existing IUHPE Pan European publication with the following subject areas: ‘infrastructures’ and ‘evidence into practice: creating change and capacity building’.
- To contribute to the dissemination of this evidence and the results of strands I and II throughout the European Union

Resulting in the following deliverable:

- Findings and results on the pre-elected topics will be published in a special issue (Reviews of Health Promotion Effectiveness) of the IUHPE’s international quarterly journal, Promotion & Education (P&E).

The subcontract holder and strand leader was the International Union for Health Promotion and Health Education (IUHPE) with Mrs. Catherine Jones as project manager.

Apart from the Getting Evidence into Practice project, strand III was linked to another important multi-partner project: the IUHPE Global Program on Health Promotion Effectiveness (GPHEP), consisting of seven regional projects with a variety of professionals/institutional partners.
2.3.2 Working process of strand III  

(See also annex 1 for a work plan overview)

The work was carried out by the project coordinator, in coordination with the lead authors, the members of the Project Advisory Team (PAG) and the involvement of the GEP steering group and members.

The authors involved were:

- Dr. Karen Slama, International Union against Tuberculosis and Lung Disease, Paris, France: Chapter on Tobacco Control.
- Dr. Eva Jané-Llopis, Department of Clinical Psychology & Personality, Radboud University Nijmegen, the Netherlands: Chapter on Mental Health.
- Dr. Spencer Hagard, London School of Hygiene and Tropical Medicine, London, UK / Dr. Maurice Mittelmark, University of Bergen, Norway: Chapter on Health Promotion Infrastructures.
- Dr. Viv Speller, Health Development consultant: Chapter on Evidence into Practice.

In this first phase of the project, action was undertaken to ensure coherent communication about the project to the PAG and GPHPE and the wider IUHPE Network, the completion of the outline and first drafts of the chapters by the authors, the presentation of the drafts to various peer groups for input (for instance at the World Conference on Health Promotion and Health Education, 26-30 April in Melbourne) and the circulation of the draft to the regional and global partners.

The process consisted of identification of critical issues and outlines using IUHPE’s blueprint methodology; engaging other contributing authors and partners in articles to convey the broad European spectrum; bringing attention to the historical aspects, current situations and future perspectives; highlighting the European value-added, whilst drawing upon the experiences and knowledge from other parts of the world.

During the September/October strand meeting), and the pre-conference Stockholm meeting May 2005, the authors had the opportunity to be informed of the progress in the strands and became aware of the items covered. The project members and partners were informed of the outlines of the author papers.

Those present agreed on the need to synchronise the work of the strand III authors with the work of the other two strands. The chapters on Mental Health and Tobacco Control had links with strand I (Review protocol) and the chapters on Infrastructure and Policy with strand II (Guidelines).

The comments and feedback was incorporated and revised versions were circulated to key groups for a last round of review in order to write expanded summaries for each chapter and other key contributions commissioned for the special issue.
2.3.3. Result/deliverable of strand III and dissemination

The deliverable of strand III consists of a special issue of the IUHPE’s journal Promotion & Education (P & E). (see annexe 14).
This special edition, printed in four languages is called: The challenge of getting evidence into practice: current debates and future strategies. It contains acknowledgements and presentation of project strands, team members and partners, an editorial and 8 articles (5 scientific articles/reviewed topics, 3 being more reflection pieces or commentaries) on the following items:
Current agenda; Technical issues; Reviews of evidence; Capacity building; Future action.
In developing the contents besides the four main authors (Eva Jané-Llopis, Maurice Mittelmark, Karen Slama and, Viv Speller), the GEP steering group members, the leaders of Strands I and II, other global partners and interested stakeholders, the guest Editor Hans Saan and Communications specialist Angela Scriven were involved.

In the European region, the publication was launched at the 6th IUHPE European Conference on the Quality and Effectiveness of Health Promotion (June 1-4, 2005, Stockholm). All GEP project steering group members, participants, team members and partners received a copy. Moreover, there will be a special campaign in England with 500 copies earmarked for National Institute for Health and Clinical Excellence as well as in Spain with 500 copies earmarked for the Spanish Ministry and electronic copy on their national health promotion website (www.sipes.es).
Globally, over 2500 copies are sent out to all IUHPE members and P & E Journal subscribers. It will be sent to all partners and members of the Global Programme on Health Promotion Effectiveness and a PDF version will be highlighted on the homepage and available on the IUHPE’s website (www.iuhpe.org) in publications section.

2.4. Meetings during this project phase

The involvement of the strand holders, project team members and partners has been a major objective of the first months and the NIGZ as an overall project leader took the lead in this project phase. In the first months all parties involved have been contacted again and informed of the project (by means of a summary document of the project/information packages) and preparatory meetings and actions were organised with strand holders and EuroHealthNet.

In the course of the project 4 steering group meetings (NIGZ as a coordinating party, EuroHealthNet and the strand holders KTL Finland, VIG Belgium and IUHPE) were organized.
The Steering Group Meetings were if possible organised preceding the three plenary strand meetings with the associated beneficiaries/member organizations.
In the course of the project the project leader had also several work meetings with the strand holders of strand I and II at the NIGZ, Woerden, VIG (Brussels) KTL Finland (Helsinki) and with EuroHealthNet (Brussels) in order to keep up with the working process.

2.4.1 Steering Group meetings (see annex 15)

During the ‘Kick-off meeting’ from 31 March – 1 April 2004, the Steering Group consisting of contract and subcontract holders/strand leaders took the opportunity of getting to know each other (better) and working together to obtain clarity on all aspects of the working plan. The first day the group focussed on the content of the project and discussed the clarification of the revised project plan in relation to fewer funding sources than initially foreseen. Aims and deliverables were also specified and refined in accordance with the changed ambitions. Responsibilities and tasks of the main beneficiary, strand holders, project members and project partners in relation to the necessary work process and communication, were established.

The second day organisational aspects were discussed, like the elements of the contract and the project budget. It was decided to reduce travel expenses by organising combined meetings at the same time and in the same location (Woerden). It was also decided that the NIGZ will be the budget holder for travel and subsistence costs. The intention was expressed to look for the possibility to set money aside for the benefit of those countries that cannot pay for their participation in the Stockholm conference of 2005. This 6th IUHPE European Conference on the ‘Effectiveness and Quality of Health Promotion: Evidence for Practice’ was clarified by Mona Lakso (conference manager) and the possible input from the Getting Evidence into Practice project was outlined. Also, the outline for the application for a second project phase (Implementation and Sustainability) under the Public Health Programme was discussed and later worked out by the NIGZ in collaboration with EuroHealthNet and in communication with the strand holders. A 2.5 year project was intended with a focus on capacity assessment and capacity building to ensure and maximise the implementation of the deliverables/instruments of the project. Unfortunately, although this was considered to be a good proposal, it was rejected in this phase.

Issues at the second Steering Group meeting (organized 29 September 2004) were:

- The communication between the strands
- The website and Newsletter as supportive elements
- The publication plan for scientific articles
- The decision to look for another submission for a second phase grant with the European Commission with a focus on capacity assessment, capacity building and allocation of resources to accession countries (possible DG Sanco or ERA-NET?)
- The development of a communication plan
- The need for a long-term strategy
- The evaluation of the project
Principles on data storage and publications with aspects like confidentiality, ownership, filing of information and publications rules and authorship resulting in a guideline document (annex 16).

During the third Steering Group Meeting on February 2, 2005 apart from the minutes, practical aspects of the coming plenary meetings, the recent submitted technical interim report and the publication plan were discussed. Also the use of the communication channels (Website and Newsletter) were discussed.

Comments on the Analysis Evaluation report on the September meeting made by Marina Grishchenko (on behalf of Prof. Klazinga, Amsterdam University) based on findings of the questionnaire and her presence during the September meeting were also discussed: suggestions and remarks for the future questionnaire were formulated.

A separate meeting with Prof. Klazinga was arranged after the meeting to put the evaluation process in perspective.

Another topic was the general outline contents for the special issue of strand III: Reviews of Health Promotion Effectiveness of the IUHPE's international quarterly journal, Promotion & Education (P&E).

A possible strategy for the involvement of new organizations in the next phase of the GEP project, using a communication strategy through direct EuroHealthNet channels and external channels was discussed (annex 16).

Also possible actions to take in order to come up with an application for a second phase (deadline April 2005) were considered.

The input from the Getting Evidence into Practice project for the ‘Best Practices for Better Health’ conference an international health promotion and public health conference on 1-4 June 2005 as the sixth in the International Union for Health Promotion and Education's series of European health promotion effectiveness conferences, was also talked over.

It was decided to look for possibilities within the budget to organize an extra plenary pre-conference (strand meeting) prior to the Stockholm conference and to look for possibilities to facilitate participation of possible new countries and countries with lesser means to participate.

Another important discussion point related to the project budget was related to the extra analysis work done by the strand holders of strand I and II and the organisations of extra meetings and feasibility/consensus testing activities. (The financial implications and new calculations of the project expenses were discussed with Mr. Marc van Welsenaers and Mrs. Zinta Podniece on the 9th of March 2005 in Luxembourg).

The last Steering Group Meeting was held on Friday 30th September 2005.

This meeting was partly aimed at looking back on the project and on taking care of the necessary activities in order to finalize the project and deliverables and on looking towards the future: what follow up activities are possible? With regard to these aspects topics were the financial update on the project, the outside evaluation report and conclusions/learning
points from the different strands and stakeholders and activities concerning the finalization of the project and the dissemination of the results. It was decided that for the time being and with regard to a further orientation on the possibilities for another application in 2006, the steering group will continue to exist for the time being.

2.4.2 Plenary strand meetings (see annex 18)
The first plenary strand meeting was held on Thursday 30 September and Friday 1 October, 2004.
During this two-day meeting the project organisation and the responsibilities of the different parties were clarified. Participants discussed the objectives of each strand and the work implemented so far and could provide feedback on the results. Project team members and partners listed their assumption about their roles like contributing to the process, acting as a reflection group, playing an active role in the Delphi method, assisting in consulting broader professional network in countries, taking part in the testing of the protocols and contributing to the dissemination of the deliverables.
Furthermore, the project website was launched (see enclosure 19 Manual GEP website).

The second plenary strand meeting 3-4 February 2005, also in Woerden, the Netherlands, started with a welcome to new participants and a look back on the first evaluation report by the Department of Social Medicine of the Academic Centre of the University of Amsterdam (outside evaluation) (see annex 21).
Firstly, Hans Saan NIGZ senior advisor, sketched in his plenary introduction a framework for reference for ‘Getting evidence into practice’.
Secondly, the work so far of each strand was presented and discussed. For strand I and II this meant primarily the explanation of the theoretical concepts, the search strategies and the results of the inventory phase on the existing tools (review protocols and guidelines). For strand III, the proposed contents for the special issue on the Getting Evidence into Practice Project was presented as well as the draft-versions of the topic specific articles.
The plenary discussion focussed also on the possible links and synergy between the different strands.

Furthermore, Strand I and II held separate workshops with ‘their’ countries members and partners as part of the brainstorm and consensus process. Functions, target audience, and preliminary criteria and clusters and structure and outline of the instruments were discussed as well as the procedures for the coming feasibility/pilot testing and Delphi rounds. Also the (provisional) programme of the Stockholm conference was presented. It was concluded that the Getting Evidence into Practice project was well represented and has a high profile in the form of keynote speakers, presentations and workshops. At this stage there was clarity about acceptance for most contributions and submitted abstracts. With regard to the Stockholm conference the intention to organize a pre-conference extra project meeting was also communicated.
Finally, a possible outline for a balanced proposal for funding a second phase of this project, running for 2.5 years (August 2005-January 2008), working with a central co-ordination (from the NIGZ) and two strands (reviews and guidelines) was presented followed by a general discussion and suggestions from the participants.

The last plenary strand meeting was the so-called pre-conference Strand meeting, held in Stockholm on Tuesday 31 May, 2005 (13.00-18.00 pm) and Wednesday June 1 2005 (9.00-12.00 am).

At this meeting 45 persons were present among them representatives of countries and organisations not yet involved in the project but interested in the deliverables and/or in a possible follow up phase like Estonia, Slovenia (2x), Ireland, Hungary and Austria. Also invitees from IUHPE’s Global Programme of Health Promotion Effectiveness, were present.

Agenda of the first half day meeting:
- short introduction of participants
- brief ‘looking back’ on GEP phase one
- presentation and discussion on work process, tools and deliverables of the three strands
- subgroup meetings strand I and II after their presentations as part of the consensus
- optional informal gathering for newcomers and interested (in second phase) partners
- plenary feedback and conclusions of the subgroups
- evening dinner.

The second half day meeting focussed on the:
- Presentation and discussion of the (interim) evaluation of the GEP project.
- The proposal submitted at the EC for the follow up project: implementation and sustainability.
- Questions and discussion on a possible long term GEP strategy.
- Reflections by Hans Saan, senior advisor NIGZ/GEP steering group member.

2.5. Visibility, communication and dissemination

2.5.1. Collaboration with EuroHealthNet (see annex 16)

The GEP project benefited clearly from a close collaboration with EuroHealthNet, the European Network of national Public Health and Health Promotion Agencies, based in Brussels. EuroHealthNet in collaboration with the NIGZ worked on the visibility and communication and reflected on ways to enhance the dissemination:

Many of the GEP project partners are also members of this network. This means that the GEP project could make use of, and was embedded into, the existing EuroHealthNet infra-
structure of e-newsletters, website and annual meetings of the General Assembly. The EuroHealthNet office supported the GEP project in several ways.

The project leader discussed with Caroline Costongs (EuroHealthNet) several times the communication and PR aspects of the Getting Evidence into Practice project and the outlines for an expansion plan beyond the current members and partners (see annex 16).

Coordination support
EuroHealthNet staff assisted NIGZ in their coordination tasks, in particular with respect to EC regulations. EuroHealthNet took part in the steering group meetings, commented on draft reports, supported the preparation of an EC application for a second phase of the GEP project (for the 2004 and 2005 call for proposals) and contributed to the organizing committee of the Stockholm conference. The work programme for the second phase was presented and discussed at the last GEP project meeting in Stockholm.

Partner involvement
The office identified and contacted potential new agencies, in particular in the new EU member states, which would be interested to join the GEP project. As a result of this acquisition statutory agencies in 8 countries, that were not yet part of the GEP initiative, decided to participate in a follow up phase of this project: Slovenia, Lithuania, Iceland, Ireland, Poland, Northern Ireland, Hungary and a second agency in Estonia signed up for GEP II.

Advocacy for evidence
EuroHealthNet staff presented on the GEP project at a meeting of the EU Network of Competent Authorities in regard to the health information unit of DG SANCO in July 2004, Luxembourg. This network exists of health information experts from each member state. Contacts were made with HEN (WHO Health Evidence Network) who was also presenting their work in this field.

In addition, EuroHealthNet, in responding to the EC reflection process for a new EU Health Strategy (autumn 2004), argued for the need to develop a strong evidence base for successful health promotion interventions. Similar messages were integrated in another response to the consultation of DG Research for FP7, in which we stressed for more public health interventions research.

Visibility
One of the main objectives was to ensure a high visibility of the GEP project in Europe, particularly in a later stage when first outcomes can be shown and disseminated. Information and news on the GEP project was disseminated via the EuroHealthNet website and information channels, such as the Health Highlights and Action Memo. For more information, please find the communication and dissemination strategy in the Annex. EuroHealthNet will
ensure a further dissemination of the project main tools (Review Protocol and Quality Assurance Tool) beyond the project period.

Website www.nigz.nl/gettingevidence.
The website of the Getting Evidence into Practice project was launched by the NIGZ. This website has two functions: A) to inform the general public and interested parties about the aim, the objectives and deliverables of the project and about the institutes and countries involved. For this function the website has a public part. B) to facilitate the communication between the coordinating organisations, the different strands and the project team members/partners as well as to facilitate the working process. For this function the website has a protected area, meant for use by involved members and partners only. (See annexe 19 Manual website).

Newsletter (see annex 20)
Newsletters were produced regularly (numbers 1-8) with a special edition concerning the Stockholm Conference (June 2005). The comments in the evaluation report (annexe 21) show that the newsletter was highly appreciated members as communication channel.

Sustainability
In addition to the preparation of two applications to DG SANCO, EuroHealthNet explored opportunities in DG RESEARCH. FP6 Priority 8 calls were closed, but there were promising possibilities in ERA-NET, which was more evolving towards the funding of policy related networks. The idea was to set up an ERA NET consortium including a follow-up to GEP, embedded into a broader programme to develop public health intervention research expertise across Europe (including the strategic planning and design of joint research programmes). Unfortunately, it became clear that most of the project partners would not be eligible for this type of funding.

Another opportunity was to develop a EU wide Capacity Building project, which could take forward the GEP Phase I deliverables. However, after discussions with NIGZ and at the AGM in Paris 2005, it was decided to submit one GEP-II application and a separate reduced capacity building project to the new 10 EU member states. The latter project (which was accepted) will give EuroHealthNet the opportunity to take some of the GEP results forward, although on a much smaller scale. A Special Interest Group (SIG) will therefore be created to continue the work on the evidence issues, on an informal basis, within the EuroHealthNet context, possibly in collaboration with IUHPE.

2.5.2. Wider dissemination

As part of the wider communication and dissemination of the insights of Getting Evidence into Practice project the following activities took place:

• A workgroup session Getting evidence into practice was held by Gerard Molleman
(NIGZ) and Anthony Morgan (HDA) at the Melbourne Conference (IUHPE global congress) in April 2004, organised by the European Region IUHPE.

- Dr. Antti Uutela presented the tentative conceptual map (of strand I) on collecting and defining evidence (created by Sanna Räty and Arja R. Aro) in his Irmela Florin keynote lecture at the International Society of Behavioural Medicine Conference in Mainz, 23-24 August 2004, which attracted over 800 participants from over 50 countries.

- Dr. Arja R. Aro has presented the framework of strand I at various international meetings (e.g. the Seminar of International Finances and Resources in Public Health Organisations, Riga, Latvia, March 2004, and the Education and Training Workshop in Behavioural Medicine in Eastern and Central Europe, Budapest, August 2004).

- Project coordinator Sanna Räty was in contact with Prof. Haiko Weller, Chair of the Health Promotion Section of the European Public Health Association (EUPHA) to discuss the possibility of including GEP/strand I in the EUPHA 2005 annual conference workshop programme in Graz.

- The General Assembly held a policy seminar in Brussels on 7 and 8 December 2004 titled Building partnership for health. The aim of this policy seminar was to seek greater collaboration between National Public Health & Health Promotion Agencies and different DG’s of the European Commission in efforts to strengthen health in relevant EU policy areas. The meeting offered a platform to present the Getting Evidence into Practice project, a possible next phase and an outline for a long term strategy. From the Getting Evidence into Practice project Gerard Molleman, Stephan Van den Broucke and Caroline Costongs attended.

- Jan Bouwens (project leader) and Sanna Räty (researcher KTL Finland, strand holder strand I) attended a meeting of the Public Health Evidence Steering Group in London on October 28/29, where relevant topics like levels of evidence in HP research and the collaboration between HP and research were raised.

- By invitation of the University of Perugia/Experimental Centre for Health Education Jan Bouwens lectured in August 2005 a plenary session on “Getting Evidence into Practice: The European Path for the ETC-PHHHP EUMAPH Summer course.

- During the work process strand I and II made contact with valuable persons/organisations as ‘affiliated partners’ for this and possibly a next phase of the project. These partners include the Cochrane Health Promotion and Public Health Field in Australia, the National Center for Health Services in Oslo, The EPPI-Centre in London, IDM Canada and several developers of review and quality assurance instruments.

- Contact was made with Mrs. Anca Dumitrescu from WHO Health Evidence Network (HEN) about possible future collaboration on ‘getting evidence into policy’ and involvement of the HEN in a possible follow-up phase.
As part of dissemination of the deliverables after the project period the following future action and plans can be mentioned:

- The deliverables will be printed in a uniform outlook, put together in a recognizable (GEP/EC logos) cover, mentioning that it is the first version. (5 copies of each to the EC, 2 of each deliverables to all partners/members and interested parties).
- All deliverables will be available from the websites: GEP, IUHPE, EuroHealthNet.
- After the dissemination of the two tools will take place, Arja Aro will contact KTL about financial possibilities for validating the review protocol of strand I.
- Strand II which has produced a users’ manual (12 pages), A-3 size EQUIP model, which will be distributed widely from the NIGZ and through the website. This summer Strand II had a special meeting in Leuven, Belgium, with a number of European institutes using QA tools and discussed how to deal with the EQUIPH tool and how to integrate it nationally. In the future.
- Strand III (IUHPE) will keep on disseminating the supplement worldwide (conferences, training courses, etc). The next European IUHPE conference is October 2006, Budapest, Hungary.
- EuroHealthNet will take the tools forward through their network of national agencies, they have their next meeting in Spring 2006.
- Future dissemination will/can also take place by way of direct activities such as training courses (Arja Aro in October 2005, Finland) and December 2005 in Bangkok. The tools after definitive validation, can also be launched at the Nordic conference, June 2006.
- Although the GEP project ends officially. The Steering Group being, in actual fact dormant, would like to stay active in exchanging developments, news and information. The EU will publish its concept Workplan 2006 and programme on Health Promotion and Education in November. The next call for proposal is expected in Early 2006. Within the steering group suggestions for a possible application will be discussed.

2.5.3. Dissemination intentions of members and partners

The members and partners involved in the project have formulated concrete plans to use the tools and the findings such as:

- Translating the EQUIHP, plus its manual and/or the review protocol
- Present the GEP project, the results of the consensus process/deliverables at national or international conferences/symposia/lectures, national board of health meetings, organize meetings for relevant internal and or external stakeholders
- Implement the tools within their own context, continuous internal feedback on project progress and Delphi-rounds to and from colleagues, discussing the instruments, exchange with counterparts, discuss them with heads and integrate them in the working process of researchers and HP-professionals for planning and assessing the
2.6 The conference Best Practices for Better Health (Stockholm)

2.6.1. Introduction

Best Practices for Better Health was the 6th IUHPE’s European Conference on Effectiveness and Quality of Health Promotion which took place on 1-4 June 2005, Stockholm, Sweden, and was organised in cooperation with the Swedish National Institute of Public Health. This conference focussed on presenting and discussing evidence of effectiveness for what may be the best practice today and tomorrow, thus updating the knowledge base for health promotion and health policies.

2.6.2. Organization

The Swedish National Institute of Public Health (SNIPH) organised the conference in cooperation with International Union for Health Promotion and Education (IUHPE). A conference organisation and a conference project manager were appointed. Working and advisory committees were established at the SNIPH.

The Scientific Committee at SNIPH: The working group was responsible for the programme development which included to:

- Develop the scope and theme of the conference of important strategic interest
- Submit an outline and for the plenary sessions to be addressed at the conference
- Set up criteria for submitting and evaluating abstracts
- Propose speakers to reach a fair gender balance and geographical distribution
- Monitor the progress of the Steering Group Committee and Organisational Secretariat
- Plan for dissemination of the conference outcomes.
The GEP project management’s main role was to organise, plan and give advice on all practical aspects and to coordinate the work at SNIPH and within the external Committees. These activities included: budget; proposal of venue for the conference; conference accommodation and facilities; technical equipment and technicians; conference administration; logo for the conference; design and development of the conference website; printed matters; marketing and dissemination activities; guidelines for speakers; co-operation with external conference bureau; minutes of Committee meetings; evaluation of the conference and a final report to IUHPE and GEP.²

The project management was involved in all working groups at the SNIPH. The Steering Group Committee at the SNIPH had meetings regularly to monitor the progress of the working groups. The role of the Steering Group Committee was to give advice, participate and contribute actively in planning and organising the conference, with respect to content, design, structure, marketing and dissemination. This included following activities:

- to establish an on-line system in order to assess the abstracts submitted
- to notify abstract authors
- to recruit and send invitations to all conference speakers
- to organise how the programme would be delivered; workshops, oral sessions and poster sessions
- to arrange media activities
- to apply for funding for participants from Eastern Europe and Middle East
- to encourage and organise side meetings

The Organisational Secretariat was responsible for following:

- social programme
- organisation of the hostesses/hosts
- congress secretariat at the venue
- web corner at the venue
- exhibition
- all practical details such as signs, conference bags, folders, name tags etc

The Congress Secretariat. The hostesses/hosts assisted at the lecture rooms, the exhibition hall, the poster sessions and at the secretariat at the venue.

² The final report was at the moment of writing this technical end report not yet available but will be ready at the beginning of November. It will be forwarded as part of the project deliverable.
2.6.3. GEP project presentation at the Stockholm conference.

The conference served as a useful platform for discussion on and exchange of the findings and deliverables of the Getting Evidence into Practice project, a means to inform other interested parties and initiatives and an opportunity to formulate concrete plans for a second phase which could focus on implementation and capacity-building aspects.

- The plenary session consisted of three presentations: Gerard Molleman (NIGZ, Netherlands), Getting Evidence into practice: Perspective, lessons learned and steps for the future; Arja Aro, (KTL, Finland) Evidence for practice: a European protocol to review health promotion evidence and Stephan Van den Broucke (VIG, Belgium) Practice built on evidence: guidelines and quality tools for European health promotion projects. David McQueen (CDC US / IUHPE GPHPE Leader and VP for Scientific and Technical Development) commented from the perspective of the IUHPE global health promotion effectiveness programme and experiences in the US. The discussion was chaired by the project coordinator Jan Bouwens.

- Several workshops and presentations from the strands took place for an average of 25 Persons, also oral presentations were held by strandholders, project leaders and members.

Strand I:
⇒ Workshop Getting Evidence into Practice – Consensus-based review protocol for Health Promotion
⇒ Oral presentation Getting Evidence into Practice – Existing review protocols in Health Promotion/Public Health
⇒ Poster / oral poster / oral presentation Getting Evidence into Practice – A conceptual map for collecting and defining/analysing evidence for health promotion
⇒ Workshop Getting Evidence into Practice – Practicing the use of the consensus-based review protocol

Strand II:
⇒ Workshop The development of a European consensus-based quality assurance instrument
⇒ Workshop The quality guideline experience: working with a European consensus-based quality assurance instrument
⇒ WorkshopGetting evidence into practice: raising competence and capacity
Strand III
⇒ Workshop: Infrastructures available or needed for health promotion in different European regions
⇒ Workshop on the challenge of getting evidence into practice (within changing environments)

‘Strand-independent’ workshop from the GEP project:
⇒ ‘Knowledge management for health promotion by Hans Saan and Willy de Haes.

2.7. Outside evaluation

2.7.1 Introduction

Prof. Dr. N.S. Klazinga (international expert in evidence and quality at the Department of Social Medicine of the Academic Medical Centre of the University of Amsterdam) contributed to the evaluation of the project. In this context the current and future documents of the project were be studied, strand meetings were attended/observed and project members and partners were be interviewed. The focus was on the consensus and prospect of consortium building.

This Final Evaluation Report (annex 21) provides an overall discussion of advancements of the project ‘Getting Evidence into Practice’. This Report is supplemented by the three interim evaluation reports and background evaluation materials that are presented in appendixes.

It reflects on and evaluates the project activities and concludes on their overall success. The Report presents the overview of performance during the project lifetime along the criteria of effective management, communication and strong collaboration; the evaluation of the instruments’ developmental process along the criteria of scientific rigor and reached consensus; the opinion of the project stakeholders on the project overall and the achieved results. The Report finally concludes on the project success based on the overall evaluation criteria set out for the project: The project runs to budget and on time, the project presents its promised deliverables and products, the project establishes lasting collaboration, the project disseminates the results widely.

Summary conclusions with regard to key themes of the Project Evaluation:

For the co-ordination and information management issues, it is possible to conclude that the project was professionally managed and coordinated. There was a strong focus on the continued communication between all stakeholders. Clear, logical, effective and timely information management system has been developed. It was
enabling the active involvement and close collaboration of all project stakeholders. A supportive and enjoyable working environment created in the project became an additional advantage. The project stakeholders gave a positive appraisal to the project coordination.

Project aspects mirror important components comprising effective collaboration. The project stakeholders showed commitment to the overall project goals and demonstrated a substantial interest in working on the project. To realize the project goals and aims the participants co-operated closely. The established communication system facilitated exchanging views, ideas, knowledge and experience. Despite that the strategic decisions were made by key project stakeholders, there was still a room for discussion and negotiation. Lastly but not less important the project participants stated they enjoyed working together and would appreciate the opportunity to continue working on the project in the future. The project also produced some lasting collaborations, which may reinforce the future success of the project by enabling successful adaptation of produced instruments throughout Europe.

There was an overall positive feedback on the Delphi rounds from the strands team members and partners. The friendly working environment created by strand coordinators was highly appreciated. The organizational side of the rounds received positive appraisal. The participants found the assignments and instructions to be clear and well developed, but timetable to be rather short. The team members and partners observed their comments and feedback being appropriately reflected in the deliverables. The core teams of the strands were generally satisfied with the feedback received. They found it useful for the development of tools despite a variation in the content and quality of the feedback across the countries due to the difference in knowledge, experience and topics of interests. The overall impression was that of convergence of individual positions towards a consensus in the developed instruments. Thus the analysis of the process of the instrument development clearly shows that both strands demonstrated their proficiency in using Delphi technique in their work. That gives a solid ground to conclude that the strands have reached the aim to develop the instruments based on the principles of scientific rigor and reached consensus.

With regard to the project stakeholders’ prospective on the project achieved results, the project stakeholders believe the project has reached a success from many points of view. The project is seen as worthwhile since it has both theoretical contribution and practical relevance. Some stakeholders observe a demand for developed tools in their national HP practices; others stress the importance of EU-level instruments for the purposes of transferability, accountability, and comparability. It is felt the GEP-tools are contributing to filling that gap. Another advantage, is the close collaboration and the high level of involvement of all participating parties. Taking part in the project has become a substantial learning experience for some participants. For others it has facilitated a network building effect. Looking into the future, the project stakeholders
believe that the project has a good sustainability chance; however a lot of work is yet to be done to assure the wide application of the project results. It is necessary to note that throughout the project duration it was repeatedly stressed that given resources available in terms of time and money it was not feasible to produce tools completely ready for immediate implementation in various settings.

**Budget and timing:** there is a related concern that many project stakeholders indicated having to allocate more time than was originally planned in order to accomplish project goals in time. Overall it is expected that the project will be competed in time, and there are no indications of imminent major delays.

**The evaluation on multiple occasions noted the project stakeholders' positive attitudes towards the lasting collaboration.** In particular, stakeholders esteemed the benefits of joint work, were willing to participate should the project be extended to Phase II, and some have preliminarily reported on long-term cooperation plans. This suggests that the project has good chances of triggering a lasting partnership among current stakeholders.

**Wide dissemination of the results** is another long-term dimension of the project performance. In the course of the project the stakeholders showed high interest in its expected results, indicated their possible acceptability either as a part of the national practice, or for the purposes of EU-level harmonization. Some stakeholders planned to contribute to the dissemination of the results regardless of the approval of the Phase II, while others indicated the contingency on approval, or were looking to receiving the final deliverables before making their dissemination plans. Observed high level of involvement, strong collaboration and willingness to continue to be a part of the project suggest the project has a good chance to sustain. While overall the project results have reasonable chances of wide dissemination and application, these are compromised if the Phase II of the project is not implemented.
**Getting Evidence into Practice Project (GEP),**
*(Evidence Consortium), EC Grant agreement no 2003123 (790841)*

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</tr>
<tr>
<td>22</td>
<td>Address list partners/members network</td>
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