

# JA Chrodis

## Assessing practices on the prevention of chronic diseases



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# DEFINITION OF ASSESSMENT CRITERIA FOR HEALTH PROMOTION PRACTICES

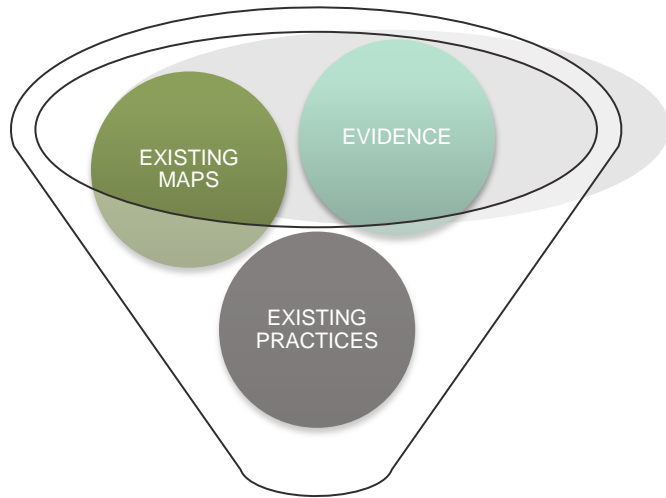
Delphi-RAND modified panels



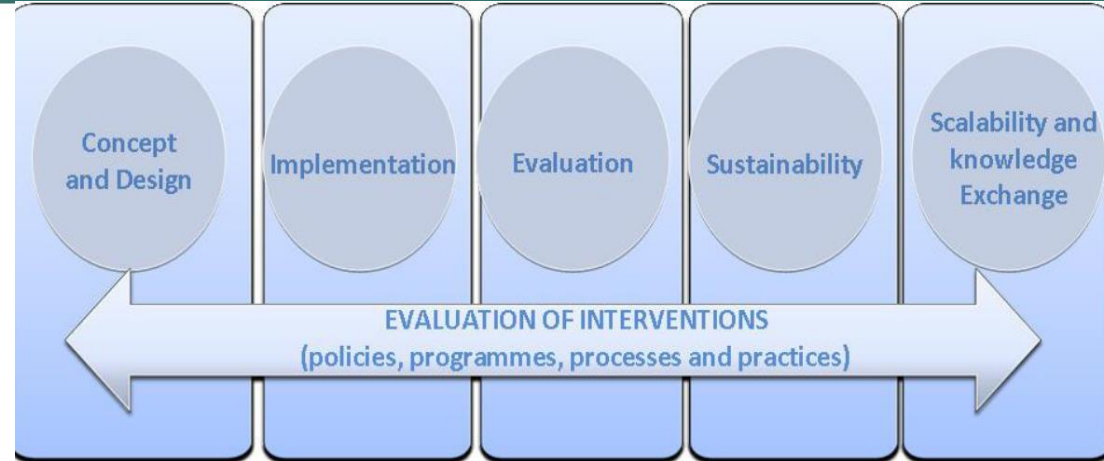
# Development of assessment criteria

- Review of existing literature and portals
- Building a conceptual map of domains and criteria
- Building an on-line questionnaire
- 1<sup>ST</sup> on-line round – Relevance (26 persons)
- 2<sup>ND</sup> on-line round – Priority (23 persons)
- Face to face meeting – scale and weights (14)
- Final list of assessment criteria

# Background material feeding experts discussion



CONCEPTUAL MAP  
Domain, criteria and questions



- EQUIHP
- SUCCEED
- Quint-Essenz
- CDC Evaluation Frame work

# Domains & criteria (16 domains and 57 criteria) (Delphi on health promotion and primary prevention)

- Length of the experience
- **Comprehensiveness**
  - Addresses several risk factors at the same time
  - Addresses several determinants of health at the same time
  - Aligned with a policy plan at any decision level
- Multi-stakeholder approach
- Ethical considerations
- Adequacy in terms of capacity and
- Equity
- Target group
- Empowerment and participation
- Sustainability
- Scalability
- Innovation

# Expert panels

1. **Round 1:** 34 experts are invited and 26 completed (12 men, 14 women)
2. **Round 2:** 23 experts completed the 2<sup>nd</sup> round (10 men, 13 women)
3. **Face to Face:** 14 experts: (3 men, 11 women)
4. Different countries (Belgium, Bulgaria, Denmark, Estonia, Germany, Greece, Iceland, Ireland, Italy, Netherlands, Portugal, Serbia, Sweden and United Kingdom)
5. *Experts: clinician, academic, policy, advocacy*

# QUESTIONS FIRST ROUND 57 ITEMS

## SECOND ROUND 40 items

3 - The intervention addresses several risk factors or determinants of health at the same time

1 2 3 4 5 6 7 8 9

Not relevant at all

Highly relevant

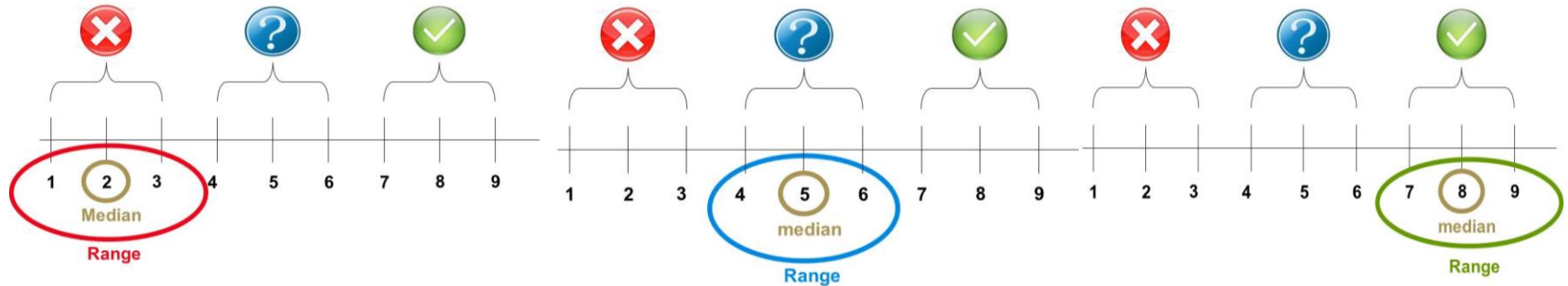
1 - The intervention is aligned with a comprehensive approach to health promotion

1 2 3 4 5 6 7 8 9

Lowest priority

Highest priority

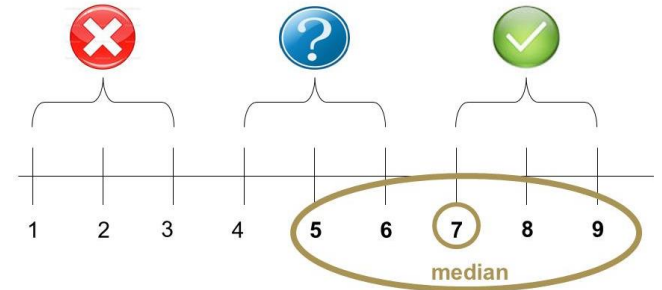
# Items selection: value and agreement



**Face to face:** high relevance/priority (median 7 to 9) and high level of agreement (median +/- 1).

**Reassess:** high relevance/priority with low level of agreement

**Drop:** median (median 4 to 6) and low relevance/priority (median 1 to 3) with high/low level of agreement.



No agreement reached



# Examples of excluded items round 1

## 1 Length of experience threshold

- Implemented minimum length of time

## 3 Context and determinants analysis

- A comparison to existing alternatives has been carried out and includes economic analysis (e.g. cost effectiveness analysis, cost minimisation analysis, cost utility analysis)

## 16 Innovation

- The intervention implements new ways of funding coordination across key separate institutional and community instances/resources

# Reassessment of items with no consensus

## 2 Context and Determinants analysis / Evidence

- Theoretical basis of the intervention are provided:  
description of the chain of causation

## 6 Target Population

- Specific characteristics and strengths of target population/s are documented

## 13 Sustainability

- The continuation of the project is ensured through follow-up funding and human resources

# After round 1 and 2 *14 domains and 43 criteria*

- Comprehensiveness of the intervention
- Context and Determinants analysis / Evidence
- Aims & Objectives
- Description of intervention strategies and methods of implementation
- Equity
- Target population
- Empowerment and Participation
- Multi-Stakeholder Approach
- Ethical Considerations
- Adequacy, capacity and resources
- Participation and structural commitment
- Evaluation
- Sustainability
- Scalability

# Face to face meeting

- Reformulation/specification/  
merging criteria
- Priority setting
- Weighing criteria (distribution  
of 100 points)



## Health Promotion and Primary Prevention

| <i>NEW Criteria name</i>                     | <i>Criteria Weight</i> | <i>Categories</i>  | <i>Category Weight</i> |
|--|------------------------|--|------------------------|
| <i>Equity</i>                                | 13                     | In implementation, specific actions are taken to address the equity dimensions.  | 50                     |
|  |                        | In design, relevant dimensions of equity are adequately taken into consideration and are targeted (i.e. gender, socioeconomic status, ethnicity, rural-urban area, vulnerable groups).   | 40                     |
| Total must equal 100                         |                        |  | 100                    |
| <i>Comprehensiveness of the Intervention</i> | 12                     | The intervention has a comprehensive approach to health promotion addressing all relevant determinants, (e.g. including social determinants) and using different strategies (e.g. setting approach).   | 50                     |
|  |                        | An effective partnership is in place (e.g. multidisciplinary, inter-sector, multi- and alliances).   | 30                     |
|  |                        | The intervention is aligned with a policy plan at the institutional, local, national and international level.  | 20                     |
| Total must equal 100                         |                        |  | 100                    |
| <i>Description of the practice</i>           | 12                     | The design is appropriate and builds upon relevant data, theory, context, evidence, previous practice including pilot studies.   | 50                     |
|  |                        | The design thoroughly describes the practice in terms of purpose, SMART objectives, methods (e.g. recruitment, location of intervention, concrete activities, and timeframe (sequence, frequency and duration).  | 50                     |
| Total must equal 100                         |                        |  | 200                    |
| <i>Ethical Considerations</i>                | 11                     | The intervention is implemented equitably; i.e. proportional to needs.   | 47                     |
|  |                        | Potential burdens, including harms, of the intervention for the target population are addressed.   | 31                     |
|  |                        | The intervention's objectives and strategy are transparent to the target population and stakeholders involved.   | 22                     |
| Total must equal 100                         |                        |  | 100                    |
| <i>Evaluation</i>                            | 11                     | There is a defined and appropriate evaluation framework assessing structure, process and outcomes considering, e.g.: the use of validated tools and/or the results of evaluation are linked to actions to reshape the implementation accordingly and/or the intervention is assessed for efficiency (cost versus outcome). | 25                     |
|  |                        | Evaluation results achieve the stated goals and objectives.  | 25                     |
|  |                        | Information /monitoring systems are in place to regularly deliver data aligned with evaluation and reporting needs.  | 25                     |
|  |                        | The intervention is assessed for outcomes, intended or unintended.   | 25                     |
| Total must equal 100                         |                        |  | 75                     |

# Final set of criteria

- Equity
- Comprehensiveness
- Description of Practice
- Ethical considerations
- Evaluation
- Empowerment/  
participation
- Target population
- Sustainability
- Governance and Project  
management
- Potential of Scalability and  
Transferability



# JOGG approved with the criteria

| Criterion                                      | Score |
|--|-------|
| • Description of the practice                  | 7,50  |
| • Target population                            | 7,65  |
| • Equity                                       | 9,75  |
| • Empowerment and participation                | 7,49  |
| • Comprehensiveness of the intervention        | 12,00 |
| • Ethical considerations                       | 8,84  |
| • Evaluation                                   | 8,93  |
| • Sustainability                               | 7,20  |
| • Governance and project management            | 5,77  |
| • Potential of scalability and transferability | 4,54  |
| • Total  | 79,67 |

- Is it a good score?
- Are we a best practice or a good practice? (Best practice)
- Is our score on Governance a low score?



\*This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS), which has received funding from the European Union, under the framework of the Health Programme (2008-2013).