

Evolution of Good Practices Evaluation System (GPES) in Italy

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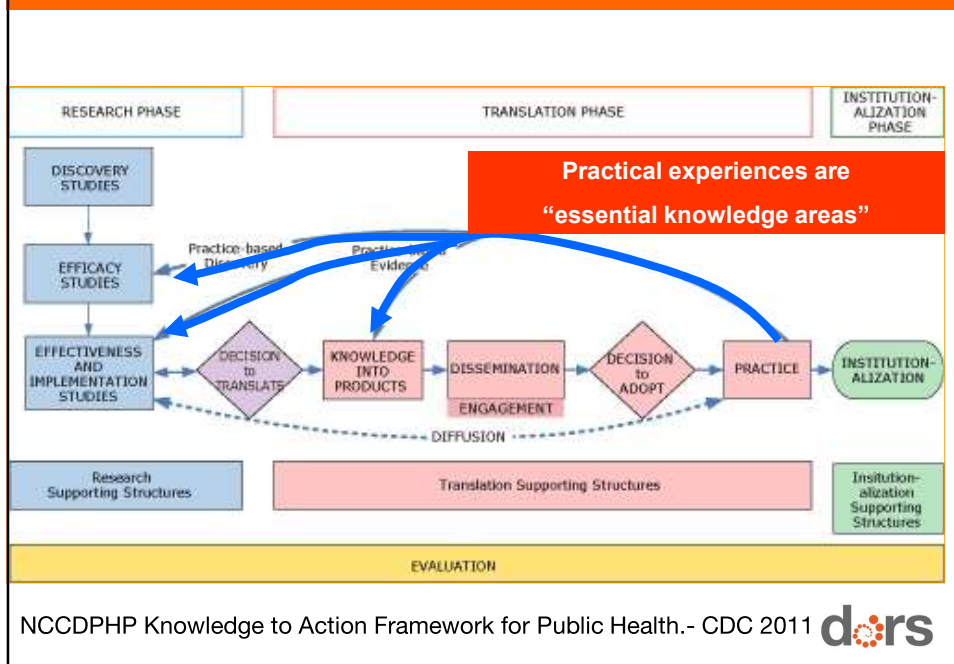
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the Good Practices Evaluation System is based on...

- Methodological Approach
- Declarations and Policies
- EU Funding

Practice-based evidence



Declarations and Policies



Funding Health Initiatives

**THE THIRD HEALTH PROGRAMME 2014-2020
FUNDING HEALTH INITIATIVES**

BUDGET:
€449.4 million
(2014-2020) to support

- Cooperation projects at EU level
- Actions jointly undertaken by Member State health authorities
- The functioning of non-governmental bodies
- Cooperation with international organisations

PROGRAMMING AND IMPLEMENTATION
on the basis of Annual Work Programmes through calls for grants and tenders*

MONITORING AND REPORTING
Annual implementation reports to European Parliament & Council

Challenges
An increasingly challenging demographic context, threatening the sustainability of health systems
A fragile economic recovery, limiting the availability of resources to invest in healthcare
An increase of health inequalities between and within Member States
An increase in the prevalence of chronic disease

General objectives
Improve the health of EU citizens and reduce health inequalities
Encourage innovation in health and increase sustainability of health systems
Focus on themes that address current health issues across Member States
Support and encourage cooperation between Member States

Specific objectives
Promote health, prevent diseases, and foster supportive environments for healthy lifestyles
Protect citizens from serious cross-border health threats
Contribute to innovative, efficient and sustainable health systems.
Facilitate access to better and safer healthcare for UNborn CITIZENS

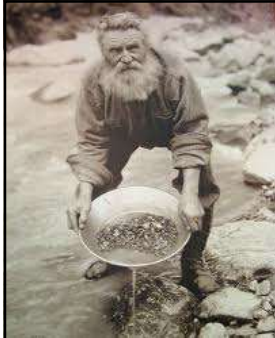
Operational objectives
Identify, disseminate and promote the uptake of evidence-based and good practices for cost-effective disease prevention and health promotion activities
Identify and develop coherent approaches and implement for better preparedness and coordination in health emergencies
Identify and develop tools and mechanisms at Union level to address shortages of resources, both human and financial, and facilitate the voluntary up-take of innovation in public health intervention and prevention strategies
Increase access to cross-border medical expertise and information for medical conditions of low prevalence, high specialisation or rare diseases
Facilitate the application of research results and developing tools towards quality healthcare and patient safety

Examples of expected results
Increased use of evidence-based practices in Member States
Integrated coherent approaches in Member States preparedness plan, improved surveillance and response to cross-border health threats

Identify, disseminate and promote the uptake of evidence based and **GOOD PRACTICE** for cost effectiveness disease prevention and health promotion

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What are the Good Practice
(... for us) ?



Good Practice (GP): a definition

In Health Promotion, Good Practices are

“those sets of **processes** and **activities** that are consistent with health promotion **values, goals, ethics, theories, beliefs, evidence, and understanding of the environment** and that are most likely to achieve health promotion goals in a **given situation**”

Kahan B., M. Goodstadt, , Health Promotion Practice , 2001, Vol. 2, No. 1, pp. 43-67



GP: open «the black box»



The intervention **works**, but

- **how** does it work?
- for **whom**?
- in what **context**? ... **to transfer it**



GP Evaluation System: CRITERIA tool

- Gruppo di lavoro
- Equità
- Empowerment
- Partecipazione
- Setting
- Teorie e Modelli
- Efficacia/buona pratica
- Analisi di contesto
- Analisi dei determinanti
- Risorse, tempi e vincoli

18 criteria and 69 questions

1. Working
 2. **Equity**
 3. Empow
 4. **Particip**
 5. Setting
 6. Teories
 7. Evidenc
 8. **Contex**
 9. **Determ**
- Every criterion has a set of questions, one of these is a “core” question (ie, a fundamental, central question)
- For each question is provided the following score:
YES: 1
NO: 0
 The “core” question’s score is multiplied by a factor equal to 3

12. Objectives⁵

| | SI | NO |
|--|----|----|
| 1. The change is described in the form of clear and specific objectives | 1 | 0 |
| 2. The change is described in the form of measurable objectives | 1 | 0 |
| 3. The change is described in the form of objectives consistent with the selected health determinants | 3 | 0 |
| 4. The change is described in the form of realistic objectives | 1 | 0 |
| 5. The change is described in the form of timed objectives | 1 | 0 |
| TOTAL SCORE | | 0 |
| Notes and comments: | | |

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How does Good Practices Evaluation System work?

- Database (ProSa)
- Procedure
- Criteria (tool)

GP Evaluation System: ProSa DB (1)



What's ProSa?

ProSa is the Italian programs, projects and interventions database on the web in the field of prevention and health promotion.

It is a **FREE TOOL** to

1. **collect, analyse and share** projects, interventions and **good practices**
2. **support** professionals, decision-makers and stakeholders' **decision making** in the strategy of health promotion and prevention

GP Evaluation System: ProSa DB (2)



1. All HP projects/interventions can be uploaded (by professionals) or downloaded (by users)
2. Good Practice methodological guide
3. Good Practice area: you can submit your project to be evaluated

“ProSa” is based on the theories of evidence-based and best/good practices translation and exchange (knowledge translation and exchange approach).

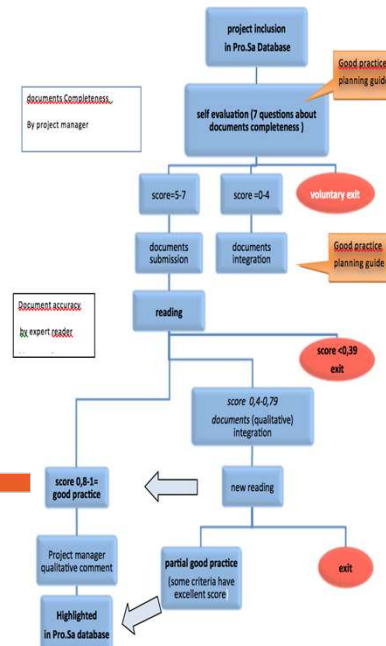
GP Evaluation System: the PROCEDURE

- 2 independent reviewers:
- one expert in methodology
 - one expert in topic or setting
- Trained
 - Voluntary and free of charge

Total score: $\frac{\text{Score}}{\text{Highest possible score (105)}} =$
The result will be a number between 0 and 1

HIGHEST POSSIBLE SCORE = 1

- 0,8-1 = Good practice
- 0,6-0,79 = Discreet practice
- 0,4-0,59 = Sufficient practice
- <0,39 = Insufficient practice



Best Practice

Developing steps of GP Evaluation System 1.0

... research, professional training, experiment, validation through expert from different setting (health system school, university)

I phase - 2004- 2005: study of the theoretical and methodological good practice international background (DORS and health promotion coordinators)

II phase - 2006-2007: theoretical models comparison with health professionals from other italian regions or other settings (School)

III phase- 2008-2011: use of instrument with "weighted" score (Regional Announcement)

IV phase- 2012: national group validation (through project PinC: Emilia Romagna, Piemonte, Toscana, Umbria, Veneto, CNESPS)

V phase- 2014: start application of the evaluation procedure and highlighted identified good practice

VI phase- 2016-2017: regional and extraregional reviewers group creation and training

Nowadays we need an upgrading...

Best
Practice

Upgrading Process of GP Evaluation System 2.0

VII fase – 2018-2019: GP criteria revision. Release 2.0

Nowdays we need an updating... **Why today?**

New suggestions and inputs from...

- **Joint Action Chrodis (2014- 2017)**
DORS was consultant of Health Department of National Government
- **Joint Action Chrodis PLUS (2017- 2020)**
DORS is Associated Partner in collaboration with Health Department of National Government



EU priority ... the criteria adopted by the Steering Group

PUBLIC HEALTH
Best Practices Portal

European Commission > DG Health & Food Safety > Public health > BP Portal

Support Logout

Welcome to the Best Practice Portal

Identifying, disseminating and transferring best practices is a priority for DG SANTE in order to support the progress towards health promotion and non-communicable disease prevention in Europe to reach the Sustainable Development Goal 3.4 and the nine UN/WHO global voluntary targets.

This portal is a "one-stop shop" for consulting good and best practices collected in actions co-funded under the Health Programmes and submitting practices for assessment. All practices in the area of health promotion, disease prevention and management of non-communicable diseases are welcome. Those practices which will be selected as "best" against the criteria adopted by the Steering Group on Prevention and Promotion will also be published on this portal.

Related content: If you are looking for the latest scientific information on key health promotion and NCD prevention issues, please visit the [Health Promotion and Disease Prevention Knowledge Gateway](#)

In this section you can find

Janpa
Joint Action on Nutrition and Physical Activity

CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

<https://webgate.ec.europa.eu/dyna/bp-portal/>

GP tool: upgraded structure 2.0

Requisite? → Documentation Working group

Requisite?

- Equity
- Empowerment
- Partecipation/involvement
- Ethic issues
- Partnerships and alliances

Documentation Working group

1. Teories and models
2. Evidence-based/Good practices
3. Context analysis
4. Determinants analysis
5. Objectives
6. Intervention description
7. Process evaluation
8. Outcome evaluation

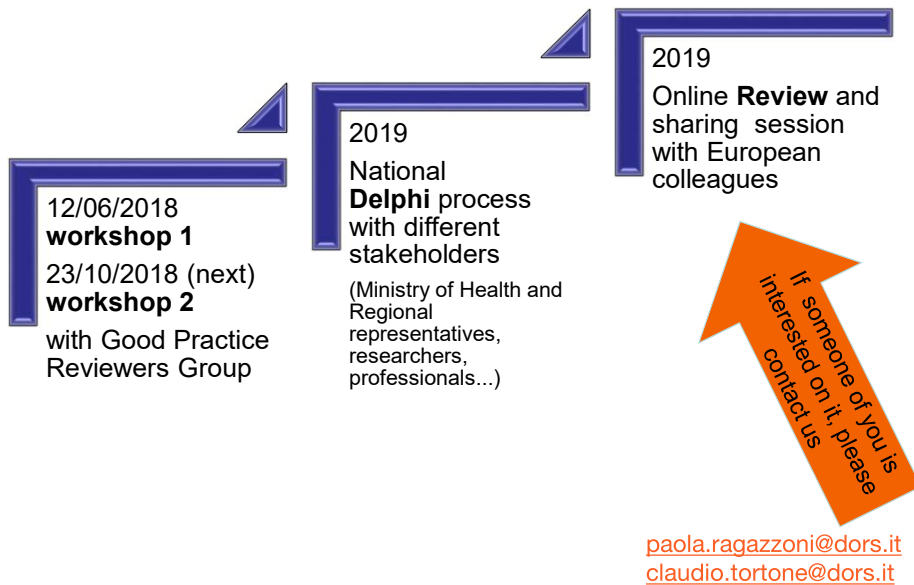
Setting and Limits

1. Setting
2. Resorces, times and limits
3. Sustainability
4. Communication

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BUONE PRATICHE CERCASI

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Our workplan for GP CRITERIA TOOL release 2.0



12/06/2018: workshop 1

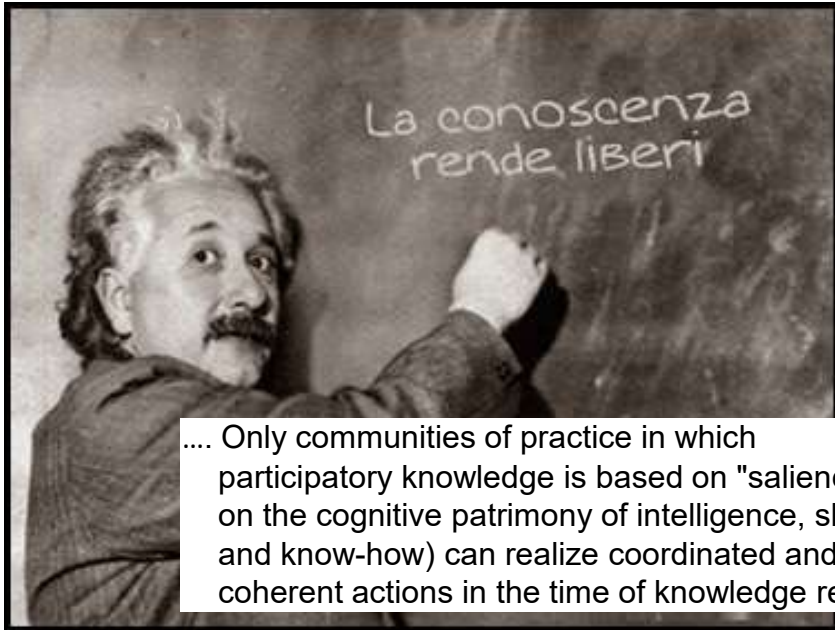
Discussion about

• Criteria

- Does the block proposal convince you? (Principles and values / method or intervention / transferability characteristics)
- Does it make sense
 - to add ethical aspects as a criterion?
 - to consider the documentation and the workgroup as a prerequisite and then not evaluate them any more?
 - to combine theories /models criterion and evidence of effectiveness criterion?
 - to combine participation and empowerment?
 - to combine context analysis and analysis of the determinants?

• Questions

- are there any redundancies?
- questions to change? Which ones?



... Only communities of practice in which participatory knowledge is based on "saliency" (ie on the cognitive patrimony of intelligence, skills and know-how) can realize coordinated and coherent actions in the time of knowledge re-use

Bellan , 2009

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