



Different approaches to best practices in the past

Examples from action co-funded under the Health Programmes

**Meeting of the Steering Group on Promotion and Prevention 30 November 2016
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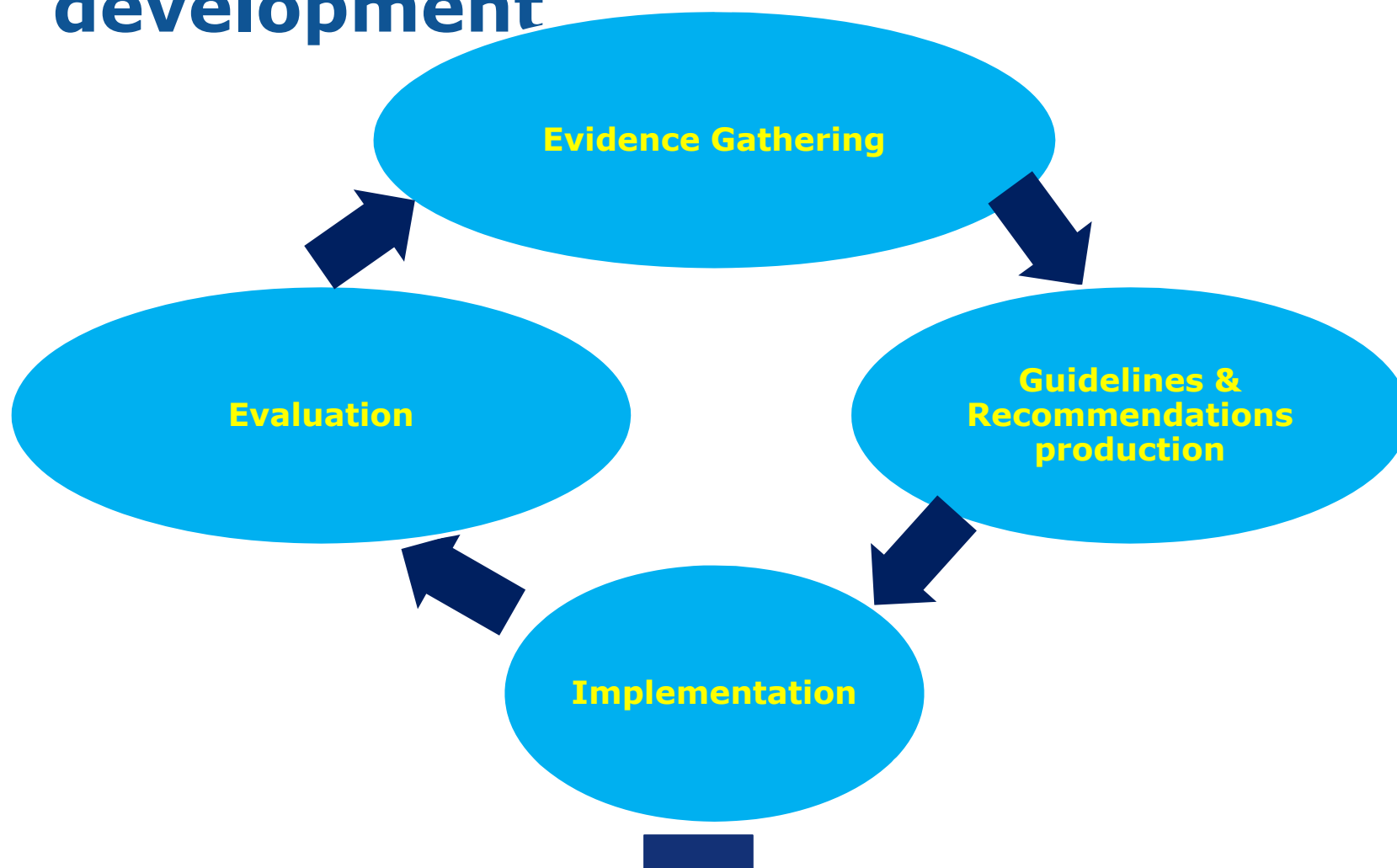


Overview

- I. Cycle of good practices development*
- II. A few stats from the Health programme*
- III. 3 examples*
- IV. Conclusion*

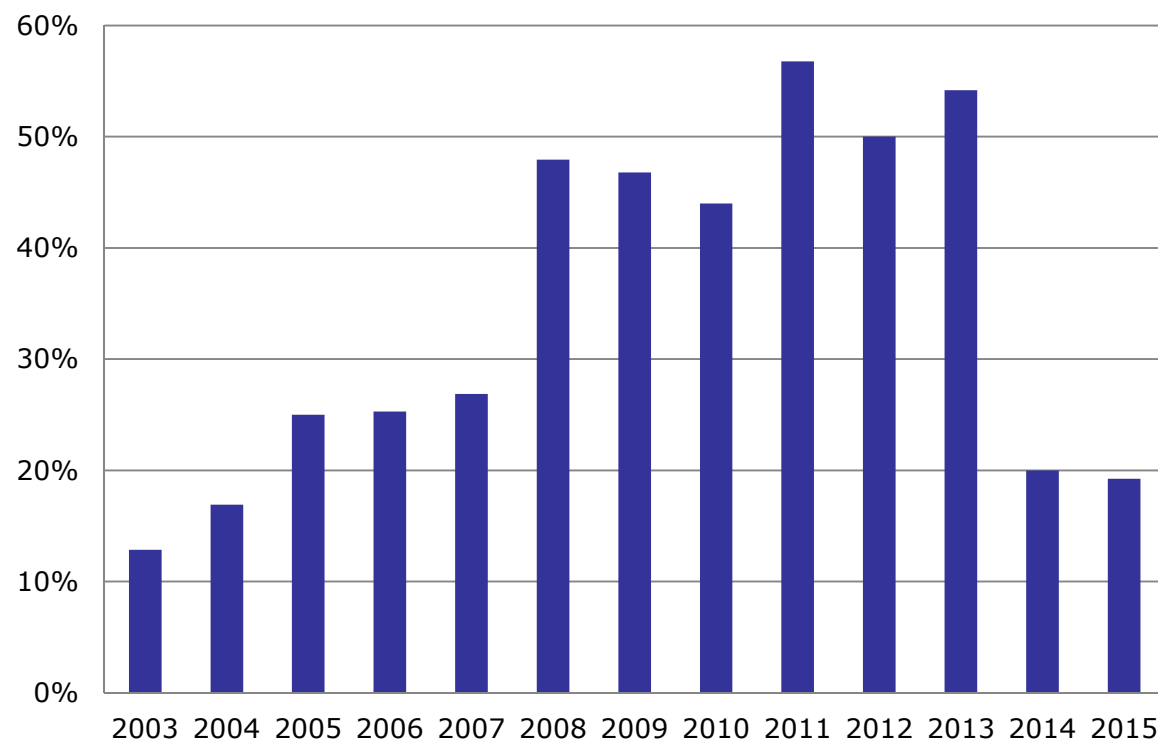


I. Cycle of good practice development



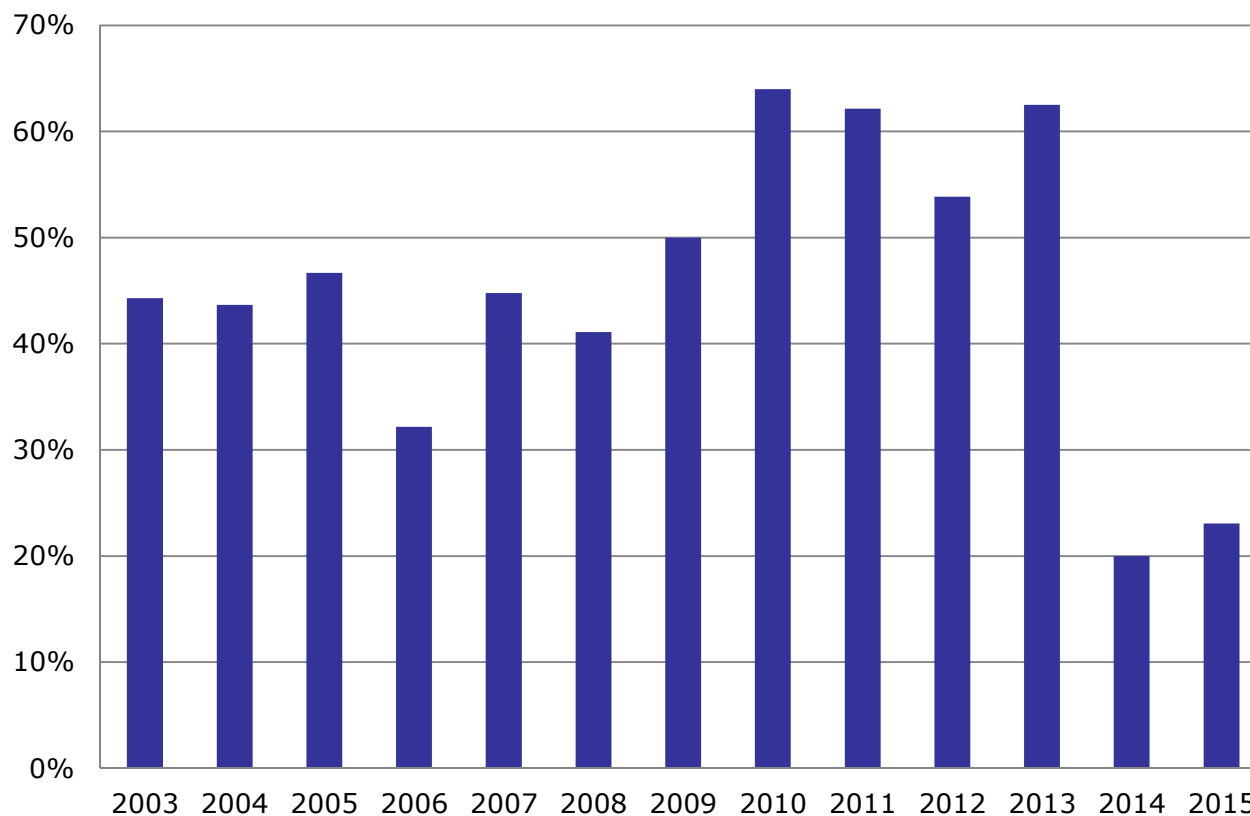
II. A few stats from the Health programme

% of actions with Good practices



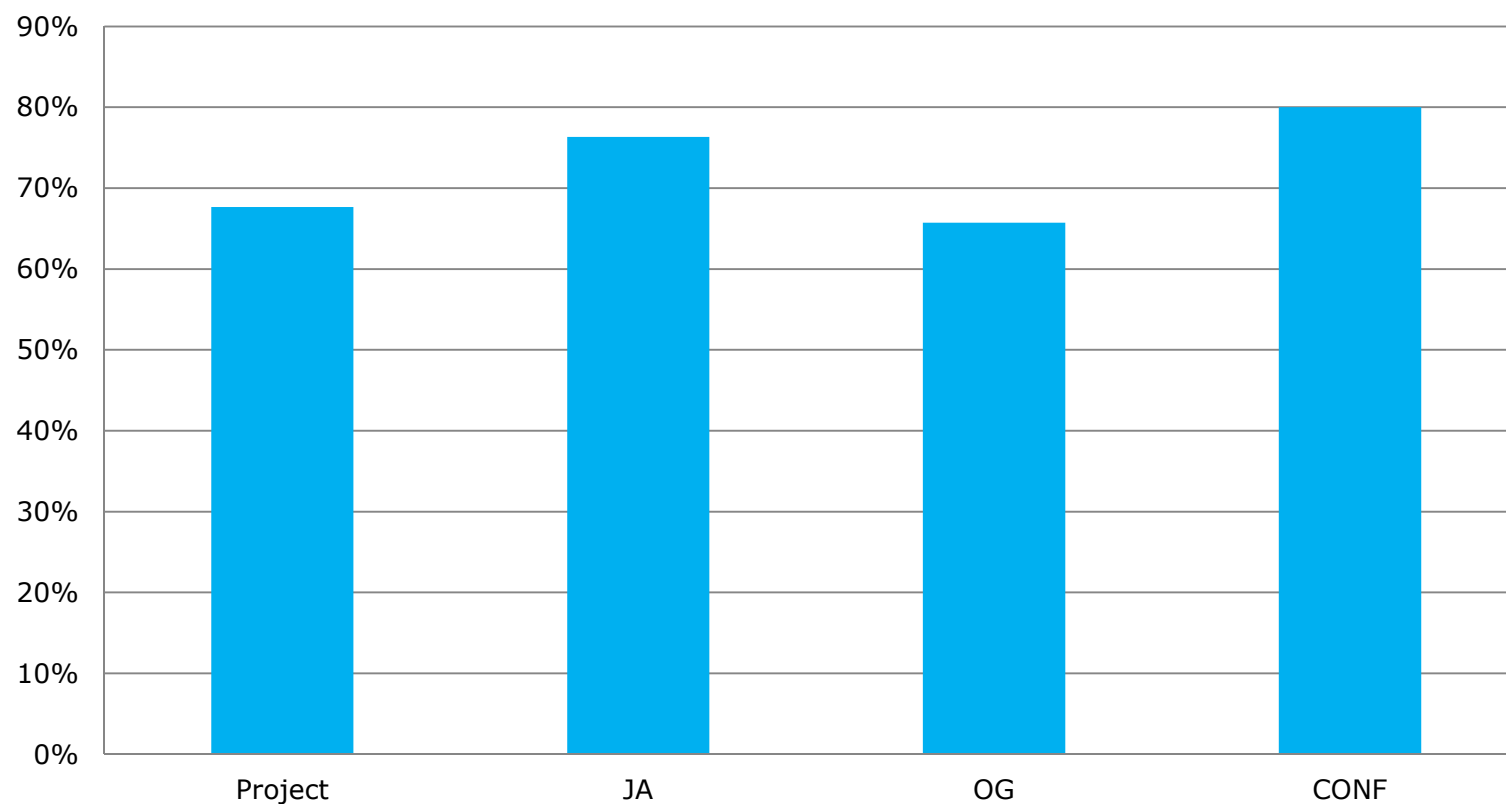
A few stats from the Health programme

% of actions with guidelines



A few stats from the Health programme

Good practice and Guidelines 2008 - 2015





3 examples

1. *EHES (EPODE) project*
2. *BISTAIRS project*
3. *EUCERD JA*





3 examples: Questions for Evaluation

- 1. Where is the action located in the good practice development cycle?*
- 2. Is the target group well defined?*
- 3. Is the intervention/ action well defined?*
- 4. Is there a baseline defined? or a comparison group?*
- 5. Is there a methodology for evaluation and a metrics defined to measure the impact?*
- 6. What is the strength of the evidence basis and/or the quality of the guideline/recommendations development?*





First example: EPODE for the promotion of Health Equity (EPHE)20111209

EPHE aims to analyse the added value of the implementation of a community based approach based on the EPODE methodology (capacity building approach based on the outcomes from the EEN book of recommendations) in order to reduce inequities associated to childhood obesity and related determinants.





- 1. Cycle phase: Implementation/ Evaluation*
- 2. Target group: well defined: children aged 6 to 9 in most deprived families (SES and household's food security level) in 7 pilot communities*
- 3. Action/Intervention: well defined*
- 4. Baseline: measured via questionnaire on behaviour*
- 5. Evaluation method: described but in the short run*
- 6. Evidence base: developed in a previous project*





Second example: Good practice on brief interventions to address alcohol disorders in primary health care, work place health services, emergency care and social services (BISTAIRS) 20111204

BISTAIRS aims to foster the implementation of brief interventions (BI) in a range of relevant settings by identifying, systematising and extending good practice of BI across the EU MS.

BISTAIRS will result in:

- a comprehensive set of tailored and field tested Brief Interventions tools, methods and materials.
 - an updated evidence report with a special focus on BI in work place healthcare, emergency care and social services
 - a map of the current implementation status across the EU
- Based on this, guidelines for the development and rolling out of future BI implementation approaches in EU will be provided





- 1. Cycle phase: evidence gathering/ guideline development & Implementation(strategy tested via 90 interviews of professionals)*
- 2. Target group: well defined in terms of settings where the method should be applied and in terms of patients (risky drinking adults aged 18+) but not in terms of number or countries.*
- 3. Action/Intervention: well defined*
- 4. Baseline: measured via survey of 18 MS*
- 5. Evaluation method: present (via survey in 5 countries)*
- 6. Evidence basis: developed (but weak for occupational healthcare and Emergency care).*
- 7. Quality of the guideline: based on the opinion of experts (Delphi method)*





EUCERD JA 2011

The general objective of the EUCERD JA is:

- to support the mandate of the EU Committee of Experts on Rare Diseases*
- to foster exchanges of relevant experience, policies & practices between the MS & stakeholders.*

Specifically this JA will address the following priority areas:

- a. Enhancing visibility and recognition of RD;*
- b. Contributing to the development and dissemination of knowledge on RD;*
- c. Contributing to improvements in access to quality services and care.*

The JA will use workshops and consensus discussion to identify best practice indicators for social care for patients and to promote the integration of RD into social policies and services





- 1. Cycle phase: Guidelines and recommendations production*
- 2. Target group: EU/MS/services' managers and stakeholders (not very clear)*
- 3. Action/Intervention: relatively well defined but very broad (facilitating integrated care within social services, training social services providers...)*
- 4. Baseline: weakly defined (short narrative presentation of the needs of the sector)*
- 5. Evaluation method: via a questionnaire of 70 participants to a workshop and planned in the future for the impact via new project funded by DG Employment.*
- 6. Evidence basis: relatively poor (mostly docs produced by EUCERD following workshops, fact sheets...)*
- 7. Quality of the guideline: method not described*



Conclusions:

- *no agreement on the definition of good/ best practices*
- *no agreement on the methods for gathering the evidence, for the impact evaluation, for guidelines or recommendations' development*
- *No systematic use of a baseline measurement*
- *No systematic use of a metrics to measure the outcome/ impact*



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Thank you

