QIP - Quality in Prevention

German Federal Centre for Health Education (BZgA)

Training Presentation 2014

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HIV Quality Action
Improving HIV Prevention in Europe

Name Speaker

This work is part of the Joint Action on Improving Quality in HIV Prevention (Quality Action), which has received funding from the European Union within the framework of the Health Programme.

Why quality improvement?

- Focus on needs (needs analysis)
- Define target groups
- Reach the groups in need, not just the groups easy to reach
- Re-define areas of work that have become habitual
- Plan interventions focusing on impact and sustainability
- Evaluation as part of the process
- Systematise individual and local knowledge

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Learning objectives

- **Knowledge of QIP and its performance characteristics**
- **Ability to use the QIP forms and materials**
- **Commitment to documentation and self-reflection**
- **Ability to make assessments**
- **Ability to interpret feedback**

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Training content

- **Comparing own assessments with those of other reviewers to support the reliability of QIP**
- **Reflecting on case studies and discussing own experience in relation to the views of other experts to increase objectivity**
- **Reflecting on own standards and making professional judgements**

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Training content (continued)

- **Applying professional perspectives on project implementation, service delivery and resource allocation**
- **Raising awareness of inherent bias and balancing making allowances with being overly critical**
- **Discussing and checking whether criteria, judgments and quality assessments are realistic and relate to the context**

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What is QIP?

- A scientifically based and validated information system for quality improvement in prevention, health promotion and education.
- Can be used to examine the quality of programmes, projects, campaigns, setting-based interventions as well as health education and training, giving providers feedback and suggestions for improvements.
- Helps to manage and implement prevention and health promotion in a targeted, effective and sustainable manner.

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QIP Methodology

- **Comprehensive, evidence-based questionnaire**
- **Validated assessment by external expert reviewers**
- **Recommendations for quality improvement**

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The benefits of QIP

- **Generates ideas in your team for improving quality**
- **Delivers practice-oriented reviewer feedback with concrete recommendations for improvement and detailed quality profiles**
- **Identifies strengths as well as opportunities for improvement and prioritises areas for action**

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Sources for QIP
(version for prevention in general)

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Quality measuring instruments
(EDDRA, WHP,PREFFI, quint-essenz, specific projects of statutory health insurance agencies and German rehabilitation services)

Quality management
(Peer Review protocols, implementation research)

- ➔ Evidence-based quality criteria
- ➔ Integrating scientific and practical knowledge
- ➔ Usability (for planning and all project stages)
- ➔ Comprehensive and detailed project portraits
- ➔ Best possible data quality (measurements)

Evidence
(numerous reviews)

Expert experience
(validation interviews, pre-tests, workshops)

Literature review

- 1229 articles found, 53 met inclusion criteria
- 41 reviews reported efficacy factors
- Focus mainly on general population, some on MSM, PWID, adolescents
- Two reviewers extracted and categorised efficacy factors.
- 54 evidence-based efficacy factors identified

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Results from field test 2004

- **Three or more independent external reviews produce reliable assessments**

- **Psychometric quality (both increase with training and experience):**
  - **high consistency: median Gamma 0.8 – 1.00)**
  - **satisfactory concordance: (median Rho 0.6 – 0.7)**

- **Small differences between groups of reviewers**

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Results from field test 2004 (continued)

- **Relevant and useful output is high**
- **Experts, reviewers and practitioners confirm the validity of results:**
  - **QIP provides helpful and realistic comments**
  - **QIP includes all important aspects of health promotion**
  - **QIP paints a comprehensive picture of project quality**

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Adapting QIP to HIV Prevention

2009 QIP presented to the IQ^{hiv} initiative, who asked to adapt QIP to HIV prevention

Reviewed factors of effectiveness in HIV prevention

Selected additional criteria to be included in QIP

Compared QIP with other international quality systems for HIV prevention

2009/10 Adapted documentation and reviewer forms to HIV context, taking into account evidence and input from experts in the field of (community-based) HIV prevention

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Adapting QIP to HIV Prevention (cont.)

2010 Translated documentation and reviewer forms into English

QIP reviewer training (IQhiv)

2011 Finalised QIP reviewer training protocol and manual

2012/13 Pilot tests in different European countries ('Road Show' and conference workshops)

2013 QIP Description and introduction document for Quality Action

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Efficacy factors I

Effective Factors		All	MSM	IDU	Adoles-cents	General pop.
all		278	24	18	70	166
Framework	(Fiscal) resources	3	-	-	2	1
	Clearly defined intervention	1	-	-	-	1
	Collaborations	2	-	-	1	1
Theory-based	Information-Motivation-Behavioural Model	4	-	-	2	2
	Theory of Reasoned Action	3	-	-	1	2
	Stages of Change Model	2	-	-	-	2
	Models of Behaviour Change	4	1	-	-	3
	Social Learning/Cognitive Theory	7	-	-	2	5
	Unspecified	9	1	-	3	5
	Other	9	1	-	4	4
Intervention method	Interactivity	9	-	-	3	6
	Counselling	6	-	-	1	5
	Multimodality	19	-	1	5	13
	Utilisation of media	7	-	-	1	6
	Eroticization/entertainment	2	-	-	-	2
	Ongoing adaptation and improvement	2	1	-	-	1
	Provision of needles/condoms	9	-	3	1	5

Efficacy factors II

Effective Factors			All	MSM	IDU	Adoles-cents	General pop.
all			278	24	18	70	166
Implementation	Small group size		6	1	-	3	2
	Group intervention		7	-	-	1	6
	Face-to-face		6	1	1	-	4
	Outreach		2	-	1	-	1
	Duration	(High) number of sessions/moderate to high intensity	7	-	1	2	4
		Attend most to all sessions	1	-	-	-	1
		Shorter duration	1	1	-	-	-
Facilitator characteristics	Peers		4	1	-	2	1
	Trained facilitator		8	-	-	5	3
	Similarity between facilitator and audience in age, gender, ethnic, behaviour, background characteristics		3	-	-	-	3
	Two facilitators are better than one		2	-	-	-	2
	Credibility, committed, empathetic, gain trust		4	-	1	-	3
	Non-community members		1	-	-	-	1

Efficacy factors III

Effective Factors			All	MSM	IDU	Adoles-cents	General pop.
all			278	24	18	70	166
Intervention content	Socio-cultural sensitivity		3	-	-	1	2
	Specific intervention focus		3	-	1	2	-
	Addressing barriers		2	-	-	1	1
	Provision of information		13	2	3	4	4
	Attitudes/motivation/norms		2	1	-	-	1
	Promotion of skills	Risk perception	3	2	1	-	-
		Behavioural	10	1	-	3	6
		Life skills	14	5	-	3	6
		Communication/social skills	12	3	1	3	5
		Skills for long-term maintenance of behaviour change	1	-	-	-	1
		Unspecified	4	-	1	1	2

Efficacy factors IV

Effective Factors			All	MSM	IDU	Adoles-cents	General pop.
all			278	24	18	70	166
Target group	Clearly defined target audience		1	-	-	-	1
	Homogenous group		9	-	-	2	7
	underserved populations		2	-	-	-	2
	opinion leaders, high-level political leaders		2	-	-	1	1
	Tailored to target group	Individualized	6	-	-	1	5
		Definite specific recommendations	7	1	-	3	3
		Begin with understanding of target group/research	4	-	-	-	4
		General recommendation	15	1	-	5	9
Health care setting	drug substitution		5	-	2	-	3
	confidential counselling and testing		3	-	1	-	2
	empathic, non-stigmatizing, not too demanding counselling by GP		5	-	-	1	4
	partner notification		1	-	-	-	1
	contraception		1	-	-	-	1

QIP – the workflow

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Documentation: Participants describe the structures, concepts, processes and outcomes of their prevention activities in detail.

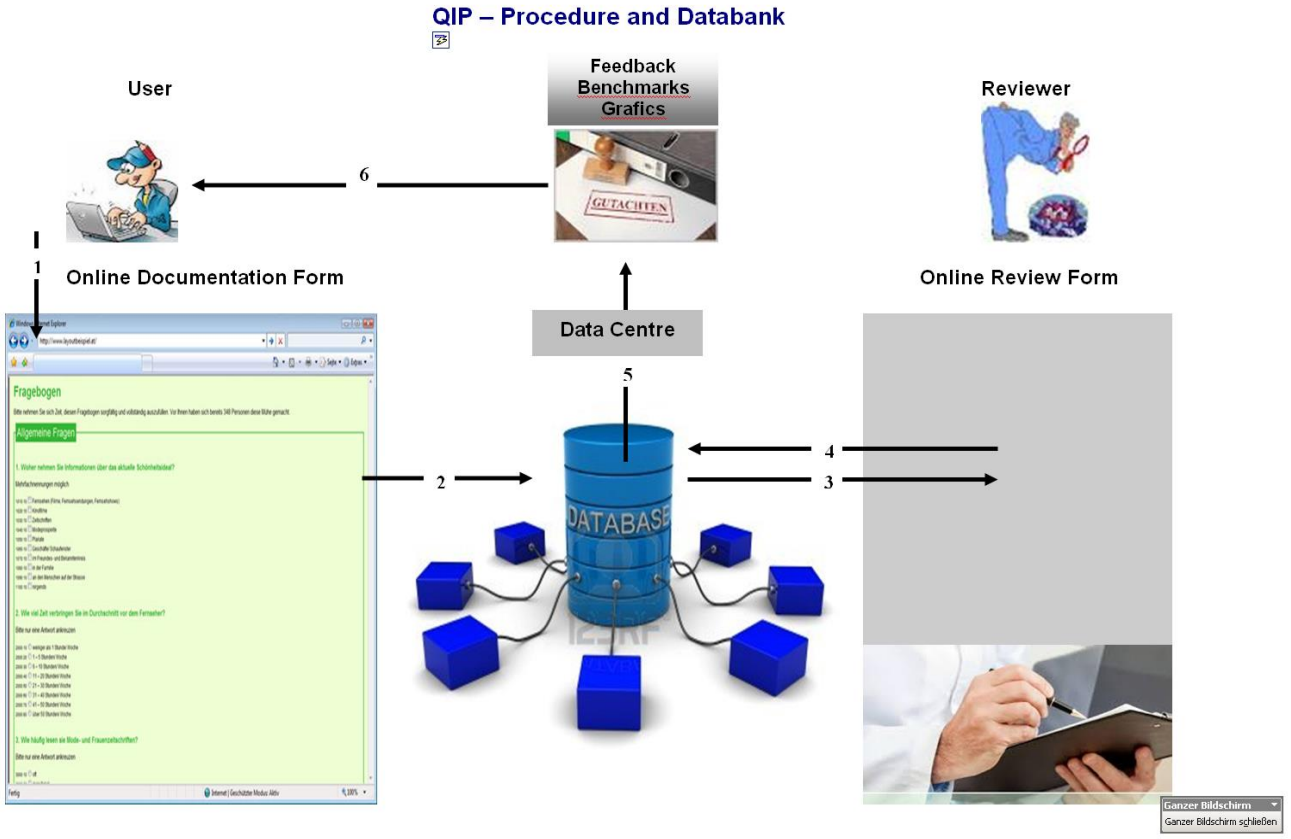
Assessment: External expert reviewers systematically appraise activities along quality dimensions (peer review system).

Analysis: QIP pools data to develop benchmarks

Quality profiles: QIP reports scores against benchmarks, reviewer feedback and recommendations

to participating institutions/providers

QIP online


QIP – Procedure and Databank
User
Feedback
Benchmarks
Grafics
Reviewer
6
1
Online Documentation Form
Online Review Form
Data Centre
5
4
2
3
DATABASE
Fragebogen
Allgemeine Fragen
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7 main dimensions, 22 sub-dimensions

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Conceptual quality	*relationship to actual need* *target group selection* *understanding the target groups* *goals and objectives* *prevention approach*
Quality of Project Planning	*coordination with other agencies* *adaptation of the approach to the operating environment*
Contributors and Other Stakeholders	*personnel and competencies* *interdisciplinary collaboration and on-going consultation *
Dissemination and Communication	*dissemination among target groups* *health education and communication methods* *media work and information material* *supporting sustainable change*
Process Design and Project Management	*project management* *responding to difficulties* *quality control of external contributions*
Measuring Success, Evaluation	*comprehensive overview* *documenting reach and acceptability* *documenting effects* *evidence of effectiveness* *collecting service user data*
Sustainable Quality Development	*systematically passing on experience and results for long-term improvement processes*

Documentation Form I

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1. → General·information·about·the·project	
Date:·°°°°°	
1.1 → Project·title·(please·describe·only·*one*·project·per·form·and·write·its·name·here)	
°°°°°	
1.2 → Responsible·organisation We·need·this·information·to·feed·the·results·back·to·you.·We·will·not·share·your·information·with·third·parties·outside·*QIP*.·Expert·reviewers·are·committed·to·professional·ethical·guidelines·(e.g.·strict·confidentiality·of·information·and·documents).	
Responsible·organisation/·institution:·°°°°°	
Contact·person:·°°°°°	
Address·(or·e-mail,·telephone,·fax,·website):·°°°°°	
1.3 → Project·time·frame	
☐·At·the·planning·/·preparation·stage·····→·····Planning·start·date·(month·/·year):·°°°°°·/·°°°°° ☐·Implementation·in·progress·····→·····Implementation·start·date·(month·/·year):·°°°°°·/·°°°°° ☐·Completed·····→·····Completion·date·(month·/·year):·°°°°°·/·°°°°°	
1.4 → Reach·and·setting:·where·does·the·project·operate?	
☐·Nationwide	☐·In·the·State/Province·of:·°°°°°
☐·At·the·regional·or·municipal·level·in:·°°°°°	☐·City,·suburb,·precinct·or·town:·°°°°°
☐·Across·administrative·borders	
☐·Government·organisation	☐·Private·enterprise·(e.g.·workplace·program)
☐·NGO	☐·Self-help·group
☐·Commercial·venues·(e.g.·saunas,·bars,·clubs), ··which?·°°°°°	☐·Drug·services·(e.g.·needle·and·syringe·program·(NSP) ·····supervised·injecting·facility,·drop-in·centre·),
☐·Sex·work·premises·and·locations,·which?·°°°°°	☐·Outreach·locations
☐·Ethnic·community:·geographic·origin?·°°°°°	☐·Correctional·institution
☐·Youth·service,·which?·°°°°°	☐·Crisis·centre·
☐·Counselling·service	☐·Leisure·facilities·(e.g.·cinema,·night·club)
☐·Hospital·	☐·Care·facility
☐·School·→·Which·type?·°°°°°	☐·University·/·College·

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Documentation Form II

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5. → Planning,·preparing·and·adapting·the·project

5.1 → Integrating·the·project·into·wider·service·provision:·What·similar·activities·are·under·way·within·your·organisation·or·sector?·How·do·you·coordinate·your·activities·to·use·existing·services,·recognise·opportunities·and·explore·potential·synergies?

E.g.·mapping·local·services,·collaborating·or·forming·partnerships·with·other·stakeholders.

☐·No·coordination·of·activities·because:·°°°°°

☐·Not·necessary·because:·°°°°°

☐·Coordination·had·these·results:·°°°°°

5.2 → Are·formal·agreements·with·other·stakeholders·in·place?

E.g.·on·funding,·premises,·task·allocation,·personnel.

☐·Not·required·because:·°°°°°

☐·**Yes,·agreement·in·place·with:** °°°°°	**Content:** °°°°°
°°°°°	°°°°°
°°°°°	°°°°°
°°°°°	°°°°°
☐·**No,·agreement·yet·to·be·reached·with:** °°°°°	**Content:** °°°°°

5.3 → Have·you·examined·the·conditions·in·the·project's·operating·environment?

Does·the·project·reflect·socio-cultural·factors·in·your·field·of·activity?·Is·your·approach·tailored·to·the·prevailing·local·circumstances?

Please·briefly·describe·your·process·and·its·findings:

°°°°°

5.4 → Have·you·adopted·a·standardised·programme·or·model?

☐·No

☐·Yes,·which·one?·°°°°°

☐·Modified,·based·on:·°°°°°

5.5 → Is·your·project·implemented·according·to·a·written·manual·or·guidelines?

Please·attach·the·manual.·The·manual·can·be·a·list·or·a·loose-leaf·collection·that·has·grown·over·time.

☐·No

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Requirements for documentation

- **Completeness: The form systematically collects what reviewers need for assessment, from the starting environment through planning and implementation to results, documentation and dissemination.**
- **Accuracy: The form collects practice-oriented quality markers for each QIP quality dimension.**
- **Economy of effort: Questions focus on core issues. The form mostly uses yes/no or multiple choice and some free text to describe context, basic concepts, adaptations and specific details.**

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Benefits of documentation

- **Often, project teams only manage to read excerpts of studies because they lack the time for comprehensive research and literature review.**
- **By filling in the documentation form they can quickly absorb the key characteristics of results-oriented prevention and health promotion through the research-based QIP quality dimensions.**

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Benefits of external assessment

- **External points of view are less biased and more objective than self-assessment and lead to new questions, suggestions and ideas.**

- **External assessment highlights ‘blind spots’, which are easily overlooked internally.**

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Structure of the assessment

- Uses a detailed assessment guide.
- Contains the 7 main and 22 quality sub-dimensions with guiding questions and assessment criteria.
- For each dimension, the guide leads reviewers to the relevant data in the documentation form submitted by the project.
- Reviewers rate each dimension using a set of clearly defined quality levels.
- The guide offers criteria to assist reviewers in rating each dimension.

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Assessment reliability

- **Assessment results must comply with scientific standards to be verifiable and reliable.**
- **The assessments of several reviewers should match as closely as possible.**

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Assessment validity

QIP ensures statistical validity by:

- guiding reviewers through the assessment process
- condensing each assessment decision into two main steps
- dividing quality into main and sub-dimensions
- providing guiding questions for each step in the assessment
- assisting decision-making with assessment criteria
- suggesting minimum standards for each dimension
- explaining each dimension in the style of a manual
- rating quality according to four clearly structured,

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QIP Quality Levels

0	**Problem zone**	Important prerequisites for the evidence-based implementation of this quality dimension are missing. This results in clear deficiencies, which makes achieving the objectives improbable, unpredictable or uncontrollable.
1	**Needs improvement**	The project has created the foundations and basic requirements for successful activities, but is not yet interconnecting or utilising them sufficiently. It at least partially fulfils this quality dimension but should improve it markedly as soon as possible.
2	**Meets Standard**	The project has assembled an evidence base, competencies and processes for professional and effective health promotion and integrated them into an overall approach. It therefore complies with the expectations relevant to its field, its operating environment and current research. It operates at a good level of quality and can expect to succeed.
3	**Outstanding**	The project exceeds the standard in this quality dimension and can serve as a model because: Either: those responsible continuously and systematically develop quality in prevention and health promotion within this project; they actively extend competencies and knowledge, and implement measures for improvement. Or: the project is developing a new, innovative solution, i.e. a model that meets the requirements of this quality dimension and that can be transferred to other projects. A project shows innovation when it develops, tests and provides evidence for new, potentially effective measures or interventions, or when it applies and adapts a proven approach or accepted method to an existing problem.

Who becomes a QIP reviewer?

- **Qualification in a health-related field** (medicine, psychology, health sciences, health insurance management, sports and exercise science, public health or similar) or other fields (e.g. management, education, sociology) if they can demonstrate a focus on health.
- **Ability to exercise judgment** on the appropriate use of prevention and health promotion concepts and methods, based on at least one year's relevant professional experience (e.g. developing programs, implementing projects, coordinating and organising services, evaluative research, training or quality assurance and improvement).
- **Competencies in facilitation and training** because people trained in QIP as part of Quality Action will be training and assisting others in using the QIP documentation form.

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Reviewer Code of Conduct

Reviewers commit to carrying out their assignments faithfully and professionally and to act according to ethical guidelines on professional conduct as they exist for health professionals.

1. Confidentiality of assignments: QIP reviewers commit to not passing on any information they received in relation to their assignments. They must not disclose their participation in any assessment to third persons.

2. Copyright: QIP reviewers must not pass on any materials received in relation to an assignment or use them for their own purposes, unless the information is also publicly available and they respect proprietary rights.

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Reviewer Code of Conduct (continued)

3. Independence: QIP reviewers are independent, i.e. they are not bound to any one theory, discipline or method of health promotion and prevention, and agree to apply the evidence-based criteria of the QIP system.

4. Conflict of interest: QIP reviewers do not derive any direct personal or institutional advantage from particular results of their assessments. They declare any possible conflicts of interest openly and decline assignments if necessary.

Reviewers commit to comply with these duties by signing a declaration. They forfeit their right to remain active as QIP reviewers if they breach professional ethics.

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Assessment form (example section)

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I. Conceptual quality: is the project rationale logical and consistent?			
Quality dimension	**Guiding Question**	**Suggestions for assigning quality levels (assessment criteria)**	**Reference to documentation form**
I. B **Target group selection**	Has the project established clear, evidence-based criteria for selecting and defining target groups?	**Standard:** • The project defines specific target groups (beneficiaries and/or intermediaries). Choosing 'everyone' (the general population) as the target group, e.g. for awareness-raising or anti-discrimination campaigns, is only rarely useful and must be well supported by evidence. Target groups can be e.g. students of a particular year level at a school, men who have sex with men (MSM) in a city, or people who inject drugs who attend a counselling service or supervised injecting facility (3.1). • The project should know the size of the target group as accurately as possible (e.g. the number of sex workers in a precinct or local government area). It should at least provide an estimate (3.1). • The project selects target groups on the basis of exposure to HIV, burden of disease, risk, or the likelihood of their cooperation and provides meaningful information at 3.2. Target groups were not selected based on convenience. • Where this can increase effectiveness, the project involves intermediaries to support the approach (e.g. teaching personnel or peers, outreach personnel to reach street sex workers etc.) and provides relevant information at 3.3. • The selected intermediaries are in personal contact with the beneficiaries and can contribute to changes in health knowledge, motivation or behaviour, e.g. by providing health information (3.4). • The time invested in reaching the beneficiaries and intermediaries is appropriate for the chosen health objectives. As a rule, the project should dedicate the largest proportion of time to the beneficiaries, but invest **at least 20-30%** when working with intermediaries (3.5). Exceptions are interventions to inform, upskill and empower intermediaries. These will usually focus exclusively on intermediaries (perhaps complemented by public relations activities). **Additional criteria for quality Level 3:** • The project defines its target groups based on scientific data or current research (e.g. on risk exposure, health need or accessibility) (3.2). • The chosen intermediaries are socio-culturally similar to the beneficiaries (e.g. age group, behaviour) (3.4). • The chosen intermediaries possess the necessary competencies (3.4). • The project involves more than one sub-population from the given social environment, either as beneficiaries or as intermediaries (e.g. staff at a homeless support service, social workers at a counselling service for sex workers who are interested in leaving the industry, outreach workers in a precinct, police, pastoral care workers, personnel at an outreach clinic for sex workers) (3.1, 3.3).	3.1 to 3.5

How to proceed with the assessment

- **Comprehensive overview: read the entire documentation.**
- **Proceed from dimension to dimension: start with the sub-dimensions and then assess the main dimension overall.**
- **Answer the guiding questions and assign a quality level (0 – 3). If this is not possible, assign N ('not applicable') or U ('unclear').**
- **Based on your own experience, note ideas and suggestions for improvement, e.g. references to websites, publications or good practice. Make these points brief and specific so that recipients can understand and use them.**

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If you are unsure…

- **Try to get an understanding of the project as a whole. Health targets, target group, context and interventions should match.**

- **Decide first whether the project needs improvement (level 0 or 1) or not (2 or 3). Then decide whether the project lacks basic prerequisites (level 0) or can serve as a model (level 3). If not, decide on level 1 or 2.**

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If you are unsure…

- **Keep in mind that significant quality deficiencies in one dimension lower the chance of effectiveness and justify a lower overall rating.**

- **Gaps in the documentation may indicate a lack of quality. QIP helps detect such weaknesses as areas for improvement. Significant gaps therefore usually justify a lower rating.**

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QIP Database and benchmarks

- **Pools assessment results and characteristics of all projects that have applied QIP.**
- **Calculates the average scores of projects as benchmarks.**
- **Projects can compare their own scores against the averages and against the highest and lowest scoring projects in their field.**

- **QIP forms comparison groups according to:**
- **Aim or health issue and target group.**
- **Type of organisation (e.g. counselling service, NGO)**
- **Year and duration (e.g. projects running from 2012-2013)**

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QIP Structural influences

- The analysis can show structural influences on quality by grouping projects from organisations with similar characteristics. For example, a lack of financial resources may be associated with limited quality in certain areas and a target-group oriented service model may be associated with high quality in certain areas.

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What is the feedback for?

- QIP feedback offers participating organisations an overall picture of the current state of the work of the project they submitted for analysis using the QIP documentation form. It is intended to:
- capture the achievements, quality, results and probable effectiveness of the project
- indicate starting points for improvement, so that quality and effects can be increased quickly and efficiently by prioritising and working on weaknesses
- support continuous improvement, so that effectiveness, sustainability and efficiency increase over the long term.

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Feedback content

- **Brief summary of the QIP data information system**
- **Explanation of the 7 main and 22 quality sub-dimensions**
- **Overview of content and significance of the feedback**
- **Average scores for main and sub-dimensions (calculated from the assessments made on the basis of the documentation form submitted)**

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Feedback content (continued)

In addition, once the database has pooled a sufficient amount of project data:

- **Averages of all projects in the same field of activity**
- **Results of the highest-scoring project (unnamed) in each dimension**
- **Results of the lowest-scoring project (unnamed) in each dimension**
- **Information about the number of projects in the group used for comparison and their fields of activity**
- **Eight graphs illustrating average and comparison scores**
- **Project-specific advice and suggestions from the expert reviewers.**

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What can the quality profile tell us?

- **The 7 main and 22 quality sub-dimensions present an overall picture of how well the project is designed and where it is already working well (higher and lower-scoring dimensions).**
- **The results show whether the project is designed according to current professional standards and is likely to have effects.**
- **The dimensions can be used for process evaluation because they reflect the current quality of activities and the degree to which they achieve their objectives.**

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What can the quality profile tell us?

- **QIP assessments can indicate likely effectiveness for small, innovative, planned or beginning activities as well. To be considered effective, a project must score near or above level 2 ('Meets Standards') in all dimensions.**
- **Benchmarks derived by pooling data from similar projects relate the project's quality profile to the working conditions present in its field of activity.**
- **The (per dimension) scores of the highest and lowest-scoring project in a field show the quality range achievable in their field: the currently realistic quality potential lies between these two values.**

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QIP feedback: quality profiles

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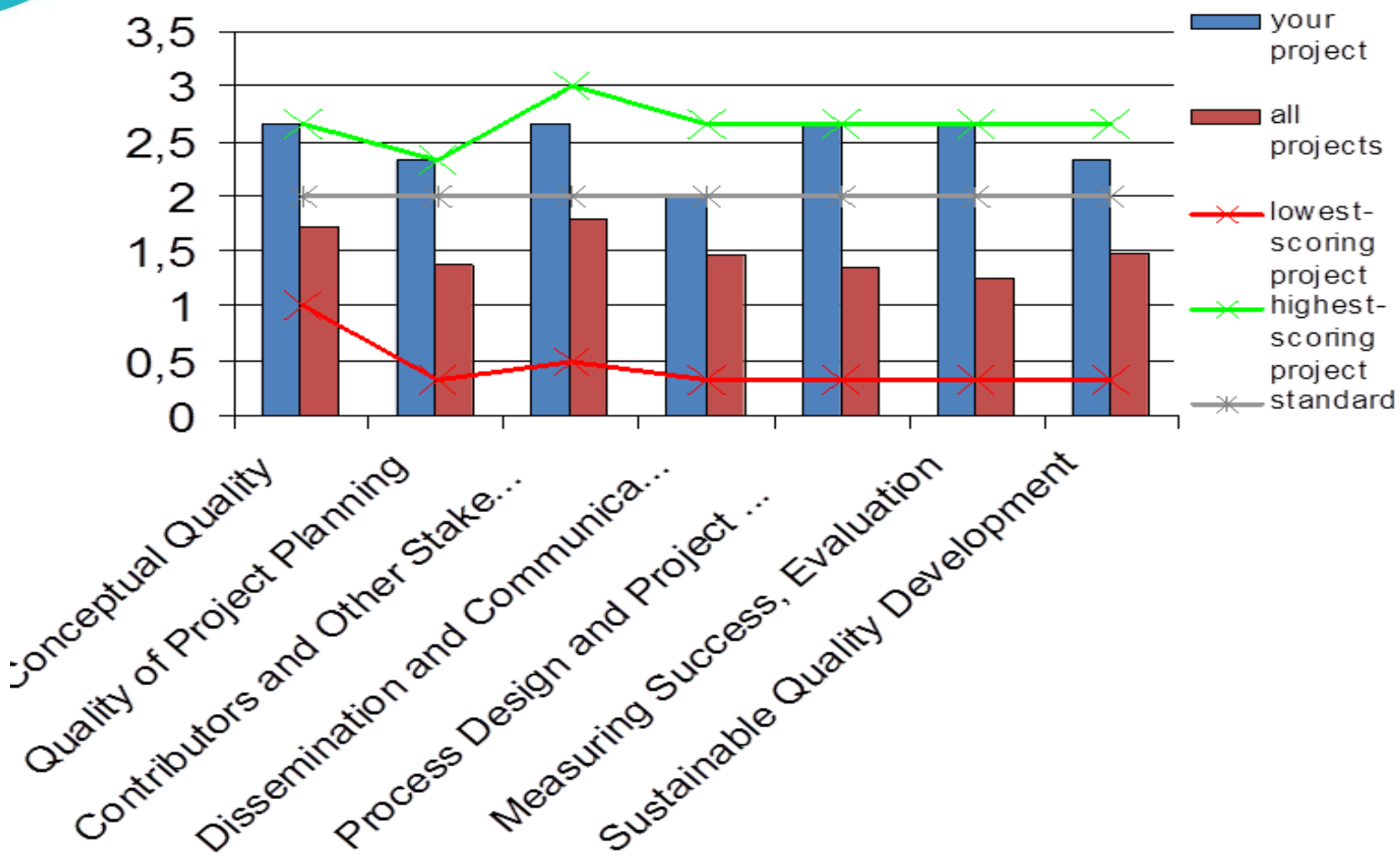
	Mean		Comparison scores for each dimension	
Dimensions	**Your Project**	**All Projects**	**Worst Project**	**Best Project**
Adressing urgent health problems	2,00	2,25	1,25	3,00
Criteria for target-group selection	2,33	2,26	1,00	3,00
Understanding of target group	1,67	2,30	1,33	3,00
Goals and objectives	2,00	2,04	0,75	3,00
Preventive approach	2,00	2,00	0,33	3,00
Concept and approach	**2,00**	**2,00**	**0,75**	**3,00**
Integration into the setting	1,33	1,58	0,00	2,50
Adaption to local requirements	1,67	1,79	0,00	3,00
Planning	**1,33**	**1,66**	**0,00**	**2,80**
Staff and qualifications	2,00	2,17	0,00	3,00
Systematic co-operation	2,00	2,07	0,00	3,00
Contributors + networking	**2,00**	**2,00**	**0,00**	**3,00**
Dissemination of health information	2,00	1,65	0,00	3,00
Intervention methods	2,00	1,89	0,00	3,00
Intervention media	-	1,83	0,00	3,00
Support of sustainable changes	2,00	1,86	0,00	3,00
Dissemination +intervention methods	**2,00**	**1,72**	**0,00**	**3,00**
Controlling	0,50	1,94	0,00	3,00
Strategies for unexpected events/setbacks	1,00	1,59	0,00	3,00
Quality control of external contributions	-	1,14	0,00	2,25
Project management	**-**	**1,60**	**0,00**	**2,60**

Locating the project within its field



QIP expert recommendations and practical suggestions

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I. Konzeptqualität

ZIELGRUPPENVERSTÄNDNIS – Wie Projekte zur Prävention und Gesundheitsförderung hohe Qualität in dieser Dimension erreichen können:

Sie können sich über Ressourcen, Kompetenzen und Belastungsfaktoren der Zielgruppen informieren. Hierzu gehören z.B. Sprache, Besonderheiten des kulturellen und sozialen Hintergrunds (z.B. Gesundheitsverständnis, Erwartungen an verschiedene Gesundheitsberufe und Bildungseinrichtungen), Kenntnisse und Bildungsstand, besondere Gesundheitsrisiken oder verbreitete Motive für einen Gesundheit belastenden Lebensstil.

Erwartungen, Befürchtungen, Wünsche und Motivation der Zielgruppen sollten Sie vor Projektbeginn und nach Möglichkeit auch im Projektverlauf ermitteln. Dazu können verschiedene Verfahren dienen, z.B. regelmäßige Gespräche, Befragung der Zielgruppen (Fragebogen, Ideenwerkstatt, Feedbackrunden in Veranstaltungen), Befragung von Fachkräften, die die Zielgruppen gut kennen (z.B. Gespräche Workshops). – Aus diesen Vorüberlegungen können Sie Schritte zur Bestärkung der Teilnehmermotivation ableiten, z.B.

- Beteiligung der Zielgruppen bzw. wichtiger Multiplikator/-innen an Planung und Durchführung der gesundheitsfördernden Maßnahmen,
- Einsatz von Anreizen zur Beteiligung,
- besondere Ansprachewege (in Inhalt, Sprache, Verbreitung der Information)
- Verkleinerung von Hürden zur Mitwirkung bei den Zielgruppen (z.B. Informationsmangel über Angebote, Kenntnismangel über gesundheitliche Folgen von Risikoverhalten, Macho-Werthaltungen, Angst vor Behörden, …).

Praxishilfen und Hinweise der QIP-Expert/-innen:

Zur Erhebung von Erwartungen, Wünschen und Befürchtungen:

- „Zeitungsreporter" kommt in die Kita und befragt die Kinder
- Tipps zur Erstellung einfacher Fragebögen: http://www.quint-essenz.ch/de/files/Fragebogen_20.pdf

Zur Durchführung einer Motivationseinschätzung:

- Anregung für ein „Stimmungsbarometer": http://www.quint-essenz.ch/de/files/Stimmungsbarometer_16.pdf
- Zur Verbesserung der Elternmotivation: Angebote zur aktiven Beteiligung am Projekt (z.B. Kochkurs/Sportkurs, Mitgestaltung von Kinderaktivitäten, Projekttage mit Familien, Ausflüge)
- Hilfestellungen für die interkulturelle Zusammenarbeit mit Eltern in Kitas:
- http://www.callnrw.de/broschuerenservice/download/1277/Interkulturelle-Zusammenarbeit_Eltern.pdf
- Motivation auch der Zielgruppe (Kinder) berücksichtigen und ermitteln. Evtl. passend darauf eingehen: Auffällig ist, dass am Gesundheitszirkel nur Mütter teilnehmen, wie können auch die Väter motiviert werden?

II. Planungsqualität

Praxishilfen und Hinweise der QIP-Expert/-innen:

- Praxisbeispiel: Austausch von Erfahrungen und Kompetenzen bei Einrichtungen des Netzwerks „Gesunde Kita" über eine „Biete/Suche"-Liste: http://www.gesunde-kita.net/docs/NetzwerkgesundeKita_Biete_Suche.pdf

Gerade bei zentralen Gesundheitsthemen ist es möglich, dass sich bereits andere Einrichtungen in einem Stadtteil oder einer Gemeinde dafür einsetzen. Erstellen Sie ein Bild der bereits vorhandenen Aktivitäten für Ihre Zielgruppe bzw. Ihr Gesundheitsziel (Quellen sind z.B. Branchenbuch, Stadtteilkonferenz, Website der Stadt). Überlegen Sie, ob Sie diese Maßnahmen einbauen können und selbst ein attraktiver Kooperationspartner sind. Dann kann eine Kontaktaufnahme lohnen.

KONTEXTUELLE PASSUNG UND AKTUALISIERUNG DES ANSATZES (EIGNUNG IM ARBEITSFELD – Wie Projekte zur Prävention und Gesundheitsförderung hohe Qualität in dieser Dimension erreichen können:

Um zu prüfen, ob die Vorgehensweise für Ihr Arbeitsfeld geeignet ist, bieten sich mehrere Wege an:

- Pilot- oder Erprobungsphase
- Befragung von Experten,
- Planungs-Workshop mit beteiligten Fachkräften,
- Gespräch mit anderen Einrichtungen,
- Forschungsliteratur über Erfahrungen im Arbeitsfeld,
- Internet-Suche nach ähnlichen Projekten.

Auch bei ganz oder teilweise übernommenen Programmen (Manualen) kann eine solche Prüfung zeigen, dass das Vorgehen für Ihre Einrichtung und Ihr Arbeitsfeld angepasst werden sollte.

Praxishilfen und Hinweise der QIP-Expert/-innen:

Die Bedingungen vor Ort sollten zum Vorhaben, zum Bedarf und zu den Möglichkeiten der Einrichtung passen. Ob ein Arbeitsansatz passt, hängt ab u. a.

(a) vom Einzugsgebiet der Kita (verschiedene Sprach- oder Kulturgruppen? schwierige Teilgruppen?),
(b) von der Einrichtungsgröße (stehen genug Arbeitsstunden zur Verfügung?),
(c) von der Qualifikation der Mitarbeiter (sind Fortbildungen erforderlich?),
(d) vom Stand der Gesundheitsförderung (sollte der Träger die erforderliche Ausstattung schaffen?)
(e) von Projekterfahrungen (ist das Team gut eingespielt, oder bleibt die Arbeit an wenigen hängen?)

Ein Projekthandbuch kann die Durchführung des Konzepts unterstützen. Es dient als Orientierungshilfe für alle Beteiligten und kann auch als Instrument zur systematischen Weiterentwicklung des Projekts eingesetzt werden. In solch einem Manual sollte festgehalten werden

(a) Welche Ziele verfolgt das Projekt?
(b) An welchen Indikatoren werden Wirkungen abgelesen?
(c) Wie ist das Vorgehen im Überblick aufgebaut?
(d) Welche Inhalte haben die Projektbausteine?
(e) Welcher Ablauf ist vorgesehen?
(f) Welche Arbeitsmethoden, Materialien und Medien helfen bei der Erreichung der Teilziele?
(g) Wie sind die Aufgaben verteilt sind (z.B. im Kita-Team, Eltern, Kinder, Kooperationspartner)?
(h) Wo und wie werden andere Informationen oder Fachkompetenzen eingebaut (z.B. weiterführende Fachliteratur, Web-Seiten, Ansprechpartner in der Region)?

- Hinweise zur Dokumentation von Projekten: http://www.quint-essenz.ch/de/topics/stage2/3187.html
- Praxisbeispiel: „Sicher rollern – besser radeln", Projektmanual für Kindergärten zur Prävention von Kinderunfällen: http://www.lv-gesundheit-sh.de/

III. Mitwirkende

Evtl. noch mehr Fach-Personal/Experten mit einbeziehen (z.B. Psychologen / Pädagogen für bestimmte Schulungselemente).

IV. Vermittlung des Angebotes

ARBEITSMETHODEN – Wie Projekte zur Prävention und Gesundheitsförderung hohe Qualität in dieser Dimension erreichen können:

Für verschiedene Zielsetzungen, Zielgruppen und Zeitpunkte können unterschiedliche Arbeitsmethoden geeignet sein, z.B. Vortrag, Gespräch über eigene Anliegen, spielerische Übungen, Entspannungs- oder Bewegungsübungen, Film oder Video, Rollenspiel, Rollenspiel usw. Bei der Auswahl geeigneter Arbeitsmethoden für Ihre Aktivität sollten Sie versuchen,

- viele verschiedene Methoden einzusetzen,
- besondere Schritte einbauen, um den Teilnehmern die Übertragung von neuen Ideen oder Verhaltensänderungen in ihren Lebensalltag erleichtern,
- Methoden oder Schritte vorsehen, mit denen auch die Verhältnisse im Umfeld verändert werden können, um gesundheitsgerechtes Verhalten zu unterstützen (z.B. Informationsveranstaltung oder –schreiben für wichtige Entscheidungsträger, Gespräch mit Trägern über Ausstattungsbedarf).

Achten Sie auch darauf, nur so viele Teilnehmer einzubinden, wie für gute, zielgerichtete Arbeit angemessen ist.

Praxishilfen und Hinweise der QIP-Expert/-innen:

Anregungen für die Arbeit mit Kindern:

- „Manege frei": Bewegungsförderung durch Zirkuspädagogik: http://www.aok.de/kids/htm/presse/pdf/zirkus-Ihr_13-08.pdf
- Fantasiereisen für Kinder: http://www.entspannung-plus.de/Entspannung-fuer-Kinder/Fantasiereisen-fuer-Kinder/fantasiereisen-fuer-kinder.html
- „Tigerkids": Songs zur Übergewichtsprävention: http://www.tigerkids.de/songs.html
- „Gesunde Kitas – Starke Kinder": http://www.ernaehrung-und-bewegung.de/site/downloads/Arbeitshilfe.pdf
- Methoden für die Zusammenarbeit mit Eltern: www.kindergartenpaedagogik.de (Beispiele unter der Rubrik „Elternarbeit")
- Manual für Gesundheitszirkel in Kindertagesstätten
  Netzwerk für Gesunde Beschäftigte in Kindertagesstätten: http://bsss.slub-dresden.de/documents/1139909229474-6227/1139909229474-6227.pdf, ab S. 237

Arbeitsmethoden noch weiter ausbauen: Nur Rückenschule als konkretes Angebot ist ein wenig dürftig, wie werden Ideen aus den Gesundheitszirkeln umgesetzt?

VI. Erfolgskontrolle und Evaluation

HAUPTDIMENSION ERFOLGSKONTROLLE UND EVALUATION –

Alle Teildimensionen zu diesem übergeordneten Qualitätsaspekt sind wichtig, damit präventive Maßnahmen tatsächlich Gesundheitsgewinne erzielen. Die Lösungen für die Teildimensionen sollten zudem gut zueinander passen. Bitte sehen Sie deshalb die Teildimensionen durch, ob sie sich weiter verbessern oder besser aufeinander abstimmen lassen.

GESAMTBILD DER EFFEKTE – Was Maßnahmen zur Prävention und Gesundheitsförderung gewinnen, wenn sie diese Dimension beachten:

(A) Sie richten die Arbeit bewusst auf die Zielsetzungen aus und verbessern das Vorgehen.
(B) Realistische Einschätzungen schärfen den professionellen Blick und verhindern Enttäuschungen.
(C) Ressourcen können auf das Machbare konzentriert werden.
(D) Auch die Auseinandersetzung mit Schwierigkeiten und Hürden ist wichtig. Denn Gesundheitsförderung steht in vielen Arbeitsfeldern am Anfang und kann aus klar durchdachten Erfahrungen lernen, auch wenn nicht jede Maßnahme sogleich riesige Wirkungen hat.

GESAMTBILD DER EFFEKTE – Wie Projekte zur Prävention und Gesundheitsförderung hohe Qualität in dieser Dimension erreichen können:

Mehrere Fragen kennzeichnen eine realistische Einschätzung:

(a) Welche kurz- bzw. längerfristigen Ziele des Projektes wurden erreicht?
(b) Welche Schwierigkeiten traten dabei auf?
(c) Gab es Lücken im Konzept?
(d) Fehlten Kenntnisse, die zur Durchführung nötig waren?
(e) Welche Auswirkungen hatte das Projekt über die festgelegten Ziele hinaus? (z.B. Reaktionen im Stadtteil; nicht geplante positive oder negative Wirkungen bei Teilnehmer/-innen, größere Bekanntheit der Einrichtung, Verbreitung des Gesundheitsthemas, neue Aktivitäten…)

Praxishilfen und Hinweise der QIP-Expert/-innen:

Langfristig wichtig für die professionelle Kompetenz sind nicht ein makelloser Verlauf oder tolle Erfolge bei einem einzelnen Projekt. Wichtig ist vielmehr der selbstkritische, professionelle Blick auf das Ganze. Fast immer ist es günstig, diesen Blick im Gespräch mit anderen Beteiligten zu prüfen und zu vervollständigen (Team, Fachberater/-in, andere Experten, andere Kitas, Elternvertreter).

VII. Nachhaltige Qualitätsentwicklung

Die Überprüfung der Wirksamkeit des Projekts in Bezug auf die Haltungsprobleme der Kinder könnte z.B. in Zusammenarbeit mit den Physiotherapeuten mit Hilfe des Einsatzes von Motorik-Tests (Prä- und Posterhebung) erfolgen (oder in Zusammenarbeit mit dem Schularzt in Form einer Rückmeldung oder durch die Auswertung der Daten).
Mehr Außendarstellung und über die einzelne Kitas hinausgehende Präventionsarbeit anstreben

Using QIP feedback to improve practice

- **Quality dimensions indicate project components to be redesigned: those below level 2 ('meets standards').**
- **Where the benchmark for the field is significantly higher, look to others for ideas and examples. Reviewers' comments and suggestions provide direction.**
- **Several reviewers perceiving significant effects from an activity counts as evidence for effectiveness. This evidence carries weight because it is produced independently, similar to an external evaluation. It can be useful for attracting collaborators, motivating stakeholders and continuing the activity.**

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Using QIP feedback to improve practice

- **Scores under 1.0 in the 'Evidence of Effectiveness' dimension call for immediate improvements. Structural barriers are no reason for losing sight of effectiveness.**
- **If the project cannot improve effectiveness in its current form, it must develop new concepts and approaches to use its resources efficiently.**
- **As projects are generally managed with professionalism and competence, reviewers are encouraged to use suggestions sparingly. If a project scores low in a dimension, it is often not due to a lack of knowledge but to a difficult environment.**

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