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The Good Practice Criteria as a Contribution to Quality Development in Health Promotion

Collaborative Network for Equity in Health
Berlin, 2023



What are the Good Practice Criteria (GPC) and how did they emerge?



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- The 12 “Criteria for Good Practice in Health Promotion addressing Social Determinants” (CFGP) offer a specialized framework for planning and implementing health promotion interventions.
- First developed by a working group of the advisory committee to the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA) and the German Collaborative Network for Equity in Health (Kooperationsverbund Gesundheitliche Chancengleichheit).

What have the GPC to do with health equity?



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- To achieve health equity, everyone must be valued. Targeted and sustained societal efforts to address avoidable inequalities are needed to eliminate health (care) inequalities.
- Focusing on interventions that actively contribute to improving health equity, the 12 GPCs aim to address health inequalities caused by modifiable social factors.

The 12 CFGP in health promotion addressing social determinants



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- Objective: Implementation of the setting approach according to the motto "Improving practice by learning from others"
- Quality development through concept development of health-promoting projects and reflection on one's own work
- CFGP have been firmly established as a tool to support quality improvement in health promotion

The 12 Good Practice Criteria



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Conception



Prevention and health promotion are anchored in the concept.

Target Group Orientation



The concept reaches the people in difficult social situations.

Setting Approach



Taiored to the settings of the target group.

Sustainability



New solutions and/or continuity and long-term impact.

Integrated Action



Pooling of resources and interdisciplinary cooperation.

Quality Management



Continuous process of improvement.

Basis of good practice in social situation-related health promotion

Sustainability & quality development

Documentation & Evaluation



Evaluations of processes and work results are incorporated.

Evidence for Costs & Effects



Reasonable ratio of costs to benefits.

Participation



Numerous participation options for the target group.

Empowerment



Enabling qualification and strengthening of resources.

Low-Threshold Approach



Soliciting, accompanying and/or follow-up offerings.

Integrating Intermediaries



Systematic involvement and qualification of multipliers.

Sustainability & quality development

Target group orientation

Criteria profile



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CRITERIA FOR GOOD PRACTICE IN HEALTH PROMOTION ADDRESSING SOCIAL DETERMINANTS

01 TARGET GROUP ORIENTATION

DEFINITION

In health promotion, 'target groups' are persons who are to be reached by an intervention, i.e. whose health situation is to be improved. Since they are to be involved as much as possible (+ Participation), they are active stakeholders at the same time.

The term 'target group' can be misunderstood and is therefore not unproblematic. Health promotion does not intend to turn groups of people into targets, and thus into objects, but rather – as specifically as possible – to address their socio-cultural needs together with them. The use of the term 'target group' is explained in more detail in the Introduction of this brochure (see 'Why do we speak of 'target groups'? in the information box: What is health promotion addressing social determinants?').

The groups to be reached and involved are defined as precisely as possible in the + Conception. Not only the pressures and problems resulting from their social situation are de-

scribed there in detail, but also the capacities and resources they possess. Also taken into account in this process is the fact that large differences may exist within these groups based on additional social characteristics, such as attributions of gender or ethnic background. Moreover, care is also taken that no terms are used in describing these pressures and problems which may be perceived as stigmatising or discriminatory by the target groups.

Mainly vertical characteristics of social inequality are used to describe target groups precisely: social disadvantage may, for example, result from a lower level of education and/or income. However, characteristics of horizontal inequality must also be taken into account, i.e. a possible disadvantage on the basis of age, sex/gender, ethnic background, religious belief system, disability, or sexual identity (see also the characteristics underlying discrimination as listed in the General Act on Equal Treatment (Allgemeines Gleichbehandlungsgesetz, AGG)). The term 'diversity' is often used to cover this

wide range of social characteristics. In the majority of cases, the most accurate way to describe target groups is to combine vertical and horizontal characteristics (see also the term 'Intersectionality' in the information box: What is health promotion addressing social determinants? in the introduction). For neighbourhood-based interventions, it is therefore important to get to know the respective problems, needs, capacities and resources pertaining to different population groups well, and to not only make distinctions by health status, but also by using characteristics such as education, income, age, gender, social and ethnic identity, as well as disability.

Important target groups for health promotion addressing social determinants can be found e.g. in the health equity in practice database (Praxisdatenbank Gesundheitliche Chancengleichheit, available at www.gesundheitliche-chancengleichheit.de/praxisdatenbank/ueber-die-praxisdatenbank).

Health promotion activities aim to sustainably improve the living conditions of target groups (+ Setting approach) and to sustainably develop their individual coping strategies and health literacy (+ Empowerment) and to sustainably develop their individual coping strategies and health literacy (+ Participation) and are designed for easy access (+ Low-threshold approach).

EXPLANATION OF THE LEVELS

LEVEL 1 DESCRIPTION OF TARGET GROUPS BASED ON HEALTH STATUS, BUT NOT ON SOCIAL DETERMINANTS

Target groups are determined according to the pressures and health issues to which they are exposed. The social factors underlying these pressures and problems, however, are hardly taken into account – or not at all – and neither the capacities nor the resources are available to the target groups.

EXAMPLE FOR LEVEL 1

A counselling centre for women is planning to offer a health promotion course with a focus on 'Psychologically stressful aspects of unemployment'. The target group for the planned course is described as 'all unemployed women with mental health problems'. In the explanatory notes, these mental health problems are described as 'low self-esteem, depressive tendencies and anxiety'.

LEVEL 2 DESCRIPTION OF TARGET GROUPS INCLUDES CHARACTERISTICS OF SOCIAL DISADVANTAGE

Target groups are narrowed down further, based on characteristics of social disadvantage such as education, income and employment status. However, the diversity within these target groups, as well as their capacities and resources, are not closely examined.

EXAMPLE FOR LEVEL 2

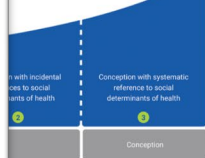
The counselling centre contacts the job centre to find out more about which group of unemployed women has a particularly high need for counselling. As a result, the target group is defined as 'women who are receiving unemployment benefit I, who do not have a vocational qualification and who are experiencing particular barriers in finding employment due to mental health problems'. The workshop programme is then tailored to respond to these particular issues.

PROMOTION ADDRESSING SOCIAL DETERMINANTS

describes + Participation, + Empowerment, + Sustainability) and the project's integration into overarching programmes of action (+ Integrated action). If possible, the conception should take all 12 Good Practice criteria into account.

The conception describes precisely which disadvantaged target groups and other stakeholders (e.g. supporters, multipliers, decision makers) the intervention aims to reach. It lists social pressures as well as opportunities for health promotion and/or prevention to influence them. For this purpose, it explains as concretely and clearly as possible how pressures faced by target groups can be reduced and how their capacities and resources can be strengthened. On this basis, the conception articulates

LEVELS



with systematic reference to social determinants →

interventions and methods to promote health and health equity.

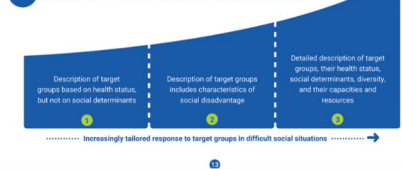
The conception makes it clear how the intervention systematically strives to reduce health disadvantage. It also demonstrates how detailed planning of the intervention considering social determinants specifically mitigates the risk of unintentionally increasing inequities.

By a coherent conception requires a comprehensive understanding of the factors influencing health (determinants of health, see information box: 'What is health promotion addressing social determinants?' in the introduction). It is based on the Public Health Action Cycle and contains information on costs and timelines as well as the expected effects (+ Evidence for costs and effects).

EXPLANATION OF THE LEVELS

| Conception components | LEVEL 1 Conception without reference to social determinants of health | LEVEL 2 Conception with incidental references to social determinants of health | LEVEL 3 Conception with systematic reference to social determinants of health |
|--|--|--|--|
| The conception describes: | | | |
| (1) ... which disadvantaged target groups are to be reached. | The conception names target groups and health issues without describing social determinants. | Target groups, health issues and vertical characteristics of their social status are captured. | Target groups and the relationships between their social status/diversity, health and their capacities and resources are described. |
| (2) ... how pressures are to be reduced and capacities and resources strengthened. | Pressures, capacities and resources for the target groups are not described. | Pressures faced by and resources available to the target groups are listed in detail and specified in relation to local conditions where relevant. | The pressures faced by and the capacities and resources available to target groups are listed in detail and specified in relation to local conditions where relevant. |
| (3) ... how health inequalities are to be systematically reduced. | To reduce health inequalities is not stated as an objective at all or only indirectly. | Reducing health inequalities is an expected (soft) effect, but not worked towards systematically. | The intervention is specifically geared towards modifying the determinants of health so that health inequalities are reduced. It takes the Good Practice criteria into account at every stage. |
| (4) ... how the intervention responds to target group needs and social determinants of health. | Target group needs and social determinants of health are not a subject of the project plan. | Target group needs and social determinants of health are not a central reference point for the intervention. | The conception describes in detail how the intervention responds to target group needs and social determinants of health. |
| (5) ... how the target groups will be actively involved in planning, implementation and evaluation. | The active participation of target groups is not envisaged in the conception. | The target groups are only involved at one of the preliminary levels of participation. | Target groups are consulted and involved in the shared decision-making. |
| (6) ... how the focus on health equity is firmly anchored within the funding body as well as the funding body as well. | Improving health equity is not a core concern within the funding / auspicing organisation. | Improving health equity is supported within the funding body, but is not a component of the shared mission statement. | Improving health equity is one of the central goals of the funding body and is systematically supported at all levels (starting with the executive). |

TARGET GROUP ORIENTATION: IMPLEMENTATION LEVELS



Structure of the profiles



1. **Definition:** Brief explanation of the criterion with reference to interfaces with other criteria



2. **Implementation levels:** stages build on each other; each stage describes a more comprehensive implementation than the previous one; development opportunities are presented: implementation is a process



3. **Explanation of the levels:** Explanation of the implementation levels and illustration with an example; examples cover various fields of action and target groups

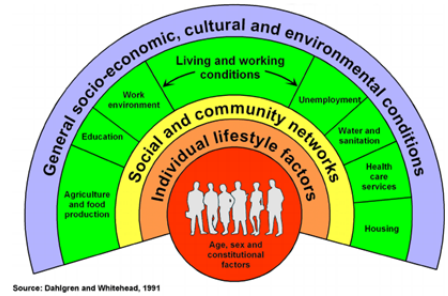


4. **Further reading:** Reference to further literature, usually free and available online, for a more in-depth discussion of the criteria

Experiences made by working with the criteria



Prevention chain approach – Integrated strategies for community health promotion



Source: Kooperationsverbund „Gesundheitliche Chancengleichheit“, Gesundheit Berlin-Brandenburg e.V.

Collaborative Network for Equity in Health



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- Nationwide network with 76 partners (number still rising)
- Established in 2003 by the Federal Centre for Health Education (BZgA)
- Creates transparency and makes practice in social status-based health promotion more visible
- Supports the development of health promotion by 12 GPC and several models of GP
- Coordinates Centers for Equity in Health (Koordinierungsstellen Gesundheitliche Chancengleichheit) in all federal states