

PREFFI 2.0

Prevention Effect-management Instrument

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Overview

- Context Health Promotion (HP) in the Netherlands
- Strategies to improve effectiveness in practice
- Instrument Preffi 2.0
- Use the Preffi HP-specialists

Context HP in the Netherlands

- Since 1962 building infrastructure
- 1000 HP-specialists on local level; 70% with a university training
- active professional association
- 4 university-centres HP-oriented
- 6 national institutes on HP-topics
- NIGZ : HP in general

Trends

- responsibility HP primarily on the local level
- more nationally developed evidence based projects available
- development of quality systems for HP
- advocacy for increased investment in health

Different roles for improvement of effectiveness in practice

1. Research

- developing and testing evidence based programs

2. Practice

- how are they working and use the 'effectiveness' knowledge

3. National institutes

- linking practice, research and policy

Research perspective, 1

- focused at rigorously testing the efficacy and effectiveness of preventive interventions.
- **aim:** large scale dissemination and implementation of only the evidence-based, effective 'model programs'

This approach has been quite beneficial for advocacy for HP and is widely used

Research perspective, 2

But many 'evidence-based' programs :

- have limited effect in terms of objectives, participants and period
- show low or moderate effect size and large variation in efficacy
- are very difficult to implement and investment in implementation is low
- are hardly used in practice

HP-specialists perspective, 1

- develop a lot of projects bottom up
- creative and adapt model-programs
- act fast and visible
- ambitions much higher than capacity

HP-specialists perspective, 2

- not easy to use knowledge about effectiveness
- there are so many new insights
- completed their basic training 8 years ago
- HP-specialists hardly read scientific articles
- principles and guidelines are helpful

To improve effectiveness of prevention practice

We need a combination strategy:

develop and disseminate evidence-based model programs



develop knowledge about effectiveness in practice through principles and guidelines for effect management

Task national agency

- bridging the gap between practice and research
- advocate for evidence-based practice and practice based science
- practice is leading
- develop different support instruments and infrastructure

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Reviews →

What do we know?

QUI- →

What projects are there?

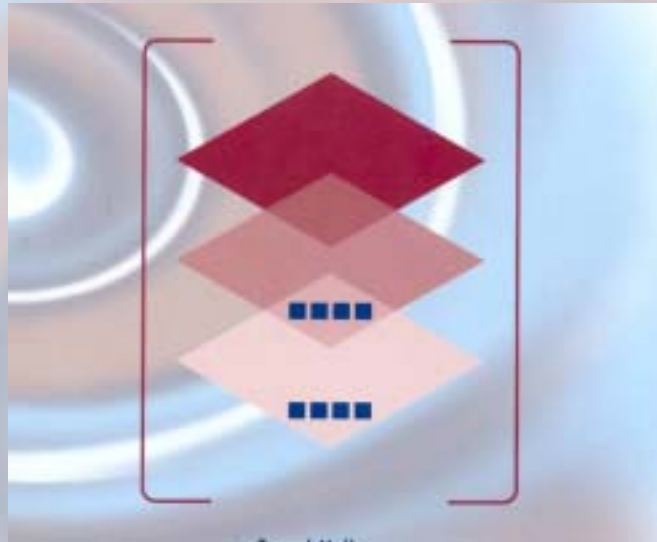
Preffi →

Principles and guideline

Training →

Support and advice

the Preffi 2.0



PREvention EFFECT-management Instrument

One of the tools to improve the quality of practice
in prevention and health promotion

Aim of the Preffi

To provide to HP-specialists an instrument (checklist) for effect management:

that supports them in improving regularly the effectiveness of their interventions through the use of assessment criteria and guidelines that reflect recent scientific knowledge and practice-based knowledge on effect predictors

Development of Preffi

- 1993 start effectiveness project
- 1993 -1994 IUHPE effectiveness studies
- 1994-1995 Preffi 1.0
- 1997-1999 implementation Preffi 1.0
- 2000-2002 development Preffi 2.0
- 2002 research concept Preffi 2.0
- Jan. 2003 launch Preffi 2.0
- 2003 implementation: 400 professionals

all steps in collaboration with practitioners

Format Preffi :

Keep it short and simple

- fit on one sheet
- with a maximum of 10 clusters of effect predictors
- mix of scientific- and practice-based knowledge and contextual aspects
- assessment & scenarios for improving interventions

Health PRomotion EEffectiveness Fostering Instrument, Preffi 1.0

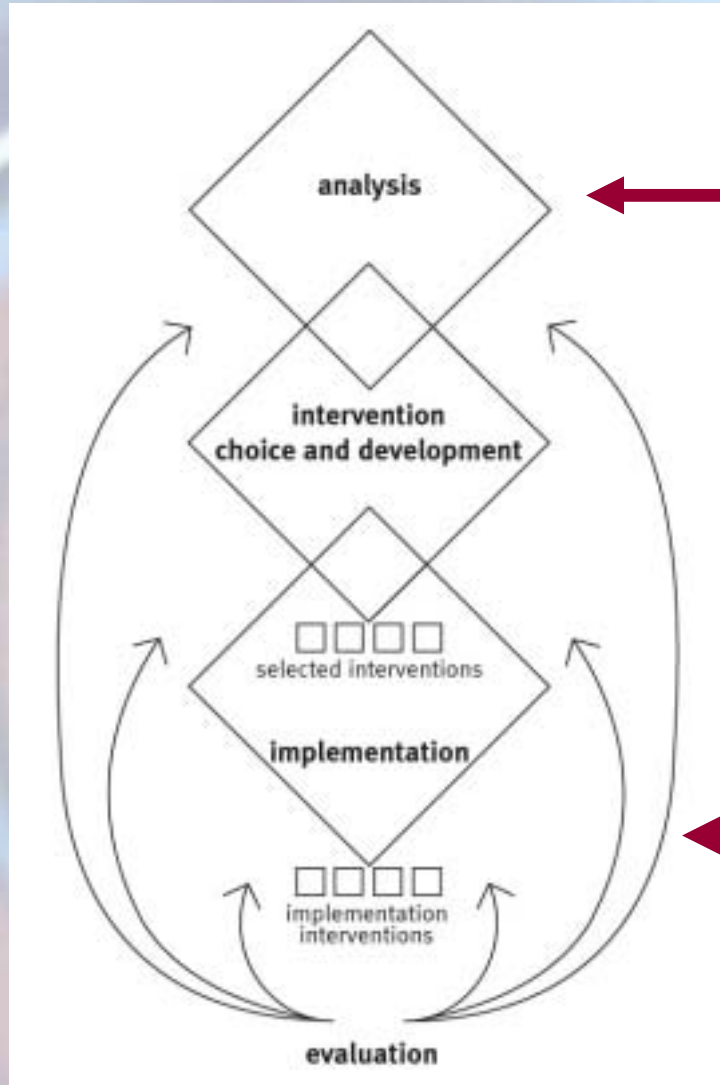
	Assessment	concl.	Improvement	prior.
0. Context				
Analysis				
1. nature and scope problem				
2. (behavioral) determinants				
Choices (ttic's)				
3. targetgroup				
4. target				
5. interventions				
6. effective elements				
7. Management of the project				
Implementation				
8. pre-test				
9. execution				
10. Evaluation				

→ **Preffi 2.0**

- **new or adapted items**
- **Preffi less linear**
- **more focus on context**

- **norms for each item**
- **a score form**
- **actions for improvement**

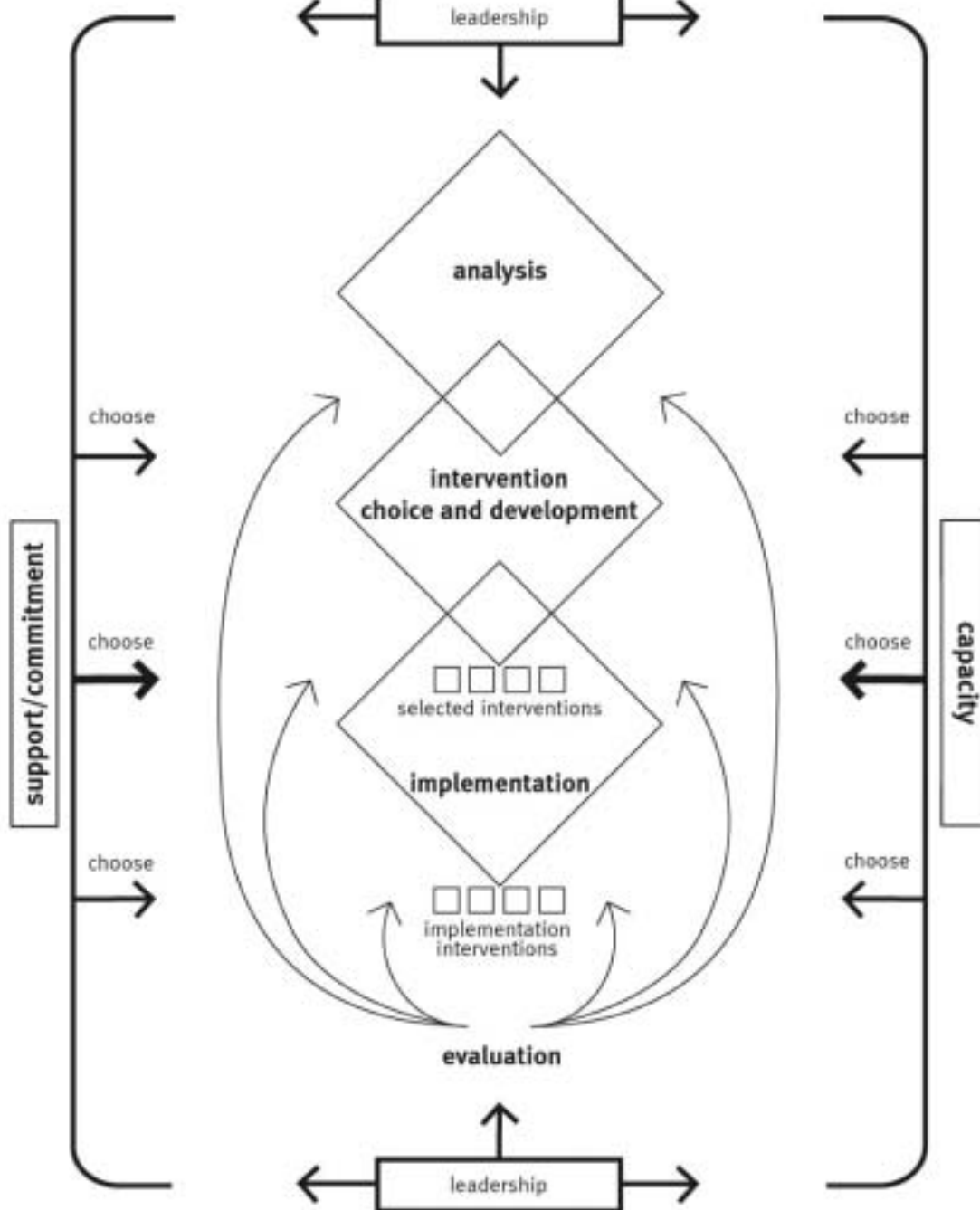
Model Preffi 2.0



**Divergent
and convergent
process**

**Iterative
process**

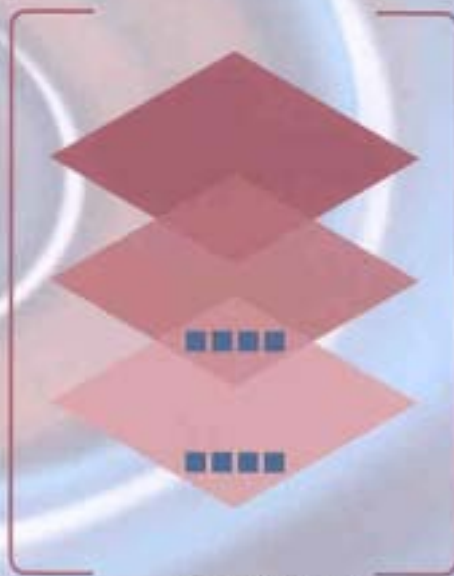
Model Preffi 2.0



As an Instrument the Preffi consists of

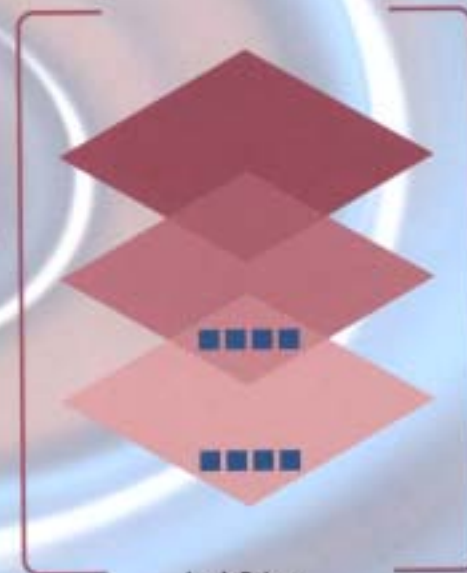
- **Users manual**
explaining its use and instructions for scoring
- **The Preffi Questionnaire**
126 assessment questions related to 39 known effect predictors ('criteria'), including norms
- **Scoring Form**
to assess programs on conditions for effectiveness
- **Explanatory guide**
summarizing available knowledge and evidence

Health Promotion
Effect Management Instrument
Preffi 2.0
Assessment Package



Gerard Molleman
Louk Peters
Leontien Hommels
Machteld Ploeg

Health Promotion
Effect Management Instrument
Preffi 2.0
Explanatory Guide



Look Peters
Gerard Molleman
Leontien Hommels
Machteld Ploeg
Clemens Hosman
Eva Jané-Lloplis

download: www.preffi.nl

	niet te beoordelen			
	zwak	matig	sterk	
Analyse				
2 Probleemanalyse				
2.1 Aard, ernst en omvang van het probleem				
2.2 Spreiding van het probleem				
2.3 Hoe zien de verschillende betrokkenen het probleem?				
	rapportcijfer			
3 Determinanten van (psychische) problematiek, gedrag en omgeving				
3.1 Theoretisch model				
3.2 Bijdrage van determinanten aan problematiek, gedrag of omgevingsfactor				
3.3 Beïnvloedbaarheid van de determinant				
3.4 Prioritering en keuze				
	rapportcijfer			
Interventiekeuze en -ontwikkeling				
4 Doelgroep				
4.1 Algemene en demografische kenmerken van de doelgroep				
4.2 Motivatie en mogelijkheden van de doelgroep				
4.3 Bereikbaarheid van de doelgroep				
	rapportcijfer			
5 Doelen				
5.1 Doelen sluiten aan op de analyse				
5.2 Doelen zijn specifiek, tijdgebonden en meetbaar				
5.3 Doelen zijn aanvaardbaar				
5.4 Doelen zijn haalbaar				
	rapportcijfer			
6 Interventieontwikkeling				
6.1 Onderbouwing van de rationale van de interventiestrategie				
6.1a Afstemming van de strategieën en methoden op doelen en doelgroepen				
6.1b Eerdere ervaringen met de interventiemethode				
6.2 Duur, intensiteit en timing				
6.2a Duur en intensiteit van de interventie				
6.2b Timing van de interventie				
6.3 Afstemming op de doelgroep				
6.3a Participatie van de doelgroep				
6.3b Afstemming op de 'cultuur'				
6.4 Effectieve technieken (aanbevolen)				
Ruimte voor persoonlijke benadering				
Feedback over effecten				
Gebruik van beloningsstrategieën				
Barrières voor gewenst gedrag wegnemen				
Sociale steun regelen, omgeving erbij betrekken				
Aanleren van vaardigheden				
Follow-up regelen				
Goal-setting en implementatie-intenties				
Interactieve benadering				
6.5 Haalbaarheid in de praktijk				
6.5a Afstemming op intermediaire doelgroepen				
6.5b Kenmerken van de implementeerbaarheid van de interventies				
6.6 Samenhang				
6.7 Pretest				
	rapportcijfer			

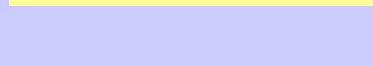
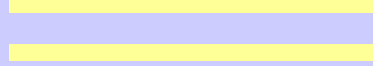
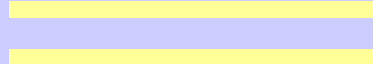
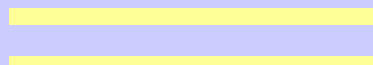
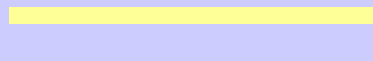
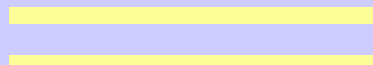
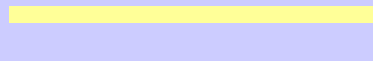
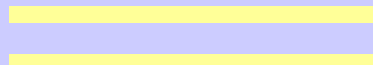
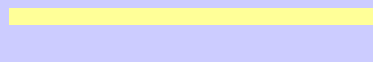
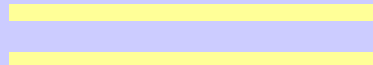
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Implementatie				
7 Implementatie				
7.1 Keuze voor implementatiestrategie gericht op intermediairen				
7.1a Wijze van implementeren: top down en/of bottom up				
7.1b Afstemmen van implementatie-interventies op intermediairen				
7.1c Geschiktheid van de aanbieder voor intermediairen				
7.2 Monitoren en genereren van feedback				
7.3 Inbedden in een bestaande structuur				
	rapportcijfer			
Evaluatie				
8 Evaluatie				
8.1 Duidelijkheid en overeenstemming over de uitgangspunten van de evaluatie				
8.2 Procevaluatie				
8.3 Effectevaluatie				
8.3a Is (of wordt) er een verandering gemeten?				
8.3b Is aannemelijk dat de verandering is teweeggebracht door de interventie?				
8.4 Feedback aan betrokkenen				
	rapportcijfer			
Randvoorwaarden en haalbaarheid				
1 Randvoorwaarden en haalbaarheid				
1.1 Draagvlak				
1.2 Capaciteit				
1.3 Sturing door de projectleider				
1.3a Expertise en eigenschappen van de projectleider				
1.3b Aandachtspunten voor sturing				
	rapportcijfer			
rapportcijfer over gehele project				
korte toelichting:				
.....				
Toelichting:				
<div style="border: 1px solid black; height: 200px; width: 100%;"></div>				
Vul bij ieder criterium een score in door een kruisje te zetten in een van de vakjes: sterk, matig of zwak. De operationalisatie vindt u in het document 'Operationalisering en normering Preffi 2.0'. Mocht u criteria, vragen of ter onduidelijk.				

Cluster

**Effect predictors
(quality criteria)**

Questions

**Norms &
scores**



Yes / no

Weak

Moderate

Strong



Assessment scores per Cluster

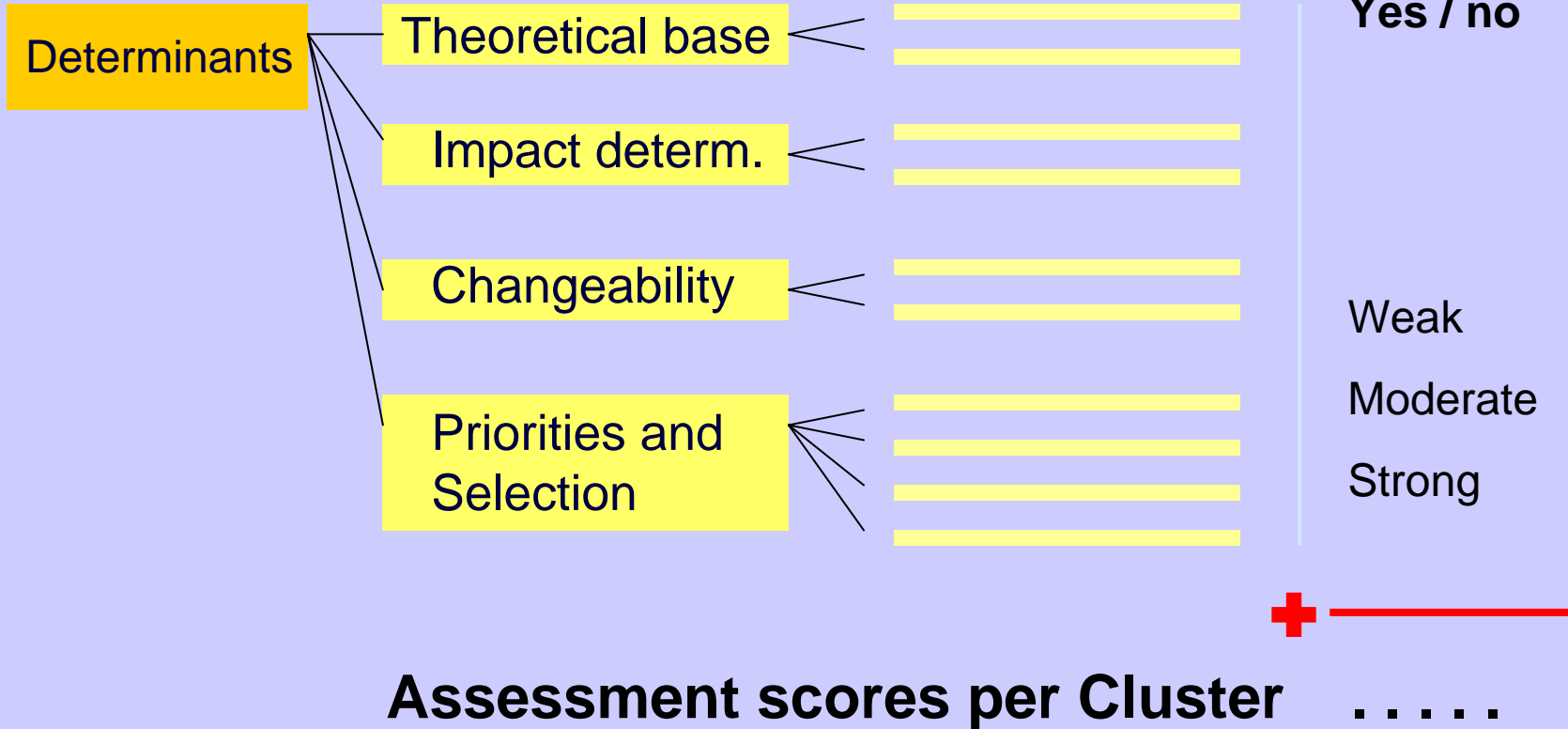
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Cluster

**Effect predictors
(quality criteria)**

Questions

**Norms &
scores**

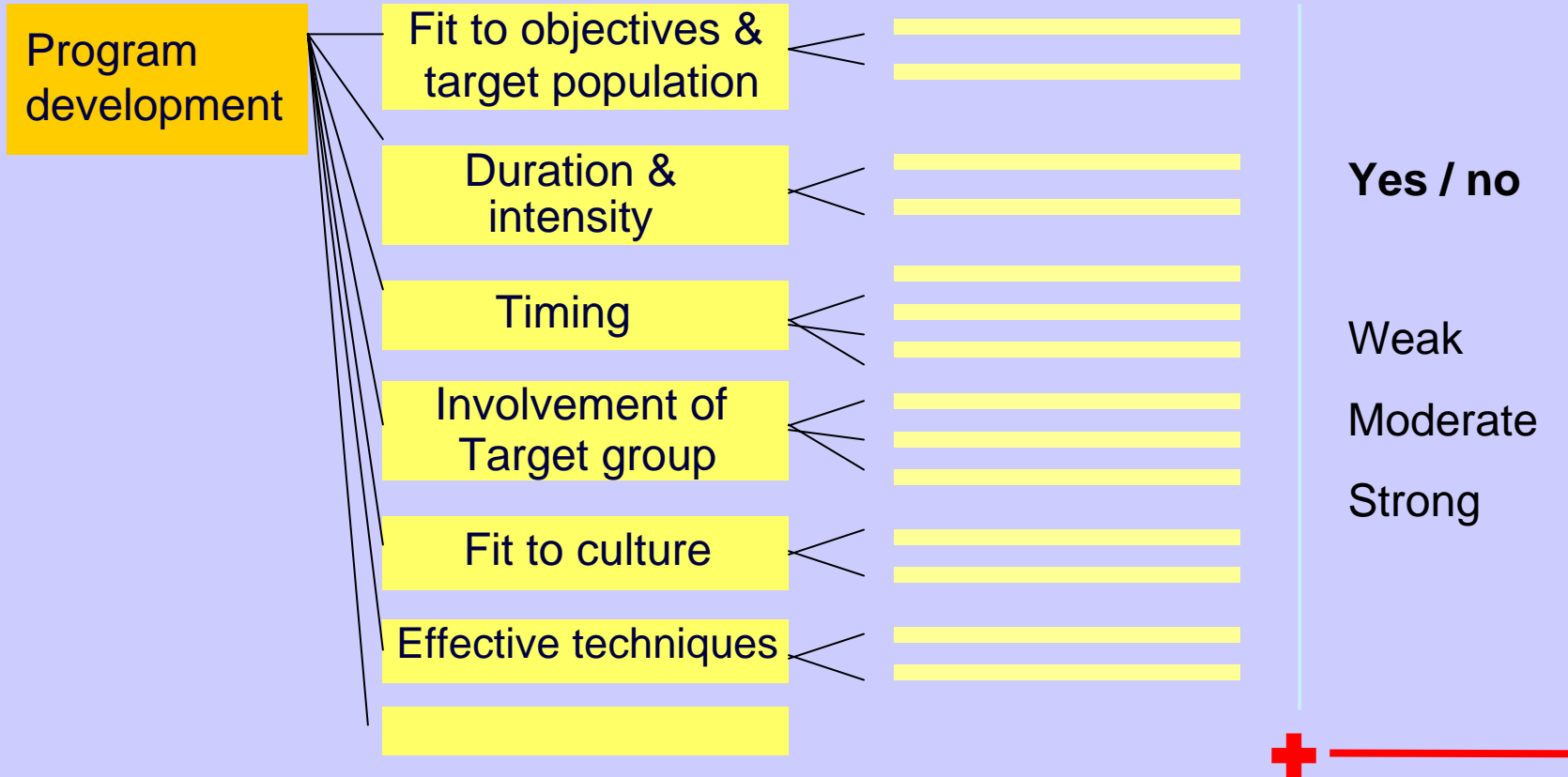


Cluster

Effect predictors (quality criteria)

Questions

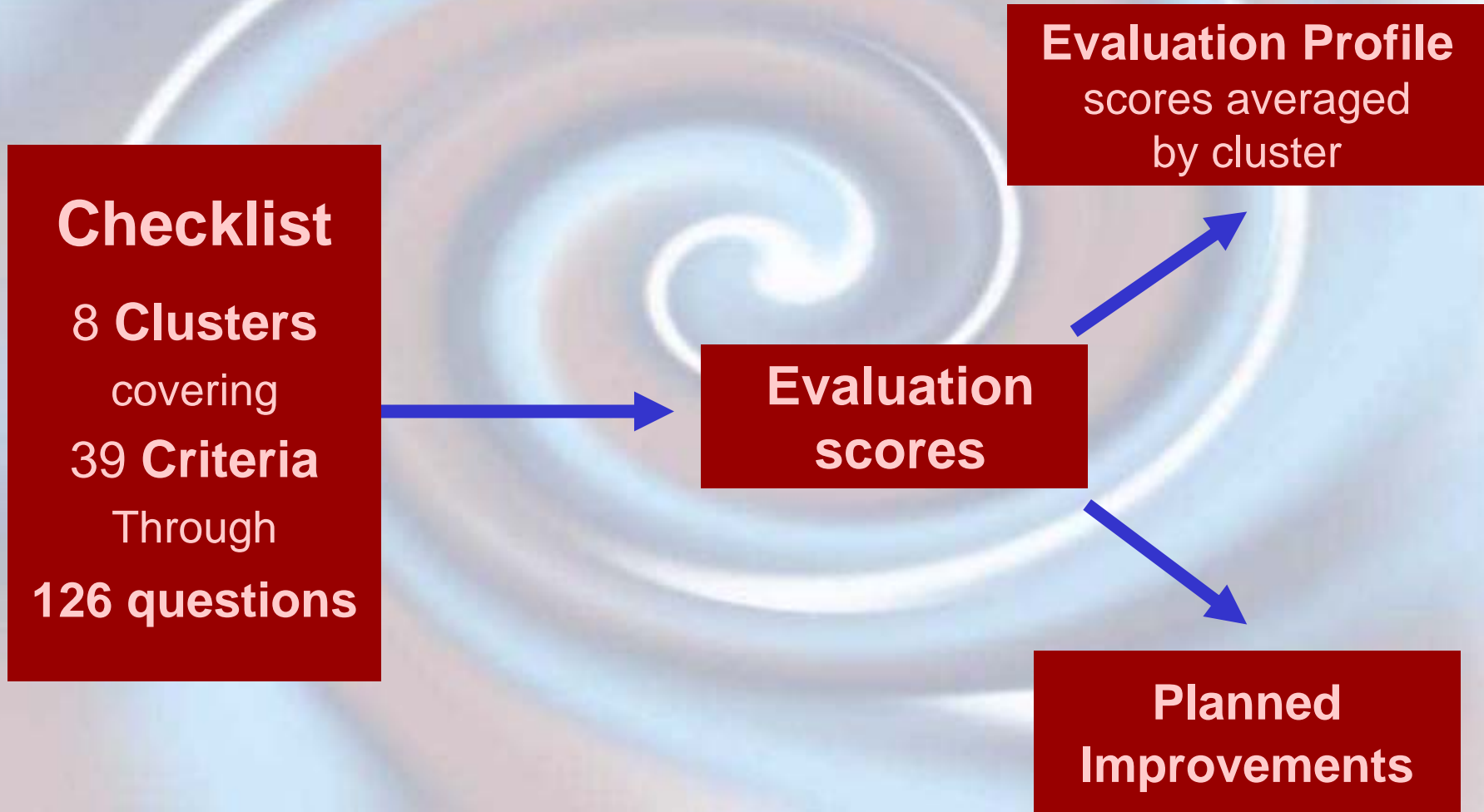
Norms & scores



Assessment scores per Cluster

....

Evaluating a Program with the Preffi 2.0



Visualize score :

2. Problem analysis

3. Determinants

4. Target group

5. Target

6. Intervention development

7. Implementation strategies

8. Evaluation

**1. Contextual conditions
and feasibility**



1

2

3

4

5

6

7

8

9

10

Aspects to improve and actions : *make choices !!!*

To be improved	Actions
1	a b
2	a b
3	a b
4	a b

Preffi can be used in different ways

1. As an assessment instrument to evaluate the quality of ongoing programs and to identify options for improvement
2. As supportive instrument in developing, or selecting and adapting new programs
3. As an educational instrument in the training and supervision of hp specialists

Implementation of the Preffi

Implementation interventions 1997-2000

- Announcing the Preffi
 - publications
 - mailings
 - lectures
 - Preffi-prize
- Stimulating use
 - lectures
 - workshops
- Supporting the use of the Preffi
 - handbook
 - intake workshops
 - training sessions
 - inter-vision
 - advice

National survey among practitioners in 1999

- aware of its existence 96%
- positive attitude 80%
- use Preffi sometimes 45%
- regular use 25%

Most helpful for use of the Preffi:

- support from colleagues and management
- training program

Test of new version: Preffi 2.0 (2002)

Pilot study among 35 practitioners from different sectors who have used the new version:

2.0 version is significant improvement: 89%

positive attitude: mean evaluation score 7.7

assessing a program with Preffi 2.0: 1,5 hours

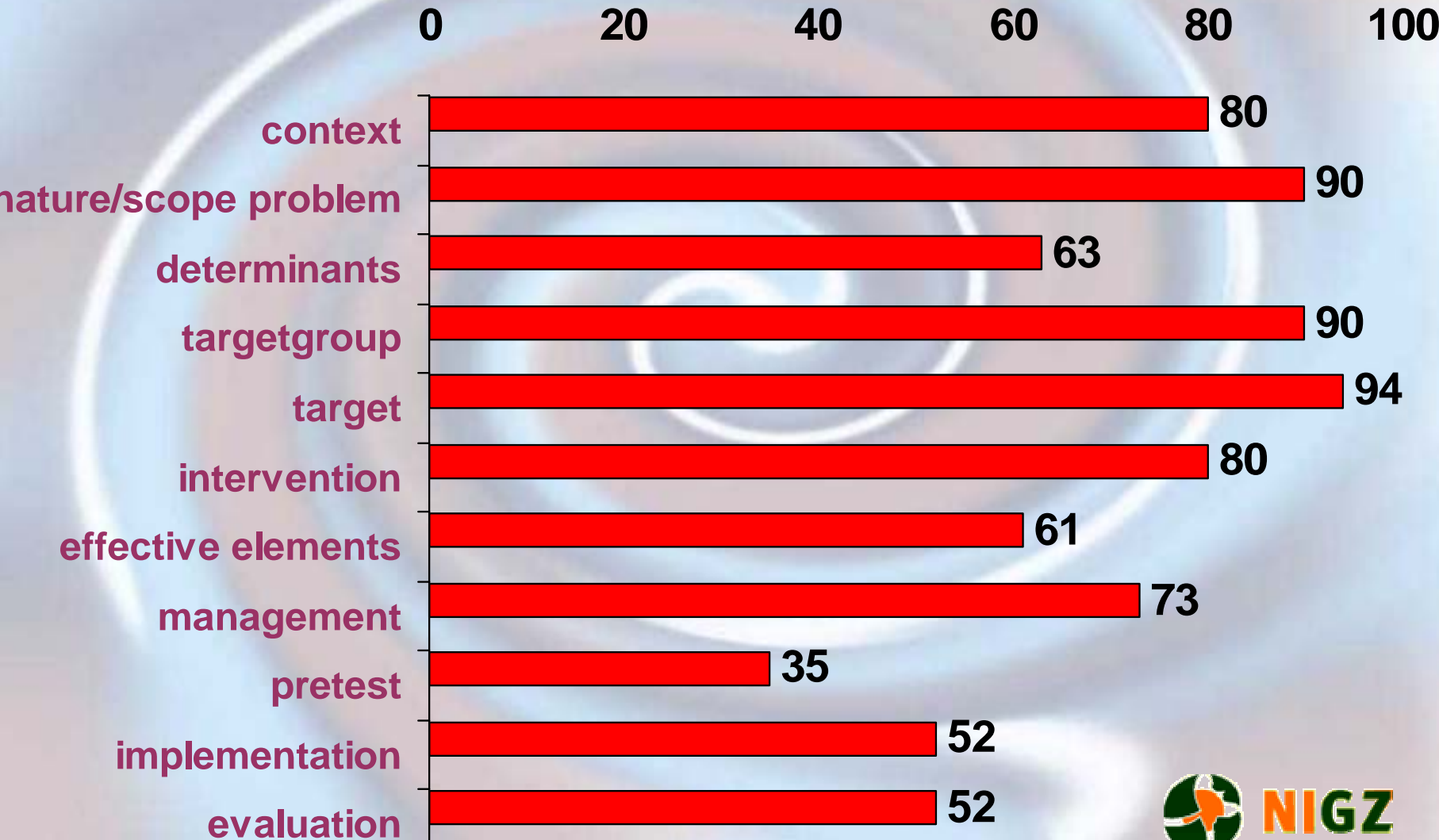
Results from testing

- **goal of the Preffi**
 - diagnostic tool: quality-improvement
 - selection tool: quality-assessment
- **use of the score-form**
 - written project plan+ interview
 - training necessary
- **internet version most helpful**

Reported benefits of using the Preffi

- attention for effectiveness
- planning more explicit
- more use of scientific models
- clear targets \Rightarrow evaluation
- more realistic choices
- get in contact with new scientific insights

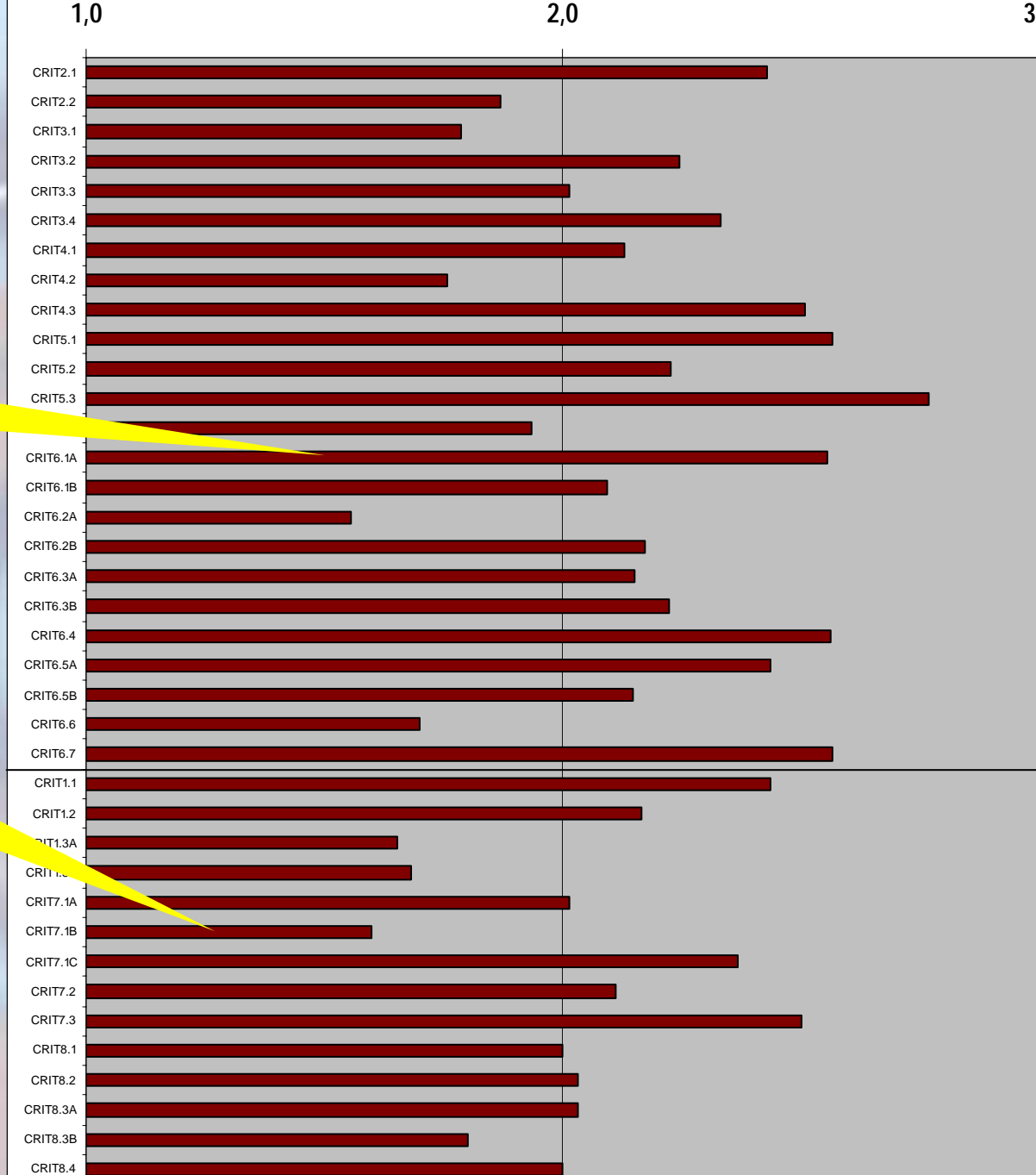
Criterion described (1999)



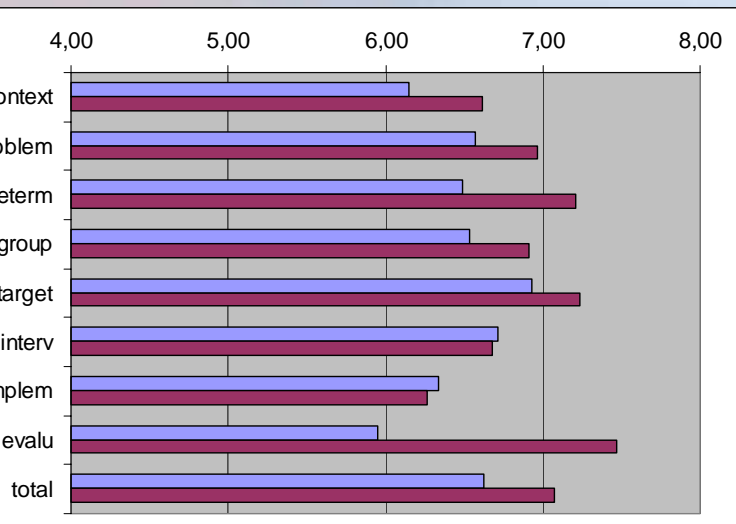
Average score on Preffi-items 4 price-winning Projects (2002)

High scores on
essential 1.0 items

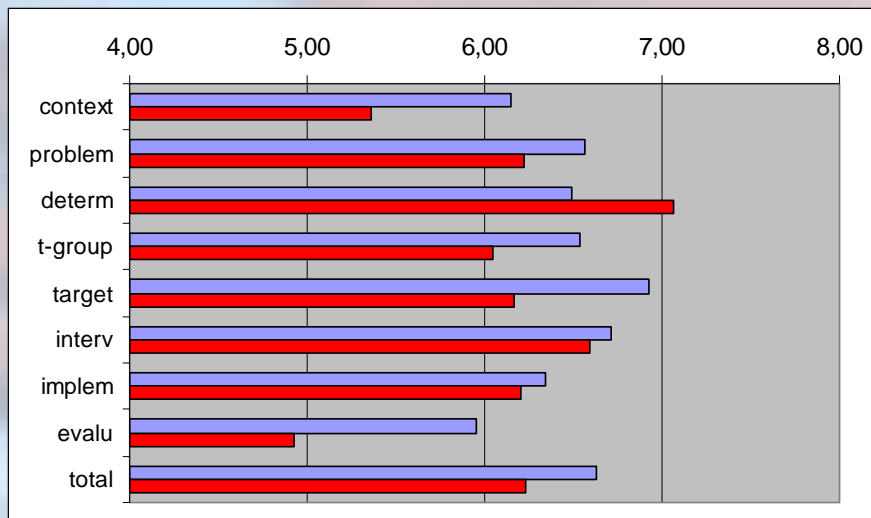
Low scores on
new 2.0 items



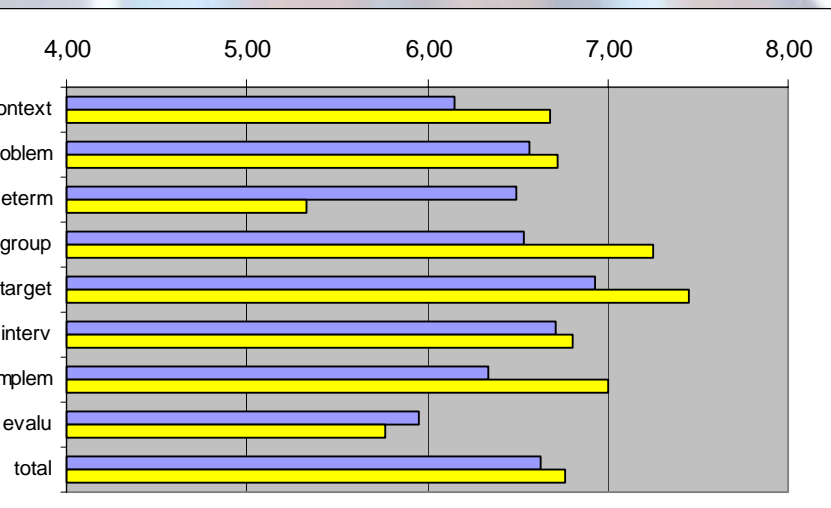
1. healthy eating



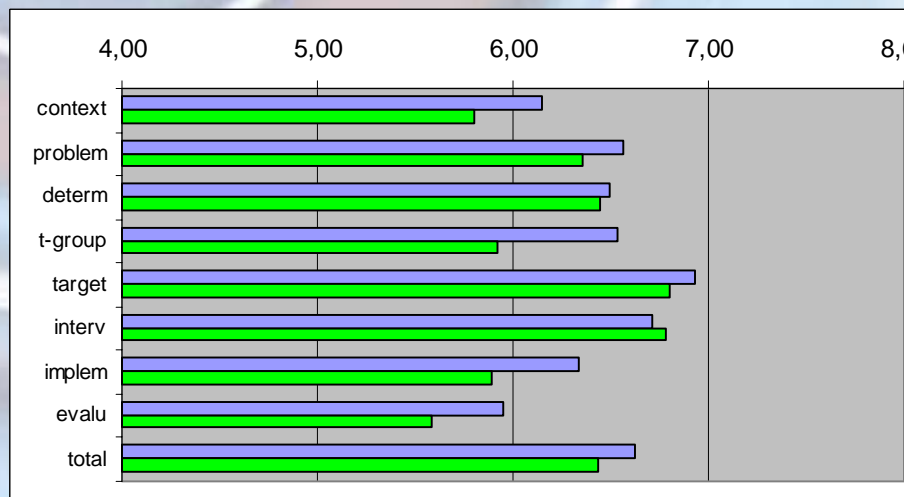
2. depression



3. safety



4. anti-bullying



Conclusions

- In addition to promoting the development and dissemination of evidence-based programs, there is a need for continuous improvement of programs and practice
- This require evidence-based and practice-based knowledge on the principles of effective programs and implementation
- The PREFFI provides an instrument and a dynamic learning system to improve effectiveness, by linking science and practice

More information

www.preffi.nl

www.nigz.nl

